

State Readiness Report on Local Health Officers
Completed by the New Hampshire Health Officers Association
<https://www.nhhealthofficers.org/>
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October 31, 2023
Reporting Period is November 1, 2022 to October 31, 2023

This report is required under state law as per:

RSA 128:11 Reporting Requirement. Beginning November 1, 2021, and annually thereafter, the New Hampshire health officers association, in consultation with the department of health and human services, shall report to the joint legislative oversight committee on health and human services, established in RSA 126-A:13, and the state health assessment and state health improvement plan advisory council, established in RSA 126-A:88, regarding the readiness of municipal health officers to respond to potential public health threats in New Hampshire. http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2021&id=37&txtFormat=html

About Local Health officers

The Local Health Officer (LHO) is a municipal employee, appointed by the New Hampshire (NH) Department of Health and Human Services (NH DHHS), to serve a 3-year term. This local official is an important and trusted point of contact for local concerns and fulfills a critical role in investigating public health issues and enforcing public health laws. As secretary and executive officer of the local board of health for the town, the LHO responds to concerns and issues as directed by municipal leadership and completes inspections at the request of state agencies such as the NH DHHS, NH Department of Environmental Services, and the NH Department of Education. Through inspections, guidance, enforcement, and rulemaking, the health officer helps to improve and foster safe and healthy environments for people to live in.

SECTION 1: Number and Type of Local Health Officers (as of October 30th, 2023)

As part of the health officer appointment process, the NH DHHS Health Officer Liaison Program tracks information about town health officers, including position type, vacancy rates, and position affiliations. Of concern to both New Hampshire Health Officer Association (NHHOA) and the Department, is the rising vacancy rate post COVID pandemic.

Full-Time Health Officers	82
Part-Time Health Officers	63
Volunteer Health Officers	66
Vacancies	23
Total Health Officers, All Types**	217
Deputy Health Officers	94

*This includes 45 Health Officers who are also affiliated with local Fire, Police, or EMT.

SECTION 2: Readiness to Respond to Regional Public Health Threats

To gauge engagement and cooperation on a regional level, NHHOA asks health officers to report on their participation in their respective Regional Public Health Networks NHHOA in an annual survey. Additionally, NHHOA tracks the number of municipalities who have voluntarily reported on their local readiness to address public health threats. In 2023, NHHOA provided an electronic survey in which health officers could submit their annual readiness reports. This survey data can be provided upon request.

Percentage of health officers who participate in the Regional Public Health Networks	22%
Number of municipalities who have voluntarily reported on their readiness to address public health threats as per RSA 12:3	33

SECTION 3: Readiness to Response via Improved Training and Certifications

The NHHOA emphasizes the importance of continued and improved training in order for health officers to be successful in their roles and better equipped to respond to public health threats. As part of HB 79 passed in June of 2021, New Hampshire’s health officers are now required to complete a 3-hour training course on the roles and responsibilities of the local health officer. The purpose of this course is to improve health officer awareness of the rules and statutes that give health officers authority to act. The NHHOA partners with the NH DHHS Health Officer Liaison program, who provides this training, to ensure this training is appropriate, relevant, and applicable to the work of the local health officer.

Number of Health Officers who have completed the required ‘Basic Certification’ training course* required under RSA 128:8 (as of 10/10/2023)	139
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*NH DHHS launched the basic certification course in August of 2022.

Consistent with its focus on training, the NHHOA supports NH DHHS Health Officer Liaison program by reviewing and providing feedback on its Health Officer Manual chapters, collaborates on virtual training sessions, and reviews and provides feedback on the program’s new E-Learning modules, including the most recent School Health Inspection training. Additionally, NHHOA holds 2 annual in-person training workshops for health officers. The following table details the date and content of the workshops:

Date	Workshop Topic
5/24/23	Food protection, PFAS, legislation updates
9/26/23	Depart of Agriculture and farm nuisance issues, hoarding and squalor hazards, septic update from NHDES, State Health Improvement Plan updates

Records of NHHOA workshops and topics can be viewed on the [NHHOA website](#).

