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, 2015 to September 30, 2016

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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**: 13,632
2. **Enter total number of temporary employees**: 4,351
3. **Enter total number employees paid from non-appropriated funds**: 0
4. **TOTAL EMPLOYMENT [add lines 1 through 3]**: 17,983

# 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**: Kimberly Kirkpatrick, Director of Resolutions and Equity Division, EDI
7. **Other Responsible EEO Staff**: Danny Dickerson, 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

1. Office of the Director (OD), Bethesda, MD
2. National Cancer Institute (NCI), Bethesda, MD
3. National Eye Institute (NEI), Bethesda, MD
4. National Heart, Lung, and Blood Institute (NHLBI), Bethesda, MD
5. National Human Genome Research Institute (NHGRI), Bethesda, MD
6. National Institute on Aging (NIA), Bethesda, MD
7. National Institute on Alcohol Abuse and Alcoholism (NIAAA), Bethesda, MD
8. National Institute of Allergy and Infectious Diseases (NIAID), Bethesda, MD
9. National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), Bethesda, MD
10. National Institute of Biomedical Imaging and Bioengineering (NIBIB), Bethesda, MD
11. *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), Bethesda, MD
12. National Institute on Deafness and Other Communication Disorders (NIDCD), Bethesda, MD
13. National Institute of Dental and Craniofacial Research (NIDCR), Bethesda, MD
14. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), Bethesda, MD
15. National Institute on Drug Abuse (NIDA), Bethesda, MD
16. National Institute of Environmental Health Sciences (NIEHS), Research Triangle Park, NC
17. National Institute of General Medical Sciences (NIGMS), Bethesda, MD
18. National Institute of Mental Health (NIMH), Bethesda, MD
19. National Institute on Minority Health and Health Disparities (NIMHD), Bethesda, MD
20. National Institute of Neurological Disorders and Stroke (NINDS), Bethesda, MD
21. National Institute of Nursing Research (NINR), Bethesda, MD
22. National Library of Medicine (NLM), Bethesda, MD
23. Center for Information Technology (CIT), Bethesda, MD
24. Center for Scientific Review (CSR), Bethesda, MD
25. Fogarty International Center (FIC), Bethesda, MD
26. National Center for Complementary and Integrative Health (NCCIH), Bethesda, MD
27. National Center for Advancing Translational Sciences (NCATS), Bethesda, MD
28. 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
* Copy of Workforce Data Tables as necessary to support Executive Summary and/or EEO Plans (Provided by the Department of Health and Human Services)

# EEOC Forms and Documents Not Included With This Report

* Copy of Facility Accessibility Survey results as necessary to support EEO Action Plan for building renovation projects (Not Applicable)

# PART E: Executive Summary

## Introduction

This National Institutes of Health (NIH), Management Directive 715 annual Report and Plan was prepared in accordance with the U.S. Equal Employment Opportunity Commission laws and authority governed under the auspices of Section 717 of the Civil Rights Act of 1964, as amended; the Reorganization Plan No. 1 of 1978, Executive Order 11748 and Section 501 of the Rehabilitation Act of 1973, as amended. The Report and Plan demonstrates the organization’s commitment to equal employment opportunity and pursuit towards 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 monthly activities solely dedicated to special emphasis commemoration. Throughout the year, we review NIH’s workforce data, policies, practices, and programs to identify and remove barriers to EEO while ensuring that each organization is free of discrimination, harassment, retaliation, or reprisal. In the MD-715 framework, agencies are instructed to maintain an EEO program based on the six elements below:

1. Demonstrated commitment from agency leadership;
2. Integration of EEO into the agency’s strategic mission;
3. Management and program accountability;
4. Proactive prevention of unlawful discrimination;
5. Efficiency; and
6. Responsiveness and legal compliance.

The NIH recognizes that the legal compliance program cannot solely change human behaviors and human capital outcomes to achieve a Model EEO program. In-depth analysis of workforce data provides leaders with insight into the workforce, equipping them with the information needed to create effective changes supporting the fulfillment of the NIH’s mission. Therefore, the organization uses data-driven strategies and cutting edge equal employment opportunity, diversity and inclusion concepts, models and theories to leverage in the modern day federal affirmative employment practice.

NIH made several major strides in FY 2016 toward becoming a model EEO program:

First, the agency established a senior level workgroup to create a Harassment Prevention Program. Second, the organization is continuing to build a robust and centralized Reasonable Accommodation (RA) program. Third, NIH continues to conduct data-driven analysis toward identifying barriers that potentially limit employment opportunities for members of particular groups. Examples of efforts toward barrier analysis studies at the NIH include:

* Gender inequality in the NIH Intramural Research Program (IRP)
* Applicant flow data from USA Jobs and a supplemental survey for Senior Executive Service (SES) positions to discern approaches to practices that may create barriers to diverse employment.
* Federal Employee Viewpoint Survey (FEVS) employee responses and concerns are being analyzed by the NIH Employee Engagement Liaisons Group (NEEL) They will develop theories as to what is causing the particular concerns and interventions to rectify those concerns.
* Barrier analysis for Hispanics GS 12-SES based on the recent EEOC directive
* Barrier analysis for People with Reportable Disabilities and Targeted Disabilities based on the recent EEOC directive

Harassment Prevention Program Efforts

During FY 2016, the NIH Director, Deputy Director, the Director for the Office of Equity, Diversity and Inclusion (EDI) and the Chief Officer for Scientific Workforce Diversity (COSWD) led a steering committee of senior leaders to establish a NIH Harassment Prevention Program. The steering committee’s charge includes:

* Establish a strong Harassment Prevention policy and companion Handbook to report and address allegations;
* Provide assurance that employees that allege claims of harassment or provide information related to such claims will be protected against retaliation;
* Provide a private Hotline, where employees can report discriminatory harassment and seek assistance and confidentiality of the individuals bringing the harassment claims to the extent possible;
* Contract with company specifically to address investigations of allegations of harassment;
* Prepare a mandatory online training for discriminatory harassment to understand prohibited conduct and retaliation has zero tolerance;
* Implement suspension of computer Outlook privileges if individuals do not fulfill the mandatory training requirement;
* Create a review committee to ensure accountability to end harassment were found and provide interventions;
* Use a communication plan to ensure all employees are aware of the resources and prohibited conduct;
* Ensure a complaint process that provides prompt, efficient, and a non-basis investigation;
* Confidence that the agency will take immediate and corrective action when it is determined that has harassment has occurred;
* And develop a sexual harassment survey for the NIH workforce, which will inform future tailoring of this harassment prevention program.

This will serve as a model Harassment Prevention program that will give assurance that employees and grantees are protected against retaliation for alleging a claim of harassment or provide information related to such claims.

Reasonable Accommodation Program

In accordance with the Executive Order 13164 and the NIH Reasonable Accommodation (RA) policy the NIH has begun establishing the foundational work for the agency’s Reasonable Accommodation centralized program. The objective is accomplished through adhering to Federal legal compliance and agency policy, building capacity and staff competencies, implementing a communication plan, and working collaboratively with our customers (managers, employee and applicants) to execute the prescribed procedures.

To fulfill the agency’s RA work, several new hires were made to establish a team of professionals that would serve as accessibility consultants (AC) to the NIH. The agency will pursue two additional full-time equivalent hires to achieve full consulting capacity, when Federal guidance permits These ACs will work in collaboration with NIH Institutes and Center’s by providing training and consultation to employees and managers.  In addition, the NIH is working on establishing a RA portal that employees will use to make RA requests.  A shared-drive portal, called Entellitrak, will serve as a RA case management system. Entellitrak will guide the employee through a series of questions that helps the employee explain what their limitations are and what reasonable accommodation they believe will help them.  From there, the ACs and the employee’s manager can access the information and determine eligibility, identify limitations and what reasonable accommodation would be effective.  Medical documentation would be handled (when needed) only by the ACs to protect the privacy of the employee.

