U.S. Equal Employment Opportunity Commission

Federal Agency Annual EEO Program Status Report

EEOC Form 715-01

**Management Directive – 715**

Office of Equity, Diversity, and Inclusion

National Institutes of Health

Department of Health and Human Services

For period covering

October 1, 2014 to September 30, 2015

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# PART A: Department or Agency Identifying Information

1. **Agency**: Department of Health and Human Services (DHHS)
   1. **2nd level reporting component**: National Institutes of Health (NIH)
   2. **3rd level reporting component**: N/A
   3. **4th level reporting component**: N/A
2. **Address**: 1 Center Drive
3. **City, State, Zip Code**: Bethesda, Maryland 20892
4. **CPDF code**: HE38
5. **FIPS code(s)**: 0300

# PART B: Total Employment

1. **Enter total number of permanent full-time and part-time employee**: 13,583
2. **Enter total number of temporary employees**: 4,302
3. **Enter total number employees paid from non-appropriated funds**: 0
4. **TOTAL EMPLOYMENT [add lines 1 through 3]**: 17,885

# PART C: Agency Official(s) Responsible For Oversight of EEO Program(s)

1. **Head of Agency/Official Title**: Francis S. Collins, M.D., Ph.D./ Director, NIH
2. **Agency Head Designee**: N/A
3. **Principal EEO Director/Official Title/Series/Grade**: Debra C. Chew, Esq./Director/ Office of Equity, Diversity, and Inclusion (EDI)/340/SES
4. **Title VII Affirmative EEO Program Official**: Debra C. Chew, Esq., Director, EDI
5. **Section 501 Affirmative Action Program Official**: Renee King, Branch Chief, Special Emphasis Portfolios
6. **Complaint Processing Program Manager**: Treava Hopkins-Laboy. Deputy Director, EDI
7. **Other Responsible EEO Staff**: Danny Dickerson, Acting Director, Diversity and Inclusion Division, EDI and Jennifer Croft Gioffre, Branch Chief, Strategic Diversity and Inclusion, EDI

# PART D: List of Subordinate Components Covered in This Report

* Office of the Director (OD), Bethesda, MD
* National Cancer Institute (NCI), Bethesda, MD
* National Eye Institute (NEI), Bethesda, MD
* National Heart, Lung, and Blood Institute (NHLBI), Bethesda, MD
* National Human Genome Research Institute (NHGRI), Bethesda, MD
* National Institute on Aging (NIA), Bethesda, MD
* National Institute on Alcohol Abuse and Alcoholism (NIAAA), Bethesda, MD
* National Institute of Allergy and Infectious Diseases (NIAID), Bethesda, MD
* National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), Bethesda, MD
* National Institute of Biomedical Imaging and Bioengineering (NIBIB), Bethesda, MD
* *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), Bethesda, MD
* National Institute on Deafness and Other Communication Disorders (NIDCD), Bethesda, MD
* National Institute of Dental and Craniofacial Research (NIDCR), Bethesda, MD
* National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), Bethesda, MD
* National Institute on Drug Abuse (NIDA), Bethesda, MD
* National Institute of Environmental Health Sciences (NIEHS), Research Triangle Park, NC
* National Institute of General Medical Sciences (NIGMS), Bethesda, MD
* National Institute of Mental Health (NIMH), Bethesda, MD
* National Institute on Minority Health and Health Disparities (NIMHD), Bethesda, MD
* National Institute of Neurological Disorders and Stroke (NINDS), Bethesda, MD
* National Institute of Nursing Research (NINR), Bethesda, MD
* National Library of Medicine (NLM), Bethesda, MD
* Center for Information Technology (CIT), Bethesda, MD
* Center for Scientific Review (CSR), Bethesda, MD
* Fogarty International Center (FIC), Bethesda, MD
* National Center for Complementary and Integrative Health (NCCIH), Bethesda, MD
* National Center for Advancing Translational Sciences (NCATS), Bethesda, MD
* NIH Clinical Center (CC), Bethesda, MD

# EEOC Forms and Documents Included With This Report

* Executive Summary [FORM 715-01 PART E], that includes:
  + Brief paragraph describing the agency's mission and mission-related functions
  + Summary of results of agency's annual self-assessment against MD-715 "Essential Elements"
  + Summary of Analysis of Work Force Profiles including net change analysis and comparison to RCLF
  + Summary of EEO Plan objectives planned to eliminate identified barriers or correct program deficiencies
  + Summary of EEO Plan action items implemented or accomplished
* Statement of Establishment of Continuing Equal Employment Opportunity Programs [FORM 715-01 PART F]
* Optional Annual Self-Assessment Checklist Against Essential Elements [FORM 715-01 PART G]
* EEO Plan To Attain the Essential Elements of a Model EEO Program [FORM 715-01 PART H] for each programmatic essential element requiring improvement
* EEO Plan To Eliminate Identified Barrier [FORM 715-01 PART I] for each identified barrier
* Special Program Plan for the Recruitment, Hiring, and Advancement of Individuals With Targeted Disabilities for agencies with 1,000 or more employees [FORM 715-01 PART J]
* Copies of relevant EEO Policy Statement(s) and/or excerpts from revisions made to EEO Policy Statements
* Copy of Workforce Data Tables as necessary to support Executive Summary and/or EEO Plans
* Copy of data from 462 Report as necessary to support action items related to Complaint Processing Program deficiencies, ADR effectiveness, or other compliance issues
* Organizational Chart

# PART E: Executive Summary

## Introduction

The following Management Directive 715 (MD - 715) Report and Plan demonstrates support for building and sustaining a *Model EEO Program,* and provides details on the Equity, Diversity, and Inclusion 365(*EDI 365*) approach undertaken by the National Institutes of Health (NIH). The EDI 365 approach is about collaboratively developing strategies throughout the year, rather than placing emphasis on a year-end report or activities solely dedicated to special emphasis commemoration. We recognize that collaboration is key for the leadership, stakeholders and partners who are working toward enhancing representational diversity, building a culture and climate of inclusion, and having a model EEO program. In 2014, the NIH’s MD-715 Report and Plan focused on building capacity and infrastructure. In 2015, the Report and Plan continues to demonstrate progress in building capacity, and addressing deficiencies identified during the self-assessment; however, it should be noted that NIH has made particularly measurable strides in the element of *Demonstrated Commitment by Agency Leadership.* Some of the highlights are cited below.

## Trends in EEO, Diversity and Inclusion Data

Current data indicators and trends on the federal workforce from the U.S. Equal Employment Opportunity Commission, (EEOC) report titled, *American Experiences versus American Expectations* (retrieved from <http://www.eeoc.gov/eeoc/statistics/reports/american_experiences/>) noted that Women, Hispanics, Asians, and Blacks lag behind in the federal workforce in managerial and official positions compared to census data benchmarks. Additionally, the U.S. EEOC complaints data demonstrate that stigma and discrimination trends in the workplace continue based on sex, disability status, and identification as sexual and gender minorities (lesbian, gay, bisexual, transgender, and gender non-conforming individuals). A snapshot of NIH workforce demographics, complaints trends, and Federal Employee Viewpoint Survey (FEVS) data shows workforce patterns similar to the EEOC’s trends for the federal government overall.

### NIH Workforce Summary Data

This section contains a summary of the workforce analyses conducted as part of the MD-715. Detailed breakouts can be found within the appendices.

In order to adequately examine the workforce, the NIH uses data from the Census Bureau as comparators where appropriate. In addition to utilizing these benchmarks, NIH made three major strides in FY 2015. First, the agency began analyzing applicant flow data from USAJobs and a supplemental survey for SES positions. Second, the agency began analyzing employee responses to the FEVS. Third, the agency re-assessed the occupational series leading to the SES rank and revised the lsit previously reported to the EEOC. The occupations leading to the SES rank at NIH when reviewing trends for the past ten years are as follows: 0301, 0340, and 0341.

The overall civilian labor force (CLF) benchmarks referenced in this report consist of U.S. Citizens age 16 or older who are employed or seeking employment, and are not in the military or institutionalized. The relevant civilian labor force (RCLF) is a subset of the CLF and is occupation specific. The RCLF allows the NIH to more definitively identify potential barriers to EEO and provide key decision makers with relevant and useful information about the state of the agency.

The NIH’s total workforce (permanent and temporary) included 17, 885 employees as of September 30, 2015 according to the Health and Human Services (HHS), Business Intelligence Information System (BIIS). The workforce consisted of 13,583 permanent employees and 4,302 temporary employees. The NIH workforce numbers are decreasing from FY 2014 to FY 2015 by 1.2% (184); and from FY 2013 to FY 2014 by 1.6% (303). This trend indicates an overall decline in employment at the NIH.

The FY 2015 rates of participation among the workforce based on ethnicity, race, sex, and disability exhibited that NIH’s largest group was Whites 58.5%, followed by: Blacks 20.3%, Asian/Pacific Islanders 17. 6%, Hispanics 3.1% and American Indians/Alaska Natives 0.5%. This includes 41.8% (7,471) males and 58.2% (10,414) females. In the overall NIH workforce, individuals with targeted disabilities represented 1.2% (217) of the total workforce and 1.5% (199) of the permanent workforce.

NIH’s top five mission critical occupations: General Health Science (0601), General Biological Science (0401), Nursing (0610), Medical Officer (0602), and Information Technology (2210) were compared against Relevant Civilian Labor Force (RCLF) benchmarks. For example, in the General Health Science (0601) occupation, Hispanic males, White females, Asian males, and American Indian and Alaska Native men and women have lower than expected participation. In the General Biological Science (0401) occupation, Hispanic males, White men and women, and American Indian and Alaska Native men and women have lower than expected participation. In the Nursing (0610) occupation, Hispanic males, and American Indian Alaska Native men and women have lower than expected participation. In the Medical Officer (0602) occupation, Hispanic males, White males, Black males, and American Indian Alaska Native men have lower than expected participation. In the Information Technology (2210) occupation, Hispanic men and women, White men and women, and American Indian Alaska Native men and women have lower than expected participation.

### NIH Complaint Trends

Over the past three years from FY 2013–FY 2015 the number of EEO complaints filed increased from FY 2013 (171), to FY 2014 (178), and FY 2015 (191). For two consecutive years FY 2013–FY 2014, reprisal was the number one alleged basis and harassment (non-sexual) was the number one issue for formal complaints. Although, in FY 2015, the number one basis shifted to “Sex.” Through the in-person EEO compliance training, EDI is educating the NIH workforce on their rights and responsibilities in EEO. Specifically, the training serves to increase knowledge and assist in the prevention of reprisal, harassment and discrimination.

Highlighted below are the three-year trend complaint data for the top five bases and top five issues.

**FY2013**

| **Top Five Bases** | **Total** | **Top Five Issues** | **Total** |
| --- | --- | --- | --- |
| Age | 29 | Harassment (Non-sexual) | 126 |
| Reprisal | 35 | Promotion /Non-Selection | 43 |
| Race (Black) | 28 | Assignment of Duties | 74 |
| Sex | 42 | Reprimand | 16 |
| Disability | 18 | Evaluation and Appraisal | 67 |

**FY2014**

| **Top Five Bases** | **Total** | **Top Five Issues** | **Total** |
| --- | --- | --- | --- |
| Age | 21 | Harassment (Non Sexual) | 114 |
| Reprisal | 36 | Promotion/Non-Selection | 21 |
| Race (Black) | 24 | Assignment of Duties | 58 |
| Sex | 25 | Reprimand | 23 |
| Disability | 25 | Evaluation and Appraisal | 45 |

**FY2015**

| **Top Five Bases** | **Total** | **Top Five Issues** | **Total** |
| --- | --- | --- | --- |
| Age | 40 | Harassment (Non Sexual) | 64 |
| Reprisal | 41 | Disciplinary Actions | 37 |
| Color | 14 | Assignment of Duties | 31 |
| Sex | 53 | Evaluation | 20 |
| Disability | 29 | Promotion/Non Selection | 14 |

The source for this information was the 462 Report (2015) attached to this Report and Plan.

### NIH Employee Viewpoint Survey Data

One of many resource tools used to begin to understand employee concerns and satisfaction is the Federal Employee Viewpoint Survey (FEVS). The FEVS provides data results for agencies to measure employee engagement and to assess the management of human capital for purposes of identifying opportunities to enhance organizational performance. In 2014, the NIH identified four categories for further research and exploration including: perception of the NIH and local workforce; attracting and retaining talent, performance management, and leadership and employee engagement.

Further analysis was conducted assessing the FEVS results by sex, race/ethnicity, and disability status using OPM’s FEVS public release data file. In 2014, 6,302 NIH employees self-reported their sex; 6,124 identified their race/ethnicity; and 6,283 identified their disability status. First, regardless of the demographic group, survey respondents have expressed dissatisfaction over the past few years on questions related to management practices, organizational policies and practices, insufficient resources to get the job done, training needs, recognition for differences in performance, awards and promotions, opportunities to get a better job in the organization, and pay. Second, by sex, female respondents were more likely to select a negative response to survey questions about management practices and organizational practices. Third, racial/ethnic minority respondents were more likely to select a negative response to survey questions about management practices, organizational practices, and pay. Fourth, respondents with a disability were more likely to select a negative response to survey questions about management practices, organizational practices, training needs, opportunities to get a better job in their organization, and pay. While we cannot draw conclusions from these findings, they highlight areas for further exploration.

## NIH Focus Areas (Summary of Part I)

Using the snapshot data described above in workforce demographics, complaints data, and FEVS data, areas of concern were identified. These analyses have been included as appendixes to this years’ Report and Plan.

Based on lower than expected participation rates, the following were identified as Focus Areas for NIH for FY 2015-2016:

* The recruitment and retention of People with Disabilities
* The recruitment and retention of Hispanics
* The recruitment and retention of American Indians/Alaska Natives
* The recruitment of Black Tenured and Tenure Track Scientists
* The recruitmen of Asian/Pacific Islander Lab and Branch Cheifs

The Chief Officer for Scientific Workforce Diversity (COSWD) will spearhead efforts to diversify the scientific workforce inclusive of tenure and tenure track scientists and lab and branch chiefs. Given that not all NIH IC’s have intramural programs, the last two focus areas are only relevant to the IC’s which have intramural programs.

In 2016 and beyond, NIH is pursuing barrier analysis with our six Special Emphasis Engagement Committees including: Hispanics, American Indians and Alaska Natives, Persons with Disabilities, Women, Blacks, and Asians/Pacific Islanders. Contractor support will be engaged to help the Special Emphasis Engagement Committees focus on the most apparent barriers as far as representational diversity and inclusion impacting each Special Emphasis population. Each Committee will examine agency policies, procedures, culture, practice, etc. that may be impacting both representational diversity and inclusion and then formulating a theories of what may be causing those barriers. Ultimately, the will be working towards a corrective action plan to remove the representational and inclusion barriers for each of the special emphasis population.

### People with Disabilities

#### Lower than expected participation of People with Disabilities in the NIH workforce in 2015.

NIH has a lower than expected participation rate of individuals with reportable disabilities. According to the Office of Personnel Management (OPM), total federal employment for people with disabilities (PWD) was 12.8% at the end of FY 2013. NIH’s participation rate of people with disabilities is less than expected at 7.0% (1,260) in FY 2015.

#### Lower than expected participation of People with Targeted Disabilities in the NIH workforce in 2015.

NIH also has a lower than expected participation rate of individuals with targeted disabilities. People with targeted disabilities area subset of the larger group of people with reportable disabilities, which includes severe disabilities such as total blindness, deafness, and missing extremities. When assessing the benchmark for individuals with disabilities, NIH uses the EEOC’s “Federal Goal”of 2.00%, and the HHS goal of 2.5% of the total workforce represented by people with targeted disabilities by 2015. The NIH participation rate of people with disabilities falls short of both benchmarks.People with Targeted Disabilities represent 1.2% (217) of the total workforce and 1.5% (199) of the permanent workforce. The representation of people with reportable disabilities declined from 8.3% to 7.0% over a three year period from FY 2013 to FY 2015; representing a loss of 13 people. The representation of People with Targeted Disabilities has also decreased from 1.5% to 1.2% in FY 2015 over the past three fiscal years. Therefore, NIH has chosen to focus on increasing the representation of this group.

