

Position Classification Standard for Public Health Program Specialist Series, GS-0685

Table of Contents

SERIES DEFINITION.....	2
EXCLUSIONS.....	2
MAJOR SPECIALIZATIONS AND TITLES.....	3
STANDARD COVERAGE	4
BACKGROUND INFORMATION.....	5
ROLE OF THE PUBLIC HEALTH ADVISOR.....	5
PUBLIC HEALTH PROGRAMS	6
THE STATE AND LOCAL ASSIGNMENT	8
THE REGIONAL OFFICE ASSIGNMENT	8
KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED	9
CLASSIFICATION FACTORS.....	10
GRADE LEVEL COVERAGE	12
PUBLIC HEALTH ADVISOR, GS-0685-05.....	13
PUBLIC HEALTH ADVISOR, GS-0685-07.....	14
PUBLIC HEALTH ADVISOR, GS-0685-09.....	16
PUBLIC HEALTH ADVISOR, GS-0685-11.....	19
PUBLIC HEALTH ADVISOR, GS-0685-12.....	23
PUBLIC HEALTH ADVISOR, GS-0685-13.....	27

SERIES DEFINITION

This series includes positions that direct, supervise, or perform work which involves providing advice and assistance to State and local governments and to various public, nonprofit, and private entities on program and administrative matters relating to the development, implementation, operation, administration, evaluation, and funding of public health activities which may be financed in whole or in part by Federal funds; or, conducting studies and performing other analytical work related to the planning, development, organization, administration, evaluation, and delivery of public health programs; or, other similar public health program work. Positions in this series require specialized knowledge of the principles, practices, methods, and techniques of administering public health programs, but do not require full professional education and training in medical, social, or other disciplines. This classification standard has been developed for positions in the Department of Health and Human Services. Positions in other agencies may not be placed in this series without the approval of the Office of Personnel Management. The standard may be used, however, for making cross-series comparisons guided by sound position-classification judgment.

This standard supersedes and is to be substituted for the standard for the Public Health Program Specialist Series, GS-0685, issued October 1963.

EXCLUSIONS

Excluded from this series are positions that involve primarily:

1. Professional, scientific, or specialized technical work in the social or behavioral sciences that requires the application of the full knowledge and skills of a recognized subject-matter specialty. Such work is covered by appropriate series in the [Social Science, Psychology, and Welfare Group, GS-0100](#).
2. Professional and scientific, or subordinate technical work, in the several branches of medicine, surgery, and dentistry, or in related patient-care services such as, dietetics, nursing, pharmacy, and others. Such work is covered by other series in the [Medical, Hospital, Dental, and Public Health Group, GS-0600](#).
3. Professional work in public health education involving leadership, advice, staff assistance, and consultation on health education programs which is classified to the [Public Health Educator Series, GS-1725](#).
4. Work requiring full professional competence in other disciplines, such as that classified to the [Biological Sciences Group, GS-0400](#); the [Physical Sciences Group, GS-1300](#); or, the [Engineering and Architecture Group, GS-0800](#).

5. Professional and scientific work concerning the application of statistical theory in the selection, collection, classification, adjustment, analysis, and interpretation of data; the development and application of mathematical, statistical, and financial principles to public health programs or problems; and other professional and scientific, or related technical work, requiring primarily the understanding and use of mathematical theories, methods, and operations. Such work is covered by an appropriate series in the [Mathematics and Statistics Group, GS-1500](#).
6. Analytical and evaluative work related to the developmental and execution phases of operating programs for which the primary requirement is not specialized knowledge of the principles, practices, methods, and techniques of administering public health programs. Such work is classified to the [Management and Program Analysis Series, GS-0343](#).
7. Work involving the management or direction of one or more programs, when the paramount requirement is management and executive knowledge and skills, rather than specialized knowledge related to the administration of public health programs. Such work is classified to the [Program Management Series, GS-0340](#).
8. Work primarily concerned with a specialized administrative or management area, such as financial management and analysis, or grants and contracts management. This work is classified to the [Job Family Position Classification Standard for Professional and Administrative Work in the Accounting and Budget Group, GS-0500](#), or the [Business and Industry Group, GS-1100](#), respectively.

MAJOR SPECIALIZATIONS AND TITLES

The Public Health Program Specialist Series includes two major specializations which are titled:

- *Public Health Advisor* - for positions whose primary function is to provide advice and assistance to State and local governments, and to various public, nonprofit, and private agencies and organizations on matters relating to the improvement of their public health activities.
- *Public Health, Analyst* - for positions whose primary function is to perform analytical work contributing to the improvement of Federal public health programs.

Public health advisors, who comprise the majority of the occupation, typically represent one or more Federal public health programs in dealings with the non-Federal public health community. Their work usually involves contacts with people outside the Department of Health and Human Services (HHS) on such program matters as providing guidance and motivation, technical advice and leadership, and information and assistance on financial support.

Public health analysts may specialize in Federal public health programs, but do not usually represent those programs in dealings with non-Federal agencies and organizations. Their personal contacts are typically with people within HHS and they are primarily concerned with analyzing and evaluating the actual or potential effectiveness of current or projected public health programs in achieving objectives.

Supervisory Positions

Positions with supervisory duties and responsibilities meeting the coverage criteria of the [General Schedule Supervisory Guide](#) should be identified with the supervisory titling prefix. NOTE: Some public health advisors provide substantive direction and guidance to three or more Federal and/or non-Federal employees (including those under "cooperative agreement") on a regular and recurring basis. Since this standard does not provide criteria for evaluating supervisory functions, such positions also should be evaluated by the [General Schedule Supervisory Guide](#) to determine the impact of the supervisory work on the title and grade of the position. It may be, however, that the grade derived from the application of the GSSG, is not higher than that obtained from the evaluation of non-supervisory duties and responsibilities by this standard.

STANDARD COVERAGE

Although the Public Health Program Specialist Series includes both the Advisor and Analyst specializations, this standard provides background information and grade level criteria only for non-supervisory public health advisor positions. The standard is further directed toward the evaluation of those advisor positions which are most typical of the Public Health Service and are found in the greatest numbers. Since most advisors are assigned to either a State or local health department or to the Public Health Service (PHS) component of one of the Department of Health and Human Services regional offices, the standard treats two principal types of assignments -- the State and local assignment and the regional office assignment. Other advisor positions are found at the Centers for Disease Control (CDC), at PHS headquarters, and in other principal operating components of the Department. These assignments may be evaluated by reference to the grade level criteria in the standard, although users are cautioned against making superficial comparisons. For example, the mere fact that a position functions at the headquarters or National level does not necessarily mean that the grade should be higher than positions in State and local or regional office assignments.

Use of Standard for Excluded Positions

Positions which perform work comparable to that described in this standard, but are excluded from this series because of professional, scientific, or other specialized knowledge requirements, may be evaluated, in part, by comparison to the grading criteria in this standard.

BACKGROUND INFORMATION

Public health advisors typically serve as representatives for one or more public health programs in dealings with State and local governments, and with public, private, and nonprofit agencies, organizations, and institutions which, directly or indirectly, provide for the public health of the Nation. These programs provide Federal assistance for health and health-related activities, and the public health advisor provides program expertise, guidance, and leadership in this partnership by:

- serving as a link between the Federal and non-Federal public health community through which Federal program motivation, technical assistance, and funds are channeled;
- matching public health resources with State and local needs and performing other functions to transform Federal goals and objectives into health care realities; and,
- coordinating and catalyzing the efforts of others toward improving the quality of life and well-being of people.

ROLE OF THE PUBLIC HEALTH ADVISOR

Public Health Advisors:

1. Promote HHS programs by stimulating activity and providing leadership to agencies and organizations in the development, extension, and improvement of their health care systems, strategies and services. This may involve analyzing existing or proposed systems, strategies, services, or other health-related matters; identifying needs for improvement, and the methods and resources to accomplish such improvement; providing this information to client agencies and organizations; persuading them to take appropriate action; and, providing guidance in developing and implementing the plans of action.
2. Provide assistance in the establishment and continuation of program supported activities. Although public health advisors provide technical assistance and leadership to clients regardless of whether Federal money is used to fund proposed health and health related activities, they are also a primary source of important program administration guidance concerning the methods, procedures, and processes available to interested parties seeking financial support. They advise potential applicants, grantees, and others on such matters as appropriate funding mechanisms, legal and procedural requirements, and other aspects involved with the establishment and continuation of program support. They review proposals for appropriateness of purpose, need, and specifications, and for conformance with program requirements; assess the merits of new or continued support; and recommend approval or disapproval of proposed activities (this may be performed by a panel to insure objectivity). Detailed financial or other specialized administrative aspects associated with this function, however, are usually performed by appropriate subject-matter specialists in other occupations.

