

# From the Audit to the Prescription

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*SBCMO Health Architecture | Bridging health systems and humans.*

The **BrandAuditHC™** for Vantage Regional Health produced a complete diagnostic picture: a 21-facility system with a century of community presence, genuine clinical depth, and an operational infrastructure most regional competitors cannot match—operating under a brand that is not transmitting any of that at the specialty and high-acuity level where trust converts to volume. The psychographic misalignment is structural, the specialty leakage is measurable, and the cancer center timeline is fixed. What follows is the full SBCMO Health Architecture prescription, product by product, built directly from the findings the audit surfaced.

If the recommendations below read as a seven-product wall, that is a function of the audit's scope, not a requirement of the engagement. For a CMO walking into a fourteen-month cancer center countdown with a finite team and a board calendar already full, the right starting point is **BrandCore™ Psychographic Segmentation Engine** paired with **MissionAtlasHC™ Strategic Growth Blueprint**. One produces the primary-source community intelligence every other product depends on. The other establishes the governance architecture that sequences the rest. Every recommendation that follows can be activated

independently, but for a system of Vantage's scale and timeline, those two products are the entry point. Begin there. The rest of the engagement sequences from that foundation.

## Section 1 — Archetype Intelligence: What the Audit Surfaced, What We Prescribed

**Finding.** The BrandAuditHC™ psychographic analysis identified a Warrior/Hero-dominant catchment zone—approximately 20 percent of the service area—receiving a brand signal scored at 3.63 out of 10, alongside an Orphan/Citizen (Everyman) segment at 15 percent receiving a gap-rated signal of 4.87, while the brand itself was projecting an Everyman/Ruler blend built for a psychographic reality that does not match the community it serves.

**Prescription.** The audit's psychographic analysis was conducted at Tier 3 data confidence—regional benchmark proxies calibrated for Appalachian market characteristics. Those proxies are sufficient for diagnosis. They are not sufficient for execution.

**BrandCore™ Psychographic Segmentation Engine** is the instrument that converts directional archetype intelligence into primary-source precision—an n=800+ community research study that produces facility-level archetype profiles, AI-assisted cluster modeling, and a segment map of the full 29-county service area specific to Vantage, not approximate to it. The audit identified which psychographic segments are dominant and which are most underserved; BrandCore™ PSE produces the granular, community-specific data brand activation requires to work at the facility level across a footprint of this scale. Without it, every downstream product in this engagement operates on benchmark assumptions rather than actual community intelligence.

**In practice.** The audit identified the Warrior/Hero segment as Vantage's dominant community psychographic—approximately 20 percent of the service area—receiving a brand signal scored at 3.63 out of 10. That finding tells the activation team which archetype to prioritize. It does not tell them whether that Warrior/Hero concentration is heavier in the former Crestwood rural

catchment zones than in the Ridgeway urban core, or whether the segment's trigger language around cancer care differs from its trigger language around cardiac care. BrandCore™ PSE produces that facility-level resolution, so the cancer center messaging launching in fourteen months is built on actual community intelligence, not a benchmark proxy.

## Section 2 — Brand Positioning and Activation: What the Audit Surfaced, What We Prescribed

**Finding.** Across every assessed touchpoint—digital, environmental, patient-facing, advertising—Vantage's brand signal scored in the Weak tier on message hierarchy (3.2), archetype signal clarity (4.0), and visual consistency (4.0), with the intended Warrior/Hero empowerment position entirely unclaimed and competitive white space left open while both primary competitors hold established archetype territories.

**Prescription.** A gap of this scope and specificity does not require a messaging refresh. It requires a brand activation program built from the ground up—facility by facility, service line by service line, message by message. **BrandLaunchHC™** is that program. It translates the audit's competitive positioning diagnosis into a complete brand activation architecture: a Warrior/Hero-aligned brand platform, a messaging architecture that leads with patient benefit rather than merger rationale, and a service line strategy built around the credibility signals Vantage's specialty programs require. Critically, BrandLaunchHC™ activates at the facility level, not the system level, because a 21-facility footprint with active legacy fragmentation across patient materials, environmental signage, and physician referral patterns cannot be repaired through a system-level campaign. A patient whose referral paperwork still carries Ridgeway or Crestwood language and who arrives at a Vantage facility under a new system campaign does not experience brand coherence. They experience contradiction. The facility-level activation scope is not a design preference—it is the structural prescription the audit's fragmentation findings demand.

