A 1UP RESOURCE

DO THIS, NOT THAT

The Visibility Gap Playbook for Health Organizations

A self-assessment guide for mission-driven health organizations.
Identify where you are losing visibility - and where to focus first.

20 comparisons · 5 sections · Score out of 40

40

Score 0 = not doing this · 1 = in some form · 2 = consistently

Contents

HOW TO USE THIS AUDIT

Score yourself. Find your gaps.

This document contains the full set of 20 comparisons used in The Visibility Gap Audit. Each comparison shows what high-performing health organizations do well, and what creates visibility gaps. You can also take this audit online at **start.1updigitalmarketing.com/healthcare-digital-marketing-visibility-audit**.

As you read through, score yourself on each comparison:

0	1	2
Not doing this at all	Doing this in some form	Doing this consistently and well

At the end, add up your scores. **The maximum possible total is 40.** The score interpretation on the final page tells you what your total means and where to focus first.

INTRODUCTION

Visibility is a mission delivery problem.

The reality. Most mission-driven health organizations are doing critical work that is not being seen by the people who need it.

The shift. Visibility is not a marketing problem. It is a mission delivery problem. If people cannot find you, patients do not get help, families do not get support, donors do not contribute, and research does not advance.

What makes health different. Health content is held to a higher standard than almost any other category online. Search engines and AI tools evaluate it against stricter trust, expertise, and authority signals. Audiences range from newly diagnosed patients to seasoned caregivers to research donors, each searching differently. Generic marketing advice does not account for any of this. **This audit does.**

1

SECTION 1 OF 5

Capture Demand

Search + Discovery

Are you showing up when people are actively looking for help? When patients, caregivers, or donors are actively searching for answers, your organization is either findable or invisible.

5 QUESTIONS · QUESTIONS 1–5

QUESTION 1 OF 20

Generic keywords vs. condition-specific search intent

Organizations often write page titles and headers in the language they use internally - program names, clinical terminology, branded initiatives - rather than the phrasing audiences actually use.

✕ NOT THIS	✓ DO THIS
Broad, generic language	Specific conditions, symptoms, and real-world queries

WHY THIS MATTERS

Patients search based on symptoms and conditions, not organizational language. If you do not match how they search, they will not find you when they need help.

EXAMPLE

Someone newly diagnosed with glaucoma searches "can glaucoma cause blindness" or "early signs of glaucoma." If your page is titled "Our Research Programs," you won't show up. "Cancer treatment" is too broad; "breast cancer treatment centers near me" is specific enough to both rank and convert.

> QUICK SELF-CHECK
> Read the headlines and page titles across your site. Do they sound like things a worried patient or family member would actually type into Google? Or do they sound like internal program names?

MY SCORE 0 1 2

QUESTION 2 OF 20

Homepage-only vs. dedicated pages

Covering multiple topics on a single page, or burying them as sub-sections, dilutes findability. Each condition, service, or cause deserves its own home.

✕ NOT THIS	✓ DO THIS
Everything lives on one or two pages	Dedicated pages for each condition, service, or cause

WHY THIS MATTERS

When someone searches for a specific condition, they need a direct answer - not a general overview they have to navigate through.

EXAMPLE

A caregiver searching for dementia support lands on a dedicated support page with a helpline and next steps, not a homepage with a "Programs" menu they have to dig through. A donor researching a specific disease area should land on a page focused on that disease, not a general "Our Work" section that lumps all program areas together.

> QUICK SELF-CHECK
> List the top 3–5 conditions, services, or causes your organization addresses. For each one, is there a dedicated page with its own URL, heading, and focused content?

MY SCORE 0 1 2

QUESTION 3 OF 20

Internal language vs. audience language

Every organization develops its own shorthand - clinical terminology, program names, internal acronyms. These save time in meetings but create distance with the audience.

