Stop Begging for Budget: The 3.5x ROI Content Creator Blueprint Built on Pocket Change

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AHA Events

TODAY'S ROADMAP

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LET'S START WITH A SHOW OF HANDS.

Raise your hand if you've ever pitched a creator-driven idea to leadership and been told "no."

Maybe it was:

- A paid creator collaboration
- A clinician guesting on a creator's podcast
- Putting providers on camera

So why is getting the "yes" so hard?

How people find health information has changed.

People are learning about their health through the voices and formats they already engage with.

Content creators bridge the gap.

Creator partnerships meet people where they already are, in the voices and formats they've chosen to engage with.

But trying something new still feels risky.

"We've never done that before" can become the reason not to try.

What if you had a better way to get to “yes”?

We're here to prove that being forward-thinking doesn't mean chasing every trend.

It means being willing to explore what's next, before a missed opportunity becomes a competitive gap.

Today, we'll show you how to make that opportunity feel less risky, and build the case for approval.

TODAY'S ROADMAP

Here's where we're going.

01

The Challenge

Why new channels and content formats can feel too risky.

02

The Outcome

Three real-world campaigns that turned small investments into measurable value.

03

The Playbook

How to build, amplify and measure the right partnerships.

04

The Toolkit

Practical tools to evaluate creators, define success and build your own business case.

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THE CHALLENGE

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THE CHALLENGE

HEALTHCARE CONSUMERS ARE ALREADY LISTENING TO SOMEONE.

Your brand is only one voice in the conversation.

55%

of U.S. adults use social media for health information

36%

of those users trust a specific creator for health advice

Source: KFF Health Tracking Poll, August 2025

THE OPPORTUNITY Creator partnerships can extend credible health information into the communities and conversations healthcare consumers already engage with.

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THE CHALLENGE

Your CEO isn't anti-TikTok or anti-content creator. They're anti-unknown.

With established channels, leadership already understands the exchange:

Paid Search

Spend → Clicks → Conversions → CPA

Paid Social

Spend → Reach → Traffic → Conversions

Creator Marketing?

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Creator Marketing?

- Who is this person?
- Why are we paying them?
- What can they say?
- Who approves the content?
- Can we reuse it?
- What if something goes wrong?

Patients don't convert first. They trust first.

Healthcare decisions usually don't happen in a single click.

01

Recognize

I didn't know this was something I should be thinking about.

→

02

Understand

Now I understand what this means for me.

→

03

Trust

I believe the person explaining it and feel comfortable moving forward.

→

Patients don't convert first. They trust first.

Healthcare decisions usually don't happen in a single click.

04

Show Intent

I click. I search.

→

05

Take Action

I book an appointment.

TRYING SOMETHING NEW ISN'T INHERENTLY RISKIER.

Your organization just may not have a guideline for it yet.

So, what happens when you actually get the "yes"?

THE OUTCOME

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THE OUTCOME

The strategy was never “let’s try content creators.”

It was finding a better way to connect clinical expertise with the communities we needed to reach — people who are already interested in, or have first-hand experience with, the topic.

Clinical Credibility

Physicians and clinical experts who bring the expertise.

+

Authentic Community Voices

Creators who bring the audience, relatability and connection.

=

Health Information That Feels Human

Credible enough to trust. Approachable enough to engage with. Relevant enough to act on.

THE OUTCOME

And it didn’t stay a one-off test.

Over two years, the approach expanded into 20+ creator collaborations across:

- **Breast Health**
- **Men’s Health**
- **Colorectal Cancer**
- **Cardiovascular Health**
- **Obesity Medicine**
- **Seasonal Wellness**

The creator wasn’t the strategy. The connection between clinical credibility and community trust was. Here’s what that looked like in practice — starting with the campaign that began as a simple October awareness push.

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THE OUTCOME: IMPORTANT HEALTHCARE SCREENINGS

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PROTECT YOUR PUMPKINS

How do you make mammography feel less intimidating?

