National Institutes of Health Management Directive 715

# 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**: 13,768
2. **Enter total number of temporary employees**: 4,214
3. **Enter total number employees paid from non-appropriated funds**: 0
4. **TOTAL EMPLOYMENT [add lines 1 through 3]**: 17,982

# 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**: David Rice, Disability Portfolio Strategist, EDI
6. **Complaint Processing Program Manager**: Kimberly Kirkpatrick, Director, Division of Resolution and Equity, 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

# EEOC Forms and Documents Not Included With This Report

* Copy of Workforce Data Tables as necessary to support Executive Summary and/or EEO Plans
* Copy of Facility Accessibility Survey results as necessary to support EEO Action Plan for building renovation projects

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 or 1978, Executive Order 11748 and Section 501 of the Rehabilitation Action of 1973, as amended.

As the nation’s premier biomedical research institution, the National Institutes of Health (NIH) is devoted to a noble mission of improving the quality of human life, expanding lifespans, and saving lives. The agency conducts and supports biomedical and behavioral research to improve the health of Americans across the Nation addressing diseases and disorders ranging from cancer, diabetes, arthritis, drug abuse to the common cold. We seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. That mission can best be accomplished when all are given a chance to contribute in the most productive way.

NIH’s interpretation of what is meant by a EEOC’s Model EEO Workplace is that the NIH aspires to become “a premiere place for diverse talent to work and discover.” The NIH depends on the unique talents, skills, and expertise of its employees, and they in turn depend on the NIH to create an environment. This environment is characterized by an organization where all persons are treated with respect, dignity, and differences are leveraged. The NIH is dedicated to cultivating a workplace where all employees can perform at their highest potential and their ideas contribute to advancing its mission. Beyond offices assigned to focus on diversity and inclusion, NIH is championing the notion that each employee of the NIH bears responsibility to create inclusive cultures and increase the representation of diverse populations in all of our occupations. This effort, called *EDI 365*, is gaining support with greater dedication and commitment from every NIH component in working on representational diversity, inclusion, and ensuring civil rights protections for all of our NIH employees.

# Corrective Action Plans Required By EEOC

Recently, EEOC’s Office of Federal Sector Programs conducted a technical assistance visit and provided a summary of program deficiencies that still exist in NIH’s EEO program. These program deficiencies are described in the self-assessment checklist provided by the EEOC (Part G). NIH is required to submit quarterly progress reports to EEOC on our Corrective Action Plans. The EEOC recommends NIH establish two new programs: reasonable accommodations and anti-harassment programs, separate from the EEO complaint process, as envisioned by EEOC, and issue the related guidance.

In addition, the HHS Feedback Letter from EEOC requires NIH to update EEOC every six months on progress in the areas identified below:

* Lack of EEO Program Materials in all NIH Campuses and Offices;
* Failure to Evaluate Managers on their Commitment to EEO Principles;
* Failure to Inform Employees about Penalties for Discriminatory Conduct; and
* Lack of Applicant Flow Data in MD 715 Workforce Data Tables.

For more details on the action items and plans that will be implemented during the upcoming year addressing the areas above, please see the Part H Plans. Responses to the EEOC’s feedback letter dated August 18, 2017 are detailed in an appendix to this report.

# Strengths and Deficiencies of NIH’s EEO Program

In Fiscal Year (FY) 2017, NIH took positive steps toward enhancing organizational equity, diversity and inclusion. This document is prepared by the Office of Equity, Diversity, and Inclusion (EDI) to highlight examples of these accomplishments in line with Management Directive 715 (MD 715). This compilation of responses describes the incredible work being done across the Agency to support NIH’s commitment to being a model equitable, diverse, and inclusive workplace. These efforts fully embody the concept of *EDI 365*, which are continuous efforts by every component of our organization, working together to advance diversity and inclusion for the NIH. As efforts, such as the successes described herein, continue, the NIH will be shaped as an organization where equity, diversity, and inclusion are reinforced every day, and where all talent is fully realized in pursuit of the NIH mission.

NIH leverages the MD-715 framework in partnership with our 27 different components called Institutes and Centers (ICs). Each has its own specific research agenda, often focusing on particular diseases or disorders. Program descriptions for the ICs are available at the following website <https://www.nih.gov/about-nih/what-we-do/nih-almanac/nih-organization>. Much of the information below was gathered from responses to the FY 2017 MD-715 Call for Accomplishments to NIH ICs and Offices.

