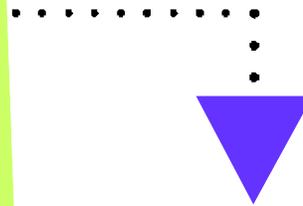


# New Hampshire

## Establishing a Voluntary Credentialing System for New Hampshire's Local Health Officers



A component of New Hampshire's  
MLC-2: Quality Improvement in the  
Context of Assessment and  
Accreditation Project



NH Local Health Officials Standards  
and Workforce Competencies  
Advisory Committee

April, 2008

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## Executive Summary

### Background

In New Hampshire the authority to appoint town health officers is centralized at the state level (the appointment of city health officials occurs at the local level). State statute requires that there be an appointed health officer in every NH municipality, with NH residency being the only requirement. The authority of local public health officers and other local public health staff is defined by state statutes and regulations. While public health at the local level has changed much over the approximately 100 years; since the enactment of statutes that created local health officers, little has been done to define their role and responsibilities within the public health system. The goal of this project was to define the work of local health officers and to define the competencies required to carry out this work, with a view to establishing a voluntary local health officer credentialing program for the state of New Hampshire.

This work was funded by the Robert Wood Johnson Foundation (RWJ) under its *MLC-2: Quality Improvement in the Context of Assessment and Accreditation Programs Initiative*. According to RWJ, the MLC-2 project has the "ultimate goal of increasing the ability of public health agencies to protect and improve the health of the people in the communities they serve." In keeping with this theme, New Hampshire chose to improve the overall performance of the work of local health officers through the development of a voluntary certification system based on accepted standards.

### The Process

The proposed work of this project was presented to NH health officers at their spring 2007 meeting. Volunteers were sought from the NH Health Officers Association to participate on the NH Local Health Officials Standards and Workforce Competencies Advisory Committee. Ultimately, an advisory group made up of over 20 individuals was developed. The majority of committee members were local health officers or other local public health officials. The Advisory Committee also included representatives from New Hampshire Division of Public Health Services, the Community Health Institute (the local public health institute), the MPH program of the University of New Hampshire, representatives of the New Hampshire Public Health Networks, the New Hampshire Local Government Center, and the NH Public Health Association. This committee met monthly over a 10 month period to develop a voluntary credentialing model that could be implemented in New Hampshire, drawing on key resources including:

- *The Core Competencies for Public Health Professionals* as adopted in 2001 by the Council of Linkages Between Academia and Public Health Practice
- National Association of City and County Health Officials' Operational Definition of a Functional Local Health Department
- Existing state and federal level training and credentialing programs for public health workers from organizations such as the National Environmental Health Association

This voluntary credentialing model was completed late winter 2008.

## Findings and recommendations

### Adoption of a Voluntary Credentialing Model

The committee recommends the adoption of a two-level model of voluntary credentialing for health officers: Certified Health Officer: Level I and Certified Health Officer: Level II. In practical terms, the primary difference between the two levels is the scope of typical duties performed. Depending upon local needs and policies, some towns provide more comprehensive environmental health services, including food protection programs. Consequently, the educational preparation and experience required is more involved and consistent with generally accepted national credentials.

By adopting this voluntary credentialing model for local health officers, we believe that the following outcomes will occur:

1. Improved understanding of the work of local health officers within the public health system.
2. Increased availability of targeted training and educational offerings to enable health officers to attain recommended preparation standards.
3. Establishment of a clearer path for career growth for NH health officers. (The committee notes that the educational opportunities necessary for advancement in public health exist today within the state.)
4. Increased uniformity and quality in the delivery of public health services provided by local health officers statewide.
5. Development of inter-municipal agreements for health officer services.
6. An increase in the demand for health officers credentialed through the voluntary credentialing program.

### Oversight of the Credentialing Process

Currently, town Boards of Selectmen recommend health officer appointees to the Commissioner of the NH Department of Health and Human Services (NH DHHS). The Commissioner of NH DHHS then appoints the local health officer.

