New Hampshire
Health Officers Association

State of New Hampshire
Readiness Report on Local Health Officers

Reporting Period
November 1, 2025 to October 31, 2026

Completed by

New Hampshire Health Officers Association

in partnership with

NH Department of Health & Human Services
Division of Public Health
Bureau of Public Health Protection
Health Officer Liaison Unit

Wayne Whitford, President
wrwhitford@aol.com (603) 748-1583

October 29, 2026

To promote high standards of professionalism among municipal and regional health officers through programs of education, technical assistance, legislative representation, and collaboration with public health colleagues.

Executive Summary

New Hampshire's local health officer system provides an important foundation for protecting community health. Recent survey findings point to concerning capacity and preparedness gaps, yet health officers continue to make important contributions to public health efforts in their municipalities. Key takeaways from this report include:

1. **Workforce capacity is the central challenge.** Vacancies, limited funding, multiple municipal roles, and low hours dedicated to health officer duties may create vulnerability in the system.
2. **Their work produces measurable community benefits.** Respondents reported resolving serious environmental hazards, protecting vulnerable residents, improving regulations, conducting tick drags for surveillance, and strengthening emergency preparedness.
3. **Health officers address the issues that directly affect residents.** Septic failures, housing, hoarding, sanitation, rodents, and water quality dominate their workload.
4. **Collaboration is a key ingredient for success.** The strongest examples involve health officers working with state agencies, municipal departments, neighboring communities, health-care providers, and community organizations.
5. **Preparedness needs greater visibility.** About 42% of respondents either report no municipal preparedness plan or do not know whether one exists.
6. **Municipal public-health governance needs stronger engagement.** Nearly 30% of health officers reported that their municipalities have held no Board of Health meetings during the past year.
7. **Regional partnerships are an opportunity.** 50% of municipalities report engaging with their Regional Public Health Network (RPHN), despite the resources and coordination these networks can provide.

As New Hampshire continues to strive for excellence in public health, our local health officers remain an invaluable asset to ensuring strong local public health response. We encourage our state officials and legislators to continue to support and promote this important work.

Introduction

Local health officers play a central role in safeguarding New Hampshire communities through investigating public health issues, enforcing public health laws, and coordinating with state and regional partners. As municipalities continue to face evolving public health challenges, ranging from septic system failures to housing safety concerns and environmental hazards; it is essential to understand the current capacity and readiness of this workforce. This 2026 Statewide Health Officer Readiness Report provides a comprehensive look at the qualifications,

[1] NH DHHS Health Officer Liaison Program, *Health Officer Readiness Survey* 2026.
[2] NH DHHS Health Officer Liaison Program, *Health Officer Demographic and Workload Survey,* 2025.

resources, challenges, and preparedness of local officials responsible for protecting public health. Drawing on data from the September 2026 Health Officer Readiness Survey of health officers conducted by the NH Department of Health and Human Services' (NH DHHS) Health Officer Liaison Unit (HOLU), this report highlights both strengths and systemic vulnerabilities within New Hampshire's decentralized public health infrastructure.

Section 1: Workforce Capacity

New Hampshire currently has 193 appointed health officers with a 12% average vacancy rate.

As outlined in RSA 128:1, all New Hampshire towns are required to nominate a health officer to serve for a 3-year term. Nominations are sent to the NH DHHS for official appointments. Municipalities report that identifying candidates is a consistent challenge compounded by the limitations of municipal funding for this role. Data from a 2025 health officer survey conducted by NH DHHS highlights that 22% of health officers are volunteers, 38% are part-time employees, and 40% are full-time employees[2]. It is important to note that roughly 72% of all health officers report serving in multiple municipal roles (including fire chief, building inspector, welfare office, etc.)[2].

Nearly 9 out of 10 health officers spend fewer than 10 hours per week on health officer duties.

While health officers respond to a multitude of public health concerns, they report their role occupies a relatively small amount of their weekly work time. Overall, 88% of respondents devote fewer than 10 hours per week to health officer responsibilities, while only 6.1% report spending 20 or more hours per week[1]. These findings indicate that, for most respondents, health officer responsibilities constitute a relatively small component of their overall weekly workload.

