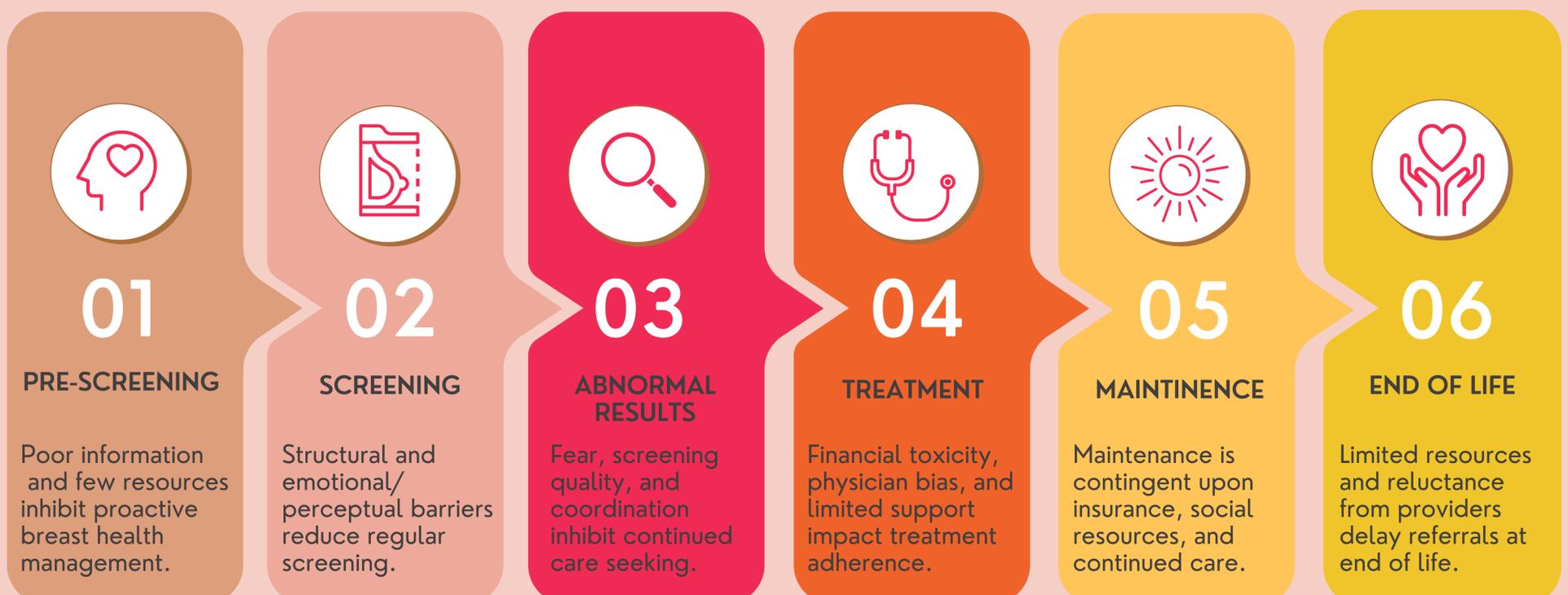


A WOMAN'S INCOME, WHERE SHE LIVES, AND THE COLOR OF HER SKIN SHOULDN'T PREDICT HER BREAST CANCER OUTCOMES, BUT THEY DO

HEALTH DISPARITIES EXIST.
WE DESERVE BETTER.

BARRIERS IN THE CONTINUUM OF CARE

Individuals experience barriers to care throughout the continuum, which can be both structural and emotional. These barriers, coupled with health system performance and quality, are impacting breast health outcomes.



Gateway to hope



WHO WE ARE

OUR VISION

We are all healthy and free of the burden of preventable, treatable disease, like breast cancer.

- All women are thriving, confident, and empowered knowing they will receive the healthcare they need, no matter what.
- Providers and payers are delivering patient-centered, trauma-informed, comprehensive care that leads to exceptional and equitable outcomes.
- Missouri's breast health outcomes and the policies supporting those outcomes, are best in the nation.

OUR MISSION

We champion change by removing barriers to affordable, timely, quality breast healthcare, and empowering people to live full and healthy lives.

WE ARE ACCOUNTABLE FOR

A holistic approach - serving whole people, supporting whole health, transforming whole systems.

Authenticity and consistency - showing up as we say we will, every time, until we're no longer needed.