Note: The information here is only a sampling of accomplishments and is not all-encompassing. For more information, please contact the preparer of this document at [edi.strategy@nih.gov](mailto:edi.strategy@nih.gov).

Below are highlighted FY 2017 NIH significant accomplishments and deficiencies as evaluated against the MD 715 six essential elements.

## Demonstrated Commitment from Agency Leadership

In its FY2017 Program Evaluation Report to HHS, the EEOC highlighted the commitment to diversity and inclusion exhibited by NIH’s leadership. Among the highlights, the following items were noted:

* NIH has a compliant reporting structure;
* The EEO Director presents the annual State of the Agency briefing to the agency head after NIH’s submission of the MD-715 reports to EEOC;
* The NIH Director appears to be very involved in developing EEO focus areas, which are aligned with agency priorities;
* The NIH Director personally expressed commitment to EEO principles *(A video of the Director articulating his commitment to the NIH Office of Equity, Diversity, and Inclusion (EDI) can be accessed at edi.nih.gov/more/agency/nihs-commitment)*;
* In 2014, the NIH Director named the first-ever chief officer for scientific workforce diversity, with the goal of diversifying the biomedical research workforce and promoting inclusiveness and equity; and,
* NIH’s EEO Director meets quarterly with senior leadership of the ICs, gives briefings at senior leadership meetings, and leads search committees for senior positions.

Four deficiencies remain under this essential element. The deficiencies include:

* Written materials available to all employees and applicants;
* Managers and supervisors evaluated on their commitment to agency EEO policies and principles;
* Informing all employees on the table of penalties for discriminatory conduct; and,
* Developing a reasonable accommodations program.

For more information on plans to correct these deficiencies, please see Part H plans 1, 2, 3, and 4.

## Reasonable Accommodation Program

In accordance with the Executive Order 13164, and the Rehabilitation Act of 1973, as amended, the NIH has made great strides in establishing its new centralized Reasonable Accommodation (RA) program. Pursuant to 29 C.F.R. § 1614.203(d)(3), beginning in March of 2018, NIH’s Office of Equity, Diversity and Inclusion (EDI) did a soft launch of the agency’s new centralized Reasonable Accommodation Program. This is a soft launch pending the EEOC approval of NIH’s Reasonable Accommodation Procedures and negotiation with the NIH Unions on these procedures. The soft launch will involve EDI’s processing requests for reasonable accommodation of non-bargaining unit NIH employees. Bargaining unit employees will have to operate under the former procedures and OHR’s Employee and Labor Relations will be handling the reasonable accommodation requests of bargaining unit employees if they are involved in a performance or conduct matter. Our hope is that our Reasonable Accommodation Procedures will be approved by EEOC and the NIH unions so that the hard launch can occur in October of 2018.

Both the soft launch and hard launch will involve the delivery of reasonable accommodation training to employees and to managers and supervisors. The training module has been finalized and we will be offering this training beginning in March of 2018.

Once approved, EDI will be post online our policy and procedures and will provide an interactive online RA processing and tracking portal. To fulfill the agency’s goal of establishing a model centralized RA program, EDI hired 2 additional staff members to the team of professionals that would serve as accessibility consultants (AC) to the NIH.  The team of ACs, staff members of EDI, will work in collaboration with managers and staff of NIH ICs, to provide training, consultation, and assistance in processing RA requests. For more information on the plan to correct this deficiency, please see Part H plan 4.

### Harassment Prevention Program

Harassment and sexual harassment are topics of growing concern in many workplaces, including the scientific community.  As the nation’s leading biomedical research agency, NIH must not allow any form of workplace misconduct to compromise our mission. In 2018, we will:

* Create and launch a separate program to improve how we investigate and address harassment allegations;
* Issue a newChapter of the NIH Policy Manual, *NIH Harassment and Workplace Violence*, providing information and resources to help eliminate workplace harassment; and,
* Administer a Workplace Climate and Harassment survey to provide baseline metrics of workplace interaction and the effect of harassment on careers.  The results will support the creation of an awareness campaign, guide new training strategies, and help NIH attract and retain talented individuals in the workforce.  The survey will also identify steps for implementing change.

