Roadmap to Better Health: Using the 2018 County Health Rankings to Improve Community Well-Being

April 5, 2018
Tips for this webinar

- The questions box and buttons are on the right side of the webinar window.

- If you are having technical difficulties, please send us a message via the questions box on your right. Our organizer will reply to you privately and help resolve the issue.

- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
Webinar recording

- NACo is recording this webinar, and we will make it available online to view.
NACo’s work with the *County Health Rankings & Roadmaps* program

NACo’s partnership with the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute is designed to strengthen the ability of counties to deal effectively with the challenges of creating a culture of health and to help county officials take a leadership role toward positive community health impact.

Learn more about our partnership at [www.naco.org/county-health-rankings](http://www.naco.org/county-health-rankings)
Today’s Speakers

Kate Kingery
Deputy Director, Community Transformation
*County Health Rankings & Roadmaps Program*

Astra Iheukumere
Assistant Director of Community Networks and National Partnerships
*County Health Rankings & Roadmaps Program*

Commissioner Wendy Jacobs
Chair
*Durham Board of County Commissioners*
2018 COUNTY HEALTH RANKINGS
AN OVERVIEW OF UPDATES

National Association of Counties
April 5, 2018
County Health Rankings & Roadmaps (CHR&R) is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

We provide data, evidence, guidance and examples to help communities improve local health outcomes and advance equity.
LEARNING OBJECTIVES FOR TODAY

- Describe the County Health Rankings model and how we think about health
- Introduce what’s new with the 2018 Rankings
- Provide examples of how to use CHR&R resources to spark action in your communities
- View a snapshot from Durham County, NC
County Health Rankings:
Defining health in the broadest possible terms

- **Health Outcomes**
  - Length of Life (50%)
  - Quality of Life (50%)

- **Health Factors**
  - Health Behaviors (30%)
    - Tobacco Use
    - Diet & Exercise
    - Alcohol & Drug Use
    - Sexual Activity
  - Clinical Care (20%)
    - Access to Care
    - Quality of Care
  - Social & Economic Factors (40%)
    - Education
    - Employment
    - Income
    - Family & Social Support
    - Community Safety
  - Physical Environment (10%)
    - Air & Water Quality
    - Housing & Transit

- **Policies & Programs**
RANKED MEASURES

Length of life (1)
Quality of life (4)

Smoking (1)
Diet & Exercise (4)
Alcohol & Drug Use (2)
Sexual Activity (2)

Access to Care (4)
Quality of Care (3)

Education (2)
Income (2)
Employment (1)
Family and Social Support (2)
Community Safety (2)

Air and Water Quality (2)
Housing and Transit (3)
WHAT’S NEW IN THE 2018 RANKINGS?
2018 OVERALL KEY FINDINGS

- This year, we bring new analyses that show meaningful health gaps persist by place and by race/ethnicity.
  
  - In all 50 states, the percentage of low birthweight babies born to Black mothers is worse than in the typical bottom performing counties in their state.
  
  - Significant disparities exist in social and economic opportunities among counties, e.g., high school graduation and employment.
  
  - Rates of poverty among children and youth are at least 1.5 times higher than rates among adults aged 18 and older.
  
  - Residential segregation of Blacks and Whites is considered to be a fundamental cause of health disparities in the U.S.
WHAT IS A STATE REPORT?

- A County Health Rankings & Roadmaps report that explores the size and nature of health differences by place and race/ethnicity in each state.

- A resource to help you to begin taking action by exploring evidence-informed approaches.
STATE REPORT HIGHLIGHTS

- What health equity is and why it matters
- Differences in health outcomes within the state by place and racial/ethnic groups
- Differences in health factors within the state by place and racial/ethnic groups
- What communities can do to create opportunity and health for all
WHAT DO WE MEAN BY HEALTH EQUITY?

HEALTH EQUITY means that everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
WHY EQUITY?