LIVED EXPERIENCE + **CLINICAL CREDIBILITY**

Content Creator

Personal breast cancer scare + relatable point of view

Kathy Harkonen

Breast Imaging Technologist, Norwalk Hospital

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PROTECT YOUR PUMPKINS

How do you make mammography feel less intimidating?

LIVED EXPERIENCE + **CLINICAL CREDIBILITY**

WHY THIS PAIRING

The creator could normalize the emotion around screening. Kathy could answer the practical questions with clinical credibility.

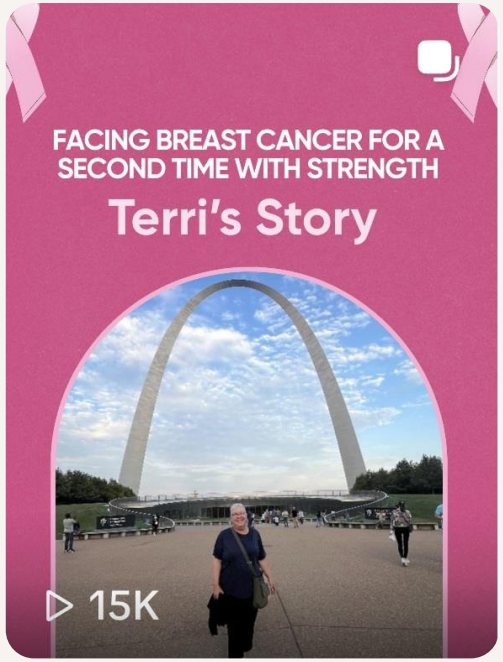
PROTECT YOUR PUMPKINS

Personal Story → Clinical Answers → Social Content

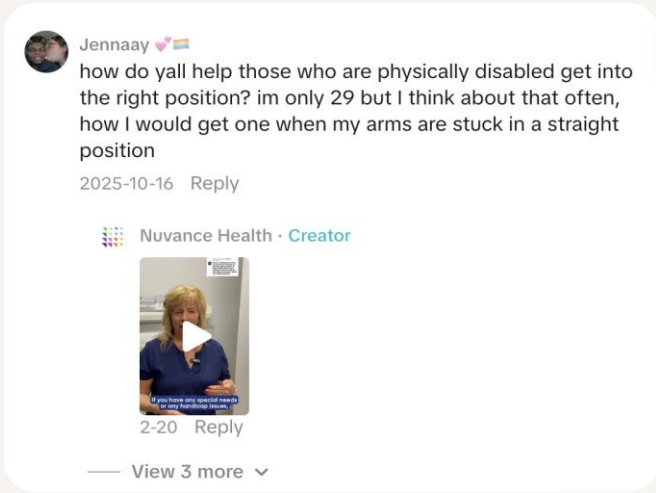
Creator

Clinical Expert

Patient Story



Audience Questions



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PROTECT YOUR PUMPKINS

Personal Story → Clinical Answers → Social Content

WHY IT WORKED

The creator made the topic approachable. The clinical voice gave the audience somewhere credible to go with the questions that followed.

PROTECT YOUR PUMPKINS

$3,600

Creator Investment

Creator storytelling + clinical content + targeted amplification

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7,156 ↑ 46.6% MoM

Post Link Clicks

+160.2%

Shares

300+

New Followers

Clicks and shares showed action. The comments gave us the next content brief.

PROTECT YOUR PUMPKINS

The audience told us what to create next.

THE VALUE

The campaign delivered against our larger social goal: engagement. Likes, shares, saves and comments showed people weren't just seeing the content. They were actively engaging with it.

WHAT HAPPENED NEXT

The engagement gave us somewhere to go next. Audience questions shaped follow-up content, extending mammography education beyond Breast Cancer Awareness Month.