✕ NOT THIS	✓ DO THIS
Clinical or institutional wording	Language patients, families, and donors actually use

EXAMPLE

"Support after a stroke" vs. "post-cerebrovascular rehabilitation services." The first meets people where they are. The second requires them to translate.

QUICK SELF-CHECK

Pick a random paragraph from your site and read it out loud as if explaining your services to a neighbor. If you'd naturally reword half of it, your website is speaking the wrong language.

MY SCORE 0 1 2

QUESTION 4 OF 20

Ignoring key discovery channels vs. owning your presence

Your website is one entry point among many. People also find health organizations through Google Maps, directories, review sites, forums, and AI assistants.

✕ NOT THIS	✓ DO THIS
Incomplete or unmanaged presence across platforms	Optimized presence where your audience looks for help

WHY THIS MATTERS

People find health organizations through search, directories, maps, and trusted platforms - not just websites.

EXAMPLE

A claimed and optimized Google Business Profile with current hours, photos, and service descriptions shows up in local searches and Maps. An unclaimed or outdated profile shows wrong information to people trying to reach you. Similarly, being listed accurately on condition-specific directories (like patient advocacy platforms or referral networks) can drive more qualified traffic than any organic blog post.

QUICK SELF-CHECK

Search your organization's name on Google from a phone, signed out. What shows up in the first screen - the map pack, the knowledge panel, "People also ask"? If anything is missing, outdated, or unflattering, that's your gap.

MY SCORE 0 1 2

QUESTION 5 OF 20

One audience vs. multiple entry points

Your site serves very different audiences at once: a newly diagnosed patient, a long-term family member, a researcher, a donor. Each arrives with different questions and emotional states.

✕ NOT THIS	✓ DO THIS
Same content for everyone	Content segmented for patients, caregivers, donors

WHY THIS MATTERS

Different audiences are looking for different answers, and expect to find them quickly.

EXAMPLE

Navigation paths like "Get Help," "Support Someone," and "Donate" immediately tell three different visitors they're in the right place. Compare that with a nav that says "About," "Programs," "Resources," which forces every visitor to figure out where they belong before they get any value.

QUICK SELF-CHECK

Imagine three people arriving at your homepage: someone just diagnosed, a family member looking for help, and a donor evaluating you. Within 5 seconds, does each see a clear path made for them?

MY SCORE 0 1 2

2

SECTION 2 OF 5

Be Trusted

Content + AI + Authority

Are you the source people and AI trust and cite? Health content is held to a higher standard. Search engines, AI tools, and human readers all weigh trust before attention.

5 QUESTIONS · QUESTIONS 6–10

QUESTION 6 OF 20

Hidden expertise vs. visible E-E-A-T signals

E-E-A-T (Experience, Expertise, Authoritativeness, Trustworthiness) is how Google and AI tools evaluate health content. Most health organizations have deep expertise, but it's invisible to the outside world.

✕ NOT THIS	✓ DO THIS
Expertise is present but not demonstrated	Clear authorship, credentials, and authority signals

WHY THIS MATTERS

In health, trust must be visible before it is believed. Anonymous health content is treated with more skepticism than named, credentialed content - regardless of how accurate it is.

EXAMPLE

A condition page ending with "Reviewed by Dr. Jane Smith, MD, Board-Certified Neurologist" with a link to her bio - vs. the same content published with no author.

QUICK SELF-CHECK

Think of two or three of your most important condition or service pages. Can you picture a named author, a medical reviewer, or a "last reviewed" date on them? If you're unsure, your readers and the AI tools reading your site are unsure too.

MY SCORE 0 1 2

QUESTION 7 OF 20

Generic schema vs. medical schema

Schema is structured data that tells search engines and AI tools what your content is about. Health content has specialized schema types that signal medical context - many organizations rely only on generic SEO defaults.

✕ NOT THIS	✓ DO THIS
Basic or no structured data	Proper medical and organization schema

WHY THIS MATTERS

Search engines and AI tools rely on structured signals to surface credible health content. A generic SEO plugin doesn't differentiate a medical condition page from a cookie recipe.