**In practice.** The audit found that Vantage's current message architecture leads with merger rationale—"expanded capabilities," "combined resources"—language that reads as institutional self-justification in a Warrior/Hero-dominant community that wants a system that will stand with them, not explain its organizational history to them. A BrandLaunchHC™ engagement for Vantage would replace that architecture with a Warrior/Hero-aligned brand platform and produce a facility-level activation kit for each of the 21 facilities, covering environmental messaging standards, patient-facing materials that carry the new brand voice, and a service line strategy that makes the oncology, cardiac, and orthopedic capabilities visible to commercially insured adults who currently route those care decisions sixty to ninety minutes away.

### **Section 3 — Internal Culture and Workforce Alignment: What the Audit Surfaced, What We Prescribed**

**Finding.** Six years post-merger, the internal workforce remains culturally bifurcated along legacy Ridgeway and Crestwood lines—with physicians introducing themselves through legacy affiliations, staff brand advocacy scores below the 70 percent target threshold, and an organizational culture the system's own leadership described as "not fully integrated at a cultural level," signaling material patient experience and retention risk that cannot be resolved through external messaging alone.

**Prescription.** The brand cannot hold externally what it cannot sustain internally, which is why the internal cultural layer of the SBCMO prescription is a two-product sequence sponsored at the C-suite level by the CHRO and co-owned with the CMO.

**CultureCore™ Workforce Intelligence** is a CHRO-championed instrument: it applies the same psychographic methodology used to map Vantage's community to its 14,200-person employee base, producing an archetype map of the workforce, a Branded Behaviors framework that translates brand values into observable daily practice, and an internal communications campaign segmented by archetype cluster. Workforce alignment, retention risk, and the lived culture employees carry into every

patient encounter are CHRO-owned outcomes, and CultureCore™ is the tool that lets the CHRO measure and govern them. The second product in this sequence is **PhysicianSignal™**, which extends the psychographic methodology to Vantage's employed and affiliated physician network—a population whose brand alignment is distinct from the general workforce because physicians are the primary trust transfer mechanism in specialty care decisions. PhysicianSignal™ produces a referral archetype profile of the physician network, a Referral Communication Guide segmented by archetype cluster, and an Employed Physician Engagement Framework that resolves the legacy identity fragmentation the audit documented. A 21-facility system cannot activate a specialty care brand externally while its own physicians are referring patients under legacy system identities. PhysicianSignal™ closes that gap at its source.

**In practice – CultureCore™.** A patient referred internally from a Vantage primary care clinic to the system's orthopedic program encounters, at the specialty appointment, a physician who still introduces herself as a "Ridgeway physician" in conversation. That single interaction—invisible to the marketing department, but squarely inside the CHRO's accountability—contradicts every external brand message Vantage can produce. CultureCore™ Workforce Intelligence identifies the psychographic composition of the 14,200-person employee base, produces a Branded Behaviors framework that translates the new brand platform into the specific daily behaviors staff carry into patient encounters, and delivers an internal communications campaign segmented by archetype cluster, so the Warrior/Hero-aligned message a commercially insured adult sees in an ad is the same message they feel when they walk into a Vantage facility.

**In practice – PhysicianSignal™.** The audit documented a specific, financially consequential referral pattern: primary care physicians affiliated with the Mountain Care Physician Alliance—positioned in a Caregiver archetype, "your doctor's home"—are a

natural referral multiplier for Vantage if the brand is aligned with them, and a referral friction point if it is not. PhysicianSignal™ produces a referral archetype profile of Vantage's employed and affiliated physician network, maps where legacy Ridgeway and Crestwood identity loyalties are most active in the referral conversation, and delivers a Referral Communication Guide that gives every affiliated physician a Vantage-aligned language framework for specialty referral discussions—so the physician who told the audit team "the oncology suite is better than people think" has the brand tools to say exactly that, in the language most likely to be received by each patient archetype.