The committee recommends that the credentialing process for health officers be overseen by a voluntary board, under the auspices of the NH DHHS. The committee recommends the creation of such a board through the drafting of legislation and related administrative rules that will authorize NH DHHS to develop a process for the voluntary credentialing of local health officers. Once authorized, the NH Local Health Officers Credentialing Board can promote and oversee the credentialing process.

## Introduction

### What is the NH MLC-2 Project?

New Hampshire received funding from the Robert Wood Johnson Foundation under its Multi-State Learning Collaborative II (MLC-2) Project. The MLC-2 project is a national initiative to improve public health system performance at the state and local levels as a pathway to accreditation. New Hampshire was one of 10 states participating in this effort. New Hampshire's MLC-2 project had three main objectives:

1. Articulate specific measures and approaches to ongoing measurement and improvement of New Hampshire's performance at the state and local level on the six strategic priorities identified by the state-level NPHPSP.
2. Develop automated data collection, storage and reporting processes relative to the six strategic priorities and other currently collected performance measurement data to enable timely performance monitoring and quality improvement.
3. Improve the quality of public health practice by articulating workforce standards and competencies and planning for a tiered approach to credentialing/accreditation for local public health professionals and agencies. The work presented in this report specifically focused on establishing a voluntary credentialing system for local health officers, as a part of MLC-2, objective 3.

### Why did New Hampshire embark upon this project?

In New Hampshire, as elsewhere in the United States, local boards of health were formed in the 1800's. Some city boards of health, such as Manchester and Nashua, were established by a special act of the legislature. Each town was required to appoint a health officer.

Given that 90% of deaths in the 1800's were due to infectious agents, each municipality appointed a health officer for communicable disease control work. This work involved quarantine, fumigation, and addressing public health issues related to air, water quality (including ice), food protection, dumps, and sewage disposal.

Today, there is growing recognition that the public health system established over 100 years ago is not able to meet the public health threats that have arisen with increases in population, increases in wealth, increased societal complexity, mechanization of food production, and other characteristics of modern day life. These threats include chronic disease and the behaviors that foster chronic disease, public health emergency response, prevention of intentional and unintentional injuries, food and water safety, and environmental challenges such as mosquito borne illnesses.

Through this project, New Hampshire took a step towards modernizing its public health system to better address today's public health concerns while improving accountability to taxpayers and outside funders for dollars spent. The establishment of a voluntary credentialing system for local health officers will strengthen a key component of our local public health infrastructure by increasing health officer capacity to carry out critical public health functions. It is also critically linked to the ongoing effort to formalize and strengthen New Hampshire's regional public health infrastructure to ensure the quality provision of the ten essential public health services including those typically performed by local health officers.

## The Process

The scope of work for this project was presented to NH health officers at spring 2007 meeting of the New Hampshire Health Officers Association. Volunteers were sought from the NH Health Officers Association to participate on the Local NH Health Officials Standards and Workforce Competencies Advisory Committee. Ultimately, an advisory group made up of over 20 individuals was developed (see the list of Advisory Committee members in page Appendix 1). The majority of committee members were local health officers or other local public health officials. The Advisory Committee also included representatives from New Hampshire Division of Public Health Services, the Community Health Institute (the local public health institute), the MPH program of the University of New Hampshire, representatives of the New Hampshire Public Health Networks, the New Hampshire Local Government Center, and the NH Public Health Association. This committee met monthly over a 10 month period to develop a voluntary credentialing model for local health officers that could be implemented in New Hampshire, drawing on key resources including:

- *The Core Competencies for Public Health Professionals* as adopted in 2001 by the Council of Linkages Between Academia and Public Health Practice
- National Association of City and County Health Officials' *Operational Definition of a Functional Local Health Department*
- Existing state and federal level training and credentialing programs from organizations such as the National Environmental Health Association (e.g. Registered Environmental Health Sanitarian (REHS) credential); the Public Health Practitioner Certification Board (e.g. Certified Public Health Administrator (CPHA) credential and Certified Emergency Response Coordinator (CERC) credential)

The committee reviewed the work typically performed by health officers in New Hampshire, and determined that there were two distinct levels of health officers providing distinct packages of services requiring distinct preparation. These levels were defined as "Certified Health Officer: Level I" and "Certified Health Officer: Level II". The Advisory Committee compared this work to NACCHO's *Operational Definition of a Functional Local Health Department*. This process furthered the development of a common understanding of the work of a local health officer in New Hampshire in the context of a national model. This work is shown in Appendix 2.