SECTION 4: Narrative (description of local public health readiness challenges and resources)

Data received through a recent 2023 survey completed by the NH DHHS, Division of Public Health Services, Health Officer Liaison Program highlights the reality that there is a wide degree of readiness for local health officers to respond to public health concerns depending on the size and location of the community. Many New Hampshire cities have full-time health professionals with associated public health budgets. However, many towns may have a part time staff or a full-time person fulfilling several municipal roles. It is not uncommon for towns to utilize volunteers to fulfill the health officer role. It is reported that most

towns do not have necessary budgets for the work of the health officer. As a result, the work of the health officer is executed very differently across the state according to staffing and budgets.

Successes: Despite this variability, local health officers report achievements in many of the top concerns facing New Hampshire communities. Local health officers report successes such as working with hoarding situations and effectively connecting residents to appropriate resources, working with property owners to bring failed septic systems into compliance, and updating their towns’ Hazard Mitigation Plans.

At a statewide level, during the past year, the Division of Public Health Services (DPHS) Health Officer Liaison Program provided 6 virtual opportunities to an estimated 281 Health Officers across the state. These training opportunities were both in person and virtual. This included partnering with Dartmouth Health’s ECHO Series to present a series of educational webinars on the issues of hoarding that over 100 municipal officials and state employees participated in. This training opportunity was very well-received by audiences. In addition, the NHHOA has supported Health Officer Liaison Program in organizing regional meetings of health officers to discuss local issues and build regional partnerships. The NHHOA developed a new *5-year Strategic Action Plan* with input from the membership that outlines priorities including increasing membership, advocacy efforts, data collection, professional development and improved communication. The NHHOA continues to provide health officers with information on proposed public health legislation and has provided informational testimony at legislative committee meetings.

The Public Health Threats: A survey of New Hampshire Health Officers Association members indicates that the top four public health threats to New Hampshire communities are: 1) Housing issues; 2) Septic system compliance and issues; 3) Nuisances; and 4) Lack of adequate staffing, time, and funding. The table below outlines the primary health threats affecting local health officials as well as several proposed solutions to address these public health threats. Additionally, there are recommended actions that the NHHOA requests that the State Health Assessment and State health Improvement Plan Advisory Council could take to address these threats.

Public Health Threat	Solutions
<p>Housing Issues, such as unsanitary living conditions, hoarding, rental housing conditions, homelessness, and mold.</p>	<ul style="list-style-type: none"> • Increase collaboration between the NHHOA, the NH DHHS, other state and local agencies as well as non-profit organizations that deal with housing issues. • Utilize partnerships to apply a comprehensive approach to assisting residents experiencing hoarding, homelessness and abuse.
<p>Septic System compliance and issues: The regulation of septic systems falls under the NH Department of Environmental Services (NH DES). Unfortunately, NH DES does not have sufficient staff to permit, oversee septic systems and respond to issues with failed systems. Responding to septic systems complaints and ensuring compliance in falls to the local health officer.</p>	<ul style="list-style-type: none"> • Continue to provide septic system related trainings at the two annual training workshops. • Increase collaboration between health officers, NH DES, local building officials and conservation commissions to provide public outreach and education on proactive septic system management.

<p>Nuisances: Health Officers deal with a myriad of public health issues that can be considered nuisances, such as pests, trash, junkyards, and vector-borne illnesses.</p>	<ul style="list-style-type: none"> • Continue to provide nuisance-related trainings at the two annual training workshops. • Continue to support NH DHHS Health Officer Liaison Program in updating the health officer manual sections on nuisances. • Increase education on the available resources and state contacts that may be able to assist health officers in this area.
<p>Lack of adequate staffing, time, and funding: Health officers often fulfill multiple municipal roles simultaneously or are volunteers due to budget limitations. This problem stems from a municipal and elected officials' lack of understanding of the health officer's responsibilities. This often results in inadequate budgets and compensation for health officers. Compensation for health officers as well as the expenses of the position is 100% funded by the municipality, there is no state financial support.</p>	<ul style="list-style-type: none"> • Increase municipal awareness of the role of the health officer position. In the past two years NHHOA and NH DHHS has conducted training for municipal officials at the annual NH Municipal Association Conference. • Investigate ways the NHHOA could present the role of the health officer to elected officials. • Continue to present the Readiness Report to the joint legislative oversight committee on health and human services and the State Health Assessment Committee in the development of the <i>Statewide Health Improvement Plan</i>.