#### **Section 4 — Community Narrative and Reputation Architecture: What the Audit Surfaced, What We Prescribed**

**Finding.** The audit's community perception analysis found that Vantage's impact legibility score of 3.0 out of 10—the widest diagnostic pair divergence in the entire audit—reflects a system operating one of the most substantial community health infrastructures in the region (12,000 students reached annually through school-based programming, community health workers embedded across 29 counties, behavioral health leadership with no regional competitor) while that infrastructure is functionally invisible to the community whose trust it has earned.

**Prescription.** Operational presence that does not translate into brand narrative is an asset the community cannot use to make a care decision. **StorySignal™ Communications Intelligence**, including its TrustSignal™ module, translates the audit's community perception data into two concrete deliverables: an earned media architecture that maps Vantage's narrative assets to each archetype cluster in the community, and a reputation defense playbook scenario-mapped to the specific trust vulnerabilities the audit identified. The outputs are specific and executable—a media ecosystem map per archetype cluster, narrative frameworks for each primary psychographic segment, pitch templates designed to convert community health work into local

earned media, and a scenario-mapped reputation playbook that does not wait for a crisis to develop a response. The second product in this section is **CommunityAtlas™**, which prescribes the specific community programs, local sponsorships, and civic partnerships that align Vantage's community investment with the psychographic profile of each catchment zone, rather than distributing that investment on a legacy-facility basis that predates the community composition analysis. The community trust gap the audit identified is not a communications failure alone. It is a resource allocation question. CommunityAtlas™ answers it with precision.

**In practice – StorySignal™.** Vantage's school-based health program reaches 12,000 students annually across the service area. Its community health workers are embedded across 29 counties. Its Vantage Recovery Network is the most comprehensive behavioral health infrastructure in the region by a significant margin. None of those proof points are producing earned media or organic referral signal at the specialty care level, because the system has not assembled them into a narrative architecture that connects community presence to clinical authority. StorySignal™ produces an earned media map for each primary archetype cluster, identifying the specific media channels, messenger types, and narrative frameworks most likely to convert those community health assets into the specialty trust signal the cancer center launch requires—alongside a TrustSignal™ scenario-mapped reputation playbook covering the specific credibility vulnerabilities the audit flagged, including the "Vantage is for everyday care" perception leadership identified as the system's most dangerous active narrative.

**In practice – CommunityAtlas™.** The audit found that Vantage's community partnerships—the regional YMCA network, the Area Food Bank, the Regional Opioid Recovery Coalition, the Faith Community Health Network—were largely distributed along legacy facility geography rather than psychographic catchment logic. A Caregiver-dominant rural catchment zone and a Warrior/Hero-

dominant semi-urban catchment zone require different community investment strategies, different sponsorship partners, and different civic relationships to build specialty care trust. CommunityAtlas™ remaps Vantage's community investment portfolio against the psychographic profile of each catchment zone, identifying which existing partnerships should be amplified, which are underperforming their trust-building potential, and which new civic relationships in which specific communities would most directly close the trust gap the cancer center launch needs to have closed before it opens.

## Section 5 — Brand Promise Validation: What the Audit Surfaced, What We Prescribed

**Finding.** The audit identified a structural credibility risk specific to the Comprehensive Cancer Center launch: the brand promise Vantage is preparing to make to its community—that this is a system ready for high-stakes care, not just everyday care—will be tested at the moment the doors open. A board member captured the stakes precisely: "We've got a brand that says we're trying. We need one that says we've arrived." A brand promise that cannot be defended in market on day one becomes the credibility deficit it was launched to close.

**Prescription.** A high-stakes brand promise requires field validation before it goes live, not after. **FieldProof™** is the validation instrument: it pressure-tests the brand promise, the messaging architecture, and the activation kits against actual community response in the operating market before the launch window opens, surfacing the gaps between what the brand intends to communicate and what the community actually receives. The Comprehensive Cancer Center launch is the canonical use case—a fourteen-month timeline with a fixed opening date, a significant capital investment, and a community currently routing oncology decisions to an academic medical center sixty to ninety minutes away. FieldProof™ ensures the brand walking into that launch

has been tested in the field, refined against actual community signal, and validated as defensible before the ribbon is cut. Without it, the cancer center opens carrying assumptions. With it, it opens carrying evidence.