Building upon the service expectations for the two levels of local health officer work in New Hampshire, the Advisory Committee identified needed competencies utilizing the *Core Competencies for Public Health Professionals as adopted in 2001 by the Council of Linkages between Academia and Public Health Practice*. The group then developed recommendations for the topic-specific training and experience necessary to perform the work at each level (Certified Health Officer: Level I and Level II).

## Findings and Recommendations

### Core Competencies and Training Requirements for Local Health Officers

Core competencies for public health workers are usually defined by job category (i.e., front line staff, senior level staff, and supervisory or management level staff) and by skill level (i.e., aware, knowledgeable, and advanced). The analysis found that local health officers in New Hampshire need to have leadership and communication skills beyond what one would expect for the technical level of the work they complete.

Consequently, competencies range from those needed for front line staff to those expected of management level staff. The following key core competencies were identified for New Hampshire health officers in this analysis:

**Domain # 1 Analytic /Assessment skills:**

- Defines a problem
- Identifies relevant appropriate information data and information sources
- Obtains and interprets information regarding risks and benefits to the community

**Domain # 2 Policy Development/Program Planning Skills**

- Collects, summarizes and interprets information relevant to an issue
- Decides on the appropriate course of action
- Develops mechanisms to monitor and evaluate programs for their effectiveness and quality Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs  
Develops mechanisms to monitor and evaluate programs for effectiveness and quality.

**Domain # 3 Communication skills**

- Communicates effectively both in writing and orally, or in other ways
- Advocates for public health programs and resources
- Uses the media, advanced technologies, and community networks to communicate information

**Domain # 4 Cultural Competency Skills**

- Utilizes appropriate methods for interacting sensitivity, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences
- Develops and adapts approaches to problems that take into account cultural differences

**Domain # 5 Community Dimensions of Practice Skills**

- Establishes and maintains linkages with key stakeholders
- Collaborates with community partners to promote the health of the population
- Identifies how public and private organizations operate within a community
- Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships

**Domain # 6 Basic Public Health Science**

- Identifies the individual's and organization's responsibilities within the context of the Essential public health Services and core functions
- Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries
- Identifies and retrieves current relevant scientific evidence

**Domain #7 Financial planning and Management Skills**

- Develops and presents a budget
- Manages programs within budget constraints
- Monitors program performance

**Domain # 8 Leadership and Systems Thinking Skills**

- Helps create key values and shared vision and uses these principles to guide action
- Uses the legal and political system to effect change

Next, the Advisory Committee developed recommendations for the topic-specific training and experience necessary to perform the work at each level (Certified Health Officer: Level I and Level II), with the expectation that training programs eligible to meet the voluntary credentialing standards will include learning objectives for topic-specific knowledge transfer as well as demonstration of core competencies. These recommendations, which are included in the following tables, will form the basis of New Hampshire's voluntary credentialing system for local health officers.

