

To: Personnel Board
From: Gail Glasser, Human Resources
Date: October 16, 2009
Subject: Public Health Clinic Aide Positions

Public Health—Madison and Dane County requested study of two of six budgeted Public Health Clinic Aide positions (Compensation Group 20, Range 08). Merger of Dane County and City of Madison health departments resulted in significant changes in how the department's work is done, and program and administrative duties have been assigned to two employees in the Clinic Aide class that are significantly different from those provided in that class specification. Many of the new duties were formerly performed by nurses in delivery of Health Department services.

Employees in the study positions are currently assigned to coordination of two of the six teams providing H1N1 immunization at all (170) schools in Dane County, where they will be responsible for all functions of the school clinics where their teams are assigned. (The other four teams will be led by employees in professional positions—two Public Health Nursing Supervisors, an HIV Coordinator and a Dental Coordinator.) The position descriptions and request for study of the positions were prepared before planning for the immunization clinics was in place. The current assignment, while not a basis for classification change, reflects how expectations and assigned duties have changed to include advanced-level independent responsibility for administrative and program work.

Duties for the incumbent in one of the study positions (J. Esse) included developing a data base and organizing programming to provide a new record system for tracking annual staff TB skin testing and reporting, staff mask fit testing and reporting, and other employee health program work and record keeping, including planning and conducting yearly staff OSHA training and coordination of employee immunization records in conjunction with outbreaks. TB clinic duties for this employee have included creating and maintaining a TB clinic supply system, coordination of TB clinic schedule restructuring and semi-annual analysis of schedule structure, and conducting Directly Observed Therapy (DOT) for clients with tuberculosis. This along with coordination of the Refugee Program Screening Clinic scheduling, program tracking and billing, and Immunization Program assignments constitute 65% of the duties of Ms Esse's work, with the remaining 35% provided for administrative support for clinic operations, nursing section activities and other department services.

The incumbent in the second study position (K. Roznowski) has been assigned administrative and program support duties in clinic operations and organization, and is the "point person" for immunization services, with 40% of duties directly relating to clinic operations, supplies and organization, 40% immunization intake and record retrieval, and 9% records and data maintenance. Duties call for Wisconsin Immunization Registry (WIR) list use and management for Public Health Immunization Clinics: program planning, evaluation and reporting, including grant reporting; management of clinic immunization intake and records, and management of vaccine inventories and ordering. The position provides training and direction for staff managing data entry for WIR. Additional administrative and clinical duties in developing and providing information, educational and other materials and preparing displays and outreach supplies are assigned to the incumbent.

The department describes assignments to the two incumbents as duties drawn from program managers, the Immunization Coordinator, and Public Health Nurses responsibilities in the areas of specialized immunization, tuberculosis, and employee health that allow the department to plan and evaluate work, to provide information to other health care providers and the public, and to implement systems to serve staff and clients.

We find the assigned work consistent with the Program Assistant 1 class:

Responsible administrative support and advanced-level secretarial and/or programmatic work . . . including such functions as office management, . . . programmatic record keeping and reporting; performance and/or coordination of specialized program functions The work requires exercising considerable judgment and discretion in the interpretation and application of policies and the development of operating systems and procedures. . . . Employees in this class . . . may provide direction and/or supervision to limited numbers of permanent and/or nonpermanent staff.

The Public Health Clinic Aide class calls for clinical screening services such as reporting height, weight and physical measurements, vision and hearing screening, taking temperature, pulse and blood pressure readings and noting concerns for clinical staff, characterized as “structured medical screening techniques, typically guided by existing protocols.” General responsibilities are described as follows:

Public health programmatic, outreach, clinical and clerical work performed in support of public health outreach, education, and clinical activities. Employees prepare and disseminate health information, maintain clinic and client records, and perform related public contact/outreach work including linking people with needed services and disseminating information about all public health programs.

Training and experience requirements for the Program Assistant 1 classification, “three years of responsible clerical support experience that included significant secretarial and administrative responsibilities involving complex clerical, administrative, and/or accounting systems and procedures” accurately reflects requirements for currently assigned duties. Requirements for the Public Health Clinic Aide, “One year of experience performing health or human services outreach or related support activities,” do not reflect the high levels of coordinating and administrative activities assigned to the two study positions.

We recommend that the study positions be recreated as Program Assistants 1 and that the incumbents be reallocated to the new class. We have prepared the necessary Resolution to implement this recommendation.

<i>Compensation Group/Range</i>	<i>2009 Annual Minimum (Step 1)</i>	<i>2009 Annual Maximum (Step 5)</i>	<i>2009 Annual Maximum + 12% longevity</i>
20/08	\$36,671	\$41,053	\$45,968
20//11	\$40,066	\$44,848	\$50,232

copies: Cheryl Robinson, Public Health Nursing Supervisor (*Dane County*)
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 Dr Thomas Schlenker, Director, Public Health—Madison and Dane County
 Incumbents