3. Provide continuing assistance on the maintenance and improvement of existing health and health-related activities. This involves observation, analysis, and evaluation of operating health and health-related activities; guidance on the continuance of program support; and advice and assistance on up-grading public health services and standards. This function may take on a "trouble shooting" character, when the activity is encountering operating problems, such as difficulty in meeting current or revised requirements, or in meeting projected goals, and objectives.
4. Provide direct assistance in the operation of disease control and prevention programs. This function incorporates features of the previous three, but differs because public health advisors actually perform services for a State or local health department.

PUBLIC HEALTH PROGRAMS¹

Most of the programs represented by public health advisors have a legislative base, a separate budget, and a headquarters administration which is responsible for nationwide allocation of resources, program integrity, policies, and priorities. Congress sets the overall requirements and funding for these programs and establishes the scope and extent of Federal participation. The Department determines policy for administrative application and develops regulatory and other program specifications which may include policy statements, background and other descriptive information, operating procedures, functional guides, staffing patterns, cost and accounting models, other illustrative criteria, research and design findings, and the like. In established and well defined programs, the guideline material is frequently detailed and comprehensive. In newer programs, it may be more limited or general.

Public health advisors interpret these programs to interested public, nonprofit, and private entities by advising and assisting them in matters which protect and advance the Nation's health. The Department depends heavily on its field staff assigned to regional offices and State and local governments to identify health needs, set priorities, implement programs, and to assure that the activities they support are well organized, managed, and consistent with National goals and objectives. Significant authority is frequently delegated to the field, including the authority to award grant funds, and the conclusions, recommendations, and determinations of public health advisors typically form the basis for awarding funds. Although the technical aspects of grants, contracts, and other funding mechanisms are handled by other appropriate subject-matter specialists, public health advisors bear considerable responsibility for assuring that Federal funds are used in the manner intended, and that operating programs, projects, and activities meet

¹The program and organizational references used in this standard reflect some examples of those in existence in PHS at the time of writing. They are intended only as illustrations, are not all-inclusive, and are subject to change. Programs in other principal operating components of HHS include those grouped under the heading of quality and standards and health finance and economics. The former grouping is concerned with the quality of health care and with the review and regulation of providers; the latter, with efforts to develop and expand the financing of health care. Since this standard is intended for Department-wide application, the omission of a specific program reference should not be construed by users as limiting its use.

Federal requirements. When they are not met, the Department may withdraw assistance; but compliance is usually sought through informal methods of motivation and persuasion, and recipients are counseled on corrective measures.

Awards of financial or direct assistance to eligible recipients are provided by a number of grant mechanisms which may be categorized in several ways, such as by purpose (e.g., research, training, service) or by method of award (e.g., formula, block, or discretionary). They are awarded subsequent to review and approval of an application, plan, or other document which sets forth a proposed activity or service, and are used for direct payments, contracts, personnel, administration, supplies, construction, and so forth. The types of grants and purposes for which they may be used are discussed in detail by HHS publications which are updated periodically to accommodate changes in legislation, regulations, and agency policies.

Some examples of hoc programs may be clustered include the following:

- Programs which relate to the prevention, control, and eradication of communicable and vector-borne diseases and other preventable conditions, including some environmental health hazards, are grouped together as prevention programs. These programs include: sexually transmitted disease and tuberculosis control; immunization against contagious diseases (usually childhood); and other programs, such as urban rodent control and childhood lead-base paint poisoning prevention.
- Programs which relate to meeting public health needs through service and education are grouped together under the heading of health service, delivery. These include programs such as maternal and child health, migrant health, family planning, community health centers, and facilitating the supply of professional care in under served areas.
- Programs which relate to the development of health care systems are grouped under that heading. These include programs such as those dealing with the development of personnel resources in the professions and technical support occupations, health maintenance organizations, and emergency medical systems.
- Programs concerned with alcohol and drug abuse, and mental health treatment, are grouped together due to their functional interrelationships. They are frequently referred to as ADAMHA programs for the Alcohol, Drug Abuse, and Mental Health Administration of the PHS.
- Health planning, facility development (construction and modernization), health data systems, and other comprehensive and special purpose programs may be grouped, especially at the regional level, into a health planning office or similar configuration for organizational purposes.

THE STATE AND LOCAL ASSIGNMENT

Public health advisors assigned to State and local health departments provide direct assistance to an assigned governmental jurisdiction. They are physically located in a health department and actively identify with the public health activities of the jurisdiction in order to accomplish their Federal mission, under the terms of a "cooperative agreement." They are typically involved in the day-to-day operation of disease control programs and supplement the department's own staff resources, which are often medically oriented. Lower grade representatives typically perform epidemiologic casework or comparable support activities, while the duties and responsibilities of higher grade representatives are directed toward operating the jurisdiction's program. Although the official in charge of the program is frequently a State or local medical officer, the non-medical aspects' of running the program typically fall to the public health advisor whose purpose is to advise and assist in program application.

Federal monies to operate State and local disease control programs may be obtained through one or more grant mechanisms, including those awarded annually in accordance with a specific formula or other criteria. Many State and local representatives, however, are more involved with operational and support matters, than they are with the grant funding process.

THE REGIONAL OFFICE ASSIGNMENT

Public health advisors assigned to regional offices provide program assistance to various clients within political and geographic areas of a region, but do not usually identify with their clientele to the extent found in the State and local assignment, because they do not normally participate directly in the operation of activities related to or supported by their programs. Instead, regional office assignments usually consist of either overseeing assigned projects, parts of projects, or related activities supported by one or more programs; or, administering one or more programs to the States that comprise the region, i.e., serving as the regional program authority. Advisors performing the former function are often organizationally referred to as "project officers" and those performing the latter may be called "regional program consultants". Such organizational titles, however, are not necessarily a measure of the work performed, and duties and responsibilities of both these functions may overlap. For example, some assignments combine both project assistance and program administration into a single position; and some assignments may be so constructed that the advisor serves as the program resource to one or more States.

Many programs represented by regional public health advisors provide Federal grant funds to support health care delivery and similar improvement activities. These grants are largely of a "discretionary" nature, i.e., they are awarded on the basis of merit in conformance with specific legislated and regulatory program requirements. HHS administered grant funds are supplemented and replaced whenever possible by funding from other sources -- both Federal and non-Federal -- with the continuing goal being grantee self- sufficiency.

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED

The nature and extent of knowledge, skills, and abilities needed to perform work assigned to public health advisors at the various grade levels are reflected in the grade-level criteria which follow, but are discussed generally here as additional background material.

Knowledge required regardless of program specialization --

Regardless of the programs represented, public health advisors possess knowledge of occupational principles and practices relevant to the mission requirements of their principal operating component (e.g., the Public Health Service), the specific methods and techniques used to deliver programs in State and local settings, and the application of public health concepts. This includes a general knowledge of the environments they serve, such as their prevalent social, economic, cultural, political, and governmental features; the organization and operation of State and local governments, public health departments, and health-related public, private, and nonprofit agencies and organizations; and, the nature of the Federal and non-Federal public health partnership. It also includes knowledge of the mechanisms and processes most appropriate to support the various proposals and requests received and, in the case of disease control programs, the direct assistance provided; knowledge of what can be done within the framework of legislation, regulations, and policy; and, knowledge of distinctions in purpose, requirements, and restrictions involved in obligating or committing Federal resources under programs.

As public health advisors progress up the career ladder, specific knowledge acquired in a particular program, or aspect of that program, is often generally applicable to other assignments.

This cumulative knowledge is relied upon increasingly as the advisor performs more difficult and responsible assignments. Since the profusion of public health legislation, programs, initiatives, and grants may cause overlaps in the activities of advisors, positions at full performance levels require broad general knowledge of various public health programs regardless of the individual advisor's program specialization. Such knowledge, coupled with related skills and abilities, permits the advisor to keep pace with the ever changing nature of public health program application.

