

SachsHEALTH

INFLUENCE

INDEX *Health, Power,*
 *Influence*

The inaugural SachsHEALTH Influence Index measures the disconnect between who Americans consider influential in healthcare and who they want to have greater influence.

It also identifies where trust barriers exist and how advocacy leaders can adapt their engagement and messaging to address them.

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WHAT IF THE PEOPLE AMERICANS TRUST MOST IN HEALTH CARE ARE THE ONES THEY HEAR FROM LEAST?



Healthcare is politically charged and financially stressful for **most Americans**.

Nearly nine in ten say it helps drive their vote. **Nearly two-thirds** worry their household's healthcare costs could force serious financial sacrifices. **More than four in ten** say affordability has already caused them to delay care, skip medication, or put off a health decision in the past year.

Americans are not united around a single healthcare fear. Their anxieties are scattered. This fragmentation makes it harder for healthcare professionals, elected leaders, and others to communicate in a way that hits home broadly. It also makes it harder to implement changes that feel meaningful to the masses. Real problems can be solved without significantly moving public sentiment.

Of note, Americans have not withdrawn trust equally. Trust is still strong when healthcare feels local. **People trust their doctor, nurse, pharmacist, and hospital more than they trust insurers, pharmaceutical companies, or federal agencies**. Local and state health departments outperform Washington.

Health leaders can still overcome obstacles, earn trust, and gain influence through focused action and targeted messaging.

SIX STRATEGIC TAKEAWAYS FOR HEALTH NARRATIVES



Trust is *fragile*, and distrust *changes behavior*.

Just half of Americans trust the healthcare system to act in patients' best interests. More than four in ten have acted against a clinician's advice in the past year because of that distrust. This behavior is active noncompliance, not passive skepticism.

Clinicians should *speak up*.

Americans want the medical professionals with whom they interact directly (doctors, nurses, pharmacists, caregivers) to have greater influence over the U.S. healthcare system. Clinicians have the widest gap between perceived influence and desired influence of any group measured.

Patients want *real doctors ... not robots*.

The trust Americans feel for their clinicians could easily be broken if it seems like doctors are replacing real relationships – and real clinical decisionmaking – with AI.

***Local* beats federal.**

Americans trust local and state health departments more than the CDC, FDA, and HHS, and the pattern is identical among liberals and conservatives. Skepticism toward federal public health institutions is structural, not partisan.

***Affordability matters*.**

More than half of Americans name affordability as a top healthcare concern, but after that, the field scatters without consensus. Cost anxiety is pervasive and nonpartisan.

Blame doesn't require *authorship*.

A group may be blamed for an issue it never drove. Elected officials rank in the middle of the pack in shaping the cost narrative, yet catch the second-largest share of blame when costs rise, behind only insurers.

SECTION 1

THE INFLUENCE GAP

Insurers and drug companies are seen as the most influential voices over the public healthcare narrative today.

But Americans want the clinicians they know and trust to have a bigger seat at the table.

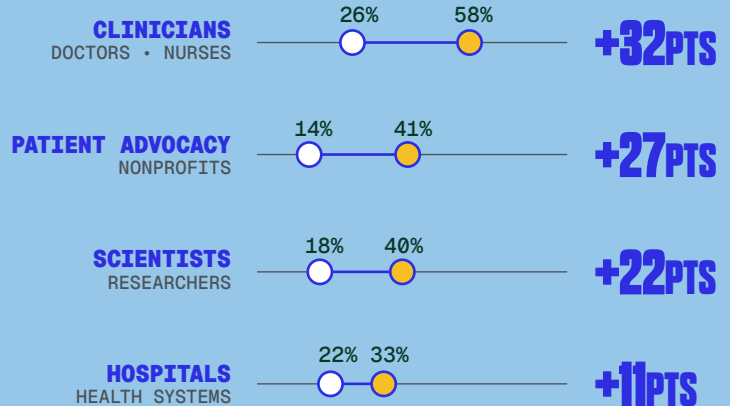
No group has a wider gap between perceived influence and desired influence than clinicians. Only 26% say clinicians are among the most influential voices today, but 58% say they should be. Insurance companies show the reverse: 51% perceived influence, but only 25% think they should have it.