- Equality isn’t enough to close gaps
- Our nation’s youth are increasingly more racially and ethnically diverse
- Children, youth and families of color do not have the same opportunities and fare even worse in segregated communities
- Investing in ALL young people to give them fair opportunities to thrive will ensure our nation’s success and prosperity
QUESTIONS TO CONSIDER

- What differences do you see among counties in your state?
- What differences do you see by racial/ethnic groups in your state?
- How do counties in your state compare to all US counties?
- What patterns do you see? For example, do some racial/ethnic groups fare better or worse across measures?
GETTING THE MOST OUT OF YOUR SNAPSHOT

North Carolina

Overview  |  Rankings  |  Measures  |  Downloads  |  Compare Counties

Back To Map

HEALTH OUTCOMES
OVERALL RANK

Rank  |  County
1     |  Wake (WA)
2     |  Orange (OR)
3     |  Camden (CM)
4     |  Union (UN)
5     |  Mecklenburg (MK)
6     |  Dare (DA)
7     |  Currituck (CK)
8     |  Watauga (WT)
9     |  Cabarrus (CA)
10    |  Chatham (CH)
11    |  Durham (DR)

Durham (DR)

County Demographics +

<table>
<thead>
<tr>
<th></th>
<th>Durham County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>North Carolina</th>
<th>Rank (of 100)</th>
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<tbody>
<tr>
<td>Health Outcomes</td>
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<tr>
<td>Length of Life</td>
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<tr>
<td>Premature death</td>
<td>6,100</td>
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<td>5,800-6,400</td>
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<td>Quality of Life</td>
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<tr>
<td>Poor or fair health</td>
<td>17%</td>
<td>17-17%</td>
<td>12%</td>
<td>18%</td>
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<tr>
<td>Poor physical health days</td>
<td>3.5</td>
<td>3.4-3.7</td>
<td>3.0</td>
<td>3.6</td>
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<td>Poor mental health days</td>
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<td>3.9-4.1</td>
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<tr>
<td>Low birthweight</td>
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## Datos demográficos del condado

### Los resultados de salud

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<thead>
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<th>Condado de Sacramento</th>
<th>Margen de Error</th>
<th>Mejores en los E.E.U.U.</th>
<th>California</th>
<th>Rango de 57</th>
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### Duración de la Vida

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### Calidad de Vida

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### Resultados de salud adicionales (no incluidos en la clasificación general)

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### Los factores de salud

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### Sacramento (SA)

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<tr>
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<td>Marin (MR)</td>
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<td>3</td>
<td>Santa Clara (ST)</td>
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<td>Placer (PL)</td>
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<td>5</td>
<td>Sonoma (SM)</td>
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<td>Napa (NA)</td>
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<td>Orange (OR)</td>
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<td>Alameda (AL)</td>
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<td>9</td>
<td>Contra Costa (CN)</td>
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<td>Ventura (VE)</td>
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<td>San Francisco (SF)</td>
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<td>San Diego (SD)</td>
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<td>13</td>
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<td>14</td>
<td>Yolo (YO)</td>
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<tr>
<td>15</td>
<td>El Dorado (EL)</td>
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**English**

[Button: Español]
EASIER TO FIND DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Social &amp; Economic Factors</th>
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</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>81%</td>
<td>95%</td>
<td>82%</td>
</tr>
<tr>
<td>Some college</td>
<td>66%</td>
<td>72%</td>
<td>63%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.0%</td>
<td>3.3%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>23%</td>
<td>20-25%</td>
<td>12%</td>
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</tbody>
</table>

| % Children in Poverty                        | 23%    |
| % Children in Poverty - White                | 15%    |
| % Children in Poverty - Black                | 43%    |
| % Children in Poverty - Hispanic             | 32%    |

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<thead>
<tr>
<th>Income inequality</th>
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<tr>
<td>Children in single-parent households</td>
<td>36%</td>
<td>35-37%</td>
<td>21%</td>
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<tr>
<td>Social associations</td>
<td>7.3</td>
<td>22.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Violent crime</td>
<td>523</td>
<td>62</td>
<td>407</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>58</td>
<td>56-60</td>
<td>53</td>
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</table>

Additional Social & Economic Factors (not included in overall ranking) +
## TREND GRAPHS

### Premature death in Durham County, NC

**Years of Potential Life Lost (YPLL): County, State and National Trends**

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<td>United States</td>
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<tr>
<td>North Carolina</td>
<td>0.819</td>
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<td>0.819</td>
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### Other Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>16%</td>
<td>15-16%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>26%</td>
<td>23-29%</td>
</tr>
<tr>
<td>Food environment index</td>
<td>6.8</td>
<td>8.6</td>
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</tbody>
</table>
LEARN MORE ABOUT MEASURES

Learn More About Physical Inactivity

Physical Inactivity helps measure if a community is getting enough exercise.