A RA phased-out implementation approach is projected to begin June 2017 starting with several NIH customer offices.

Gender Inequity Action Task Force

The NIH has a longstanding commitment to address enhancing career and leadership positions in the biomedical research field for women and women of color scientists. Extensive NIH-funded research indicates that in the research community more generally, issues of gender inequity are part of a deep-seated negative culture and climate experienced in microenvironments, along with structural issues that negatively influence career advancement of women. NIH is committed to correcting this issue in its own Intramural Research Program (IRP) to ensure equality in the recruitment and advancement of all scientists by directly addressing the factors that impede women’s careers. NIH Director Dr. Francis Collins issued a charge to the Gender Inequality Action Task Force (TF), which will report to the NIH Steering Committee, to develop specific, actionable, recommendations that will be initiated by December 2016. This long term barrier analysis project will involve participation from across the NIH to rectify any inequities identified and the theories underscoring the causes of any inequities. The recommended actions should go beyond formal policies and should include institutional processes for transparency and accountability in a range of relevant issues including:

* Recording, tracking, and publicizing demographic data disaggregated by IC and major intramural research units; enabling accountability of leadership for results
* Assessing potential inequities in promotion and tenure decisions, including a consideration of the initial TT pathway within the IC
* Defining strategies to evaluate and address unsupportive climates especially in microenvironments
* Providing safe spaces for reporting inequities
* Enhancing diversity in NIH leadership searches

Inclusion and Employee Engagement

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. 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. NIH’s FEVS overall response rate increased from 48.8% in 2015 to 51.5% in 2016. Also, the NIH’s FEVS response rate was higher than the government wide response rate at 45.8%.

During FY 2017 and beyond, the NIH will use the results from the FEVS responses, and move to action. FEVS employee responses and concerns are being analyzed by the NIH Employee Engagement Liaisons Group (NEEL). They will develop theories as to what is causing the particular concerns and identify interventions to rectify those concerns. A primary purpose for this group is to increase NIH wide employee participation in the FEVS. In 2016, the group researched, strategized, and prepared a proposal for moving to a more transparent FEVS program, which was presented to NIH leadership, and was approved by the Institute and Centers Directors. Additionally, through this barrier analysis, the NIH will analyze the NIH FEVS data and link it with the Office of Personnel Management (OPM) New Inclusion Quotient (IQ) and utilize it as a guide to measure and design inclusion strategies and interventions.

Applicant Flow Data

The Department of Health and Human Services (DHHS) has worked with the Office of Personal Management to obtain applicant flow data from USA Staffing. Analysis was conducted on vacancy announcements with audited certificates. The analysis focused on applicants who voluntarily identified their race/ethnicity and/or sex during the initial application and whose data was carried along to the following stages of qualification and selection. The USA Staffing applicant dataset does not include NIH applicants who applied for Title 42 jobs.

The applicant flow data for selections suggest that the female selection rate is higher than expected in comparison to the total NIH workforce and the CLF, while the selection of male applicants is less than expected when considering the total NIH workforce and CLF benchmarks. Black, Hispanic, and American Indian or Alaska Native applicants, for vacancies audited in FY 2016, were selected at higher rates than their comparable NIH workforce percentages.

Additional analysis was conducted on NIH’s most populous occupational series by sex and by race/ethnicity, compared to its respective onboard population at the NIH and to the occupational CLF as benchmarks. Findings include:

* While the selections of Hispanic Health Scientist Administrators increased during this three year period, it is still less than expected in comparison to the RCLF. Modest increases were made in the selections of Asian/PI HSAs; however, selections remains less than expected. The selections of AI/AN General Health Scientists at NIH is less than expected.
* The selections of White Biological Scientists declined between FY 2013 & FY 2016 and is less than expected when compared to the RCLF. The selections of Hispanic and AI/AN Biological Scientists at NIH is also less than expected when compared to their representation in the CLF.
* Selections of medical officers at NIH for Whites, Blacks, Hispanics, and American Indian/Alaska Natives was zero, which is lower than expected when compared to their representation in the RCLF. 100% of the NIH applicants selected for the Medical Officer series were Asians.
* The selections of White Miscellaneous Administration and Program applicants declined between FY 2013 & FY 2016 and is less than expected when compared to the RCLF. The selection of Black Miscellaneous Administration and Program series at NIH exceeds their representation in the CLF. The selection of Asian/PI, Hispanic, and AI/AN applicants to the Miscellaneous Administration and Program series at NIH is also less than expected when compared to their representation in the CLF.
* The selection of White and AI/AN nurses at NIH is less than expected when compared to the RCLF.

During FY 2017 and beyond, EDI will be working with the Office of Human Resources (OHR) and the COSWD to understand some of the triggers that the agency has identifiedand conduct a more thorough analysis to identify the causes of some of these issues. Priorities for the development of solutions and interventions will be established through the barrier analysis process. All of this is contingent upon resources to be able to delve deeper into this barrier analysis.

## 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 and the National Science Foundation (NSF) as comparators where appropriate.

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 17,983 employees as of September 30, 2016 according to the Health and Human Services (HHS), Business Intelligence Information System (BIIS), this excludes employees in the commissioned corps and any advisory council members. The workforce consisted of 13,632 permanent employees and 4,351 temporary employees. The NIH workforce increased by 98 number from FY 2015 to FY 2016. This is a 0.5 % net change.

The FY 2016 rates of participation in the workforce based on ethnicity, race, sex, and disability exhibited that NIH’s largest group was Whites 57.9%, followed by: Blacks 20.3%, Asian/Pacific Islanders 18.1%, Hispanics 3.2% and American Indians/Alaska Natives 0.5%. This includes 41.6% (7,483) males and 58.4% (10,500) females. In the overall NIH workforce (17,983); 89.4% (16,083) of the population have no disability, 3.5% (622) did not identify their disability status, and 7.1% (1,278) have a reportable disability. Of the 1,278 who have a disability, 220 have a targeted disability (1.3%).

## NIH Focus Areas (Summary of Part I)

Using the snapshot data described above in workforce demographics, complaints data, and FEVS data, several areas of concern were identified; these are the NIH Focus Areas. These analyses have been included as appendices to this years’ Report and Plan.

Based on lower than expected participation rates, the following were identified as Focus Areas for NIH for FY 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 recruitment of Asian/Pacific Islander Lab and Branch Chiefs

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

EDI created customer focused “Hiring Manager Toolkits” which were designed to provide information on where to recruit those underrepresent populations, as well as hiring authorities information to hiring managers with the intention of increasing employment in those underrepresented areas. In FY 2017, the toolkits will be published and distributed to hiring managers through our staffing specialists within OHR. The communities targeted for outreach included: Native American and Alaska Native, Hispanics, Asians and Pacific Islanders, African Americans and Women.

In 2017 and beyond, NIH is pursuing barrier analysis with three primary focus areas including women, Hispanics at the GS 12- SES equivalent levels, and persons with disabilities.

