



Memorandum

To: Nicki Neal
Director

Thru: Keith Murry 
Class Studies Supervisor

From: Pat Morrissey 
Human Resource Consultant

Date: December 16, 2013

Subject: **Public Health Specialist Study, Phase 1**

Introduction:

The Department of Health and Social Services (DHSS) requested the study and update of the Public Health Specialist I-II job classes.

Study Scope and Objectives:

This study includes review of 54 permanent Public Health Specialist I-II positions employed by the Divisions of Public Health (DPH), Public Assistance (DPA), and Office of Children's Services (OCS), as well as two outlying Health Program Associate, one Health Program Manager II, and three Health Program Manager III positions in DPH. The single Public Health Specialist II position in the Division of Behavioral Health (DBH) was vacated, the assigned duties revised and submitted for individual allocation review, and reclassified to Program Coordinator II at the initiation of the study.

The formal goals of the study were to review the work and determine if the class concepts accurately reflect the full range and complexity of work performed; review and assess the qualifying education and experience; revise all class structures as appropriate; and conduct a salary analysis.

Study Contacts:

Kerre Shelton, Director of the Division of Public Health (DPH), served as the primary study contact. Additional contacts included Judy Hall, Administrative Officer II, and Oliva Endicott, Administrative Officer II, from OCS; and Amy Olejasz, Division Operations Manager, and Kathleen Wayne, Health Program Manager III, from DPA. Anita Smythe, Administrative Officer I,

and Diane Casto, Project Manager, served as study contacts and subject matter experts during the individual review and reclassification of the DBH position out of the Public Health Specialist series.

Pertinent Class Histories:

Public Health Specialist I and II

The Public Health Specialists I and II (P5945/R18 and P5946/R20, respectively) were established March 16, 1993, as part of the Health Program Specialist Study. This class series reflected the consolidation of the former Program Nurse Consultant, Health Services Specialist, EMS Training Coordinator, and Regional Audiologist job classes, which were abolished during the study. The minimum qualifications (MQs) were broadened for both classes in 1999 and 2005. The class codes were established as PG0131 and PG0132, respectively, July 1, 2006. There have been no substantial changes to either job class since.

Study Process and Methodology:

A study planning meeting with the study contacts, Dallas Hargrave (DHSS Human Resources Manager), and Tres Causey (Individual Allocations Team Lead) was held on November 13, 2012, to discuss the request, potential desk audits, and any additional information pertinent to the study. Position descriptions (PDs) were updated and submitted to DOPLR by November 30, 2012.

Analysts conducted three in-person and seventeen telephone interviews with a total of five Public Health Specialists I, fourteen Public Health Specialists II, and one Health Program Assistant from January 2nd through January 15, 2013. Two additional in-person interviews were conducted with a Public Health Specialist II and the incumbent of a Health Program Associate position who was in acting status as a Public Health Specialist II on February 15th and February 26th, respectively. The interviews included all six positions identified as outliers by the Division of Public Health, as well as the incumbents of all filled Public Health Specialist positions employed by DPA and OCS.

Two predominant concerns remained over the initial course of this examination:

1. The ongoing review and appropriate classification of Public Health Specialist and Health Program Manager positions performing a potentially advanced scientific level of public health work (aka "Super Specialists"); and,
2. As will be discussed momentarily, the areas of public health work performed by contemporary Public Health Specialist positions that are so distinct and specialized that a Public Health Specialist I or II, performing work in one area, could not realistically promote, transfer, or demote to perform the work of a Public Health Specialist I or II in another specialization.

Class Analyses:

The State's classification plan provides for the grouping of positions into job classes when they are sufficiently similar with respect to duties and responsibilities, degree of supervision exercised and received, and entrance requirements so that: 1) the same title can be used to clearly identify each position; 2) the same minimum qualifications for initial appointment can be established for all

positions; 3) the same rate of basic pay can be fairly applied to all positions; and 4) employees in a particular class are considered an appropriate group for purposes of layoff and recall. Job classes should be constructed as broadly as is feasible as long as the tests of similarity are met.

The current class specifications described Public Health Specialists as “specialists and consultants in a particular clinical or technical health specialty area, responsible as subject matter experts for participating in and advising on matters relevant to the specialty area.” These clinical and/or technical¹ areas of specialization proved extremely diverse² and distinct, leading to the second concern presented. Reviewing and assessing the particular characteristics of consulting and programmatic work attributable to these positions in relation to other State job classes proved extremely complex. Position-by-position and, by varying degrees, the spectrum of work performed by these positions showed significant elements of work performed by the State’s Analyst/Programmer, Biometrician, Community Development Specialist, Grants Administrator, Health Program Associate, Health Program Manager, Information Officer, Information Systems Coordinator, Laboratory Quality Systems Manager, Health and Social Services Planner, Licensed Practical Nurse, Program Coordinator, Public Health Microbiologist, Publications Specialist, Research Analyst, and Training Specialist job classes. The thinnest, most difficult lines of distinction lay between Public Health Specialists, Health Program Managers, and Program Coordinators. Early analysis indicated that it was not feasible to allocate these positions individually among these job classes as each performed work that was characteristic of a blending of multiple classes.