What do you need to know about this measure?

**PHYSICAL INACTIVITY IS A PERCENTAGE.**

Physical Inactivity is based on responses to the Behavioral Risk Factor Surveillance Survey and is the percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise.

**THE METHOD FOR CALCULATING PHYSICAL INACTIVITY CHANGED.**

Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data.

**PHYSICAL INACTIVITY IS CREATED USING STATISTICAL MODELING.**

Our Physical Inactivity estimates are produced from three years of survey data and created using a complex statistical model.

Modeling generates more stable estimates for places with small numbers of residents or survey responses. There are also drawbacks to using modeled data. The smaller the population or sample size of a county, the more the estimates are derived from the model itself and the less they are based on survey responses. Models make statistical assumptions about relationships that may not hold in all cases. Finally, there is no perfect model and each model generally has limitations specific to their
### WHAT WORKS FOR HEALTH

**North Carolina 2018**

**Ranking Methodology**
- **Years of Data Used:** 2014
- **Summary Measure:** Health Factors - Health Behaviors (Diet and Exercise)
- **Weight in Health Factors:** 2%

**Summary Information**
- **Top U.S. Performers:** 20% (10th percentile)
- **Range in North Carolina (Min-Max):** 17-33%

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**Physical inactivity**

Percentage of adults age 20 and over reporting no leisure-time physical activity. Learn more about this measure.

**What Works for Health**

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

**Learn more about What Works for Health**

**Policies & Programs**

- **Screen time interventions for children** (Scientifically Supported)
## ADDITIONAL MEASURES

### Health Outcomes

<table>
<thead>
<tr>
<th>Rank</th>
<th>County</th>
<th>Durham County</th>
<th>Trend</th>
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<tr>
<td>1</td>
<td>Wake (WA)</td>
<td>6,100</td>
<td>5,800-6,400</td>
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<td>Camden (CM)</td>
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<td>Union (UN)</td>
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<td>Mecklenburg (MK)</td>
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<td>New Hanover (NH)</td>
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<td>Davie (DI)</td>
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<td>20</td>
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### Length of Life

<table>
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<tr>
<th>Outcome</th>
<th>Durham County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>North Carolina</th>
<th>Rank</th>
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<tbody>
<tr>
<td>Premature death</td>
<td>6,100</td>
<td>5,800-6,400</td>
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### Quality of Life

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</thead>
<tbody>
<tr>
<td>Poor or fair health</td>
<td>17%</td>
<td>17-17%</td>
<td>12%</td>
<td>18%</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.5</td>
<td>3.4-3.7</td>
<td>3.0</td>
<td>3.6</td>
<td></td>
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<tr>
<td>Poor mental health days</td>
<td>4.0</td>
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<td>3.9</td>
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<td>Low birthweight</td>
<td>9%</td>
<td>9-9%</td>
<td>6%</td>
<td>9%</td>
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### Additional Health Outcomes (not included in overall ranking)

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<tr>
<th>Outcome</th>
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<td>290-320</td>
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<td>Child mortality</td>
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<td>60-80</td>
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<td>Infant mortality</td>
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<td>6-8</td>
<td>7</td>
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<tr>
<td>Frequent physical distress</td>
<td>11%</td>
<td>11-12%</td>
<td>9%</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent mental distress</td>
<td>12%</td>
<td>12-12%</td>
<td>10%</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>8%</td>
<td>7-10%</td>
<td>8%</td>
<td>11%</td>
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</table>
WAYS TO SHARE THE 2018 RANKINGS

- Tell your health improvement story
- Use social media tools to spread the news – join the conversation at #HealthRankings
- Write and submit op-eds to local newspaper—focus on something your community is working on
- Host a town hall meeting or a call to action summit
- Post a link to www.countyhealthrankings.org on your website
TAKE ACTION TO IMPROVE HEALTH