When asked which single group has the most influence overall, health insurers lead (22%), followed by elected officials (16%) and pharmaceutical companies (15%).



PERCEIVED INFLUENCE TODAY VS. DESIRED INFLUENCE, BY GROUP.

○ HAS TODAY ● SHOULD HAVE

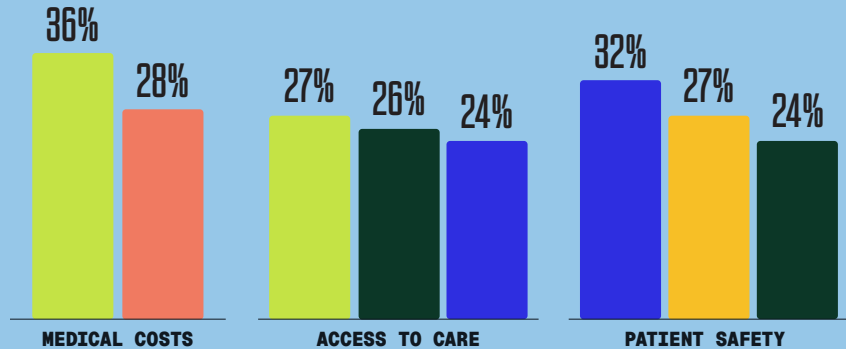


SECTION 2

THE ACCOUNTABILITY GAP

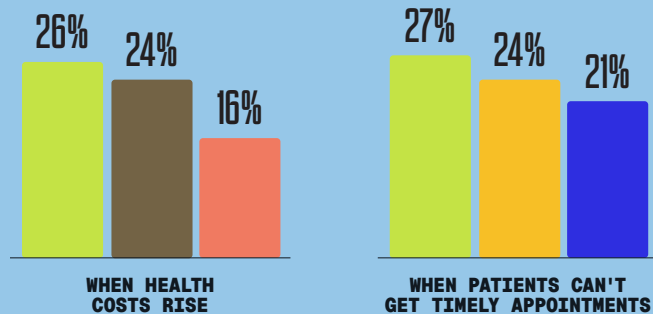
Who Shapes the Narrative?

Which two groups most shape what the public believes about various issues?



Who gets the Blame?

We asked which group do people blame the most when difficult situations happen, even if it's not entirely their fault?



WHERE ARE THE GREATEST VULNERABILITIES?



The gaps between those who shape healthcare narratives and those who get blamed *reveal where organizations are exposed.*

Elected officials rank in the middle of the pack in shaping the cost narrative (19%), but jump to second place in who gets blamed when costs actually rise (24%), just behind insurers.

Hospitals rank 20% for shaping the access conversation but 24% for blame when people cannot get appointments. Most hospital communications focus on quality, clinical excellence, and safety, the areas where they score well (27% on patient safety influence), but **the public is holding them accountable for something they are largely not messaging on: the ability to get in the door.**

24% WHO GETS BLAMED FOR RISING COSTS

24% BLAME WHEN PEOPLE CANNOT GET APPOINTMENTS

19% SHAPING THE COST NARRATIVE

20% SHAPING THE ACCESS CONVERSATION



ELECTED OFFICIALS



HOSPITALS

SECTION 3

TRUST IS FRAGILE.

Only **half of Americans (52%)** trust the U.S. healthcare system to act in patients' best interests. **More than one in three (36%)** actively distrust it.

Trust levels are roughly equal across demographic groups, with slightly higher levels among conservatives (56%), men (57%), and health professionals (58%). Distrust is **significantly greater** among the uninsured (53%).

Nearly **two-thirds of Americans (63%)** say they regularly encounter confusing or conflicting health information. One in five say this happens often.

Confusing information and distrust are tightly linked: **71% of those who distrust the system say they have encountered conflicting health messages in the past year**, compared to 58% of those who trust it.



of Americans trust the U.S. healthcare system to act in patients' best interests.

TRUST DEFICIT IN ACTION

The disconnect between who Americans believe has influence over the healthcare system and who they believe should have influence is not abstract. It tangibly changes behavior.

