State of New Hampshire
Readiness Report on Local Health Officers

Reporting Period
November 1, 2023, to October 31, 2024

Completed by

the New Hampshire Health Officers Association (NHHOA)
https://www.nhhealthofficers.org/

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New Hampshire
Health Officers Association

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 Department of Health and Human Services (NH DHHS), to serve a 3-year term. This municipal 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. Through inspections, guidance, enforcement, and rulemaking, the health officer helps to promote safe and healthy environments for people to live in.

Due to the numerous public health and 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 make the appropriate referrals to ensure an issue is efficiently addressed. Specifically, local heath officers:

- Collaborate with **local fire and police departments** on situations involving health and safety
- Collaborate with the **Regional Public Health Networks** on issues of emergency preparedness
- Consult with **NH DPHS Health Officer Liaisons** on the role and authority of health officers
- Collaborate with **NH DHHS Adult and Child Protective Services** on abuse and self-neglect cases
- Collaborate with **NH DES** on septic, pool, water quality, water system, and beach sanitation issues
- Support **NH Department of Education** by conducting health inspections of all NH schools
- Support **NH DHHS Childcare Licensing** by conducting health inspections of all licensed childcare programs
- Support **NH DHHS Foster Care Program** by conducting health inspections of all foster care homes
- Collaborate with the **NH DPHS Food Protection** program on food safety concerns
- Collaborate with **NH DPHS Health Homes and Lead Poisoning and Prevention Program** on inspections/enforcement of lead hazards
- Collaborate with **Office of Professional Licensure and Certification** on licensing/enforcement of professional licensing boards, commissions, and professions
- Collaborate with **NH State Liquor Commission** on licensing/enforcement of self-inspecting towns
- Collaborate with **NH DPHS infectious disease staff** on issues of rabies and mosquito-borne disease
- Collaborate with **NH DPHS Public Health Laboratory** on testing water and food for contamination

Highlights of the 2024 State Readiness Report on Local Health Officers

- Of the 325 total number of health officers and their deputies, roughly **60% report serving in multiple municipal roles**. As a result, **more than 70% of LHOs report spending less than 9 hours** a week on health officer activities.
- **Only 29%** of LHOs **report engaging with their Regional Public Health Networks**. The NH DHHS and the NHHOA are encouraging participation by organizing regional meetings that include both the LHO and Regional Public Health Network representatives.
- Between 2023 and 2024, **55 LHOs received NH DHHS scholarship money to pursue continuing education** opportunities including coursework towards the UNH Master of Public Health Degree and attendance at the NH Environmental Health Conference and the NH Health Officers Association Conference. Additionally, nine LHOs took a Lead Inspector and Lead Risk Assessor Training provided by the NH DHHS Healthy Homes and Lead Poisoning Prevention Program.
- Between 2023 and 2024, **health officers report successes** in areas such as building relationships with Adult Protective Services to address hoarding issues, completing a health needs assessment for their communities, and developing a tick prevention program.
- **Health officers report the top challenges** facing their communities include 1) housing safety; 2) septic compliance; 3) public health nuisance complaints, and 4) capacity limitations.

SECTION 1: Number and Type of Local Health Officers (*as of October 1st, 2024)*

As required in RSA 128:1, all New Hampshire towns are required to nominate a health officer to serve for a 3-year term in their municipality. In addition, towns also have the option of nominating a deputy health officer. These nominations are sent to the NH DHHS for official appointment. As a result, the NH DHHS Health Officer Liaison Program (HOLU) tracks information about municipal health officers, including position type, vacancy rates, and position affiliations. It is important to note that roughly 60% of health officers report serving in multiple municipal roles (including fire chief, building inspector, welfare office, etc.). As a result, LHOs often juggle numerous responsibilities and divide their time between multiple positions. 2024 survey data collected by the NHHOA and the NH DHHS HOLU program show that more than 70% of LHOs spend less than 9 hours a week on health officer activities.

	2024	***2023***
Number of Full-Time Health Officers	*86*	*82*
Number of Part-Time Health Officers	*57*	*63*
Number Volunteer Health Officers	*72*	*66*
Number of Deputy Health Officer Positions	*110*	*94*
Total Number Active Health Officers, All Types	***325***	***305***
Number of Vacant Health Officer Positions	*19*	*23*

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 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 2024, NHHOA provided an electronic survey in which health officers could submit their annual readiness reports.