A policy was sent out to the NIH staff on December 13, 2017 along with a memorandum of commitment from the NIH Director. A copy of this policy has been included in the attachments to this report. 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.

#### NIH Climate and Workplace Harassment Survey

As a component of the NIH Harassment Program, the NIH Director, Chief Officer for Scientific Workforce Diversity and the Director of the National Cancer Institute led an organizational effort demonstrating “zero tolerance” to combat and eliminate workplace sexual harassment at the NIH and the biomedical research enterprise. One of several strategies to address the effort was to create and implement a NIH Climate and Workplace Harassment Survey. With increasing reports of sexual harassment in academic bio-medicine, NIH has pledged to “identify the steps necessary to end this [sexual harassment] in all NIH supported research workplaces and scientific meetings.” (Nature, 531, 35:2016). The senior leadership has approved the harassment survey for launch in early calendar year 2018, for internal and external NIH stakeholders to participate. Survey data gathered will help to create meaningful strategies to address workplace harassment. Additionally, the data will serve to identify agency policies and practices that may impede employment opportunities and advancement for women and men related to harassment. The agency has committed to course correcting those identified policies and practices that are related to harassment.

Allegations of harassment and concerns about sexual harassment within the biomedical research field have been written about in the science literature for some time. In response to the literature allegations the NIH Director and senior leader colleagues wrote a correspondence in the scientific periodical *Nature* on the topic of NIH and sexual harassment in March 2016. The article highlighted the future work to conduct a survey with NIH stakeholders to better understand the problem of sexual harassment, its cause, symptoms and opportunities to create remedies.

#### NIH Director’s Working Group on Diversity

The NIH director, Dr. Frances Collins, leads an Advisory Committee that serves as a cadre of subject matter experts in biomedical research providing consultation on research priorities and funding support. Chartered under this committee is a permanent working group titled the NIH Advisory Committee to the Director (ACD) Working Group on Diversity. Dr. Collins initiated the committee to address the number of scientists from underrepresented groups at the NIH and to address discrepancies in success rates for research grant applications from underrepresented groups (Ginther, et. al., 2011). Ongoing research and interventions are underway based on the recommendations of the advisory committee members. Accomplishments of this working group on diversity are available at the following link <https://acd.od.nih.gov/documents/presentations/06082017Valantine-Progress.pdf>.

Initiatives currently in progress include:

* Systematic review and transparency of hiring and promotion of NIH grant funded programs;
* Enhance mentoring and career development opportunities;
* Collect and publicize diversity metrics;
* Identify NIH policies that create institutional barriers;
* Institutional partnering to disseminate successful recruitment and retention models; and,
* Research and development of strategies to enhance intramural diversity in senior science NIH occupations.

#### NIH Scientific Leaders’ Equity Committee

During FY 2017, the NIH Equity Committee (NEC) was established in response to the recommendations of the Task Force on Gender Inequity in the NIH Intramural Research Program. The goal of this task force was to launch strategies to work towards a model EEO program where women are hired and promoted at similar rates as men for recruitment to faculty level positions (tenure-track and tenured) at the NIH. Additionally, women would have equal access to leadership opportunities in the tenure process. The NEC will consist of at least 12 members and will meet monthly to analyze demographic data from each intramural program, review reports from the IC’s Scientific Directors, and develop plans to improve the representation and environment for women and other scientists who have lower than expected participation at the NIH. Plans will address fairness in distribution of resources, salary and evaluations; in recommendations for advancement, awards and invitations for seminars; and in mentorship, advocacy and leadership opportunities.

#### NIH Scientific Leaders’ Earl Stadtman Initiative

Prior to 2009, the NIH conducted individual, programmatic searches to recruit new investigators. Taking a new approach, the Stadtman Tenure-Track Investigators - seeks to identify talent through a broad search that can focus on specific areas of science or enable the candidates to bring their research to us. Those applicants whose work is a good fit for the NIH are offered a tenure track position in one of our ICs. Each year, we aim to hire ten researchers through this prestigious program.

