Quality for Outcomes

Submission to the Productivity Commission

Delivering quality care more efficiently – Draft Report

Submitted by: Quality for Outcomes (QfO)

Executive Summary

Quality for Outcomes welcomes the Productivity Commission's draft report and strongly supports **Recommendation 3: A national framework to support government investment in prevention**.

We agree that the national vision for prevention outlined in the *National Preventive Health Strategy 2021–2030* will not achieve its full potential without a robust, scalable National Prevention Framework that strengthens quality, reduces duplication, and ensures outcomes are measurable and equitable.

We recommend that the Productivity Commission:

- **Endorse a National Prevention Framework**, which should include:
  1. Clear definitions of and distinction between prevention and health promotion;
  2. Health promotion specific, evidence-informed quality standards;
  3. Mechanisms to ensure ongoing investment in workforce development and enabling infrastructure.
- **Advocate for sustained government funding** to accompany the Framework—so that workforce development and enabling infrastructure are supported alongside program delivery.
- **Propose a national pilot of Q-STEP**, implemented across a sample of health promotion providers, to test, refine, and build the evidence base for scaling.

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The Case for a National Prevention Framework

The National Preventive Health Strategy 2021–2030 outlines a national vision for prevention with goals and targets to reach by 2030. However, on its own, the Strategy is aspirational; it states what needs to be achieved but does not specify how governments should systematically invest to achieve it. A National Prevention Framework serves as that missing link: a governance and funding mechanism to ensure prevention and promotion are consistently resourced, evaluated, and integrated across portfolios.

The Commission highlights the challenges currently undermining prevention investment: fragmented systems, inconsistent reporting, and an overemphasis on short-term outputs. Evidence and our own experience in working across community health, government, and not-for-profits sectors confirm these challenges, and we have also observed other challenges. We regularly observe:

- Confusion about what prevention means, the activities it includes, and how it differs from or is similar to health promotion.
- Program quality and outcomes differ significantly because of the lack of structured quality assurance processes and inadequate investment in workforce capacity.
- Reporting is repetitive and inefficient, taking staff away from program delivery.
- The capacity of practitioners to integrate best practice into the design, delivery, and evaluation of initiatives varies. Many organisations lack the skills or tools to measure outcomes effectively.
- Funders support vital health promotion initiatives; however, the impact of these initiatives is often undermined by inconsistent quality and limited evaluation capacity.

We therefore argue that the Framework should include the following to maximise its value:

1. Clear definitions of and distinction between prevention and health promotion;
2. Health promotion specific, evidence-informed quality standards;
3. Mechanisms to ensure ongoing investment in workforce development and enabling infrastructure.

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1. Clear definitions and distinction between prevention and health promotion

We argue that an effective National Prevention Framework should:

a) clearly define prevention and health promotion
b) Treat these components differently since the drivers, stakeholders, and timeframes involved in health promotion and prevention can vary.

A) Clearly define prevention and health promotion

Public health experts and organisations define prevention broadly as efforts to keep people healthy and prevent illness or injury before they happen. The World Health Organization (WHO) describes prevention as "approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, [as well as] interrupting or slowing the progress of the disorder or reducing disability".

Prevention of illness and injury involves targeted interventions (clinical, behavioural, or policy) that attempt to stop specific health problems or detect them early. The health system itself often drives these efforts: epidemiological evidence pinpoints a risk, medical science offers a solution (a vaccine, a test, a safety device), and health services implement programs to deliver that prevention. Outcomes are often tangible in health metrics (e.g. infection rates, hospital admissions for injury). Because these prevention strategies focus on particular problems, they can be planned and assessed based on specific diseases or injury groups.

Health promotion is a component of prevention that goes beyond specific diseases, aiming to *enhance the health and well-being of individuals and communities* by addressing the underlying determinants of health. The WHO defines health promotion as "the process of enabling people to increase control over, and to improve, their health".[2] Instead of focusing on one disease at a time, health promotion seeks to create conditions that support overall health.

Key aspects of health promotion include:

- **Empowering healthy choices and behaviours:** Health promotion initiatives aim to engage and educate individuals and communities to choose healthy behaviours and lifestyles. Examples include education campaigns (e.g., anti-smoking or responsible drinking campaigns), school programs focused on nutrition and exercise, and community support groups promoting healthy living. The goal is to *empower people with knowledge and skills* to take charge of their health.
- **Addressing social and environmental determinants:** A key aspect of health promotion is creating healthier environments. This could include policies and changes in systems outside the traditional health sector. For example, improving urban design to encourage

physical activity (such as parks, bike paths), ensuring access to healthy foods (through food policies or pricing strategies), or improving education and economic opportunities, which indirectly benefit health.[3] Health promotion recognises that factors like housing, education, income, and social support strongly influence health outcomes. As a result, it often requires multi-sector collaboration where government agencies, schools, workplaces, urban planners, etc. work together to build "supportive environments" that make the healthy choice the easy choice.