In the past year, *42% of Americans* deliberately acted against their clinician's recommendations because of a lack of trust in the healthcare system.

This is active noncompliance, driven by a trust deficit that reaches beyond the exam room.

17%

AVOIDED OR DELAYED A MEDICAL TREATMENT

16%

AVOIDED OR DELAYED A VACCINE

15%

SKIPPED A MEDICAL TEST

12%

CHANGED A MEDICATION DOSE ON THEIR OWN

11%

STOPPED TAKING A MEDICATION EARLY

POLITICS, AI, AND THE LIMITS OF INSTITUTIONAL TRUST

POLITICIANS

**Loud in the news,
*absent from the ask.***



Politicians rank high on perceived influence over healthcare (32%), but just 2% see them as genuinely focused on helping patients, a mere 5% see them as transparent in a crisis, and 11% think they should have major influence over the narrative.

The public does not want politicians in the healthcare conversation and does not see them as particularly influential in shaping cost narratives, but blames them almost as much as insurers when costs go up.

AI AND TRUST

**The doctor-patient
*relationship risk.***



People trust their doctor above all other healthcare players. But that trust could quickly break if doctors appear to replace real relationships – and clinical decision-making – with AI.

AI in healthcare is an even split: only 44% trust clinicians to use AI for imaging or lab interpretation (45% distrust), and 47% are willing to use AI chatbots for general health questions (45% unwilling).

LOCAL VS. FEDERAL

**Trust lives
*close to home.***



Trust in public health agencies such as the FDA, CDC, or state health departments hovers near half: 55% are confident they base decisions on science rather than politics, 53% that agencies listen to community concerns, and 53% that they are transparent about uncertainty.

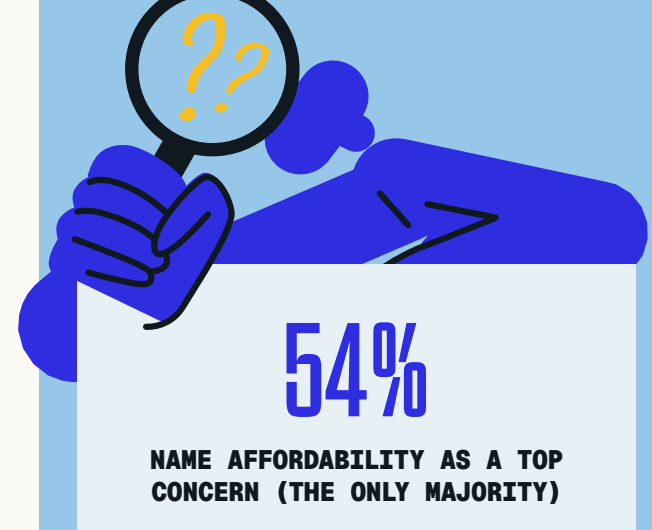
These numbers are identical between liberals and conservatives. Skepticism toward public health institutions is structural, not partisan.

SECTION 4

THE COST CRISIS

When asked to name their top three health concerns, Americans scatter across a wide range of issues, with only affordability picked by a majority.

54%	HEALTHCARE AFFORDABILITY
33%	INSURANCE DENIALS AND COVERAGE GAPS
29%	MEDICARE AND MEDICAID SUSTAINABILITY
28%	MENTAL HEALTH ACCESS
25%	CARE FOR AGING POPULATIONS
24%	INFECTIOUS DISEASE PREPAREDNESS
21%	CHRONIC DISEASE PREVENTION AND MANAGEMENT
17%	ENVIRONMENTAL HEALTH RISKS
15%	VACCINE SAFETY
13%	ARTIFICIAL INTELLIGENCE AND TECHNOLOGY IN HEALTHCARE
12%	WAIT TIMES TO SEE A CLINICIAN
12%	MEDICATION SAFETY
10%	MATERNAL HEALTH AND CHILDBIRTH SAFETY



The spread reinforces the same fragmentation pattern seen throughout this survey:

no single health system failure commands consensus.

