



Inclusive Planning for NEMT: Ride Connection's Dahlia Program and Mobility for Health

By Grayson Lee

The day before Thanksgiving, a cancer patient told the oncology team at Providence Health and Services in Portland, OR, that they had no way to get to their critical chemotherapy appointment that Friday. Their family, who usually drove them to treatment, was out of town, and they didn't have an alternative form of transportation. Despite the decrease in services that accompanies a major holiday, the oncology team handled the situation as they usually would – by calling Ride Connection's mobility specialist.

[Ride Connection](#), a transportation nonprofit serving the Portland area, works with Providence and other human & health services, like Centro Cultural, to provide travel options counseling through their Mobility for Health program. Although rides usually need to be scheduled in advance, the mobility specialist was able to schedule last minute transportation through Ride Connection for the patient. "Being able to have that quick turnaround in more challenging circumstances than normal shows how above and beyond the program can go.

Our oncology team knew that they could go to [the mobility specialist] to see what was even possible," said Rachel Smith, program manager for social determinants of health at Providence. Even beyond that one Friday appointment, the mobility specialist was able to schedule consistent rides for the patient to their treatment.



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The Mobility for Health program, however, is just one part of Ride Connection’s work. The organization’s [mission](#) is “to link accessible, responsive transportation alternatives with individual and community needs.” Ride Connection provides 500,000 rides each year for underserved populations, mostly for no charge, and works with many community partners. An important aspect of their approach is building trust through inclusion, a goal that Ride Connection has been actively pursuing for over 10 years.

From 2013-2015, Ride Connection received funding from [Transit Planning 4 All](#) (TP4A), to design and implement a dialysis treatment transportation pilot, called “Dahlia.” TP4A funded pilot projects across the country to promote the practice of inclusive transit planning, which TP4A defines as “active and meaningful involvement of older adults and people with disabilities [and other underserved populations] in transit planning and operations.” Ride Connection’s CEO, Julie Wilcke Pilmer, explained that while Ride Connection had been using inclusive practices before the grant, the resources and framework from TP4A allowed them to “level up.”

“We had done [inclusion] in a way that was more than compliance previously, but with the tools that we had through this grant, it changed the systemic process that we use to engage people in a more direct, intentional way that provided not just value added for the new service, but valued people,” said Wilcke Pilmer. “People grew that had never been parts of systems, that now recognized their value in the space of having that lived experience and being part of the solution.”

Engagement: More Than Checking a Box

When discussing Ride Connection’s experience with inclusive planning, Wilcke Pilmer explained that, “Ride Connection has been known since our conception for working with the community to meet needs, so the work we had done gave us that baseline in order to move to the next level with this grant.” She made the distinction between true engagement and checking a box, saying that Ride Connection had been working towards true engagement before their work with TP4A, but the technical assistance

taught them how to do engagement better, beginning with learning to be a better facilitator.

Wilcke Pilmer highlighted the importance of “supporting conversation so that every voice can be heard.” Simply using the “Yes, and?” approach allowed her to lead these conversations in a more productive way, she said. She recalled one conversation with end-stage renal disease patients where she led a visionary thinking exercise, posing the question, “In a perfect world, what would your ride to treatment look like?” One participant said that they wanted to ride in the sidecar of a scooter driven by their caregiver, while another participant, who had to limit fluids, said they wanted to be handed a mimosa on a party bus. Once the boundaries were removed, participants were more invested in expressing their ideas in a creative space, and the Ride Connection staff was able to take these concepts and apply them to the end program.

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Another important aspect of the inclusive process was implementing different models of community engagement. Through the grant, Wilcke Pilmer learned how to better support engagement, instead of prescribing what engagement would look like.

Participants were interested in engaging on different levels, from staying informed, to filling out a survey, to serving on the committee, to becoming employees of Ride Connection. Supporting these different levels allowed Ride Connection to engage with more of the community.

Although Ride Connection was able to include many participants in the planning process, they also faced challenges. One challenge in engagement was the limitations of community members' ability or desire to participate. Of the three participants who ended up working for Ride Connection as paid employees, two have since passed away. "This is the reality of it. Especially when you're working with populations where their health is compromised, there is limited time that they can dedicate to you," said Wilcke Pilmer. "Some just don't have the strength or energy to continue long-term and so you're constantly having to stay embedded in that space."

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Wilcke Pilmer noted how her own perceptions of independent mobility were changed through the project. She explained that she had to work through what it meant to hire someone who dialyzed three times a week and wanted to work, but also needed to retain their benefits and only had so much energy to give. Wilcke Pilmer said that by letting go of biases and being curious, she was able to recognize the beauty of how individualized independence can be, and how it means different things to different people.