The responsibility to serve as a specialist or consultant in a particularly focused clinical or technical health specialty area, along with performance of significant elements of work attributable to other State job classes, complicated grouping multiple positions together for purposes of classification when considering if:

- The same minimum qualifications for initial appointment could be established for all positions; and,
- Employees in a particular group can be considered appropriate for purposes of layoff or recall.

Taking these issues into consideration indicated the potential necessity for a series of job classes focused upon singular specialties and/or functions, and composed of single or minimal numbers of positions. In consideration of grouping by specialization alone, the State would be forced to maintain between thirteen and twenty-four distinctive new job classes and/or series. This would be prohibitively problematic to overall personnel management.

¹ The term *technical* should not be confused with Classification’s use of paraprofessional. From the context of this review and its descriptions of work, *technical* applies to such aspects of work as applied research design, data collection, and analysis, while *clinical* work is more concerned with, or based on, actual observation and treatment of disease in patients, rather than experimentation or theory.

² Areas of specialization included, but were not exclusively limited to: Maternal, Child, Adolescent, and/or Men’s and Women’s Health; Birth Defects; Early Childhood Development and Disabilities; Emergency Medical Services and Care; Cardiopulmonary Health; Obesity and Stroke Prevention and Mitigation; Neurological Development and Disease; Genetics and Congenital Diseases; HIV/STD Surveillance, Prevention, and Control; Tobacco, Alcohol, and Narcotics Prevention and Mitigation; Health Impact Assessments; Domestic Violence and Traumatic Injury Surveillance, Prevention, and Control; Chronic Disease and Epidemiological Surveillance and Control; and Biostatistics.

The work of these positions was reexamined, both individually by this analyst, and through an ad hoc work group composed of Class Studies Staff. This reexamination focused specifically on determining if:

- There were any areas of specialty that would be more appropriately aggregated together and, if so, why?
- There were any individual and/or aggregated areas of specialty that failed the Four Tests of Similarity and indicate separate classes are warranted? What factors contribute to this?

This reexamination revealed six primary groupings based upon recurring roles and functions, distinctive specializations, competencies, and requisite licensure found within and/or required to perform the diverse responsibilities of these positions. These groupings consisted of:

1. Licensed Dietetic and/or Nutritional Health
2. Emergency Medical Services Oversight
3. Epidemiological Surveillance and Investigation
4. Communicable Disease Intervention
5. Public Health Informatics and Management Information Systems
6. Public Health Education, Promotion, and Advocacy

The work associated with each distinctive grouping does not pass the second or fourth tests of similarity (i.e., the same minimum qualifications for initial appointment cannot be established for all positions, employees across the full spectrum of work cannot be considered an appropriate group for purposes of layoff and recall) when considered against the work in any other. As such, employees from one group cannot be considered appropriate for layoff or recall to another group. In addition, distinct job class series resulting from each grouping are not parallel or closely related for purposes of transfer, rehire, or voluntary demotion.

Ongoing review of the Licensed Dietetic and/or Nutritional Health grouping of positions indicated the need for additional development of class concepts.

This specific memorandum covers the analysis of the work performed by five groupings (Emergency Medical Services Oversight; Epidemiological Surveillance and Investigation; Communicable Disease Intervention; Public Health Informatics and Management Information Systems; and Public Health Education, Promotion, and Advocacy) of the non-“Super Specialist” positions. The Licensed Dietetic and/or Nutritional Health and “Super Specialist” groupings of positions will be examined in later phases of this study.

Identification and Development of Class Concepts

All subsequent analyses of work, position groupings, and class concepts regarding the six identified groupings are described and presented under the following guidelines:

A class title should be the best descriptive title for the work. It is intended to concisely and accurately convey the kind and level of work performed and should be brief, easily recognized, gender neutral, and understood by potential applicants.

The minimum qualifications established for a job class must relate to the knowledge, skills, and abilities (KSAs) needed to perform the work and must not create an artificial barrier to employment

of individuals in protected classes. Required training should be limited to the basic formal training that customarily prepares individuals for work in the field. Experience requirements are intended to ensure new employees can successfully perform the work after a period of orientation or familiarization. Required experience should be directly related to the actual duties of positions in the class and should not be equivalent to the work to be performed.

A Class Code is assigned based on the placement of the job class in the classification schematic of Occupational Groups and Job Families. Occupational Groups are made up of related Job Families and encompass relatively broad occupations, professions, or activities. Job Families are groups of job classes and class series that are related as to the nature of the work performed and typically have similar initial preparation for employment and career progression.