It also affirms how big and complex "healthcare" actually is and emphasizes the need for clear, consistent messaging and strategy to drive understanding and behavior change.



COST ANXIETY IS PERVASIVE AND NONPARTISAN.

Nearly two-thirds of Americans (63%) worry that healthcare costs could force serious financial sacrifices, with no meaningful differences by ideology, gender, or income. That worry intensifies among parents of children under age 18 (71%) and adults under 60 (68%).

In the past year, **42% of Americans** say cost led them to avoid or delay care, seek guidance from a non-medical provider, or switch providers.

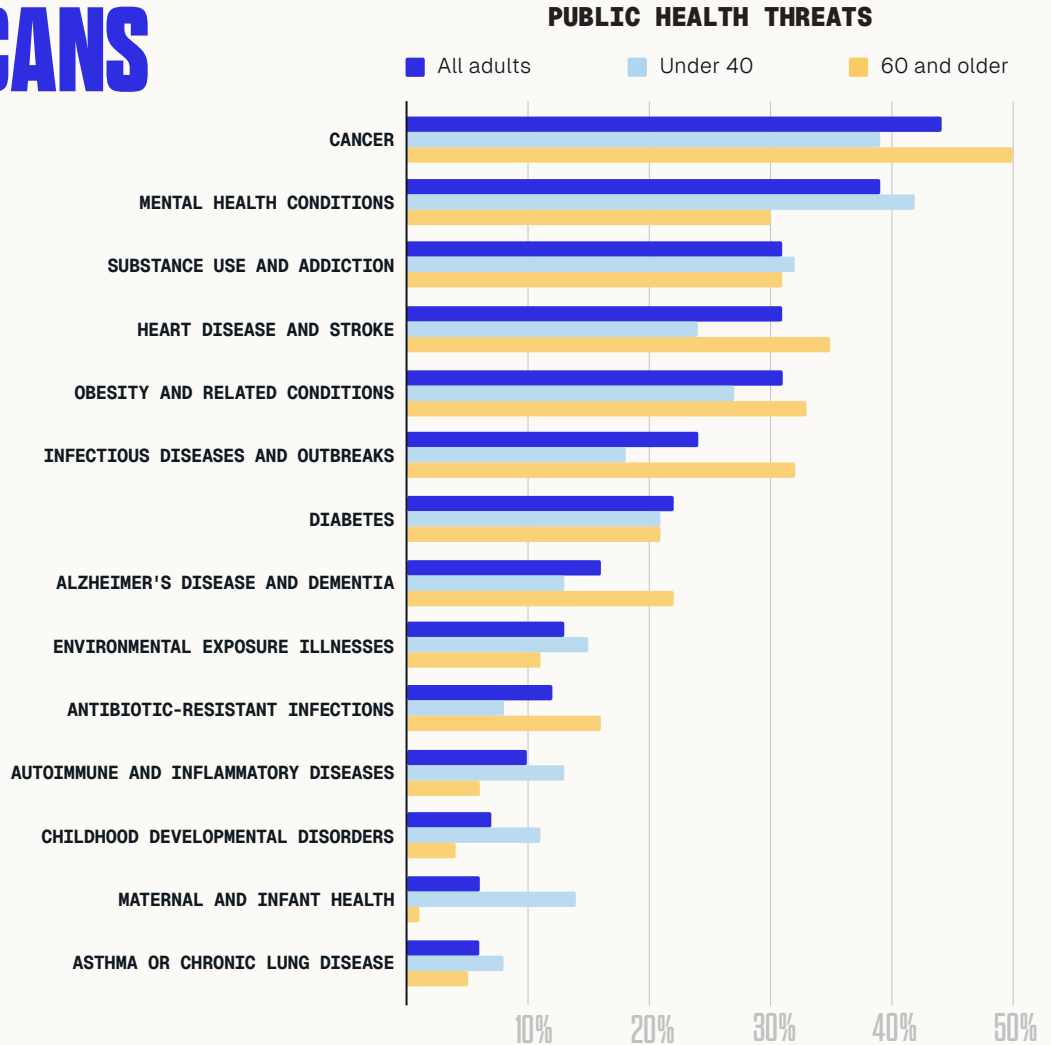
WHAT DO AMERICANS FEAR MOST?