Collaborations between NIH leadership scientists, the Office of Equity Diversity and Inclusion, and the Chief Office of Scientific Workforce Diversity (SWD) are focused on working toward increasing the pool of diverse talent for the Stadtman Tenure-Track Investigator positions. Innovative marketing, invitational diversity and research conference participation, tracking and monitoring and statistical reporting have heightened the activity of diverse talent applying for the senior level permanent scientific positions. During the years of 2009 – 2016 trend outcome data on the Earl Stadtman initiative show an increase in the hires of Women, Blacks and Hispanics. For more information please see the data on the Earl Stadtman Program’s demographics provided in the appendix titled Workforce Analysis.

#### **IC Spotlight; National Heart, Lung, and Blood Institute (NHLBI)**

NHLBI is committed to recruiting and retaining a diverse workforce as well as building a workplace culture that is inclusive. NHLBI derives its strength from the unique talents, perspectives, and expertise of its employees to achieve its mission of providing global leadership to enhance the health of all individuals. For these reasons, NHLBI determined it was advantageous to create a formalized Diversity and Inclusion Roadmap to create a measured and thoughtful approach to strategically achieve these goals. The Roadmap has three major goal areas: cultivate a culture of inclusion, create and renew a diverse workforce, and commit to nurturing and keeping talent. Within these three areas there are six objectives and 30 tasks. NHLBI began its implementation of this plan this year with its introduction during an all-staff town hall event. The next phase of the plan, the Diversity and Inclusion Champion program, will be rolled out in 2018.

### Integration of EEO Into the Agency’s Strategic Mission

In response to the EEOC and OPM joint memo directing agencies to conduct in-depth barrier analysis on Hispanics in the Federal Workforce January 18, 2017, and the final rule from the EEOC amending the regulations implementing Section 501 of the Rehabilitation Act of 1973, NIH has updated our plan for examining the data for certain diverse groups in order to determine what may be obstacles to those groups (barrier analysis).

EDI 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. In 2016 EDI completed a multiyear trend analysis (2007 – 2016) of NIH’s scientific workforce by race/ethnicity and sex, and in 2017 EDI completed another multiyear trend analysis (2007-2017) of NIH’s overall workforce by race/ethnicity and sex.

Progress was also made in barrier analysis in the following areas:

* Examine workforce data in light of new goals established for people with disabilities and people with targeted disabilities (12% and 2%). EEOC is concerned about high concentrations of people with disabilities at the lower grades. They have instructed us to conduct separate analyses on the grade level clusters of GS 1- GS 10 and GS 11-SES. (See more information below and in Part J.)
* Examine workforce data for Hispanics GS 12-SES (See more information below and in Part I).
* Gender Salary Disparity statistical analysis for 0602 Medical Officers—Identified policies, procedures, and practices related to compensation setting for this group.

EDI will continue to monitor and perform data analysis for all constituency groups. For more information, please see the sections on disability employment and Hispanic employment below, Part H plan #6, Part I, Part J, and the workforce analysis addendum.

#### Disability Employment

An analysis of NIH’s demographic workforce data revealed a gap in participation rates for individuals with disabilities when compared with the current goals of 12% participation for people with reportable disabilities, and 2% representation for people with targeted disabilities in the NIH workforce. As a result, the Office of Equity, Diversity and Inclusion has identified the recruitment and retention of individuals with disabilities as a high priority for the NIH. During this fiscal year, NIH Offices and ICs have completed a range of activities in support of this priority.

Workforce data trend analysis indicated that people with reportable disabilities declined from 8.3% to 7.4% over a five- year period from FY 2013 to FY 2017; representing a loss of 52 people. Similarly, people with targeted disabilities declined from 1.5% to 1.4% over the same five-year period. New hires of people with reportable disabilities increased from 5.2% in FY 2013 to 9.8% in FY 2017, and the new hire rate of people with targeted disabilities increased from 0.5% in FY 2013 to 1.4% in FY 2017. A larger percentage of individuals with reportable disabilities left the workforce than came aboard during this timeframe. In contrast, a larger percentage of new hires with targeted disabilities came aboard than those who left during this timeframe.

The primary strategy that NIH is using to increase the number of persons with disabilities is the use of the Schedule A hiring authority; currently there are 95 Schedule A employees in permanent positions at the NIH (Data Source Qlik View, as of September 21, 2017). Additional strategies employed by the NIH to improve representation of employees with disabilities include the development of hiring toolkits, training, and establishing a new reasonable accommodations program.