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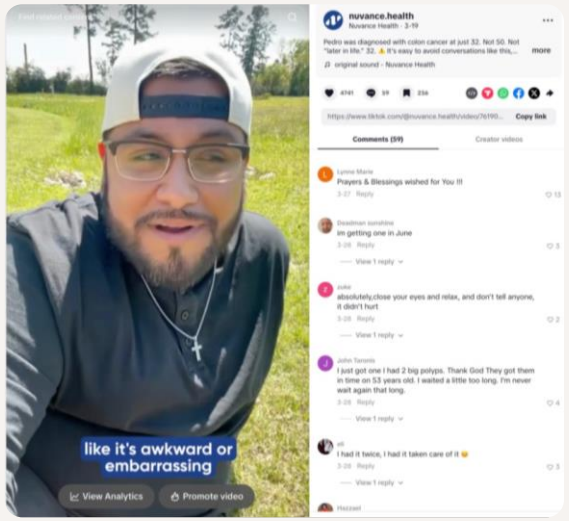
LET’S TALK COLONOSCOPIES

How do you make an awkward topic easier to talk about?

Start with someone who has lived it.

LIVED EXPERIENCE



Colon Cancer Survivor + Advocate

Diagnosed with Stage 3B colon cancer at 32, he brought a candid, personal perspective to screening, stigma and early detection.

LET'S TALK COLONOSCOPIES

Let the lived experience do the heavy lifting.

WHY THIS VOICE

A survivor diagnosed young gave us a credible way to challenge the idea that colorectal cancer is only an older adult issue.

WHY IT WORKED

Lived experience made a stigmatized screening topic feel immediate, relevant and worth sharing with someone else.

THE PROOF

LET’S TALK COLONOSCOPIES

$1,000

Creator Investment

Lived-experience content across short-form video + educational carousel

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54K+

Views

99+ HRS

Watch Time

693

Saves + Shares

Views showed attention. Watch time showed interest. Saves, shares and search behavior showed people wanted to keep learning.

LET'S TALK COLONOSCOPIES

Discomfort turned into curiosity.

THE VALUE

The content surfaced in high-intent searches including "colon cancer symptoms" and "colon cancer in men."

WHAT HAPPENED NEXT

Viewers moved into search, looking for symptoms, screening information and colon cancer information for men.

THE OUTCOME: CREATOR + PODCAST MASHUPS

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THE WHOLE MAN

Some conversations need the right person to start them.

A trusted mental health voice met a clinical expert for a conversation designed to go deeper than a post.

CREATOR CREDIBILITY + **CLINICAL CREDIBILITY**

Dr. Jay Barnett

Therapist, author, former pro athlete, men's mental health advocate

Dr. Jafri

Norwalk
Hospital physician; clinical perspective

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THE WHOLE MAN

Some conversations need the right person to start them.

A trusted mental health voice met a clinical expert for a conversation designed to go deeper than a post.

CREATOR CREDIBILITY + **CLINICAL CREDIBILITY**

WHY THIS PAIRING

Jay brought permission to talk honestly about men's mental health. Dr. Jafri grounded the conversation in care and clinical perspective.

THE WHOLE MAN

One real conversation. Built to travel.

One conversation =

- Long-form video
- Short-form clips
- TikTok + Reels
- Podcast + audio
- Boosted creative

THE WHOLE MAN

One real conversation.
Built to travel.

WHY IT WORKED

We planned for reuse before we recorded. One substantive conversation became a bank of channel-ready creative instead of a one-and-done post.

THE WHOLE MAN

$3,000

Creator Investment

One substantive creator + clinician conversation built for reuse

---

8+

Content Assets

71K+

Video Views

3.5X

ROI in Est. Media Value*

The win wasn't one viral post or patient revenue. It was making one investment work harder across channels, formats and audiences.

**Estimated media value calculated using a comparable $10 paid-social CPM.*

THE WHOLE MAN

$3K didn’t buy a post. It built a content engine.

THE VALUE

The value came from multiplying one investment across an entire content ecosystem — roughly $10,500 in estimated media value against a $3,000 creator investment.

WHAT HAPPENED NEXT

The source conversation kept working across long-form, short-form, social, audio and paid placements.

LP(A)

How do you create interest in something people have never heard of?