Percentage of health officers who participate in the Regional Public Health Networks	29% or 94 LHOs
Percentage of municipalities who have voluntarily reported on their readiness to address public health threats as per RSA 12:3	17% or 38 municipalities

SECTION 3: Readiness to Response via Improved Training and Certifications

The NHHOA emphasizes the importance of continued and improved training 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, modifications were made to RSA 128.8 Town Health Officers, that now requires New Hampshire's health officers to complete a 3-hour training course on the roles and responsibilities of the LHO. The purpose of this course is to improve health officer awareness of the rules and statutes that give health officers authority to act. This on demand training can be attended virtually through the DHHS Adult Learning Management Platform.

Additionally, the HOLU Program executed its first ever scholarship program to enable local health officers to take advantage of training opportunities, local conferences, certification programs, and pursuance of undergraduate degrees. To date, over $20,000 in scholarship money has been allocated to 55 LHO.

Percentage of health officers who have completed or are enrolled in the training course required under RSA 128:8 (as of 10/10/2024)	59% or 191 LHOS
Percentage of health officers who have taken advantage of the NH DHHS HOLU scholarship program for continuing education	17% or 55 LHOs

Consistent with its focus on training, the NHHOA supports the NH DHHS HOLU program by reviewing and providing technical feedback on its Health Officer Guidance documents, collaborates on virtual training sessions, and reviews and provides feedback on the program's new E-Leaning modules, including the most recent "Housing Inspections" training. Additionally, NHHOA holds two in-person training workshops for health officers annually. The following table details the date and content of the workshops:

Date	Workshop Topic
6/05/2024	Arboviral Monitoring; Foster Care Inspections, Adult Protective Services Overview, and Public Water Systems
10/08/2024	NH DHHS Public Health Lab Sponsored event* with focus on laboratory activities including 1) Arboviral program; 2) Wastewater testing; 3) Food Sampling; 4) Rabies; 5) Radiation; 6) Water testing; and 7) Biomonitoring.

*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 2024 survey administered by the NH DHHS, Division of Public Health Services (DPHS), HOLU program highlights the reality that there is a wide degree of readiness for LHOs 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 member 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 facilitating coordinated responses to hoarding situations and effectively connecting residents to appropriate resources, working with property owners to bring failed septic systems into compliance, developing a tick prevention program, and enhancing local mosquito-borne illness surveillance.

At a statewide level, during the past year, the DPHS HOLU program successfully executed its first ever round of regional meetings of health officers. During these 12 meetings, HOLU brought together the areas' health officers, Regional Public Health Network (RPHN) representatives, and other regional public health officials. The agenda for these meetings included a presentation from the HOLU program about the work of the local health officer, a presentation from the local RPHN about the work of the RPHN and the overlap with the work of the health officer, and a case study presented by a local health officer. Due to the overwhelming positive response, HOLU will continue to organize regional meetings to facilitate in-person networking, training, and continuing education.

Public Health Threats: A 2024 LHO survey administered by the NH DPHS HOLU and the NHHOA 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.

1. **Housing Issues:** Survey data shows the majority of LHOs believe that the number one public health challenge facing their communities are issues around safe and sanitary housing. As provided in RSA 128 and RSA 48: A, LHOs have the authority to respond to public health and sanitary concerns in housing. This can include rental housing conditions and minimum housing standard violations, hoarding situations, inappropriate or unauthorized uses of recreational vehicles, and dilapidated or generally unsafe structures. To add to this complexity, many municipalities report not having adequate zoning or health ordinances to regulate public health concerns or unsafe dwellings.

   Public Health Concern: Unsafe housing can have major repercussions for people's health including associations with injuries, respiratory diseases, cardiovascular conditions, infectious diseases, mental health (WHO 2024).

   NHHOA and NH DPHS Actions: To assist health officers in responding to housing-related issues, the NHHOA and the NH DPHS have continued to build partnerships across many agencies and organizations to increase collaboration in dealing with these often-complex cases (including the NH DHHS Bureau of Adult and Aging Services). Additionally, the NH DPHS has offered webinars for LHOs to learn more about housing hazards and how to appropriately respond to these concerns including topics on lead, asbestos, mold, and water quality.