Knowledge of programs represented --

Public health advisors familiarize themselves with specific program and related information, which may be supplemented by additional technical and professional literature. They acquire a thorough understanding of the specialized program subject-matter, and the disciplines, fields, and specialties identified with the programs they represent, including medicine, nursing, health management, insurance, sociology, statistics, education, and others. In disease-related programs this includes a working knowledge of the diseases, their symptoms, complications, after effects, restorative possibilities, and epidemiology. Program knowledge also includes various methods, techniques, and processes drawn from administrative and management disciplines, as they apply to the field of public health: including aspects of general business, personnel management, and financial management. Public health advisors, especially at full performance levels, are

continually challenged to keep abreast of the subject- matter areas which concern the programs they represent, and to expand their existing program proficiencies or to acquire new ones.

Other related skills and abilities --

While the type and variety of program subject-matter content varies from one program to another, these differences usually have less bearing on the difficulty and complexity of the advisor's assignment than do the inherent administrative and coordinating duties and responsibilities which are common, in varying degrees, to all positions. Public health advisors possess interpersonal and communication skills and abilities that permit them to exercise the high degree of leadership and coordinative proficiency necessary to accomplish their work. They are constantly concerned with marketing their programs to potential users, and with convincing those responsible to try new and innovative approaches to health issues. These functions require skill in meeting and dealing effectively with persons of diverse social, economic, and cultural backgrounds, and of differing occupational or functional capacities; officials of local, State, and Federal governments; and, representatives of private industry, professional societies, private, nonprofit, or public entities concerned with health, and educational institutions.

In summary, of considerable importance to the successful performance of the work are those abilities which permit advisors to:

- reconcile the often conflicting desires and influences of State and local jurisdictions, and civic, voluntary, and private entities with the requirements of the Federal government;
- complement and supplement the efforts of others, regardless of occupational specialty or organizational affiliation, in achieving proper and effective administration of public health program activities; and,
- maintain a balance between anonymity and aggressiveness in work relationships with these parties, in order to coordinate their collective efforts toward a constructive team accomplishment.

CLASSIFICATION FACTORS

Nature of Assignment

This factor measures the nature and variety of functions performed and the difficulty and complexity of the work. Incorporated into this factor are elements such as:

- the types of advice and assistance provided;
- the nature and variety of programs represented, including the breadth and depth of subject-matter proficiency required, the extent to which the programs are defined and established, and the involvement of other public health and/or other Federal programs;
- the nature, size, complexity, variety, and other pertinent features of program applications which result or are otherwise affected by the advisor's actions, and the nature of the advisor's involvement in such applications;

- - the nature, variety, size, complexity, and other pertinent features of the environments in which programs are represented, including the characteristics of the State and local governments and/or the agencies and organizations involved; and, prevalent social, economic, cultural, professional, political, or other features which affect the assignment;
- the extent to which the work is accomplished through others, the difficulty in coordinating and integrating their efforts, and the types of differences, conflicts, and overlaps that must be reconciled;
- the nature and complexity of issues and problems encountered and the extent of initiative and resourcefulness necessary to accomplish the assignment; and, other characteristics of the assignment which affect the difficulty and complexity of the work, such as the extent to which assignments involve controversy, lack precedent, or are conventional and require innovative or novel approaches.

Level of Responsibility

This factor measures the nature and effect of supervisory controls; the availability and applicability of guidelines; the nature and purpose of personal contacts; and, the nature, scope, and effect of the advisor's program responsibility.

The nature and effect of supervisory controls addresses how the work is assigned, the responsibility of the employee in carrying it out, and how the work is reviewed. The related guidelines element considers the types of technical and administrative controls applied to a position, such as the availability and applicability of program specifications and guides and the judgment needed to use them in performing the work.

Personal contacts considers both the nature of the work contacts with persons outside the supervisory chain and the purpose of those contacts, which may range from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives.

The nature, scope, and effect of program responsibility element measures the relative worth of program functions and authorities delegated to the advisor; and, the effect of the advisor's conclusions, recommendations, and determinations. The application of this element may vary with the type of assignment, i.e., whether the advisor is assigned to a headquarters component, a regional office, or a State or local health department. Important considerations may, for example, include whether programs are controlled centrally at the headquarters level, or are decentralized to the regions, the extent to which program authorities are diluted by intervening levels of program responsibility, and, whether the advisor is responsible for the application of programs on a nationwide basis, to an entire region, to a State or several States, or to geographic and political areas within a State or States. The effect of the advisor's conclusions, recommendations, and determinations may, for example, include such considerations as the amount of responsibility for taking actions on program matters; the consequence of such actions; and, the extent to which the advisor's recommendations or determinations result in official positions or obligate program resources.

GRADE LEVEL COVERAGE

This standard provides grade level criteria for nonsupervisory positions in grades GS-5 through GS-13. Nonsupervisory positions at grades above GS-13 typically are so highly individualized that the development of broad grade level criteria for their evaluation is not practicable. Non-supervisory positions that clearly and significantly exceed the criteria for grade GS-13 may be evaluated by extension of the criteria in this standard, by comparison with other position-classification standards, and by the application of general position-classification principles.

There are currently few, if any, positions at the GS-5 level. Work comparable to this level in the State and local assignment comes under an employment system provided by special legislation. The GS-5 level State and local assignment is described, however, to mark the lower extremity of the occupation.

Users will note that both the GS-5 and GS-7 grade level descriptions address only work typical of the State and local assignment. This reflects the current lack of regional office positions at these levels. Because of the difficulty, responsibility, and qualifications required for regional office assignments, the lowest level of work usually identified is GS-9. In cases where GS-5 and GS-7 level duties and responsibilities can be assigned to regional office positions, they may be evaluated by downward extension of the appropriate grading criteria in this standard, and comparison with State and local assignments at these levels and other position-classification standards.

The criteria which follow are general and are intended to convey a concept of typical duties and responsibilities at prevalent grades in the occupational structure. Because of their composite nature, these criteria may not answer all questions which confront the user. Rather, they address major characteristics of the work usually associated with particular grade levels and illustrate elements common to many positions. In order to accommodate the wide variety of work performed by public health advisors and the ever changing nature of the occupation, the grade levels have been described to provide for maximum assignment flexibility.

This is especially evident with regard to positions which fully participate in work that has assignment characteristics of the next higher level. For example, it is not uncommon for GS-11 (and some GS-12) advisors to work closely with advisors at the next higher level by fully assisting them in their assignments. While the assignment characteristics for such positions are similar to those depicted at the next higher level, the level of responsibility is considerably diluted. This situation is common where the pressures of office workloads do not permit assignment of the typical duties and responsibilities described in the standard.

Situations may also exist where a position is responsible for the performance of functions commonly associated with a particular grade, but is properly classifiable at the next lower grade because the assignment does not fully meet the intent of criteria at that level. For such positions, reference to the next higher and lower grade level descriptions are essential and it is not necessary for the Nature of Assignment and Level of Responsibility factors to be equally

weighted, as long as the strong elements of one factor compensate for the weak elements of the other.

PUBLIC HEALTH ADVISOR, GS-0685-05

(State and Local Assignment)

Nature of Assignment

This is the basic entrance and training level for the State and local assignment. The work typically consists of several relatively standardized representational tasks, such as those associated with epidemiologic casework or comparable activities. Assignments at this level also serve to acquaint the trainee with the nature of the work, the essential methods, techniques, and procedures pertinent to its performance, and other fundamental aspects of public health program operation in a State or local health department. The assignment is typically structured to permit the GS-5 advisor to participate in basic services, and become familiar with the structure and functions of a health department, the nature of the Federal involvement in State and local public health efforts, and the types of technical and administrative assistance rendered by public health advisors.

Illustration:

Trainee advisors typically assist higher grade representatives in accomplishing casework and comparable activities. Their duties usually include: Interviewing and re-interviewing patients and their contacts to obtain epidemiologic information; conducting field follow-ups to locate and refer disease contacts, or suspected contacts, for medical examination and treatment; visiting private physicians and laboratories to obtain case related information; disseminating educational materials and information on the disease and eradication effort; and, maintaining detailed records and reports. In performing these duties, the trainee representative recognizes and takes into account the particular circumstances, settings, and clientele encountered in the course of casework. The cases assigned are typically screened or otherwise closely controlled.