While minimal qualification and training requirements exist, the local health officer workforce has considerable diversity in professional background.

Health officers report a wide range of professional certifications, licenses, and educational backgrounds, however roughly 51% report having no relevant certification[1]. Septic evaluator was the most frequently reported specialized credential (14.6%)[1]. Individuals also report certifications in emergency-response (11.2%), lead (12.2%), and higher public health education (5.6%)[1]. While this diversity is a strength, health officers are also required to complete mandatory training through the NH DHHS to ensure they understand their authority and responsibilities as local public health professionals.

Section 2: Municipal Preparedness Planning

[1] NH DHHS Health Officer Liaison Program, *Health Officer Readiness Survey* 2026.
[2] NH DHHS Health Officer Liaison Program, *Health Officer Demographic and Workload Survey,* 2025.

Approximately 58.2% of health officers report their municipality has a preparedness plan for public health threats[1].

Although many health officers report that their municipality has a preparedness plan for public health threats, a substantial proportion could not confirm the existence of such a plan.

- Nearly one in five respondents (18.7%) reported that their municipality does not have a preparedness plan.
- An additional 23.1% indicated that they did not know whether a plan exists[1].

The relatively large proportion of "I don't know" responses may indicate variability in awareness or communication of municipal preparedness planning among health officers**.** Lack of awareness about the existence of a municipal preparedness plan may limit health officers' understanding of their roles and responsibilities during an emergency. This could present an opportunity to improve communication and ensure health officers can access and engage with relevant preparedness plans.

Nearly half of survey respondents report meeting with their local Board of Health at least once this past year.

Added to RSA 128:3 in 2021, it is now required that the municipality's local board of health meet at least once every year to review the state of local public health issues. Recent survey results indicate:

- Nearly half of respondents (41.0%) met with their Board of Health only once or twice per year, while 29.5% report no meetings at all[1].
- A smaller group (14.8%) reported meeting three or more times annually, often in response to specific public health needs or issues.

The relatively high percentage reporting no meetings are notable and may indicate that Boards of Health are not consistently meeting with health officers. This may indicate an opportunity to strengthen regular communication between health officers and Boards of Health, particularly in communities where public health issues may require ongoing coordination**.**

Local engagement with the Regional Public Health Networks occurs in approximately 52.8% of municipalities[1].

In New Hampshire, the Regional Public Health Networks (RPHN) perform the critical task of integrating public health initiatives and services into a common network of community stakeholders. Municipal engagement with RPHNs helps New Hampshire communities access public-health expertise, resources, emergency preparedness support, and regional coordination that may not be available within individual municipalities. Stronger connections between municipalities and RPHNs can improve awareness, communication, and collaboration,

[1] NH DHHS Health Officer Liaison Program, *Health Officer Readiness Survey* 2026.
[2] NH DHHS Health Officer Liaison Program, *Health Officer Demographic and Workload Survey,* 2025.

particularly during public-health emergencies and when addressing shared regional health priorities. Just over half of responding municipalities (52.8%) reported engaging with or attending meetings with their RPHN[1]. These findings suggest that while RPHN engagement is relatively common, there remains a significant opportunity to strengthen awareness, communication, and connections between RPHNs and municipal officials.

Section 3: Threats and Successes

New Hampshire's local health officers are given authority in RSA 128 to make sanitary investigations and in RSA 147 to inquire into causes of danger to the public health. As a result, health officers report responding to a variety of public health issues. Survey results point to five dominant areas of concern:

- **Septic and wastewater issues are the most frequently identified challenge**, mentioned by approximately 26% of respondents. Concerns include failed or aging septic systems, systems near lakes and other water bodies, sewer leaks, odors, and the cost of repairing failed systems[1].
- **Hoarding and unsanitary property conditions** were mentioned by approximately 25% of respondents. These concerns frequently overlap with trash accumulation, rodents, unsafe housing, and elderly residents who may be unable to maintain their homes[1].
- **Housing conditions and trash/waste issues** were each mentioned by approximately 19% of respondents. Housing concerns included mold, lack of heat, unsafe rental conditions, dilapidated buildings, and landlord-tenant disputes, while waste concerns included junkyards, dumping, accumulated garbage, and improperly maintained properties[1].
- **Rodents and pests** were mentioned by approximately 17% of respondents. These problems were often connected to garbage, hoarding, and poorly maintained properties[1].

