

Shared Financing for Prevention

How to catalyze durable, shared financing in public health across communities



Common
Health
Coalition

The Challenge & the Opportunity

Public health challenges are growing while traditional funding streams shrink. Investing in public health reduces downstream illness, hospitalizations, and costs across the health system, but public health agencies rarely have the resources to sustain prevention programs at the scale needed.

Health systems and payers absorb the costs of conditions that could have been avoided, and lack a structured way to invest upstream. Philanthropy wants to catalyze change but cannot carry the load alone. No single entity – whether a health department, hospital, or insurer – can sustainably fill these gaps. [Shared financing models](#) allow communities to pool resources, reduce risk, and align incentives to invest in prevention.

The **Common Health Coalition's [Shared Financing Approach](#)** (SFA) changes this equation. Together with our **Modeling that Matters** framework, we offer every sector a shared, credible picture of who bears which costs and the value of investing. By bringing together key health system actors, including public health, health care systems, Medicaid, payers, behavioral health and philanthropy to the same table – with modeled data showing who benefits and by how much – we can create the conditions for durable, jointly funded prevention.

Focus on Near-Term Results

Shared Financing Approaches for prevention should be focused on where a return on investment or savings can be demonstrated within the short term, meaning one to three years. In a resource-constrained environment, models must prove their effectiveness to achieve results quickly, to prove their value and sustain investment. Early, visible returns can build long-term trust and momentum.

While this approach seemingly lends itself only to acute illnesses and infectious disease prevention, opportunities exist in investing in proven strategies to improve patient adherence to medication, reducing emergency department visits, and advancing participation in interventions such as Diabetes Prevention Programs for conditions with strong preventative pathways. These process and utilization outcomes provide payers and health systems with concrete and early signals that the investment is generating returns – and a clear basis for renewing and scaling the model.

The principle: show the return before asking for renewal

By anchoring the model to outcomes measurable within one to three years – whether that's cases averted, program enrollees, adherence rates, or utilization reduced – we give every partner a reason to stay at the table and a foundation for scaling what works.

How This Works: a Six Step Roadmap

The Coalition's SFA guides partners step-by-step through building a locally grounded, sustainable prevention financing model. Published in our "Public Health Bonds in Action" packet, the roadmap has been applied and refined through real-world pilots.

1

Identify a preventable health issue and intervention

Focus on a priority where rigorous evidence shows a preventive intervention reduces downstream costs. The intervention must be scalable, able to show progress within one to three years, and well-suited for shared investment – for example, diabetes prevention, vaccination outreach, hepatitis C elimination, HIV prevention, or a combination of multiple prevention priority areas.



- 2 Assess partners with shared priorities**
Map the landscape: you need a public health partner to operationalize the intervention, a health system or payer to contribute funding aligned with modeled savings or avoidable costs, and philanthropy to provide catalytic seed capital. Set a total budget with target contributions from each.
- 3 Secure seed Funding**
Philanthropic seed dollars reduce perceived risk for other funders and build momentum. The ask should be clear, concrete, and realistic – with a compelling case for how early investment unlocks broader participation and aligns with the philanthropy’s priorities.
- 4 Bring in a health care partner**
Use **Modeling that Matters** – the Coalition’s rapid economic modeling framework – to quantify the financial case for health system and payer participation. Show specifically who benefits and by how much from the intervention, or who would bear the cost of not doing said intervention and to what extent. This is where shared language becomes shared risk, and shared risk can lead to shared action.
- 5 Tie it all together**
Convene all partners to agree on operations, governance, and data-sharing. Establish clear roles, a formal governance structure, and turnover-proof documentation so momentum survives leadership transitions.
- 6 Launch, track, and sustain**
Deploy through existing infrastructure where possible. Track both health outcomes (vaccination rates, reduced infections) and financial outcomes (reduced utilization, cost savings). Share results – and reinvest shared savings to sustain or scale.

The Role of Modeling That Matters

Shared financing models only work if every partner – including health systems, payers, and business leaders – can see their stake in the outcome. That requires more than a compelling narrative. It requires data that is fast, specific, and credible to the people who need to act on it.

The Coalition’s **Modeling that Matters** framework, developed through our published research in partnership with leading academic institutions, is built to produce economic analyses of public health policy within months, at accessible cost, and with specificity about who bears which costs.

How modeling can enhance shared financing strategies

- Provides a clear financial case showing savings by payer type – private insurers, Medicaid, employers, public health agencies
- Localizes projections that make the ROI of investment concrete for specific community
- Develop a shared understanding of risk and value that aligns stakeholders across sectors

Example: Childhood immunizations

Our February 2026 Spotlight Brief modeled the downstream costs of declining MMR vaccination rates broken out by private insurer, public payer, employer, and public health agency. It found that a 1% annual coverage decline could generate \$1.5B in annual costs by 2030, with \$947M falling to government/public health outbreak response and \$41M in direct medical costs stratified by payer. **This is the kind of analysis that can move a payer or health system from interest to investment in partnership-based approaches.**

Proof of Concept: Real-World Results

The Coalition's approach draws on proven models – including past initiatives led by members of our leadership team – that demonstrate what cross-sector prevention financing can achieve.

NYC Vaccine Outreach

90%+
of Medicaid
market reached

In 2021, the NYC Health Department **partnered** with seven health insurance plans to reimburse clinicians for proactive outreach to unvaccinated patients. Using existing payer infrastructure, the program was implemented in roughly six weeks and reached more than 90% of the city's Medicaid population – demonstrating how quickly public health and payers can align incentives when the financing structure is right.

NYC Asthma & Pest Mgmt

87%
of Medicaid-insured
children covered

Five Medicaid managed care organizations jointly funded home-based integrated pest management services for children with asthma – covering 87% of NYC's Medicaid-insured children. Securing payer participation required demonstrating that upstream investment would reduce downstream health care utilization, illustrating the value of modeling before the ask.

Washington, DC Pilot

Active
Planning underway

The Coalition is in early stages on a shared financing pilot in Washington, DC focused on HIV prevention. The work underway is focused on identifying cross-sector partners, applying **Modeling that Matters** to build the local financial case, and designing a governance and project structure – delivering a launch-ready pilot by the end of the planning period.

The Five Keys to Success

1 Cross-sector buy-in

Everyone must see both the health value and the cost savings potential.

2 Evidenced-based interventions

Invest in what is already proven to work or novel approaches that share attributes with evidence-based interventions.

3 Catalytic Philanthropy

Seed funding builds confidence and brings other partners to the table.

4 Clear Metrics

Track both health and financial outcomes from day one

5 Sustainability Loop

Documented savings justify ongoing investment and set the stage for scaling.

Ready to explore shared financing in your community?

Whether you're starting from scratch or have already laid groundwork, the Common Health Coalition can help you identify partners, model the financial case, and design a structure built to last. Reach out at info@CommonHealthCoalition.org.

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, the Coalition now represents more than 350 members across nearly every state and territory in the country. Learn more by visiting commonhealthcoalition.org.