When asked to name the top three greatest threats to public health, cancer leads (44%), followed by mental health conditions (39%), then a three-way tie among substance use and addiction, heart disease, and obesity (all 31%).

But the generational divide is the real story:

- ➔ Among adults 60+, the top threats are **cancer**, **heart disease**, and **infectious disease**.
- ➔ Among those under 40, **mental health** leads, followed by **cancer** and **substance use**.

These differences reflect diverse lived experiences of what the system is *failing to address*.



SECTION 5

CHANGING MINDS ON HEALTH POLICY

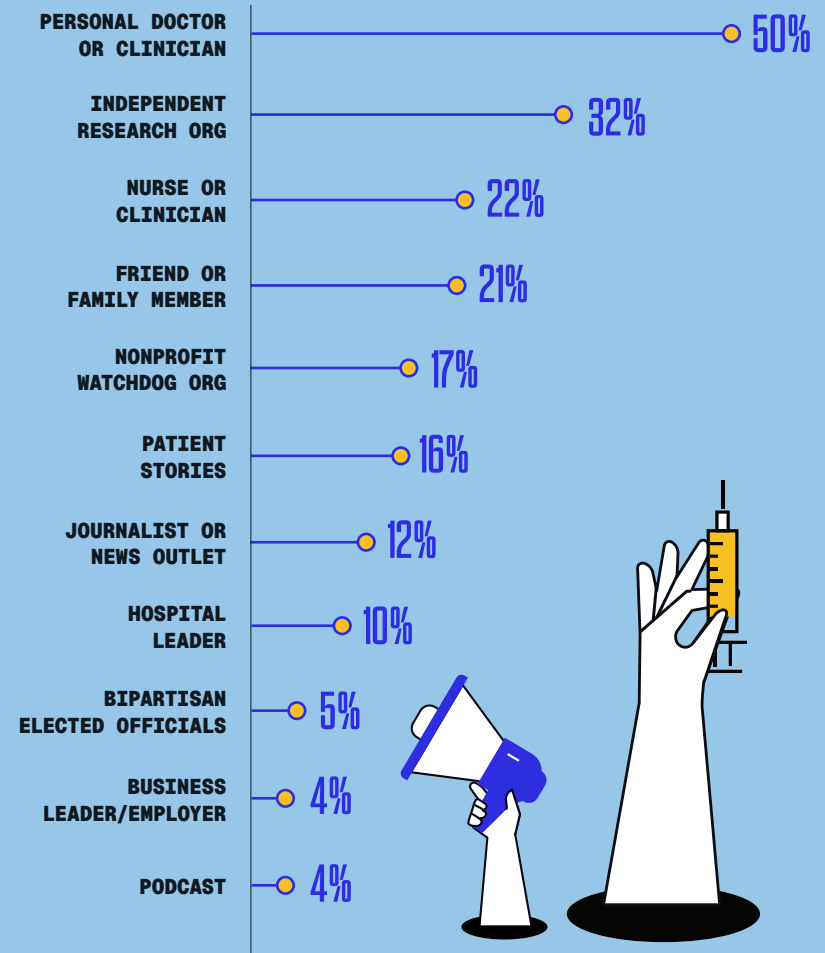
Reaching the skeptical requires showing your work. And *the messenger matters*.

For those who already distrust the healthcare system, the ability to independently verify evidence is the top credibility factor (**54%**). This group of skeptics is also more interested than others in hearing about trade-offs and risks, not just benefits (**29%**).

While they may influence policymakers, institutional endorsements and political coalitions have limited persuasive power among consumers, compared to clinical voices and verifiable evidence.

Additionally, in a controlled head-to-head test, no presidential messenger outperformed a doctor as a source of health guidance, regardless of respondent ideology.

SOURCES MOST LIKELY TO CHANGE SOMEONE'S MIND ABOUT A HEALTH POLICY PROPOSAL



NO ONE GROUP HOLDS TRUST IN A CRISIS !!

