



Breast Cancer Screening Capacity

In St. Louis City and County

**A Regional Analysis of Disparities, System
Capacity, and Opportunities for Action**



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Introduction

Moving from Data to Insight

Breast cancer outcomes in St. Louis City and County reflect a persistent and troubling paradox: despite strong clinical infrastructure and advanced imaging technology, significant disparities in mortality, stage at diagnosis, and access to timely care remain – particularly for low-income and Black women.

In partnership with the Saint Louis County Department of Public Health, the City of St. Louis Department of Health, and the University of Illinois at Chicago School of Public Health, and funded by Missouri Foundation for Health, Gateway to Hope led a multi-year, cross-sector collaboration. Together, partners conducted analysis combining population-level epidemiologic data with a first-of-its-kind regional survey of mammography providers to better understand not only where disparities exist, but why they persist.

At its core, this work seeks to answer two critical questions:

- 1. Does the region have sufficient screening and diagnostic capacity to meet the need?**
- 2. If so, why are equitable outcomes not being achieved?**

What we uncovered: St. Louis City and County are utilizing only about half of their estimated mammography screening capacity (56% on average), while just 44% of women 40+ received recommended annual screenings in these same counties.

Screening rates are even lower in many low-income and predominantly Black communities, where breast cancer disparities are often the greatest.

This raises an important question: if the region appears to have sufficient screening infrastructure, why are so many women still not being screened?

The answer may lie in the distinction between theoretical capacity and functional capacity, along with the various factors that influence access to care. Theoretical capacity reflects the number of women who **could** be screened if every mammography unit operated at full efficiency during all available hours. Functional capacity reflects the practical realities of delivering and utilizing care, including workforce availability, scheduling patterns, equipment maintenance, patient demand, and other operational considerations that shape how much capacity is **actually available and used in practice**.

At the same time, available appointments do not automatically translate into completed screenings. Transportation challenges, cost concerns, limited appointment hours, childcare responsibilities, fear or stigma, medical mistrust, and lack of awareness can all prevent women from accessing care, even when appointments are available. This is what we think of as **access** – the degree to which available healthcare capacity can be effectively utilized by the people who need it. It reflects the alignment between service

availability and the real-world circumstances that enable or prevent individuals from receiving care.

These preliminary findings suggest that discussions of sufficient capacity must extend beyond the number of machines, facilities, or available appointments. Capacity is also shaped by access, service alignment, and broader system design factors that influence whether women can successfully utilize available services. While further research is needed, improving breast cancer screening rates will likely require attention to both functional capacity and the structural barriers that affect access and utilization.

Study Methods

Regional Data Collaboration and Capacity Assessment

This assessment was inspired by a collaborative breast health improvement effort in the Chicagoland region,ⁱ spearheaded by Equal Hope, which demonstrated the value of bringing healthcare providers and community partners together to share data, benchmark performance, and identify opportunities to improve breast cancer outcomes.

Building on that model, Gateway to Hope convened a regional coalition of public health leaders, healthcare providers, researchers, patient advocates, community organizations, and breast cancer survivors to guide this work. Together, these partners helped shape the research questions, methods, survey tools, and analytic framework used throughout the assessment.

Epidemiologic and Public Health Data

Breast cancer incidence, mortality, treatment timeliness, and stage-at-diagnosis data were provided through partnership with the epidemiology teams at the Saint Louis County Department of Public Health and the City of St. Louis Department of Health. These analyses utilized Missouri Cancer Registry and public health surveillance data provided by the Missouri Department of Health and Senior Services to examine trends by race, geography, age, and ZIP code.

Additional detail regarding the methodology and findings can be found in the Saint Louis County Department of Public Health's published [**Breast Cancer Incidence and Mortality 2019–2023**](#) and in the forthcoming City of St. Louis Department of Health breast cancer report. Together, these companion reports provide a more comprehensive examination of breast cancer outcomes and disparities in St. Louis City and County.

Mammography Capacity Survey

To better understand the operational realities of breast imaging capacity and utilization across the region, Gateway to Hope conducted a comprehensive mammography

capacity survey of all FDA-certified mammography providers operating in St. Louis City and County in 2024.

