



RMC Research

Design & Data Visualization Portfolio

2025




Reports & Briefs

The data have been collected and analyzed and it's time to deliver the findings in a report people actually want to read. You need an accessible document that credibly presents information and inspires action.



A technical study report and summary brief designed to help different audiences understand the key findings of an evaluation of a state's arts curriculum framework.






OREGON
HEALTH
AUTHORITY



OREGON STATE OPIOID RESPONSE 3

EVALUATION REPORT

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CLIENT CHARACTERISTICS AT INTAKE

INDICATORS

The following section describes client characteristics at intake. The full SOB sample at intake (n=2,435) was included in the analysis.

- Demographics**
Race/ethnicity, gender, gender identity, relationship status, education level, languages spoken, pregnancy status, children, and children living with someone else
- Treatment Profile**
Time to travel to service provider, number of times receiving services, last time receiving services
- Mental Health Diagnoses**
10 most prevalent mental health diagnoses



DEMOGRAPHICS

Most clients served by programs identified as white (52%), followed by Black (15%), and Hispanic/Latino (10%). Most clients were male (93%), straight or heterosexual (89%), and single (78%).

EDUCATION LEVEL

About two-thirds of clients had a high school degree or a higher degree.

Education Level	Percentage
Less than high school degree	29%
High school degree or GED	46%
Some college or university	19%
Bachelor's degree	2%
Graduate work or degree	2%
Graduate work or degree	1%

LANGUAGES SPOKEN

Spanish was the most common language spoken other than English.

Language Spoken	Percentage
Spanish	28%
Other languages	44%

SOCIAL CONNECTEDNESS

Clients demonstrated a significant increase in participation in voluntary social support groups for recovery at 6-month mark follow-up compared to intake. Fewer clients thought they needed to change negative connections to plans, mostly because those negative connections had already been addressed. These changes were statistically significant.

SOCIAL SUPPORT FOR CLIENTS

Significantly fewer clients reported reporting having positive social interactions.

Category	Intake	6 Months
Participated in voluntary recovery support group	67%	71%
Interacted with someone from family/friend	87%	81%
Reduced need to change negative connections and places	42%	62%

SATISFACTION WITH PERSONAL RELATIONSHIPS

The share of clients very satisfied with personal relationships showed statistically significant increase from intake to 6-month follow-up.

Satisfaction Level	Intake	6 Months
Very dissatisfied	3%	1%
Dissatisfied	9%	7%
Satisfied	27%	19%
Very satisfied	48%	48%

TREATMENT PROFILE

The majority of clients (84%) seeking services traveled half an hour or less, with an additional 23% traveling between half an hour and one hour. To getting services for substance use treatment only once (24%). The data also shows that 44% of clients reported their most recent treatment less than 6 months ago, indicating a relatively recent pattern of seeking treatment.

TRAVEL TIME TO SERVICE PROVIDER

Most clients traveled less than half an hour to their service provider.

Travel Time	Percentage
Less than 30 minutes	68%
30 minutes to 1 hour	25%
1 hour to 1 1/2 hours	6%
1 1/2 hours to 2 hours	1%

An evaluation report that uses high-impact data visualizations to convey the information the client needs to understand to make important decisions.

Data Visualizations & Infographics

Research shows that visual representations of data help people understand the story in the numbers. Whoever your audience is, you need persuasive graphics that convey information quickly and clearly.



An infographic brief that displays quantitative survey data in a way that facilitates quick comprehension and the comparison of youth health trends over time.

OAC Members Were Happy to Participate

On average, OAC survey respondents agreed with positive statements about the council. Respondents most strongly agreed that they were comfortable voicing an opinion in OAC meetings and were happy to participate on the council. Respondents did not agree that participating on the OAC was what they expected and that OAC members treat each other with respect.

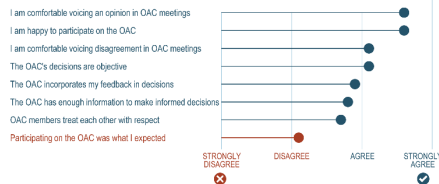
Some OAC members noted gaps in representation, particularly traditional treatment providers ("existing treatment systems, such as counselors and clinical supervisors"), the criminal legal system (public defenders and law enforcement), the community at large, and harm reduction specialists. Several survey respondents also noted the OAC lacked representatives who had with policy and governing experience and supplementary training in systems of rulemaking, public procurement, and grantmaking.