Radical listening and learning - honoring and leaning into patient and community expertise to design the work.

Valuing equity over equality - designing interventions and charting our course forward by centering the needs of the most impacted.

Collaboration - lifting-up and amplifying others, resisting duplication, and building connections to reduce fragmentation.

Ambition and impact - boldly striving for better, with dedication, humility, and a commitment to tangible change.

Prioritizing health and well-being, above all else.

People of all gender identities deserve access to comprehensive, sensitive, and patient-centered healthcare. "Women" is used by Gateway to Hope to remind us that men should not be the standard upon which medicine and science understands healthcare, AND, we recognize that "women" is incomplete and insufficient. Our healthcare system has used the white male body as the measure for how and when care is delivered. As a result, women's health has been inadequately prioritized. We deserve better. Therefore, advocating for women and their wellbeing will always be central to what we do. We serve every person who needs support navigating their breast health.

GATEWAY TO HOPE'S LONG RANGE PLAN

HOW WE WILL MEASURE SUCCESS:

**A SIGNIFICANT INCREASE IN MISSOURI'S 5-YEAR BREAST
CANCER SURVIVAL RATE FOR IMPACTED COMMUNITIES,
BY 2030**

EXPAND, SCALE AND REPLICATE NAVIGATION PROGRAMS ACROSS THE CONTINUUM OF CARE

Rationale: Patient-focused navigation works. Our specially trained case managers deliver exceptional care to patients, which results in better outcomes and reduces disparities. We are uniquely positioned to create the standards of care for breast health navigation. We can and will hone our model, allowing us to serve more women, more effectively, throughout the continuum of care and beyond.

How we will center equity: Our model is built on the premise that low-income women, particularly those living in rural areas or women of color, are disproportionately impacted by social determinants of health. This results in poorer health outcomes. Our patient-centered programs will be developed and delivered in partnership with the most impacted women.

BY 2030 WE WILL

1

Develop and deliver a navigation to SCREENING program, enabling patients to receive recommended high-quality mammography and related preventative care, so that every one of them has the tools to proactively manage their breast health.

We will navigate 3,500 patients to screening annually.

2

Deliver navigation services to patients who receive an ABNORMAL FINDING during a screening, ensuring affordable, quality follow-up services occur, so that no one is lost to care between screening and diagnostics.

We will ensure 100% of the patients who receive an abnormal result are connected to diagnostic care.

3

Expand and continue navigation and financial support services for patients undergoing breast cancer TREATMENT, so that every person receives the treatment and care they need to thrive.

We will provide treatment navigation to 900 patients annually (25%+ of the eligible population), ensuring that 90% indicate improved quality of life and greater treatment adherence.

4

Build tools and supportive programs for patients in SURVIVORSHIP, so that they have the networks, resources, and continuity of support to live fully and in connection to community.

We will engage 30% of our treatment patients in continued survivorship programming, ensuring that 90% indicate improved quality of life.

5

Expand our STAGE IV and END OF LIFE programming, so that patients have the resources, tools, networks, and care to live with incurable disease and die with dignity.

We will engage 100% of Stage IV patients in specialized and supportive programming, ensuring that 90% have advanced directives and indicate improved quality of life.

6

Grow our capacity to SCALE our tested and proven models and to share/disseminate exceptional patient-centered navigation.

We will leverage evaluation to advance our impact goals.

PATIENT CENTERED CARE



INCREASE COMMUNITY UNDERSTANDING AND ACTION AROUND ANTICIPATORY, PREVENTATIVE BREAST HEALTHCARE



EDUCATION & ENGAGEMENT

Rationale: Community knowledge, trust, and demand are central to positive health behaviors. We must continue to interrogate the impact of social determinants of health on communities, organize and advocate for improved access to care, build momentum and expectation of preventative care.

How we will center equity: We believe that impacted communities and women are their own best experts and advocates. Our education and engagement efforts are designed to provide the community with the information, connections, and resources they deem most essential to improve health outcomes. Our coalition is and will remain community-led, and our outreach and resource-hub will be culturally responsive and sensitive.

BY 2030 WE WILL

1

Increase impacted communities' knowledge and utilization of breast health resources and services.

We will conduct outreach and develop statewide tools, resources, and information that reach more than 14,000 people annually (10% of eligible SMHW women) and 5% will report taking action.