Lp(a) had an awareness problem before it ever had a conversion problem.

CONVERSATIONAL BRIDGE + **CLINICAL DEPTH**

The Dusty Muffins

Health-focused podcast + conversational creator platform

Dr. Sunny Intwala

Cardiovascular expert, Northwell Health

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LP(A)

How do you create interest in something people have never heard of?

Lp(a) had an awareness problem before it ever had a conversion problem.

CONVERSATIONAL BRIDGE + **CLINICAL DEPTH**

WHY THIS PAIRING

The Dusty Muffins made a technical topic conversational. Dr. Intwala supplied the depth needed to move from awareness into meaningful education.

LP(A)

One topic. Three very different audiences.

We weren’t just educating patients.

01

Women Navigating Midlife + Menopause

Hormonal changes during menopause can affect cardiovascular risk, making midlife women an important audience for conversations about Lp(a), cholesterol and heart health.

LP(A)

One topic. Three very different audiences.

We weren’t just educating patients.

02

Health-conscious Consumers

Because Lp(a) is genetic and requires specific testing, even people actively managing their heart health may not know their Lp(a) level — or know to ask about it.

LP(A)

One topic. Three very different audiences.

We weren’t just educating patients.

03

Clinical Professionals

Lp(a) isn’t just unfamiliar to patients. Providers may also be unsure when to test for it or how to manage an elevated result, making clinical education a critical part of the campaign.

LP(A)

How do you make it simple without making it too simple?

The content challenge.

Accessible enough for someone hearing “Lp(a)” for the first time.

+

Credible enough for someone who works in healthcare.

LP(A)

One conversation. Three ways in.

55-minute Source Conversation

Podcast → Short-Form → Targeted Amplification

LP(A)

One conversation. Three ways in.

01

Introduce the Unknown

What is Lp(a)?

02

Make It Personal

Menopause + heart health

03

Move Toward Action

Testing + treatment

LP(A)

One conversation. Three ways in.

THE STRATEGY

Same source content. Different hook, audience and job to do.

WHY IT WORKED

The creator made the topic approachable. The clinical voice gave the audience somewhere credible to go with the questions that followed.

THE PROOF

LP(A)

$3,600

Creator Investment

55-minute creator + clinical conversation + short-form amplification

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402K+

Views

64:56 HRS

Watch + Listen

840

Saves + Shares + Comments

The strongest signal was what happened after the view: people searched for more.

LP(A)

The video was the starting point.

THE VALUE

Post-view searches moved deeper into Lp(a), lipid panels, medications and clinical information.

WHAT HAPPENED NEXT

Viewers searched deeper: Lp(a), full lipid panels, medications, interventional cardiology and updated lipid guidance.

LP(A)

The content created the next question.

For an unfamiliar health topic, that mattered. We were not only looking for reach. We wanted evidence that people were moving from “I’ve never heard of this” toward deeper understanding.

“lp little a”
Topic recognition

“2026 lipid guidelines”
Deeper education

“full lipid panel”
Testing curiosity

“lpa medications”
Treatment curiosity

“interventional cardiology”
Clinical exploration

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THE PLAYBOOK

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You've seen what worked for us. Now let's build yours.

Five steps to move from a content creator idea to a campaign you can launch, scale and defend.

01

Get the Yes

Build the case + align early

02

Find the Right Voice

Trust + relevance + fit

03

Build a Content Engine

Create once + multiply

04

Distribute with Intention

Audience + channel + paid

05

Prove the Value

Measure what mattered

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Two tools. One continuous process.

Questions-to-Ask Guide

BEFORE THE "YES"

Pressure-test the idea, stakeholders, guardrails, audience and path to approval.

Launch Checklist

AFTER THE "YES"

Move through contracting, content, approvals, distribution, monitoring and measurement.

GET APPROVAL → FIND → BUILD → DISTRIBUTE → PROVE

Don’t walk in with a creator. Walk in with a business case.

The fastest way to get a “no” is to pitch a creator before you’ve answered why the partnership should exist.