EXAMPLE

A rare disease information page marked up with MedicalCondition schema - including fields for symptoms, causes, and typical treatment - is much more likely to appear in rich results and be cited by AI assistants. The same page without schema is just text, harder for machines to interpret as medical content. Similarly, an organization page with MedicalOrganization schema (including accreditations and specialties) sends trust signals a generic About page cannot.

QUICK SELF-CHECK

Do your key condition or service pages use medical schema markup, or just basic schema from a general SEO plugin? If you don't know, or you know it's the latter, that's your gap.

MY SCORE 0 1 2

QUESTION 8 OF 20

Outdated content vs. dated and reviewed content

Health information changes. Treatment guidelines evolve, statistics get revised, resources move. Content published once and left untouched - with no visible date or reviewer - leaves readers and AI tools guessing.

✕ NOT THIS	✓ DO THIS
Old or unclear content with no visible date	Clearly dated, reviewed, and maintained content

WHY THIS MATTERS

People rely on current information when making health decisions.

EXAMPLE

A page with "Last reviewed: March 2025 by Dr. [Name]" communicates that the information has been checked recently and by someone qualified. A page with no date at all leaves the reader guessing - and AI tools treat undated health content as lower quality. Worse, a page with an obvious 2019 copyright footer and outdated statistics actively erodes trust.

QUICK SELF-CHECK

Pull up three of your most-visited condition or service pages. Is there a visible last-reviewed date or publication date? Is it recent? If dates are missing or content hasn't been touched in years, that's your gap.

MY SCORE 0 1 2

QUESTION 9 OF 20

Anonymous citations vs. linked authoritative sources

Making claims without citing sources is a trust-killer. When you say "studies show" or "experts agree," readers and AI tools want to see which studies and which experts.

✕ NOT THIS	✓ DO THIS
Vague or unverified references	Linked, credible sources (PubMed, CDC, NIH, peer-reviewed journals)

WHY THIS MATTERS

Trust in health comes from verifiable, authoritative information.

EXAMPLE

An article stating "early detection improves glaucoma outcomes" that links directly to the PubMed abstract or the specific American Academy of Ophthalmology guideline is trusted. The same claim with no link reads as an opinion. Linking to PubMed, government health agencies (CDC, NIH, Health Canada), or peer-reviewed journals transforms a statement into a citation.

QUICK SELF-CHECK

Open your most recently published article. Count the claims that would benefit from a citation. Now count how many are actually linked to a source. If the ratio is low, that's your gap.

MY SCORE 0 1 2

QUESTION 10 OF 20

Invisible to AI vs. cited by AI

AI tools like ChatGPT, Perplexity, and Gemini have become a front door for health information. It's tempting to assume AI visibility is automatic if you rank well on Google - it isn't.

✕ NOT THIS	✓ DO THIS
Invisible to AI search tools	Cited as a source by AI tools

WHY THIS MATTERS

When someone asks ChatGPT, Perplexity, or Gemini about a condition or support resource, the AI cites specific organizations. If you are not being cited, you are invisible to a fast-growing share of health information-seekers.

EXAMPLE

Ask an AI tool "what are the leading [your space] organizations" or "where can someone with [condition] find trustworthy information," and notice which names come up. Organizations that publish expert-attributed content, cite peer-reviewed sources, and use proper schema are the ones cited. Organizations whose content is anonymous, undated, or thinly sourced tend to be ignored, even when their expertise is genuinely strong.

QUICK SELF-CHECK

Open ChatGPT, Perplexity, or Gemini and ask two or three questions a real patient in your space might ask. Does your organization come up? If not, ask whether the AI has anything on your site that would make it worth citing.

MY SCORE 0 1 2

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SECTION 3 OF 5

Create Demand

Awareness

Are you reaching people before they know to search for you? Not everyone who needs you is actively searching. This section covers how your organization builds visibility upstream of search.