2

Mobilize a state-wide coalition of breast health advocates, dedicated to identifying local, regional, and statewide barriers to care and implementing consumer-centered solutions.

We will engage 60+ individuals and institutional advocates as members of our coalition and activate 600+ individuals across the state annually.

3

Serve as the go-to clearinghouse on breast health data, trends, and resources for Missouri, ensuring access to timely and accurate information.

We will create an online resource hub which aggregates essential data for public use and 5% of those who access the hub will report using it to take action.

4

Build a network of resources to serve families and the people who love those affected by breast cancer.

We will refer 25% of our patients with children and partners to family-serving resources.

DRIVE COLLABORATION, QUALITY, AND MUTUAL ACCOUNTABILITY AMONG PROVIDERS, PAYERS, AND PARTNERS.

Rationale: Providers, payers, and partners are part of a fragmented system that inequitably serves patients, focusing too often on sick care alone. Thoughtful, strategic partnership enhances our ability to connect the disconnected, share critical information, and accelerate access to quality and affordable care. Through collaboration we will see health systems and providers live their values, share data, coordinate care, and achieve better patient outcomes.

How we will center equity: Providers, payers, and partners need a collaborator committed to fostering transparency, accountability, and trauma-informed care. Gateway to Hope will fill that gap by aggregating essential data, bringing stakeholders to the table, and devising coordinated strategies for change that center the most impacted.

BY 2030 WE WILL

1

Collect baseline data on provider, payer, and partner performance to better understand the landscape and develop SMART goals for state-wide improvement.

We will aggregate mammography quality, provider performance, and health system outcome data to share with stakeholders and the community and establish SMART improvement goals.

2

Conduct a state-wide mammography quality assessment and lead improvement efforts to ensure that patients receive instructive and accurate screenings every time.

We will improve mammography quality across the state by 15% or more.

3

Position Gateway to Hope as the backbone/lead strategist for community breast health activities, which leads to deeper collaboration, better coordination, and efficient use of collective resources to advance goals.

We will reduce duplication and maximize allocation of resources resulting in improved statewide breast outcomes.

4

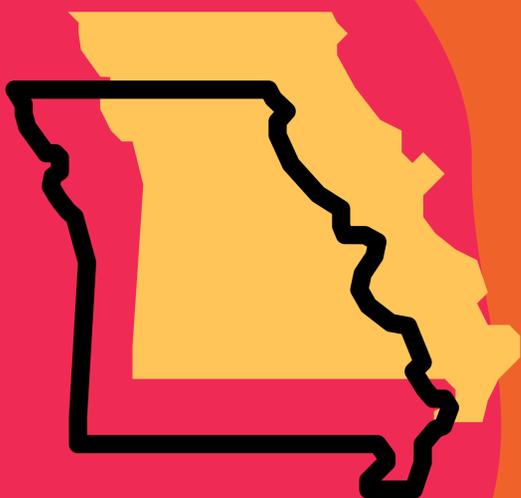
Increase the capacity of physicians and health systems to respond to the social determinants of health, take a trauma-informed approach, and proactively respond to the needs of their patients.

We will partner with health systems to benchmark performance and collaborate with them to design solutions.



COOPERATION

CHAMPION EQUITABLE, AND INCLUSIVE STATE- WIDE POLICIES AND PROGRAMS THAT BEST SERVE THE MOST IMPACTED



Rationale: Missouri can be a leader in breast health outcomes. By aligning policy makers, healthcare providers, and community partners with community need, we can refine our state-wide programs to better achieve their desired impact. These programs serve as critical safety nets and have the capacity to ensure no patient is lost to care.

How we will center equity: We will make space at the policy table for impacted women, amplifying their voices and needs. Policy interventions should be designed to meet the needs of these women, which in turn will benefit us all. Our efforts to champion change will be done in lock-step with the women served by state-wide programs.

BY 2030 WE WILL

1

Lead the effort to improve Missouri's Show Me Healthy Women Program, ensuring more provider participation, a reduction in barriers to access, and an increase in the number of women enrolled.

We will work with the state to ensure that 10%+ of eligible women (approximately 14,000) are screened annually.

2

Lead the effort to improve Missouri's Breast and Cervical Cancer Treatment Program.

We will work with the state to ensure that 100% of women who qualify for the program are served and there is no "wrong door".