Level of Responsibility

Public health advisors, GS-5, are assisted in casework or comparable activities by more experienced employees to whom they have recourse when difficulties are encountered. Work methods, techniques, and procedures are explained by the supervisor or a higher grade advisor. Guidelines, which may include written training materials, well delineated and interpreted policy, and technical and procedural guides, are readily available. Assignments are accompanied by detailed instructions and the advisor works as instructed and asks for guidance as needed on all matters not covered by initial instructions or guidelines. The work may be checked in progress or at the completion of appropriate phases and is thoroughly reviewed for technical accuracy, adequacy, and adherence to instructions and guides.

Personal contacts typical of assignments in disease control programs are with other advisors and State or local health department personnel affiliated with the program; patients and other private citizens from all socio-economic strata and cultural affiliation; and, other professional and technical health workers, such as doctors, nurses, and laboratory personnel. Emphasis is placed on establishing and maintaining working relationships with health department and other health personnel, and effective communication and rapport with patients, their family members, and others involved in cases. GS-5 advisors are responsible for meeting with a variety of previously unknown persons to persuade them to divulge intimate details of their personal lives and to motivate them to take appropriate health action. Other contacts, such as those with private physicians and laboratories, are limited to matters arising from cases.

Recommendations and commitments at this level are typically very limited and confined to the specifications of individual cases. The advisor is responsible for assuring clients of confidentiality, carrying through on services, and adhering to agreements made with individuals involved in a case, such as who will or will not be contacted and what will be discussed. Conclusions drawn and actions taken are based on the factual information developed in the course of the casework, in accordance with established procedures and the concurrence of higher level employees.

PUBLIC HEALTH ADVISOR, GS-0685-07 **(State and Local Assignment)**

Nature of Assignment

This is typically a developmental level for the State and local assignment. The public health advisor, GS-7, performs various functions and services, such as epidemiologic casework, promotional, and associated support activities, which build upon the experience, gained at the GS-5 level and provide the background necessary for advancement to higher levels of work within the occupation. At this level, the advisor applies a basic knowledge of the particular disease control program as it operates in the assigned State or local government, the structure and functions of the health department, the diagnostic and treatment resources available, and the involvement of any other organizations which may be affiliated with the disease control effort, sufficient to represent practical aspects of the program in communities. GS-7 advisors are also familiar with the basic social, economic, cultural, and public health characteristics of communities in which they work, and other pertinent features of the environmental setting which affect their assignments.

Illustration:

The assignment typically involves performance of a share of the epidemiologic casework or comparable disease control activities within a portion of a geographic area for which a higher grade representative is responsible. GS-7 advisors are not only proficient in obtaining epidemiologic information from various sources and persuading infected persons to appropriate courses of action and others to cooperate with case-related matters, but also analyze and develop epidemiologic data and discuss basic operational matters with physicians and other medical personnel. They advise laboratories on setting up a reporting and recording system, and conduct routine informational presentations before assembled groups. The casework is typically assigned without screening to eliminate difficult cases, while cases assigned to GS-5 employees are typically screened or otherwise closely controlled.

The work is also distinguished from that performed at the GS-5 level by involvement in educational and promotional program activities. For example, the GS-7 advisor visits laboratories, clinics, hospitals, military installations, and other institutions to provide essential program advice and to stimulate case reporting. The advisor acquaints medical and other health personnel with the contemporary disease situation, the essence of the health department's eradication effort, the most recent and effective diagnostic and treatment techniques, and the reasons cooperation is being sought. At this level, the advisor is also involved in group presentations and may personally conduct routine informational and promotional briefing programs for such audiences as school children, church groups, and civic organizations. The advisor assists higher grade representatives in carrying out more demanding presentations and in conducting training sessions for health department and other health personnel in methods, procedures, and techniques of disease control. The advisor participates in publicity campaigns and performs other support functions, such as assisting in the orientation and training of lower grade representatives and health department employees, and carries out other administrative functions necessary to the operation of the program.

Level of Responsibility

Public health advisors, GS-7, typically carry out recurring casework and comparable activities without specific instruction. The supervisor, or higher grade employee, provides guidance on new phases of work and continuing direction of work in progress by indicating generally what is to be done, limitations, quality and quantity expected, deadlines, and priority of assignments. Guidelines are available and include established procedures for doing the work and a number of specific guides applicable to the assignment, such as interpreted policy statements and operational agreements, technical manuals and publications, health department directives and bulletins, and other internal issuances. The supervisor, or higher grade employee, is available for help or decision on deviations and problems not specifically covered by instructions or guides; and, to assure that finished work and methods used are technically accurate, comply with established procedures, and meet both qualitative and quantitative work requirements.

The GS-7 advisor is expected to display technical and interpersonal competence in independently meeting and dealing with community health personnel on matters which transcend individual cases. Unlike the GS-5 level, where the trainee advisor has recourse to a more

experienced employee when difficulties arise, the GS-7 representative is relied upon to resolve all but the most demanding casework problems and to gain the confidence, support, and cooperation of medical, laboratory, and other persons with operational aspects of the program. Contacts are less structured than at the GS-5 level and the advisor independently makes complete casework arrangements, develops and expands contacts as the situation requires, and initiates contact with health workers who may not have been previously involved with the disease control effort. GS-7 advisors guide lower level employees in conducting their casework activities.

Because of the greater independence with which the assignment is performed, and the employee's proficiency in performing it, GS-7 field representatives in disease control programs typically participate in decisions affecting the delivery of program services to communities in which they work. They are expected to recommend courses of action on epidemiologic and promotional activities in which they are engaged. They discuss analyses of epidemiologic data, the direction in which casework is leading, and the need to test groups of persons who may be infected. They suggest potential tactics for use in stimulating case reporting, such as the best approaches that might be applied to a particular laboratory or medical facility, and effective means of publicizing the program in the community. They determine most technical matters concerning their casework activities, and their recommendations on matters affecting the operations of the program in their geographic area are considered in the decisions of higher grade employees.

PUBLIC HEALTH ADVISOR, GS-0685-09

Nature of Assignment

Public health advisors, GS-9, carry out selected program activities which are designed to meet the particular health needs of limited geographic areas, or which constitute a limited portion of program application. While such assignments involve less than full responsibility for applying a program, the advisor works more independently than at the GS-7 level and has more responsibility for selecting methods, taking actions, and arriving at conclusions.

- In the State and local assignment, GS-9 advisors typically serve as representatives for a disease control program in assigned geographic areas or perform other comparable work in support of a principal representative.
- In the regional office assignment, GS-9 advisors support higher grade regional representatives by relieving them of routine advisory and program assistance duties.

The work requires knowledge of accepted principles, practices, methods, and techniques of representing a public health program, as well as thorough familiarity with the program subject-matter. This includes for example, an understanding of the Federal involvement in the public health program process; the legal and policy framework in which the program operates; and, the funding mechanism(s) associated with it. GS-9 advisors also understand the program implications of specific environmental settings, e.g., the social, cultural, political, and

governmental features of the geographic areas in which their work is performed; the operations of typical health departments; and, the specific functions, interests, and operational involvement of health agencies and organizations associated with program application. By comparison, GS-7 advisors apply a basic knowledge of program operations pertinent to the State or local government to which they are assigned and those characteristics of the environmental setting which directly affect the performance of their program functions.

Illustration of State and Local Assignments:

GS-9 State and local representatives ascertain the program needs of assigned geographic areas by gathering information at the community level. They explain program policies, procedures, activities, services, and benefits to health personnel and other parties; and advise and assist them in the development of disease control activities. This involves, for example, selecting an appropriate target group; planning the screening process; establishing the records control for follow-up and referral of laboratory services; publicizing the activity; arranging for and coordinating patient processing; and, evaluating and reporting on the activity's effectiveness.

Ongoing program activities involve similar planning, scheduling, and coordinating of disease screening, surveillance, analysis, containment, reporting, and other epidemiologic processes. In large urban programs, assignments may include facilitating the work of lower level employees performing casework or comparable activities; and, in areas where the population is less compressed, the advisor may provide essential program representation to small health departments or health districts, as well as personally perform the casework. Other assignments involve the performance of various support functions, such as overseeing the collection of data, conducting initial analysis, preparing reports for use in evaluating program operations, and other work incident to the development of information gathering systems, studies, surveys, and demonstration projects. GS-9 advisors also carry out various educational and promotional activities, such as group presentations, demonstrations, and internal training; and plan, develop, and coordinate publicity campaigns.