### Hispanics – Lower than expected participation of Hispanics in the NIH workforce in 2015.

When assessing the benchmark for race/ethnicity, NIH uses the National Civilian Labor Force (CLF) from the United States Census Bureau as the benchmark for this population. Hispanics represent 3.1% of the total NIH workforce as compared to 10.0% of the CLF; therefore, the NIH has chosen to focus on increasing the representation of this group.

### American Indian/Alaska Native (AI/AN) – Lower than expected representation of AI/ANs in the NIH workforce in 2015.

AI/ANs represent 0.5% (98) of the total NIH workforce as compared to 1.1% of the CLF; therefore, the NIH has chosen to focus on increasing the representation of this group.

### Lower than expected representation of Black tenured and tenure track scientists/investigators in the NIH workforce in 2015.

There are a total of 835 tenured and 218 tenure track scientists in the NIH workforce. The FY 2015 participation rate for Black tenured scientists (1.6% or13)is lower than expected, when compared to the participation rate of Black tenured scientists (1.4%) is also lower than expected when compared to the participation rate of Black tenure track scientists with science and engineering degrees in U.S. universities (4.3%).

### Lower than expected representation of Asian/Pacific Islander scientific lab and branch chiefs in the NIH workforce in 2015.

The FY 2015 participation rate for Asian/Pacific Islanders Lab and Branch Chiefs is lower than expected. Asian/Pacific Islanders comprise 14.9% (124) of the tenured scientists at the NIH; however, they account for 9.6% of the branch and lab chiefs.

To address the representational diversity trends in workforce employment, the NIH continues to strive toward building a model Equal Employment Opportunity, (EEO) program. NIH recognizes that diversity management and inclusion are key components in building and sustaining a model EEO program. The NIH continues to take a proactive stance in regards to conducting workforce pipeline training programs, outreach, and recruitment initiatives to bridge and connect diverse talent with NIH employment opportunities.

## EEO, Diversity and Inclusion Alignment to NIH Mission

The National Institutes of Health, (NIH) has exemplified the element of “*Demonstrated Commitment by Agency Leadership”* toward Equal Employment Opportunity and Diversity by hiring high caliber talent to lead diversity management for the scientific workforce as well as for the Equal Employment Opportunity (EEO) and diversity and inclusion program. Last year, the NIH Director, Dr. Francis Collins, appointed Dr. Hannah A. Valantine, a world-renowned research cardiologist and diversity expert, as NIH’s inaugural Chief Officer for Scientific Workforce Diversity. During 2015, she hired a diverse team that includes senior behavioral scientists and has established four key strategic goals expanding inquiry into the science of diversity, weaving diversity and inclusion into policy and practice, sustaining career trajectories, and promoting the value of diversity in research excellence. These activities span the NIH intramural and extramural communities.

The Chief Officer for Scientific Workforce Diversity has launched a number of efforts within the intramural research program. These include development of tools to expand recruitment pools for faculty searches; increased programming for graduate and postdoctoral trainees from racial, ethnic, women, and disability groups; and an innovative, trans-NIH “Diversity Catalysts” effort to develop, pilot, and scale new diversity approaches at NIH. One innovative focus is a nonconscious bias educational module designed by the Chief Officer for Scientific Workforce Diversity’s behavioral science team, which provides evidence for biases in decision-making practices that affect hiring and promotional practices. It has been implemented with committee chairs of the trans-NIH Earl Stadtman search program for scientific staff, and will soon be offered to the agency’s Scientific Directors. Its The goal, which is being tracked, is to bring critical awareness of nonconscious biases among the members of the Stadtman search committee immediately preceeding the search process so as to lead to more objective decisionmaking and the attainment of more diverse hires.

The Earl Stadtman pilot initiative was developed in 2009 as a collaborative effort with the Office of Equity, Diversity and Inclusion, the Office of Intramural Research, and later the Chief Office for Scientific Workforce Diversity to provide NIH scientific leadership with a diverse group of high caliber talent to hire into tenure-track positions for the NIH research program. This new search process presents an ideal opportunity to test and develop best practices in recruiting. As reported by the NIH Office of Intramural Research, as of April 1, 2015, the Earl Stadtman Investigator Search has hired a higher percentage of Women (43% vs. 37%) and Black tenure track scientists (7.1% vs. 0%) as compared to other tenure track hires at NIH.

Under the leadership of the Director, Office of Equity, Diversity and Inclusion (EDI), the staff led a NIH corporate effort to integrate MD-715 into everyday work practice of our Institutes and Centers. A workgroup was established for the MD-715 points of contact throughout the NIH community called the Technical Assistance Group (TAG). It is a collaborative forum where EDI provides subject matter expertise, or technical assistance on MD-715 matters in a community setting throughout the year. This year, TAG meeting agendas were centered on updates to the MD-715 cycle and on NIH’s MD-715 corporate focus areas of recruitment and retention of People with Disabilities, American Indians and Alaska Natives, and Hispanics. Tools and strategies were given to the IC’s on finding diverse talent in those focus areas and appointing authorities and mechanisms to bring them on board. Leadership and employee engagement were encouraged as sub-organizations designed their unique strategic plans to address workforce diversity representation and inclusion. As a result of this engagement with the Institutes and Centers of the agency, NIH is now well poised as an overall organization to move toward implementing an inclusion strategy where employees are utilized with their full range of skills, talents, and energies.

## Summary of the Agency’s Self-Assessment against MD-715 Essential Elements

At the close of FY 2015, the agency performed a rigorous examination of the NIH’s current EEO program status and compared it against the six essential elements of a model EEO Program. The review revealed that while NIH is compliant under many of the compliance indicators, there are quite a few additional areas that will require attention during FY 2016. NIH will address the opportunities in plans aimed at correcting and strengthening the NIH performance against the essential elements. (Part H plans). These plans are addressed specifically and are attached to this Report and Plan. EDI will monitor the execution of these corrective plans over the next year. Some of the plans have been combined due to overlapping similarities across the relevant areas.

Below, is a summary of some of the accomplishments and areas that the NIH will address during the upcoming fiscal year.

* EDI offers in-person EEO Compliance Training for Managers and Supervisors and EEO Compliance Training for Employees and has core online training modules for NoFEAR Act and Prevention of Sexual Harassment (POSH). These courses have supported NIH’s efforts to meet its goal of 100% compliance with the biennial requirement for NoFEAR and POSH training.
* This year, EDI has worked to expand its training portfolio and has added Civil Treatment/Prevention of Workplace Harassment training for both managers/supervisors and employees. The office also launched SafeZone Training - a three-module course that seeks to promote NIH community awareness and education about the needs and concerns of people who identify as sexual and gender minorities. EDI also maintained its presence at bi-weekly new Employee Orientation sessions – serving as a resource for new employees to learn about diversity and inclusion resources at NIH.
* The Resolution and Equity team works to provide unbiased counsel to individuals who seek to resolve workplace conflict. In addition to processing complaints of discrimination, this team has been successful in encouraging the NIH to take a more proactive approach in managing workplace issues by offering the Alternative Dispute Resolution Process during the formal stage of the EEO complaints process. The team provides monthly and quarterly reports on case updates so leadership is aware of the status of complaints activities. In FY 2015, the Resolution and Equity team partnered with the Data Analytics team to begin trend analysis on historical EEO complaints data. They also updated EEO postings to reflect the recent change in Title VII protections from the Baldwin v. Foxx ruling.
* In FY 2015, the Data Analytics team has had many successes in translating workforce data into meaningful information the NIH can use to make decisions on equity, diversity, and inclusion strategies. As a baseline, the team provided NIH-wide and IC specific demographic workforce reports stratified by race, ethnicity, sex and disability status. In addition, this year, the team provided 144 ad-hoc reports to the NIH community. These reports include items such as demographic analysis of NIH’s extramural leadership and principal investigators; preliminary salary analysis for four scientific positions; preliminary retention analysis; analysis of settlements from NIH EEO cases; and demographic analysis on NIH’s Employee Viewpoint Survey results, and OHR’s exit survey results.
* In an effort to offer a more nuanced understanding of NIH workforce data, EDI’s Data Analytics team led the Trans-NIH Gap Analysis Workgroup that completed scientific workforce categorization of NIH’s workforce. Defining the scientific workforce was a negotiated process with NIH stakeholders and the end categorization stratifies the NIH workforce into infrastructure, scientific, and health and research related positions. This categorization is significant as it allows the agency to more accurately analyze NIH’s workforce to identify gaps and opportunities for equal employment opportunity. This information was approved by NIH leadership and the team has drafted a Scientific Workforce Categorization nVision report for all NIH use.
* An ongoing project for Data Analytics has been examining applicant flow data. FY 2015 accomplishments in this area include conducting analysis on FY 2014 USAJobs applicant flow data and developed processes for USAJOBS applicant tracking and analysis. Furthermore, the team analyzed the 2014 Earl Stadtman applicants and developed a new application flow collection system for Earl Stadtman applicants. The Data Analytics team also collaborated with the Office of Human Resources to assess an off-the-shelf system for collecting Title 42 applicant flow data.
* In addition to direct services the office provides to the NIH community, EDI has taken steps to establish a more informative, accessible, useful, and interactive online presence for its customers. At the end of the last fiscal year, the office launched its [new website](http://edi.nih.gov/), complemented by [Twitter](http://twitter.com/nih_edi), [YouTube](http://youtube.com/edistandard), and [Instagram](http://instagram.com/nih_edi) accounts. EDI has received much positive feedback about site from visitors throughout NIH and other agencies. The office has also gotten requests from offices across NIH and other agencies to consult on the website development process.
* EDI’s online presence is designed to educate and engage NIH customers and the broader community. In addition to programmatic updates, in FY 2015, new content to the website included [a tribute to Dr. Martin Luther King Jr.](http://edi.nih.gov/people/sep/blacks/heritage), the [Profiles Project](http://edi.nih.gov/people/sep/hispanics/profiles) which highlights NIH’s Hispanic and Latino employees, [toolkits](http://edi.nih.gov/consulting/guidance/toolkits) for managers and employees, and a [diversity calendar](http://edi.nih.gov/more/calendar). Additionally, this year the office increased visibility of EDI’s social media pages by featuring items such as Black History Month, Women’s History Month, and Public Service Recognition Week campaigns and information on opportunities for internships and employment at NIH.

## Highlights of NIH Success Stories

In fiscal year 2015, the NIH generated positive steps in being a more equitable, diverse, and inclusive organization. The Office of Equity, Diversity, and Inclusion prepared this Success Stories Document to highlight examples of these accomplishments and to demonstrate success in line with MD-715. Much of the information in the Success Stories were gathered from responses to the FY 2015 MD-715 “Call for Accomplishments to NIH Institutes and Centers and Offices.” The compilation of these responses offers a holistic understanding of the incredible work being across the Agency to enhance diversity and inclusion. Further, it substantiates NIH’s commitment to being a model equitable, diverse, and inclusive workplace.

The information contained in the Success Stories spans through a range of topics and comes from many organizations within the NIH community. Examples of successes include the following:

* **National Cancer Institute, Dr. Peter Blumberg’s research training efforts:** Dr. Blumberg extended research training opportunities to talented scientists who are deaf and hard of hearing by establishing a recruiting network at Gallaudet University to identify competitive students for his research training positions.
* **Office of Intramural Training and Education (OITE), High School Scientific Training and Enrichment Program (HiSTEP) and Community College Summer Enrichment Program (CCSEP):** Many ICs hosted interns from HiSTEP and CCSEP. The goal of HiSTEP is to expand the pipeline of students interested in biomedical and healthcare careers by providing opportunities for high school students from schools with a large population of financially-disadvantaged students. The purpose of CCSEP is to increase the number of community college students who participate in the NIH Summer Internship Program.
* **Chief Officer for Scientific Workforce Diversity (COSWD), Future Research Leaders Conference (FRLC): T**he FRLC was a trans-NIH outreach event to increase scientific workforce diversity within NIH by increasing applicant-pool diversity for various NIH scientific searches and positions at NIH. It is also a vehicle for increasing scientific workforce diversity in the broader biomedical and behavioral sciences community by providing continuous outreach and recruitment with recipients of NIH programs that support diversity such as the Diversity Supplement Program (which targets groups with lower than expected participation in science).
* **National Heart, Lung, and Blood Institute (NHLBI), training and development efforts:** the NHLBI continued its unwavering commitment to supporting both formal and informal training opportunities for staff. Not only does the NHLBI recommend employees for formal NIH leadership training programs, but the Institute has also developed formal, in-house leadership training programs to meet the demand of staff training needs. The NHLBI has recognized that limited leadership training opportunities still exist at all grade levels, particularly at the lowest and highest levels, despite current training offerings. In an effort to increase inclusion of these populations, the NHLBI awarded contracts for the development of three additional training programs.
* **National Institute of Neurological Disorders and Stroke (NINDS), Diversity Working Group (DWG)**: The NINDS DWG is a working group of the Institute Director, senior staff, program directors and program analysts representing every scientific portfolio as well as policy and communications offices. Recently the Diversity Workgroup has formed three subcommittees to address some important issues. The Broadening Research Awareness In Neuroscience Skills and Readiness for Underrepresented Students (BRAINS R US) Subcommittee is actively exploring ways to reach earlier in the pipeline to increase diversity in the neuroscience workforce. The “Why” Subcommittee will gather information to understand specifically for neuroscience students or former NINDS trainees “why” individuals decide to leave the biomedical research pipeline. The Resource Subcommittee will create tools and resources to be collated and accessed, towards the goal of making these resources available to all who seek to enhance diversity as a component of their work.
* **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), leadership commitment to diversity and inclusion:** This past year NIDDK strengthened its commitment to diversity and inclusion in two ways. On behalf of the Institute Director, Dr. Griffin Rodgers, NIDDK’s Executive Office researches and develops monthly special emphasis group emails. These emails are sent, by the Director, in support for and in recognition of minority/underrepresented populations and also highlight their specific contributions to the sciences. In addition, the NIDDK Executive Office conducted a refresh of its Core Values to include Diversity. The Diversity Core Value is described as: foster inclusion and cultural competence through an environment that is open and welcoming to diverse people, ideas, and perspectives; show respect for others.

## Conclusion

The Office of Equity, Diversity and Inclusion’s (EDI) vision and direction to work in collaboration with agency leaders, partners, stakeholders, and employees has fostered the “EDI 365” effort working throughout the year on strategies and initiatives toward the “*Model EEO Program*.” EDI and the Chief Officer for Scientific Workforce diversity collaborated and were able to effectuate a greater cohesiveness among the various efforts that have been ongoing in the Institutes and Centers (ICs) across the NIH. The establishment of the NIH Catalysts to focus on diversity within the biomedical workforce and the launch of the EDI Technical Assistance Group (TAG) help to build community of practices and information sharing among those working to improve representational diversity and foster inclusive workplaces across the NIH. There is a renewed focus on using data driven strategies to advance representational diversity, particularly among the five NIH Focus Areas described in this document. Accomplishing the NIH mission will require creating an organizational work culture that is inclusive, higher performing, and sustainable. Leadership is key in this process for higher performance, as well as leveraging, linking and aligning EEO, diversity and inclusion into the strategic work of the organization.

# PART F: Certification of Establishment of Continuing Equal Employment Opportunity Programs

I, **Debra C. Chew, Esq., Director, Office of Equity, Diversity and Inclusion, ES-340**, am the

Principal EEO Director/Official for **National Institutes of Health, Department of Health and Human Services**.

The agency has conducted an annual self-assessment of Section 717 and Section 501 programs against the essential elements as prescribed by EEO MD-715. If an essential element was not fully compliant with the standards of EEO MD-715, a further evaluation was conducted and, as appropriate, EEO Plans for Attaining the Essential Elements of a Model EEO Program, are included with this Federal Agency Annual EEO Program Status Report.

The agency has also analyzed its workforce profiles and has plans to conduct barrier analyses aimed at detecting whether any management or personnel policy, procedure or practice is operating to disadvantage any group based on race, national origin, gender or disability. EEO Plans to Eliminate Identified Barriers, as appropriate, are included with this Federal Agency Annual EEO Program Status Report.