Disability-related training and education campaigns are also being conducted at the NIH. The NIH Office of Equity, Diversity, and Inclusion (EDI) developed a Hiring Toolkit to assist managers and supervisors with resources and strategies to aid their efforts to succeed in meeting this new mandate. The EDI Reasonable Accommodation (RA) Program team has completed the final RA training modules for employees and managers which will be launched in the winter of FY 2018. NIH has developed new RA Program policies and procedures, currently under final review by the NIH labor unions and will be submitted to EEOC for approval in FY 2018.

The NIH Office of the Chief Information Officer (OCIO) developed communication plans for delivering information to key stakeholders on the revised Section 508 standards and new HHS website scanning tool. Through its quarterly Section 508 Advisory Group meetings, OCIO collaborates on 508-related matters and best practices for improved awareness and compliance. The OCIO also provides the NIH Accessibility Testing Lab as a free resource for all of NIH to encourage testing of systems, applications, documents, trainings, multimedia, etc., using assistive technology and provide technologies to aid in remediation.

Future work will include reviewing policies and practices that may impede hiring and career advancement for individuals with disabilities in the NIH workforce at the GS-11 level and above. Also, the organization will explore opportunities to create innovative recruitment practices called “hubs,” to recruit and retain individuals with disabilities at the GS-11 level and above.

#### **IC Spotlight: Clinical Center (CC)**

The Clinical Center sought to increase conversions of Schedule A employees to permanent federal positions during FY 2017. The center tallied the number of Schedule A employees and submitted the information with encouragement to managers and administrative officers to convert Schedule A employees, when possible. As a result of the encouragement and tracking data on Schedule A employees during FY 2017, managers approved conversions for 13 employees. This initiative will continue for future years. EDI will work to showcase the Clinical Center’s Schedule A conversion effort to encourage a larger proportion of the NIH ICs to also do the same.

#### **IC Spotlight: National Cancer Institute (NCI)**

NIH Project SEARCH is an innovative workforce and career development model that provides education and training to young adults with intellectual and developmental disabilities. The program is a one-year school-to-work program that takes place entirely in the workplace. The goal of NIH’s Project SEARCH is to prepare these individuals for competitive employment in the Federal Government. The NIH’s Project SEARCH initiative is in line with the federal government’s Executive Order No. 13548, and the overarching goal of the NIH to be a federal model for the employment of individuals with disabilities. The Office Workforce Planning and Development (OWPD) manages NCI’s participation in Project SEARCH and has promoted the program throughout the Institute. Each intern receives extensive on-the-job mentoring. NCI and NIH continue to employee three prior interns who were permanently hired. During FY 17, NCI worked with a program job coach to successfully support and integrate the most recent hire. This effort enabled the new hire to expand her tasks to include ongoing and routine tasks with an increasing level of responsibility thus freeing up more senior staff to focus on duties commensurate with their grade and skill level.

#### **IC Spotlight: National Center for Advancing Translational Sciences (NCATS)**

During this fiscal year, NCATS developed strategies and systems for managing vacancies and recruitments. This organization was intentional in incorporating inclusion principles in its business activities. A byproduct of this effort has been their hiring of eight individuals under the Schedule A Hiring Authority.

#### **IC Spotlight: National Institute of Neurological Disorders and Stroke (NINDS)**

NINDS partnered with Project Search this fiscal year to support four intern rotations. The interns rotated through the Office of Management, Office of Pain Policy, Office of Programs to Enhance Neuroscience Workforce Diversity, and the Information Resource Management Branch. The Information Resources Management Branch is anxiously awaiting to hire their intern into a full- time position after the hiring controls are lifted.

#### Hispanic Employment

In light of instructions from the U.S. Office of Personnel Management (OPM) and the Equal Employment Commission (EEOC) on Hispanic Employment in the Federal Government, the NIH began conducting a more focused barrier analysis to identify triggers and potential barriers at the GS-12 through GS-15 and Senior Executive Service (SES). To gain an initial insight, the NIH reviewed the total participation of Hispanics within these segments, and identified the following:

Trigger 1: Less than expected representation of Hispanics in grades GS-12 through GS-15

