

Local Public Health Performance Standards

Workforce Standards Waiver Request

I. Educational, Training, And Credentialing Context

The Special Commission on Local and Regional Public Health in their [*Blueprint for Public Health Excellence*](#) report recommended a workforce standard for local public health with the goal of ensuring consistency and competency in the hiring of public health professionals and in the placement of board members across municipalities. The Special Commission also underscored the need to have a diverse and representative workforce. The Office of Local and Regional Health provides funding to increase, diversify, and strengthen the local public health workforce.

The Blueprint also recommended a waiver process for the workforce standards in certain situations. Our goal is to ensure an adequately educated and trained workforce without penalizing existing well-trained staff with many years of professional experiences. Individual circumstances vary a lot. Below are some examples of anticipated circumstances when a waiver request might be appropriate. These are not the only scenarios for a waiver application.

- 1) An experienced staff member who has worked at least 7 years in local or state public health agencies and may not have the years of service left until retirement to acquire required educational degree.
- 2) Inspectors/Sanitaricians are required to become Registered Sanitaricians within 6 years of hire. Given that the baseline education credential for inspectors is a high school diploma and the minimum educational requirement for the RS credential is a bachelor's degree, some inspectors might not be able to earn a bachelor's degree within time period while also working full time.
- 3) Given the tight and highly competitive labor market for Registered Nurses, public health nurses with an associate's degree and RN credential at hire may need a waiver until they are able to complete the additional course work toward a bachelor's degree of nursing.

II. Process

The form below provides an opportunity to request individual waivers for each employee that does not meet the workforce standard in the overall performance standards for local public health.

Waiver Needed	Request Made By
Health Director/Agent (department head)	Chair of Local Board of Health
Commissioner (for cities without a board of health)	Mayor
All other positions	Health Director/Agent/Commissioner (department head)

In the case of staff who are employed in localities that are governed by shared agreements, the governance structure should provide guidance for who submits such a request. Note that these waivers are only for the workforce standards. Some localities may have higher or other minimum qualifications. DPH is neither monitoring these requirements, nor entertaining waiver requests for these local requirements.

III. Terms

An approved waiver is valid only for the person holding the position for which the waiver is requested. The expiration date of the waiver will be determined based on a reasonable timeframe for the individual to meet the standards. The waiver is not transferable to a new individual who holds the same position or to the same individual who moves to a new position at any location.

IV. Waiver Application

Please provide the following information with as much detail as needed to explain proficiency despite not meeting the standards. You may attach any relevant documents that you want us to consider, such as certificates of completion for relevant training programs, credentials, etc.

Part 1:

Name and Position of Requestor:

Name of Health Department/Health District/Shared Services Arrangement:

Address:

Telephone Number:

Email Address:

Part 2: Full Name of the Person the Waiver is being requested for:

Position:

- ☐ Currently in the position
- ☐ New hire

Dates of Employment:

Part 3: Unmet Workforce Standard

1. What is the workforce standard that you are requesting a waiver?
2. What is the current experience, training, and credentials of the person the waiver is being requested for? (Submit on a separate page or submit a resume)
3. What is the justification for making this request?

- ☐ This person has other skills that are essential to build out the team (e.g., linguistic, population alignment), and will help the LBOH meet other performance standards.

Explain briefly:

- ☐ None of the applicants in the pool met all the requirements.

- ☐ Other _____

4. What is the workforce development plan for the person to meet the standards?

Unmet standard	Proposed plan to meet the standard	Support provided by the municipality	Supervisor who will ensure progress	Target date for completion

5. What is the impact on the LBOH, Shared Service, or Health District, if the waiver is not approved?
6. What is the projected end date of needing such an approval for the person in the position?
7. Any other relevant information you would like us to consider.

Part 4: Acknowledgement and Signature

The signatures below are acknowledgement that the information above is true and accurate. In addition, it is understood that, if approved, the waiver only applies to the individual and the current position the individual is in that this application has been submitted for. Should the standards not be met by the end date of the approved waiver, the approval becomes null and void.

Signature of BOH Chair/Health Director

Date

Signature of LPH Staff Member

Date

Submission:

Submit to Phyllis Williams-Thompson, Director of Local Public Health Workforce Development, Office of Local and Regional Health, DPH at Phyllis.D.Williams-Thompson@mass.gov

You will receive an acknowledgement that your submission has been received.

The waiver review process may take up to 3 weeks upon receiving the request if all the requested information is provided. DPH reserves the right to request additional information if the application is incomplete or unclear.

The requestor will receive a notification that the Waiver Request has been received and notification of a decision by email.