* In collaboration with the COSWD and the Gender Inequity Task Force, conduct barrier analysis to address the factors that impede women’s careers at the NIH, in both scientific as well as administrative careers
* In response to the January 18th, 2017 memorandum from OPM and EEOC, conduct a more focused barrier analysis on Hispanic employment at the GS-12 through SES levels
* In response to the new regulations from the EEOC published on January 3, 2017, conduct a more focused barrier analysis on employment of People with Reportable Disabilities as well as People with Targeted Disabilities, with action plans achieving new goals of 12% and 2% participation from each group.

Through EDI’s six Special Emphasis Engagement Committees and Employee Resource Groups we will continue to monitor workforce data pertaining to Hispanics, American Indians and Alaska Natives, Persons with Disabilities, Women, Blacks, Asians/Pacific Islanders, and the Sexual and Gender Minority (SGM) community. In future years and as resources allow, the NIH will pursue barrier analysis studies for other populations including African Americans and applicant flow, as well as salary analysis in the 602 job series. Ultimately, the NIH will be working towards a corrective action plan to remove the representational and inclusion barriers for each of the special emphasis populations.

### **People with Disabilities**

#### Lower than expected participation of People with Disabilities in the NIH workforce in 2016.

NIH has a lower than expected participation rate of individuals with reportable disabilities. According to the most recent benchmark available from the Office of Personnel Management (OPM), total federal employment for people with disabilities (PWD) was 14.4% at the end of FY 2015. NIH’s participation rate of people with disabilities is less than expected at 7.1% (1,278) in FY 2016. The representation of people with reportable disabilities increased from 1,260 to 1,273 from FY 2015 to FY 2016; representing an increase of 18 people.

#### Lower than expected participation of People with Targeted Disabilities in the NIH workforce in 2016.

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. People with Targeted Disabilities represent 1.3% (225) of the total workforce and 1.5% (205) of the permanent workforce. The representation of People with Targeted Disabilities has slightly increased from 217 to 225 over the past fiscal year representing an increase of 8. 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. Therefore, NIH has chosen to focus on increasing the representation of this group, including both the wider group of people with reportable disabilities and people with targeted disabilities.

### **Hispanics – Lower than expected participation of Hispanics in the NIH workforce in 2016.**

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 3.2% 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 2016.**

AI/ANs represent 0.5% (95) 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 2016.**

The FY 2016 participation rate for Black tenure track scientists at NIH (2.8%) 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 2016 participation rate for Black tenured scientists at NIH (1.6) is comparable to FY 2015 and remains lower than expected when compared to the participation rate of Black tenured scientists with science and engineering degree in U.S. universities (2.9%).

### **Lower than expected representation of Asian/Pacific Islander scientific lab and branch chiefs in the NIH workforce in 2016.**

The FY 2016 participation rate for Asian/PI Lab and Branch chiefs (10.2%) is lower than expected when compared to the participation rate of Asian/PI tenured scientists at NIH (16.2%). 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.

## NIH Complaint Trends

Over the last year, the number of EEO complaints decreased from FY 2015 (191) to FY 2016 (183). This represents a change in the previous three-year trend of increases from FY 2013 (171), to FY 2014 (178) to FY 2015 (191). For three consecutive years FY 2014–FY 2016, reprisal continues to be the top alleged basis and harassment (non-sexual) was the number one issue for formal complaints.

In FY 2016, one of the top five bases for formal complaints has shifted to include “National Origin,” which was not in the top five bases from the previous three-year trend data. Also, “Age” continues to show in the top five bases in trend during the past three years. 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.

**FY 2014**

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

**FY 2015**

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

**FY 2016**

| **Top Five Bases** | **Total** | **Top Five Issues** | **Total** |
| --- | --- | --- | --- |
| Reprisal | 157 | Harassment (Non Sexual) | 95 |
| Age | 96 | Assignment of Duties | 68 |
| National Origin | 65 | Disciplinary Action | 67 |
| Sex (Female) | 62 | Promotion/Non Selection | 60 |
| Disability (Black) | 51 | Performance/Evaluation | 56 |

The source for this information was the 462 Report (2016) attached to this Report and Plan.

## Essential Elements of Model Agency Title VII and Rehabilitation Act Programs

At the close of FY 2016, the agency carefully performed a rigorous examination of NIH’s current EEO program status and rigorously compared it against the 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 2017. 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. Some of the plans have been combined due to overlapping similarities across the relevant areas. These areas will be addressed in Part H plans attached to this report, which will be closely monitored by EDI in FY 2017.

## NIH Accomplishments in Equity, Diversity, and Inclusion

In fiscal year 2016, the NIH generated positive steps in being a more equitable, diverse, and inclusive organization. The Office of Equity, Diversity, and Inclusion prepared an appendix titled Accomplishments in Equity, Diversity, and Inclusion to highlight examples of these accomplishments and to demonstrate success in line with MD-715. Much of the information in the Accomplishments document was gathered from responses to the FY 2016 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. Please refer to the appendix for more information on a range of topics related to equity, diversity, and inclusion at the NIH.

## Conclusion

**NIH’s Values-Driven Culture**

Mary Winters, inclusion theorist, argues that inclusion is a value that “. . . must be inherent in and integrated into all aspects of an organization’s culture.” If inclusion is just “a box to be ticked,” it has virtually no chance to become imbedded into the fabric of the organization.

During FY 2017, EDI and our partners within NIH will continue to cultivate a culture of inclusion where diverse talent is leveraged to advance health discovery. Through this mission, and our vision—to make NIH the premier place for diverse talent to work and discover—we are creating an environment where we allow people to bring their full selves to work. This facilitates the diversity of thought and talent needed to develop the cures we need, advancing health discovery. Part of our NIH-wide strategic plan describes the role of diversity in enhancing stewardship. Specifically, this means to: recruit/retain an outstanding research workforce, enhance workforce diversity (representational diversity), and encourage innovation.

One innovative focus is a nonconscious bias educational module designed by the COSWD’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. The goal, which is being tracked, is to bring critical awareness of nonconscious biases among the members of the Stadtman search committee immediately preceding the search process so as to lead to more objective decision-making and the attainment of more diverse hires.

EDI is conducting a renewed barrier analysis effort in 2017 to ensure that the value of equity, diversity, and inclusion is connected to the NIH organization’s mission and day-to-day practices. EDI will review NIH’s policies and practices to leverage diversity and inclusion in areas such as: recruitment, performance management, training, learning and development, mentoring and employee resource groups. Using the framework established through the NIH’s MD-715 process, EDI will use data driven strategies to advance representational diversity and inclusion, particularly among the five NIH Focus Areas described in this document, and focusing on those EEO action plans (part H, I, and J plans) that cut across all ICs. The Office of Equity, Diversity and Inclusion will continue to promote MD-715 as a year-round initiative, part of the larger initiative that we have coined and named “EDI 365”.