* The total number of Hispanic males in the permanent NIH workforce at grade levels GS-12 (.9%, or 20); GS-13 (1.5%, or 50); GS-14 (1.1%, or 30); and GS-15 (1.7%, or 25) combined (1.3% or 125) is lower than the CLF benchmark of 5.2%. In the permanent workforce, 47.3% of the Hispanic male population are working in GS-12 to GS-15 positions.
* The total participation rate of Hispanic females in the permanent NIH workforce at grade levels GS-12 (2.2% or 51); GS-13 (2.3% or 77); GS-14 (1.7% or 46); and GS-15 (1.4% or 21) combined (2.0% or 195) is lower than the CLF benchmark of 4.8%. In the permanent workforce, 54.8% of the Hispanic female population are working in GS-12 to GS 15 positions.
* The total participation rate of male and female Hispanics for the GS-12 through GS-15 segment of the NIH permanent workforce (3.3% or 320) is below the 10% national CLF benchmark for Hispanics.

Source: BIIS Table A4-1, 4th Qtr. FY 2017

Trigger 2: There are no Hispanics in the NIH Senior Executive Service (SES) (as of end of FY 2017).

The participation rate of Hispanic males and females in the total workforce at the Senior Executive Service (SES) at the NIH is 0%. During the fiscal year in question, there were no Hispanics selected for either the SES, or GS-15 which is a key feeder grade to SES.

Source: BIIS Table A4-1 and BIIS A11, 4th Qtr. FY 2017

In the future, the NIH will continue to explore policies and practices that may impede opportunities for Hispanics to get hired and advanced above the GS-12 level through Senior Executive Service within the organization. The organization will look to broaden its recruitment, retention, and career practices to address the low participation of Hispanic employment at the NIH. For more information, please see the Part I plan on Hispanic Employment.

#### Applicant Flow Analyses

Lack of Applicant Flow Data in MD-715 Workforce Data Tables-- HHS produces the MD-715 data tables for all of its Op Divs. Hence, it is outside of NIH’s span of control to populate the A & B 7, 9, 11 and 12 tables. Despite this limitation, NIH has continued to conduct limited applicant flow analyses using four approaches.

1. NIH continues to use the USA staffing data to assess the demographics of applicants through the application process (e.g. applied, qualified, referred). NIH has been able to resolve the issue of applicant flow discrepancies by working with OPM to obtain the applicant data directly from the Cognos system. EDI staff have been leaders in analyzing this data and have shared best practices for analyzing and displaying the data with HHS and OPM.
2. NIH continues to conduct applicant flow analysis on the annual Stadtman tenure track vacancy. EDI has conducted applicant flow analysis on this population since 2009. The findings from these analyses are used to inform outreach and recruitment activities. Based on the success of applicant flow with this population, EDI partnered with the Clinical Center and successfully obtained OMB clearance to collect applicant flow analyses on fellows/trainees who constitute a pipeline for future tenured and tenure track scientists. EDI plan will launch an applicant flow pilot with select Clinical Center training programs in 2018.
3. NIH continues to pursue applicant tracking for Title 42 applicants. This is a population of senior scientific applicants who are hired outside of USA Jobs; hence, they are not captured in the USA Staffing applicant flow. EDI in collaboration with OHR and CIT developed the requirements for an applicant flow system for this population in April 2017, and subsequently sought funding from the Capital Investment Fund in May 2017. EDI is awaiting an official decision on the funding request and will pursue other avenues for funding.
4. While NIH previously conducted applicant flow analyses for SES vacancies, this process was suspended in 2017. EDI and OHR collaborated and conducted these analyses via a manual process; however, given the HHS hiring freeze and the loss of EDI staff members we no longer have the capacity to do it.

#### Additional Workforce Analyses Efforts

#### **IC Spotlight—National Institute of Neurological Disorders and Stroke (NINDS)**

The Society for Neuroscience, a partner of NINDS, conducted a survey that identified lower than expected participation in the neuroscientists’ workforce of women and people of color. The findings of the survey showed that members of the U.S. racial and ethnic minorities represented only 5 % of tenure permanent workforce faculty members. The training pipeline represents a full range of diversity inclusive of women with women in the early stages of their career as equal in numbers to men, but fewer women are represented pursuing at later stages of their career when seeking permanent senior level grant and funding support at the NIH. Notably, women that decide to have children during their training experience even lower participation in both the early stages as well as later stages in their career.