Emergency Medical Services Oversight

The five positions in this grouping are located exclusively within DPH's Emergency Programs Section and serve as statewide technical specialists and subject matter experts responsible for the consultation, design, development, implementation, and ongoing administration and oversight of State emergency medical services (EMS) training and operational regulations, standards, policies, protocols, certifications, informational systems, and other related programs. These programs are designed to ensure that qualified and properly equipped EMS personnel are available to respond to the emergency medical needs of the general public. Analysis revealed two distinct levels of responsibility for administering State EMS programs:

1. A full performance professional administrator responsible for a full scope of programs designed to ensure qualified and properly equipped EMS personnel are available to respond to the emergency medical needs of the general public.
2. A supervisory class responsible for managing the assessment, planning, and implementation of the State's EMS programs.

The title of Emergency Medical Services (EMS) Officer is an appropriate description of the responsibility of these three classes for administering various levels of State EMS programs.

The specific focus of the administrative nature of this work requires significant understanding of EMS from the perspective of first-hand field experience. Based upon the industry's education, experience, and licensing standards, this work requires preparation through a combination of education in any of a variety of health-related fields, and/or progressive experience providing paraprofessional clinical and/or emergency/pre-hospital medical care according to established guidelines specific to certified levels of care and/or physician directions, two years of which are as either a Mobile Intensive Care Paramedic (MICP), as licensed under AS 08.64.107, National Registry of Emergency Medical Technicians (NREMT) National Registry Paramedic (NRP), or its equivalent.

The responsibility for administering State EMS programs is appropriate for placement in the PG group and, more specifically, to the PG01 family.

EMS Officer I
EMS Officer II

Class Code: **PG0195**
Class Code: **PG0196**

AKPAY Code: **K0134**
AKPAY Code: **K0135**

Epidemiological Surveillance and Investigation

These positions specialize in conducting a range of surveillance, research, and reporting activities related to chronic diseases, injuries and other morbidities, mortality, and other health related issues in order to prevent and control disease, injuries, other conditions, and/or mortality and increase public awareness and understanding of public health priorities. Review of the predominant body of this work indicates a two-level series composed of:

1. A first working level epidemiological professional responsible for coordinating and conducting disease, injury, morbidity, mortality, and other health-related surveillance and investigative activities that are well-defined, having minimal controversy, and/or of circumscribed scope and complexity. Duties at this level are performed either in support of higher level epidemiological staff performing more extensive research and surveillance or of a developmental nature designed towards build the skills and expertise necessary to independently perform higher level epidemiological work.
2. A full performance level epidemiological professional serving as a recognized expert in assessing distinct areas or sources of disease, morbidity, injury, mortality, or other areas of particular public health concern.

The responsibility of this series to conceptualize, develop, implement, and analyze the surveillance, investigation, and other research related to the control and prevention of disease, injuries, other conditions, and/or mortalities will adequately convey assigning the title of Epidemiology Specialist.

Preparation for entry to this work requires a master's degree from an accredited college in epidemiology, biostatistics/statistics, public health nursing, health sciences, health administration, public health, community health, emergency medical services, psychology, the social sciences, the biological sciences, the physical sciences, social work, or a closely related field, and two years of experience involving significant collection, analysis, and maintenance of data concerning conditions of public health importance such as incidence/prevalence of disease or injuries, social risk factors, behavioral risk factors, environmental risk factors, and/or demographic characteristics. A bachelor's degree in one of the listed fields and two additional years of relevant experience may also qualify.

This work is appropriate for placement in the PG group; however, it is not administrative in function and is more appropriate for specific placement in the PG06 (Special Health Services) family within the PG group. Classes in the PG06 family advise on, administer, supervise or perform professional, technical or sub professional work in health service specialties including those related to therapy, nutrition, speech, hearing, education and others. Initial preparation for employment is typically through advanced education in a specialty area with subsequent career progression based on specialized education and responsible experience.

Epidemiology Specialist I
Epidemiology Specialist II

Class Code: **PG0603**
Class Code: **PG0604**

AKPAY Code: **K0130**
AKPAY Code: **K0131**

Communicable Disease Intervention

Initially considered for grouping under epidemiological surveillance and investigation, these five positions within DPH's Section of Epidemiology focus more heavily on directly providing and supporting a wide range of communicable disease prevention and intervention activities designed to prevent their spread and mitigate their impacts on individual lives and the greater public health through the performance of direct investigations, appropriate medical notification and referral,

professional consultation and technical assistance, education and training, and the coordination of appropriate testing and treatments. This is a significant contrast to the Epidemiology Specialists' responsibility for designing and conducting disease surveillance, research, and analysis. Analysis of this work indicates establishing:

1. A journey (i.e., full performance) level professional responsible for providing a broad range of direct disease testing, intervention, and prevention services to members of the public with, or at risk of infection with, communicable diseases through the provision, referral and/or coordination of testing, medical, and other services, as well as providing relevant technical expertise, consultation, and counseling to clients and their partners; medical, public health, and military staff; and private and public social service providers.
2. A supervisory class responsible for directing a team of intervention specialists.

The responsibility to provide direct communicable disease intervention activities supports titling these classes Disease Intervention Specialists, which is consistent with the titles of similar work performed in other jurisdictions.

