

Announcer:

In this episode of Tim Talk, how care close to home is taking on a new meaning with the Northern Light Health Mobile Mammography Unit.

Tim:

Welcome one and all to Tim Talk. Today we're talking about ways that we are meeting the needs of our communities through one of the bright spots in our efforts to improve healthcare access in the rural settings. Our mobile mammography vehicle, have you seen it? It's gorgeous. It shines. It's beautiful. The people are even better than the vehicle. We even have expert drivers as well as all the clinical staff that know precisely what they're doing, how to take care of the needs of all those that we care for. That vehicle and our staff have traveled over 6,000 miles. Think about that. East Coast to West Coast and back, twice already, providing screenings to more than 300 women across rural Maine. And this is in a day and age right now where we're all so worried about access for the basic necessities, and the fact that we now have this outreach is I think just a beautiful thing. So joining me to talk about the journey so far and where we go next are Joann Lovell, director of imaging at Northern Light Mayo and CA Dean Hospital. And Casey Wakefield, community women's health navigator for CA Dean and Mayo. Joann and Casey, welcome to the show.

Joann Lovell:

Thank you, Tim.

Kacy Wakefield:

Thanks for having us.

Joann Lovell:

We're really happy to be here.

Tim:

Joann, let's start with a big picture. April 11th, 2024. So a bit more than a year ago, 14 months ago, marked the first ever screening on Maine's only... Maine's only, listeners, mobile mammography unit. More than a year later, what has this meant to you and your team?

Joann Lovell:

So this has had a big impact on our communities, being small, rural communities, especially in the Dover, Greenville areas. And the collaboration between our two hospitals has been instrumental in bringing mammography services back, to the Greenville area especially. Certainly our goal is to service many other rural communities, because it's so important that if any woman wants to be screened, she has the ability to get that done. And if travel is an obstacle, then we want to eliminate that. And from a personal perspective, I experienced... I lost my mom in 2009 to breast cancer, and she put many obstacles in front of her to prevent her from getting a mammogram. And those obstacles can become very big and feel too big to overcome even when you try to eliminate those. So I certainly understand the difficulty that sometimes women have or patients have to get to a resource to have these exams done.

My mother fought for two and a half years metastatic breast cancer, lost one of her breasts completely to the tumor. We became the caregivers, which I certainly don't want any other family to ever have to experience to watch a loved one go through that process. And we were able to keep her home where she wanted to be, but it was very hard. And we had young kids who had to see their grandmother go through all of that, and she missed all of their graduations and all of those milestones. So for me, it's kind of a

personal goal to make sure that no other family ever has to go through that. And if we can detect one woman and save one woman from going through that, then I feel we've succeeded.

Tim:

Thank you, Joann, especially sharing that very, very personal experience. I really, really appreciate that. And listeners, again, I'm sure that many of you are thinking of your own personal stories and histories and family histories and loved ones in your life that maybe inspire us to this day to do what we do. So thank you so much for that.

Joann Lovell:

You're welcome. I was happy to share.

Tim:

Really appreciate that. Casey is a women's health community navigator. You've been on the front lines. What are some of the biggest barriers women face when it comes to getting their mammograms? And maybe I could add to that question too, sort of picking up on what Joann was talking about and describing with her mom, what are some of the things that are not just physical barriers, but maybe the lifestyle barriers or that the patient has within their own, who they are as a person that are barriers that we're trying to overcome?

Kacy Wakefield:

So a lot of what we're seeing is work schedules, family schedules, transportation. And as women, we have a tendency to put our own healthcare on the back burner and not take care of ourselves first because concerned about everything else that's going on. And for some women, the anxiety of having it done for the very first time, they don't know what to expect, they have heard stories about it hurting or the discomfort, and so a lot of times they won't even come in just because of that. So we work really hard to turn that around to reassure people and let them know what the process is with having the mammogram. With the mobile unit, we offer walk-ins at all of our locations now, so that way it helps with schedules. If you can't book an appointment but you have a lunch break at a certain time, you can pop right over and we'll get your mammogram done. We also offer walk-ins at Mayo Hospital, we offer evening hours at Mayo Hospital, and we have been doing one Saturday a month at Mayo Hospital just to try to overcome those barriers for women.

Tim:

That's really terrific. And again, listeners, listen deeply to this, because in a day and age where across our country it's harder and harder to have good access. And it's almost like the pendulums going back to less focus on preventative kinds of services. And just the combination, I had to grin a little bit, that we're mobile and we have walk-in. I mean just how much more other than you taking it into their home? Maybe that's the next thing we work on, but taking it into their home. It's just fabulous. It really is.