- **Health education and literacy:** Many health promotion efforts focus on enhancing health literacy and public awareness. By increasing understanding of health risks (such as the harms of tobacco, poor diet, physical inactivity) and ways to reduce them, communities are better equipped to demand and use preventive services.
- **Whole-population approach and equity:** Health promotion generally operates at a population level and tackles inequity, meaning it "aims to reduce differences in health status" across different groups by improving overall social conditions.[4] For example, health promotion initiatives might specifically target disadvantaged communities with programs to improve housing, nutrition, or access to recreation, given that these improvements will lead to better health. The success of health promotion is often measured in the creation of supportive environments for health, long-term improvements in well-being and reductions in risk factors, rather than immediate disease incidence figures.

In summary, **health promotion is the component of prevention that focuses on fostering overall well-being and enabling people to maintain good health**. It is *proactive and holistic*, focusing on wellness and addressing the root causes of ill-health (like socioeconomic and environmental factors) rather than reacting to specific diseases. Importantly, this means the drivers of health promotion are often different from those of disease prevention. Health promotion initiatives frequently emerge from community needs, social policy goals, or global movements (e.g., Healthy Cities, "Health in All Policies") and require coordination across sectors (not just health departments, but also education, transportation, housing, etc.). For instance, reducing obesity rates is not just a matter of individual willpower or a single medical intervention; it involves urban planning (for walkability), school curricula, food industry regulation, and public education. These broad drivers distinguish health promotion efforts from the more medically-driven disease prevention interventions, which is why a Framework must recognise the difference between health promotion and prevention.

(B) Recognising differences between health promotion and prevention

Prevention spans a spectrum from preventing specific diseases and injuries to promoting holistic health and well-being. Both are vital and complementary: screening programs will save lives in the medium term, while health promotion and addressing social determinants will yield healthier populations and reduced healthcare demand in the long term. Recognising their distinct role and the fact that the drivers of health promotion and prevention are different is important for policymakers. It

ensures that a National Prevention Framework allocates appropriate resources, leadership, and strategies to both sides of prevention. By recognising disease prevention and health promotion as distinct but interlinked pillars, we can develop more effective and balanced prevention policies that maximise health benefits for the community.

Therefore, the Framework should acknowledge these key distinctions between prevention and health promotion:

- **Disease and illness prevention programs**, such as immunisation, screenings, or injury prevention laws, are often led by the health sector, rely on biomedical evidence, and measure success through specific health metrics. They may be funded through health budgets and implemented by healthcare providers or public health agencies. A national framework must ensure these programs are evidence-based, reach the populations in need (for example, maintaining high vaccination coverage or screening participation), and are assessed based on health outcomes (like reduced disease rates).

- **Health promotion initiatives** require a whole-of-government approach involving multiple sectors and community input. Many health determinants are outside the healthcare system, so frameworks must encourage collaboration across departments such as health, education, housing, environment, and finance, while also including community perspectives. Importantly, investments in health promotion might not be directly visible in health budgets. For example, spending on active transport infrastructure or education can promote health even if it isn't officially part of a health program. In Australia, a noted challenge is that activities in other sectors that support health are often not accounted for as part of the 'illness prevention' budgets, which reflects a siloed approach. A National Prevention Framework should clearly recognise cross-sector efforts and establish governance that shares accountability for health outcomes across different departments.[5] This ensures health promotion isn't overlooked due to strict budget categories, and all relevant social, economic, and environmental drivers are considered.

- **Different time horizons and evaluation:** Disease prevention interventions can sometimes show relatively quick measurable impacts (e.g. a vaccination campaign reducing cases within a season, or a new screening test detecting early cancers in the next year). However, health promotion often works on a longer timeline (it may take years or decades to see shifts in population obesity rates). A National Prevention Framework should accommodate these differences by setting both short-term targets (for disease-specific outcomes) and long-term indicators (for improvements in risk factors and determinants).