# 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 and date of February 27, 2017

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 and date of March 1, 2017

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 1/7/16, and the previous statement was issued on 12/19/14. |
| A.1.c. Are new employees provided a copy of the EEO policy statement during orientation? | Yes | N/A |
| A.1.d. When an employee is promoted into the supervisory ranks, is s/he provided a copy of the EEO policy statement? | Yes | The NIH is compliant with this H Plan 1 and all planned activities and measures have been fully met. Therefore this plan is closed. |

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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 | N/A |
| 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 | NIH has partially met this H Plan planned activities and measures, therefore this plan will remain open. See Part H Plan 2. |
| 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 | NIH has partially met this H Plan planned activities and measures, therefore this plan will remain open. See Part H Plan 2. |

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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 | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| A.3.a.1. resolve problems/disagreements and other conflicts in their respective work environments as they arise? | No | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| 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 | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| 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 | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| 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 | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| A.3.a.5. ensure a workplace that is free from all forms of discrimination, harassment and retaliation? | No | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| 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 | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| A.3.a.7. ensure the provision of requested religious accommodations when such accommodations do not cause an undue hardship? | No | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| 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 | EDI reassessed this plan in light of office developments, and new planned activities have been developed to replace the previous activities. This plan will remain open. See Part H Plan 3. |
| 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 overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to September 30, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 4. |
| 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 overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. |
| A.3.d. Have managers and supervisor been trained on their responsibilities under the procedures for reasonable accommodation? | No | The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. |

## 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 | N/A |
| 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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 6. |
| 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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 6. |
| 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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 6. |
| 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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 6. |

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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 | The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. | |
| 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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 7. |
| 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 | The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. |
| 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 | The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. |
| 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 reassessed this plan in light of office developments, and the planned activity to launch a D & I collaborative partnership has been moved to Part H #6. This plan has fully met the objective, therefore this H plan is closed. See Part H Plan 8. |

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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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 6. |
| 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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 6.. |
| 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 reassessed this plan in light of office developments, and measures C.2.c and E.5.f were moved from Part H Plan #17 to #6 and new planned activities have been developed to replace the previous activities. The target date for completion has been updated to December 31, 2018. This plan will remain open. See Part H Plan 6. |

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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 overall objective completion date and the timeline for the activities has been extended from January 31, 2017 to September 30, 2018. NIH has partially met this H Plan planned activities and measures, therefore this plan will remain open. See Part H Plan 4. |
| 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 will establish a working group to advise on the coordination of reporting on the penalties and disciplinary actions for each type of discrimination violation. Timelines have been extended as needed. This plan has been partially met, therefore this plan will remain open. See Part H Plan 9. |
| If so, cite number found to have discriminated and list penalty /disciplinary action for each type of violation. |  | NIH does not currently coordinate information on the penalties and disciplinary actions for each type of discrimination violation. See Part H Plan 9. |
| 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 | The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. |

## 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 | One activity has been re-assigned and moved to H Plan #6. This plan has been partially met, therefore this plan will remain open. See Part H Plan 10. |
| D.1.f. Are trends analyses of the workforce's grade level distribution conducted by race, national origin, sex and disability? | No | One activity has been re-assigned and moved to H Plan #6. This plan has been partially met, therefore this plan will remain open. See Part H Plan 10. |
| D.1.g. Are trend analyses of the workforce's compensation and reward system conducted by race, national origin, sex and disability? | No | One activity has been re-assigned and moved to H Plan #6. This plan has been partially met, therefore this plan will remain open. See Part H Plan 10. |
| 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 | One activity has been re-assigned and moved to H Plan #6. This plan has been partially met, therefore this plan will remain open. See Part H Plan 10. |

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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 | This plan has been partially met, therefore this plan will remain open. See Part H Plan 7. |
| 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 | EDI reassessed this plan in light of office developments, and the objective statement and planned activities have been re-written. The target date for completion has been updated to April 30, 2018. This plan will remain open. See Part H Plan 11. |
| 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 | The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. |
| E.1.e. Are 90% of accommodation requests processed within the time frame set forth in the agency procedures for reasonable accommodation? | No | The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2018. This plan has been partially met, therefore this plan will remain open. See Part H Plan 5. |

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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 reassessed this plan in light of office developments, and two activities have been removed from this plan: training the staff and collateral staff on the new procedures and implementing performance standards, and marketing and publicizing the EEO process. The objective completion date has been extended to September 30, 2017, and other timelines have been extended as needed. This plan has been partially met, therefore this plan will remain open. See Part H Plan 12. |
| 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 | One planned activity has been updated to “Incorporate information about ADR in the EEO compliance training for managers and employees,” and the action item of “Create, produce, and distribute ADR materials in the same way as the brochure and QuickSeries booklets” has been removed as an activity. This plan has been met, therefore this plan will now be closed. See Part H Plan 13. |
| 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 timelines have been extended as needed.The objective completion date has been extended to December 30, 2017. See Part H Plan 14. |

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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 | The projected target date is still open, therefore this plan will remain open. See Part H Plan 15. |
| 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 | The target date for completion of the objective has been extended from September 30, 2018 to September 30, 2019, and planned activity timelines have been extended as needed. A planned activity related to Special Emphasis Portfolio Strategists utilizing the data for barrier analysis has been moved to Plan #17. This plan has been partially met, therefore this H plan remains open. See Part H Plan 16. |
| E.5.f. Does the agency track recruitment efforts and analyze efforts to identify potential barriers in accordance with MD-715 standards? | No | EDI reassessed this plan in light of office developments, and measures C.2.c and E.5.f were moved from Part H Plan #17 to #6 and new planned activities have been developed to replace the previous activities. The target date for completion has been updated to December 31, 2018. This plan will remain open. See Part H Plan 6. |
| 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 | The EDI office regularly benchmarks with other agencies. One activity in this H Plan was completed before the targeted completion date, and one activity was removed (to develop a strategic benchmarking plan inclusive of a wide range of practices and strategies). NIH has fully met this H Plan planned activity and measure. Therefore this plan will be closed. See Part H Plan 18. |

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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 | Planned activities were based on former system that is no longer relevant. NIH has met the activities based on the current system. Therefore this H Plan is now closed. See Part H Plan 19. |
| 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.d

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| **FY 2016**  **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: | December 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, a link to NIH’s MD-715 Report, links to mandatory training information, and the services that the Office of EDI offers. | December 30, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  The decision was made that this email will be sent to all of the NIH community to ensure all supervisors, including new supervisors, are reached.    Modifications:  Two pieces of information to be included in the email (“a link to NIH’s MD-715 Report, links to mandatory training information”) were added to the planned activity.  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 Measures A.2.b. and A.2.c

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| **FY 2016**  **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, 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, and send personalized emails to our customers. 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. As case law is updated regarding EEO protections, EDI updates its EEO posters. Digital copies of the EEO poster have been distributed to web managers and physical copies have been updated in various spaces. 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.  Modifications:  The timeline for the activity “Collaborate with IC and OHR web teams to establish web presence for EEO posters on employee and applicant pages” has been extended one year from September 30, 2016 to September 30, 2017.  Upon reviewing this plan, the action item of “Create, produce, and distribute ADR materials in the same way as the brochure and QuickSeries booklets” (target date September 30, 2017) has been removed as an activity. Alternative dispute resolution information is included in the EEO Compliance training and EDI has Ombudsman information on hand to share with employees as needed.  NIH has partially met this H Plan’s planned activities and measures, therefore this plan will remain open. | |

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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.

## 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 2016**  **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) |
| Benchmark promising practices in evaluating managers’ commitment to EEO, diversity, and inclusion. | June 30, 2017 |
| Develop proposal of recommendations for evaluating mangers’ commitment to EEO, diversity, and inclusion | September 30, 2017 |
| Form a senior level working group to advise on recommendations for evaluating managers’ commitment | October 30, 2017 |
| Implement recommendations | September 30, 2018 |
| Evaluate effectiveness of recommendations | 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.  Modifications:  EDI reassessed this plan in light of office developments and the intentions behind Measure A.3.a – A.3.a.8. EDI has modified this plan to remove the two existing planned activities: develop and disseminate a toolkit on management commitment to EEO (target date: September 30, 2016) and; 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, and provide recommendations for addressing any discrepancies (target date September 30, 2019).  These activities have been replaced with the current planned activities.  NIH has partially met this H Plan’s planned activities and measures, therefore this plan will remain open. | |

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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.

