

Who holds your microphone?

A five-minute self-assessment for hospital and health system communications teams, built on the five moves from the SachsHEALTH Influence Index.

HOW TO SCORE

Circle one number for each statement: **0** Not yet **1** Sometimes **2** Consistently. Add up each move, then total all five on page 2.

MOVE 1 **Position clinicians as thought leaders**

Score ____ / 6

WHY IT MATTERS 50% name their own doctor as most likely to change their mind on health policy. 10% name a local hospital leader.

- | | | |
|-------|---|--|
| 1 | Clinicians, not just executives, are our named public voices on our most contested issues. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |
| <hr/> | | |
| 2 | We match the messenger to the issue: clinicians on safety and cost, and a local leader the community already knows in a crisis. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |
| <hr/> | | |
| 3 | When we use AI in patient care or communication, we tell patients and name the clinician who checks the work. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |

MOVE 2 **Mobilize workers as grassroots advocates**

Score ____ / 6

WHY IT MATTERS 73% of healthcare workers acted on distrust of the system in the past year, more than any other group.

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|-------|--|--|
| 4 | We treat employees as an audience to persuade, not just a channel to distribute our messages. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |
| <hr/> | | |
| 5 | We know which of our messages our own workforce doesn't believe, and we address them before we ask employees to share or advocate. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |
| <hr/> | | |
| 6 | We give employees content built for the platforms where they get health information, including YouTube, Facebook, and TikTok. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |

MOVE 3 **Push back on misconceptions**

Score ____ / 6

WHY IT MATTERS 20% say hospitals shape the access conversation. 24% blame hospitals most for appointment delays.

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|-------|---|--|
| 7 | We speak publicly on the issues we're blamed for, including access and wait times, not only quality and safety. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |
| <hr/> | | |
| 8 | Our public claims include evidence and sources people can check for themselves. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |
| <hr/> | | |
| 9 | When something goes wrong, we acknowledge it before we explain or advise. | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> |

MOVE 4 Test messages with real audiences

Score ____ / 6

WHY IT MATTERS Same advice, different messenger: 75% were likely to follow their own doctor, vs. 62% to 64% for national institutions.

- | | | | | |
|----|--|---|---|---|
| 10 | We test key messages with the audiences we need to move, not just internal reviewers. | 0 | 1 | 2 |
| 11 | We test who should deliver a message, not only what it says. | 0 | 1 | 2 |
| 12 | We test with the people we're most likely to lose, including patients who've had a bad experience and our own staff. | 0 | 1 | 2 |

MOVE 5 Build coalitions with trusted partners

Score ____ / 6

WHY IT MATTERS The public wants far more influence for patient advocates (9% to 36%) and independent scientists (11% to 33%).

- | | | | | |
|----|---|---|---|---|
| 13 | We have standing relationships with patient advocates and independent experts who will speak with us before a crisis or policy fight begins. | 0 | 1 | 2 |
| 14 | We reach communities that don't listen to hospitals through partners they already trust, such as chambers of commerce, faith leaders, and community groups. | 0 | 1 | 2 |
| 15 | When we take a public position, at least one credible outside voice stands with us. | 0 | 1 | 2 |

Your score



24 TO 30

You hold the microphone

Your most credible voices are already doing the talking. Keep it that way by shoring up your lowest-scoring move.

15 TO 23

You share the microphone

You have the right voices, but they show up only some of the time. Pick one move and make it routine.

0 TO 14

Someone else holds it

Others are telling your story for you. Start with Move 1, because clinicians are the voice the public most wants to hear.

START WITH YOUR LOWEST-SCORING MOVE

One first step for each move

- 1 Name three clinicians who can speak on your hardest issue, and get them media-ready this quarter.
- 2 Before your next campaign, ask a cross-section of staff which of your messages they don't believe.
- 3 Pick the issue you're blamed for most, and publish one plain explanation with sources people can check.
- 4 Test your next key message, and who delivers it, with a small sample of the audience you need to move.
- 5 List the outside groups your hardest-to-reach patients trust, and call one of them this month.

Want to walk your leadership team through the full findings? Request a complimentary private readout of the SachsHEALTH Influence Index.

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