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2. Health promotion specific, evidence-informed quality standards

A framework must incorporate health promotion specific evidence-informed quality standards for program design, implementation, and evaluation. Evidence from education, health care, and social services shows that higher-quality programs and services deliver better outcomes for communities, and high-quality health promotion achieves sustainable impact. [6-8] Quality standards are especially needed in health promotion, which currently operates without widely accepted standards and with no requirement that health promotion practitioners receive professional registration.[9]

In response to this clear need, Quality for Outcomes' Q-STEP is a quality improvement system designed specifically for health promotion. It combines evidence-based quality standards, a continuous improvement cycle, and practical tools to guide the planning, delivery, and review of health promotion initiatives. Q-STEP was co-developed with health promotion practitioners and leaders through a rigorous process involving:

- a comprehensive review of national and international literature;
- an analysis of health promotion policies at local, state, national, and global levels, and
- extensive consultation and testing.

We used Quinn Patton's GUIDE framework to inform the development of standards so that they (1) provide helpful *Guidance*, (2) are *Useful* to the real-world context in which health promotion practitioners and leaders operate, (3) are *Inspiring*, and meaningful, (4) support the on-going *Development*, adaptation and refinement of projects, and (5) are *Evaluable* (1).[10]

Feedback from organisations that have implemented Q-STEP demonstrate that it strengthens internal systems, improves evaluation, and builds workforce capacity in health promotion best practice. For example, DPV Health reported that Q-STEP enhanced project planning, evaluation, and practice. One manager noted that Q-STEP:... "not only resulted in improved quality systems and processes, but also delivered professional development outcomes, by building the team's capacity to deliver impactful population health initiatives."

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3. Mechanisms to ensure ongoing investment in workforce development and enabling infrastructure

Quality programs and services depend on sustained investment in workforce skills and infrastructure. Building capacity requires embedding health promotion competencies into workforce training and ensuring specific tools and infrastructure support practitioners.[11]

We argue that the Framework needs to outline specific mechanisms to ensure ongoing investment in:

A) Workforce development and
B) Enabling infrastructure (e.g. digital tools, systems and processes)

A) Workforce development

Despite its importance, workforce development and capacity building are often overlooked by funders and policy-makers. In many grant schemes, the only "legitimate" funded activities are delivery of programs or services that directly address a priority area or risk factor. As a result, workforce development and capacity building are often perceived as secondary, even though these can determine whether programs fail or succeed.[12]

Government (and other funders) should explicitly invest in building the capacity of health promotion grant recipients (e.g., NGOs, community health services, PHNs…) so that they can plan, deliver and evaluate quality health promotion initiatives. At Quality for Outcomes, we have observed persistent gaps in practitioner understanding of what 'good quality' looks like in health promotion and in how to conduct meaningful evaluation. To address these gaps, we deliver training and are developing digital tools to build capacity in evaluation, data use, evidence-driven project design, and continuous improvement.

We argue that quality is not just a pathway to impact — it is:
a) the foundation for lasting, equitable change, and
b) the insurance policy on health promotion investment.

Embedding explicit mechanisms to support workforce development and capacity building within a National Prevention Framework would:

- Ensure government funding schemes consistently value and resource capacity building as a core investment area;
- Equip practitioners to deliver health promotion initiatives with rigour, sustainability, and equity; and
- Create the conditions for government funding in prevention and health promotion to achieve measurable impacts in the community.

B) Enabling infrastructure

High-quality health promotion requires more than good intentions and individual programs; it needs enabling infrastructure (e.g., digital systems, tools, and processes) that make quality, equity, and accountability the default, not the exception.

Currently, health promotion programs operate within fragmented systems with duplicate reporting, limited data sharing, and inconsistent evaluation capacity. This wastes resources, adds unnecessary administrative work, and makes it hard for funders and governments to see where investments are making a difference.

A National Prevention Framework must include mechanisms to ensure ongoing investment in digital systems, tools, and processes that:

- Streamline reporting and reduce duplication – allowing providers to spend more time delivering programs and less time filling in multiple planning and reporting templates.
- Integrate planning, delivery, and evaluation – ensuring programs are designed with outcomes in mind from the outset, not retrofitted for accountability later.
- Provide real-time data for decision-making – enabling governments, funders, and providers to track progress and make timely adjustments.
- Enhance transparency and accountability – making prevention investments visible, measurable, and demonstrably equitable.

Quality for Outcomes' work shows how enabling infrastructure, digital tools, and quality systems like Q-STEP can put this Framework into action. Besides Q-STEP, Quality for Outcomes is creating complementary tools that illustrate the kind of enabling infrastructure a National Prevention Framework could support.