Illustration of Regional Office Assignments:

GS-9 regional representatives provide essential program information and assistance on routine matters pertaining to the development, establishment, and continuance of projects and other program activities or functions. They conduct segments of on-site assessment visits to monitor program activities and to substantiate proposals. They analyze requests for assistance and documentation for conformance to elemental program requirements, identify basic program needs, and participate in the development of project plans and specifications. They perform various support functions, such as collecting, analyzing, and synthesizing data, preparing reports for use in evaluating program activities, and similar studies or portions of studies in support of regional program application. They explain applicable laws, regulations, and policies to interested parties and assist applicants through routine phases of obtaining program support. GS-9 advisors may occasionally oversee certain projects, portions of projects, or other program activities which have been identified as conventional and clearly precedented. These assignments are typically small and of limited complexity, as measured by the funding, type of

application, impact on the community and public health clientele, integration with other health and health-related endeavors, and other relevant considerations. GS-9 advisors participate with higher grade regional representatives in overseeing larger and more complex program applications.

Level of Responsibility

At this level, the scope of responsibility is broader, the supervision less constant, and more independent judgment and action are required than at the GS-7 level. The supervisor assigns work by defining objectives, priorities, and time limitations, and assists the advisor in matters which do not have clear precedents. The advisor plans and carries out the successive steps and handles problems in accordance with previous training, instructions, policies, and accepted occupational practices. When assignments are repetitive (as some State and local disease control work), the advisor works with considerable freedom and may only be evaluated periodically through various performance indicators, such as reports prepared by the employee and health department. In other more varied assignments (especially regional office work) consultation may be provided as the work enters each new stage to insure that approaches are technically accurate and in compliance with program specifications. Work is reviewed upon completion for appropriateness and conformance with established policy. Work that differs from that previously performed may be reviewed in progress, as well as upon completion.

Guidelines are usually available, but are broader, more numerous, and less specific than those characteristic of the GS-7 level. They include both general and specific program material, such as legislation, regulations, and policy guides; agency and health department memoranda and directives; and, technical literature, which may be suggested or generally interpreted by the supervisor or higher grade representative. GS-9 advisors frequently use judgment in selecting and applying these guidelines and determining which of several established alternatives to use. In disease control assignments involving casework, they are expected to resolve most operational matters, except those to which guidelines cannot be applied. In assignments that do not involve repetitive operational work (especially regional office assignments), the work is usually of sufficient difficulty and complexity that guidance is obtained from the supervisor or higher grade representative more often. In these cases, however, GS-9 advisors are expected to recognize the limitations of available guides and to seek clarification on matters which exceed their frame of reference.

GS-9 advisors establish and maintain working relationships with persons serving in official capacities, such as officials of State and local governments, other health and health-related agencies, organizations, and institutions, and public interest groups; health professionals, administrators, and their staffs; medical associations; and, in some assignments, the broad strata of private citizens described as personal contacts at lower levels of this standard. This is the first level at which the advisor is responsible for obtaining the cooperation of health and health-related entities in operational or support program matters. The purpose of these contacts is usually to plan, schedule, and provide information on aspects of the program; and to resolve limited, but important operational matters through persuasion and motivation. While relationships with officials are usually amicable, some disease control representatives encounter substantial interpersonal difficulties from private citizens and medical personnel. When such

difficulties concern the resolution of casework, rather than the application of the program, the GS-9 advisor resolves even the most demanding of these interpersonal matters.

This is the first level at which advisors are responsible for drawing conclusions, making recommendations, taking actions, and otherwise accomplishing work that significantly affects program application. In disease control assignments, GS-9 advisors may make tentative commitments on routine operational matters and on-going program activities which are clearly precedented and for which resources have been previously identified. (In assignments that include casework, they also adjust the workloads and set daily priorities for lower grade staff, and resolve technical and procedural matters.) In regional office assignments, the advisor may have authority to transact particular matters that are clearly precedented and routinely approved; but other actions, conclusions, and recommendations usually relate to providing basic technical assistance on routine, non-controversial projects or activities that are covered by precedent, established policy, or accepted practice. In all assignments, GS-9 advisors are consulted extensively on matters affecting program application and their recommendations are carefully considered in the decision-making process.

PUBLIC HEALTH ADVISOR, GS-0685-11

Nature of Assignment

Public health advisors, GS-11, provide substantive program advice and assistance and are responsible for carrying out significant program activities in State and local settings with relative independence. Although there are some limits on the scope, difficulty, and complexity of the work, this is the first level at which advisors are accountable for representing a program, or performing other comparable work involving significant program applications.

- In State and local assignments, the advisor typically serves as the principal representative for a disease control program of moderate size and complexity, such as those that may operate in a district of several counties, or a medium-size city; or performs comparable work, such as fully assisting the principal representative for a large and complex operating program.
- In regional office assignments, the advisor typically serves as a representative for a well defined and established program, or a similarly developed subject-matter area, when applications are conventional and of limited size and variety; or supports higher level regional representatives with larger, more diverse, and complicated program applications.

The work requires full knowledge of the concepts, principles, practices, methods, and techniques of administering a public health program in State and local settings. This includes, for example, knowledge of the Federal and non-Federal public health partnership and the application of public health concepts to the State and local sector; knowledge of the mechanisms and processes most appropriate to support proposals, requests, and in the case of a disease control program, the direct assistance provided; knowledge of what can be done within the framework of legislation,

regulations, and policy; and, knowledge of the fine distinctions in purpose, requirements, and restrictions involved in obligating, extending, or committing Federal resources under the assigned program. Depending upon the assignment, GS-11 advisors are familiar with the planning, development, execution, and/or evaluation phases of State and local disease control programs or regionally applied public health program projects. They are conversant with pertinent organizational and operational features of State and local governments and other public health entities associated with the program. They are acquainted with the administrative and management practices typically employed by these agencies and organizations and thoroughly understand the program implications of the environmental setting(s). By comparison, GS-9 advisors apply practical knowledge of assigned programs and are familiar with specific environmental features of the political jurisdictions and geographic areas in which they work.

Illustration of State and Local Assignments:

GS-11 advisors who serve as principal representatives typically provide substantive technical advice and assistance to an assigned health department in operating a disease control program of moderate size, as measured by the funding, population served, incidence of (or potential for) disease, and other relevant considerations. The involvement of health-oriented or other agencies and organizations associated with the disease control effort varies with the type of program, but such relationships are relatively well developed; and, the social, economic, cultural, governmental, political, and other environmental features of the jurisdiction present no significant difficulties in carrying out the program. There may be several lower level disease control representatives and/or health department employees assigned to the program, but few, if any operating echelons; and, the advisor is primarily concerned with the personal performance of programmatic support functions. The types of problems encountered derive from the technical application of the program and are, for the most part, not of such gravity that they inhibit program delivery. There are precedents for carrying out the program and there is little controversy on a continuing basis. Most outreach activities are conducted in a conventional manner and the program affects to a limited degree, if at all, the programs of other principal representatives.

GS-11 disease control representatives typically establish and maintain an integrated system of information gathering and reporting devices which define the dimensions of the assigned jurisdiction's program-related health problems and portray the effectiveness of control efforts. They analyze such data and assess the jurisdiction's program needs in terms of strategies, services, personnel, training, facilities, and supplies, and recommend appropriate allocations of resources. They plan, schedule, and coordinate the performance of work and may provide direction to subordinate health workers, but their participation in the management of the program is typically limited. They advise health department officials on all aspects of program operations; budget and fiscal matters; legislation and policy; and insure effective and efficient administration through leadership and guidance. Some GS-11 State and local advisors are not responsible for carrying out the complete program mission, but instead fully participate in the activities of GS-12 principal representatives who administer larger and more complex programs. In these situations, the characteristics of the operational program and the jurisdiction must be compared with those described at the GS-12 level.