Start With the Problem

What are you actually trying to change?

Define the audience, challenge and desired outcome first. Creator marketing is the tactic, not the objective.

Know Who Needs to Say Yes

Bring the right people in early.

Marketing, leadership, legal, compliance, clinical stakeholders, privacy and procurement may all need a seat at the table.

Don’t walk in with a creator. Walk in with a business case.

The fastest way to get a “no” is to pitch a creator before you’ve answered why the partnership should exist.

Address Risk Before They Ask

Show that compliance is part of the plan.

Be ready to discuss creator agreements, fair-market-value compensation, content guardrails, approvals, disclosures and brand safety.

Define What Success Looks Like

Give leadership more than “we’ll get views.”

Set the objective and measurement approach early: awareness, engagement, watch time, EMV, search behavior, ROI or another meaningful outcome.

Build for safety, control + compliance.

A structured, proactive process protects the organization, the creator and the audience from contract through post-launch monitoring.

Legally Reviewed Creator Agreements

Every creator signs a formal agreement reviewed by legal counsel covering scope, compensation, usage rights, approvals and compliance expectations.

FMV compensation — never tied to referrals or patient volume

Strict Content Guardrails + Briefing

Creators receive clear boundaries before content is created: no service-promotional CTAs, clinical claims or creator-delivered medical advice.

Education • awareness • experience-driven storytelling

Build for safety, control + compliance.

A structured, proactive process protects the organization, the creator and the audience from contract through post-launch monitoring.

Anti-Kickback Safeguards

Partnerships are structured to avoid any implication of paid referrals, inducement or compensation for driving appointments or specific services.

Storytelling, not paid patient acquisition

Review + Approval Before Publishing

Scripts and final content move through the appropriate marketing, clinical, legal and/or compliance review for accuracy, tone and alignment.

The right eyes before anything goes live

Build for safety, control + compliance.

A structured, proactive process protects the organization, the creator and the audience from contract through post-launch monitoring.

FTC Disclosure + HIPAA / Privacy

Creators clearly disclose paid partnerships, and content protects PHI and follows applicable patient privacy and consent requirements.

#ad • #partner • #sponsored

Ongoing Monitoring + Brand Safety

Compliance continues after launch. Published content is monitored, with processes to address issues and request edits, removal or termination.

Control does not end at publish

Making the budget case.

The budget gets easier to defend when leadership can see what the investment actually buys beyond a creator’s follower count.

WHAT YOU’RE REALLY INVESTING IN

Trust + Access

A credible voice with an audience you may not reach as effectively through brand content alone.

Content Value

Source content, cutdowns, platform edits and evergreen assets that keep working.

Making the budget case.

The budget gets easier to defend when leadership can see what the investment actually buys beyond a creator's follower count.

WHAT YOU'RE REALLY INVESTING IN

Distribution

Organic creator reach plus brand channels and intentional paid amplification.

Measurable Value

Attention, engagement, behavior, EMV, efficiency and ROI tied back to the objective.

Frame the ask around the campaign, not the creator fee.

Creator compensation + production + usage rights + paid amplification + measurement = the full investment.

Then connect that investment to the content you can reuse, the audiences you can reach and the value you can prove.

The best creator isn’t always the biggest creator.

Once you know the problem, audience and guardrails, find the person who can make the conversation matter.

Who Actually Follows Them?

Audience fit goes deeper than demographics.

Look at life stage, interests, community and geography, and why people follow them in the first place.

Why Do People Trust Them?

Credibility doesn’t always require credentials.

It can come from expertise, lived experience or an established relationship with a community.

The best creator isn’t always the biggest creator.

Once you know the problem, audience and guardrails, find the person who can make the conversation matter.

Does This Topic Belong in Their Content?

The partnership should feel natural.

If you have to completely change how someone speaks or what they normally talk about, they probably aren’t the right voice.

Can They Work Within Your Guardrails?

The right voice also has to be the right partner.