We asked, "When a serious problem happens in healthcare (for example: a major billing issue, data breach, or hospital closure), which two groups do you most expect to be transparent and tell the truth?"

Even the highest-scoring group for transparency and truthfulness when something serious goes wrong (clinicians) scores only 34%. Hospitals sit at 28%, patient advocacy groups at 27%, and public health agencies at 22%.



The highest trust score for crisis transparency *belongs to clinicians.*

- 28% Hospitals
- 27% Patient Advocacy Groups
- 22% Public Health Agencies

SECTION 6

WHAT MOVES A PATIENT TO YES?

We tested three levers: the *messenger*, the *framing*, and the *name on the paperwork*.

Each respondent saw one randomly assigned condition, with the same underlying question about whether they'd try a fictional deworming medication in response to a parasitic outbreak. **Only the framing changed.**

EXPERIMENT 1

HEADING: **WHO SAYS IT?**

SETUP: **SAME GUIDANCE.
DIFFERENT VOICE.**

Doctor: **75%**

Researcher: **64%**

CDC: **63%**

FDA: **62%**

FINDING

The doctor wins across every ideology.

Liberals 84%, moderates 71%, conservatives 74%. No agency voice matches it.

EXPERIMENT 2

HEADING: **HOW IS IT DESCRIBED?**

SETUP: **SAME DRUG.
DIFFERENT DESCRIPTION.**

Effective: **62%**

50+ Years: **56%**

Well Tolerated: **54%**

FINDING

Saying a drug works beats saying it has

been around, with effectiveness topping longevity by six points and tolerability by eight.

EXPERIMENT 3

HEADING: **WHO SIGNED OFF?**

SETUP: **SAME DRUG. DIFFERENT
ADMINISTRATION'S AUTHORIZATION.**

Bush: **60%**

Obama: **57%**

Trump: **52%**

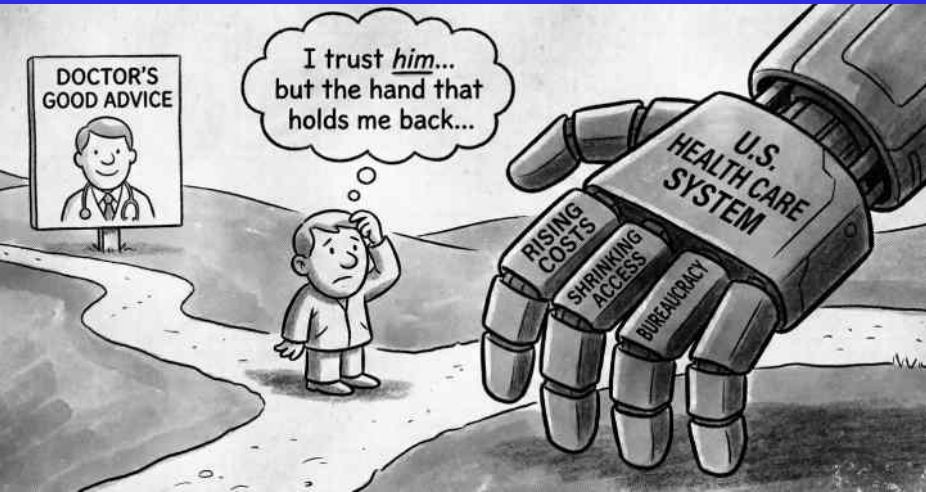
Biden: **50%**

FINDING

The farther out we get from a president's term, the more trusting people seem to be

of the decisions made during their term.