<b>Certified Health Officer: Level I</b>	
<b>Identifying Characteristics</b>	The municipal health officer is the "traditional" local public health official that was established by State statute in the late 1800's. The local health officer has specific, but limited statutory roles and responsibilities. As required by statute, each city and town has a designated health officer who must be appointed by the state.
<b>Legal Authority</b>	Appointment: RSA 128 (for town health officers); Statutory authorities: RSA 5-C, RSA 127, RSA 128, RSA 141-C, RSA 147, RSA 170-E, RSA 236, RSA 485, RSA 485-C, RSA 595-B, RSA 676.
<b>Typical Programs and Services Provided</b>	<ul style="list-style-type: none"> <li>• Child care, foster care, and other facility inspections required by state statute or regulation</li> <li>• Nuisance investigations, including failed septic systems and housing complaints.</li> <li>• Provides assistance to commissioner of DHHS in isolation and quarantine</li> <li>• Participates in local and regional public health emergency planning and response.</li> <li>• Involved in vector borne disease prevention (EEE, WNV, etc.)</li> <li>• Provides the general public with public health information and resources</li> <li>• Serves as local link to other public health services</li> <li>• Serves as town representative on public health matters</li> <li>• Responds to and/or provides support to NH Department of Environmental Services, Department of Education, Department of Health and Human Services and responds to state agency requests for local public health information and support.</li> <li>• Maintains local data base and provides general information on environmentally related disease concerns.</li> </ul>
<b>Educational Preparation</b>	Associate's degree or equivalent
<b>Job related Training</b>	<p>Completion of training in the following topic areas:</p> <ul style="list-style-type: none"> <li>• Completion of training in the following topic areas:</li> <li>• Core concepts of public health</li> <li>• Environmental health</li> <li>• Roles, responsibilities, and work of the NH local health officer</li> <li>• Incident Command System training (per US Department of Homeland Security requirements) Public health emergency preparedness</li> <li>• Use of technology required to support the work of the local health officer</li> <li>• Septic system failure evaluation</li> </ul>
<b>Experience</b>	One year of experience as a local health officer, or equivalent experience in a public health position with comparable responsibilities.
<b>Additional, Optional Certification/licensing</b>	<ul style="list-style-type: none"> <li>• Inspection of on-site sewage disposal systems as required by state agent (e.g. state licensure as designer of on-site sewage disposal systems if health officer is also a local agent for DES inspections)</li> <li>• Hazardous materials awareness training</li> </ul>

<b>Certified Health Officer Level II</b>	
<b>Identifying Characteristics</b>	<p>The municipal health officer is the "traditional" local public health official that was established by State statute in the late 1800's. The local health officer has specific, but limited statutory roles and responsibilities. As required by statute, each city and town has a designated health officer who must be appointed by the state.</p> <p>In addition to the statutorily required work, some larger communities have expanded the work of the local health officer to include broader environmental health services such as food protection programs.</p>
<b>Legal Authority</b>	Appointment: RSA 128 (for town health officers); Statutory authorities: RSA 5-C, RSA 127, RSA 128, RSA 141-C, RSA 147, RSA 170-E, RSA 236, RSA 485, RSA 485-C, RSA 595-B, RSA 676.
<b>Typical Programs and Services Provided</b>	<ul style="list-style-type: none"> <li>• Child care, foster care, and other facility inspections required by state statute or regulation</li> <li>• Nuisance investigations, including failed septic systems and housing complaints.</li> <li>• Provides assistance to commissioner of DHHS in isolation and quarantine</li> <li>• Participates in local and regional public health emergency planning and response.</li> <li>• Involved in vector borne disease prevention (EEE, WNV, etc.)</li> <li>• Provides the general public with public health information and resources</li> <li>• Serves as local link to other public health services</li> <li>• Serves as town representative on public health matters</li> <li>• Responds to and/or provides support to NH Department of Environmental Services, Department of Education, Department of Health and Human Services and responds to state agency requests for local public health information and support.</li> <li>• Maintains local data base and provides general information on environmentally related disease concerns.</li> <li>• Oversees and conducts local food protection program</li> <li>• Conducts on-site sewage disposal plan reviews and installation inspections.</li> <li>• Investigates potential environmental hazards from chemicals, asbestos, and pests, etc.</li> <li>• Provides consultation to other municipalities.</li> </ul>
<b>Educational Preparation</b>	Bachelor's or Master's degree with science background or Master's of Public Health
<b>Job-related Training</b>	<p>Completion of training in the following topic areas:</p> <ul style="list-style-type: none"> <li>• Core concepts of public health</li> <li>• Environmental health</li> <li>• Roles, responsibilities, and work of the NH local health officer</li> <li>• Incident Command System training (per US Department of Homeland Security requirements) Public health emergency preparedness</li> <li>• Use of technology required to support the work of the local health officer</li> <li>• Septic system failure evaluation</li> <li>• Food protection and safety</li> </ul>
<b>Experience</b>	Two years of experience as a local health officer or environmental health specialist
<b>Additional, Optional Certification/ Licensing</b>	<ul style="list-style-type: none"> <li>• Hazardous materials awareness training</li> <li>• Inspection of on-site sewage disposal systems as required by state agent (e.g. state licensure as designer of on-site sewage disposal systems if health officer is also a local agent for DES inspections)</li> <li>• Registered Environmental Health Specialist certification</li> </ul>

## Establishing a process of voluntary credentialing local health officers

Currently town boards of selectmen recommend health officer appointees to the Commissioner of the NH Department of Health and Human Services (NH DHHS). The Commissioner of NH DHHS then appoints the local health officer.