Thirty-one of the region's thirty-three facilities participated, representing 94% of all mammography providers. The survey collected facility-level data on screening and diagnostic mammography activity, imaging technology, workforce capacity, and patient utilization patterns for calendar year 2024. Participating providers reported:

- Annual screening and diagnostic mammography volumes
- Biopsy volumes
- Distribution of 2D and 3D mammography services
- No-show rates
- Number and specialization of radiologists
- Distribution of screening mammograms by patient ZIP code

ACR Verification Phone Survey

To complement and validate provider-reported survey data, Gateway to Hope also conducted a direct phone survey of all 33 mammography facilities operating in St. Louis City and County in 2024.

This verification process utilized publicly available accreditation information from the American College of Radiology (ACR), the national accrediting body responsible for establishing quality and safety standards for breast imaging facilities and maintaining accreditation records for mammography providers across the United States.

Through direct outreach to every ACR-accredited site operating in the region, Gateway to Hope verified:

- Hours of operation
- Number of mammography machines
- Types of imaging services offered
- Availability of screening and diagnostic mammography
- Availability of breast ultrasound
- Availability of MRI services
- Availability of image-guided biopsy services
- Walk-in and weekend appointments

This verification effort ensured that the analysis reflected how facilities are actually operating today rather than relying solely on publicly available accreditation records.

Capacity Estimation

To estimate regional mammography screening capacity, Gateway to Hope developed a capacity model using facility-reported infrastructure and operating data, including:

- Number of mammography units in operation
- Reported hours of operation
- Standardized assumptions regarding screening appointment length (20 minutes per screening mammogram)

- Estimated allocation of machine time dedicated to diagnostic imaging and other breast imaging services

Using these inputs, we calculated the **theoretical annual screening capacity** of the region – in other words the number of screening mammograms that could be performed if available equipment were fully utilized during all reported operating hours.

Estimated capacity was then compared to actual 2024 screening volumes reported by participating facilities to assess capacity utilization. This comparison provides insight into the gap between theoretical capacity and current utilization and could be used to help identify ways to improve screening access, operational efficiency, and patient engagement across the region.

Disparities in Outcomes

Why This Project Matters

Data from the Missouri Cancer Registry and regional public health surveillance systems reveal persistent disparities in breast cancer outcomes across race, geography, and income throughout St. Louis City and County. The analyses and figures presented in this section were developed by the epidemiology teams at the City of St. Louis Department of Health and the Saint Louis County Department of Public Health and provide important context for understanding the region's breast imaging system.

Breast cancer mortality remains significantly higher among Black women compared to White women across much of the region. These disparities are particularly pronounced among younger women. In St. Louis County, Black women ages 35–44 are 3.8 times more likely to die from breast cancer than White women of the same age range. In St. Louis City, Black women in this age group are 2.5 times more likely to die from the disease.

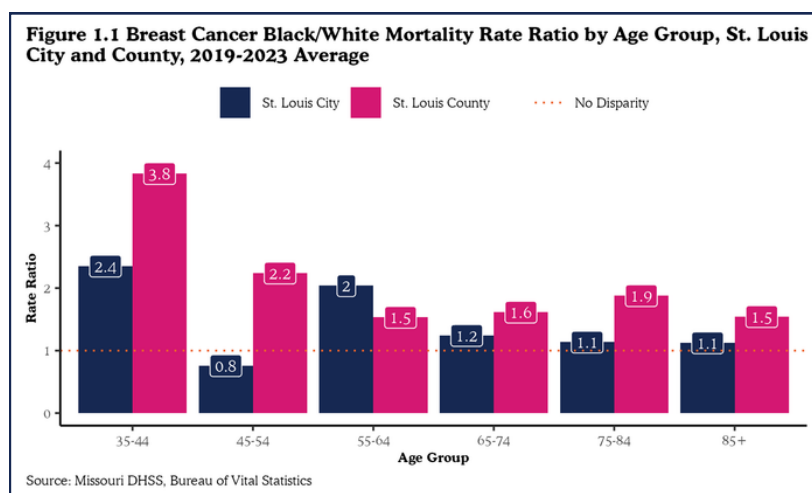
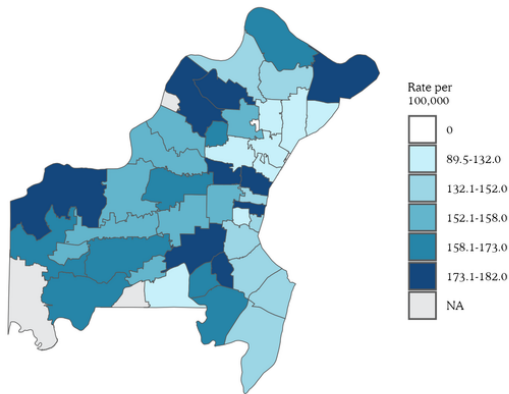


Figure 1.1 – Black/White Mortality Rate Ratio by Age

Each bar shows how many times more (or less) likely Black women are to die from breast cancer compared with White women of the same age. A value of **1** means mortality is the same for both groups. Values **above 1** indicate higher mortality among Black women, while larger numbers represent greater disparities.