4 QUESTIONS · QUESTIONS 11–14

QUESTION 11 OF 20

Owned channels only vs. audience-first distribution

Your blog and social feeds are necessary but limited. Attention is already aggregated in places you don't own: online communities, podcasts, newsletters, industry publications, patient advocacy sites.

✕ NOT THIS	✓ DO THIS
Posting only on your own channels	Showing up where your audience already is

WHY THIS MATTERS

Attention is already aggregated elsewhere.

EXAMPLE

Being referenced in a major patient advocacy publication, featured on a health-focused podcast your audience already listens to, or cited in a newsletter read by researchers in your field delivers more reach than publishing the same content on your own blog. A single guest article on a high-traffic health site can deliver more qualified traffic in a week than six months of your own blog output.

QUICK SELF-CHECK

Name three places outside your own channels where your audience regularly gathers. Has your organization, or someone representing it, shown up in any of those places in the last 90 days?

MY SCORE 0 1 2

QUESTION 12 OF 20

Promotional content vs. educational health content

Organizations tend to publish two kinds of content: content about themselves and content about their audience's problems. The imbalance usually tilts toward the first - which only resonates with people who already know you.

✕ NOT THIS	✓ DO THIS
Organizational promotion: announcements, events, campaigns	Content that helps people understand symptoms, conditions, or next steps

EXAMPLE

"We're pleased to announce our new partnership" reaches people who already follow you. "When should you see a doctor about unexplained fatigue?" reaches people who are worried and searching - and introduces your organization as a trusted source.

QUICK SELF-CHECK

Scroll through your blog or social feed from the last three months. What share is about you vs. about your audience's problems and questions? If more than half is about you, that's your gap.

MY SCORE 0 1 2

QUESTION 13 OF 20

One-off awareness campaigns vs. consistent presence

Many health organizations concentrate their visibility into short bursts - tied to awareness months, funding cycles, or major events. The rest of the year goes quiet.

✕ NOT THIS	✓ DO THIS
Visibility limited to awareness days and campaign bursts	Ongoing, recognizable presence throughout the year

WHY THIS MATTERS

Trust builds over time, not from a single campaign.

EXAMPLE

A foundation that publishes two or three pieces of educational content every month, regardless of calendar events, builds a steady stream of search traffic and recognition. A similar foundation that goes quiet for ten months, then ramps up heavily for a specific period, gets a spike and then disappears. The first compounds. The second resets.

> **QUICK SELF-CHECK**
> Look at your content calendar or social feed over the last twelve months. Are there long stretches of silence broken by concentrated bursts? Or is there a steady, recognizable rhythm?

MY SCORE 0 1 2

QUESTION 14 OF 20

Silent experts vs. visible voices

In health, people trust humans before they trust logos. A named clinician, researcher, or program lead with a visible platform reaches audiences that no organizational account can.

✕ NOT THIS	✓ DO THIS
Experts are not publicly visible outside the organization	Named experts showing up on LinkedIn, podcasts, guest articles, and conferences

WHY THIS MATTERS

Your organization's reach is capped by the visibility of the humans who represent it.

EXAMPLE

A research organization whose lead investigator regularly appears on health and science podcasts, publishes guest articles, and posts on LinkedIn reaches audiences that no amount of organic content from the organization's own channels can touch. When that same investigator is quoted in a major publication, the credibility transfer back to the organization is significant and cannot be bought.

QUICK SELF-CHECK

Name the three most knowledgeable people at your organization. Search each of their names on Google and LinkedIn. Do they have recent public activity - articles, podcast appearances, posts, conference talks? If two or more are invisible, that's a capped reach.

MY SCORE 0 1 2

4

SECTION 4 OF 5

Amplify

Ads & Tools

Are you using the paid tools and channels available to you? Organic visibility takes time to build. This section looks at whether your organization is actively using paid search, owned audiences, and ongoing optimization to extend its reach now - not just waiting for organic results to compound.