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 2016**  **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: | September 30, 2018 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Create a toolkit or other resource that addresses the table of penalties for unacceptable behavior and appropriate personnel actions. | June 30, 2017 |
| Ensure the resource is readily accessible via its presence on the EDI website. | December 31, 2017 |
| Collaborate with OHR to promote the awareness of the resource and/or video across the NIH via placement of the link on OHR’s website. | September 30, 2018 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  The EEO Compliance training communicates what behaviors are inappropriate in the workplace and may result in disciplinary action. A resource that addresses the table of penalties for unacceptable behavior and appropriate personnel actions has been drafted and is currently under internal review.    Modifications:  Upon reviewing this plan, the action item of “Create Just-In-Time Video to educate the community on inappropriate vs. appropriate behaviors in the workplace and, the penalties for unacceptable behavior” has been removed as an activity. EDI has limited resources to fund a videographer to create these videos. As an alternative, the resource will be available for guidance. In addition, the EEO compliance training includes information on appropriate behavior in the workplace.  The term ‘resource’ has replaced ‘toolkit’ in the planned activities. This will allow EDI flexibility in the medium used to educate employees.  The overall objective completion date and the timeline for the activity has been extended from January 31, 2017 to September 30, 2018. Timelines for the activities have been extended, as needed. This plan has been partially met, therefore this plan will remain open. | |

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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 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 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 2016**  **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 31, 2018 |

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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.) | September 30, 2017 |
| Continue to provide limited guidance to ER/LR specialists on RA. Provide RA training to ER/LR personnel. | September 30, 2015 |
| Conduct quarterly IC “data calls” for RA. | October 1, 2016 |
| Roll out new RA training for managers, supervisors and employees. | September 30, 2017 |
| 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.) | December 31, 2017 |
| 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.) | December 31, 2017 |
| Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs. | December 31, 2017 |
| Ensure that the new online NoFEAR training module identifies responsibilities with regard to RA procedures. | January 31, 2018 |
| 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). The tracking system is currently in development. * EDI conducts IC quarterly data calls for RA. * RA policy and procedures have been drafted.   Modifications:  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 activity of “Conduct monthly IC “data calls” for RA” has been updated to quarterly data calls.  The overall objective completion date and the timeline for the activities have been extended from January 1, 2017 to January 31, 2018. 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 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 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 B.2.c.; B.2.c.1; B.2.c.2; B.2.d.; C.2.a; C.2.b; C.2.c; and E.5.f

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| **FY 2016**  **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?  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?  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: | 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: | December 31, 2020 |

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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, 2017 |
| 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, 2017 |
| 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 30, 2017 |
| 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. | September 30, 2017 |
| 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. | September 30, 2018 |
| 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, 2018 |
| 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 30, 2018 |
| 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 30, 2018 |
| DID 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 |
| Using the complaints trends reports, utilize the data for barrier analysis by our Special Emphasis Portfolio Strategists. | September 30, 2018 |
| 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, as well as the impact to employees by race/ethnicity, sex and disability status. | September 1, 2019 |
| 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 |
| 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, 2020 |
| 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, 2020 |
| Work with the Office of Human Resources, the Chief Office for Scientific Workforce Diversity to research diversity sourcing tools and techniques. Complete development and rollout recruitment sourcing toolkit for agency. | December 31, 2020 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  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.  EDI’s Data Analytics team has completed the analysis on retirement eligibility. DACO is working on identifying a Customer Relations Model (CRM) tool that will enhance the EDI Technical Teams’ communications. We are also evaluating the Technical Team model to identify what modifications are needed. Data Analytics has provided the data to each Special Emphasis Portfolio Strategist in order to conduct workforce analysis for their respective groups.  Modifications to FY 2016’s Plan Objective:  The overall completion date and timelines for activitites have been extended as needed. In order to group all of the activities related to barrier analysis together, deficiency measures B.2.c.; B.2.c.1; B.2.c.2; B.2.d.; C.2.a; C.2.b; C.2.c; and E.5.f have been rearranged into one plan. This plan has been partially met. Therefore this plan will remain open. | |

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**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
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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 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 B.4.a. and E.1.b

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| **FY 2016**  **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 |
| Gather requirements for the Title 42 systems solution. | December 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 and CIT has presented these recommendations to the Executive Officers and the Scientific Directors on April 16, 2016. 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. This will take place in 2017.  In summary:   * NIH uses HHS-wide data tables in our MD-715 submission.  While HHS has been working on being able to populate applicant flow tables, that data is not yet available. * In the interim, NIH has been conducting applicant flow analyses for three populations:  USA staffing applicants, SES applicants, and a segment of the title 42 applicants (Earl Stadtman tenure track applicants).  These analyses are conducted to identify triggers and inform barrier analyses * In 2015 & 2016, NIH analyzed the applicant flow data from USA staffing by race/ethnicity and sex to identify triggers. * In 2016, NIH analyzed applicant flow data in collaboration with OHR for SES applicants by race/ethnicity, sex and disability status to identify triggers. * Since 2009, NIH has analyzed applicant flow data by race/ethnicity and sex, and beginning in 2015 analysis by disability status was added for title 42 applicants who apply for the Earl Stadtman tenure track positions.  Findings from these analyses have been disseminated widely within the agency and have been used to inform outreach and recruitment strategies.   Modifications:  Timelines have been extended as needed, and an additional planned activity has been added. 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 2016**  **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 and implementation of EEO Plans and strategies for the NIH, and to ensure the appropriate Agency Managers understand the NIH plan and their role in the advancement of EEO, Diversity and Inclusion for the NIH. |
| 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) |
| Send out an e-mail providing a URL link to MD-715 to all NIH employees, including managers – annually. | December 30, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  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.  Under Part H Plan #1’s planned activity, an email will be sent to all of the NIH community to ensure that all supervisors are reached with links to EDI’s website and the NIH MD-715 report.  Modifications:  The planned activities are complete and objectives were accomplished. Since the objectives and planned activities are complete the target timeline was changed to September 30, 2016. The planned activity to launch a D & I collaborative partnership has been removed from Part H #8 and moved to Part H #6 to enhance alignment with objectives and planned activities.  This plan has fully met the objectives, therefore this H 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 Measure C.3.c.