Consider past health claims, partnerships, conflicts, brand safety and willingness to work through review and approval.

You’ve already seen what the right fit looks like.

Jay Barnett

Mental health, masculinity + vulnerability already belonged in his world.

The Dusty Muffins

Midlife, health + honest conversation already belonged in theirs.

Don’t buy a post. Build something that can multiply.

The right creator partnership should be built to go further. Don’t let it live and die in one piece of content.

Start With the Conversation, Not the Platform

Build around the idea worth hearing first.

Start with the story, question, experience or expertise the creator is uniquely positioned to bring to life.

Plan the Content Runway Before You Create

Know how the source content can work harder.

Think long-form, short-form cuts, platform edits, paid creative and evergreen use before the camera turns on.

Don’t buy a post. Build something that can multiply.

The right creator partnership should be built to go further. Don’t let it live and die in one piece of content.

Give Every Piece a Job

Multiplication isn’t duplication.

Use different pieces to introduce, educate, make it relevant, answer questions or drive deeper learning.

Protect the Creator’s Voice

Structure the message without scripting out the humanity.

Give creators the facts, guardrails and boundaries, then leave room for the authentic voice you hired them for.

You already saw the content engine in action.

Lp(a): one 55-minute conversation became months of audience-specific education across YouTube, TikTok, social channels and podcast platforms.

Long-Form

Short-Form Cuts

Platform Edits

Paid Creative

Evergreen

Don’t just post it. Put it where it can work.

Great content doesn’t automatically find the right audience.
Distribution is part of the strategy, not the last step on the content calendar.

Match the Message to the Audience

Not every piece is for everyone.

Start with the job of the content, then identify who specifically needs to see it.

Let the Platform Have a Purpose

Different channels should do different jobs.

Use long-form for depth, short-form for discovery, podcast platforms for listening, professional channels for clinical audiences.

Don’t just post it. Put it where it can work.

Great content doesn’t automatically find the right audience.
Distribution is part of the strategy, not the last step on the content calendar.

Paid Should Amplify the Strategy

Boost intentionally, not automatically.

Use paid media to put a specific piece of content in front of the audience it was created to reach.

Think Beyond the Creator’s Following

Their audience is the starting point, not the ceiling.

Combine creator distribution with brand channels, paid amplification, cross-platform publishing and evergreen opportunities.

You saw this with Lp(a).

Awareness, menopause + midlife relevance, and testing + treatment were different messages with different audience opportunities. We matched individual short-form topics to the audiences most likely to find them relevant.

Views are a metric. They’re not the business case.

The numbers only matter when you can connect them back to what the campaign was built to accomplish.

Define Success Before You Launch

Measurement starts during strategy, not reporting.

Go back to the objective you established when you asked for the ‘yes.’

Look Beyond Reach

Different metrics answer different questions.

Attention: views, reach, watch time. Engagement: comments, shares, saves. Behavior: clicks, searches. Value: EMV, efficiency, ROI.

Views are a metric. They’re not the business case.

The numbers only matter when you can connect them back to what the campaign was built to accomplish.

Connect the Dots

One metric rarely tells the whole story.

A view says they saw it. Watch time says they stayed. Saves, shares and searches show deeper signals.

Take the Story Back to Leadership

Make the next “yes” easier.

Show what worked, what you learned, what you would change and why the investment deserves to continue or scale.

Three campaigns. Different signals of value.

1.8M+

Views

ATTENTION AT SCALE

3.5X

ROI IN EST. MEDIA VALUE

FINANCIAL VALUE

~3 Days

of Lp(a) watch / listen time

DEPTH + SEARCH CURIOSITY

Measure what matters. Prove why it mattered.

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THE TOOLKIT

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Your next campaign can start before you have the budget.

Before You Pitch the Idea

PRESSURE-TEST IT FIRST

Use the Questions-to-Ask Guide to define the problem, audience, opportunity, stakeholders, compliance considerations and what success could look like.

Your next campaign can start before you have the budget.