What Works
Explore a menu of evidence-informed policies and programs that can make a difference locally.
What Works for Health

How to Take Action
Find step-by-step guidance and tools to help you move with data to action.
Action Center

Who to Work With
Identify the right partners and explore tips to engage them.
Partner Center

Not Sure Where to Start?
Community Coaches help strengthen a partnership's efforts to improve community health through guidance, questions, and support.
Learn More >

www.countyhealthrankings.org
STAYING CONNECTED

- Follow @CHRankings
- Like Facebook.com/CountyHealthRankings
- e-Newsletter, email chr@chrr.wisc.edu to subscribe
THANK YOU!

Visit us at www.countyhealthrankings.org

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Outline

• How County Health Rankings Used
• Importance of Health Equity
• How Durham partners effectively for impact
  – Partnership for a Healthy Durham
  – Healthy Durham 20/20
  – Opioids
  – Early Childhood Education
  – ACEs
• Durham County Investment in Health
Durham

- 6th most populous county North Carolina
  - 2016 estimated population of 306,212
  - Population is approximately 52% female and 48% male
- Durham County median income is $52,503
- Percentage of Children in Poverty - 24%
  - % Children in Poverty (Black) - 33%
  - % Children in Poverty (Hispanic) - 41%
  - % Children in Poverty (White) - 6%

Race and Ethnicity in Durham County, 2011-2015

- Non-Hispanic White - 42.1%
- Hispanic or Latino - 13.4%
- American Indian and Alaska Native - 0.3%
- Other - 2.5%
- Asian - 4.5%
Durham County Health Rankings

- **2018**
  - 1st: Wake County
  - 2nd: Orange County
  - 3rd: Camden County

- Durham County
  - 2018: 11th
  - 2017: 15th
  - 2016: 15th
  - 2015: 11th
How Durham Has Used County Health Rankings

• 2017 Community Health Assessment:
  • Durham’s rank among counties
  • Data and research
How Durham Has Used County Health Rankings

• Press release
• Inform the conversation
• Social Media
• Action planning process
How Durham Has Used County Health Rankings

Federally qualified health centers (FQHCs)

<table>
<thead>
<tr>
<th>Evidence Rating</th>
<th>Federally qualified health centers (FQHCs) can also include outpatient health services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientifically Supported</td>
<td>Likely to decrease disparities</td>
</tr>
</tbody>
</table>

**Impact on Disparities**

**Implementation Examples**

In 2013, there were 1,202 federally qualified health centers (FQHCs) in the United States and its territories, serving approximately 21.7 million patients. Delaware and Nevada had the fewest centers, at 3 each, while California had the most, at 129 (KFF-FQHC); most Californians live within a 30 minute drive of an FQHC (Darsie 2015).
2017 Durham County Community Health Assessment Results

2017 Durham County Health Priorities

1. Affordable Housing
2. Access to Healthcare and insurance
3. Poverty
4. Mental Health
5. Obesity, diabetes and food access
Durham County Efforts

• Racial Equity Trainings
Durham County Efforts

• Partnership for a Healthy Durham

• Healthy Durham 20/20
Durham County Efforts

- Opioid Prevention
- Early Childhood Education
- ACEs
Why Durham Invests in Health

- People of our community are our most important resource
- When everyone thrives, our whole community thrives
Questions?

Chairman Wendy Jacobs

Marissa Mortiboy, MPH
Partnership for a Healthy Durham Coordinator
mmortiboy@dconc.gov
(919) 560-7833
Thank You!

Question & Answer Session

- Type your question into the “Questions” box and the moderator will read the question on your behalf.
Upcoming Webinars and Events

• Building Healthy Places Webinar (April 12, 2018)
• County Health Day (April 18, 2018)
COUNTY HEALTH DAY

Join NACo for #CountyHealth Day on April 18th and share your county’s progress toward building a culture of health!

@NACoTweets  @NACoDC
THANK YOU!

Additional questions or feedback?
Contact Kiemesha Corpening at kcorpening@naco.org