Illustration Regional Office Assignments:

GS-11 regional representatives provide substantive program guidance and technical assistance to various public, private, and nonprofit health and health-related agencies and organizations. They analyze the public health strategies, services, resources, and facilities of assigned clients in relation to regional distillations of program goals and objectives: encourage active participation in the program; and, make certain recommendations on the development, implementation, extension, and continuance of conventional program applications. They explain applicable laws, regulations, and policies to grantees, applicants, and others and advise them in carrying out program supported projects and activities. They assist assigned clients in preparing detailed proposals which articulate their needs and interests, and review requests for support for conformity with program requirements; appropriateness of purpose, specifications, intended usage; and, obligations of Federal funds. They conduct on-site assessment visits to monitor program applications and to substantiate proposals. They inspect, assess, and evaluate operational projects and activities for progress, performance, and conformity with Federal requirements and recommend corrective actions when necessary. They meet with responsible health officials on important matters of program application and to persuade them to adopt procedures and practices which meet Federal specifications.

GS-11 advisors are typically responsible for representing a program or subject-matter area which is well developed at National and regional levels, and applied to projects and activities of medium size and complexity, as measured by the funding, type of resources provided, impact on communities, and other relevant considerations. Such applications are usually limited to environmental settings that do not vary appreciably and where social, economic, cultural, governmental, political, and other characteristics do not complicate program application. Agencies, organizations, and parties receiving advice and assistance usually have expressed an interest in obtaining program support, and major revisions to existing medical and health-related systems, services, and funding are not anticipated. While relationships are usually straightforward and difficulties can usually be planned for in advance, the advisor must channel the efforts of participating entities into productive ventures and attempt to consolidate differing needs, interests, and viewpoints. Problems that arise are usually attributable to technical matters which derive from program application, rather than external pressures; and, when programmatic controversy, organized opposition, or adverse public reaction surface, guidance and direction are provided by higher" level representatives. GS-11 advisors also assist higher grade regional representatives in the performance of their functions. In such cases, program responsibility is reduced and the types of programs, applications, and environmental settings are more characteristic of GS-12 assignments.

Level of Responsibility

Supervisory assistance and consultation is available on controversial or otherwise difficult matters, but GS-11 advisors are expected to perform their assignments with relative independence and to complete various stages of the work without checks for technical accuracy and compliance with program specifications. When assistance is necessary, the supervisor or higher grade representative discusses possible approaches or precedents that might be helpful and the interpretation of general policies and guidelines. The advisor is responsible for planning

and carrying out the assignment, resolving most of the conflicts which arise, coordinating the work with others as necessary; and, interpreting specific policy in terms of established objectives. Completed work is usually reviewed for success in meeting requirements or expected results; the nature and frequency of problems referred to higher levels; and the appropriateness of the advisor's conclusions, recommendations, and actions. In assignments where the work is more characteristic of the GS-12 Nature of Assignment factor, the supervision is more constant.

Guidelines include program material, such as legislation, regulations, and policy guides, memoranda and directives; and technical literature which pertain generally to program application, but require the use of independent judgment in locating, interpreting, and adapting them to conventional regional program applications or conventionally operated disease control programs. Assignments typically present a number of variables that have more than one theoretical or practical solution, and situations which do not have clear precedents are apt to be encountered. The advisor selects the most effective methods, techniques, and approaches after carefully considering the various alternatives and resolves problems which, for the most part, involve only minimal controversy. When controversy is encountered, or when newer programs are lacking in precedents or developed and established programs involve unconventional applications, additional guidance is provided.

The personal contacts include those described at the 65-9 level, but typically are more varied and difficult because the advisor is responsible for resolving substantive matters that derive from the technical application of the program. At this level, the work is accomplished through others and involves coordination with health department operations and other public health endeavors. GS-11 advisors independently establish and maintain regular working relationships with key Federal, State, and local officials, as well as key officials in other health and medically-oriented agencies, organizations, and institutions upon whom much of the success of the applied program depends. They resolve important operational problems and reconcile the conflicting desires and influences of their clientele with Federal requirements. Although the persons dealt with are usually working toward mutual goals, some resistance from health officials, the professional health community, and others is likely.

GS-11 advisors are accountable for carrying out the program mission within the scope of their assignments. They are responsible for insuring that program funds are used in the manner intended and that operational disease control programs or regional program applications meet and continue to meet Federal program requirements. They contribute to decisions in matters of program application, provide substantive subject-matter advice; make recommendations on the awarding of grants and services; and actively market their programs. They advocate their findings before decision-making authorities and make limited staff and resource commitments within the framework of delegated regional, State, and local authorities.

PUBLIC HEALTH ADVISOR, GS-0685-12

Nature of Assignment

Public health advisors, GS-12, independently perform difficult and complex advisory and assistance functions which are characterized by a greater depth, breadth, and variety of program applications and require more experience and judgment, than assignments performed by GS-11 advisors. At this level, the diversity of important health, business, economic, and social considerations which affect the work call for additional initiative, creativity, and adaptability to resolve pervasive health-related problems and issues without compromising Federal objectives and requirements. Much of the work performed by GS-12 advisors involves careful coordination between and among Federal and non-Federal public health endeavors on matters that are controversial, unconventional, or novel. By comparison, GS-11 advisors perform more conventional, less complicated, and better defined assignments.

- In State and local assignments, the advisor typically serves as the principal representative for large and complex disease control programs, such as those that may operate in a medium to large State, or a large city; or performs comparable work, such as fully assisting a principal representative for the largest and most complex programs.
- In regional office assignments, the advisor typically serves as a representative for one or more programs which are applied to a range of projects and program activities including difficult and complex applications; or serves in other comparable capacities, such as those which involve a similar level of technical expertise in a subject-matter area or program.

The work requires full knowledge of the concepts, principles, practices, methods, and techniques of administering public health programs in State and local settings. Because of the greater range and diversity of program applications characteristic of this level, however, GS-12 advisors possess the occupational maturity to deal independently with various related considerations which affect health care systems and services. They not only keep pace with major changes in National and regional programming, but have sufficient knowledge of other programs which relate to or affect their assignments to resolve the complications and overlaps that are apt to occur. At this level, assignments typically require modifications of standard practice, adaptations or extensions of precedent decisions, and the development of new approaches, methods, or techniques for specific applications. GS-12 advisors make substantial contributions to program effectiveness and are capable of resolving matters involving controversy, conflict, or overlap of public health and other programs, and organized opposition from professional and other groups; and, are able to carry out assignments under adverse conditions.

Illustration of State and Local Assignments:

GS-12 advisors who serve as principal representatives typically provide comprehensive technical and administrative advice and assistance to an assigned health department in operating large

disease control programs, as measured by the funding, population served, incidence of (or potential for) disease, and other relevant considerations. They are responsible for the performance of program functions similar to those described at the GS-11 level, but, because of the size and complexity of their programs, they concentrate on resolving difficult management and administrative problems which stand in the way of program application. While the involvement of agencies, organizations, and other health-oriented entities varies with the type of program, relationships are continually changing and cannot be taken for granted. Since program application depends upon the cooperation of these parties, the advisor must carefully plan, establish, focus, evaluate, and redirect major aspects of the program to meet frequently diverging needs, interests, and demands.

The jurisdictions in which programs at this level operate typically have social, economic, cultural, governmental, political, or other environmental features which complicate program delivery and require that out-reach activities be specifically designed to accommodate them. These may include: concentrations of urban and rural poverty, enclaves of cultural and ethnic groups, fluctuating commuter or military populations, archaic governmental structures, inadequate public health emphasis, tense political lines, delicate social phenomena, and the like. In some assignments, geographic considerations, such as the vastness of land area, remoteness of population centers, and border areas add to assignment difficulties. Other complications may include adverse coverage in the news media, as for example, when new features of a program are implemented. These and other matters are apt to generate controversy and test the advisor's dual allegiance to the Federal government and the State or local jurisdiction; require the watching of general social, governmental, and public health developments, as well as those which specifically affect regional and National program application; and, require new operational methods, techniques, and approaches.

The program activities are diverse and are carried out by a number of lower level advisors and/or health department employees usually organized in several echelons. At this level, advisors are primarily concerned with administering the department's program, rather than personally performing technical and support functions, and must coordinate and integrate their program functions with a variety of other public health endeavors and processes which operate within the jurisdiction. The programs usually affect other health departments, either subordinate or contiguous, and the programs of other principal representatives. In some assignments, the advisor may be designated by the department as the program director. Some GS-12 State and local advisors are not fully responsible for carrying out the program mission, but instead fully participate in the activities of GS-13 principal representatives who manage the largest and most complex programs. In these situations, the characteristics of the operational program and the jurisdiction must be compared with those described by the GS-13 level.