Once You Get The Yes

TURN THE IDEA INTO A LAUNCH-READY PLAN.

Use the Launch Checklist to work through contracting, guardrails, approvals, usage rights, content planning, distribution, paid amplification and measurement.

Your next campaign can start before you have the budget.

Then Build The Proof

MAKE THE FIRST CAMPAIGN EVIDENCE FOR THE NEXT.

Measure against the objective you established upfront, capture what worked and translate the results into a story leadership can understand.

THREE TAKEAWAYS

If you remember three things, make them these.

01

Trust is the real currency.

Healthcare audiences don’t need another brand message. They need information delivered by voices they already believe.

The right creator brings more than reach. They bring credibility, relevance and an established relationship with the audience you’re trying to reach.

TAKE IT BACK

Prioritize the intersection of trust, relevance and credibility over follower count alone.

02

An immediate conversion isn’t the only outcome that matters.

Healthcare decisions rarely happen in a single click. Creator marketing can create value long before a patient ever converts.

It can educate, reduce stigma, build trust, spark a search, start a provider conversation or influence a decision that happens weeks or months later.

TAKE IT BACK

Define the role creator marketing is supposed to play in the patient journey, then measure whether it did that job.

03

The first “yes” should help you earn the next one.

A successful campaign shouldn’t just deliver results. It should build the evidence for continued investment.

Capture what worked, what you learned and what the results mean for the organization. Then turn that proof into a stronger business case for what comes next.

TAKE IT BACK

Don’t just report performance. Translate the results into the story leadership needs to justify the next investment.

SHSMD26 CONNECTIONS

Health Care Marketing, Strategy & Communications

American Hospital Association Conference

September 27-29 ⚓ Baltimore

Questions?

Please be sure to complete the session evaluation on the mobile app!

AHA Events

TEN ADAMS

Kaydi Rainey

DIGITAL PERFORMANCE MANAGER

Ten Adams | Healthcare Brand Performance Agency

Kaydi Rainey is a Digital Performance Manager at Ten Adams Healthcare Marketing, where she develops digital strategies that help healthcare brands connect more meaningfully with the audiences they serve. Her work blends data, content and creative strategy, with a focus on social media, creator marketing and campaigns designed to earn attention, deepen engagement and deliver measurable value.

From launching new social platforms to developing healthcare creator partnerships, Kaydi's work has generated more than 1.8 million views, demonstrated 3.5x ROI and transformed individual campaigns into content with lasting value.

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Northwell Health®

Amy Forni

DIRECTOR OF EXTERNAL COMMUNICATIONS & SOCIAL MEDIA

Northwell Health

Amy Forni is a communications strategist with a digital-first mindset, driven by the belief that clear, accessible content helps build healthier communities. She develops multi-channel strategies that build trust, strengthen brand loyalty and connect people with health information when it matters most.

At Northwell Health, Amy partners across teams to align content with how people search, engage and make health decisions. Her work has helped transform external communications into a collaborative, data-driven function integrating public relations, SEO, social media, video and generative AI.

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Bibliography

External research, regulatory guidance and internal campaign reporting referenced throughout this session.

KFF

Tracking Poll on Health Information and Trust: Health Information and Advice on Social Media. August 7, 2025.

Used for social media health-information use and trusted-influencer statistics.

VIEW SOURCE

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

The HIPAA Privacy Rule.

Referenced for patient privacy and protected health information considerations.

VIEW SOURCE

FEDERAL TRADE COMMISSION

Disclosures 101 for Social Media Influencers.

Referenced for paid partnership and endorsement disclosure guidance.

VIEW SOURCE

NORTHWELL HEALTH / NUVANCE HEALTH + TEN ADAMS

Internal campaign reporting, 2024–2026.

Source for creator investments, campaign performance, audience behavior and case-study results.

AI DISCLOSURE

Generative AI tools were used to support presentation development, including content organization, copy refinement and visual ideation. All strategy, campaign examples, performance data, conclusions and recommendations are based on the presenters' work and were reviewed and validated by the presenters.

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