Many of these issues are interconnected, with poor housing and property conditions contributing to pest infestations, environmental concerns, and health and safety risks. Overall, the findings illustrate that local health officers are addressing interconnected environmental and community-health issues, often involving housing, sanitation, and vulnerable residents simultaneously**.**

Successes

Amongst the challenges, health officers report achieving successes across a wide range of public-health activities. A recurring theme is that health officers are rarely working alone. Many successes involved partnerships with NH DHHS, NH Department of Environmental Services

[1] NH DHHS Health Officer Liaison Program, *Health Officer Readiness Survey* 2026.
[2] NH DHHS Health Officer Liaison Program, *Health Officer Demographic and Workload Survey,* 2025.

(NHDES), police departments, town welfare officials, neighboring municipalities, health-care providers, and community organizations. Several responses demonstrate significant outcomes rather than simply routine activities. For example:

- Municipalities **conducted tick and mosquito surveillance** and collaborated with state agencies on vector-borne disease monitoring.
- Communities **expanded emergency preparedness infrastructure**, including sheltering equipment and cooling-center capacity.
- Five **failed septic systems were replaced** in one community's Lake District.
- A long-standing **septic leak** affecting a public roadway **was resolved**.
- A community **successfully addressed an animal-hoarding** and rat-infestation situation.
- An **elderly couple was relocated to appropriate care** after a serious hoarding situation.
- Multiple **municipalities adopted or developed new** health, septic, housing, or aquifer-protection **regulations.**

The responses suggest that local health officers are making tangible contributions to community health through both problem-solving and prevention.

Section 4: Conclusion

Health officers are a dedicated and capacity-constrained local public health workforce. Health officers are addressing a broad and increasingly complex range of environmental and community health issues, often while serving in other municipal positions and spending fewer than 10 hours per week on health officer duties.

At the same time, the findings reveal opportunities to strengthen the local public-health system through greater workforce stability, stronger Board of Health engagement, improved municipal preparedness planning, and increased participation in Regional Public Health Networks.

Most importantly, the survey suggests that New Hampshire's local health officers are an essential frontline resource, and the system's effectiveness depends on the infrastructure and relationships surrounding them. Strengthening those connections could help municipalities identify problems earlier, respond more effectively to emergencies, and better address the environmental and social conditions that affect community health.

Appendix

About the NH Health Officer Association Board of Directors (as of October 24, 2026)

Executive Board of Directors

[1] NH DHHS Health Officer Liaison Program, *Health Officer Readiness Survey* 2026.
[2] NH DHHS Health Officer Liaison Program, *Health Officer Demographic and Workload Survey,* 2025.

Wayne Whitford, President *(Town of Newbury)*
Brian Lockard, Vice President (*Town of Salem)*
Brian Santiago, Treasurer *(City of Concord)*
Liam Ehrenzweig, Secretary *(City of Lebanon)*
Board Members
Courtney Bogaert, Board Member *(Town of Derry)*
Lisa Bechok, Board Member *(Town of Pittsburg)*
Heidi E. Peek-Kukulka, Board Member *(City of Nashua)*
April Phelps, Board Member *(Town of Fremont)*
Kendall Hughes, Board Member (*Town of Ashland)*
Angela Liberty, Board Member *(City of Berlin)*
Affiliate Non-Voting Representatives
Sophia Johnson, Program Manager (NH DHHS, Health Officer Liaison Unit)
Membership
Members of NHHOA (as of 10/1/2025) 204

The NH Health Officers Association is guided by a 5-Year Strategic Action Plan developed in collaboration with the NH DHHS HOLU.

[1] NH DHHS Health Officer Liaison Program, *Health Officer Readiness Survey* 2026.
[2] NH DHHS Health Officer Liaison Program, *Health Officer Demographic and Workload Survey,* 2025.