In terms of demographics, respondents noted that the Asian American and Pacific Islander communities were underrepresented and suggested a need for more Latinx diversity and youth representation.

Their collective strength is, "here's a spectrum of harm reduction and substance use, and here's clinical and substance use disorder." No matter what the spectrum is, everybody wants change, and they have a voice to say, "This is the change I want to see."

“ ” OAC LEADER

Most OAC survey respondents were positive about the council, though **participation was not what they expected**.



LEADING WITH A COMMUNITY OVERSIGHT AND ACCOUNTABILITY COUNCIL

The community-led Oversight and Accountability Council (OAC) was foundational to the goals of the ballot measure to include those most impacted by criminalization in the governing process for expanding access to services.

Oregon's OAC Met the Diversity Goal of the Drug Addiction Treatment and Recovery Act (DATRA)

OAC membership was intentionally diverse in terms of lived experience, regional representation, race, ethnicity, and approach to substance use services.

Nearly 92% of survey respondents were familiar with the membership of the OAC. Most agreed that OAC membership was racially and ethnically diverse (77%); regionally diverse (73%); and diverse in beliefs about harm reduction, treatment, and recovery (61%). An OAC leader pointed to the diversity in background as a key strength of the group.

OAC Members Struggled With the Demands of the Role

OAC members spent a considerable amount of time conducting council business. Interviewees stressed that prior to joining the council they had been unaware of how demanding the role would be, and several had not realized the role was public facing.



The average number of hours OAC members reported spending on council-related tasks.

The average of the least hours of council work per week reported by OAC members was 3 hours, whereas **during weeks with the most amount of work members reported spending an average of 35 hours on OAC-related tasks**.

Two thirds reported being able to work on OAC-related tasks at their primary workplace at least some of the time.

I didn't anticipate weekly meetings. I thought, "Well, I'm going to apply to be on a council. We'll probably meet monthly. OHA will prepare a lot of things and bring them to us for votes and approval" but I had no idea that I would actually feel like a part-time OHA employee.

“ ” OAC MEMBER

Recommendations

Overwhelmingly, OAC members pointed to a need to clearly state expectations throughout the recruitment and implementation processes.

- When recruiting new members, provide position descriptions that clearly state the responsibilities and expected time commitment.
- Offer training on governing processes that are likely to be unfamiliar to members.
- Provide independent facilitation of the process with a trauma-informed approach.



Data Collection & Presentation

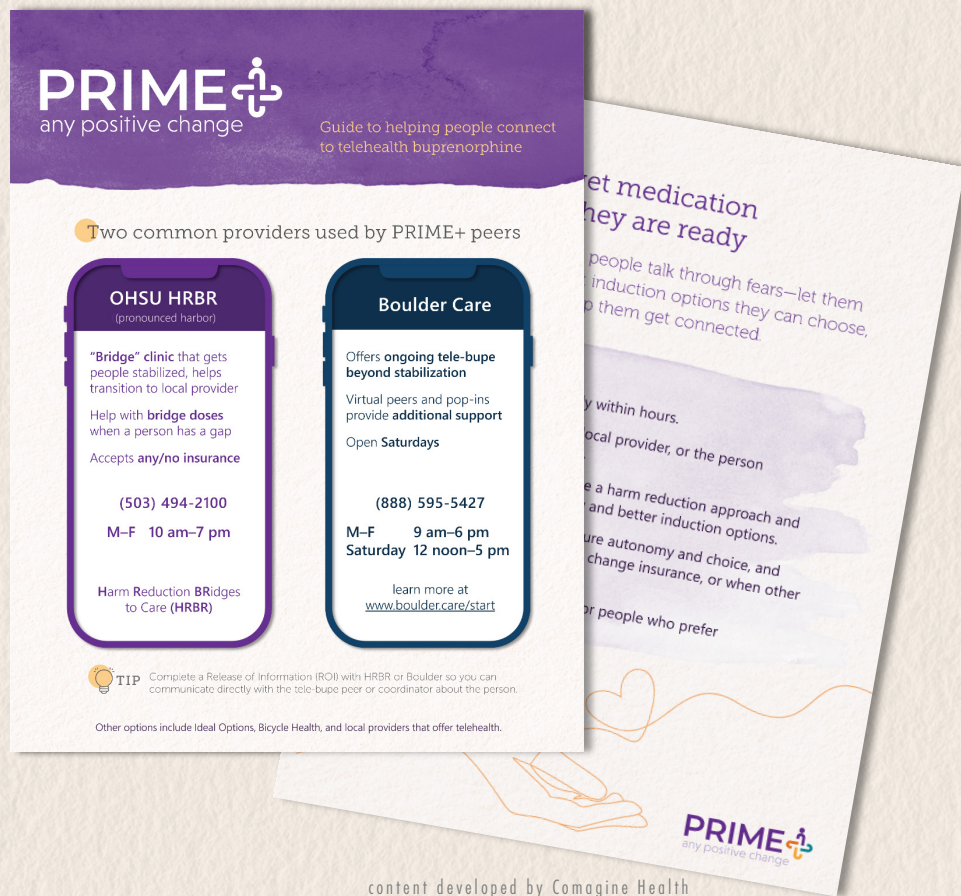
To effectively collect data you need customized tools to engage your audience, and when it's time to present the findings you need expertly crafted products to deliver the message to decision makers.



