



# Modeling That Matters

Translating health policy into the language of cost, risk, and action

## An Uncommon Approach to Modeling

**Modeling that Matters** is the Common Health Coalition's approach to economic analysis of health policy designed to be useful in the real world. It is fast, affordable, specific, grounded in practitioner knowledge, and it always ends with solutions.

**Our Goal:** Give the right people the right information in time to act on urgent health issues, and build the cross-sector trust that makes action possible.

This work is built on a core conviction: public health and health care are not tackling separate problems. They are worried about the same problems, but experiencing them differently depending on where leaders sit. When prevention programs are strong, hospitals see fewer high-cost patients. When vaccination rates hold, insurers and employers absorb fewer claims. When public health infrastructure is well-resourced, communities are healthier and everybody saves money. Our models make those connections visible in terms every decision maker can use.

## Five Key Factors

- 1 Speed – delivered in months, not years**  
Our process is built to move with policy. We produce rigorous economic models within a few months, so findings are available when decisions are still being made, not after the window has closed.
- 2 Affordability – \$50,000 or less**  
Our methodology is designed to be completed at a maximum cost of \$50,000, making high-quality economic analysis accessible to health departments, regional coalitions, and health systems of all sizes.
- 3 Specificity – who bears which costs**  
We go beyond aggregate impact and break down who bears the costs: private insurers, public payers, hospitals, employers, uninsured individuals, public health agencies. Specificity is what makes findings actionable.
- 4 Solutions – always paired with findings**  
Every model includes a concrete menu of potential solutions across sectors. Our role is to equip decision makers with both the case for action and a practical path forward.
- 5 Validation – multi-perspective expert validation**  
Our signature methodology (detailed below) ensures every model is built on real-world practitioner insight and validated by multiple types of experts before it reaches decision makers.

## **Practitioner Informed Approach: How We Build and Validate Our Models**

Our practitioner informed approach is what separates our **Modeling that Matters** approach from purely academic research or advocacy-driven estimates. It inserts practitioners, validators, and decision makers directly into the modeling process, so that findings are grounded in lived experience and trusted by the full range of people who need to act on them.

### **Practitioner Foundation** *where the model begins*

Before formal modeling begins, we convene frontline practitioners: clinicians, public health professionals, and others with direct experience in the issue. They shape the problem definition, inform assumptions, surface potential solutions, and ensure the model reflects operational reality - not just what the peer-reviewed literature already says.

### **Formal & Informal Peer Review** *where the model is validated*

Once built, the model undergoes review with other modeling experts, pre-print publication to facilitate initial peer review, and submission for formal peer review. This process ensures scientific integrity without sacrificing the speed that makes the work useful.

### **Public Health Expert Validation** *where the model gets a reality check*

We return to health experts – including practitioners who informed the model – to ask: Do these estimates seem reasonable? This layer catches overestimates and underestimates that data alone can't surface, and ensures projections are credible to the people who know the issue best.

### **Decision-Maker Review** *where the model earns its credibility*

The final step convenes payers, health care executives, and business leaders --- the people who will make decisions based on the modeling or advise those who will. If the findings hold up under their scrutiny, the model is ready. If not, we refine. This step transforms rigorous analysis into trusted analysis.

## **A Shared Language for a Shared Problem**

One of the most important functions of **Modeling that Matters** is translation. Public health professionals speak in terms of disease burden and prevention. Payers and employers speak in claims costs and actuarial risk. Policymakers speak in budget lines and constituent impact. These communities share the same underlying challenge – poor health outcomes cost everyone – but rarely share the vocabulary needed to build common cause.

Our modeling bridges that gap. By translating public health outcomes into specific financial impacts for specific stakeholders, we create a shared language for shared risk, shared value, and shared solutions

#### **Shared Risk**

When public health infrastructure weakens, the costs don't stay in public health. They move to hospitals, insurers, employers, and families. Our models show exactly how.

#### **Shared Value**

Prevention delivers returns at every level of the system. Our models quantify the return on public health investment in terms every sector recognizes: cost per case, per hospitalization, per outbreak.