Illustration of Regional Office Assignments:

GS-12 advisors who work in regional offices are typically responsible for representing one or more programs in a functional grouping or cluster, depending on the degree of maturity and development of the programs, the types of applications assigned, and the environmental settings encountered. The extent of the geographic territory assigned, which is important in some jobs, generally corresponds to the number and types of programs represented, but must be considered

in relation to the variety, difficulty, and complexity of the projects and activities overseen by the advisor. For example, in a developing program-where applications do not directly involve other regional office programs and conform to established prototypes -- a GS-12 advisor might be assigned a large geographic territory consisting of several States. For programs that are better defined and established in the region, an assignment might involve representing several programs in an area similar in size. For a well established and accepted program that nevertheless involves extensive coordination with numerous State and local governments as well as integration with other regional office programs, a larger area-for example, one-half the region-might be assigned. When a GS-12 advisor represents all, or essentially all of the programs in a functional grouping, most of which are well defined and established in the region, the geographic territory assigned would normally be much smaller-usually, a portion of a State.

For these assignments, the functions performed are similar to those described at the GS-11 level, but the range of applications, diversity of program requirements, lack of precedent, or variety of environmental settings place added demands on the advisor. Projects and activities are apt to vary in size and complexity, but usually include those that are large and difficult, as measured by the funding, type of resources provided, impact on populations, and other relevant considerations. Such applications are carried out in geographic areas or political jurisdictions where environmental settings vary and social, economic, cultural, governmental, political or other characteristics require that applications be specifically designed and ministered to accommodate diverse needs. GS-12 advisors must be prepared to deal with dissimilar and complex health and health-oriented entities having no initial interest in program participation and/or entrenched ideas on maintaining the status quo. At this level, the advisor must be adept at convincing a variety of different parties, and their agencies and organizations, that major revisions in existing medical and health-related systems, services, or funding are necessary from a social and economic, as well as health point of view.

GS-12 advisors often spend substantial amounts of time in locations remote from the regional office. They encounter a spectrum of problems and issues that derive from external pressures, which are not always anticipated, as well as from technical matters of program application. These may include, for example, established projects inherited from other agency programs which suffer from management or other inadequacies, proposals which engender community ill will; differing program requirements, which nevertheless must be applied to the same project; cost overruns and other funding insufficiencies; personal problems of grant assignees which affect the delivery of services, or otherwise hamper the efficacy of the project, substantive revisions in regional programming, or National program requirements, and others. GS-12 advisors are involved to a significantly greater degree than their GS-11 counterparts in the development and establishment of comprehensive projects and activities and may participate in multiple program "initiatives" in which separate programs are administratively combined into a single application. They are responsible for resolving matters of conflict and overlap that may derive from these and other applications, and integrate their program activities with those of other advisors in the regional office and other Federal agency components. GS-12 advisors are capable of independently handling programmatic controversy, organized opposition from health professionals and other interest groups, competition among jurisdictions, adverse public reaction, and the like.

Some GS-12 advisors may perform functions similar to those described at the GS-13 level for regional program authorities or portions of such functions which may also be combined with project duties and responsibilities. In such cases, the assignment does not require the extent of knowledge identified at the GS-13 level and the programs do not sustain many projects and activities within the region, are otherwise limited in application, or have other features that do not fully meet the requirements of the GS-13 level. Some assignments may combine project representative functions with regional technical expertise in a subject-matter area, and other assignments may involve serving as the program resource to one or more States.

Level of Responsibility

Supervision is more general than that received by GS-11 advisors and assistance on controversial or difficult matters is normally not required. The supervisor and the advisor, in consultation, develop priorities and other broad specifications for the work, but other advice and direction is often received through interactions and exchanges of information with colleagues. The advisor is expected to be fully proficient in independently performing all aspects of the assignment and is relied upon to keep the supervisor informed of progress and unusual problems and issues which affect the general application of programs or are of a precedent-setting nature. Completed work is reviewed for adherence to general policies, goals, objectives, and contributions to the effectiveness of programs. In assignments where the work is more characteristic of the GS-13 Nature of Assignment factor, the supervision is more frequent. The guidelines are primarily legislation; broad program and policy objectives established at National and regional levels; collegial advice in specialized technical areas; and, study and evaluation data that may include findings, technical opinions, and suggestions from prominent public and private persons, agencies, organizations, and institutions. Other guides for performing the work may be scarce or very general and the advisor must rely largely on experience and independent judgment. At this level, the work typically involves adapting general guides or precedents to new situations and developing new methods, techniques, and approaches. This requires initiative and resourcefulness in deviating from conventional ways of accomplishing the work and in establishing new precedents for specific program applications. Assignments often have controversial and unconventional aspects which present the advisor with problems and issues which have numerous variables and several theoretical or practical alternatives.

At this level, the persons contacted are likely to embrace points of view and official public positions that differ from those of the Federal government in fundamental ways. Although the basic public health goals of these parties may be similar, their objectives are likely to differ from program requirements and there may be elements of an adversary relationship, or other obstacles which must be overcome or ameliorated to accomplish the work. This requires greater initiative, persistence, tact, and resourcefulness in establishing and continuing work relationships, and GS-12 advisors experience greater difficulties in gaining the confidence, support, and compliance of their contacts, than GS-11 advisors. This is the first level at which the advisor engages in negotiations with public health officials and their agencies and organizations concerning critical matters affecting the delivery of public health programs. GS-12 advisors are apt to experience substantial program overlaps which arise from the simultaneous application of different public health and other Federal programs within the same jurisdiction or geographic

area. Such situations require considerable negotiation both within and outside the Department to present a clear and unified Federal approach.

This is also the first level at which advisors are independently responsible for making substantial contributions to program effectiveness. Because of the increased scope, complexity, and difficulty of the work, there is greater impact on major developments or changes in the health care systems and services of large populations. GS-12 advisors are more likely to be involved with the development of new applications, techniques, and approaches for existing programs, than are GS-11 advisors. Their latitude for making staff and resource commitments within the framework of delegated regional, State, and local authorities is therefore not as circumscribed, and they actively pursue constructive efforts to enhance program effectiveness. The conclusions and recommendations of GS-12 advisors are considered authoritative, and their determinations exceed those typical of the GS-11 level because they take into account matters that go beyond the purely technical aspects of subject-matter content, and involve important business, economic, and social, as well as health considerations.

PUBLIC HEALTH ADVISOR, GS-0685-13

Nature of Assignment

Public health advisors, GS-13, perform unusually difficult and responsible assignments which affect sizable populations in State and local settings, and require advanced occupational expertise and judgment to support particularly complex program activities, or very broad program applications, on a continuing and frequent basis. They provide the technical and administrative guidance and leadership necessary to resolve matters which are very controversial, complicated, or set general precedent; involve delicate coordination or negotiations of major consequence to general program application, or entail prominent and fundamental health and health-related policy matters with potential for far-reaching scope or impact. Such assignments typically require the development and application of new program methods, approaches, and technology, or the extension, revision, and adaptation of existing methodology to new and unusual situations. At this level, the advisor's conclusions, recommendations, and determinations often result in official positions or obligate substantial program resources which are conspicuous to the general public. By comparison, GS-12 advisors do not regularly set general precedent, or perform work of such public interest, delicacy, dimension, and impact on the field of public health.

- In State and local assignments, only those positions which involve the administration of unusually difficult and complex disease control programs operating in the largest State and local governments are classifiable to this level.
- In regional office assignments, the advisor typically serves as the regional program authority (consultant) for one or more programs which are actively applied to a number of States; leads a team approach in the application of multiple programs or multi-faceted programs; represents one or more programs in the region, when applications are

unusually broad, varied, or otherwise unusually difficult and complex; or, performs a combination of these functions or other comparable assignments.