Importantly, these mortality differences are not explained by incidence alone. Breast cancer incidence rates are relatively similar across racial groups, and in some areas incidence rates are higher among White women. This suggests that underlying factors that contribute to the divergence between incidence and mortality need to be explored.

Figure 1.2 Breast Cancer Incidence Rate by Zip Code, St. Louis County, 2017-2021 Average

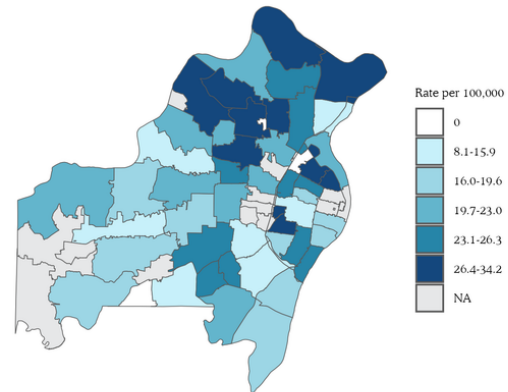


Source: Missouri Cancer Registry

Figure 1.2 – Breast Cancer Incidence by ZIP Code

Each ZIP code is shaded according to the rate of new breast cancer diagnoses. **Darker shades represent higher incidence rates**, while lighter shades represent lower incidence. This map shows where breast cancer occurs most often relative to population size, not where outcomes are better or worse.

Figure 1.3 Breast Cancer Mortality Rate by Zip Code, St. Louis City and County, 2019-2023 Average



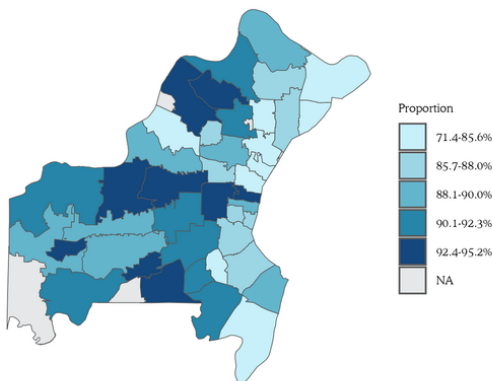
Source: Missouri Department of Health and Senior Services

Figure 1.3 – Breast Cancer Mortality by ZIP Code

Each ZIP code is shaded based on breast cancer mortality rates. **Darker shades indicate higher breast cancer mortality rates**, while lighter shades indicate lower rates. Comparing this map with the incidence map helps identify communities where outcomes are disproportionately poor.

Additional disparities are evident in treatment timeliness. Black women were nearly twice as likely as White women to begin treatment more than 60 days after diagnosis (13.1% versus 7.4%), and treatment delays were more common in several North County communities.

Figure 2.1 Proportion of Patients Who Received Treatment Within 60 Days, St. Louis County, 2017-2021



Source: Missouri Cancer Registry

Figure 2.1 – Treatment Within 60 Days

This map shows the percentage of women who began treatment within 60 days of diagnosis. **Darker shades represent higher percentages of women receiving timely treatment**, while lighter shades indicate areas where timely treatment is less common.

Stage at diagnosis shows similar geographic patterns. Women living in affluent communities in West County are more likely to be diagnosed at earlier stages of disease, while residents of North County and lower-income communities are more likely to receive a late-stage diagnosis. **In some North County ZIP codes, as many as 44% of breast cancer cases were diagnosed at later stages, compared to 23% in parts of West County.**

Figure 3.1 Proportion of Breast Cancers Diagnosed at Early Stage, St. Louis City and County