Inclusion in Action: The Dahlia Program

Ride Connection's dialysis treatment transportation pilot was named "Dahlia." Pictures of pink and yellow dahlia flowers wrapped the cars used for the program, chosen by the steering committee to represent health and beauty. The Ride Connection marketing department wasn't thrilled at first that the concepts didn't match their branding. However, Wilcke Pilmer saw this as an opportunity to put inclusive planning into action, saying, "This is inclusive planning – you don't get to decide, they do.... That was a learning experience for staff too, because we were committed to having their voices heard."

Working with a local dialysis clinic, the program provided rides to and from dialysis treatment for 28 patients who opted-in to the program. Ride Connection regularly surveyed patients to measure success. From the pre-program survey to the 1st quarter survey, the number of patients who never missed appointments due to transportation increased from 67% to 100%. Additionally, patients were able to stay on dialysis for the correct amount of time. Wilcke Pilmer wrote in [an article](#) for the National Kidney Foundation Journal of Nephrology Social Work, "Staying on hemodialysis for the prescribed time is better for overall patient health. Exactly three quarters of respondents (71%) told us that, before this project they had rarely or occasionally experienced shortened dialysis treatment time. That has shifted to nearly all participants never or rarely experiencing this problem in the first quarter."



The surveys also measured patient stress and how transportation affected them. [As one patient said](#), "Dialysis is stressful...The last thing we want to worry about is rides." Before the pilot, 71% of patients reported being frequently, occasionally, or rarely stressed about transportation to or from dialysis, a number which dropped to just 4.17% in the first quarter.



NEMT and Mobility for Health

After the pilot's close, Ride Connection applied the concepts from the Dahlia program to another service, which provided transportation to and from medical appointments more generally. They coordinated with the clinic to schedule appointments on specific days when shuttles were available in certain areas. Although this concept did not work as well as the Dahlia program, Wilcke Pilmer explained that they learned just how much of a connection they needed with not just the hospital system, but also insurers. When Ride Connection became the network manager for Non-Emergency Medical Transportation (NEMT) for the region, they worked with providers and drivers, giving them a voice in the program, and when Mobility for Health launched in 2018, the connection with the hospital system only increased.

Providence Health and Services had worked with Ride Connection on the Dahlia program, as well as other NEMT programs, and Ride Connection reached out to them about co-locating services. Through Mobility for Health, Ride Connection's mobility specialist was located at one of Portland's busiest hospitals. Rachel Smith, program manager for social determinants of health at Providence, said that having a dedicated person to contact about transportation has been amazing for both clinical teams and patients.

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Having a known and trusted person for to contact has reduced transportation barriers and helped mitigate the shame and stigma that can come with asking for help, said Smith. As a result of the COVID pandemic, Ride Connection's mobility specialist no longer operates from the hospital, but Smith said that this has actually increased their reach. The mobility specialist can use the hospital's VPN to stay connected, while also being able to serve other counties and clinics.

The partnerships from Mobility for Health have not only expanded access to services, but also increased understanding of transportation barriers. For example, Ride Connection has a program where they can reimburse drivers, including family and friends of patients. Through discussions around barriers, Ride Connection realized that



they had unintentionally included a citizenship requirement in the program, and was able to change the language.

Another barrier was an issue with hospital discharge. “Ambulance capacity is an issue in our community – I think it is in a lot of communities. When somebody’s discharged with oxygen, if the oxygen has to be available through transport, it takes an ambulance level of service. But, if the hospital discharges with oxygen in a tank, that can be in a sedan,” said Wilcke Pilmer. Using the engagement techniques that Ride Connection has been implementing for years, they talked about barriers and potential solutions. Now, Ride Connection and the hospital are working to make sure that patients needing oxygen have it at home through delivery so that they don’t need an ambulance for discharge.

Since their work on the TP4A grant and the Dahlia program, Ride Connection’s commitment to engagement and serving the community has continued to grow. Smith noted that it was these shared values that has allowed the partnership with Providence Health and Services to flourish. “We have a shared mission of making sure that we keep individuals at the center of care.... Operating with compassion at the core is something we believe at Providence, and it’s something that Ride Connection exemplifies every day. Having that shared philosophy helped us be able to approach this work together, and our joint commitment to not just providing the service that we’re an expert in, but seeing it as part of the greater landscape,” said Smith.

Thanks to Julie Wilcke Pilmer and Rachel Smith.

Learn more about the Dahlia project: [Need a Ride?](#)

Learn more about Mobility for Health: [Mobility for Health.](#)



Transit Planning 4 All is a transportation planning project focused on promoting inclusive planning. TP4A is a partnership between the Administration for Community Living, the Community Transportation Association of America, US Aging, the Institute for Community Inclusion at UMass Boston, and DJB Evaluation Consulting.