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| **FY 2016**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | Has the agency, when appropriate, disciplined or sanctioned 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: | June 1, 2019 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| The EDI Guidance Program in collaboration with the EDI Resolution and Equity Division will establish a working group to advise on the coordination of reporting on the penalties and disciplinary actions for each type of discrimination violation. | December 1, 2017 |
| The working group will develop a proposal of recommendations for reporting on the penalties and disciplinary actions for each type of discrimination violation. | December 1, 2018 |
| Implement recommendations | June 1, 2019 |
| 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.  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.    Modifications:  EDI assessed this plan in light of agency developments and the intention behind measure 3.C.c. EDI has modified this plan to remove the three existing planned activities, and replace them with the current planned activities. The EDI Guidance Program in collaboration with the EDI Resolution and Equity Division will establish a working group to advise on the coordination of reporting on the penalties and disciplinary actions for each type of discrimination violation. Timelines have been extended as needed . 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 2016**  **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 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, 2016 |
| Data Analytics will conduct the baseline analyses for compensation and rewards (contingent upon resource request.) | | September 30, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE | |  |
| Accomplishment:  TheEDI office has developed and presented a multi-year template of NIH data from 2008-2015. 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. EDI received approval for a position and hired a statistician who begun work on the compensation analysis.  Modifications:  The activity “DID 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” has been re-assigned and moved to H Plan # 6.  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 2016**  **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: | Obtain resources and establish infrastructure to conduct effective audits of field facilities. |
| RESPONSIBLE OFFICIAL: | Director, EDI |
| DATE OBJECTIVE INITIATED: | October 1, 2014 |
| TARGET DATE FOR  COMPLETION OF OBJECTIVE: | April 30, 2018 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Benchmark practices in auditing organizations for alignment with a model EEO program | June 30, 2016 |
| Referencing benchmarking results, conduct needs assessment for resources and infrastructure required to effectively audit field series. | December 31, 2017 |
| Referencing needs assessment, develop proposal of recommendations | June 30, 2017 |
| Implement recommendations | April 30, 2018 |
| 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.  Modifications:  EDI reassessed this plan in light of office developments, existing MD-715 engagement with ICs, and the intentions behind Measure E.1.c. regarding sufficient resources 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. EDI has modified this plan to edit the objective and remove the two existing planned activities. The objective has been changed from ‘Conduct effective audits of field facilities’ efforts to achieve a model EEO program and eliminate discrimination under Title VII and the Rehabilitation Act’ to ‘Obtain resources and establish infrastructure to conduct effective audits of field facilities.’ The two planned activities removed are: ‘Benchmark other agencies and develop an audit tool for auditing field facilities (due date: April 30, 2016)’ and ‘Begin conducting effective audits of NIH field facilities’ efforts to achieve a Model EEO program (due date: April 30, 2017).’ These activities have been replaced with those outlined in the current plan.  The objective completion date has been extended. This plan will remain open. | |

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

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 2016**  **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, 2017 |

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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. | June 30, 2017 |
| Finalize Standard Operating Procedures and forms for the Formal EEO Complaint Process. | September 30, 2017 |
| 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 FY 2017. During FY 2016 accomplishments included: Updating EEO Counselor posters; Implementing EEO Compliance training; Updating EEO handouts and brochures; Implementing E-filing online filing system; and Conducting an EEO Complaints Roadshow on customer services.  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 FY 2018.  Modifications:  EDI reassessed this plan in light of office developments, and two activities have been removed from this plan: training the staff and collateral staff on the new procedures and implementing performance standards, and marketing and publicizing the EEO process.The objective completion date has been extended to September 30, 2017, and other 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 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 2016**  **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 EEO compliance training for managers | February 28, 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. The new online NoFEAR Act training module provides information on ADR.  Modifications:  The planned activity “Incorporate information about ADR in the NIH manager required training” has been updated to “Incorporate information about ADR in the EEO compliance training for managers and employees.”  The action item of “Create, produce, and distribute ADR materials in the same way as the brochure and QuickSeries booklets” (target date September 30, 2016) has been removed as an activity as ADR information is already incorporated into current trainings and materials.  This plan has been met, therefore this plan will now be closed. | |

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U.S. Equal Employment Opportunity Commission

**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
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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 2016**  **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, 2017 |

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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. | September 30, 2017 |
| Implement the new NIH Settlement Policy once approved through the Manual Chapter Process. | December 30, 2017 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  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.  Modifications:  The timelines have been extended as needed from FY 2016’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 2016**  **National Institutes of Health** | |
| STATEMENT of  MODEL PROGRAM  ESSENTIAL ELEMENT  DEFICIENCY: | 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? |
| 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 the ICs to collect annual information on staff participation in career development programs until HHS implements a centralized process. | September 30, 2019 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  EDI continues to work with the IC’s to gather information on the number of employees who participate in career development programs annually. This information is analyzed and stratified by demographics.  Modifications:  One planned activity has been removed, and the other one has been updated as necessary.  The projected target date is still open, therefore this plan will remain 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 2016**  **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, 2019 |

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Produce a manual NIH EEO Complaints trends report using iComplaints data. | August 31, 2017 |
| Utilizing contract services to produce automated EEO Complaints trends report for the 27 IC’s. | March 31, 2019 |
| Conduct rigorous analyses of those reports. | July 31, 2019 |
| Develop strategies to address the trends that we see within the reports and analyses. | September 30, 2019 |
| 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 2016, we developed a draft trend report including both informal and formal complaint data and our moving forward with developing a NIH Trend Report in FY17.  Modifications:  The target date for completion of the objective has been extended from September 30, 2018 to September 30, 2019, and planned activity timelines have been extended as needed. The planned activity related to using iComplaints to produce EEO complaints trends reports for the NIH and 27 ICs has been updated, and another planned activity related to Special Emphasis Portfolio Strategists utilizing the data for barrier analysis has been moved to Plan #17.  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.

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 2016**  **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 2016’s Plan Objective:  The planned activities for elements C.2.c. and E.5.f. have been folded into Plan #6 in order to group all of the activities related to barrier analysis together. This plan is therefore closed. | |

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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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| **FY 2016**  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, 2016 |

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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 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment:  The EDI office regularly benchmarks with other agencies. EDI has formed a partnership with the National Science Foundation (NSF) and in FY 2015 and 2016 conducted benchmarking and exchanged discussions on some best practices as it relates to conducting trend and barrier analysis, recruitment, retention; and diversity & inclusion strategies.  In FY 2016 a White Paper was developed on recruitment and data collection strategies on persons with disabilities within the Federal government.  EDI continually strives to increase partnerships government-wide and benchmark best practices in the areas of Recruitment, Retention, and Succession Planning.  Modification to FY 2016 Plan Objective:  One activity in this H Plan was completed before the targeted completion date, and one activity was removed (to develop a strategic benchmarking plan inclusive of a wide range of practices and strategies).  NIH has fully met this H Plan planned activity and measure. Therefore this plan will be closed. | |

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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 2016**  **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, 2016 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Modification to FY 2016’s Plan Objective:  Planned activities were based on former system that is no longer relevant.  NIH has met the activities based on the current system. Therefore this H Plan is now closed. | |