The committee recommends that the credentialing process for health officers be overseen by a voluntary board, under the auspices of the NH DHHS. The committee recommends the creation of the NH Local Health Officers Credentialing Board through the drafting of legislation and related administrative rules that will authorize NH DHHS to develop a process for the voluntary credentialing of local health officers.

The proposed makeup of NH Local Health Officers Credentialing Board is as follows:

1. The Division of Public Health Services Health Officer Liaison
2. The NH State Epidemiologist or his/her representative
3. A representative of the NH Department of Environmental Services
4. A representative of the Local Government Center
5. Two representatives of the NH Health Officers Association
6. A representative of the NH Public Health Association
7. A representative of the University of New Hampshire's Master's of Public Health Program
8. A representative of the Dartmouth Medical School's Master's of Public Health Program
9. A representative of the Community Health Institute
10. Four at-large members, chosen by the Commissioner of DHHS

The responsibilities of this oversight committee will include:

1. Promoting and facilitating the attainment of voluntary credentials, and related training, by local health officers.
2. Providing further definition for recommended training/training program content for health officers at each level.
3. Developing the application process for credentialing health officers
4. Reviewing applications and determining whether credentialing requirements have been met.
5. Recommending certification of those health officers who have met appropriate credentialing standards to the Commissioner of DHHS.
6. Periodically examining credentialing requirements to assure that they are consistent with contemporary public health standards and concerns.

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## Appendix 1

### Local Health Officials Standards and Workforce Competencies Advisory Committee

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## Appendix 2

### New Hampshire Health Officer Service Expectations by Essential Service and Level

Other than statutorily required duties for local health officers, an inventory of the common work of New Hampshire's local health officers has never been defined. The matrix that follows, which was developed by the Local Health Officials Standards and Workforce Competencies Advisory Committee describes two service levels typically carried out by health officers in New Hampshire, and relates these to the standards and capacity indicators for each of the ten essential services from the *Local Health Department Self-Assessment Tool: Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation*.

Standard	Certified Health Officer Service Expectations: Level I/Level II	Comprehensive Local Public Health Agency Capacity Indicators
<b>Essential Service 1. Monitor health status and understand health issues facing the community</b>		
a. Obtain and maintain data that provides information on the community's health (e.g. Provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc)	1) Maintains and utilizes email and phone link to state 2) Maintains <i>electronic</i> database on reported environmental health and housing concerns, and reported environmentally related illnesses	Capacity 1) LHD staff has expertise and training to collect, manage, integrate and display health related data. 2) LHD uses appropriate equipment and technology 3) LHD maintains and uses an information system(s) (e.g. email, shared electronic database files, intranet) 4) LHD demonstrates an electronic linkage with local and statewide databases 5) An electronic disease reporting system exists between the LHD and health care providers.
b. Develops relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitates information exchange	1) Maintains local system and procedure for reporting environmental health and housing concerns 2) Informs local elected officials, educators, public health partners, and the general public about prevalent environmental health concerns  <i>Level II (in addition to the above):</i>  1) <i>Prepares report to the community on leading environmental health and housing concerns. 2) Informs local elected officials, educators, public health partners, and the general public about prevalent environmental health concerns</i>	Capacity 1) LHD maintains a user-friendly (preferably electronic) system for reporting of data. 2) LHD maintains a written and electronic list of health care providers and public health partners who may be disease reporters. 3) A written policy/procedure exists that describes the method to assure that LHD staff can be contacted at all times.
c. Conduct or contribute expertise to periodic community health assessments.	1) Provides local knowledge of environmental concerns to community health assessment processes.	Capacity 1) LHD staff have the appropriate knowledge of standards and processes for conducting community health assessments 2) LHD staff are trained in the application of assessment methods 3) LHD staff can organize and manage an assessment process.
d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.	1) Provides local data to state and regional health authority.	Capacity 1) A written protocol to integrate data exists. 2) LHD develops and maintains relationships with community and public health system partners.
e. Analyze data to identify trends, health problems,	1) Contributes local knowledge and data to State and regional health	Capacity 1) LHD has a process in place to analyze and identify patterns in data.