3 QUESTIONS · QUESTIONS 15–17

QUESTION 15 OF 20

Ignoring paid opportunities vs. strategic paid campaigns

Paid advertising puts your organization in front of people the moment they search. Eligible nonprofits can access up to $10,000 USD per month in free Google Ads through the Ad Grant program.

✕ NOT THIS	✓ DO THIS
Paid advertising unused, inactive, or running without strategy	Paid campaigns active, optimized, and targeted at the people who need you

EXAMPLE

A health nonprofit with a Google Ad Grant running well-structured campaigns drives thousands of qualified visitors per month at no cost. A similar organization with the same grant sitting unused leaves that reach on the table. Or a patient advocacy organization running a modest $500 per month Meta campaign targeted at newly diagnosed patients in a specific region reaches more new families than six months of organic social posts.

QUICK SELF-CHECK

Is your organization running any paid campaigns today? If yes, do you know who they're targeting and whether they're working? If you can't answer both with confidence, that's your gap.

MY SCORE 0 1 2

QUESTION 16 OF 20

Scattered followers vs. owned audience

Social followers and blog readers are easy to lose. Algorithms change, platforms decline. Email is the one channel your organization actually owns - you can reach your list regardless of what Meta or Google decides tomorrow.

✕ NOT THIS	✓ DO THIS
Relying on platforms and one-time visits	Capturing email and nurturing an owned audience

EXAMPLE

A foundation that offers a genuinely useful download (a caregiver's guide, a condition checklist, a research update) on every condition page grows a list of people who raised their hand for more. A foundation with no email capture loses those people the moment they close the tab, even if they found exactly what they were looking for. Similarly, a monthly email with substantive health content keeps your organization in inboxes and in mind, rather than fighting for attention in a social feed.

QUICK SELF-CHECK

When someone visits your most-read condition or service page, is there a clear, relevant reason for them to give you their email? And if they did, would they hear from you again within 30 days with something useful?

MY SCORE 0 1 2

QUESTION 17 OF 20

One-time setup vs. ongoing optimization

A digital presence is not a static asset. Search behavior shifts, audiences evolve, algorithms change, content dates. Websites and campaigns are often treated as finished once they launch.

✕ NOT THIS	✓ DO THIS
Set and forget	Continuous improvement - regular review and refinement

EXAMPLE

A foundation that reviews its top-performing (and underperforming) pages each quarter, updates outdated content, and refreshes campaigns based on what's actually driving inquiries compounds its visibility over time. A similar foundation that built a great site two years ago and hasn't touched it since is quietly losing ground every month, even if nothing visible has broken.

QUICK SELF-CHECK

When was the last time someone on your team reviewed your website analytics, ad performance, or content with an eye toward making changes? If the honest answer is "a long time" or "never," that's your gap.

MY SCORE 0 1 2

5

SECTION 5 OF 5

Measure What Matters

Are you measuring visibility in a way that drives real impact? Visibility that does not translate into mission outcomes is noise.

3 QUESTIONS · QUESTIONS 18–20

QUESTION 18 OF 20

Basic tracking vs. server-side tracking accuracy

Browser privacy restrictions, cookie blockers, and ad blockers now prevent standard analytics from capturing a large share of visits. The false comfort comes from assuming Google Analytics reflects reality.

✕ NOT THIS	✓ DO THIS
Basic setup with limited insight; large "direct" or "(not set)" traffic	Server-side tracking for accurate, attributable data

EXAMPLE

An organization with only client-side Google Analytics sees a large share of "direct" or "(not set)" traffic, meaning it doesn't actually know where visitors came from or how they found help. The same organization with server-side tracking sees clean, attributable data: which channels brought people to support pages, which content led to inquiries, which campaigns are actually working.