I certify that proper documentation of this assessment is in place and is being maintained for EEOC review upon request.

Signature of Debra Chew, Director, EDI
Dated 2-24-16

Debra C. Chew, Esq., Director, EDI Date

Signature of Principal EEO Director/Official

Certifies that this Federal Agency Annual EEO Program Status Report is in compliance with EEO MD-715.

Signature of Francis Collins, Director, NIH
Dated 2-29-16

Francis S. Collins, M.D., Ph.D., Director, NIH Date

Signature of Agency Head or Agency Head Designee

# PART G: Annual Self-Assessment Checklist against Essential Elements

## Essential Element A: Demonstrated Commitment from Agency Leadership

This element requires the agency head to issue written policy statements ensuring a workplace free of discriminatory harassment and a commitment to equal employment opportunity.

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| **Measures for A.1. EEO policy statements are up-to-date.** | **Has** **measure has been met?** | **Brief explanation** |
| A.1.a. The Agency Head was installed on August 17, 2009. The EEO policy statement was issued on September 25, 2009.  Was the EEO policy Statement issued within 6 - 9 months of the installation of the Agency Head? If no, provide an explanation. | Yes | N/A |
| A.1.b. During the current Agency Head's tenure, has the EEO policy Statement been re-issued annually? If no, provide an explanation. | Yes | Yes, the latest policy statement was issued on 12/19/14, and the previous statement was issued on 12/4/13. |
| A.1.c. Are new employees provided a copy of the EEO policy statement during orientation? | Yes | The policy statement is issued electronically NIH-wide, and during new employee orientation. Recommendation to close Part H Plan 1. Agency has fully met this metric. |
| A.1.d. When an employee is promoted into the supervisory ranks, is s/he provided a copy of the EEO policy statement? | No | New supervisors are not provided a copy of the EEO and D&I policy statement. See Part H Plan 2. |

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| **Measures for A.2. EEO policy statements have been communicated to all employees.** | **Has measure has been met?** | **Brief explanation** |
| A.2.a. Have the heads of subordinate reporting components communicated support of all agency EEO policies through the ranks? | Yes | IC Directors have been instructed to communicate support of agency EEO policies to their constituencies. See Part H Plan 3. Recommendation to close. Agency has fully met this metric. |
| A.2.b. Has the agency made written materials available to all employees and applicants, informing them of the variety of EEO programs and administrative and judicial remedial procedures available to them? | No | Written materials are not available for all employees and applicants, as well as managers, but information is available digitally via EDI’s website. See Part H Plan 4. Recommendation is to remain open so that hard copies of our materials can be distributed. |
| A.2.c. Has the agency prominently posted such written materials in all personnel offices, EEO offices, and on the agency's internal website? [see 29 CFR §1614.102(b)(5)] | No | Written materials are not available for all employees and applicants, as well as, managers, but information is available digitally via EDI’s website. See Part H Plan 4. |

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| **Measure for A.3. Agency EEO policy is vigorously enforced by agency management.** | **Has measure has been met?** | **Brief explanation** |
| A.3.a. Are managers and supervisors evaluated on their commitment to agency EEO policies and principles, including their efforts to: | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.1. resolve problems/disagreements and other conflicts in their respective work environments as they arise? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.2. address concerns, whether perceived or real, raised by employees and following-up with appropriate action to correct or eliminate tension in the workplace? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.3. support the agency's EEO program through allocation of mission personnel to participate in community out-reach and recruitment programs with private employers, public schools and universities? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.4. ensure full cooperation of employees under his/her supervision with EEO office officials such as EEO Counselors, EEO Investigators, etc.? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.5. ensure a workplace that is free from all forms of discrimination, harassment and retaliation? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.6. ensure that subordinate supervisors have effective managerial, communication and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.7. ensure the provision of requested religious accommodations when such accommodations do not cause an undue hardship? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.a.8. ensure the provision of requested disability accommodations to qualified individuals with disabilities when such accommodations do not cause an undue hardship? | No | Managers and supervisors are not evaluated on their commitment to agency EEO policies and procedures. See Part H Plan 5. |
| A.3.b. Have all employees been informed about what behaviors are inappropriate in the workplace and that this behavior may result in disciplinary actions? Describe what means were utilized by the agency to so inform its workforce about the penalties for unacceptable behavior. | No | The EEO Compliance Training communicates what behaviors are inappropriate in the workplace and their consequences but all are not trained yet. See Part H Plan 6. |
| A.3.c. Have the procedures for reasonable accommodation for individuals with disabilities been made readily available/accessible to all employees by disseminating such procedures during orientation of new employees and by making such procedures available on the World Wide Web or Internet? | No | The reasonable accommodation policy isn’t issued during orientation, but it is available on the NIH website. It is now being revised. See Part H Plan 7. |
| A.3.d. Have managers and supervisor been trained on their responsibilities under the procedures for reasonable accommodation? | No | Managers and supervisors have not been trained on reasonable accommodation. EDI is developing a reasonable accommodations training module. See Part H Plan 7. |

## Essential Element B: Integration of EEO into the Agency's Strategic Mission

This element requires that the agency's EEO programs be organized and structured to maintain a workplace that is free from discrimination in any of the agency's policies, procedures or practices and supports the agency's strategic mission.

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| **Measure for B.1. The reporting structure for the EEO Program provides the Principal EEO Official with appropriate authority and resources to effectively carry out a successful EEO Program.** | **Has** **measure has been met?** | **Brief explanation** |
| B.1.a. Is the EEO Director under the direct supervision of the agency head? **[see 29 CFR §1614.102(b)(4)]**   For subordinate level reporting components, is the EEO Director/Officer under the immediate supervision of the lower level component's head official? (For example, does the Regional EEO Officer report to the Regional Administrator?) | Yes | N/A |
| B.1.b. Are the duties and responsibilities of EEO officials clearly defined? | Yes | N/A |
| B.1.c. Do the EEO officials have the knowledge, skills, and abilities to carry out the duties and responsibilities of their positions? | Yes | N/A |
| B.1.d. If the agency has 2nd level reporting components, are there organizational charts that clearly define the reporting structure for EEO programs? | N/A | N/A - The EEO program is centralized within EDI |
| B.1.e. If the agency has 2nd level reporting components, does the agency-wide EEO Director have authority for the EEO programs within the subordinate reporting components? | N/A | N/A - The EEO program is centralized within EDI |

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| **Measure for B.2. The EEO Director and other EEO professional staff responsible for EEO programs have regular and effective means of informing the agency head and senior management officials of the status of EEO programs and are involved in, and consulted on, management/personnel actions.** | **Has measure has been met?** | **Brief explanation** |
| B.2.a. Does the EEO Director/Officer have a regular and effective means of informing the agency head and other top management officials of the effectiveness, efficiency and legal compliance of the agency's EEO program? | Yes | N/A |
| B.2.b. Following the submission of the immediately preceding FORM 715-01, did the EEO Director/Officer present to the head of the agency and other senior officials the "State of the Agency" briefing covering all components of the EEO report, including an assessment of the performance of the agency in each of the six elements of the Model EEO Program and a report on the progress of the agency in completing its barrier analysis including any barriers it identified and/or eliminated or reduced the impact of? | Yes | Recommendation to close Part H Plan 8. Agency has fully met this metric. |
| B.2.c. Are EEO program officials present during agency deliberations prior to decisions regarding recruitment strategies, vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes? | No | EDI program officials are not generally present during agency deliberations prior to decisions regarding recruitment strategies for positions that are not senior-level (e.g., SES, Title 42 senior scientists). See Part H Plan 9. |
| B.2.c.1. Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions such as re-organizations and re-alignments? | No | EDI Officials are not involved in vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes. See Part H Plan 9. |
| B.2.c.2. Are management/personnel policies, procedures and practices examined at regular intervals to assess whether there are hidden impediments to the realization of equality of opportunity for any group(s) of employees or applicants? [see 29 C.F.R. § 1614.102(b)(3)] | No | Management/ personnel policies, procedures, and practices are not examined at regular intervals to assess whether there are hidden impediments to the realization of equality of opportunity for any group(s) of employees or applicants. See Part H Plan 9. |
| B.2.d. Is the EEO Director included in the agency's strategic planning, especially the agency's human capital plan, regarding succession planning, training, etc., to ensure that EEO concerns are integrated into the agency's strategic mission? | No | EDI and OHR worked on a strategic plan for the NIH Administrative workforce. The EDI Director will assist with the completion of the Human Capital Goals of this Strategic Plan. See Part H Plan 9. |

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| **B.3. The agency has committed sufficient human resources and budget allocations to its EEO programs to ensure successful operation.** | Has measure has been met? | Brief explanation |
| B.3.a. Does the EEO Director have the authority and funding to ensure implementation of agency EEO action plans to improve EEO program efficiency and/or eliminate identified barriers to the realization of equality of opportunity? | No | A complete business plan in support of a Reasonable Accommodation Program within EDI will be re-submitted for approval and funding.  This was submitted in FY 2013 and FY 2014 but was not approved in full. See Part H Plan 7. | |
| B.3.b. Are sufficient personnel resources allocated to the EEO Program to ensure that agency self-assessments and self-analyses prescribed by EEO MD-715 are conducted annually and to maintain an effective complaint processing system? | Yes | N/A | |
| B.3.c. Are statutory/regulatory EEO related Special Emphasis Programs sufficiently staffed? | Yes | N/A | |
| B.3.c.1. Federal Women's Program - 5 U.S.C. 7201; 38 U.S.C. 4214; Title 5 CFR, Subpart B, 720.204 | Yes | N/A | |
| B.3.c.2. Hispanic Employment Program - Title 5 CFR, Subpart B, 720.204 | Yes | N/A | |
| B.3.c.3. People With Disabilities Program Manager; Selective Placement Program for Individuals With Disabilities - Section 501 of the Rehabilitation Act; Title 5 U.S.C. Subpart B, Chapter 31, Subchapter I-3102; 5 CFR 213.3102(t) and (u); 5 CFR 315.709 | Yes | N/A | |
| B.3.d. Are other agency special emphasis programs monitored by the EEO Office for coordination and compliance with EEO guidelines and principles, such as FEORP - 5 CFR 720; Veterans Employment Programs; and Black/African American; American Indian/Alaska Native, Asian American/Pacific Islander programs? | Yes | N/A | |

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| **Measures for B.4. The agency has committed sufficient budget to support the success of its EEO Programs.** | Has measure has been met? | Brief explanation |
| B.4.a. Are there sufficient resources to enable the agency to conduct a thorough barrier analysis of its workforce, including the provision of adequate data collection and tracking systems? | No | NIH is now able to track some tenure track applicants for employment. EDI has worked with, HHS, OPM, and OHR to evaluate applicant flow data from USAJobs. Further for positions not advertised in USAJobs EDI is leading an effort to identify a systems solution to collect demographic data in order to conduct barrier analyses for these non-Title 5 positions. See Part H Plan 10. |
| B.4.b. Is there sufficient budget allocated to all employees to utilize, when desired, all EEO programs, including the complaint processing program and ADR, and to make a request for reasonable accommodation? (Including subordinate level reporting components?) | No | A complete business plan in support of a Reasonable Accommodation Program within EDI will be re-submitted for approval and funding.  This was submitted in FY13 and FY14 but was not approved in full. See Part H Plan 7. |
| B.4.c. Has funding been secured for publication and distribution of EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures, etc.)? | Yes | N/A |
| B.4.d. Is there a central fund or other mechanism for funding supplies, equipment and services necessary to provide disability accommodations? | No | Other than interpreting services, other types of reasonable accommodations are not centrally funded. See Part H Plan 7. |
| B.4.e. Does the agency fund major renovation projects to ensure timely compliance with Uniform Federal Accessibility Standards? | Yes | N/A |
| B.4.f. Is the EEO Program allocated sufficient resources to train all employees on EEO Programs, including administrative and judicial remedial procedures available to employees? | Yes | N/A |
| B.4.f.1. Is there sufficient funding to ensure the prominent posting of written materials in all personnel and EEO offices? [see 29 C.F.R. § 1614.102(b)(5)] | Yes | N/A |
| B.4.f.2. Is there sufficient funding to ensure that all employees have access to this training and information? | Yes | N/A |
| B.4.g. Is there sufficient funding to provide all managers and supervisors with training and periodic up-dates on their EEO responsibilities: | Yes | N/A |
| B.4.g.1. For ensuring a workplace that is free from all forms of discrimination, including harassment and retaliation? | Yes | N/A |
| B.4.g.2. to provide religious accommodations? | Yes | N/A |
| B.4.g.3. to provide disability accommodations in accordance with the agency's written procedures? | Yes | N/A |
| B.4.g.4. in the EEO discrimination complaint process? | Yes | N/A |
| B.4.g.5. to participate in ADR? | Yes | N/A |

## Essential Element C: Management and Program Accountability

This element requires the Agency Head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the agency's EEO Program and Plan.

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| **Measures for C.1. EEO program officials advise and provide appropriate assistance to managers/supervisors about the status of EEO programs within each managers or supervisor's area or responsibility.** | **Has** **measure has been met?** | **Brief explanation** |
| C.1.a. Are regular (monthly/quarterly/semi-annually) EEO updates provided to management/supervisory officials by EEO program officials? | Yes | N/A |
| C.1.b. Do EEO program officials coordinate the development and implementation of EEO Plans with all appropriate agency managers to include Agency Counsel, Human Resource Officials, Finance, and the Chief information Officer? | No | EDI will enhance collaborative partnerships with agency stakeholders. See Part H Plan 11. |

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| **Measures for C.2. The Human Resources Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures are in conformity with instructions contained in EEOC management directives. [see 29 CFR § 1614.102(b)(3)]** | **Has** **measure has been met?** | **Brief explanation** |
| C.2.a. Have time-tables or schedules been established for the agency to review its Merit Promotion Program Policy and Procedures for systemic barriers that may be impeding full participation in promotion opportunities by all groups? | No | EDI and OHR have instituted a collaborative approach to address issues of mutual interests including policies and procedural reviews. See Part H Plan 9. |
| C.2.b. Have time-tables or schedules been established for the agency to review its Employee Recognition Awards Program and Procedures for systemic barriers that may be impeding full participation in the program by all groups? | No | EDI and OHR have instituted a collaborative approach to address issues of mutual interest, including a review of recognition programs and procedures. See Part H Plan 9. |
| C.2.c. Have time-tables or schedules been established for the agency to review its Employee Development/Training Programs for systemic barriers that may be impeding full participation in training opportunities by all groups? | No | EDI and OHR have instituted a collaborative approach to address issues of mutual interest, including a review of training programs for barriers. See Part H Plan 9. |

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| **Measures for C.3. When findings of discrimination are made, the agency explores whether or not disciplinary actions should be taken.** | **Has** **measure has been met?** | **Brief explanation** |
| C.3.a. Does the agency have a disciplinary policy and/or a table of penalties that covers employees found to have committed discrimination? | Yes | N/A |
| C.3.b. Have all employees, supervisors, and managers been informed as to the penalties for being found to perpetrate discriminatory behavior or for taking personnel actions based upon a prohibited basis? | No | The EEO Compliance Training communicates what behaviors are inappropriate in the workplace and their consequences, but not all are trained yet. See Part H Plan 6. |
| C.3.c. Has the agency, when appropriate, disciplined or sanctioned managers/supervisors or employees found to have discriminated over the past two years? | No | The EDI Guidance Program in collaboration with the EDI Resolution and Equity Division established an SOP for review of a NIH non-election final decision to ensure that appropriate discipline is instituted for managers who have been found to have discriminated or breached their management responsibility. See Part H Plan 12. |
| If so, cite number found to have discriminated and list penalty /disciplinary action for each type of violation. | N/A |  |
| C.3.d. Does the agency promptly (within the established time frame) comply with EEOC, Merit Systems Protection Board, Federal Labor Relations Authority, labor arbitrators, and District Court orders? | Yes | N/A |
| C.3.e. Does the agency review disability accommodation decisions/actions to ensure compliance with its written procedures and analyze the information tracked for trends, problems, etc.? | No | Reasonable accommodation data is not reviewed or analyzed for trends, problems, etc. Currently, Employee Relations/Labor Relations within OHR oversees one segment of the reasonable accommodation process when there is a performance or conduct issue. NIH Office of Medical Assessment handles some requests and managers and supervisors across the NIH handle others. But there is no centralized reasonable accommodation program therefore there is no central repository of these data, making it impossible to identify trends and costs with accuracy. A complete business case in support of a central Reasonable Accommodation Program within EDI has been submitted for approval and funding for the past three years.  See Part H Plan 7. |

## Essential Element D: Proactive Prevention

This element requires that the agency head makes early efforts to prevent discriminatory actions and eliminate barriers to equal employment opportunity in the workplace.