Kacy Wakefield:

It is. It's a wonderful, wonderful service that we are providing for so many communities.

Tim:

Yeah. Well, thank you. Thank you for that. And it sounds like you're constantly improving the service to meet those needs. What are the kinds of things that you're learning along the way to how to serve better and meet the needs better?

Kacy Wakefield:

Definitely learning hours of operation that are going to work better for people. We're planning some overnight mobile clinics, so we'll be able to do mammograms screenings up until maybe 6:00 at night and then start them even earlier next morning for our faraway patients that we're going to see. Transportation, we're trying to figure out creative ways around that. When people don't have transportation, what can we do? Is there maybe a family member that's coming for something else that they can ride with them? Can we maybe provide transportation for them and try to find something. Work schedules, child care. We've even offered... People have come in with their children and they've sat out in the front area with me while they go back to have a mammogram, and that is perfectly fine. I have no problem doing that so that they have their mammogram done. So it's just being creative and thinking outside of the box.

Tim:

Yeah, yeah. And making it personal, right?

Joann Lovell:

Yeah. We've also done some brainstorming about maybe contacting some of the local manufacturers and doing an employee screening day where we would go park in the parking lot. And I mean it would literally take an employee away from their workspace for 15, 20 minutes max so they could come out, go right back to work.

Tim:

What a fabulous idea. That's a great idea. And I'm sure that... First of all, I love the fact that we're talking so much about Piscataquis County, and I love the fact that, again, in challenging times across the country, we can point to so many ways in which we have committed to, invested in, and knitted hopefully more closely together the healthcare fabric for Piscataquis County, one of the most rural counties in a rural state. So I'm really, really proud of that as I'm looking toward the finish line of my career in the next couple of months. It's honestly one of the things that gives me great pride.

Joann Lovell:

Agreed. We've even with our offices started a little bragging rights competition to see which office can schedule and have completed the most mammograms in one day along with walk-ins. So right now, the Sangerville office has the trophy that Casey and I presented them.

Tim:

Go Sangerville.

Joann Lovell:

Yep, go Sangerville.

Tim:

Uh-huh. How many? What was the number?

Kacy Wakefield:

So they ended up with a total of 15 completed mammograms, which was the most that the mobile had done. And we do this between the Sangerville, Greenville, Milo, and Corinth office is who we kind of have as part of that competition.

Tim:

That's great.

Kacy Wakefield:

So now it's set that bar and it's a little bit of a competition, and so now we'll see what the next one brings.

Tim:

That is fabulous. And we've touched a lot on therefore what the community response has been and that kind of thing. Are there other thoughts that relate to stories you've gotten from any of the people you care for? Either the individuals or the towns or the employers, I think it's a great idea as well. So can you share more stories along those lines?

Joann Lovell:

I'll let you go, Casey.

Kacy Wakefield:

Yes, so we hear things anywhere from... We had one patient who her vehicle is not very reliable. So to travel to the hospital, which would be about a 20, 25 mile trip for her, she wasn't comfortable doing. But we ended up being a mile down the road from her and she was perfectly comfortable driving that mile to have her mammogram done. We've had ones that were absolutely afraid of having their mammogram done. They left the hospital three different times without having their screening done because their anxiety was so high. They almost turned around the day of their appointment on the mobile unit, but they still came in and we made sure that that patient had a very good experience, and when she came out she told us she would see us next year. So it's stories like that, it's people we're reaching like that, that makes it worth doing this. We have some areas where a lady runs a daycare, and she'd have to shut her daycare down for the whole day, and she's the only daycare in the area. So that means that'd put a burden off onto other parents to have to try to find childcare. Because we're right there she could find coverage and she's only gone for maybe half an hour from her daycare. So that's how we're doing little things to just help.

Tim:

Wow. Yes.

Joann Lovell:

And we've had a couple of patients that had said they hadn't had mammogram in well over 10, 15 years. But because we came to their community, their town, they came, had their mammogram, out the door saying, "I'll be back."

Tim:

Yeah, that's terrific. I love hearing these stories. And listeners, I hope you're envisioning exactly what Joann and Casey are describing today, because it's just rich stories and a rich service. Casey, I understand demand remains high. So what's that like as far as are we are keeping up with it? Are we creating so much awareness that there's a lot more interest in it? How would you describe that?