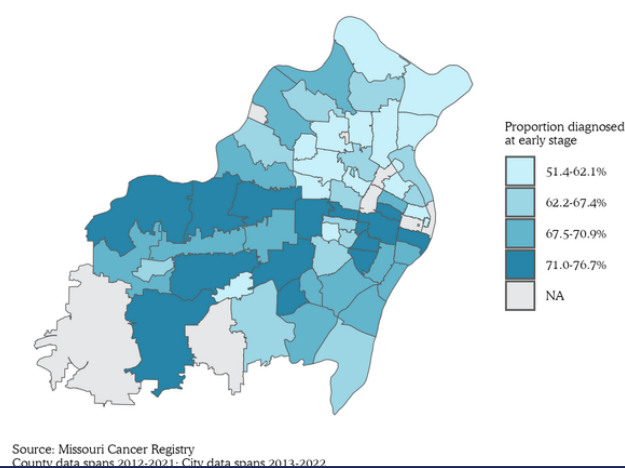


Figure 3.1 – Early-Stage Diagnosis

This map shows the percentage of breast cancers diagnosed at an early stage. **Darker shades indicate a higher proportion of cancers found early**, when treatment is often more effective.

Figure 3.2 Proportion of Breast Cancers Diagnosed at Late Stage, St. Louis City and County

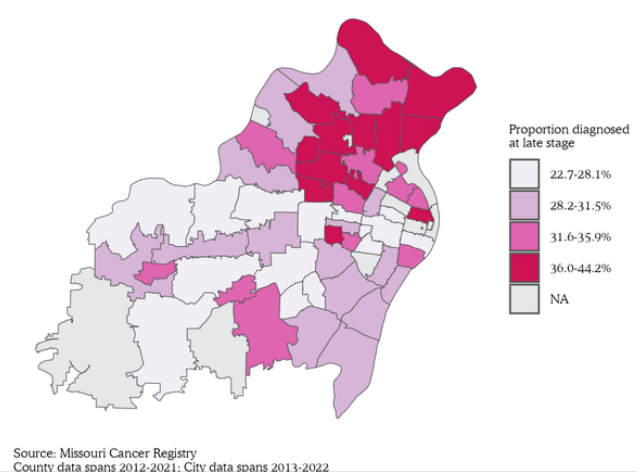


Figure 3.2 – Late-Stage Diagnosis

This map shows the percentage of breast cancers diagnosed at a later stage. **Darker shades represent more late-stage diagnoses**, suggesting cancers are being found later in the disease progression (regional or distant).

Taken together, these findings demonstrate that meaningful disparities in breast cancer outcomes persist across the region.

Understanding Mammography Capacity

Tools, Talent, and Time

To better understand the dynamics within and between health systems that may be contributing to these disparities, this assessment examined the regional breast imaging system through the lens of Tools, Talent, and Time.

- **Tools:** The physical infrastructure used for breast cancer screening and diagnosis, including mammography units, imaging technology, and biopsy equipment. This dimension assesses whether sufficient equipment exists to meet regional needs.

- **Talent:** The workforce required to deliver care, including radiologists, mammography technologists, navigators, schedulers, and support staff. This dimension examines whether enough skilled professionals are available to fully utilize existing resources.
- **Time:** The operational availability of services, including hours of operation, appointment capacity, scheduling practices, and the balance of screening and diagnostic services. This dimension evaluates whether women can access care when they need it.

Together, Tools, Talent, and Time provide a framework for understanding the healthcare system's capacity to provide screening. While the following data explores some of the elements within each, further exploration is needed to truly understand capacity.

Survey Findings

The following data and reporting comes directly from Gateway to Hope's surveys, and data generously provided by St. Louis City and County mammography providers.

Tools: A Strong Foundation of Advanced Imaging Infrastructure

From an imaging technology perspective, St. Louis City and County are exceptionally well-positioned to deliver high-quality breast cancer screening and diagnostic services.

Key findings include:

Across St. Louis City and County, there are 64 3D mammography units .
100% of accredited units in use in the City and County are DBT (3D/tomosynthesis).
Less than 1% of the screening mammograms reported were performed with 2D imaging.

These findings are particularly noteworthy given that only 48.2% of accredited mammography units nationally are equipped with 3D mammography technology.ⁱⁱ 3D mammography has been shown to improve cancer detection, particularly among women with dense breast tissue,ⁱⁱⁱ while reducing false positives, unnecessary callbacks, and diagnostic uncertainty.

Talent: A Specialized Workforce Facing Capacity Constraints

St. Louis benefits from a highly specialized breast imaging workforce. This level of specialization exceeds national trends, where breast imaging specialists interpret only a minority of mammograms, and reflects a significant regional strength.