NINDS decided to address this barrier experienced by women neuroscientists in their early career stages by redesigning the NIH grant pipeline/training program. The new program is called the Early Stage Training Programs, and its purpose is to accommodate women that may need to take time off for child rearing purposes with no penalties to be made. It provides opportunities for women to advance in their career with mentoring and developmental training programs regardless of a need to take a leave of absence for childcare.

#### NIH Future Leaders’ Program

During FY 2017, the SWD continued leading the annual NIH Future Leaders’ program, which is an opportunity for diverse junior faculty and postdoctoral fellows to participate in a career advancing opportunity to learn about research work at the NIH by participating at the annual NIH Research Festival. Also, the attendees hear from NIH scientists on strategy to pursue permanent employment opportunities at the tenure and tenure track levels. Twenty-nine junior scientists were accepted to the program in FY 2017. A total of eighty-seven junior scientists have participated in the program over the last three years.

#### NIH Scientific Workforce Diversity Interactive Toolkit

SWD developed an integrative strategy for enhancing scientific workforce diversity via an interactive toolkit available online for NIH managers. The toolkit guides users through evidence-based interrelated activities that SWD is currently using to enhance diversity in the NIH intramural research program. These include expanding the diversity of candidate pools, proactive outreach to diverse talent, mitigating bias in search processes, and developing and sustaining mentoring relationships.

#### NIH Unconscious Bias Training

In FY 2017, the SWD conducted twenty-five implicit bias training presentations/workshops reaching seven hundred and fifty people working at the NIH. Most were employees from the NIH scientific intramural and extramural community. The presentations and workshops seek to raise awareness about implicit bias, disseminate social science research on this topic and provide evidence-based strategies to mitigate the unwanted influence of implicit bias in the employment decision making process. The SWD continues to disseminate and develop new tools and methods to help people manage implicit bias, as well as, refine metrics and measurements to better evaluate and improve their efforts.

#### Federal Employee Viewpoint Survey – Employee Engagement and Inclusion

During FY 2017, several ICs at the NIH have partnered to form a trans-NIH initiative to increase employee participation, increase employee engagement, and assess and improve job satisfaction in the use and assessment of the Federal Employee Viewpoint Survey (FEVS). Also, the NIH has integrated the use of a tool on inclusion, called the New Inclusion Quotient IQ, created by the Office of Personnel Management, to measure inclusion within the organization. The NIH uses the inclusion tool to assess inclusion and direct a data-driven strategy to enhance key values for the organization such as, “fairness”, “openness”, “cooperative”, “supportive” and “empowering”. NIH’s IQ score for FY 2017 was 71% favorable, representing a 4% increase over the previous year.

The NIH uses the FEVS to understand employee concerns and satisfaction. Four categories have been identified for further research and exploration including: perception of the NIH and local workforce; attracting and retaining talent, performance management, and leadership and employee engagement. The NIH’s FEVS overall response rate increased by 5.6 % between 2016 and 2017 (51.5% vs. 57.1%, respectively). Also, NIH’s FEVS response rate is 10% higher than the government wide response rate of 45.5%.

IC Spotlight-- National Institute of Diabetes and Digestive Kidney Diseases (NIDDK)   
Several NIH ICs are leading the way in the innovative use of Employee Viewpoint Survey tools and strategies NIDDK developed an analytical tool titled, EVS ART. The purpose of this tool is to allow users to assess the Employee Viewpoint Survey data within a short period of time, rather than days or months. To access this tool and the results an intranet site is noted below: https//community.max.gov/display/HHS/EVS+ART.

IC Spotlight--- National Heart Lung and Blood Institute (NHLBI)  
NHLBI lead the development of an analytical tool to compare data across the NIH ICs on the Employee Viewpoint Survey (EVS). In addition, NHBLI has been able to retrieve, analyze and report on demographic employee viewpoint survey data. The Institute has developed their strategic plan in diversity and inclusion based on using data sources from Employee Viewpoint Survey results, workforce data and other qualitative and quantitative data. Access to the site for NHLBI is only available through the NIH intranet at: https://intranet.nhlbi.nih.gov/general/dederal-employee-viewpoint-survey-fevs.

During FY 2018 and beyond, the NIH will use the results from the FEVS responses to move to action. The trans-NIH Employee Engagement Liaisons Group (NEEL) will analyze employee responses and concerns to the survey and develop theories as to what is causing the particular concerns and identify interventions.

