

**State Readiness Report on Local Health Officers**  
Completed by the New Hampshire Health Officers Association (NHHOA)  
<https://www.nhhealthofficers.org/>

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Date: October 27, 2021. This report covers the period from 11/1/20 to 10/30/21

**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](http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2021&id=37&txtFormat=html)

**Section 1: Number and Type of Local Health Officers**

Full-Time Health Officers	<u>81</u>
Part-Time Health Officers	<u>101</u>
Volunteer Health Officers	<u>44</u>
Vacancies	<u>24</u>
<b>Health Officers</b>	<b><u>210</u></b>
<b>Deputy Health Officers</b>	<b><u>120</u></b>
Total Officers	303
Health Officers who are first-responders (i.e. affiliated with local Fire, Police, or EMT):	<u>73</u>

**Section 2: Readiness to respond to regional public health threats**

Number of municipalities who participate in the Regional Public Health Networks? Regional Public Health Network information has not been provided by the Public Health Networks.  
<https://www.dhhs.nh.gov/dphs/rphn/index.htm>

Number of municipalities who have voluntarily reported on their readiness to address public health threats as per RSA 12:3: 1 (Brookfield, NH)

**Section 3: Readiness to Response via Training and Certifications**

Percentage of Health Officers who have completed the required 'Basic Certification' 3-hour training course required under RSA 128:8: **None as of 11/1/21.**  
Note: The NH DHHS has developed the course content with NHHOA, now testing a remote learning system, and a training will be scheduled for January 2022.

Number and Type of Trainings provided to health officers this past year: **two (2)**  
5/12/21 Spring Training day on Pandemic, Policy HB79, and Living Conditions.  
10/28/21 Fall training on Child Health, Septic Systems, Rental Inspections.

Records of training courses are on our website: <https://www.nhhealthofficers.org/events-trainings>

#### **Section 4: New Hampshire Health Officer Association**

Number of members (as of 11/1/21): **202**

NHHOA Board Members: Wayne Whitford (President), Brian Lockard (Vice President), Denise DeBlois (Treasurer), Dennise Horrocks (Secretary), Arthur Capello, Heidi Peek, Rene Beaudoin, James Murray, Ron Eisenhart, Ronald Beard\_\_\_\_ DPHS Non-voting Representatives: Sophia Johnson, Matt Cahillane

How many meetings did the NHHOA board have this past year? **ten (10)**

Minutes available at our website: <https://www.nhhealthofficers.org/by-laws>

#### **Section 5: Narrative (description of local public health readiness challenges and resources)**

*The NHHOA believes that there is a wide degree of readiness for local Health Officers to respond to sanitary and nuisance problems at the municipal level. Full-time health departments usually provide the training and support necessary to address most sanitary concerns, yet small towns may lack the knowledge and skills to adequately inspect, assess health risks, and come up with viable solutions. The top health public health threats vary across municipalities, although some common themes exist.*

**Top Public Health Threats:** *The NHHOA believes the primary health threats affecting local health departments today are:*

1. **Transmission of communicable disease, such as COVID-19.** Local Health Officers work as agents of the state yet have limited authority and expertise in the area of communicable disease. Needs include additional training, clarification on roles and responsibilities, and better communication and collaboration with state partners.
2. **Hoarding of possessions and animals.** The problem of unsanitary conditions due to clutter often degrade the health, comfort and property values for surrounding neighbors. Almost every municipality in the state faces the problem of clutter/hoarding inside and outside of dwellings and the related mental health issues that are often the main cause. Hoarding and sanitary problems can sometimes be addressed under RSA 147:4 for removal of nuisances.
3. **Rental housing conditions.** Code violations and unsanitary conditions that lead to safety and habitability concerns that include the spread of bed bugs and other pest infestations (e.g. roaches, mice, rats and other rodents) that move between homes, schools, work, hotels/temporary lodging, and other shared spaces. (RSA 48-A). Housing insecurity is another problem that health officers can address via enforcement of rental housing standards under RSA 48-A.
4. **Lack of workforce training standards for health officers.** Health officers are not required to have the basic skills to inspect, test for air, water, or pests, document evidence, and solve sanitary problems. Health officers are required to take a three-hour training to understand the specific state laws they enforce as per RSA 128:8 and that provision is being implemented.

***Objectives of the NH Health Officers Association:***

- Provide professional education, training, and information in the areas of public and environmental health to its members and other professional health workers and the general public;
- Provide a forum for the exchange of experience and knowledge in the area of public and environmental health;
- Promote skill, efficiency, and professional competence among local health officers;
- Review and study current and future legislation affecting public and environmental health;
- Take appropriate actions to protect and promote the interests of cities and towns;
- Represent local health officials at the state level; and
- Disseminate appropriate public health information to local communities.

***Local Health Officer Collaboration with State and Municipal agencies:***

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- *NHHOA collaborates with the NH Legislature via a NHHOA representative who participates in the NH SHIP Commission. NHHOA also responds to requests for information from legislators.*
  - *NHHOA collaborates with NH Municipal Association on training and communications.*
  - *NHHOA receive support from part-time staff at NH DPHS Health Officer Liaison Unit (HOLU).*
  - *Local Health Officers (LHOs) consult with DHHS adult & child protective services on abuse and self-neglect cases.*
  - *LHOs consult with NH DES on septic and pools,, water quality, wells/water systems, beach sanitation and other issues.*
  - *LHOs Support NH DoEd on inspection of all NH schools.*
  - *LHOs Support NH DHHS Child care licensing with inspection of childcare, adoptive and foster homes.*
  - *LHOs Consult with DPHS Food Protection on inspections and enforcement.*
  - *LHOs Consult with NH State Liquor Commission on licensing/enforcement of self-inspecting towns.*
  - *LHOs Consult with NH DPHS infectious disease staff on issues of rabies and mosquitos-borne disease.*
  - *LHOs Cooperate with the NH DPHS Laboratory on testing food for safety and contamination.*
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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/>