The standard requirements for preparation to perform this work typically involve a bachelor's degree from an accredited college in public health, health administration, nursing, epidemiology, health sciences, education, health education, community health, emergency medical services, psychology, the social sciences, the biological sciences, social work, or a closely related field, and four years of experience administering or providing specialized health care or public health services or programs with an emphasis on communicable disease prevention, control, education, and/or counseling. Another significant contrast between the Disease Intervention Specialists and Epidemiology Specialists is that additional work experience may substitute for requisite education for the Disease Intervention Specialists.

Like the Epidemiology Specialists, Disease Intervention Specialists perform special health services appropriate for placement in the PG06 family.

Disease Intervention Spec. I	Class Code: PG0601	AKPAY Code: K0132
Disease Intervention Spec. II	Class Code: PG0602	AKPAY Code: K0133

Public Health Informatics and Management Information Systems

This grouping of positions serves in roles and performs functions that are reminiscent of a fusion of the work performed by Public Health Specialists and Information Systems Coordinators (PB0471). These incumbents apply specialized expertise in public health and/or informatics concepts, methods, and tools to provide consultation and advisory services related to the research, design, development, implementation, assessment, and ongoing management and maintenance of clinical or other public health-related management information systems. These positions are distinct from both the Public Health Specialists and Information Systems Coordinators, they are distinct in that they require a substantial knowledge of public health concepts and areas of specialization that is atypical of the requisite Information Systems Coordinators competencies; however, the requisite competencies necessary to develop and implement public health information systems was also atypical to the majority of Public Health Specialists. As such, this work is being defined under the following concepts:

1. A first working level public health informatics professional responsible for the research, design, development, implementation, assessment, and ongoing management and

maintenance of clinical or other public health-related management information systems that are either limited in overall complexity or comprise segments of larger, more complex systems managed by higher level staff.

2. A full performance professional who serves as a recognized technical expert, project lead, and principal liaison in coordinating and facilitating the conceptualization, research, design, development, implementation, assessment, and ongoing management of major public health-related information, data collection, and other reporting systems. At this level managed systems and/or projects are typically statewide in scope; essential to the delivery of services core to one or more division missions; and of substantial impact to the data collection, reporting, and data sharing of multiple programs and/or organizations.

An informaticist is a person who practices the science or applies the tools of informatics (i.e., the study of information processing). When combined with the distinctive focus on public health-related informatics, it is recommended that these classes be titled Public Health Informaticist.

Preparation for this work requires a master's degree from an accredited college in public health, health administration, nursing, epidemiology, health sciences, health education, community health, emergency medical services, psychology, the social sciences, social work, computer sciences, biostatistics/statistics, business management, public administration, operations management, education, the biological sciences, the physical sciences, or a closely related field, and two years of any combination of experience administering or providing specialized health care or public health services, programs, and/or health care management information systems support that provides the appropriate level of knowledge of the principles, practices, techniques, and theory of the relevant health specialty and/or operational area(s) associated with the position to be filled. A bachelor's degree in one of the listed fields and two additional years of relevant experience may also qualify.

When considering the substantial focus on public health-related informatics the most appropriate placement for the Public Health Informaticist classes is in the PG group and, more specifically, to the PG01 family.

Public Health Informaticist I	Class Code: PG0133	AKPAY Code: K0136
Public Health Informaticist II	Class Code: PG0134	AKPAY Code: K0137

Public Health Education, Promotion, and Advocacy

Positions functioning under this grouping serve as consultants and subject matter experts in distinct clinical and/or technical health specialty areas to promote health education, effective administration and delivery of health care services, and healthy lifestyles to diverse stakeholders through conducting needs assessments and programmatic evaluations; planning and implementing specialized health goals and objectives; and developing and interpreting various policies, procedures, and health care protocols. Analysis of their regular and recurring duties and responsibilities reveals:

1. A first working level public health specialist who provides skilled clinical and/or consultation within circumscribed State public health programs and services that may be limited in implementation to a specific geographic region, are of limited complexity and controversy, or are components of and supportive to larger, more complex and controversial statewide public health programs and services overseen by higher level consultants and managers.
2. A full performance public health specialist responsible for serving as a recognized public health expert fully accountable for independently representing an area of specialty and

providing statewide research, consultation, and advisory services that require initiative, creativity, and adaptability to resolve issues without compromising programmatic objectives or requirements.

Given the responsibility of these positions to serve as consultants and subject matter experts in distinct clinical and/or technical health specialty areas it is appropriate to retain the Public Health Specialist title.

The specialized nature and distinctive subject matter of the work requires a bachelor's degree from an accredited college in public health, health administration, nursing, epidemiology, health sciences, health education, community health, emergency medical services, psychology, the social sciences, the biological sciences, social work, biostatistics/statistics, education, or a closely related field, and four years of experience administering or providing specialized health care or public health services or programs.

Public Health Specialists perform work appropriate to remaining placed within the PG group and, more specifically, to the PG01 family.