Key findings include:

Among reporting sites, 70% of the radiologists were fellowship-trained.
Among reporting sites, 81% of radiologists were breast-focused.
Nationally, breast imaging specialists read about 30% of mammograms. ^{iv}
Multiple studies indicate that breast imaging specialists deliver more accurate mammogram interpretations.

Through ongoing conversations and convenings with healthcare providers participating in this project, workforce capacity emerged as one of the most frequently cited challenges. National trends suggest these challenges are likely to persist. Projections published in the Journal of the American College of Radiology estimate that the breast imaging workforce will grow by 25% to 40% by 2055—just enough to keep pace with projected demand. At the same time, shortages of mammography and radiologic technologists are increasing. The 2025 American Society of Radiologic Technologists workforce survey reported a 15.6% vacancy rate for radiologic technologist positions, up from 6.2% just four years earlier.

Time: When Patients Can Get Screened

While the region has strong imaging infrastructure and a highly specialized workforce, appointment availability emerged as one of the clearest operational barriers to screening access.

Across St. Louis City and County, screening services remain concentrated within traditional business hours:

Only 30% of facilities offer Saturday appointments , most are limited to partial-day scheduling.
No facilities offer Sunday appointments.
Only 6% offer evening appointments after 5:00 p.m.
Fewer than half allow walk-in appointments.

These limitations may have a greater impact on individuals with less flexible schedules or transportation constraints. Prior research has identified evening and weekend appointment availability as an important factor in screening utilization, particularly among lower-income populations and communities that experience lower screening rates.^v

No-show rates provide additional insight into potential access challenges. While most facilities reported no-show rates below 10%, several reported rates approaching 40%, with higher rates more commonly reported by safety-net providers serving predominantly low-income communities.

Capacity Utilization

When tools and time are examined together, the findings suggest that St. Louis City and County may have additional unused screening capacity. Comparison of available appointment capacity and actual screening volumes revealed the following patterns.

Percentage of reporting capacity utilized ranged from 5% to 91%.

Average and median capacity utilized is 56%. The typical facility was operating at just over half of its estimated screening capacity.

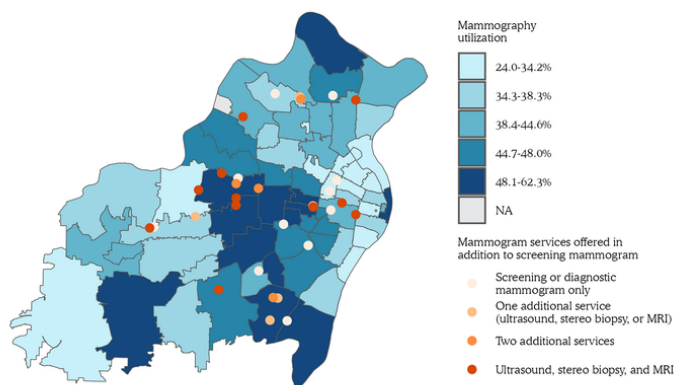
Safety-net providers serving communities with the greatest burden of breast cancer disparities reported some of the lowest utilization rates in the region, with estimated capacity utilization as low as **8% to 12%**.

Across 14 facilities that perform diagnostics, diagnostic mammograms averaged 23% of all exams (range 15–31%).

Disparities in Screening Utilization

Participating facilities reported 149,861 screening mammograms in 2024. In comparison, approximately 340,136 women age 40 and older reside in St. Louis City and County and would require annual screening to meet most current recommendations. **Based on these figures, the region appears to be screening approximately 44% of eligible women annually.** While this calculation is an estimate and does not represent a true population screening rate, it suggests screening utilization remains well below the **Healthy People 2030** target of **80.3%**. Analysis of screening utilization by ZIP code similarly indicates that screening rates remain below this benchmark across nearly the entire region.

Figure 4.1 Proportion of Eligible Women Who Received a Mammogram, St. Louis City and County, 2024



Source: Gateway to Hope and the U.S. Census Bureau

Figure 4.1 – Screening Utilization by ZIP Code

This map estimates the percentage of eligible women who received a screening mammogram. **Darker shades indicate higher screening participation**, while lighter shades indicate lower screening rates. Dots show where mammography and diagnostic services are located.

Screening utilization varies substantially across the region. Some higher-income communities report screening rates above 60%, while many North St. Louis City and North County ZIP codes are estimated to be closer to 30–40%. These geographic patterns are similar to those observed for breast cancer mortality, late-stage diagnosis, and treatment delays.