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| **Measures for D.1. Analyses to identify and remove unnecessary barriers to employment are conducted throughout the year.** | **Has** **measure has been met?** | **Brief explanation** |
| D.1.a. Do senior managers meet with and assist the EEO Director and/or other EEO Program Officials in the identification of barriers that may be impeding the realization of equal employment opportunity? | Yes | N/A |
| D.1.b. When barriers are identified, do senior managers develop and implement, with the assistance of the agency EEO office, agency EEO Action Plans to eliminate said barriers? | Yes | N/A |
| D.1.c. Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? | Yes | N/A |
| D.1.d. Are trend analyses of workforce profiles conducted by race, national origin, sex and disability? | Yes | N/A |
| D.1.e. Are trend analyses of the workforce's major occupations conducted by race, national origin, sex and disability? | No | EDI has developed and presented a five year template of NIH data to the Institutes and Centers from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status, however it doesn’t yet address major occupations. See Part H Plan 13. |
| D.1.f. Are trends analyses of the workforce's grade level distribution conducted by race, national origin, sex and disability? | No | EDI has developed and presented to NIH Institutes and Centers a five year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status, however it doesn’t yet address grade level distribution. See Part H Plan 13. |
| D.1.g. Are trend analyses of the workforce's compensation and reward system conducted by race, national origin, sex and disability? | No | EDI has developed and presented to the Institutes and Centers a five year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status, however it doesn’t yet address compensation. See Part H Plan 13. |
| D.1.h. Are trend analyses of the effects of management/personnel policies, procedures and practices conducted by race, national origin, sex and disability? | No | EDI has developed and presented to NIH Institutes and Centers a five year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status, however it doesn’t yet address effects of management policies, practices and procedures. See Part H Plan 13. |

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| **Measures for D.2. The use of Alternative Dispute Resolution (ADR) is encouraged by senior management.** | **Has** **measure has been met?** | **Brief explanation** |
| D.2.a. Are all employees encouraged to use ADR? | Yes | N/A |
| D.2.b. Is the participation of supervisors and managers in the ADR process required? | Yes | N/A |

## Essential Element E: Efficiency

This element requires that the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency's EEO Programs as well as an efficient and fair dispute resolution process.

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| **Measures for E.1. The agency has sufficient staffing, funding, and authority to achieve the elimination of identified barriers.** | **Has** **measure has been met?** | **Brief explanation** |
| E.1.a. Does the EEO Office employ personnel with adequate training and experience to conduct the analyses required by MD-715 and these instructions? | Yes | N/A |
| E.1.b. Has the agency implemented an adequate data collection and analysis systems that permit tracking of the information required by MD-715 and these instructions? | No | EDI has worked with, HHS, OPM, and OHR to evaluate applicant flow data from USAJobs. However, HHS has not set up a consistent schedule to deliver data to OPDIVs In addition, EDI is leading an effort to find a systems solution to collect the demographic data of applicants to positions no advertised through USAJobs. These are non-Title 5 positions that reflect the NIH biomedical workforce. See Part H Plan 10. |
| E.1.c. Have sufficient resources been provided to conduct effective audits of field facilities' efforts to achieve a model EEO program and eliminate discrimination under Title VII and the Rehabilitation Act? | No | Audits of field facilities’ efforts have not been conducted. See Part H Plan 14. |
| E.1.d. Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations in all major components of the agency? | No | Currently, Employee Relations/Labor Relations within OHR oversees a portion of the reasonable accommodation process when there is a performance or conduct issue. The NIH Occupational Medical Service manages another segment, while NIH managers and supervisors handle yet another portion. A complete business ace in support of a centralized Reasonable Accommodation Program within EDI has been submitted for the past three years for approval and funding.  It has been partially funded. See Part H Plan 7. |
| E.1.e. Are 90% of accommodation requests processed within the time frame set forth in the agency procedures for reasonable accommodation? | No | Currently, Employee Relations/Labor Relations within OHR oversees a portion of the reasonable accommodation process when there is a performance or conduct issue. The NIH Occupational Medical Service manages another segment, while NIH managers and supervisors handle yet another portion. A complete business ace in support of a centralized Reasonable Accommodation Program within EDI has been submitted for the past three years for approval and funding.  It has been partially funded. See Part H Plan 7. |

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| **Measures for E.2. The agency has an effective complaint tracking and monitoring system in place to increase the effectiveness of the agency's EEO Programs.** | **Has** **measure has been met?** | **Brief explanation** |
| E.2.a. Does the agency use a complaint tracking and monitoring system that allows identification of the location, and status of complaints and length of time elapsed at each stage of the agency's complaint resolution process? | Yes | N/A |
| E.2.b. Does the agency's tracking system identify the issues and bases of the complaints, the aggrieved individuals/complainants, the involved management officials and other information to analyze complaint activity and trends? | Yes | N/A |
| E.2.c. Does the agency hold contractors accountable for delay in counseling and investigation processing times? | Yes | N/A |
| If yes, briefly describe how: | N/A | Timelines are specified in contracts and monitored for compliance by the Program Support Center. |
| E.2.d. Does the agency monitor and ensure that new investigators, counselors, including contract and collateral duty investigators, receive the 32 hours of training required in accordance with EEO Management Directive MD-110? | Yes | DHHS has responsibility over this. |
| E.2.e. Does the agency monitor and ensure that experienced counselors, investigators, including contract and collateral duty investigators, receive the 8 hours of refresher training required on an annual basis in accordance with EEO Management Directive MD-110? | Yes | DHHS has responsibility over this. |

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| **Measures for E.3. The agency has sufficient staffing, funding and authority to comply with the time frames in accordance with the EEOC (29 C.F.R. Part 1614) regulations for processing EEO complaints of employment discrimination.** | **Has** **measure has been met?** | **Brief explanation** |
| E.3.a. Are benchmarks in place that compare the agency's discrimination complaint processes with 29 C.F.R. Part 1614? | No | EDI has been working to develop SOPs for pre-complaint and formal complaint processes. Benchmarks will be incorporated into the SOPs. See Part H Plan 15. |
| E.3.a.1 Does the agency provide timely EEO counseling within 30 days of the initial request or within an agreed upon extension in writing, up to 60 days? | Yes | N/A |
| E.3.a.2. Does the agency provide an aggrieved person with written notification of his/her rights and responsibilities in the EEO process in a timely fashion? | Yes | N/A |
| E.3.a.3. Does the agency complete the investigations within the applicable prescribed time frame? | Yes | N/A |
| E.3.a.4. When a complainant requests a final agency decision, does the agency issue the decision within 60 days of the request? | N/A | Responsibility of DHHS. |
| E.3.a.5. When a complainant requests a hearing, does the agency immediately upon receipt of the request from the EEOC AJ forward the investigative file to the EEOC Hearing Office? | Yes | N/A |
| E.3.a.6. When a settlement agreement is entered into, does the agency timely complete any obligations provided for in such agreements? | Yes | N/A |
| E.3.a.7. Does the agency ensure timely compliance with EEOC AJ decisions which are not the subject of an appeal by the agency? | Yes | N/A |

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| **Measures for E.4. There is an efficient and fair dispute resolution process and effective systems for evaluating the impact and effectiveness of the agency's EEO complaint processing program.** | **Has** **measure has been met?** | **Brief explanation** |
| E.4.a. In accordance with 29 C.F.R. §1614.102(b), has the agency established an ADR Program during the pre-complaint and formal complaint stages of the EEO process? | Yes | N/A |
| E.4.b. Does the agency require all managers and supervisors to receive ADR training in accordance with EEOC (29 C.F.R. Part 1614) regulations, with emphasis on the federal government's interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? | No | EDI has provided EEO Compliance Training to a large majority, but not all managers and supervisors. This training provides information on the ADR process and its benefits, and meets the bi-annual NoFEAR Act training requirements. See Part H Plan 16. |
| E.4.c. After the agency has offered ADR and the complainant has elected to participate in ADR, are the managers required to participate? | Yes | N/A |
| E.4.d. Does the responsible management official directly involved in the dispute have settlement authority? | No | The Executive Officer of the Institute or Center is the settlement official. A new settlement committee policy is being developed by EDI. See Part H Plan 17. |

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| **Measures for E.5. The agency has effective systems in place for maintaining and evaluating the impact and effectiveness of its EEO programs.** | **Has** **measure has been met?** | **Brief explanation** |
| E.5.a. Does the agency have a system of management controls in place to ensure the timely, accurate, complete and consistent reporting of EEO complaint data to the EEOC? | Yes | N/A |
| E.5.b. Does the agency provide reasonable resources for the EEO complaint process to ensure efficient and successful operation in accordance with 29 C.F.R. § 1614.102(a)(1)? | Yes | N/A |
| E.5.c. Does the agency EEO office have management controls in place to monitor and ensure that the data received from Human Resources is accurate, timely received, and contains all the required data elements for submitting annual reports to the EEOC? | No | A working group led by the Director of the Data Analytics and Customer Outreach Division will be assessing a long term analysis of OHR systems. See Part H Plan 18. |
| E.5.d. Do the agency's EEO programs address all of the laws enforced by the EEOC? | Yes | N/A |
| E.5.e. Does the agency identify and monitor significant trends in complaint processing to determine whether the agency is meeting its obligations under Title VII and the Rehabilitation Act? | No | EDI’s priority has been on entering historical data into its complaints tracking system. This will allow trends analysis to be completed. See Part H Plan 19. |
| E.5.f. Does the agency track recruitment efforts and analyze efforts to identify potential barriers in accordance with MD-715 standards? | No | EDI has worked with, HHS, OPM, and OHR to evaluate applicant flow data from USAJobs. However, HHS has not set up a consistent schedule to deliver data to OPDIVs. See Part H Plan 20. |
| E.5.g. Does the agency consult with other agencies of similar size on the effectiveness of their EEO programs to identify best practices and share ideas? | No | NIH has started to benchmark with other agencies to identify best practices on their EEO program. See Part H Plan 21. |

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| **Measures for E.6. The agency ensures that the investigation and adjudication function of its complaint resolution process are separate from its legal defense arm of agency or other offices with conflicting or competing interests.** | **Has** **measure has been met?** | **Brief explanation** |
| E.6.a. Are legal sufficiency reviews of EEO matters handled by a functional unit that is separate and apart from the unit which handles agency representation in EEO complaints? | Yes | N/A |
| E.6.b. Does the agency discrimination complaint process ensure a neutral adjudication function? | Yes | N/A |
| E.6.c. If applicable, are processing time frames incorporated for the legal counsel's sufficiency review for timely processing of complaints? | N/A | Responsibility of DHHS |

## Essential Element F: Responsiveness and Legal Compliance

This element requires that federal agencies are in full compliance with EEO statutes and EEOC regulations, policy guidance, and other written instructions.

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| **Measure for F.1. Agency personnel are accountable for timely compliance with orders issued by EEOC Administrative Judges.** | **Has** **measure has been met?** | **Brief explanation** |
| F.1.a. Does the agency have a system of management control to ensure that agency officials timely comply with any orders or directives issued by EEOC Administrative Judges? | Yes | N/A |

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| **Measures for F.2. The agency's system of management controls ensures that the agency timely completes all ordered corrective action and submits its compliance report to EEOC within 30 days of such completion.** | **Has** **measure has been met?** | **Brief explanation** |
| F.2.a. Does the agency have control over the payroll processing function of the agency? If Yes, answer the two questions below. | No | EDI will coordinate the development and implementation of procedures for processing ordered monetary relief and other forms of ordered relief. See Part H Plan 22. |
| F.2.a.1. Are there steps in place to guarantee responsive, timely, and predictable processing of ordered monetary relief? | Yes | The EDI is in compliance to ensure timely monetary relief. |
| F.2.a.2. Are procedures in place to promptly process other forms of ordered relief? | Yes | The EDI is in compliance and has SOPs in place to ensure all orders of relief. |

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| **Measures for F.3. Agency personnel are accountable for the timely completion of actions required to comply with orders of EEOC.** | **Has** **measure has been met?** | **Brief explanation** |
| F.3.a. Is compliance with EEOC orders encompassed in the performance standards of any agency employees? | Yes | N/A |
| F.3.a.1. If so, please identify the employees by title in the comments section, and state how performance is measured. | N/A | The EDI formal complaints team is responsible for compliance with EEOC orders, and performance is measured through yearly performance management assessments. |
| F.3.b. Is the unit charged with the responsibility for compliance with EEOC orders located in the EEO office? | Yes | N/A |
| F.3.b.1. If not, please identify the unit in which it is located, the number of employees in the unit, and their grade levels in the comments section. | N/A | NIH’s formal complaints team includes one Acting Director (GS-14); one manager (GS -14); and four EEO Specialists (GS 12 -13). |
| F.3.c. Have the involved employees received any formal training in EEO compliance? | Yes | N/A |
| F.3.d. Does the agency promptly provide to the EEOC the following documentation for completing compliance: | Yes | N/A |
| F.3.d.1. Attorney Fees: Copy of check issued for attorney fees and /or a narrative statement by an appropriate agency official, or agency payment order dating the dollar amount of attorney fees paid? | Yes | N/A |
| F.3.d.2. Awards: A narrative statement by an appropriate agency official stating the dollar amount and the criteria used to calculate the award? | Yes | N/A |
| F.3.d.3. Back Pay and Interest: Computer print-outs or payroll documents outlining gross back pay and interest, copy of any checks issued, narrative statement by an appropriate agency official of total monies paid? | Yes | N/A |
| F.3.d.4. Compensatory Damages: The final agency decision and evidence of payment, if made? | Yes | N/A |
| F.3.d.5. Training: Attendance roster at training session(s) or a narrative statement by an appropriate agency official confirming that specific persons or groups of persons attended training on a date certain? | Yes | N/A |
| F.3.d.6. Personnel Actions (e.g., Reinstatement, Promotion, Hiring, Reassignment): Copies of SF-50s | Yes | N/A |
| F.3.d.7. Posting of Notice of Violation: Original signed and dated notice reflecting the dates that the notice was posted. A copy of the notice will suffice if the original is not available. | Yes | N/A |
| F.3.d.8. Supplemental Investigation: 1. Copy of letter to complainant acknowledging receipt from EEOC of remanded case. 2. Copy of letter to complainant transmitting the Report of Investigation (not the ROI itself unless specified). 3. Copy of request for a hearing (complainant's request or agency's transmittal letter). | Yes | N/A |
| F.3.d.9. Final Agency Decision (FAD): FAD or copy of the complainant's request for a hearing. | Yes | N/A |
| F.3.d.10. Restoration of Leave: Print-out or statement identifying the amount of leave restored, if applicable. If not, an explanation or statement. | Yes | N/A |
| F.3.d.11. Civil Actions: A complete copy of the civil action complaint demonstrating same issues raised as in compliance matter. | Yes | N/A |
| F.3.d.12. Settlement Agreements: Signed and dated agreement with specific dollar amounts, if applicable. Also, appropriate documentation of relief is provided. | Yes | N/A |

# PART H: EEO Plans to Attain the Essential elements of a Model EEO Program

EEOC FORM  
715-01 PART H

U.S. Equal Employment Opportunity Commission

**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
EEO Plan to Attain the Essential Elements of a Model EEO Program**

Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP

This element requires the agency head to issue written policy statements ensuring a workplace free of discriminatory harassment and a commitment to equal employment opportunity.