CONCLUSION

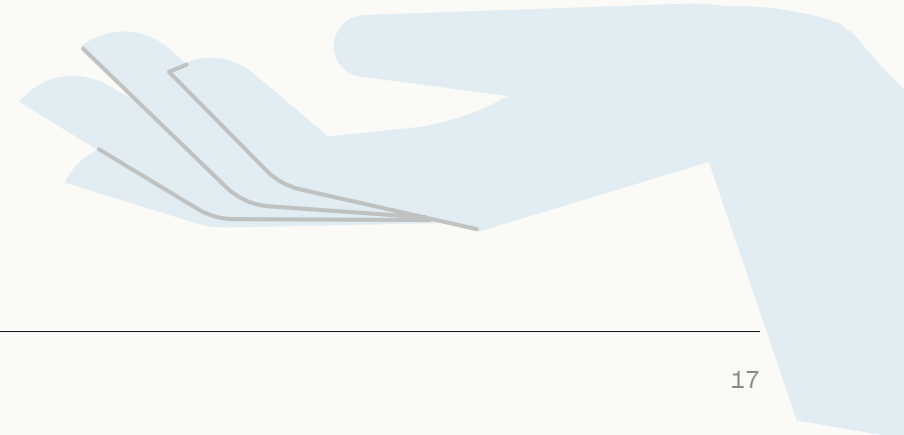


Why do Americans trust their clinicians yet *act against their advice*?

That's *the invisible hand of healthcare*, and telling patients to trust harder will not close the gap.

Americans trust their clinicians, yet often act against that advice because they suspect it may be bent by distant industry forces outside the clinician's control. The prescribed medication may be the one the PBM's formulary allowed. The follow-up advice may hinge on what the insurer will cover.

Instead, by prioritizing transparency, we can make the invisible hand visible so health recommendations can stand on their own, rather than on blind faith in the system that produced them.



5 MOVES TO MAKE THE INVISIBLE HAND VISIBLE

Position clinicians as *thought leaders*.

Train clinical leaders for hostile media, secure speaking engagements, and position them as op-ed authors, podcast guests, and rapid-response voices. They outrank every institutional voice on trust — build the program that gets them quoted first.

Mobilize workers as *grassroots advocates*.

The frontline staff who care for patients, review test results, and fill prescriptions carry credibility few executives can match. Build an employee advocacy program that educates them on priority issues, gives them messaging tools, and opens channels for advocacy.

Push back on *misconceptions*.

Identify the myths damaging your sector and the actors driving them, then run the counter-narrative campaign that tells your story and puts your version on the record before opponents share theirs. Get there first or spend the rest of the cycle correcting the record.

Test messages with *real audiences*.

Run your draft messaging, talking points, and storytelling narratives through head-to-head comparisons with the audiences you are trying to move. Deploy only the versions that shift skeptics, not the ones that play well to people who already agree.

Build coalitions with *trusted partners*.

Patient advocacy nonprofits, professional societies, independent research organizations, and clinician associations carry credibility some sectors cannot buy. Map trusted partners whose audiences overlap with yours, find ways of framing issues that match their interests and concerns, and help them to speak for you.

WHAT DOES THIS MEAN FOR YOUR ORGANIZATION?

This report captures Americans' overarching views on influence, trust, and communication preferences in healthcare nationally. The implications vary depending on whether you run a health system, lead a public health agency, or advocate for patients.

SachsHEALTH offers complimentary executive briefings tailored to your sector, competitive position, and communications priorities.

To schedule an executive briefing, contact Ryan Cohn at ryan@sachsmedia.com

EACH SESSION INCLUDES:

- 01** Key survey findings filtered for your sector and audience
- 02** How the trust-power gap specifically affects your type of organization
- 03** Concrete insights and next steps for communications and positioning
- 04** Live Q&A with our research and strategy leads
- 05** Issue and controversy-specific findings on various policies

SachsHEALTH

SachsHEALTH is Sachs Media's specialized division for healthcare and life sciences. **We have a 30-year track record of partnering with health industry leaders to drive change.**

We lead public affairs and strategic communications campaigns that combine health policy insight, original research, disciplined message development, and targeted stakeholder engagement. Our work helps clients build influence, protect reputations, and advance their policy priorities.

The **2026 SachsHEALTH Influence Index** was conducted as a national survey of 2500 American adults, fielded during February 2026. The survey included both traditional opinion questions and controlled experiments. Margin of error: +/- 2 percentage points at the 95% confidence level.

Sachs Media's Breakthrough Research division specializes in original data collection, analysis, and data visualization; market analysis; message testing; and policy papers. Our research capabilities include opinion and public polling, public policy research, data analysis, market research, message testing, focus groups, comparative state analysis, data visualization, and competitive analysis.

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