3

Identify and coordinate opportunities to improve other state-wide policies impacting breast health.

In collaboration with partners, we will identify key opportunities to better leverage state programs and policies for women's health.

4

Participate in community-lead efforts to improve cancer care efforts and women's health.

We will participate in and/or lead unifying and impactful community, regional, and statewide groups.

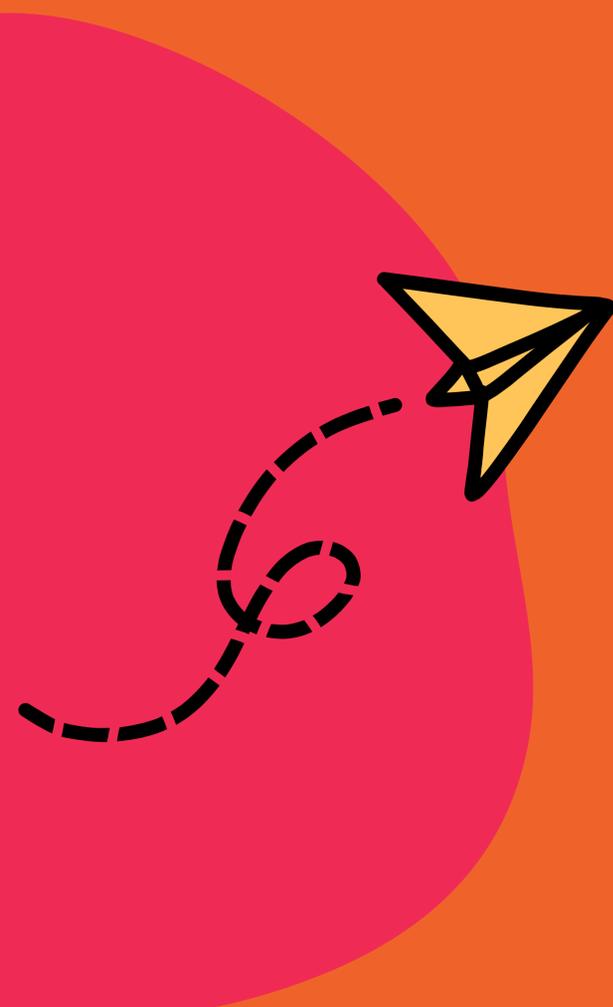
ADVOCACY

CREATE A COMMUNITY-RESPONSIVE, DATA-DRIVEN, INNOVATIVE, AND NIMBLE GATEWAY TO HOPE, WITH THE ENDURANCE TO ACHIEVE OUR VISION

Rationale: Gateway to Hope will be the go-to partner and leader in breast health in Missouri. This requires data-driven strategy, a realistic picture of on-the-ground opportunities, ability to quickly adapt to community need and ability to sustain our work overtime.

How we will center equity: An inclusive Gateway to Hope is our highest priority. We want our team to be able to try, fail, and grow while maintaining a shared commitment to achieving our mission. This will require the internal systems, infrastructure, and approach that reinforces our values and commitment to innovation and authenticity. Our organization will root its ways of doing business in best and emerging DEI practices and creating systems for feedback and accountability with all stakeholders.

BY 2030 WE WILL



1

Build the systems and practice to integrate patient and community voice in everything we do.

We will develop formal feedback loops, allowing the community to exercise its voice in collective and coordinated ways within and outside Gateway to Hope.

2

Build GTH's internal capacity for data collection, analysis, and research for continuous quality improvement. Use data to drive decisions, big and small.

Leveraging an annual evaluation plan, we will track instructive organizational and community level data which demonstrates our progress.

3

Cultivate a highly collaborative, inclusive, and effective organizational culture.

We will ensure our team demonstrates high levels of effectiveness and satisfaction annually.

4

Attract and retain a diverse, dedicated, and highly competent team.

More than 50% of our team (staff and board) will represent historically marginalized or impacted groups, with an average tenure of five years.

5

Build and maintain a diverse and robust revenue portfolio.

We will grow GTH's quasi-endowment to \$10M, increase GTH's annual revenue to keep pace with our growth and maintain an annual operating surplus, and develop earned income streams.

6

Grow our brand awareness and reputation as a highly effective organization across our stakeholders to extend our reach.

We will retain and grow stakeholder relationships across all segments (donors, partners, coalition members, and referral sources) annually.

RESILIENCE