**In practice.** Six months before the cancer center opens, FieldProof™ would test the launch messaging architecture—headlines, physician-voice messages, patient story frameworks, employer-channel copy—with live community panels segmented by archetype cluster across multiple catchment zones. Where Warrior/Hero respondents read the launch promise as institutional rather than empowering, the messaging is corrected before media is purchased. Where Caregiver respondents flag a credibility gap on family-decision language, the architecture is refined. The cancer center opens with a brand promise that has already met the community and survived the encounter.

### **The Full Engagement — MissionAtlasHC™ as the Orchestration Layer**

Each product in this prescription addresses a specific finding. But the question for a 21-facility, two-state, 29-county system is not whether to do any one of these things—it is how to sequence and govern all of them simultaneously, across a multi-facility footprint, with a cancer center opening in fourteen months and a commercial payor growth agenda already on the CEO's calendar. **MissionAtlasHC™** is the enterprise orchestration layer that makes that possible: a multi-facility brand architecture that uses the Multi-Market Laddering Mechanic to differentiate Vantage's brand signal at the catchment-zone level while sustaining system-level coherence, a 90-day system activation roadmap, and an ongoing governance framework that ensures brand decisions at the facility level do not contradict strategic decisions at the system level. MissionAtlasHC™ is not an add-on to the products above—it is the strategic container that ensures BrandCore™ Psychographic Segmentation Engine, BrandLaunchHC™, CultureCore™ Workforce Intelligence, PhysicianSignal™, StorySignal™ Communications Intelligence, CommunityAtlas™, and

FieldProof™ operate as a coordinated system rather than seven parallel initiatives pursuing seven separate versions of the same goal. For the board conversation that will inevitably frame the investment required, the clarification is this: MissionAtlasHC™ is not a consulting engagement. It is brand infrastructure.

**In practice.** The cancer center opens in fourteen months. BrandCore™ PSE completes primary community research before BrandLaunchHC™ builds the activation architecture. BrandLaunchHC™ facility kits are in market before CultureCore™ trains to them. PhysicianSignal™ referral guides are distributed before the launch communications campaign asks affiliated physicians to be its ambassadors. StorySignal™ earned media architecture is active at least six months before the ribbon is cut. FieldProof™ validates the brand promise in the field before launch media goes live. Every product in this engagement has a dependency relationship with at least one other product, and a 21-facility system cannot manage those dependencies through a series of independent vendor engagements. MissionAtlasHC™ is the governance layer that sequences all of it, assigns accountability at the facility level, and ensures that when the cancer center opens, the brand greeting the community has been built deliberately, not assembled from seven parallel workstreams that did not talk to each other.

## Recommended for Vantage Regional Health

- **BrandCore™ Psychographic Segmentation Engine** – Upgrades the audit's Tier 3 benchmark analysis to primary-source, facility-level psychographic precision across the full 29-county service area.
- **BrandLaunchHC™** – Builds and activates the Warrior/Hero-aligned brand platform at the facility level, with messaging architecture, service line strategy, and a cancer center launch sequence.
- **CultureCore™ Workforce Intelligence** – CHRO-championed, co-owned with the CMO; maps the psychographic composition of the 14,200-person workforce and produces the internal alignment infrastructure that sustains brand activation from the inside out.
- **PhysicianSignal™** – Resolves legacy physician identity fragmentation, builds a referral archetype profile of the employed and affiliated network, and produces a Referral Communication Guide and Employed Physician Engagement Framework.
- **StorySignal™ Communications Intelligence** – Converts community health infrastructure and operational proof points into an earned media architecture and TrustSignal™-mapped reputation playbook, segmented by archetype cluster.
- **CommunityAtlas™** – Prescribes psychographically precise community investment–programs, sponsorships, and civic partnerships–mapped to the catchment zones the audit identified as trust gaps.
- **FieldProof™** – Validates the brand promise and launch messaging architecture in the field before the Comprehensive Cancer Center opens, the canonical use case for a high-stakes, fixed-date launch window.
- **MissionAtlasHC™ Strategic Growth Blueprint** – The architecture that governs all of the above.

Every recommendation above is available as a standalone engagement. For a system of Vantage's scale, the full scope is MissionAtlasHC™.

## From the audit, the path forward becomes clear.

Each finding in the Vantage audit points to a specific product built to address it. Explore the engagement that matches your system's most urgent brand condition, or connect with SBCMO directly to discuss where to begin.

### **SBCMO Health Architecture**

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