## Part H for Measure A.1.c.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Are new employees provided a copy of the EEO and D&I Policy statement during orientation? |
| OBJECTIVE: | Implement and track the consistent dissemination of the EEO and D&I Policy statement to new employees. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | February 1, 2016 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Collaboration with OHR on receipt of roster of new employees, bi-weekly. | October 1, 2014 |
| EDI resource table at all new employee orientations held on a bi-weekly basis. | October 1, 2014 |
| All new employees receive an e-mail providing a URL link to the EDI website notifying them of NIH EEO Policy statements and office services. | October 1, 2015 |
| NIH EEO Policy statements received in the NIH Orientation Welcome Binder, during bi-weekly orientation sessions. | February 1, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment:TheEDI office worked with OHR to determine where we can participate in the New Employee Orientation process. We are now participating with a table in the resource room held prior to New Employee Orientation, twice monthly. The purpose of the resource room is to allow new employees to ascertain information about the respective organizations. EDI is also conducting a 1.5 hour training during the second part of New Employee Orientation where we instruct them on their rights and responsibilities and review all pertinent EEO and diversity policy.  Modification: The NIH is compliant with this H Plan and all planned activities and measures have been fully met. Therefore this plan is closed. | |

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## Part H for Measure A.1.d

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | When an employee is promoted into supervisory ranks, is s/he provided a copy of the EEO policy statement? |
| OBJECTIVE: | Ensure all NIH employees promoted into the supervisory ranks are provided a copy of the EEO and D&I Policy statement. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2016 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| New managers receive an e-mail providing a URL link to the EDI website which contains the NIH EEO and D&I policy statement and the services that the Office of EDI offers. | September 30, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Modification: The projected target date is still open and this plan has been partially met. Therefore this plan will remain open. | |

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## Part H for Measure A.2.a

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Have the heads of subordinate reporting components communicated support of all agency EEO policies through the ranks? |
| OBJECTIVE: | Ensure that the 27 NIH component organizations (ICs) re-issue the NIH Director's EEO and Diversity and Inclusion (D&I) Policy Statement to their workforces annually to reaffirm their commitment to the policy. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | March 31, 2015 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| EDI will develop the NIH Director's annual EEO and D&I Policy Statement to the workforce. | November 28, 2014 |
| Annually the Director of EDI will disseminate the NIH Director's Policy statement to the ICs via e-mail along with a memo from the Director of the NIH to the ICs directing them to re-issue an annual policy statement to their workforce affirming their commitment to the EEO and D&I Policy. | January 31, 2015 |
| ICs certify to the Director of EDI that they have reaffirmed the Policy Statement. | March 31, 2015 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Modification: The NIH is compliant with this H Plan and all planned activities and measures have been fully met. Therefore this plan is closed. | |

EEOC FORM  
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U.S. Equal Employment Opportunity Commission

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## Part H for Measures A.2.b. and A.2.c

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Has the agency made written materials available to all employees and applicants, informing them of the variety of EEO programs and administrative and judicial remedial procedures available to them?  Has the agency prominently posted such written materials in all personnel offices, EEO offices, and on the agency’s internal website? |
| OBJECTIVE: | Make EEO program materials (EEO guidance booklets, office brochure) available across NIH campuses and offices.  Prominently post new EEO posters across NIH campuses and offices.  Prominently post digital versions on NIH online spaces. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2017 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Distribute EDI office brochures detailing NIH’s EEO programs to all Institutes and Centers (ICs) and relative offices. | September 30, 2015 |
| Distribute EEO Quick Series booklets providing quick guidance and FAQs concerning EEO-related issues. | September 30, 2015 |
| Post new EEO posters in the frequented spaces and common areas of every IC. | September 30, 2015 |
| Provide a digital version to each IC web manager or admin for print, archiving, and saving on staff shared drives and intranets. | September 30, 2016 |
| Collaborate with IC and OHR web teams to establish web presence for EEO posters on employee and applicant pages. | September 30, 2016 |
| Create, produce, and distribute ADR materials in the same way as the brochure and QuickSeries booklets. | September 30, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  Meeting requirements for materials on EEO and prominently posting them has been built into a much larger, grander strategy to redefine the employee experience with EEO policy, programs, and services at the NIH. We placed a great amount of emphasis on the creation of brand new brochures, posters, and other materials. These new materials reflect a much more modern design and utilize plain language, distilling great detail into clear bites of beneficial information.  We launched an entirely [new website](http://edi.nih.gov/) that has changed the face of EEO at the NIH. It neatly organizes the Agency’s anti-discrimination portfolio by the services NIH employees searched for most in previous years. We have provided contact forms for every service that send personalized emails to our customers from office branches responsible. Each branch is required, to turn-around responses to EEO-related inquiries within 48 hours.  The site provides detailed EEO guidance for the workplace in the form of tailored toolkits for common and unique issues. Our Resolutions section offers a detailed description of the complaints process unique to various categories of employment at NIH and allows customers to file an informal complaint directly from the website using the eFile/iComplaints system.  Employees can also find helpful information about special emphasis programs, NIH’s Language Access Plan, MD-715 data and strategy, and a listing of the NIH Director’s policy statements and regulations.  The new office website is a comprehensive online space that is providing the NIH community a wealth of information about the anti-discrimination/EEO services and programs available to them. Because it works in concert with our brand new brochure and posters, employees are organically progressing from our print materials to our online presence. The website is now becoming an efficient and, thus, favored method for communicating with the office and receiving up-to-date, compliant information.  NIH has partially met this H Plan planned activities and measures. Therefore this plan will remain open. | |

EEOC FORM  
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U.S. Equal Employment Opportunity Commission

**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
EEO Plan to Attain the Essential Elements of a Model EEO Program**

Essential element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP

This element requires the agency head to issue written policy statements ensuring a workplace free of discriminatory harassment and a commitment to equal employment opportunity.

## Part H for Measures A.3.a.; A.3.a.1.; A.3.a.2.; A.3.a.3.; A.3.a.4.; A.3.a.5.; A.3.a.6.; A.3.a.7; and A.3.a.8

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Are managers and supervisors evaluated on their commitment to EEO policies and principles including their efforts to:   * resolve problems/disagreements and other conflicts in their respective work environments as they arise? * address concerns, whether perceived or real, raised by employees and following-up with appropriate action to correct or eliminate tension in the workplace? * support the agency's EEO program through allocation of mission personnel to participate in community out-reach and recruitment programs with private employers, public schools and universities? * ensure full cooperation of employees under his/her supervision with EEO office officials such as EEO Counselors, EEO Investigators, etc.? * ensure a workplace that is free from all forms of discrimination, harassment and retaliation? * ensure that subordinate supervisors have effective managerial, communication and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? * ensure the provision of requested religious accommodations when such accommodations do not cause an undue hardship? * ensure the provision of requested disability accommodations for qualified individuals with disabilities when such accommodations do not cause an undue hardship? |
| OBJECTIVE: | Institutionalize and track the evaluations of NIH managers on their commitment to EEO policies and principles. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2019 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Develop and disseminate a toolkit on management commitment to EEO. | September 30, 2016 |
| Form a working group to examine current EEO elements included in Performance Management Plans (PMAPs) of Managers as compared to the list of EEO policies and principles provided in MD-715. Provide recommendations for addressing any discrepancies. | September 30, 2019 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: The EDI office developed the EDI 365 video launched on the EDI website and developed a corresponding EDI 365 toolkit.  The projected target date is still open and NIH has partially met this H Plan planned activities and measures. Therefore this plan will remain open. | |

EEOC FORM  
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U.S. Equal Employment Opportunity Commission

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EEO Plan to Attain the Essential Elements of a Model EEO Program**

Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP

This element requires the agency head to issue written policy statements ensuring a workplace free of discriminatory harassment and a commitment to equal employment opportunity.

Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

This element requires the Agency Head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the agency’s EEO Program and Plan.

## Part H for Measures A.3.b and C.3.b

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Have all employees been informed about what behaviors are inappropriate in the workplace and what behaviors may result in disciplinary actions?  Have all employees, supervisors, and managers been informed as to the penalties for being found to perpetrate discriminatory behavior or for taking personnel actions based upon a prohibited basis? |
| OBJECTIVE: | Ensure all NIH employees are informed about the penalties for participating in discriminatory behavior and/or taking personnel actions based upon a prohibited basis. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | January 31, 2017 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Create a toolkit that addresses the table of penalties for unacceptable behavior and appropriate personnel actions. | September 30, 2015 |
| Ensure the toolkit is readily accessible via its presence on the EDI website. | May 1, 2016 |
| Create Just-In-Time Video to educate the community on inappropriate vs. appropriate behaviors in the workplace and, the penalties for unacceptable behavior. | October 30, 2016 |
| Collaborate with OHR to promote the awareness of the toolkit and/or video across the NIH via placement of the link on OHR’s website. | January 31, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: The EEO Compliance training communicates what behaviors are inappropriate in the workplace and may result in disciplinary action. A toolkit that addresses the table of penalties for unacceptable behavior and appropriate personnel actions has been created and is being reviewed in collaboration with OHR.  Modification to FY 2015’s Plan Objectives: Timelines for activities have been extended, as needed, but the overall objective completion date has not been extended. This plan has been partially met. Therefore this plan will remain open. | |

EEOC FORM  
715-01 PART H

U.S. Equal Employment Opportunity Commission

**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
EEO Plan to Attain the Essential Elements of a Model EEO Program**

Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP

This element requires the agency head to issue written policy statements ensuring a workplace free of discriminatory harassment and a commitment to equal employment opportunity.

Essential Element B: INTEGRATION OF EEO INTO THE AGENCY’S STRATEGIC MISSION

This element requires that the agency’s EEO programs be organized and structured to maintain a workplace that is free from discrimination in any of the agency’s policies, procedures or practices and supports the agency’s strategic mission.

Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

This element requires the Agency Head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the agency’s EEO Program and Plan.

Essential Element D: PROACTIVE PREVENTION

This element requires that the agency head makes early efforts to prevent discriminatory actions and eliminate barriers to equal employment opportunity in the workplace.

Essential Element E: EFFICIENCY

This element requires that the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO Programs as well as an efficient and fair dispute process.

## Part H for Measures A.3.c.; A.3.d.; B.3.a; B.4.b.; B.4.d.; C.3.e.; E.1.d.; and E.1.e.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Have the procedures for reasonable accommodation for individuals with disabilities been made readily available/accessible to all employees by disseminating such procedures during orientation of new employees and by making such procedures available on the World Wide Web or Internet?  Have managers and supervisors been trained on their responsibilities under the procedures for reasonable accommodation?  Does the EEO Director have the authority or funding to ensure implementation of agency EEO action plans to improve EEO program efficiency and/or eliminate identified barriers to the realization of equality of opportunity?  Is there sufficient budget allocated to all employees utilizing, when desired, all EEO programs, including the complaint processing system and ADR, and to make a request for RA (including subordinate level reporting components)?  Is there a central fund or other mechanism for funding supplies, equipment and services necessary to provide disability accommodations?  Does the agency review disability accommodation decisions/actions to ensure compliance with its written procedures and analyze the information tracked for trends, problems, etc.?  Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations in all major components of the agency?  Are 90% of RA requests processed within the timeframe set forth in the agency procedures for RA? |
| OBJECTIVE: | Submit a complete Business Case Plan requesting the approval and funding of a RA program within EDI. This new RA branch will serve as the NIH central resource for providing basic information on the legal framework governing the employment of individuals with disabilities, and would handle the comprehensive processing of all RA requests for the NIH.  Develop an updated NIH policy and procedures on RA for EEOC approval, and disseminate to all employees.  Ensure that all managers and supervisors receive training on their responsibilities with regard to NIH’s RA procedures.  Develop a database warehouse for an RA system of records, thereby improving the timeframes to handle the RA request. Increase accuracy of RA data collected from ICs. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | January 1, 2017 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| A complete business case plan in support of the establishment of an RA Program within EDI will be submitted for approval and funding. | March 1, 2015 |
| Develop companion training to the new RA policy and procedures, for managers and employees to provide a better understanding of their rights and responsibilities in the process (depending on business case approval.) | March 1, 2015 |
| Continue to provide limited guidance to ER/LR specialists on RA. Provide RA training to ER/LR personnel. | September 30, 2015 |
| Draft a new RA policy and procedures for dissemination to the NIH workforce and new employees. Once approved by NIH senior leadership, the policy and procedures will be posted on the EDI website and will be communicated to new employees at orientation (depending on business case approval.) | April 30, 2016 |
| Recruitment of experts in the RA field who have the training and knowledge to appropriately advise managers and employees in these matters. Request 3 FTE’s dedicated to processing RA requests (depending on approval of resources.) | April 30, 2016 |
| Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs. | May 1, 2016 |
| Conduct monthly IC “data calls” for RA. | October 1, 2016 |
| Ensure that the new online NoFEAR training module identifies responsibilities with regard to RA procedures. | January 31, 2016 |
| Roll out new RA training for managers, supervisors and employees. | January 30, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:   * Benchmarking and capacity building for EDI to take on the RA function and centralize the program in the future is being conducted. * EDI continues to provide limited guidance to OHR concerning RA requests. Currently, ER/LR within OHR oversees the RA process when there is a performance or conduct issue. Occupational Medical Service handles another portion of the RA requests and then managers and supervisors across the NIH manage another portion. This is a decentralized and fragmented management of RA requests. * EDI has developed an estimated cost of funding needed through its Business Case Plan. Plans were submitted in FY 2013 and FY 2014, but were not approved in full. This plan was re-submitted for approval in FY 2015 and one FTE of four resources was approved. * EDI has a resource table at New Employee Orientation held on a bi-weekly basis where EDI staff is available to respond to questions about RA, provide guidance, and make appropriate referrals. * The current RA Procedures, as published in the Manual Chapter, are outdated and reference offices that no longer exist at the NIH. EDI drafted updated RA policy and procedures. They have been submitted and are pending approval. * EDI has drafted a RA training module, now in final vetting stages. EDI will also include a video as a part of the official training module. * EDI purchased a contract for an RA processing tracking system (software and technical/administrative support.)   Modification: FY 2014’s Part H plan to secure resources, funding, and FTE’s for the RA function and tracking in EDI has been further clarified with a goal to establish a new branch in EDI’s Guidance Education and Marketing division which would consist of a total of four FTE’s to manage the RA program if the Business Case is fully funded.  In FY 2015 the GEM branch successfully developed a Reasonable Accommodations Business Case Plan which was only partially funded with one FTE. The training module for the RA policy and procedures is also in the vetting processing and pending approval. The EDI/GEM staff will continue to provide guidance to NIH ER/LR staff.  The timelines have been extended as needed from FY 2015’s plan objective. The projected target date is still open and this plan has been partially met. Therefore this plan will remain open. | |

715-01 PART H

U.S. Equal Employment Opportunity Commission

**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
EEO Plan to Attain the Essential Elements of a Model EEO Program**

Essential Element B: INTEGRATION OF EEO INTO THE AGENCY’S STRATEGIC MISSION

This element requires that the agency’s EEO programs be organized and structured to maintain a workplace that is free from discrimination in any of the agency’s policies, procedures or practices and supports the agency’s strategic mission.

## Part H for Measure B.2.b.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Following the submission of the immediately preceding FORM 715-01, did the EEO Director/Officer present to the head of the agency and other senior officials the “State of the Agency?” |
| OBJECTIVE: | The Director, Office of Equity, Diversity, and Inclusion (EDI) will present a State of the Agency briefing covering both FY 2013 and FY 2014. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | February 28, 2015 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Workforce demographics analysis will be provided to ICs at the end of the 2nd Quarter and the 4th Quarter. | December 31, 2014 |
| The Director, EDI will present a State of the Agency briefing. | April 1, 2015 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments: The EDI Director met with each of the 27 Institutes/Centers organizational components and briefed their workforce demographics data to their senior leadership. This was to ensure that the NIH ICs had a real understanding of their diversity representation and trends in their workforces. In addition, the EDI Director met with the NIH Deputy Director and shared the NIH corporate demographics data by presenting the workforce demographics report to him. Further, the Director discussed the agency 462 report with the NIH Deputy Director to discuss complaint issues, bases, and challenges. But more importantly, the EDI Director discussed throughout the year strategies that EDI is implementing to correct and eliminate barriers. This is all a part of the customer outreach function of EDI; and the Director thought it was beneficial to meet individually with senior staff and with NIH senior leadership to inform, educate, and discuss solutions rather than provide the state of the agency briefing to a collective group of leaders. These discussions were targeted and allowed the components of the NIH to frame their own strategies to their unique challenges while allowing NIH corporate to identify strategies to assist the corporate challenges.  Modification: The NIH is compliant with this H Plan and the planned activity and measure has been fully met. Therefore this plan is closed. | |

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Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

This element requires the Agency Head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the agency’s EEO Program and Plan.