Standard	Certified Health Officer Service Expectations: Level I/Level II	Comprehensive Local Public Health Agency Capacity Indicators
environmental health hazards, and social and economic conditions that adversely affect the public's health.	authorities.	2) LHD staff are competent in methods of data analysis and interpretation.
<b>2. Protect people from health problems and health hazards</b>		
a. Investigate health problems and environmental health hazards	1) Conducts investigations of reported public health hazards in accordance with RSA 147.	Capacity 1) LHD expertise to carry out an investigation can be demonstrated.
b. Prevent, minimize, and contain adverse health events and conditions resulting in communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.	1) In accordance with RSA 141C: 5 consult and assist the State, as requested by the commissioner, on matters pertaining to public health.	Capacity 1) LHD staff are trained to mitigate adverse health events. 2) LHD has protocols for minimizing and containing adverse health events. 3) The appropriate number and type of staff (i.e. epidemiological capacity, clinical capacity, etc. are available at the LHD or can be accessed to carry out protocols effectively.
c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.	1) Participate with State and regional health and environmental authorities; public safety; school; and other officials in response to health problems, etc.	Capacity 1) LHD has protocols with other governmental agencies for mutual assistance in responding to specific health problems or hazards.
d. Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.	1) Represents jurisdiction in public health emergency planning activities. 2) Serves as a communication link between jurisdiction's governing body and its public in emergency response activities, in accordance with the National Incident Management System.	Capacity 1) LHD staff demonstrate competency in preparing for and responding to public health emergencies. 2) There is a protocol in place to engage volunteers during an event.
e. Fully participate in planning exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.	1) Represents jurisdiction in public health emergency planning activities. 2) Serves as a communication link between jurisdiction's governing body and its public in emergency response activities, in accordance with the National Incident Management System.	Capacity 1) LHD is competent in emergency preparedness for public health and other types of emergencies that may have public health implications.
f. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.	1) Provide communication link to state to arrange for sampling and/or delivery of samples.	Capacity 1) LHD has current written protocols and/or guidelines for handling clinical and environmental laboratory samples based on standards. 2) LHD maintains a call-up protocol of epidemiological resources. 3) LHD maintains epidemiological and statistical expertise, including access to and consultations with appropriately trained epidemiologists. 4) LHD has a written procedure for surge capacity, with descriptions of how expanded lab capacity is made readily available when needed for outbreak response. 5) There is a current list of local and regional laboratories having the capacity to analyze specimens.
g. Maintain policies and technology required for urgent communications and electronic data	1) 24/7 connection to State Health Alert Network is effectively maintained with up-to-date technology.	Capacity 1) LHD maintains appropriate technology for 24/7 communications. 2) LHD maintains appropriate technology for electronic data exchange.