At this level, the work requires mastery of the theories, concepts, principles, practices, methods, and techniques of public health program administration, and aspects of the field of public health relevant to that administration. This depth and breadth of knowledge is sufficient to resolve especially difficult and critical questions, problems, and issues which may not be susceptible to treatment in traditional ways, and, to take actions which significantly affect general public health policies and overall program application. GS-13 advisors must draw perception and judgment from their experience to confront the greater scope and administrative complexity of interrelated and conflicting elements they encounter; to develop approaches and solutions which accommodate urgent social and economic concerns before the general public which involve their health and well-being; and to anticipate and take positive action on program matters which, if not identified and dealt with, would be of serious consequence to Federal leadership in the field of public health.

Illustration of a State and Local Assignments:

As the principal representative for one or more of the most difficult and complex disease control programs, the GS-13 advisor provides the most comprehensive technical, administrative, and management advice and assistance to the largest and most complicated State or local jurisdictions. At this level, the program activities are extremely broad and diverse and are carried out by a large staff usually organized in multiple operating echelons. The program size, funding, population served, incidence of (or potential for) disease, and other relevant considerations clearly exceed those of the GS-12 level and distinguish the assignment. The social, cultural, economic, governmental, political, and other features of environmental settings affect the administration of the programs to such a degree that many activities must be specifically designed and provided to accommodate them. The involvement and activities of agencies, organizations, and other health-oriented entities associated with the disease control efforts frequently complicate multiple aspects of program delivery and the advisor must integrate and reconcile the programs with the missions and functions of other government and nongovernment endeavors within the jurisdiction. The programs substantially affect a number of other health departments, which may be either subordinate or contiguous, and the programs of other principal representatives; and, are typically viewed by other jurisdictions as trend-setters. These and other features of the assignment combine to present the GS-13 advisor with the most complex problems, issues, and questions of program approach, methodology, and application which frequently require the development of new operational policies, practices, methods, and techniques.

GS-13 principal representatives are ultimately responsible for the performance of program functions similar to those described at the GS-11 and GS-12 levels, but because of the size and complexity of their programs, many operational functions are carried out by lower level representatives and/or health department employees. At this level, the advisor is primarily concerned with managing the program, focusing its application, and insuring that the work is accomplished. GS-13 principal representatives are frequently designated by their assigned jurisdictions as the program director. They develop program goals and objectives; determine

resource needs and allocation; decide the content, character, and functions of program components; carry out long-range planning and evaluation; and, recommend the need for organizational improvements, restructuring, or changes in modes of control and communication. At this level, the variables affecting program administrative derive not only from Federal requirements and the health needs of the population, but from areas of program policy and application, which concern the officials and affect the organizational and management processes of the largest State and local governments.

Illustration of Regional Office Assignments:

GS-13 advisors in regional assignments serve in various capacities -- depending on the functional and organizational design of the particular regional office -- and the advisor may represent one or more programs in the capacity of a regional program authority, a team leader, a project representative, or a combination of these or other comparable functions. Assignments are characterized by unusual breadth or variety, or are unusually difficult and complex. While projects and activities vary in number, size, and complexity, GS-13 advisors are assigned the largest and most difficult ones normally found in regions, as measured by the funding, type of resources provided, impact on populations, and other relevant considerations. Environmental settings are greatly varied and/or have unusually demanding social, economic, cultural, governmental, political, and other characteristics. At this level, the multiplicity of diverse and sometimes competing interests, efforts, and needs may require delicate negotiations and involve questions, problems, and issues of major consequence to general program application, as well as the obligation of substantial resources. GS-13 advisors take the lead in planning, developing, and evaluating matters which involve general precedent, fundamental controversy, extensive coordination both inside and outside the regional office, and those which require new program methods, approaches, and technology, or the extension, revision, and adaptation of existing methodology to new and unusual situations.

GS-13 advisors who serve as regional program authorities are responsible for insuring integrity of application throughout the region and that legislated program requirements are fully addressed. This usually involves the development of annual program plans which address both regional and National requirements, and may be subsequently amended to meet new circumstances and changing requirements. They interpret National program policies and guidelines and serve as the contact point and program liaison with central office technical staffs. They provide comprehensive program consultation and expertise to the complete spectrum of agencies, organizations, and other State and local public health entities associated with program activities. They review State plans and work on multi-State problems requiring careful coordination among jurisdictions. They monitor regional projects and activities for programmatic compliance with applicable laws, regulations, and policies; and provide technical guidance to project representatives and other regional, State and local, and Federal personnel. They evaluate program performance and review program applications for achievement of regional and National goals and objectives. They advise regional management on the shape, focus, and direction of program application. They serve as the designated resource on all matters affecting regional program application and participate in functional activities that cross the organizational lines of the regional office. Some regional program authorities also serve as project representatives for their own, or other programs. (Note: many of these functions may be

performed by GS-12 advisors, and users are cautioned not to assume that the presence of one or more of these functions in a position is necessarily indicative of the GS-13 level).

GS-13 advisors who serve as project representatives perform assignments which clearly exceed those typical of the GS-12 level because, for example, they involve: responsibility for representing programs which are new, undeveloped, lacking in programming or general precedent, or undergoing major revision; unusually large, difficult, complex, or varied program applications; or, leading teams of lower level representatives. A GS-13 advisor may be responsible for representing one or more programs applied to a large geographic territory comprising several States in the region; a relatively small area, such as a highly populated section of a State or a very large metropolitan area; or something in between. In each case, the grade may be supported by the newness of a program and the unusual difficulty and variety of applications, or the fact that a program is especially controversial and involves unusually sensitive and complicated applications or activities. Other assignments may involve taking the lead in applying programs in new and unusual ways as, for example, when multiple programs are administratively combined into single, unified applications for the sake of improved efficiency and effectiveness. These assignments may be combined with regular team leadership functions as, for example, in a continuing assignment where a GS-13 advisor leads a team in the application of all, or essentially all, of the programs in a functional grouping to a large State or comparable geographic area (e.g., smaller or less populated adjoining States).

Level of Responsibility

Supervision at this level is minimal and assignments consist of general statements of missions or functions. The GS-13 advisor has responsibility for planning, developing, coordinating, and evaluating programs, projects, activities, or other work independently. Completed work is normally accepted without significant change, and when it is reviewed, the review concerns such matters as fulfillment of program goals and objectives, effect on regional operations, and contributions to Federal public health efforts. Recommendations are typically adopted, and evaluated only for such considerations as availability of funds and other resources, broad program goals, and National priorities.

The guidelines are broader and less specific than those described at the GS-12 level and are often inadequate for treating the more difficult or unusual problems, issues, and questions relating to matters of overall program application that arise. They require the use of resourcefulness and perception, based on thoroughly experienced judgment, to deviate from or extend traditional public health practices, methods, and techniques; to adapt general guides; or to resolve situations where precedents are not applicable. At this level, the advisor accomplishes assignments that have very complex, controversial, and unconventional features; involve distilling National goals, objectives, and priorities into regional application; or, developing material to supplement and interpret agency headquarters guidelines. The persons contacted and the purpose of such contact is similar to that described at the GS-12 level.

In State and local assignments, the advisors' conclusions, recommendations, and determinations are usually tied to their managerial responsibilities and affect the overall mission of the health department, as well as the delivery of program services to the jurisdiction. GS-13 principal

representatives contribute on an equal basis with other departmental program directors in making general policy and participate with top government officials in planning, developing, extending, and evaluating the public health posture of the jurisdiction. These decisions have extensive impact on the health and well being of large populations and the public health efforts of State and local governments. The advisor's conclusions and recommendations as the basis for official actions. Because of the potential for prominence of disease control programs at this level and the scope and authority of the assignment, the advisor's determinations are apt to have considerable influence on the jurisdiction's public position and may gain National recognition.

In the regional office assignment, the conclusions, recommendations and determinations of GS-13 advisors are relied upon heavily in the development of regional policy decisions and have extensive impact on the health and well-being of large populations and the public health efforts of State and local governments. GS-13 advisors are responsible for the effectiveness of Federal programs and are accountable for the technical and administrative correctness of Federal public health policies and use of funds. Their determinations on the establishment or continuance of projects and program activities are accepted as authoritative. Their technical sphere of influence exceeds their agency affiliation and they are frequently called upon to provide authoritative advice and guidance to other Federal offices on program application and public health matters. Their conclusions contribute substantively to the development of National policy and their involvement with health matters frequently concern crucial issues which affect the posture and policies of the Department.