Public Health Specialist I	Class Code: PG0131	AKPAY Code: P5945
Public Health Specialist II	Class Code: PG0132	AKPAY Code: P5946

Fair Labor Standards Act

The positions in this study are covered by the minimum wage and maximum hour provisions of the Fair Labor Standards Act of 1938, as Amended (FLSA). While exemption from the provisions of the Act are determined based on the specific circumstances of an individual employee on a work-week basis, there are general aspects of the classes and their influence on the exemptions for employees in bona fide executive, professional, or administrative positions that can be addressed in general.

To meet the criteria for exemption as executive employees, the primary duty must be the management of a customarily recognized subdivision of the enterprise in which the employee is employed, must include the customary and regular direction of the work of two or more other employees, and must include the authority to hire or fire other employees or make suggestions and recommendations that are given particular weight in the hiring, firing, advancement, promotion or any other change of status of other employees. Although final determinations are made on an individual basis, there are sufficient characteristics of their respective work to indicate that employees of the EMS Officer II and Disease Intervention Specialist II job classes meet the criteria for exemption as executive employees under the FLSA and are not eligible for overtime.

To meet the criteria for exemption as administrative employees, the primary duty must be the performance of office or non-manual work directly related to the management or general business operations of the employer or the employer's customers and must include the exercise of discretion and independent judgment with respect to matters of significance. Although final determinations are made on an individual basis, there are sufficient characteristics of their respective work to indicate that employees of the EMS Officer I, EMS Officer II, Disease Intervention Specialist II, Public

Health Informaticist II, and Public Health Specialist II job classes meet the criteria for exemption as administrative employees under the FLSA and are not eligible for overtime.

To meet the criteria for exemption as professional employees, the primary duty must be the performance of work that requires knowledge of an advanced type in a field of science or learning that is customarily acquired by a prolonged course of specialized intellectual instruction, or that requires invention, imagination, originality or talent in a recognized field of artistic or creative endeavor. Although final determinations are made on an individual basis, there are sufficient characteristics of their respective work to indicate that employees of the Epidemiology Specialist I, Epidemiology Specialist II, Public Health Informaticist I, Public Health Informaticist II, Public Health Specialist I, and Public Health Specialist II job classes meet the criteria for exemption as professional employees under the FLSA and are not eligible for overtime.

Review as to whether or not employees of the Public Health Informaticist I-II job classes meet the criteria for exemption as computer employees under the FLSA indicates they do not meet the criteria for this specific exemption.

Internal Alignment:

Under internal alignment, the salary range of a job class is determined based on internal consistency within the State's pay plans with the goal of providing fair and reasonable compensation for services rendered and maintaining the principle of like pay for like work. In evaluating internal consistency, the difficulty, responsibility, knowledge, skills, and other characteristics of a job are compared with job classes of a similar nature, kind, and level first in the same job family; then within other job families within the same occupational group. Comparisons with classes in job families outside the occupational group are made when similarities are sufficient to provide valid relationships, the comparisons within the occupational group are few, and/or when the class has particular characteristics that justify comparisons with another job family. The greater the similarity with the study class the more weight should be given. Comparisons within the job family are typically given greater weight than those outside of the job family.

The studied classes are all professional, assigned to the PG (Medical, Public Health and Related) group and, more specifically, assigned to the PG01 (EMS Officers I-II, Public Health Informaticists I-II, and Public Health Specialists I-II) and PG06 (Epidemiology Specialists I-II and Disease Intervention Specialists I-II) families respectively. With the exception of those aligned to salary range 18, there are sufficient professional job classes within the PG01 and PG06 families from which to draw valid comparisons to the studied job classes for purposes of internal alignment. In considering expansion of this alignment review to include range 18 classes from other families within the greater PG group, it was determined that the majority of classes from other PG families were more focused on the direct delivery of clinical services (e.g., Health Practitioners, Nurses, Certified Nurse Aids, Mental Health Clinicians, Public Health Microbiologists), as opposed to the consultation and administration of programs related to such services, and did not provide as many or as valid comparisons.

During both the early stages of study discovery and while searching outside the PG group for potential range 18 comparative classes for alignment, it was determined that the work of the Program Coordinator I-II job classes shared a substantial number of similarities as to nature, variety,

complexity, latitude, initiative and originality, scope of decisions, and consequences of error to the studied job classes, with the key point of distinction being the more specialized focus (i.e., public health-related diet/nutrition, EMS administration, disease surveillance and intervention, informatics, and consultation and promotion) inherent in the studied classes. The Program Coordinator I-II job classes have been included in the alignment analysis.