Kacy Wakefield:

I think it's definitely growing. I think people are becoming more and more aware of the service that we're providing and the mobile unit. I tell places when we go... Sometimes we might only complete maybe 10 to 13 mammograms the first time, and I say, "Don't worry, because these people are going to go back and

they're going to tell their friends, and they're going to tell their family, and word's going to spread." And every time we go back to a location, we do gain more and more patients, and the office gets more and more phone calls because they're like, "Oh, so-and-so said they had their mammogram done on the mobile unit. When are they coming again? Can I do that?" So I think the more we're out there, the more awareness, the more people talk, the more we're going to grow and grow. There is still a very large demand and a lot of women who still need screenings done. So hopefully we will continue to grow and be able to reach more and more.

Tim:

Yeah. Well with staff like the two of you and the others that you've described, as well as our service, I can't help but think that everyone is going to feel very well-served and it's really great. It's one thing to say that we have that service, but to deliver it the way that you're delivering it, that's what it's all about. That's what life's all about.

Joann Lovell:

Every patient usually leaves with a smile on their face.

Tim:

Yeah.

Kacy Wakefield:

We have an absolutely wonderful, amazing staff of mammography technicians, and without them this definitely would not be successful. They are amazing with all of our patients, so that is definitely a huge help for the mobile unit.

Tim:

Terrific. So I'm going to ask each of you if you have any final thoughts, any other kinds of things that you'd like to say. So Casey, what would you say to someone listening who may have put off their mammogram, first? So there's that. And then if you have any other broader things you'd like to make sure to say?

Kacy Wakefield:

Please don't wait. You can start screenings at 40. We definitely recommend starting them at 40. It's 15 minutes once a year. Most insurances all cover preventative screenings. It's very easy to schedule, whether it's the mobile unit, at the hospital, our weekend hours, our evening hours. So there's plenty of availability that should work into anybody's schedule. So please, please, please start your screenings and do not miss them.

Tim:

Yeah, absolutely.

Joann Lovell:

I would add to that, if you've never had a mammogram before and you're very nervous or anxious, come and see us. We'll show you the unit, we'll explain the procedure, we'll spend whatever time is needed with you to eliminate any type of anxiety so you know that when you do come for your appointment, there's nothing to worry about. It's going to be over before you know it, and you're going to wonder why you put it off for so long.

Tim:

Yeah, thank you. Thank you, Joann. Thank you, Casey. Thank you for the wonderful things that you do for the communities that we serve and the patients that we serve. And I'll add a couple of personal notes if I could. And one is... Casey, you said beginning at age 40. So I'm going to tell a story I've probably told before on these podcasts, but my wife JoAnn was 39 and it was a slow day... She's a nurse and she was in upstate New York at that time, and it was a slow day in the mammography unit in the summertime, and they just started calling people up that they thought were about 40. And JoAnn's like, "Well, I'm not quite 40." And they said, "Well, come on in anyway." And it led to a couple months later a bilateral mastectomy and the like. So she's been 21 years cancer-free now, which is really great.

Joann Lovell:

That's excellent.

Kacy Wakefield:

That's great.

Tim:

And if you've seen the honor bell outside of the Lafayette Family Cancer Institute, that's in honor of JoAnn, and Donna Boehm who was the director of that center before she moved out of town.

Joann Lovell:

Absolutely. That's a perfect example of screening saves lives.

Tim:

Yes.

Joann Lovell:

And if she had put that off, the outcome could have been a lot different like my mom did.

Tim:

Yes.

Joann Lovell:

If she would've got screening when we first noticed some changes, it likely would've saved her life.

Tim:

Yes.

Kacy Wakefield:

Early detection is definitely key.

Joann Lovell:

Yep.

Kacy Wakefield:

It helps saves lives. It helps, as far as treatment, you might not have as invasive treatment if you're starting those screenings early. Self-breast exams every month are very important. So all of these things that we can do to try to help.

Tim:

Yeah.

Joann Lovell:

And again, we encourage if anyone has any questions, feel free to reach out to us. We're happy to sit and talk with you, anytime.

Tim:

Wonderful. Do you hear that listeners? That's for sure. Joann, Casey, thank you both so much. Really have enjoyed this and really appreciate it. And listeners, I hope you enjoyed it half as much as I have. That's for sure. And thank you for listening to Tim Talk. This is our 58th and final Tim Talk, unless you want to pull me out of retirement, and maybe I'll do that now and then. But anyway, this is part of our Healthy, Happy, and Wise podcast series. So until next time, until I see you again, I'll be thinking about you all the time everyone. Casey and Joann, I'll be thinking about both of you and your program and the success that you bring.

Joann Lovell:

Thank you.

Kacy Wakefield:

Thank you.

Tim:

So be well, stay informed, take care of yourself and your community. Thank you.

Announcer:

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