#### **Shared Solutions**

Every report ends with cross-sector recommendations tailored to what each stakeholder group can actually do: from payer coverage decisions to health system partnerships.

## Modeling That Matters in Action

Two of our recently published reports demonstrate this approach in action – produced rapidly, at accessible cost, in partnership with leading research institutions, with expert review, and structured to speak directly to the decision makers who needed the information most.

### **More Illness, Greater Cost – Special Report, June 2025**

This foundational [report](#) modeled how changes to U.S. public health infrastructure ripple through the health care system, translating policy shifts into three stakeholder-specific impact categories: fewer services available to patients and clinicians, more patients arriving sicker and at higher cost, and health care forced to fill gaps or go without. Key findings were organized around financial and operational consequences for payers, health systems, and public programs.

**15:1**  
ROI on  
prevention

The CDC's Tips from Former Smokers Campaign saved an estimated \$7.3 billion in health care costs over its first six years - with costs borne disproportionately by governmental payers when the program is cut.

**\$52.4B**  
HIV cost  
impact

Proposed cuts to HIV prevention programs are projected to cost the health system \$52.4 billion over patients' lifetimes - a direct consequence of dismantling STI clinic networks and CDC infrastructure.

**\$2.47**  
CHW return  
per \$1

Certain CHW programs returned \$2.47 to Medicaid payers for every dollar invested, by reducing hospitalizations – a return at risk as federal CHW funding streams are cut.

### **Spotlight Brief: Childhood Immunizations – February 2026**

In partnership with the **Yale School of Public Health**, this [brief](#) modeled county-level MMR vaccination coverage declines, translating them into cases, hospitalizations, deaths, and costs broken down by payer type. Using a conservative scenario of a sustained 1% annual decline in coverage, the model projected outcomes through 2030 - with full methodology published in a pre-print for peer scrutiny.

**\$1.5B**  
annual costs  
by 2030

A 1% annual MMR coverage decline generates \$1.5B in annual costs by 2030, spanning public health outbreak response (\$947M), productivity losses (\$510M), and direct medical costs (\$41M) by private insurer, public payer, and uninsured.

**17,000+**  
measles  
cases / year

The model projects more than 17,000 annual measles cases, 4,085 hospitalizations, and 36 preventable deaths per year by 2030 – a sevenfold increase over the 2025 baseline.

**\$166M**  
2025 baseline  
costs

Even in 2025, measles already cost the U.S. health system an estimated \$166 million – approximately \$76,000 per case – establishing the baseline from which further decline compounds rapidly

## Who This Work Is For

**Modeling that Matters** is designed for anyone who bears financial or operational risk from public health outcomes, and who needs credible, specific data to act.

### Health Plans & Payers

- Anticipate which policy changes will drive claims costs
- Build the business case for preventive investments
- Understand exposure by payer type, not just in aggregate

### Hospitals & Health Systems

- Forecast operational burden from infrastructure gaps
- Engage policymakers with financial and clinical data
- Justify investment in public health partnerships

### Employers & Business Leaders

- Quantify workforce and productivity costs from rising disease burden
- Understand self-insured claims exposure
- Engage in cross-sector solutions that protect workforce health

### Policymaker & Public Health Leaders

- Make the investment case in the language of ROI
- Engage skeptical stakeholders with independently validated data
- Access modeling grounded in what practitioners know to be true

## **The bottom line:**

Better decisions require better and easy to understand data – delivered in time to matter, at a cost that works, and validated by the people who have to act on it.

Public health and health care face the same risks. They should be working from the same set of information, speaking a common language about what collectively matters to all parties.

## About the Coalition

The Common Health Coalition is the largest multi-sector collaboration spanning clinician groups, health departments, hospitals, payers, and community organizations. By uniting leaders who rarely share the same table, we turn alignment into action at a scale no single sector can reach, and transform relationships into results for people and communities.

Founded in 2023 by the Alliance of Community Health Plans, AHIP, American Hospital Association, American Medical Association, and Kaiser Permanente, the Coalition now represents more than 350 members across nearly every state and territory in the country. Learn more by visiting [commonhealthcoalition.org](https://commonhealthcoalition.org).