Range	Job Class	Description	Range Characteristics
Range 16	Project Assistant (PB9908)	Provides essential project or program support to managers through a variety of duties that are analytical, evaluative, and interpretive in nature, within assignments that are primarily structured and narrowly focused on specific target groups or areas of the state.	The work of comparative classes aligned to this range is somewhat dynamic, ranging from work that is characterized by performance of substantive procedural aspects of public health or other programmatic work designed to support and extend the capabilities of program and service managers, to providing rehabilitative programs as part of a therapeutic team.
	Health Program Associate (PG0120)	Provides a substantial level of support to health program management by performing routine, ongoing monitoring, review, data management and analysis, evaluation of services or program eligibility, and participating in field work.	
	Emergency Medical Technician (PG0625)	Cares for the sick or injured in emergency and/or remote situations by applying established guidelines specific to certified level of care and/or physician directions to determine potential courses of immediate treatment.	
	Industrial Therapist (PG0652)	Provides individual and group industrial rehabilitative therapy programs through directed activities to clients with physical or mental disabilities or disorders to prepare, train, place and supervise patients in successful employment inside and outside the hospital environment.	
	Recreation Therapist II (PG0682)	Plans, organizes and directs recreational programs and special event activities in an effort to promote, maintain, or restore resident physical and mental health.	
Range 17	Health & Social Services Planner I (PG0111)	Performs working level professional research, analysis, and investigation to provide data and background necessary for comprehensive long range program planning.	Comparative professional classes aligned to this range perform a spectrum of entry to supervisory level work related to the planning, development, implementation, and records administration of medical, social, and public health services and programs. The work is characterized by specialized subject matter, requisite knowledge, and variety of assignments under a broad spectrum of complexity, latitude of independence, and scope of authority, including supervision of staff.
	Health Program Manager I (PG0121)	Carries out program activities and/or participates in the management and oversight of health programs or operations of average complexity, well-defined areas of coverage, and little controversy.	
	Medical Records Administrator (PG0141)	Oversees and manages health information processes and operations and providing long-range planning to facilitate the ongoing maintenance and care of a patient's medical record. This is a supervisory class.	
	Assisted Living Care Coordinator (PG0165)	Supervise and manage the activities of an assisted living unit in a Pioneers' Home which provides assistance with activities of daily living and provides for therapeutic programs for the elderly in support of maintaining a high quality of life through independence.	
Range 18	Program Coordinator I (PB9909)	Responsible for coordinating: smaller, less complex programs; regional responsibility for a large and complex statewide program; or significant components or projects of a large and complex statewide program.	The comparative professional classes aligned to this range are characterized by work performed under higher level administrators or managers designed to carry out programmatic activities, functions, and services.
	Physical Therapist	Responsible for the planning, supervision, performance, and day-to-day functioning of a	

	(PG0660)	physical therapy program designed to treat patients who are of varied ages, physical and mental conditions, diseased or injured.	
Range 19	Health & Social Services Planner II (PG0112)	Responsible for coordination and development of a state health and/or human services plan and related functions. This is the lead/advanced level in the professional series.	Comparative professional classes aligned to this range perform a spectrum of journey to advanced/lead level work related to the design and delivery of social and public health services and programs. The work is characterized by considerable latitude of independence in the planning and development of services and programs.
	Health Program Manager II (PG0122)	Responsible for the full scope of program administration duties for a statewide public health program, which is composed either of multiple project components where issues are defined and not highly controversial, and accepted policies, practices and protocols are generally relatively stable; or a single more complex program component.	
Range 20	Program Coordinator II (PB9910)	Performs the full scope of program coordination and management for long-term program development, planning, coordination, evaluation, and oversight of either a large complex program or multiple small programs, including related sub-programs, projects, and services.	Comparative professional classes aligned to this range perform a spectrum of journey to advanced level responsibilities typical to their respective specialty areas to develop, implement, and/or assess methods, procedures, techniques, programs, or services. The work is characterized by in-depth review, analysis, and evaluation based upon substantial professional expertise within a specialized area of responsibility. Although lead or supervisory authority is often assigned it is not predominantly class-controlling.
	Health Facilities Surveyor I (PG0105)	Performs journey level professional on-site inspections and reviews of health care facilities to: assess a health care facility's services and programs; identify problems, deficiencies, or violations; and recommend or direct corrective actions.	
Range 21	Certification & Licensing Consultant (PG0102)	Single position class that serves as technical expert and consultant on the licensing and certification of health facilities, residential care facilities, and community-based care programs primarily to agency executives and program managers.	Comparative professional classes aligned to this range perform a spectrum of advanced/lead to full supervisory level of work and are predominantly responsible for serving as technical experts in complex programs and managing multiple statewide health and social services-related programs. The work is predominantly characterized by assignments that are exceptional to those found in the main body of work; substantial scope of impact; significant emphasis on formal supervisory authority; and planning, organizing, and directing and controlling the resources necessary for programmatic and service delivery.
	Health Facilities Surveyor II (PG0106)	The advanced/first supervisory level of the series responsible for either: serving a working supervisor of Health Facilities Surveyors I; or coordinating and conducting training of Health Facilities Surveyors I. All incumbents also serve as consultants to management and providers on the State and federal health care facility certification and licensing programs.	
	Health & Social Services Planner III (PG0113)	The full supervisory level responsible for coordinating, supervising, and participating in state, regional, and community/local service planning, and the development of comprehensive state service plans and annual implementation plans.	
	Health Program Manager III (PG0123)	Supervises multiple and integrated public health services programs on a statewide basis, including monitoring the activities of various public, non-profit and private entities on program and administrative matters.	
	Assistant Admin., Anchorage Pioneers' Home (PG0161)	A supervisory class responsible for assisting in planning, organizing, directing, and coordinating all facility activities.	
	Regional Alcoholism Program Coordinator	Responsible for all regional planning, coordination, implementation, direction and administration of alcoholism related programs, federal and state grants.	