# 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, 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 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 recruitment of Asian/Pacific Islander Lab and Branch Chiefs   The Chief Officer for Scientific Workforce Diversity (COSWD) led efforts to diversify the scientific workforce inclusive of Tenure and Tenure track scientists and lab and branch chiefs. Given that not all NIH Institutes and Center’s (ICs) have intramural scientific programs, the last two focus areas are only relevant to the IC’s that have intramural scientific programs.  In 2017 and beyond, NIH is pursuing barrier analysis with three primary focus areas including women, Hispanics at the GS 12- SES equivalent levels, and persons with disabilities.   * In collaboration with the COSWD and the Gender Inequity Task Force, conduct barrier analysis to address the factors that impede women’s careers at the NIH, in both scientific as well as administrative careers * In response to the January 18th, 2017 memorandum from OPM and EEOC, conduct a more focused barrier analysis on Hispanic employment at the GS-12 through SES levels * In response to the new regulations from the EEOC published on January 3, 2017, conduct a more focused barrier analysis on employment of People with Reportable Disabilities as well as People with Targeted Disabilities, with action plans achieving new goals of 12% and 2% participation from each group.   Through EDI’s six Special Emphasis Engagement Committees and Employee Resource Groups we will continue to monitor workforce data pertaining to Hispanics, American Indians and Alaska Natives, Persons with Disabilities, Women, Blacks, Asians/Pacific Islanders, and the Sexual and Gender Minority (SGM) community. Ultimately, the NIH will be working towards a corrective action plan to remove the representational and inclusion barriers for each of the special emphasis populations. |
| **BARRIER ANALYSIS:**  Provide a description of the steps taken and data analyzed to determine cause of the condition. | **FY 2016 Focus Areas**  **People with Disabilities**  **a. Less than expected participation of People with Disabilities in the NIH workforce in 2016.**  NIH has a lower than expected participation rate of individuals with reportable disabilities. According to the most recent benchmark available from the Office of Personnel Management (OPM), total federal employment for people with disabilities (PWD) was 14.4% at the end of FY 2015. NIH’s participation rate of people with disabilities is less than expected at 7.1% (1,278) in FY 2016. The representation of people with reportable disabilities increased from 1,260 to 1,278 from FY 2015 to FY 2016; representing an increase of 18 people.  **b. Less than expected participation of People with Targeted Disabilities in the NIH workforce in 2016.**  NIH also has a lower than expected participation rate of individuals with targeted disabilities. People with targeted disabilities are a subset of the larger group of people with reportable disabilities, which includes severe disabilities such as total blindness, deafness, and missing extremities. People with Targeted Disabilities represent 1.3% (225) of the total workforce and 1.5% (205) of the permanent workforce. The representation of People with Targeted Disabilities has slightly increased from 217 to 225 over the past fiscal year representing an increase of 8. 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. Therefore, NIH has chosen to focus on increasing the representation of this group, including both the wider group of people with reportable disabilities and people with targeted disabilities.  **Hispanics--Less than expected participation of Hispanics in the NIH workforce in 2016.**  When assessing the benchmark for race/ethnicity, NIH benchmarks the National Civilian Labor Force (CLF) from the United States Census Bureau. The FY 2016 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 2016 participation rate for Hispanic females in the NIH total workforce (1.8%) falls below the 2010 CLF rate of participation for Hispanic females (4.8%).  The actual number of Hispanic males increased between 2015 and 2016 (242 to 245), while the number of Hispanic females increased (311 to 327).  **American Indian/Alaska Native (AI/AN)--Less than expected representation of AI/ANs in the NIH workforce in 2016.**  The FY 2016 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 2016 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 decreased by one between FY 2015 and FY 2016, and the number of AI/AN females decreased by two.  **Less than expected representation of Black tenured and tenure track scientists/investigators in the NIH workforce in 2016.**  The FY 2016 participation rate for Black tenure track scientists at NIH (2.8%) 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 2016 participation rate for Black tenured scientists at NIH (1.6) is comparable to FY 2015 and remains 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 2016.**  The FY 2016 participation rate for Asian/PI Lab and Branch chiefs (10.2%) is lower than expected when compared to the participation rate of Asian/PI tenured scientists at NIH (16.2%). 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.  **FY 2017 Focus Areas**  **Women**  NIH Director Francis Collins created the Addressing NIH Gender Inequality Action Task Force in Fall 2016 therefore NIH has not yet had sufficient time to investigate this focus area in time for this reporting cycle.  **Hispanic Employment at the GS 12 to SES equivalent levels**  Guidance from OPM and EEOC was released on January 18th, 2017 therefore NIH has not yet had sufficient time to investigate this focus area in time for this reporting cycle.  **Federal Goals for People with Reportable and Targeted Disabilities**  Guidance from the EEOC was released on January 3rd 2017 therefore NIH has not yet had sufficient time to investigate this focus area in time for this reporting cycle. |
| **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. | For FY 2016, People with Disabilities; Hispanics; and American Indian/Alaska Natives have lower than expected participation rates in the NIH total workforce. Spearheaded by the Chief Officer for Scientific Workforce Diversity (COSWD), the recruitment and retention of Black tenured and tenure-track scientists/investigators and the recruitment of Asian/Pacific Islander Lab and Branch Chiefs were additional areas of focus in 2015-2016. |
| **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 2017. EDI will continue reviewing the workforce data on an annual basis. |
| **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 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 |

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| **REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE** | FY 2016 ACCOMPLISHMENTS:   1. In FY 2016, 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. EDI created customer focused “Hiring Manager Toolkits” which were designed to provide information on where to recruit those underrepresent populations, as well as hiring authorities information to hiring managers with the intention of increasing employment in those underrepresented areas. In FY 2017, the toolkits will be published and distributed to hiring managers through our staffing specialists within OHR. The communities targeted for outreach included: Native American and Alaska Native, Hispanics, and People with Disabilities. Additional NIH accomplishments for these groups are included in the attached appendix titled “FY 2016 NIH Accomplishments in Equity, Diversity, and Inclusion.”   FY 2016 MODIFICATIONS:  In 2017, NIH will investigate triggers with regards to the employment of women, Hispanics at GS 12 to SES equivalent, and people with disabilities. The focus on Hispanics at GS 12 to SES equivalent and people with disabilities have been identified based on recommendations from the EEOC and OPM. The focus for women has been identified as a result of increased public attention on women in STEM and the creation of the Addressing NIH Gender Inequality Action Task Force by NIH Director Francis Collins.  These changes do not indicate that barriers from 2016 are eliminated. Nor does this indicate that all other groups not mentioned as focus areas are at parity in relation to their availability in the Civilian Labor Force. Efforts to eliminate barriers to equal employment opportunity will not be limited to the identified focus areas and these efforts will continue for all special emphasis populations.  Planned activities for Part I have been adjusted to reflect the 2017 priorities. |

# 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

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| --- | --- | --- | --- | --- | --- | --- |
| **Enter Actual Number at the:** | **Beginning of FY 2016**  **Number** | **Beginning of FY 2016**  **Percent** | **End of FY 2016**  **Number** | **End of FY 2016**  **Percent** | **Net Change**  **Number** | **Net Change**  **Rate of Change** |
| Total Work Force | 17,885 | 100.00% | 17,983 | 100.00% | 98 | 0.5% |
| Reportable Disability | 1,260 | 7.1% | 1,278 | 7.1% | 18 | 1.4% |
| 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). | 217 | 1.2% | 225 | 1.3% | 8 | 3.7% |

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| --- | --- |
| 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 | 1,434 | 112 | 7.8% | 26 | 1.8% | 48 | 3.3% | 1,274 | 88.8% |
| 4. Non-Competitive Promotions | 755 | 43 | 5.7% | 10 | 1.3% | 31 | 4.1% | 681 | 90.2% |
| 5. Employee Career Development Programs (includes 752 cases of unknown disability status and 7 cases of unknown pay plan); also includes AD pay plans | 376 | 31 | 8.2% | 5 | 1.3% | 9 | 2.4% | 336 | 89.4% |
| 5.a. Grades 5 – 12 (includes 4 unknown cases of disability status) | 60 | 4 | 6.7% | 1 | 1.7% | 5 | 8.3% | 51 | 85.0% |
| 5.b. Grades 13 – 14 (includes 4 cases of unknown disability status) | 231 | 15 | 6.5% | 3 | 1.3% | 3 | 1.3% | 209 | 90.5% |
| 5.c. Grade 15/SES (includes 13 cases of unknown disability status) | 48 | 3 | 6.3% | 0 | 0.0% | 1 | 2.1% | 44 | 91.7% |
| 6. Employee Recognition and Awards |  |  |  |  |  |  |  |  |  |
| 6.a. Time-Off Awards (Total number of awards) | 4,437 | 342 | 7.7% | 54 | 1.2% | 156 | 3.5% | 3,939 | 88.8% |
| 6.b. Cash Awards (total number of awards) | 15,417 | 1008 | 6.5% | 151 | 1.0% | 438 | 2.8% | 13,970 | 90.6% |
| 6.c. Quality-Step Increase | 1,404 | 87 | 6.2% | 7 | 0.5% | 28 | 2.0% | 1,289 | 91.8% |

## Part 4: Identification and Elimination of Barriers

**Data from FY 2015 to FY 2016 indicates less than expected participation of People with Targeted Disabilities**[[1]](#footnote-1) **in the NIH workforce.**

The NIH benchmarks the EEOC’s “Federal Goal” of 2.00% of the total workforce represented by people with targeted disabilities. The NIH participation of people with disabilities falls short of the benchmark. Out of the NIH total workforce, 1.3% (225) have a targeted disability. Currently the NIH has 1.0% (1) new hire with targeted disabilities. From FY 2015 to FY 2016, the number of people with targeted disabilities’ increased by a net of 3.7%.

