



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

ASSOCIATE HEALTH PROGRAM ADVISER

Schematic Code: KH12 Classification Code: 8337 Exam Code: 2H1CN

Examination Type: Open Continuous

FINAL FILING DATES

Testing is considered continuous as dates can be set at any time. Applications will be reviewed to ensure the minimum requirements for participation in this exam are met. Possession of the entrance requirements does not assure a place on the eligible list. Once you have taken the examination, you may not retest for 12 months from the established list date.

Applications must be submitted by the filing dates indicated below. Applications postmarked, personally delivered, or received via interoffice mail after the final filing date, will be held for the next administration of the exam. The filing dates are:

Final Filing Dates:

January 14, 2021

June 14, 2021

SALARY

\$5149 - \$6446 per month

EQUAL EMPLOYMENT OPPORTUNITY

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

WHO CAN APPLY

Persons who meet the minimum qualifications as stated on this announcement may take this competitive examination.

MINIMUM QUALIFICATIONS

Either One

One year of experience in the California state service performing duties comparable to Health Analyst, Range C. (Applicants who have completed six months of service performing the duties as specified above will be admitted to the examination, but they must satisfactorily complete one year of this experience before they can be eligible for appointment.)

Or Two

Three years of progressively responsible experience in health program administration, at least one year of which shall have included significant responsibility in a program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. (Possession of a Master's Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration or a closely related health professional field may be substituted for one year of the required general experience.) (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration or a closely related field may be substituted for the two years of the required general experience.)

AND

Equivalent to graduation from college. (Additional qualifying experience in Public Health or Health Program Administration may be substituted for the required education on a year-for-year basis.)

The required degree must have been obtained from a recognized U.S. university or from a foreign university approved by the Bureau of Private Postsecondary and Vocational Education under the provision of California Education Code Chapter 3, Part 59, Division 10.

GENERAL QUALIFICATIONS

All candidates for, appointees to, and employees in the state civil service shall possess the general qualifications of integrity, honesty, sobriety, dependability, industry, thoroughness, accuracy, good judgment, initiative, resourcefulness, courtesy, ability to work cooperatively with others, willingness and ability to assume the responsibilities and to conform to the conditions of work characteristic of the employment, and a state of health consistent with the ability to perform the assigned duties of the class.

POSITION DESCRIPTION

TYPICAL TASKS

Under direction, incumbents perform the more difficult and complex duties involved in the planning, implementing, monitoring and evaluating health program or projects. An Associate Health Program Adviser may have lead responsibility, serve as team leader on studies or projects or discrete program areas, and plan and perform staff work for health-related committees.

HOW TO APPLY

To apply for this examination, please complete and return the following:

STANDARD STATE APPLICATION (FORM 678)

COPY OF UNOFFICIAL/OFFICIAL COLLEGE TRANSCRIPTS

Due to COVID-19, we have limited staff working in the office. Therefore, the preferred method of application submittal at this time is via email to CDPHEExamUnit@cdph.ca.gov. Mailed and dropped off applications will still be accepted but may have delays in processing.

Applications and any additional documents must be submitted via the U.S. Postal Service or hand delivered to the Department of Public Health Human Resources Office (hours are 8:00 AM to 5:00 PM). Submit ([California State Application STD 678](#)) and any additional documents to:

Via Email:

CDPHEExamUnit@cdph.ca.gov

Submit via mail to:

DEPARTMENT OF PUBLIC HEALTH
Attn: Examination Services Unit
P.O. Box 997378 MS 1700 – 1702
Sacramento, CA 95899-7378

Drop Off:

DEPARTMENT OF PUBLIC HEALTH
Attn: Examination Services Unit
1615 Capitol Avenue
Sacramento, CA 95814

DO NOT SUBMIT APPLICATIONS

TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CalHR)
THROUGH EMAIL, FAX, OR INTER-AGENCY MAIL

CONTACT INFORMATION

All questions regarding this examination (including the minimum qualifications, applying for the examination, being scheduled for the examination, reasonable accommodations, the examination components, scoring, etc.) may be directed to the contact information below:

PHONE NUMBER: 916-322-4460

EXAMINATION INFORMATION

The examination will consist of a Qualifications Assessment and is the sole component of the Associate Health Program Adviser examination. To obtain a position on the eligible list, a minimum score of 70% must be received. The Qualifications Assessment is designed to elicit specific information regarding each candidate's education, training, and experience relative to the testing classification. Responses to the questionnaire will be assessed based on pre-determined rating criteria. **The Qualifications Assessment package will be emailed to the applicant in the form of a survey. Please monitor your email account's SPAM, Junk, Bulk, etc. Folder (s) as the examination email may be filtered depending on your specific account settings.**