	(PG0570)		
Range 22	Health Facilities Survey Manager (PG0108)	Responsible for managing the State's health care facility inspection, licensing, and Medicare/Medicaid certification program, including planning, organizing, directing, coordinating, and controlling health facility inspection, state and federal reporting, and imposing of sanctions. This is a supervisory job class.	The comparative professional class aligned to this range is supervisory and responsible for managing the State's program for inspecting and licensing Alaska health care facilities. The work is characterized by substantial responsibility for program, procedure, and policy development, as well as authority to impose sanctions upon facilities.

The groupings of studied work have been defined and separated from the original Public Health Specialist classes based upon distinct differences in their predominant roles, functions, and qualifications. It needs to be noted that despite differences in degree requirements across the resulting classes, the comprehensive scope, latitude, and complexity of primary responsibilities of all of these classes are similar enough that various differences in degree requirements alone are not a sufficient factor in determining their internal alignment in relation to one another.

It should also be noted that when weighing the impact of licensures requisite to the work of any class as a factor in internal alignment, it is not the presence of the licensure that is assessed, but rather the complexity of assignments, scope of decisions and commitments, and consequences of error that result from performance of the work authorized by this licensure.

Epidemiological Specialist I, Disease Intervention Specialist I, Public Health Informaticist I, and Public Health Specialist I

These classes comprise the first working level of their respective professional series where incumbents provide skilled clinical and/or technical services and consultation within circumscribed State public health programs and services. These classes share few similarities with any of the comparative classes aligned to salary range 16 with regards to their nature and complexity of work, scope of assigned projects and related decisions, and latitude of freedom from supervision, which were significantly narrower in comparison.

When contrasting the work of these classes with that of comparable classes aligned to salary ranges 17 and 18, there are fewer identifiable similarities with the Medical Records Administrator and Assisted Living Care Coordinator job classes due to their supervisory nature and overall subject matter. Although there are far more shared similarities to the Health and Social Services Planner I and Health Program Manager I job classes with regards to the nature and subject matter of work, the studied classes are responsible for programs and assignments of greater complexity and exercised wider latitude of initiative, originality, and scope of authority within their assigned areas of responsibility. Aside from the differences in subject matter (i.e., specialized public health, in contrast to more generalized State program delivery), the greatest similarities are shared between these classes and the Program Coordinator I, which is aligned to salary range 18.

This same scope of authority and decisions, latitude of independence, and full accountability for work performed is not consistent with that exercised by the Health and Social Services Planners II and Health Program Managers II, which are aligned to salary range 19.

The overall variety and complexity of assignments, nature of supervision both received and given, latitude of initiative and originality, scope and purpose of interpersonal relationships, and scope of

recommendations and commitments attributable to these first working level job classes align closest with range 18 job classes.

EMS Officer I, Epidemiological Specialist II, Public Health Informaticist II, and Public Health Specialist II

These second level classes provide the full scope of clinical and/or technical research, consultation, and advisory services in their respective public health specialty areas and functions on a statewide basis. Supervisory authority may be assigned among these classes but is not typically class-controlling.

The uniquely specialized subject matter, requisite knowledge, and assigned responsibility and relevant authority associated with these classes, responsible for serving as recognized statewide experts and consultants within their respective areas of public health specialty, manifests in greater programmatic complexity and scope of impact than is typical of the Health and Social Services Planner II and Health Program Manager II job classes aligned to salary range 19. These full performance classes share significant similarities to the Program Coordinator II job class. They also share commonality with the Health Facilities Surveyor I job class with regards to the necessary specialized knowledge, expertise, latitude, and scope of consultation and related decisions. Both comparative job classes are aligned to salary range 20.

Often directed by Health Program Managers III, which are aligned to salary range 21, these full performance classes do not exercise a similar class-controlling formal supervisory authority and responsibility for planning, organizing, and directing and controlling the resources necessary for programmatic and service delivery as is typical to the other comparable classes aligned to salary range 21.

The specialized subject matter and requisite knowledge, complexity of assignments, and scope of programmatic responsibility attributable to these full performance classes most appropriately align with salary range 20.

Disease Intervention Specialist II

The Disease Intervention Specialist II is a supervisory class responsible for directing and conducting the full range of communicable disease testing, prevention, intervention, and educational activities. Although supervisory authority is class-controlling, the overall scope and latitude of responsibility for planning, organizing, and directing and controlling the resources necessary for programmatic and service delivery inherent in this work is not sufficiently similar to that of classes aligned to range 21, such as the Health Program Manager III, to support aligning to the same range.