Eye-catching, brand-consistent recruitment materials and data collection tools that clearly communicate pertinent information, instilling confidence and increasing participation rates.

Branding & Custom Products

Effective branding reflects your organization or project's character and objectives. You need a distinct visual identity that resonates with your target audience and inspires confidence.



content developed by Comagine Health

A custom logo and color palette designed to ensure that important communications are readily identifiable by service providers implementing a community program.

congratulations!

National Blue Ribbon Schools Celebration Tip Sheet

information, ideas, and resources for
NBRS-awarded schools

On behalf of the U.S. Department of Education's National Blue Ribbon Schools (NBRS) program team, I want to congratulate you on your award. Once the Secretary of Education announces the NBRS awardes, it is time to **celebrate your success!**

This award recognizes your school as an outstanding example of a great American school. We are pleased to welcome you to the family of prestigious schools that have received the NBRS award since 1982. On behalf of the National Blue Ribbon Schools team,

Alva Kumi

Director of the NBRS Program
Office of Communications and Outreach
U.S. Department of Education



NBRS Celebration Tip Sheet

Make the most of this prestigious recognition
and celebrate with the community at large.

There is no right way to celebrate, but the NBRS award did not happen by chance. Awardees worked hard to achieve success, and as an awardee you are encouraged to spread the word and pat yourself on the back!



Consider assembling a team to develop a plan for celebrating your NBRS award. Be sure to check your district's guidelines and procedures for issuing press releases, obtaining releases for photos and videos, posting on the school and district's website, and using social media.

In this tip sheet you will find general information about the NBRS program, ideas for celebrating, examples from other NBRS awardees, and resources in 4 sections:

Engage Your School Community

Host Celebratory Events

Brand Your NBRS School

Promote Your School's Achievement



Murphy Elementary School, Kansas, 10/2023

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A school community goes far beyond the school walls. As you plan your celebration, educate your school community about the NBRS award to help them understand what it means to be a National Blue Ribbon School.

Spread the Word

- **Share information about the NBRS program.** Include a brief description of the qualification requirements and statistics and how your school met and exceeded those requirements.
- **Share what contributed to your school's success.** Provide specific examples of your school's best practices.
- **State why the school community's continued support is so important.** Note ways each member of the community can contribute to spreading the word about the school's NBRS award status and how the school plans to sustain that success.