## Part H for Measures B.2.c.; B.2.c.1; B.2.c.2; B.2.d.; C.2.a; and C.2.b

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Are EEO program officials present during agency deliberations prior to decisions regarding recruitment strategies, vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes?  Is the EEO Director included in the agency’s strategic planning, especially the agency’s human capital plan, regarding succession planning, training, etc., to ensure that EEO concerns are integrated into the agency’s strategic mission?  Have time-tables or schedules been established for the agency to review its Merit Promotion Policy and Procedures for systemic barriers that may be impeding full participation in promotion opportunities by all groups?  Have time-tables or schedules been established for the agency to review its Merit Employee Recognition Awards Program and Procedures for systemic barriers that may be impeding full participation in the program by all groups?  Have time-tables or schedules been established for the agency to review its Employee Development/Training Programs for systemic barriers that may be impeding full participation in training opportunities by all groups?  Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions such as re-organizations and re-alignments? |
| OBJECTIVE: | To continue to solidify partnerships with the NIH OHR and continued collaboration on these important human capital areas. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | October 1, 2019 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| EDI will do an examination of retirement eligibility in partnership with OHR to identify which NIH mission critical jobs will be the largest gap to fill in the next three to five years. | September 1, 2016 |
| EDI will identify the diverse professional affiliations for each Special Emphasis group to build relationships with. These diverse professional affiliations will be aligned to the NIH mission critical occupations. | December 31, 2016 |
| In collaboration with NIH partners and stakeholders, develop a diversity and inclusion strategic plan for the NIH. The strategic plan will address the agency’s human capital needs from an EEO, diversity and inclusion perspective. The plan will include: recruitment, workforce planning, succession planning, training, recognition, employee development, and leadership development and barrier analysis. We will develop a timeline, a committee, and prepare for the planning process. The planning process will include alignment with the strategy and mission of the NIH. The intent is to create an organizational work culture that is diverse, inclusive and sustainable. | September 1, 2017 |
| EDI director is a strategic partner with the NIH’s Deputy Director for Management executive leadership administrative team in preparation for conducting proactive human resource workforce planning, hiring and development to align with the NIH needs. The development of a toolkit is in process to address future staffing and talent needs in NIH involuntary and voluntary separations, including turnovers, attrition, succession planning and meeting additional human capital agency needs. | September 1, 2017 |
| EDI Director and staff will continue to meet quarterly with each of 27 IC Executive Officers and continue to discuss their upcoming vacancies, disparities in workforce data, and recommended strategies/interventions such as: diversity talent sourcing technology tools, data analytic tools, strategies in sustaining relationships with professional societies, organizations and universities, grantees, social media strategies, and other targeted outreach approaches, including the use of Schedule A, to fill upcoming vacancies. | January 4, 2019 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: The EDI Director is involved in strategic planning meetings for the agency. The Director of the Office of Management engaged in strategic planning with the NIH Executive Officers, the EDI director participated. The result of the planning is that one goal addresses strategic planning in human capital needs. There is a workforce planning toolkit in development to assist in proactively addressing human capital needs for the agency. Also, a Community of Practice is being constructed of all Institutes and Centers at the NIH to provide guidance in use of the workforce planning toolkit, engage the NIH stakeholders for their usage and establish value for its use. The EDI Training Specialist continues to actively engage with stakeholders on the NIH Training Committee. The Committee continues to develop and implement plans for leadership, career advancing development and mandatory compliance training requirements. In addition, the EDI Director is a member of the NIH’s Administrative Training Committee, which is responsible for intern/entry level programs and the Presidential Management Fellows program for the agency. EDI continues to be fully engaged in NIH discussions regarding training.  Modification to FY 2015’s Plan Objective: Timelines have been extended as needed. Diversity sourcing planned activity moved to Part H #20. Part C.2.c has been moved to #20. The planned activities related to barrier analysis have been moved to Part H, #20. This plan has been partially met. Therefore this plan will remain open. | |

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Essential Element B: INTEGRATION OF EEO INTO THE AGENCY’S STRATEGIC MISSION

This element requires that the agency’s EEO programs be organized and structured to maintain a workplace that is free from discrimination in any of the agency’s policies, procedures or practices and supports the agency’s strategic mission.

Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

This element requires the Agency Head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the agency’s EEO Program and Plan.

## Part H for Measures B.4.a. and E.1.b

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Are there sufficient resources to enable the agency to conduct a thorough barrier analysis of its workforce, including the provision of adequate data collection and tracking systems?  Has the agency implemented an adequate data collection and analysis systems that permit tracking of the information required by MD-715 and these instructions? |
| OBJECTIVE: | Develop requirements for information systems capable of capturing demographic information for Title 42 and post-doctoral applicants. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2019 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Collaborate with HHS and OPM to receive and analyze USAJOBS applicant data. | October 1, 2014 |
| Gap analysis work group will present recommendations to the NIH leadership for building a system to collect applicant flow data on those applicants not captured by USAJOBS, particularly Title 42 scientific occupations. | June 30, 2016 |
| Develop consensus within the NIH community for implementing an applicant flow repository for Title 42 scientific and post doc fellow positions. | September 30, 2016 |
| Provide quarterly updates for USAJOBS applicants by race/ethnicity and sex. | September 30, 2017 |
| Advocate for funding to secure an applicant flow repository for title 42 applicants and post doc fellows. Implement a phased approach for usage beginning with title 42 applicants. | September 30, 2019 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments: The Office of Equity Diversity and Inclusion led a trans-NIH workgroup called the Gap Analysis Work Group to identify gaps in NIH’s data collection and data systems which impact the organization’s ability to diversify the scientific workforce.   In addition to identifying gaps, the group was also charged with making recommendations to remedy identified gaps.    The Gap Analysis Workgroup concluded that NIH as an agency was missing critical data.  While we have always known the demographics of employees onboard, we lacked data on the demographics of individuals applying for many of our title 42 scientific vacancies.  Hence, the agency does not know if it is reaching diverse applicant pools and if so, at what point are applicants being eliminated from the applicant process (e.g. minimum qualifications stage, interview stage, selection stage).  The Gap Analysis Workgroup determined that it was of paramount importance to gather this type of information in order to determine specifically where the problem (s) lie.  Without this information, the agency cannot develop targeted strategies to effect change.  The Gap Analysis Workgroup recommended that the agency obtain a repository for the collection of title 42 applications which do not utilize the USA jobs process as well as for collecting applications for post-doctoral training positions. This will allow applicants to voluntarily provide their demographics and allow the agency’s EDI staff to track applicants by group through the application process.  Obtaining this type of information will allow the agency to determine whether the issue is outreach – a need to attract more diverse candidates or whether the issue lies in the rating and ranking of applications. In order to conduct this type of barrier analysis, all applications must come to a central repository rather than going directly to the individual ICs.  EDI has presented these recommendations to the Executive Officers (October 7, 2015), IC Directors (November 12, 2015).  The recommendations were previously presented to the NIH Deputy Director.  The recommendations still must be presented to the scientific directors for concurrence before moving forward with the requirements gathering phase to procure a system.  OHR will conduct the requirements gathering process, which is necessary to ensure that the repository meets the agency’s needs as well as to get cost estimates.  EDI has been able to analyze USAJOBS FY 2014’s applicant flow data and 1st and 2nd Quarter FY 2015 applicant flow data in collaboration with HHS, OPM (externally) and with the NIH’s Office of Human Resources (internally).  Modification to FY 2015’s Plan Objective: Timelines have been extended as needed. This plan has been partially met. Therefore this plan will remain open. | |

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Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

This element requires the Agency Head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the agency’s EEO Program and Plan.

## Part H for Measure C.1.b

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Do EEO program officials coordinate the development and implementation of EEO Plans with all appropriate agency managers to include Agency Counsel, Human Resource Officials, Finance, and the Chief Information Officer? |
| OBJECTIVE: | To ensure that we build a collaborative community where EDI can coordinate the development of EEO and D&I Plans and strategies for the NIH, and to ensure that all NIH managers understand the NIH plan and their role in the advancement of D&I for the NIH. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2017 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Prepare and compile an All Managers e-mail distribution list. | March 30, 2016 |
| Send out MD-715 via the Managers distribution listing – annually. | March 30, 2016 |
| Launch a D&I collaborative partnership to include representatives from OHR, Chief Officer for Scientific Workforce Diversity, Agency Counsel, Finance and the CIO. | September 30, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: The EDI Director is an active member of the NIH Executive Resources and Performance Review Boards (ERB/PRB) and serves in the capacity of an Advisory member.  Modification to FY 2015’s Plan Objective Date: Timeline was extended out two years. This plan has been partially met. Therefore this H plan remains open. | |

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Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

This element requires the Agency Head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the Agency’s EEO Program and Plan

## Part H for Measure C.3.c.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Has the agency when appropriate, discipline or sanction managers/supervisors or employees found to have discriminated over the past two years? |
| OBJECTIVE: | Ensure a process is in place that evaluates if discipline is warranted for managers/supervisors or employees who are found to have discriminated over the past two years. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2018 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Establish SOP for review of non-election final agency decisions resulting in a finding of discrimination for appropriate recommendations of discipline. | January 1, 2015 |
| In collaboration with HR, EDI will evaluate discriminatory actions that may necessitate disciplinary actions to managers/supervisors or employees. | January 31, 2016 |
| Develop and implement a NIH Policy on disciplinary actions in cases of discrimination. | September 30, 2018 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: EDI has established a Guidance Program within the Guidance, Education and Marketing Division (GEM). The Guidance Program serves as a focal point for proactive prevention and early intervention of EEO issues at the NIH by: (1) Providing guidance to managers and employees on EEO rights and responsibilities to ensure a diverse workplace free from unlawful discrimination and harassment and (2) Developing and coordinating effective EEO guidance tools and services, tailored to the individual and community needs of NIH.  EDI has developed a process to ensure that the appropriate parties are notified of discriminatory or harassing actions. We are educating the Resolution and Equity Division (R&E) staff on when it is appropriate to send notification and to trigger a review for determining if disciplinary action is warranted. To maintain neutrality, the R&E Division is solely responsible for providing notification of discriminatory actions, while the Guidance, Education and Marketing Division (GEM) will conduct research of discipline recommended in similar EEOC decisions. Additionally, GEM will provide a review of NIH non-election final agency decisions (FAD) resulting in a finding of discrimination.  Modification to FY 2015’s Plan Objective: Timelines have been extended as needed. EDI added a new planned activity to develop and implement a NIH Policy on disciplinary actions in cases of discrimination. This plan has been partially met. Therefore this plan will remain open. | |

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Essential Element D: PROACTIVE PREVENTION:

This element requires that the agency head makes early efforts to prevent discriminatory actions and eliminate barriers to equal employment opportunity in the workforce

## Part H for Measures D.1.e.; D.1.f.; D.1.g.; and D.1.h.

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| **FY 2015**  **National Institutes of Health** | | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Are trend analyses of the workforce’s major occupations conducted by race, national origin, sex and disability?  Are trend analyses of the workforce’s grade level distribution conducted by race, national origin, sex and disability?  Are trend analyses of the workforce’s compensation and reward systems conducted by race, national origin, sex and disability?  Are trend analyses of the effects of management/personnel policies, procedures and practices conducted by race, national origin, sex and disability? | |
| OBJECTIVE: | Conduct trend analyses on major occupations, and grade levels.  Conduct a baseline analysis on workforce compensation and rewards to build on in future years.  Conduct a baseline analysis of management policies and practices by race, ethnicity sex and disability status to build on in future years. | |
| RESPONSIBLE OFFICIAL: | Director, EDI | |
| DATE OBJECTIVE INITIATED: | October 1, 2013 | |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2018 | |
| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | | TARGET DATE (Must be specific) |
| Data Analytics will request resources for one analyst in FY 2015. | | September 30, 2015 |
| Data Analytics will conduct the baseline analyses for compensation and rewards (contingent upon resource request.) | | September 30, 2016 |
| Data Analytics will conduct the analyses for grade levels. | | September 30, 2016 |
| Data Analytics will request resources for one analyst in FY 2016. | | September 30, 2016 |
| Data Analytics will conduct the analyses for major occupations. | | September 30, 2017 |
| SDI will develop a listing of management policies and practices and develop a baseline analysis on the impact to employees by race/ethnicity, sex and disability status. | | September 30, 2018 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE | |  |
| Accomplishment: TheEDI office has developed and presented a 6 year template of NIH data from 2008-2014. Preliminary salary analysis is being conducted. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status from nVision human resource database.  The resources were provided for an additional FTE. The position was advertised and competed. A selection was made and the candidate declined. The vacancy has been re-advertised. A second candidate has been identified and we are waiting for the Office of Human Resources to extend an official offer for this analyst to come on board.  NIH has partially met this H Plan. Therefore this plan will remain open. | | |

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Essential Element E: EFFICIENCY

This element requires the Agency Head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO Programs as well as an efficient and fair dispute resolution process.

## Part H for Measure E.1.c.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Have sufficient resources been provided to conduct effective audits of field facilities’ efforts to achieve a model EEO program and eliminate discrimination under Title VII and the Rehabilitation Act? |
| OBJECTIVE: | Conduct effective audits of field facilities’ efforts to achieve a model EEO program and eliminate discrimination under Title VII and the Rehabilitation Act. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | April 30, 2017 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Benchmark other agencies and develop an audit tool for auditing field facilities. | April 30, 2016 |
| Begin conducting effective audits of NIH field facilities’ efforts to achieve a Model EEO program. | April 30, 2017 |
| Accomplishment: THE EDI/GEM staff have conducted benchmarking with other agencies. They have also developed a check list to use as a tool to monitor field audits. The EDI Director and Division Directors have been conducting site visits to Montana and North Carolina. Future site visits to Baltimore have been planned.  Modification to FY 2015’s Plan Objectives: Timelines for activities have been extended, as needed, the objective completion date has also been extended. This plan has been partially met. This plan will remain open. | |

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Essential Element E: EFFICIENCY

Requires the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO programs as well as an efficient and fair dispute resolution process.

## Part H for Measure E.3.a.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Are benchmarks in place to compare the agency's discrimination complaint processes with 29 C.F.R. Part 1614? |
| OBJECTIVE: | To formulate a set of Standard Operating Procedures for our entire EEO complaints process that includes appropriate benchmarks. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2016 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Collect benchmarks on discrimination complaint processes. These benchmarks will be captured and accounted for through performance elements linked to the mandatory time frames and deadlines in the Standard Operating Procedures. | January 1, 2014 |
| Finalize Standard Operating Procedures and forms for the EEO Counseling Process. | January 30, 2016 |
| Finalize Standard Operating Procedures and forms for the Formal EEO Complaint Process. | January 30, 2016 |
| Train the staff and collateral staff on the new procedures and implement performance standards. | September 30, 2016 |
| Market and publicize the EEO process. | September 30, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments: Over the past fiscal year, EDI has developed draft Standard Operating Procedures for the pre-complaint process and formal complaint process. This includes standard form template letters to communicate to our customers, internal procedural matters, and benchmarks for timeframes for the EEO Counselors and Specialists. The draft SOP’s are with leadership for review and expects to finalize the SOP’s by March 31, 2016.  The Informal Branch also developed a short presentation describing the roles and responsibilities of the aggrieved, management, Counselor and/or Mediator in the EEO process. The goal of the presentation is market the Informal EEO Process by offering an opportunity to refresh everyone’s knowledge of their role in the process along with other key information. This presentation is provided to the Institutes and Centers on demand and has already been utilized by several offices and will continue into FY16.  Modification to FY 2015’s Plan Objective: The objective completion date has been extended, and other timelines have been extended as needed. This plan has been partially met. Therefore this plan will remain open. | |

EEOC FORM  
715-01 PART H

U.S. Equal Employment Opportunity Commission

**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
EEO Plan to Attain the Essential Elements of a Model EEO Program**

Essential Element E: EFFICIENCY

This element requires that the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO Programs as well as an efficient and fair dispute resolution process.