The responsibility to supervise a team of Disease Intervention Specialists, which align to range 18, combined with the uniquely specialized subject matter, requisite knowledge, and assigned responsibility and relevant authority, aligns this class well with other range 20 classes, such as the Project Coordinator II, Public Health Dietitian II, or Public Health Specialist II.

EMS Officer II

The position performing this level of EMS oversight work was allocated to Health Program Manager III at the initiation of the study.

Reporting to a Health Program Manager IV, the EMS Officer II is responsible for managing the assessment, planning, and implementation of the State's EMS-related programs. This class is supervisory and responsible for directing the work of EMS Officers I, which are aligned to range 20. Although frequently practiced, there is no formal provision in the State's pay plan that explicitly determines that defined professional supervisory classes are aligned two ranges above the highest level of professional work typically supervised. Instead, this type of structuring is determined by sufficient similarity with the characteristics of the work of comparable class series within the job family or, barring sufficient comparisons, the greater occupational grouping.

Although there are many similarities, the EMS Officer II does not closely align with the range 22 Health Facilities Survey Manager with regards to their respective scope and complexity of managed programs.

The EMS Officer II shares substantial similarities with the supervisory classes aligned to range 21 with regards to supervision of professional staff, scope and complexity of managed programs, and latitude and scope of decisions and commitments. When comparing these classes, the EMS Officer II aligns closest with the Health Program Manager III, as both are responsible for the development, implementation, operation, administration, evaluation, and funding of public health activities in the State and supervise multiple and integrated public health services programs on a statewide basis.

Conclusions:

The formal goals of the study were to review the work and determine if the class concepts accurately reflect the full range and complexity of work performed; review and assess the qualifying education and experience; revise all class structures as appropriate; and conduct a salary analysis.

All class specifications have been revised or established to accurately reflect the latitude, scope, complexity, nature, specialization, and requisite competencies of the work performed at each level.

The two identifiable levels of professionals performing EMS oversight work will be implemented as follows:

1. The full performance level EMS administrator will be established as EMS Officer I (K0134/PG0195) and will be aligned at salary range 20. These employees meet the administrative criteria for exemption under the FLSA and are not eligible for overtime.
2. The supervisory EMS administrator will be established as EMS Officer II (K0135/PG0196) and aligned at salary range 21. These employees meet the executive and administrative criteria for exemption under the FLSA and are not eligible for overtime.

The two identifiable levels of professionals performing epidemiological surveillance and investigation work will be implemented as follows:

3. The first working level epidemiological specialist will be established as Epidemiology Specialist I (K0130/PG0603) and aligned at salary range 18. These employees meet the professional criteria for exemption under the FLSA and are not eligible for overtime.
4. The full performance level epidemiological specialist will be established as Epidemiology Specialist II (K0131/PG0604) and aligned at salary range 20. These employees meet the professional criteria for exemption under the FLSA and are not eligible for overtime.

The two identifiable levels of professionals performing communicable disease intervention work will be implemented as follows:

5. The journey level communicable disease specialist will be established as Disease Intervention Specialist I (K0132/PG0601) and aligned at salary range 18. These employees do not meet the criteria for exemption under the FLSA and are eligible for overtime.
6. The supervisory communicable disease specialist will be established as Disease Intervention Specialist II (K0133/PG0602) and aligned at salary range 20. These employees meet the executive and administrative criteria for exemption under the FLSA and are not eligible for overtime.

The two identifiable levels of professionals performing public health informatics and management information work will be implemented as follows:

7. The first working level informatics specialist will be established as Public Health Informaticist I (K0136/PG0133) and aligned at salary range 18. These employees meet the professional criteria for exemption under the FLSA and are not eligible for overtime.
8. The full performance level informatics specialist will be established as Public Health Informaticist II (K0137/PG0134) and aligned at salary range 20. These employees meet the professional and administrative criteria for exemption under the FLSA and are not eligible for overtime.

The two identifiable levels of professionals performing public health education, promotion, and advocacy work will be implemented as follows:

9. The first working level public health specialist will remain titled Public Health Specialist I (P5945/PG0131) and aligned at salary range 18. These employees meet the professional criteria for exemption under the FLSA and are not eligible for overtime.
10. The full performance level public health specialist will remain titled Public Health Specialist II (P5946/PG0132) and aligned at salary range 20. These employees meet the professional and administrative criteria for exemption under the FLSA and are not eligible for overtime.

Positions identified for further study as either licensed dietitians or "Super Specialists" will be reviewed during additional phases of this study and will be discussed through separate memoranda.

The job class and all related Phase 1 study actions are effective December 16, 2013.

Correspondence on the allocation of all Phase 1 study positions is being distributed through the OPD system.

Attachments

Final class specification(s)
Allocation Spreadsheet

cc: Sana Efird
Assistant Commissioner
Finance and Management Services

Department of Health and Social Services

Kerre Shelton
Director
Division of Public Health
Department of Health and Social Services

Ron Kreher
Director
Division of Public Assistance
Department of Health and Social Services

Christy Lawton
Director
Office of Children's Services
Department of Health and Social Services

Dallas Hargrave
Human Resource Manager
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