2. **Septic System Compliance:** While the NH Department of Environmental Services (NH DES) approves septic system designs and installation, the LHO is given authority to ensure these systems are kept in compliance and in good working order. Failure of a septic system is the authority of the LHO to enforce compliance and bring the system back into proper condition. As a result, LHOs frequently respond to

failed or failing system concerns in their municipalities. LHOs report that aging infrastructure, lack of homeowner finances, and "grandfathered" systems add to the challenge of ensuring local compliance.

Public Health Concern: Untreated sewage carries pathogens and dangerous contaminants that negatively impact people, animals and water bodies. Septic system failure can cause this untreated sewage to be released onto the ground, into groundwater, into surface water, or marine water, spreading contamination (Washington Department of Health, 2024).

NHHOA and NH DPHS Actions: The NH DPHS in partnership with the NH DES continues to offer webinars for LHOs to learn more about septic system functioning, compliance, and regulations. In addition, the NH DPHS and the NH DES Subsurface Bureau have recently begun to meet quarterly to discuss how to best assist health officers in ensuring local compliance.

3. **Nuisances:** A public health nuisance is a broad term that describes a behavior or threat that may unreasonably interfere with the health and safety of the public. Common nuisances include strong odors, loud noises, open septage, rotting dead animals, and trash on a property. There may be harm to a specific property and a more generalized threat to the greater community. RSA 147 gives LHOs the authority to investigate and respond to these types of hazards. LHOs most commonly report responding to rodent infestations, junk yards, mold, and hoarding situations.

   Public Health Concern: Nuisances have the potential to unreasonably interfere with the health, safety, or peace of the general community and have the potential to spread between properties.

   NHHOA and NH DPHS Actions: The NH DPHS in partnership with NHHOA continue to provide webinars and training material for LHOs to learn about various nuisances including arboviral threats, rodent management, and share sample nuisance ordinances that towns can modify for their own use.

4. **Lack of capacity:** LHOs often fulfill multiple municipal roles simultaneously or are volunteers due to budget limitations. This problem can stem from a municipal and elected officials' lack of understanding of the health officer's responsibilities. This often results in inadequate budgets and compensation for LHOs. Compensation for LHOs as well as the expenses of the position are 100% funded by the municipality. There is no state financial support for the program.

   Public Health Concern: There is roughly a 10% health officer vacancy rate among municipalities. As a result, some municipalities do not have an official with the authority to respond to public health threats that may arise. Additionally, many LHOs report not having enough time to meet the demands of the role due to the part time or volunteer nature of the position or the fact that they are also filling another municipal role (such as Fire Chief). Finally, LHOs report not having adequate knowledge to respond to the issues that arise in their communities as most LHOs do not have a background in public health or environmental health.

   NHHOA and NH DPHS Actions: NHHOA and NH DPHS have prioritized raising awareness of the role of LHOs in New Hampshire Communities. NH DPHS has presented on the work of LHOs to the Regional Public Health Network Legislative Commission and NHHOA continues to represent NHHOA interests

in the legislature and provides testimonies on bills when appropriate. NHHOA and the HOLU program will continue to work with the New Hampshire Municipal Association to educate municipal officials on the important role of the local health officers.

SECTION 5: About the NH Health Officer Association

NHHOA Board of Directors (as of 10/24/2024)

Wayne Whitford, Newbury, President	Courtney Bogaert, Derry, Board Member
Brian Lockard, Salem, Vice President	Lisa Bechok, Pittsburg, Board Member
Ren Beaudoin, Nashua, Treasurer	Heidi E. Peek-Kukulka, Nashua, Board Member
Liam Ehrenzweig, Lebanon, Secretary	Madison Bailey, Exeter, Board Member

Non-Voting Representatives – NH DHHS

Sophia Johnson, HOLU Program Manager	Beverly Baer Drouin, Administrator
Joanne Cotton, Health Officer Specialist	

Membership

Members of NHHOA (as of 10/30/2024)	**199**

Mission of the NH Health Officers Association - 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.

Vision of the NH Health Officers Association - To build, sustain, and empower a local public health workforce.

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/*