- Q-Connect: a digital platform to integrate planning, implementation, evaluation, and reporting, reducing duplication and streamlining accountability.
- Impact Blueprint: a practical online course that builds practitioner capacity to link projects to outcome pathways and funder priorities, helping practitioners tell credible impact stories.
- Community Engagement Tracker: a tool to capture, categorise, and analyse how organisations engage with communities, ensuring equity and accountability in prevention practice.
- Theory of Change Visualisation Tool: an intuitive, user-friendly platform to map activities to outcomes, making pathways to impact clearer for practitioners, managers, and funders.

These innovations are being co-designed with the prevention and health promotion sector.

Examples of mechanisms that can be embedded in the National Prevention Framework to support workforce development and enabling infrastructure:

- Dedicated budget lines for workforce development and capacity building in all prevention/health promotion grants and contracts (e.g., a fixed percentage of grant value earmarked for workforce training, evaluation, and organisational strengthening).
- Eligibility criteria requiring applicants to demonstrate a workforce development plan (e.g., training, supervision, mentoring).
- Longer-term funding cycles (3–5 years minimum) that allow organisations to invest in staff skills, rather than only short-term program delivery.
- Accredited training requirements (e.g., workforce must demonstrate competencies in health promotion, evaluation, data use…).
- Quality assurance requirements for organisations engaged in health promotion (e.g., these could be based on Q-STEP).
- Core funding for infrastructure (e.g., evaluation systems, data platforms, digital tools such as Q-STEP/Q-Connect)
- Technical assistance hubs (centralised government- or NGO-supported teams that provide mentoring, evaluation advice, data analysis).
- Dedicated capacity-building grants, especially specifically for smaller organisations, so they can participate equitably alongside large NGOs.
- National prevention workforce data system to track skills, training gaps, and workforce trends.
- Continuous improvement loops (programs required to demonstrate how they have used evaluation findings to strengthen delivery).

In short, governments must invest in people, systems, and programs to achieve desired outcomes. Embedding mechanisms to support workforce development and enabling infrastructure into a National Prevention Framework would ensure that prevention and health promotion investments translate into stronger, more equitable outcomes.

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Recommendations

We recommend that the Productivity Commission:

- **Endorse a National Prevention Framework**, which includes:
  1. Clear definitions of and distinction between prevention and health promotion;
  2. Health promotion specific, evidence-informed quality standards;
  3. Mechanisms to ensure ongoing investment in workforce development and enabling infrastructure.
- Advocate for **sustained government funding** to accompany the Framework—so that workforce development and enabling infrastructure are supported alongside program delivery.
- Propose a **national pilot of Q-STEP**, implemented across a sample of health promotion providers, to test, refine, and build the evidence base for scaling.

Conclusion

In conclusion, we urge the Productivity Commission to strengthen its final recommendations by endorsing a National Prevention Framework that differentiates prevention from health promotion, embeds evidence-informed quality standards for health promotion, and outlines specific mechanisms to support ongoing investment in workforce development and enabling infrastructure. Without these supports, prevention efforts will remain fragmented, duplicative, and inequitable. Scalable quality systems such as Q-STEP should be piloted to ensure investments translate into measurable and lasting outcomes. By adopting these recommendations, the Commission can help shift prevention from aspiration to action, building the foundations for a healthier, fairer, and more sustainable Australia.

About Quality for Outcomes

Quality for Outcomes (QfO) is a Melbourne-based social enterprise co-founded by Professor Melinda Craike and Dr Bo Rolih. We support health promotion providers, funders, and system partners to embed quality, equity, and evidence into their work through tools, training, and strategies that strengthen outcomes and accountability.

Together, we bring over 35 years of combined expertise in research, evaluation, and health policy. Our track record includes:

- Over 110 academic publications and 100+ practice- and policy-focused tools and resources.
- National and international leadership roles, including an appointment to the WHO Global Research Agenda on Knowledge Translation (Craike, 2024) and the Victoria University Medal for Academic Excellence in Research (Rolih, 2020).
- Extensive experience partnering with Australian Government departments, community health services, and international organisations (e.g., European Commission).
- Demonstrated impact in translating evidence into policies, clinical guidelines, and program innovations across Australia and internationally.

QfO's focus is on developing practical, scalable solutions, including Q-STEP and an emerging innovation pipeline, that enable health promotion investments to deliver measurable, equitable, and lasting impact.

Additional material

*Available on request:

- Q-STEP in Action: Case examples of Q-STEP strengthening quality and impact in practice
- Q-STEP Brief for Funders: Further detail on how Q-STEP can be embedded in funding systems

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