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exchange.		
<b>3. Give people information they need to make healthy choices.</b>		
a. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.	1) In coordination with State health and environmental agencies, provide local information relevant to public health issues.	Capacity 1) LHD develops and maintains a database of media partners and outlets available. 2) LHD maintains a written protocol for communicating with the media. 3) LHD builds staff competency in working with the media.
b. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, and other issues affecting the public's health.	1) Serve as an information link to State, Federal, and other agencies. (E.g. via jurisdiction's website, community television, public health partners, etc.)	Capacity 1) LHD establishes a network to share data with stakeholders. 2. LHD continuously develops current information on health issues that affect the community. 3) LHD has protocols and/or strategies in place to communicate health information periodically. 4) LHD has a written protocol in place to respond to specific information requests.
c. Provide targeted, culturally-appropriate information to help individuals understand what decisions they can make to be healthy.	1) Track the languages spoken within the jurisdiction and develop program materials accordingly.	
d. Provide health promotion programs to address identified health problems.	1) Provides referral link to health promotion programs.	
<b>4. Engage the community to identify and solve health problems.</b>		
a. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.	1) Participates in local processes conducted by State or regional health authority.	Capacity 1) LHD has a community health planning structure in place. 2) LHD has the capacity to manage the planning process (e.g., trained staff, organized unit, assigned responsibilities)
b. Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.	1) Advocates for environmental health policies related to the nature and scope of health officer's duties.	Capacity 1) LHD has current information on health issues that affect the community readily accessible.
c. Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.	1) Participate in regional and state committees and coalitions.	Capacity 1) LHD staff are familiar with program planning methods. 2) LHD staff is identified to establish and maintain partnerships and perform collective work.
d. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.	1) Participate in regional and state committees and coalitions.	Capacity 1) LHD maintains a directory of community organizations and systems partners. 2. LHD marshals the resources needed to maintain partnerships (e.g. personnel, funding, policy changes, system change)
e. Inform the community, governing bodies, and	1) Prepares reports, at least annually, on services provided and priority	Capacity 1) LHD monitors its progress in implementing public health services

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elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.	environmental health issues, as well as other public health issues, and trends. (Note: reports should be based on standardized report templates to be comparable between communities.)	and interventions. 2) LHD maintains a good working relationship with governing/legislative bodies. 3) LHD maintains capacity to interact with the legislative process.
<b>5. Develop public health policies and plans.</b>		
a. Serve as the primary resource to governing bodies and policy makers to establish and maintain public health policies, practices, and capacity based on current science and best practice.	1) Serve as convener to connect "public health experts" and governing bodies, as warranted.	Capacity 1) LHD staff are up to date with current public health topics 2) LHD staff is knowledgeable about the legislative process. 3) LHD maintains a written protocol for working with the legislative process. 4) LHD maintains formal and informal relationships with the legislative and governing bodies. 5) LHD maintains database of legislative and governing bodies.
b. Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social and economic conditions in the community that affect the public's health.	1) Participate in regional and state committees.	Capacity 1) LHD staff has the competencies/skills to advocate effectively for public health policy. 2) LHD maintains a directory of potential policy partners.
c. Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.	1) Participates in town strategic planning activities.	Capacity 1) LHD leadership recognizes need for strategic planning. 2) LHD allocates resources for strategic planning. 3) LHD staff has expertise to lead and facilitate the strategic planning process.
<b>6. Enforce public health laws and regulations.</b>		
a. Review existing laws and regulations and work with governing bodies and policymakers to update them as needed.	1) Participate in regional and state committees.	Capacity 1) LHD has the legal expertise available to assist in the review of laws and regulations.
b. Understand existing laws, ordinances, and regulations that protect the public's health.	1) Has current local ordinances to authorize public health work not covered by state statutes.	Capacity 1) LHD has the legal and program planning expertise to assist in the review of laws and regulations.
c. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.	1) Provides information on how to comply with local ordinances and state statutes	Capacity 1) LHD staff is competent to provide education to regulated agencies.
d. Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.	1) Maintains database of inspections and investigations to track compliance.	Capacity 1) LHD has a system to track compliance records over time by each regulated organization. 2) LHD staff is capable of analyzing data trends over time.
e. Conduct enforcement activities.	1) Has written local policies and procedures relating to enforcement and other work of health officer.	Capacity 1) LHD workforce is skilled in enforcement procedures and credentialed as appropriate. 2) LHD uses a risk analysis method (i.e. identify restaurants with frequent violations) and a work plan to guide the frequency and