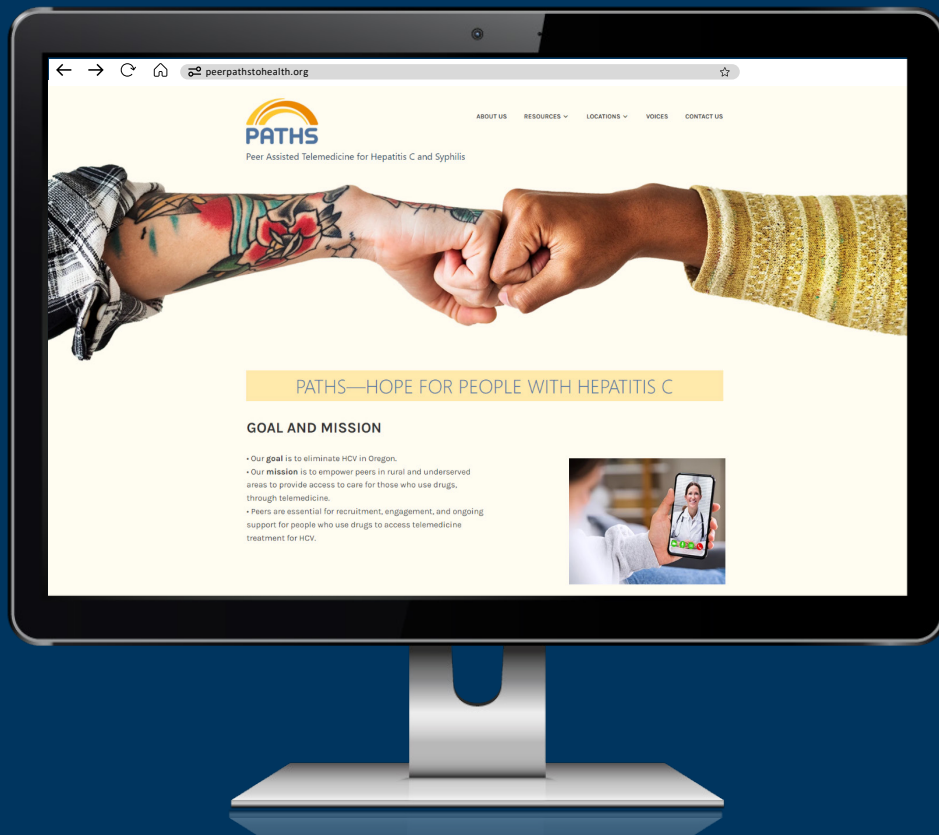
- ### Engage
- **Create a whole-school NBRS page.** Create National Blue Ribbon School-themed cut-outs and ask students, parents, teachers, staff, and others to write messages about what makes the school great.
 - **Integrate an NBRS page into the school yearbook.**
 - **Create an appreciation video** thanking students, parents, teachers, staff, and others.
 - **Include NBRS-related thank you messages** in morning announcements.
 - **Host an NBRS-themed breakfast** for teachers and staff.
 - **Provide NBRS specials** for students—for example, additional free play, recess, a popcorn party, a school dance.
 - **Engage students** in a whole school NBRS-themed photoshoot.

Social Media & Website Content

Using digital platforms to connect, collect data, and share information is the norm now. You need messaging crafted for the technical specifications and culture of today's communication channels.



Multiplatform social media templates and accessible website content created to celebrate, inform, and connect a national education program's award winners.



THE PATHS MISSION

PATHS is an intervention model developed by Oregon Health & Science University (OHSU) in collaboration with partners. **Peer support specialists with lived experience assist people who use drugs to access hepatitis C (HCV) and syphilis testing, facilitate telemedicine HCV treatment, and support participants with medication adherence.** OHSU clinicians provide streamlined, low-barrier access to care.

The model was tested in a National Institutes of Health-funded randomized controlled trial that demonstrated high levels of HCV treatment initiation and cure. The PATHS expansion includes implementation by PRIME – peer teams and programs around the state. The OHSU PATHS implementation team provides training, technical assistance, and clinical coordination. Oregon Health Authority (OHA) is funding the supportive infrastructure through Oregon's Substance Abuse and Mental Health Services Administration State Opioid Response (SOR) grant.

WHAT DOES PATHS OFFER?



Reduced Delays

- Standing, streamlined lab orders so peers can bring participants directly to lab
- Typically, same-day unscheduled TeleHCV clinician visits ("walk-ins")

Reduced Barriers

- Peers facilitate TeleHCV visits, including bringing technology to participants
- Medication lockers if participant does not have stable housing

Peer Support

- Assistance with medication reminders, pickups, adherence
- Calling, texting, going out to locate participants to maintain contact
- Assistance with harm reduction, daily life needs

Oregon ranks 3rd in the U.S. for hepatitis C virus (HCV) mortality and 4th for prevalence, largely due to injection drug use. Despite this, less than 10% of people who use drugs with HCV receive treatment, and rural areas face particular barriers. Untreated HCV can lead to severe health issues, including liver cancer. Treatment mitigates these risks and also catalyzes positive changes, such as recovery from substance use.

Community Referral vs TeleHCV

Participants started HCV meds within 6 months



Participants cleared HCV



content developed by Comagine Health

A distinctive logo and harmonious color palette developed to establish a cohesive identity for a public website and program materials for a public health initiative.



Research making change

RMC Research creates practical products that help clients and communities apply ideas from research to make a difference.

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Koko Wadeson designs products that convey the notable, illustrate the cryptic, guide the lost, and foment positive change.

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