QUICK SELF-CHECK

What share of your traffic currently shows up as "direct" or unassigned in your analytics? If it's more than 30–40%, or you're unsure, you're making decisions on incomplete data.

MY SCORE 0 1 2

QUESTION 19 OF 20

Vanity metrics vs. mission metrics

Every analytics platform produces dozens of numbers. Some are easy to report - page views, impressions, followers - and some tie directly to mission outcomes. Reports tend to default to the easy numbers.

✕ NOT THIS	✓ DO THIS
Page views, impressions, followers	Patient inquiries, support connections, donor actions

EXAMPLE

"Traffic up 40% year over year" tells you something is working, but not what. "Support page inquiries up 25% and helpline click-throughs up 60%" tells you the visibility is actually converting into help delivered.

QUICK SELF-CHECK

Think about the last report you shared with leadership. Did it lead with activity metrics or with mission metrics? If mission metrics were an afterthought or missing, that's your gap.

MY SCORE 0 1 2

QUESTION 20 OF 20

Reporting vs. decision-making

Reporting tells you what happened. Decision-making uses that information to change what happens next. Thorough reports get produced, everyone nods, they get filed away - and nothing in the strategy changes.

✕ NOT THIS	✓ DO THIS
Reports after the fact that inform nothing	Data used to guide concrete actions and decisions

WHY THIS MATTERS

Measurement should improve access to care, not just document activity.

EXAMPLE

A quarterly review that leads to concrete changes - shifting budget from a low-performing channel to a high-performing one, updating a top-of-funnel page that's losing readers, retiring a campaign that isn't driving inquiries - turns measurement into leverage. A quarterly review that produces a slide deck everyone nods at and nothing changes is reporting theater.

QUICK SELF-CHECK

Think about the last three decisions your team made about content, channels, or campaigns. Were they informed by data - or by instinct, habit, or whoever was loudest in the meeting?

MY SCORE 0 1 2

RESULTS

What your total tells you

Add up your scores across all 20 comparisons. The maximum possible total is **40**.

SCORE	WHAT IT MEANS	DESCRIPTION
0–11	**Significant Gap**	You likely have real visibility challenges limiting your reach. Start with Sections 1 and 2 - these are the foundations. Without them, everything else underperforms.
12–22	**Real Opportunity**	You have foundations in place, but inconsistent execution is limiting impact. Identify your two or three lowest-scoring comparisons across any section and prioritize those first.
23–32	**Good Momentum**	You are doing many of the right things. Sections 4 and 5 are often where the next tier of gains lives - better tracking, better optimization, and more rigorous measurement turn good work into compounding work.
33–40	**Strong Position**	You are well-positioned. Look at individual comparisons where you scored 1 rather than 2 - those are your refinement opportunities. Evaluate whether your current strengths are maintained by systems, or by specific individuals whose absence would erode the work.

WHERE TO FOCUS FIRST

SCORE 0–11

Significant Gap

Start with Sections 1 and 2. These are the foundations. Without them, everything else underperforms.

SCORE 12–22

Real Opportunity

Identify your two or three lowest-scoring comparisons across any section. Prioritize those before optimizing areas where you're already doing well.

SCORE 23–32

Good Momentum

Sections 4 and 5 are often where the next tier of gains lives. Better tracking and measurement turn good work into compounding work.

SCORE 33–40

Strong Position

Look at individual comparisons where you scored 1 rather than 2. Evaluate whether strengths are maintained by systems or by specific individuals.

Visibility is not the goal.

Impact is. Visibility is the path.

This audit shows you the what and the why. The how - tailored to your specific organization and audience - is what we do at 1UP Digital Marketing.

If you would like to talk through your results and identify the two or three highest-impact moves for your organization, book a discovery call with Julien.

BOOK A 30-MINUTE DISCOVERY CALL

Trusted by mission-driven health organizations including Glaucoma Research Foundation, Canadian Blood Services, Mirakind, and Caregiver.org.

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