## Part H for Measure E.4.b.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Does the agency require all managers and supervisors to receive ADR training in accordance with EEOC (29 C.F.R. Part 1614) regulations, with emphasis on the federal government’s interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? |
| OBJECTIVE: | To ensure that all managers and supervisors receive ADR training. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2016 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Ensure new online NoFEAR Act Training module provides information on ADR. | January 1, 2016 |
| Incorporate information about ADR in the NIH manager required training. | February 28, 2016 |
| Create, produce, and distribute ADR materials in the same way as the EDI brochure and Quick Series booklets. | September 30, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: EDI has provided EEO Compliance Training for Manager and Supervisors which provides information on the ADR process and its benefits, and meets the bi-annual NoFEAR Act training requirement. EDI Quick Series booklet provides information on ADR.  This plan has been partially met. This plan will remain open. | |

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Essential Element E: EFFICIENCY

Requires the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO Programs as well as an efficient and fair dispute resolution process.

## Part H for Measure E.4.d.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Does the responsible management official directly involved in the dispute have settlement authority? |
| OBJECTIVE: | To develop a Settlement Policy defining the process and who has settlement authority for NIH EEO cases and MSPB appeals. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | December 30, 2016 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Form a trans-NIH Committee to develop a NIH settlement policy. | June 1, 2015 |
| Present legal research on settlement authorities to the trans-NIH committee. | November 1, 2015 |
| Formulate a final policy and submit it to the NIH Manual Chapter Process - the NIH official policy Manual. | June 15, 2016 |
| Implement the new NIH Settlement Policy once approved through the Manual Chapter Process. | December 30, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: NIH currently has a delegated authority in place providing settlement agreements involving the expenditure of $25,000 or more, including attorney's fees if any, or those classified as sensitive by the Director, EDI, are subject to review by a committee consisting of the Deputy Director, NIH, the Deputy Director for Management, and the Director, EDI.  The NIH Executive Officers carry authority to approve settlements below $25,000. NIH Responsible Management Officials (RMO's) do not currently have settlement authority. The trans-NIH committee will update the delegated authority and develop a settlement policy clarifying who holds settlement authority.  NIH successfully formed the trans-NIH Committee and presented the legal briefing. An amended delegated authority and draft policy are being developed.  Modification: The timelines have been extended as needed from FY 2015’s plan objective. This plan has been partially met. Therefore this H plan remains open. | |

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Essential Element E: Efficiency:

This element requires that the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO Programs as well as an efficient and fair dispute process.

## Part H for Measure E.5.c.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Does the agency EEO office have a management controls in place to monitor and ensure that the data received from Human Resources is accurate, timely received and contains all the required data elements for submitting annual reports to the EEOC? |
| OBJECTIVE: | Collaborate with HHS on developing processes to centrally capture data on career development programs non-competitive programs in order to conduct barrier analyses. A/B-10 and A/B-12. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2019 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Work with HHS to develop process for separating out promotion types as found in BIIS Tables A-10 Non-Competitive promotions report. | September 30, 2018 |
| Work with HHS to develop a central process for capturing and stratifying career development data as found in BIIS Tables A-12 Participation in Career Development report. | September 30, 2019 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment:The working groups began their ICs analysis of OHR systems and are collaborating with HHS to present recommendations on a strategic plan. The projected target date is still open and this plan is partially met. Therefore this plan will remain open.  This plan has been partially met. Therefore this H plan remains open. | |

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Essential Element E: EFFICIENCY

This element requires that the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO Programs as well as an efficient and fair dispute resolution process.

## Part H for Measure E.5.e.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Does the agency identify and monitor significant trends in complaint processing to determine whether the agency is meeting its obligations under Title VII and the Rehabilitation Act? |
| OBJECTIVE: | To conduct trends analysis using our iComplaints tracking system for the NIH and the 27 component IC organizations.  To analyze the data and identify any trends and formulate strategies to correct recurring barriers. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2018 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Using iComplaints, produce EEO complaints trends reports for the NIH and 27 ICs. | June 30, 2016 |
| Conduct rigorous analyses of those reports. | September 30, 2016 |
| Develop strategies to address the trends that we see within the reports and analyses. | May 1, 2017 |
| Using the trends reports, utilize the data for barrier analysis by our Special Emphasis Portfolio Strategists. | September 30, 2018 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments: NIH uses iComplaints to track EEO complaints and to complete the Annual 462 Report. Prior to FY 2012, iComplaints had not been used with any consistency. Over the last two and a half years. EDI has been focused on historical data entry to ensure that all of the historical EEO complaint cases have been entered into iComplaints. In addition, EDI implemented a rigorous audit process to ensure accuracy and quality of the data entry.  In FY 2015 NIH has initially reviewed iComplaints trend data by ICs.  Modification to FY 2015’s Plan Objective: Timelines have been extended as needed. This plan has been partially met. Therefore this H plan remains open. | |

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Essential Element E EFFICIENCY

This element requires that the agency head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO Programs as well as an efficient and fair dispute resolution process.

## Part H for Measure C.2.c. and E.5.f.

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| **FY 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Are management/personnel policies, procedures and practices examined at regular intervals to assess whether there are hidden impediments to the realization of equality of opportunity for any group(s) of employees or applicants?  Does the agency track recruitment efforts and analyze efforts to identify potential barriers in accordance with MD-715 standards? |
| OBJECTIVE: | Enhance recruitment tracking efforts and identify potential barriers to recruitment at NIH, as well as barriers that are impeding the progress for any particular group to advance in employment at the NIH. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2013 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | October 1, 2019 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Develop a standard operation procedural guide and training for EEO and Diversity practitioners to learn their roles and responsibilities during the NIH Search Committee Process for senior and executive level scientific and administrative positions at the NIH. The EEO and Diversity practitioners serve as strategic partners to ensure a consistent and fair recruitment process for senior and executive level scientific and administrative positions at the NIH. | September 1, 2016 |
| EDI Special Emphasis Portfolio and Diversity and Inclusion Strategists will perform data analysis for various constituency groups. The Strategists will review workforce data at the participation rates of the NIH employment population to determine if any particular group (e.g., women, individuals with disabilities, Blacks, Hispanics, American Indians and Alaska Natives and Asians and Pacific Islanders, and Lesbian, Gay, Bisexual, and Transgender) is being underutilized by the NIH in a particular occupation or at a particular grade or pay level. | December 31, 2016 |
| Conduct data analysis by using appropriate comparators and statistical methods. Identify triggers to workforce data that demonstrates disparities or anomalies that appear in the comparisons as a trigger in diversity representation. | December 31, 2016 |
| Form working group to examine OHR’s career website. Complete assessment of OHR’s career website for potential barriers. Provide recommendations for addressing any barriers found. | April 1, 2017 |
| Form working group and develop project plan for creating a recruitment sourcing toolkit. Identify NIH and IC-specific mission critical positions and specific high turnover positions. Complete development and rollout recruitment sourcing toolkit for agency. | May 1, 2017 |
| Conduct a thorough investigation of NIH relevant policies, procedures and practices to determine the causes of the identified disparities and pinpoint the causes of the discovered barriers. | September 1, 2017 |
| Work towards eliminating barriers. Develop a plan for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel and target dates. | September 1, 2018 |
| Develop a report to serve as the NIH’s roadmap for the next year and to include a blueprint for periodic self-audits of the plan to ensure that the NIH is on schedule and meeting its goals. Adjust the plan when necessary. Track progress that is measurable. Conduct periodic re-assessments to discover if the plan needs adjusting. | September 1, 2019 |
| Work with the Office of Human Resources, the Chief Office for Scientific Workforce Diversity and the Center for Information Technology to research diversity sourcing tools and techniques. Complete development and rollout recruitment sourcing toolkit for agency. | October 1, 2019 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE: |  |
| Modification to FY 2015’s Plan Objective: Timelines have been extended as needed. Barrier analysis was included to address recruitment and additional barriers that impede the progress for any particular group to advance in employment at the NIH. Diversity Sourcing database project was included. A new planned activity was added on the NIH Search Committee.  Modification to FY 2015’s Plan Objective: Timelines have been extended as needed. This plan has been partially met. Therefore this plan will remain open. | |

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Essential Element E: EFFICIENCY

This element requires the agency’s head ensure that there are effective systems in place for evaluating the impact and effectiveness of the agency’s EEO programs as well as an efficient and fair dispute resolution process.

## Part H for Measure E.5.g.

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| F**Y 2015**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Does the agency consult with other agencies of similar size on the effectiveness of their EEO programs to identify best practices and share ideas? |
| OBJECTIVE: | Obtain a more efficient EEO program through benchmarking and implementation of best practices and strategies that represent a model EEO program. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | October 1, 2017 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Collaboration with National Aeronautics and Space Administration (NASA), National Science Foundation (NSF), American Academy of Aesthetic Medicine (AAAM), American Association of Medical Colleges (AAMS), and the American Association for the Advancement of Science (AAAS) on best practices as it relates to outreach, recruitment, retention; and diversity & inclusion strategies. | October 1, 2016 |
| Develop a strategic benchmarking plan inclusive of a wide range of practices and strategies. | October 1, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment:TheEDI office has started to benchmark other agencies. EDI has formed a partnership with the National Science Foundation (NSF) and in FY 2015 conducted limited benchmarking and exchanged discussions on some best practices as it relates to conducting trend and barrier analysis, recruitment, retention; and diversity & inclusion strategies.  Current timelines are on target for completion. The projected target date is still open and NIH has partially met this H Plan planned activities and measures. Therefore this plan will remain open. | |

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Essential Element F: RESPONSIVENESS AND LEGAL COMPLIANCE

This element requires that federal agencies are in full compliance with EEO statutes and EEOC regulations, policy guidance, and other written instructions.

## Part H for Measure F.2.a.

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| F**Y 2014**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Does the agency have control over the payroll processing function of the agency? |
| OBJECTIVE: | Coordinate the development and implementation of procedures for processing ordered monetary relief and other forms of ordered relief. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | September 30, 2016 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Meet with the NIH Payroll Office to discuss current procedures for ordered monetary and other ordered relief. | February 28, 2016 |
| In collaboration with NIH’s Payroll Office, make any necessary revisions to the procedures for ordered monetary and other ordered relief. | December 30, 2016 |
| Finalize and implement the procedures, in collaboration with NIH’s Payroll Office. | September 30, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Modification: To FY 2014’s Plan Objective: Timelines for planned activities have been extended as needed. The projected target date is still open and NIH has partially met. Therefore this plan will remain open. | |

# PART I: EEO Plan to Eliminate Identified Barrier

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| **STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:**  Provide a brief narrative describing the condition at issue.  How was the condition recognized as a potential barrier? | Based on lower than expected participation rates, proposed focus areas for 2016 include the recruitment and retention of Hispanics and American Indian/Alaska Natives and an additional focus area for people with disabilities and targeted disabilities, in line with Executive Order 13548—Increasing Federal Employment of Individuals with Disabilities, the Federal Government Goal set by the EEOC, and the HHS goal (2.5% of the total permanent workforce). The following were identified as Focus Areas for NIH for FY 2015:   * The recruitment and retention of People with Disabilities * The recruitment and retention of Hispanics * The recruitment and retention of American Indians/Alaska Natives   We recognized the continued need to remain dedicated to the diversity of the NIH biomedical workforce. Therefore, the recruitment of Black tenured and tenure-track scientists/investigators and the recruitment of Asian/Pacific Islander Lab and Branch Chiefs will continue to be emphasized and spearheaded by the Chief Officer for Scientific Workforce Diversity (COSWD).  Biomedical areas of Focus:   * Black tenured and tenure track scientists/investigators * Asian/Pacific Islander scientific lab and branch chiefs |
| **BARRIER ANALYSIS:**  Provide a description of the steps taken and data analyzed to determine cause of the condition. | **People with Disabilities**  **a. Less than expected participation of People with Disabilities in the NIH workforce in 2015.**  NIH has lower than expected participation rates of individuals with disabilities. The NIH participation rate of people with disabilities is currently 7.1% (1,260) in FY 2015. According to OPM, in FY 2014 in the overall federal workforce, 18.2% (16,024) of new hires were people with disabilities; as compared to 7.3% (50) NIH new hires in FY 2014 and in FY 2015, NIH’s ratio of new hires was at 11.9% (83).    **b. Less than expected participation of People with Targeted Disabilities in the NIH workforce in 2015.**  NIH also has a lower than expected participation rate of individuals with targeted disabilities. A targeted disability is a subset of a reportable disability which includes severe disabilities such as total blindness, deafness, and missing extremities. When assessing the benchmark for representation of individuals with disabilities, NIH benchmarks the EEOC’s “Federal Goal” of 2.0%, and the HHS goal of 2.5% of the total workforce represented by people with targeted disabilities by 2015. The NIH participation of people with disabilities falls short of both benchmarks. People with targeted disabilities represent 1.5% (199) of the permanent workforce. In FY 2015, 1.1% (16) of the total new hires had a targeted disability and 1.7% (13) of the new hires in the permanent workforce had a targeted disability .  **Hispanics--Less than expected participation of Hispanics in the NIH workforce in 2015.**  When assessing the benchmark for race/ethnicity, NIH benchmarks the National Civilian Labor Force (CLF) from the United States Census Bureau. The FY 2015 participation rate for Hispanic males in the NIH total workforce (1.4%) falls below the 2010 CLF rate of participation for Hispanic males (5.2%).  Similarly, the FY 2015 participation rate for Hispanic females in the NIH total workforce (1.7%) falls below the 2010 CLF rate of participation for Hispanic females (4.8%).  The actual number of Hispanic males remained the same between 2014 and 2015 (242 to 242), while the number of Hispanic females increased (305 to 311).  **American Indian/Alaska Native (AI/AN)--Less than expected representation of AI/ANs in the NIH workforce in 2015.**  The FY 2015 participation rate for AI/AN males in the NIH total workforce (0.2%) falls below the 2010 CLF rate of participation for AI/AN males (0.5%).  Similarly, the FY 2015 participation rate for AI/AN females in the NIH total workforce (0.3%) falls below the 2010 National CLF rate of participation for AI/AN females (0.5%). The number of AI/AN males increased by two between FY 2014 and FY 2015, and the number of AI/AN females decreased by four.  **Less than expected representation of Black tenured and tenure track scientists/investigators in the NIH workforce in 2015.**  The FY 2015 participation rate for Black tenure track scientists at NIH (1.4%) is lower than expected when compared to the participation rate of Black tenure track scientists with science and engineering degrees in U.S. universities (4.3%).  The FY 2015 participation rate for Black tenured scientists at NIH (1.6) is lower than expected when compared to the participation rate of Black tenured scientists with science and engineering degree in U.S. universities (2.9%).  **Less than expected representation of Asian/Pacific Islander scientific lab and branch chiefs in the NIH workforce in 2015.**  The FY 2015 participation rate for Asian/PI Lab and Branch chiefs (9.6%) is lower than expected when compared to the participation rate of Asian/PI tenured scientists at NIH (14.9%). Most of the NIH lab/branch chiefs are tenured scientists. The representation of lab/branch chiefs for all racial and ethnic groups except Asian/PI exceeds their rates in the tenured workforce.  Additional barrier analysis for these groups is included in the attached appendix. |
| **STATEMENT OF IDENTIFIED BARRIER:**  Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition. | People with Disabilities; Hispanics; and American Indian/Alaska Natives have lower than expected participation rates in the NIH total workforce. Furthermore, the recruitment and retention of Black tenured and tenure-track scientists/investigators and the recruitment of Asian/Pacific Islander Lab and Branch Chiefs will continue to be emphasized and spearheaded by the Chief Officer for Scientific Workforce Diversity (COSWD). These groups will continue in FY 2016 as the MD-715 focus areas and as corporate recruitment and retention priorities for NIH. |
| **OBJECTIVE:**  State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition. | EDI will return to the EEOC’s guidance on agency self-assessment and barrier analysis to conduct an even deeper self-assessment looking at the race/ethnicity, sex, and disability profile of the agency workforce data in FY 2016. EDI will continue reviewing the workforce data on an annual basis.  EDI will provide recruitment and retention strategies for People with Disabilities, Hispanics, and AI/AN employees. The COSWD will provide recruitment and retention strategies for Tenure and Tenure Tracked Scientists and Lab and Branch Chiefs. |
| **RESPONSIBLE OFFICIAL:** | EDI Director |
| **DATE OBJECTIVE INITIATED:** | Oct 1, 2014 |
| **TARGET DATE FOR COMPLETION OF OBJECTIVE:** | Sept 30, 2022 |

