

PUBLIC HEALTH BONDS IN ACTION

How to Start a Shared Financing Model for Health in Your Community



**COMMON HEALTH
Coalition**

Together For Public Health

Public Health Bonds in Action: How to Start a Shared Financing Model for Health in Your Community

Public health challenges are growing while traditional funding streams shrink. No single entity - whether a health department, hospital, or insurer - can sustainably fill these gaps alone. [Shared financing models](#) allow communities to pool resources, reduce risk, and align incentives to invest in prevention. Interested in this approach? The Common Health Coalition can help. Read on to learn more about deploying this model in your jurisdiction.

The Six Steps

1



Identify a
Preventable
Health Issue &
Intervention

2



Assess
Partners
with Shared
Priorities

3



Secure
Seed
Funding

4



Bring in a
Health Care
Partner

5



Tie it All
Together

6



Hit
Go!



1



Identify a Preventable Health Issue & Intervention

- Focus on a health problem where there is rigorous evidence that a preventive intervention can reduce downstream costs.
- Ensure that the preventive intervention can be scaled quickly and is well suited for partnership, shared funding, and shared savings.



2



Assess Partners with Shared Priorities

- **Inventory:** Identify the potential public health, health care and philanthropy organizations in your landscape for partnership, including:
 - **Public Health** to operationalize the prevention intervention
 - **Payer or hospital system** to provide funding commensurate with realistic savings derived from the prevention intervention
 - **Philanthropic funders** to provide seed funding
- **Budget:** Assess and set the total funding amount needed, including target amounts from each partner



3



Secure Seed Funding

- **Vision-set:** Clearly articulate the vision of how this will work for your jurisdiction, and potential for health improvement, cost savings, and scalability
- **Approach:** Approach philanthropic funders with a clear request to provide catalytic seed dollars. Early philanthropic investment reduces perceived risk and helps convene partners around a shared goal.



4



Bring in a
Health Care
Partner

- **Valuate:** Demonstrate the business case: show how the intervention can lower avoidable costs for hospitals and/or payers. Use simple projections: "\$1 invested in prevention yields \$X saved in admissions, ER visits, or specialty care."
- **Frame:** Frame participation as a shared responsibility and benefit, not a handoff from public health to healthcare or from government to the private sector.
- **Ask:** Make the request for partnership succinct, concrete (with a dollar amount), and realistic.



5



Tie it All
Together

- **Convene:** Bring the key players together to agree upon operations and framing for talking about this partnership publicly.
- **Formalize:** Establish clear roles and a governance structure, and [formalize](#) or "[turnover-proof](#)" your mechanisms for sharing data and resources.
- **Announce:** Talking about new models like this is important - share your good work with your jurisdiction and beyond so others can learn from it and replicate!



6



Hit
Go!

- **Launch:** Use shared funds to launch the intervention through existing infrastructure where possible.
- **Track:** Track both health outcomes (e.g., vaccination rates, reduced infections) and financial outcomes (e.g., reduced utilization, cost savings).
- **Share and scale:** Share results across partners and reinvest shared savings into sustaining or scaling the program.

The Five Keys to Success

1. **Cross-sector buy-in:** Everyone must see both the health value and the cost savings potential.
2. **Evidence-based interventions:** Invest in what is already proven to work (domestically or abroad) or novel approaches that share attributes with evidence-based interventions.
3. **Catalytic philanthropy:** Seed funding builds confidence and momentum.
4. **Clear metrics:** Measure both health and financial outcomes.
5. **Sustainability loop:** Savings justify ongoing investment and scalability.

The Takeaway:

By identifying an urgent issue, aligning partners, and using philanthropy to unlock health care/public health partnership, your jurisdiction can catalyze a sustainable financing model that improves health while reducing costs across the system as a whole.

Proof of Concept



In 2021, New York City's health department partnered with seven health plans on a [vaccine outreach program](#). With upfront city investment, along with substantial in-kind support from health insurers, providers were reimbursed for proactive outreach to unvaccinated patients. Given the public health emergency, this model primarily utilized funding from the federal government as the catalytic seed funding (vs philanthropy), but the model demonstrated that partnership between public health and payers can close critical, mutually concerning gaps quickly.

Ready to move forward?

Whether you're just starting or have already laid some groundwork, the [Common Health Coalition](#) is here to help bring this model to life. Reach out to info@commonhealthcoalition.org for resources, actionable guidance, and partnership opportunities.

Additional Reading:

- [Public Health and Payers—Bridging the Gap to Boost Public Health Investment](#)
- [More Illness, Greater Cost: The Consequences of Public Health Cuts for the Health Care System](#)
- [Payers and Public Health: A Novel Collaboration to Support Covid-19 Vaccination Uptake](#)



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