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

## Part 5: Goals for Targeted Disabilities

**Barrier Analysis**. In line with Executive Order 13548—Increasing Federal Employment of Individuals with Disabilities, and the Federal Government Goal set by the EEOC, 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 2017. EDI will continue reviewing the workforce data on an annual basis.

**Toolkits.** EDI developed toolkits through the People with Disabilities Special Emphasis Portfolio that will provide recruitment and retention strategies for ICs as well as the NIH corporately. This toolkit is in the approval process and therefore it will be rolled over as a FY 2017 planned activity. The goal is to then present this toolkit to the HR community, Hiring Mangers and Executive Officers.

### Successes

Some successes that the NIH has made in FY 2016 include:

* The NIH Director issued the annual statement regarding Disability Employment Awareness Month highlighting the talent that individuals with disabilities bring to the NIH.
* EDI delivered a workshop to approximately 150 attendees on Disability Etiquette. This workshop upholds 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. While everyone is different and relationships should be addressed on a case-by-case basis, the general guidance provided in this workshop holds true for most situations. This workshop is available to the Institutes and Centers on demand.
* Significant progress was made in developing a policy on the use of the NIH centralized interpreting services and Computer Aided Realtime Translation (CART).
* EDI has developed a Reasonable Accommodation (RA) training and toolkit, as well as 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.
* The total number of RAs provided by the NIH ICs was 352. Across the ICs 24 of the 27 ICs reported that they provided at least one RA in FY 2016.  This does not include sign language interpreting or CART services.
  + The computer/electronic accommodations program (CAP) provided the NIH with a total of 47 items as a result of reasonable accommodation requests. The total cost for these items was $36,043.93. A sampling of the items include computer software such as JAWS, a computer monitor, an UbiDuo, and Apple iPad Air.
  + In terms of Sign Language interpreting services provided at the NIH, the grand total number of hours for FY 2016 was 33,947.  The total cost of providing this service was $2,868,753.
  + In order to make its programs accessible to the Deaf or Hard of Hearing attendees, the NIH provided 1,722 hours of CART services in FY 2016. The total cost of providing this service was $321,908.
  + The NIH unveiled a mobile app to make it easier for the Deaf and Hard of Hearing community to schedule Interpreter and CART services
  + The NIH also launched AVIA, a Video Remote Interpreting service that allows the Deaf and Hard of Hearing community to request a live interpreter through their computers and mobile devices.
* EDI and OHR continued to support the use of the Workforce Recruitment Program (WRP) by advertising WRP widely across the NIH. The NIH had 5 WRP interns this year and additionally, we had three ICs consider WRP candidates for full time positions.
* During FY 2016, the EDI has gone through several staffing changes to the Disability Portfolio. While the program was able to maintain ongoing projects through collaborations with the NIH Disability Employment Committee, a long-term strategic program vision was needed. In the future, the EDI looks to put forward long-term sustainability by hiring a full time Disability Strategist to develop a comprehensive strategic employment plan.
* The NIH actively participates in a 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.
  + The NIH takes and provides training and/or guidance for 508 remediation or obtaining approved accommodation or exception waiver.
  + The Advisory Group facilitates senior leadership in supporting the ORF 508 Compliance and Remediation plan with remediation targets, including required resources, per new OMB, GSA, and HHS OM Strategic Plans of continuous improvement (this is the process by which the NIH can ensure full agency-wide Section 508 compliance).
* Total number of Schedule A hires for FY16 was 134.
* OHR developed a NIH wide repository for non-competitive positions that include schedule A and People with Disabilities.
* Project SEARCH a unique, 30 week business led program for transition age youth with intellectual disabilities had 11 interns in FY16, of those 11 interns 6 of them were hired on full time at NIH.
* NIH hired 58 disabled vets in FY16 that have a VA rating of 30% or more.

### Action Plans

The following actions are planned for FY 2017 in order to accomplish the NIH’s goals for this plan:

#### Action Plans for Disability Program

* EDI will continue to develop strategies and implement targeted recruitment plans to increase the number of individuals with disabilities in the candidate pools.
* The EDI website will publicize 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. Such resources 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.
* Present to HR liaisons directly involved with the hiring manger and OHR. This will be an opportunity to educate the HR liaisons on Schedule A and other hiring mechanisms to hire employees with Disabilities.
* Create a recruitment network to publicize job opportunities at the NIH 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, 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, the 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 the NIH leadership on agency statistics, highlighting triggers of potential barriers.

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

* A complete business case in support of the establishment of a centralized RA Program within EDI was submitted to the NIH budget committee for approval and funding. At this time, EDI has requested 3 FTEs dedicated to centralizing the processing of RA requests for the agency. This request has received CSAC approval and we were just granted 2 FTE for this centralized RA program. However, due to the President’s Executive Orer and hiring freeze we are unable to fill these positions at this time and we are awaiting further guidance. However, once the freeze is lifted or if there are waivers, we plan to fill these positions so that we may launch this program. If we are successful in getting permission to fill these two positions, 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.
* A new RA policy and procedures for the NIH has been developed and is currently under review by EDI leadership and SMEs. Once approved, the final version will be submitted to the NIH senior leadership, as well as the NIH community, labor unions, and the EEOC for review (approval) and comment. The final version of the RA policy and procedures are projected to be posted on the EDI website by spring of 2017. In addition, copies will be disseminated to the NIH workforce and communicated to new employees at orientation.
* Companion trainings to the new RA policy and procedures for managers and employees have been developed and submitted to EDI leadership for review. The purpose of the training modules is to provide NIH employees and managers a better understanding of their rights and responsibilities in the RA process. The projected launch of the RA training program in March of 2017.
* EDI is currently working with a vendor to customize an online RA request portal and tracking system. The program would enable all NIH employees to request RA electronically through a centralized system. The NIH RA Program would then be able to assist employees and managers in the processing of the requests. In addition, NIH would be able to more accurately collect data on the number, timeliness, and types of RA requests that NIH ICs provide in order to track trends and report to HHS.
* Until the NIH RA program is launched and fully staffed, we will continue to provide limited guidance to ER/LR specialists on RA. Part of the limited guidance includes the provision of RA training to ER/LR and the NIH security personnel. 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.
* The RA program will continue to conduct quarterly IC “data calls” for RA.
* The new online NoFEAR training module will include responsibilities regarding RA procedures.
* The RA program is currently working with EDI leadership to identify key NIH employees who will be asked to serve on the NIH RA steering committee. The NIH RA steering committee will provide support and guidance to the NIH RA program in areas such as overall accessibility at NIH, training and policy issues.
* 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.

1. A targeted disability is a subset of a reportable disability which includes severe disabilities such as total blindness, deafness, and missing extremities. [↑](#footnote-ref-1)