Recommended Actions for the Health and Human Services (HHS) Oversight Committee and The State Health Assessment and State Health Improvement Plan Advisory Council could include:

- **In regard to Housing Issues:** The committees may assess RSA 48-A and related housing laws to determine if there are adequate resources, training and authority for Local Health Officers. Consider the impact of any proposed housing legislation on the health in the community and responsibilities of the health officers.
- **In regard to Septic System compliance and issues:** The committees may review the adequacy of the current funding and staffing of the NH Department of Environmental Services and specifically the Subsurface Systems Bureau. The inspection and failure response duties formerly managed by the bureau are now delegated to health officers because of the lack of staff at NH DES.
- **In regard to Nuisances:** Many of the complaints received by health officers from residents of their communities deal with nuisances. It may be appropriate for State Health Improvement plan to specifically address nuisances, such as pests, trash and other nuisance issues. We invite the committee to consult with health officers on nuisance issues.
- **In regard to Lack of adequate staffing, time, and funding.** The committees should build on the advances of the 2021 Health Officer legislation, considering how cities and towns can elevate the critical role of the health officer within local government.

Local Health Officer Collaborations with State and Municipal Agencies

Due to the numerous environmental hazards a health officer may respond to, health officers often work collaboratively with various state agencies, municipal departments, and regional programs. Health officers also are often one of the first officials who may respond to a public health hazard and can make the appropriate referrals to ensure the issue is efficiently addressed.

Local Health Officers:

- Cooperate with **local fire and police departments** on situations involving health and safety.
 - consult with **NH DHHS adult & child protective services** on abuse and self-neglect cases.
 - consult with **NH DES** on septic and pools, water quality, wells/water systems, beach sanitation and other issues.
 - support **NH Department of Education** on inspection of all NH schools.
 - support **NH DHHS Childcare licensing** with inspection of childcare, adoptive and foster homes.
 - consult with the **Division of Public Health Services (DPHS) Food Protection** on inspections and enforcement.
 - consult with **NH DPHS Healthy Homes program** on inspections and enforcement of lead hazards.
 - consult with **Officer of Professional Licensure and Certification** on licensing/enforcement of professional licensing boards, commissions, and professions.
 - consult with **NH State Liquor Commission** on licensing/enforcement of self-inspecting towns.
 - consult with **NH DPHS infectious disease staff** on issues of rabies and mosquitos-borne disease.
 - cooperate with the **NH DPHS Laboratory** on testing food for safety and contamination.
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NHHOA:

- *collaborates with the NH Legislature via a NHHOA representative who participates in the NNSHA Commission. NHHOA also responds to requests for information from legislators.*
 - *NHHOA collaborates with NH Municipal Association on training and communications.*
 - *receives support from staff at NH DPHS Health Officer Liaison Unit (HOLU)*
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SECTION 5: About the NH Health Officer Association

NHHOA Board of Directors (as of 10/24/2023)	
Wayne Whitford, President	Ren Beaudoin, Board Member
Brian Lockard, Vice President	Ron Eisenhart, Board Member
Denise DeBlois, Treasurer	Liam Ehrenzweig, Board Member
Vacant – Secretary	Heidi E. Peek-Kukulka, Board Member
Non-Voting Representatives – NH DHHS	
Sophia Johnson	Beverly Drouin
Membership	
Members of NHHOA (as of 10/17/2023)	175

OBJECTIVES OF THE NH HEALTH OFFICERS ASSOCIATION

- OBJECTIVE 1** Build a strong foundation of leadership that will guide the membership in the implementation of the strategic action plan.
- OBJECTIVE 2** Create a conduit for strong communication between the board and membership that is ongoing, trusted, and valued.
- OBJECTIVE 3** Recruit and retain Health officers and affiliate members to build a robust membership.
- OBJECTIVE 4** Make professional development meaningful, accessible, and timely to ensure that local municipal Health officers are skilled, highly qualified public health professionals.
- OBJECTIVE 5** Improve the ease of data collection on demographics, training needs, and enforcement activities of local municipal Health Officers.
- OBJECTIVE 6** Ensure that the needs of Health officers across the state are represented in local and statewide policy development.

This report (will be) has been submitted to the NH Joint Legislative Oversight Committee on Health and Human Services, established in RSA 126-A:13, and the state Health Assessment and state Health Improvement Plan Advisory Council, established in RSA 126-A:88. NHHOA will also post a copy to its website. <https://www.nhhealthofficers.org/>