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | TARGET DATE (Must be specific) |
| EDI will continue to assess demographic data, and in particular, will examine workforce demographics stratified by NIH major occupations and across the NIH pay scales; and in relation to management positions, selections, training, awards, and separations. | September 30, 2017 |
| EDI will put a contract vehicle in place to engage a contractor to look at our data and work with the 6 Special Emphasis Engagement Committees on barrier analyses for each population to help the committee focus on the most egregious barriers as far as representational diversity. | September 30, 2017 |
| EDI will develop toolkits through the People with Disabilities, Hispanic, and AI/AN Special Emphasis Portfolios that will provide recruitment and retention strategies for ICs as well as NIH corporately. | September 30, 2018 |
| The COSWD will provide recruitment and retention strategies for Tenure and Tenure Tracked Scientists and Lab and Branch Chiefs. | September 30, 2018 |
| Continue with barrier analysis work with the 6 Special Emphasis Engagement Committees and the support of a contractor to study policies and procedures that may be driving the barriers and formulate a hypothesis and corrective plan. EDI will do barrier analysis on representational diversity and inclusion for each of these six populations and our hope is to have two Part I plans for each of the 6 – one with inclusion and one with representational diversity. | September 30, 2022 |

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| **REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE** | FY 2015 ACCOMPLISHMENTS:   1. In FY 2015, EDI examined current U.S. labor force data, the 2010 Civilian Labor Force (CLF). This identified where gaps at the NIH exist in terms of lower than expected participation rates along lines of race and sex. 2. In line with Executive Order 13548—Increasing Federal Employment of Individuals with Disabilities, the Federal Government Goal set by the EEOC, and the Department of Health and Human Services goal, we examined workforce data for people with disabilities and people with targeted disabilities. 3. The FY 2015 snapshot of NIH workforce demographics has provided a broad high-level awareness of where potential barriers may exist. The recruitment and retention of People with Disabilities; Hispanics; American Indian/Alaska Natives, Black Tenure and Tenure Tracked Scientists, and Asian Lab and Branch Chiefs have been identified the FY 2016 MD-715 focus areas and as corporate priorities for NIH.   Additional NIH accomplishments for these groups are included in the attached appendix titled “FY 2015 MD-715 Success Stories.”  FY 2015 MODIFICATIONS:   1. In line with Executive Order 13548—Increasing Federal Employment of Individuals with Disabilities, the Federal Government Goal set by the EEOC, and the Department of Health and Human Services goal, we examined workforce data for people with disabilities and people with targeted disabilities. This planned activity has not been met. Therefore it will be rolled over as a FY 2016 planned activity. 2. The FY 2015 snapshot of NIH workforce demographics has provided a broad high-level awareness of where potential barriers may exist. The recruitment and retention of People with Disabilities; Hispanics; American Indian/Alaska Natives, Black Tenure and Tenure Tracked Scientists, and Asian Lab and Branch Chiefs have been identified the FY 2016 MD-715 focus areas and as corporate priorities for NIH. This planned activity has not been met. Therefore it will be rolled over as a FY 2016 planned activity. 3. EDI will develop toolkits through the People with Disabilities, Hispanic, and AI/AN Special Emphasis Portfolios that will provide recruitment and retention strategies for ICs as well as NIH corporately. This planned activity has been partially met. Therefore it will be rolled over as a FY 2016 planned activity. 4. In FY 2015 the COSWD will provide recruitment and retention strategies for Tenure and Tenure Tracked Scientists and Lab and Branch Chiefs. This planned activity has not been met. Therefore it will be rolled over as a FY 2016 planned activity. 5. New planned activities have been added for barrier analysis with each of the 6 Special Emphasis Committees and contractor support. |

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# PART J: Special Program Plan for the Recruitment, Hiring, and Advancement of Individuals with Targeted Disabilities

## Part 1: Department or Agency Information

1. Agency: Department of Health and Human Services (DHHS)
   1. 2nd Level Component: National Institutes of Health (NIH)

## Part 2: Employment Trend and Special Recruitment for Individuals with Targeted Disabilities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Enter Actual Number at the:** | **beginning of FY 2014**  **Number** | **beginning of FY 2014**  **Percent** | **end of FY 2015**  **Number** | **end of FY 2014**  **Percent** | **Net Change**  **Number** | **Net Change**  **Rate of Change** |
| Total Work Force | 18,069 | 100.00% | 17,885 | 100.00% | -184 | -1.02% |
| Reportable Disability | 1,273 | 7.05% | 1,260 | 7.05% | -13 | -1.02% |
| Targeted Disability\*  \* If the rate of change for persons with targeted disabilities is not equal to or greater than the rate of change for the total workforce, a barrier analysis should be conducted (see below). | 220 | 1.22% | 217 | 1.21% | -3 | -1.36% |

|  |  |
| --- | --- |
| 1. **Total Number of Applications Received From Persons With Targeted Disabilities** during the reporting period. | N/A |
| 2. **Total Number of Selections of Individuals with Targeted Disabilities** during the reporting period. | N/A |

## Part 3: Participation Rates in Agency Employment Programs

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Employment/Personnel Programs** | **TOTAL** | **Reportable Disability**  **Number** | **Reportable Disability Percent** | **Targeted Disability**  **Number** | **Targeted Disability**  **Percent** | **Not Identified**  **Number** | **Not Identified Percent** | **No Disability Number** | **No Disability**  **Percent** |
| 3. Competitive Promotions | 1,237 | 87 | 7.03% | 15 | 1.21% | 34 | 2.75% | 1,116 | 90.22% |
| 4. Non-Competitive Promotions | 1,290 | 90 | 6.98% | 13 | 1.01% | 38 | 2.95% | 1,130 | 87.60% |
| 5. Employee Career Development Programs (includes 52 cases of unknown disability status and 4 cases of unknown pay plan); also includes AD pay plans | 247 | 17 | 6.88% | 7 | 2.83% | 10 | 4.05% | 208 | 84.21% |
| 5.a. Grades 5 – 12 (includes 4 unknown cases of disability status) | 48 | 6 | 12.50% | 2 | 4.2% | 6 | 12.50% | 36 | 75.0% |
| 5.b. Grades 13 – 14 (includes 29 cases of unknown disability status) | 121 | 9 | 7.44% | 4 | 3.31% | 3 | 2.48% | 109 | 90.08% |
| 5.c. Grade 15/SES (includes 13 cases of unknown disability status) | 48 | 2 | 4.17% | 1 | 2.08% | 1 | 2.08% | 45 | 93.75% |
| 6. Employee Recognition and Awards |  |  |  |  |  |  |  |  |  |
| 6.a. Time-Off Awards (Total number of awards) | 3,976 | 336 | 8.45% | 64 | 1.61% | 128 | 3.22% | 3,512 | 88.33% |
| 6.b. Cash Awards (total number of awards) | 15,965 | 1057 | 6.62% | 160 | 1.0% | 450 | 2.82% | 14,458 | 90.56% |
| 6.c. Quality-Step Increase | 1,323 | 80 | 6.05% | 12 | 0.91% | 28 | 2.12% | 1,215 | 91.84% |

## Part 4: Identification and Elimination of Barriers

**Less than expected participation of People with Targeted Disabilities in the NIH workforce in 2015**

NIH has a lower than expected participation rate of individuals with targeted disabilities. A targeted disability is a subset of a reportable disability which includes severe disabilities such as total blindness, deafness, and missing extremities. When assessing the benchmark for individuals with disabilities, NIH benchmarks the EEOC’s “Federal Goal” of 2.00% of the total workforce represented by people with targeted disabilities. Additionally, NIH further benchmarks the HHS goal of 2.5% of the total workforce represented by people with targeted disabilities by 2015. The NIH participation of people with disabilities falls short of both benchmarks; out of the total NIH workforce, 1.21% (217) have a targeted disability. Currently NIH has 1.09% (16) new hires with targeted disabilities. From FY 2014 to FY 2015, the number of people with targeted disabilities’ decreased by 1.4%.

Additional barrier analysis for people with targeted disabilities is available in the attached appendix.

## Part 5: Goals for Targeted Disabilities

1. **Barrier Analysis**. In line with Executive Order 13548—Increasing Federal Employment of Individuals with Disabilities, the Federal Government Goal set by the EEOC, and the Department of Health and Human Services goal, we examined workforce data for people with disabilities and people with targeted disabilities. EDI will return to the EEOC’s guidance on agency self-assessment and barrier analysis to conduct an even deeper self-assessment looking at the disability profile of the agency workforce data in FY 2016. EDI will continue reviewing the workforce data on an annual basis.
2. **Toolkits.** EDI will develop toolkits through the People with Disabilities Special Emphasis Portfolio that will provide recruitment and retention strategies for ICs as well as NIH corporately. This planned activity has been partially met. Therefore it will be rolled over as a FY 2016 planned activity.

### Successes

* In support of increasing the recruitment and hiring of individuals with disabilities the Disability Strategist developed a presentation which promotes strategies and targeted recruitment plans to increase individuals with disabilities in the candidate pools. Additionally, the presentation included recommendations and best practices for inclusion of people with disabilities in throughout the employment life cycle. The original audience was the NIH MD715 Technical Assistance Group (TAG). The presentation was so well received that it was decided to be delivered to each of the Institute Executive Officers at the quarterly EEO Director and Executive Officer meetings. Each IC meeting specifically addressed the IC workforce data and individual recommendations. Special hiring authorities such as Schedule A and Veterans Recruitment Appointment were discussed in depth. Information was provided on recruitment sources such as the Workforce Recruitment Program, American Association for the Advancement of Science – Entry Point and Project Search. The briefing also covered onboarding, career development, reasonable accommodations and other retention recommendations.
* EDI supported the creation of a new employee group, the “NIH ABILITIES” group. This group was created to foster a welcoming, supportive, and respectful workplace that promotes success for all NIH staff, regardless of ability or disability. Finding strong support, the ABILITIES listserv (ABILITIES@LIST.NIH.GOV) was created and the first ABILITIES meeting was held May 26th, 2015 in Building 45 with more than 30 persons in attendance. In addition to providing guidance and advice, EDI supported these efforts by providing the space for the first meeting and also sending out the listserv announcement of the creation of the group encouraging staff who have an interest to attend the first meeting.
* EDI and OHR continued to support the use of the Workforce Recruitment Program by advertising WRP widely across NIH. The NIH had 6 WRP interns this year and additionally, we had three IC’s consider WRP candidates for full time positions.
* The NIH Director issued the annual statement regarding Disability Employment Awareness Month highlighting the talent that individuals with disabilities bring to the NIH.
* Delivered a workshop to approximately 150 attendees on Disability Etiquette. This workshop enforces the concept that what we say, how we say it, and how we approach people matters. Topics included the importance of putting people first in our language and provided a basic understanding of disability etiquette to help people feel more comfortable interacting with people with disabilities. Since everyone is different, this workshop provided general guidance that holds true for most individuals most of the time. This workshop is available to the Institutes and Centers on demand.
* Significant progress was made in developing a NIH policy on the use of NIH centralized interpreting services and Computer Aided Realtime Translation (CART). It is expected that this policy will be finalized in 2016.
* Reasonable Accommodations (RA)-- 24 of the 27 IC’s reported that they provided at least one RA in FY15.  The total number of RA’s provided by the NIH IC’s was 330. This does not include sign language interpreting or CART services.
  + The computer/electronic accommodations program (CAP) provided NIH with a total of 29 items that were as a result of reasonable accommodation requests.  The total cost for said items was $12, 573.14. A sampling of the items provided were things like computer software, i.e. JAWS, a computer monitor, an UbiDuo, and Apple IPAD Air.
  + In terms of Sign Language interpreting services provided at NIH, the grand total number of hours for FY15 was 33,855.0.  The total cost of providing this service was $2,834,363.63.
  + NIH provided 1,157.5 hours of CART services in FY15, in order to make its programs accessible to the Deaf or Hard of Hearing attendees.  The total cost of providing this service was $214,334.48.
  + Developed and submitted a Business Case for the RA Program in EDI.
  + Developed an infrastructure for the RA Program in EDI.
  + Purchased an electronic tracking system [Entellitrak] for RA requests.
  + Developed RA training and toolkit.
  + Developed a Quarterly tracking system for NIH ICs to report RA activities.
  + These will be implemented once the RA Program is fully funded by the NIH budget committee.
* NIDCR remodeled their conference room and it’s now 504 compliant and accessible.
* ORF - Internet and 96.6 % NEMS and 100% of ORF Intranet were compliant with Section 508 requirements (performed Ad Hoc Scans of ORF Intranet monthly and responded to accessibility issues.)
* NIH actively participates with HHS-wide Section 508 Advisory Group to find methods, software, and best practices to test all content, posted files, and forms for Section 508 compliance. Takes and provides training and/or guidance for remediation or obtaining approved accommodation or exception waiver. Facilitates senior leadership in supporting the ORF Compliance and Remediation plan with remediation targets, including required resources, according to new OMB, GSA, and HHS OM Strategic Plans of continuous improvement (this is the process by which NIH is able to ensure full agency-wide Section 508 compliance.)

### Action Plans

#### Action Plans for Disability Program

* EDI will continue to develop strategies and implement targeted recruitment plans to increase individuals with disabilities in the candidate pools.
* EDI will publicize on our website, best practices from organizations that have taken proactive steps and demonstrated an increase in hiring of individuals with targeted disabilities.
* Review hiring processes, specifically those for major occupation categories, to provide recommendations on the removal of barriers in the inclusion of candidates with disabilities and targeted disabilities.
* Advocate the use of various resources, programs, and services available for the recruitment and employment of individuals with disabilities, to include: State Vocational Rehabilitation agencies; Employer Assistance Referral Network; Schedule A Hiring Authority; Workforce Recruitment Program; Department of Labor Office of Disability Employment Policy; and Veterans Administration special programs for service members.
* Create a recruitment network to publicize NIH job opportunities as widely as possible, for example: regularly email the disability community through Vocational Rehabilitation providers and other organizations with wide readership of people with disabilities.
* Provide managers, supervisors, employees, and EEO and HR practitioners training on special hiring authorities and disability guidance, to include: the Rehabilitation Act, American with Disabilities Act Amendment Act, EEOC guidance on reasonable accommodation, NIH and HHS policy on reasonable accommodations, and the availability of assistive technology through the Department’s MOU with the Department of Defense Computer/Electronics Accommodation Program (CAP), as well as, highlight other programs that are applicable.
* Build toolkits that support recruitment and retention strategies for people with disabilities.
* Continue to brief NIH leadership on agency statistics, highlighting triggers of potential barriers.

#### Action Plans for Reasonable Accommodations (RA) Program

* A complete business case plan in support of the establishment of a centralized RA Program within EDI will be submitted for approval and funding to the NIH budget committee.
* Develop companion training to the new RA policy and procedures, for managers and employees to provide a better understanding of their rights and responsibilities in the process (depending on business case approval.)
* Draft a new RA policy and procedures for dissemination to the NIH workforce and new employees. Once approved by NIH senior leadership, the policy and procedures will be posted on the EDI website and will be communicated to new employees at orientation (depending on business case approval.)
* Requested 3 FTE dedicated to centralizing the processing of RA requests for the agency. This is subjected to budgetary committee approval at the NIH. If we are successful in obtaining the resources we will embark on a recruitment of experts in the RA field who have the training and knowledge to appropriately advise managers and employees in these matters.
* Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs.
* Continue to provide limited guidance to ER/LR specialists on RA. Provide RA training to ER/LR personnel.
* Conduct monthly IC “data calls” for RA.
* Ensure that the new online NoFEAR training module identifies responsibilities with regard to RA procedures.
* Roll out new RA training for managers, supervisors and employees.