Access Beyond Time

Geographic Distribution of Services

Breast imaging services are distributed throughout St. Louis City and County; however, facilities offering more comprehensive diagnostic services are more commonly located in higher-income areas. Communities with lower screening utilization and higher rates of late-stage diagnosis and breast cancer mortality generally have fewer nearby options for advanced diagnostic imaging and biopsy services.

As a result, some women may need to travel farther or navigate multiple facilities to access the full continuum of breast imaging care.

Availability of Follow-Up Diagnostic Services

For many women, a screening mammogram is only the first step in the breast care process. When additional evaluation is needed, timely access to diagnostic imaging and biopsy services becomes important.

Survey findings indicate that many facilities do not offer the full range of breast imaging services on-site:

- Women screened at approximately 40% of facilities would need to seek care elsewhere for a diagnostic mammogram.
- Women screened at approximately 50% of facilities would need to seek care elsewhere for breast MRI services.
- Women screened at approximately 55% of facilities would need to seek care elsewhere for an image-guided biopsy.

As a result, some patients may need to obtain follow-up services at a different facility. These transitions can involve additional scheduling, travel, insurance coordination, and navigation across health systems. The number of steps required to complete follow-up care varies considerably depending on where a woman enters the breast imaging system and which services are needed.

Patient Barriers to Screening and Follow-Up Care

Through facilitated discussions and convenings conducted as part of this project, providers, navigators, and community organizations consistently identified a number of factors that may affect participation in screening and follow-up care, including:

- Insurance instability and financial concerns
- Out-of-pocket costs
- Fear of diagnosis
- Mistrust of the healthcare system
- Childcare and caregiving responsibilities
- Competing work and family demands

These barriers are also well documented in the breast cancer screening literature and have been associated with lower screening utilization, delays in follow-up care, and disparities in breast cancer outcomes. While this study was not designed to measure the relative contribution of each factor, stakeholder input suggests they remain relevant considerations within the St. Louis region.

Opportunities for Continued Learning and Collaboration

This assessment provides a snapshot of breast imaging capacity across St. Louis City and County. The findings suggest that the region has substantial breast imaging infrastructure and significant investments in screening and diagnostic services. At the same time, disparities in screening utilization, stage at diagnosis, treatment timeliness, and mortality persist. What opportunities exist to better understand and address this delta?

1. Continue to Understand Functional Capacity

This assessment focused primarily on the availability of equipment, services, radiologist workforce, and appointment capacity. Additional research could help clarify the factors that influence how available capacity is translated into completed screenings and diagnostic services.

Potential areas for future exploration include:

- Better understanding radiologist and technologist workforce capacity
- Examining operational factors that influence appointment availability and utilization
- Expanding regional data sharing, benchmarking, and workforce analysis
- Monitoring capacity, utilization, and access trends over time
- Exploring the relationship between staffing, scheduling, and screening volumes

2. Better Understand Utilization and Access

The findings also suggest opportunities to better understand how women access and navigate breast imaging services across the region. Existing research has identified a range of factors that can influence screening utilization, but how can the region respond?

Potential areas for collaboration and exploration include:

- Examining the role of evening and weekend appointment availability
- Understanding transportation and navigation needs
- Exploring coordination across screening, diagnostic, and treatment services
- Assessing the alignment of services with community needs
- Identifying approaches to community engagement, education, and outreach
- Evaluating strategies that support timely follow-up after abnormal screening results

Looking Ahead

This report should be viewed as a starting point rather than a final assessment. Continued collaboration among healthcare providers, public health agencies, researchers, community organizations, and patient advocates may help deepen understanding of the factors that influence breast imaging utilization and outcomes across the region. Ongoing data collection, shared learning, and regional dialogue can support future efforts to better understand how existing resources are being used and where opportunities for improvement may exist.

Limitations

This analysis represents an important first step toward understanding breast imaging capacity, utilization, and access across St. Louis City and County. As with any regional assessment, several limitations should be considered when interpreting the findings.

While survey participation was exceptionally high (31 of 33 facilities, representing 94% of providers), two facilities did not provide complete screening volume data. As a result, regional screening estimates likely undercount total activity to a small degree.

Workforce data were also limited. Because many radiologists practice across multiple facilities, it was not possible to determine a unique count of breast imaging radiologists in the region. In addition, this survey did not collect information on mammography technologists, vacancy rates, or staffing shortages, all of which likely influence functional capacity.