The Department of Public Health reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service law and rules and all competitors will be notified.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications **must** include “to” and “from” dates (month/day/year), time base, job titles and/or civil service class title(s), and range (if applicable) for all work experience. College course Information **must** include title, number of semester or quarter units, name of institution, completion dates, and degree. **Applications received without this information will be rejected. Applicants must submit a copy of either official or unofficial transcripts along with the application when using education to meet the entrance requirements for this examination.**

SCOPE OF EXAMINATION: Ratings will be determined based on the depth and breadth of professional education and experience beyond what is minimally required. Emphasis will be placed on measuring:

Knowledge of:

1. Legislative process to effectively act in the Department’s interest.
2. Public health principles to develop effective Programs, services, and evaluation strategies.
3. Group dynamics to work with teams and advisory committees.
4. Analytical techniques for various purposes including but not limited to: evaluating Program effectiveness, report writing, and policy development
5. The funding processes.
6. Contract development, including policies and procedures for contract negotiation and determination of compliance measures.
7. Data gathering techniques and research methods to ensure accuracy and defensibility of outcomes.
8. Basic statistics.
9. Budget process to assist in development of budget concepts and proposals.
10. Strategic planning process.

Skills to:

1. Assist with facilitation of internal and external workgroup to accomplish Program goals and objectives in a cooperative manner.
2. Communicate issues and policies clearly and concisely.
3. Work with teams and advisory committees.
4. Utilize Microsoft Office to prepare documents, reports, and for communication purposes.
5. Navigate the Internet to conduct research and gather information.

Ability to:

1. Manage workload and prioritize tasks according to changing priorities in a constantly changing work environment.
2. Communicate clearly and effectively, both orally and in writing with various audiences.
3. Read, analyze, and interpret documents and reports to extract and apply pertinent information.
4. Identify problems/issues and formulate recommendations.
5. Assist in development of assessment tools to monitor compliance with contracts or mandates.
6. Culturally sensitive to the needs of diverse groups.
7. Work effectively with external entities, including governmental agencies, service providers, advocates, consumers, and special interest groups
8. Establish and maintain cooperative professional relationships with individuals and entities at local, State, and Federal levels.
9. Work effectively in a politically sensitive environment.

10. Work professionally within the Department's code of conduct.

ELIGIBLE LIST INFORMATION

Possession of the entrance requirement does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Names of successful competitors are merged into the open eligible list established for use by the Department of Public Health in order of final scores regardless of testing date. Eligibility expires **18** months after it is established unless the needs of the service and conditions of the list warrant a change in this period.

VETERAN'S PREFERENCE

Pursuant to Government Code Section 18973.1, Veteran's Preference will be awarded in this examination as follows: 1) Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veterans' preference; 2) An entrance examination is defined, under the law, as any open competitive examination; 3) Veterans' Preference is not granted once a person achieves permanent civil service status.

HOW TO APPLY FOR VETERANS' PREFERENCE

The [California State Jobs' website](http://www.jobs.ca.gov) (www.jobs.ca.gov) has information on how to apply for Veterans' Preference on their website and on the [Application for Veterans' Preference form \(CalHR 1093\)](https://jobs.ca.gov/PDF/SPB1093.pdf) (https://jobs.ca.gov/PDF/SPB1093.pdf). Additional information is also available at the [Department of Veterans Affairs website](http://www.cdva.ca.gov) (http://www.cdva.ca.gov).

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:

MCI from TDD: 1-800-735-2929 MCI from voice telephone: 1-800-735-2922

Sprint from TDD: 1-888-877-5378 Sprint from voice telephone: 1-888-877-5379

CONDITIONS OF EMPLOYMENT (631)

Examination Title: ASSOCIATE HEALTH PROGRAM ADVISER

Name: _____
(Print: first, middle initial, last)

Final Filing Dates:

January 14, 2021

June 14, 2021

If you are successful in your examination your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications your name will be placed on the inactive list.

Locations in which you are willing to work:

Please indicate your choices - you will not be offered a job in locations not checked.

Contra Costa County (0700) _____

Sacramento County (3400) _____

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

Full Time

Part Time (regular hours less than 40)

Intermittent (on call)

Limited Term

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

Full Time

Part Time (regular hours less than 40)

Intermittent (on call)

Limited Term

It is your responsibility to notify the Department of Public Health, Examination Services Unit, of any changes in your address or availability for employment. All correspondence must include your name, examination title, and identification number.

Signature: _____ Date: _____