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		scheduling of inspections of regulated facilities. 3) Written procedures and protocols for conducting enforcement actions are maintained.
f. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.	1) Has a notification system and maintains call list.	Capacity 1 Rapid communication capability can be demonstrated between the LHD and other enforcement entities.
<b>7. Help people receive services.</b>		
a. Engage the community to identify gaps in culturally -competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.		Capacity 1) LHD staff has a working understanding of access issues. 2) LHD staff are competent in program planning and community development methods.
b. Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.		Capacity 1) A plan is in place for prevention and health promotion which identifies efforts to link public and private partnerships into a network of personal health and prevention services. 2) LHD maintains the capacity to provide health care services when local needs and authority exist, and the appropriate agency capacity and adequate additional resources can be secured.
c. Link individuals to available, accessible personal healthcare providers (i.e. a medical home)	1) By referral, links constituents to needed services.	Capacity 1) LHD maintains a current inventory of available personal health care resources. 2) LHD uses a tracking system for health care referrals.
<b>8. Maintain a competent public health workforce.</b>		
a. Recruit, train, develop, and retain a diverse staff.	1) Employ health officer with recommended qualifications and training. 2. Attends best practice workshops.	Capacity 1) LHD has a formally organized human resources function. 2) LHD has policies that promote and facilitate staff access to training. 3) LHD has a non-discriminatory employment policy.
b. Evaluate LHD staff members' public health competencies, and address deficiencies through continuing education, training, and leadership development activities.	1) Complete training and credentialing to recommended level	Capacity 1) A learning management system is in place to organize competency assessments and training and educational opportunities to address deficiencies. 2) Training and leadership opportunities are available.
c. Provide practice-and competency-based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.	1) Participate in seminars, updates, and workshops.	Capacity 1) LHD has partnership agreements in place with universities, schools or programs of public health and /or colleges to enrich public health practice and academic settings

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d. Promote the use of effective public health practices among other practitioners and agencies engage in public health interventions.	1) Utilizes best practices in provision of local services.	Capacity 1) LHD has agreements in place with public health systems partners for workforce assessment, training, and professional education.
e. Provide the public health workforce with adequate resources to do their jobs.		Capacity 1) LHD has identified funding sources for workforce job support activities.
<b>9. Evaluate and improve programs and interventions.</b>		
a. Develop evaluation efforts to assess health outcomes to the extent possible.	1) Utilize activity measures such as number of inspections, phone calls, hits on website, etc. to evaluation efficiency. 2) Utilize history of inspection findings, outcome of inspections and re-inspections, etc. 3) Utilize information systems to routinely complete activity assessment.	Capacity 1) LHD has data on community health outcomes and risk factors readily available for evaluation purposes. 2) LHD staff or external evaluation expertise is in place. 3) LHD has assigned responsibility for evaluation within the organization. 4) LHD has plans in place to reduce specific gaps in access or make other improvements in public health services.
b. Apply evidence-based criteria to evaluation activities where possible.		Capacity 1) LHD has evaluation expertise readily available.
c. Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.	1) Monitor length of time before correction of violations. <i>Level II (in addition to the above):</i> 1) Monitor length of time before correction of violations. 2) Track # of repeat critical violations in food establishments. 3) Track # of registered serve-safe food handlers.	Capacity 1) LHD has a systematic process for assessing consumer and community satisfaction with agency services. 2) LHD has evaluation expertise available.
d. Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.	1) Stay current with best practice models.	Capacity 1) LHD maintains data systems for capacity, availability, quality, cost, and utilization of health services. 2) Agreements between LHD and external agencies for evaluation are in place.

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<b>10. Contribute to and apply the evidence base of public health.</b>		
a. When researchers approach LHD to engage in research activities that benefit the health of the community: i. Identify appropriate populations, geographic areas, and partners; ii. Work with them to actively involve the community in all phases of research; iii. Provide data and expertise to support research; and, iv. Facilitate their efforts to share research findings with the community, governing bodies, and policy makers.		Capacity 1) LHD has access to resources to participate in research (e.g. data and expertise) 2) LHD has policies which endorse participatory research and ensuring the rights of participants in local public health research programs.
b. Share results of research, program evaluations, and best practices with other public health practitioners and academia.	1) Share effective practices with other health officers. 2) Attend best practice seminars.	Capacity 1) LHD has access to expertise to evaluate current research and participate in research dissemination activities.
c. Apply evidence-based programs and best practices where possible.		Capacity 1) LHD has access to expertise to evaluate current research and participate in research translation activities.