Capacity estimates reflect theoretical rather than actual operating capacity. Calculations were based on the number of machines, hours of operation, and standardized scheduling assumptions and do not fully account for staffing constraints, machine downtime, no-shows, or other operational factors that may reduce appointment availability.

Screening utilization data does not fully account for St. Louis City and County patients that seek care outside St. Louis city and County (e.g. city or county residents who are screened at a facility in St. Charles or Franklin). Finally, this assessment focuses primarily

on provider capacity and utilization and does not directly measure patient-level barriers such as transportation, cost, childcare, health literacy, trust, buy in to the benefits of mammography, or awareness. Additional qualitative and community-based research will be needed to better understand how these factors influence screening access and completion.

Despite these limitations, the combination of epidemiologic analysis, provider-reported data, and facility verification represents one of the most comprehensive assessments of breast imaging capacity and access conducted in the region to date. The high level of provider participation establishes an important baseline for future benchmarking, workforce analysis, and quality improvement efforts.

Funder and Partner Acknowledgement

This work was made possible through the support of Missouri Foundation for Health, whose investment in regional data collaboration, systems change, and health equity created the foundation for this effort.

Gateway to Hope extends deep gratitude to the Saint Louis County Department of Public Health, the City of St. Louis Department of Health, and the School of Public Health at the University of Illinois Chicago for their partnership, leadership, and commitment to understanding breast cancer disparities through rigorous public health analysis.

Thank you to the Missouri Cancer Registry and Department of Health and Senior Services for providing much of the critical data used in the epidemiologic analyses in this report.

Special thanks to:

- Joseline Hernández, Senior Epidemiologist at Missouri Department of Health and Senior Services
- Andrew Hunter, Bureau Chief at Missouri Department of Health and Senior Services
- Dr. Iris Zachary, Director of the Missouri Cancer Registry and Research Center

We also thank the 31 participating mammography providers and the many radiologists, administrators, and healthcare leaders who contributed data, expertise, and operational insight throughout this process, alongside the generous contributions of the more than 90 individuals and organizations who attended multiple convenings to provide essential insight and guidance on this project.

Finally, we acknowledge the patients and communities whose lived experiences continue to shape this work and remind us that data must ultimately lead to systems that are easier, more equitable, and more humane to navigate.

Citations

ⁱ <https://equalhope.org/focus-areas/equal-care/>

ⁱⁱ *ibid*

ⁱⁱⁱ Nehmat Houssami, Robin M. Turner, Rapid review: Estimates of incremental breast cancer detection from tomosynthesis (3D-mammography) screening in women with dense breasts, *The Breast*, Volume 30, 2016, Pages 141-145

^{iv} <https://www.asrt.org/main/news-publications/research/staffing-surveys>

^v [https://www.jacr.org/article/S1546-1440\(24\)00454-X/fulltext](https://www.jacr.org/article/S1546-1440(24)00454-X/fulltext)

About Gateway to Hope

St. Louis-based Gateway to Hope is Missouri's only statewide, community-based nonprofit organization dedicated exclusively to breast health care access. Founded in 2005 by Dr. Marlys Schuh and Dr. David Caplin, the organization served 12 patients in its first year. Two decades later, it has grown into an evidence-driven program that served more than 1,077 patients in 2025, a 61% increase over the prior year.

The organization provides one-on-one support across the entire breast health continuum — from prevention and early detection through diagnosis, treatment, survivorship, and end-of-life.

This model is unique in the United States, pairing 1:1 patient navigation with direct financial assistance to help counter the full range of barriers to care, including transportation, insurance gaps, lost wages, and the psychological burden of a serious diagnosis. It is the simplest and most effective way to eliminate barriers to breast healthcare.

Gateway to Hope also invests in community-based research and advocacy to deepen understanding of care gaps and patient needs. Through careful analysis, the organization makes informed decisions about how to grow its programs most effectively and guides its efforts to push for meaningful, systemic improvements. And importantly, Gateway to Hope has the data to show that its approach is making a real difference.

Gateway to Hope's commitment to women everywhere is to relentlessly focus our resources and efforts toward realizing our vision: a world in which we are all healthy and free of the burden of preventable disease.

Gateway to Hope's mission is to champion change by removing barriers to affordable, timely, quality breast healthcare, and empowering people to live full and healthy lives.





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