### Management and Program Accountability

One deficiency in this element area remains, related to guidance on discriminatory or harassing actions. A working group will be established to advise on the coordination of a discipline process.

#### Pipeline Programs, Outreach, and Recruitment

During fiscal year 2017, several ICs across the NIH worked to establish and grow relationships with minority serving institutions and professional organizations. ICs held information and recruitment sessions for students attending minority serving institutions and attending biomedical research conferences on summer internship opportunities. Further, multiple ICs have developed research exchange programs with local colleges and universities to provide ongoing research rotation opportunities on the NIH campus for minority students. These pipeline programs resulted in several minority students gaining research experiences that will better prepare them for graduate biomedical research programs and will help diversify the biomedical research pool. Beyond pipeline programs, ICs are utilizing the biomedical researcher networks offered by minority-serving professional organizations to enhance the candidate pool for existing vacancies.

#### **IC Spotlight—National Heart Lung Blood Institute (NHLBI) Underrepresented Minority Fellow Program**

During FY 2017, the NHLBI Director dedicated $3 million to establish the Underrepresented Minority Fellow (URM) Program to provide laboratories with funding support to recruit scientists from underrepresented groups in basic and clinical research. Mentoring, training and translational and clinical research were awarded to the fellows. The program has been in existence for four years. Once the participants are brought into the program, senior agency leaders will permanently hire the fellows when training is complete, and funding is available.

#### **IC Spotlight—National Institute of General Medical Sciences (NIGMS)**

During a forty-year timeframe, NIGMS has provided millions of dollars to award grant funding opportunities to research institutions and organizations to train and build a pipeline of high caliber, diverse talent in science, technology, engineering and mathematics (STEM). Some student program participants ascend to careers at the NIH in biomedical research, while others move to careers in biomedical research in academia, industry and public institutions. The diverse talent pipeline programs serve as an entry way to broadening the applicant pool for diversity talent seeking NIH employment. Seven of the major diverse pipeline programs include: the Annual Biomedical Research Conference for Minority Students (ABRCMS); the Society for the Advancement of Chicanos and Native Americans in Science (SACNAS) Conference and Chapters; The Building Infrastructure Leading to Diversity Initiative (BUILD); the National Research Mentoring Network (NRMN); Coordination and Evaluation Center (CEC); Minority Access to Research Careers (MARC); Research Supplements to Promote Re-entry into Biomedical Research Careers; and the Research Supplements to Promote Diversity in Health Related Research.

#### **IC Spotlight—National Institute of Biomedical Imaging and Bioengineering (NIBIB)**

NIBIB led a 4-year contract partner collaboration with the National Institute of Drug Abuse (NIDA) and the University of Maryland at Baltimore County Meyerhoff Scholars Program to bridge underrepresented minority and women high school students in the science, technology, engineering and mathematics (STEM) career field with opportunities in research training, summer training, peer mentoring, academic advising, and participation in biomedical research conferences. NIBIB evaluated the program and found that over seventy percent of the participants pursued graduate and professional programs in STEM afterwards.

#### **IC Spotlight: National Human Genome Research Institute (NHGRI)**

NHGRI organized a Genomics and Health Disparities Interest Group focused on engaging the Intramural NIH community and local research community from different disciplines in scholarly topics that involve both genomics and health disparities and provide opportunities for professional development, social networking, and community engagement. Students from Howard University, Johns Hopkins University, and Catholic University actively participate in this program.

The NHGRI Intramural Training Office (ITO) continues an ongoing partnership with the STEM Collegian Center at Prince George's Community College, by participating in the program’s monthly seminar series. NHGRI staff members and trainees speak to a diverse student audience about their research and careers to encourage students to continue their education at 4-year institutions, apply to the NIH Summer Internship Program, and pursue careers in biomedical research.

The NHGRI ITO recruited 22 summer students from underrepresented groups in science as part of the 2017 Summer Internship Program cohort. Of those 22 students, 4 were Native American and 6 were of Hispanic/Latino background. Ongoing partnerships with the NHGRI Education and Community Involvement Branch (ECIB) and the National Institute of Neurological Disorders and Stroke (NINDS) resulted in a wider and more diverse pool of applicants this year.

#### **IC Spotlight: National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)**

The NIAMS Intramural Program played a major role in campus events for a variety of organizations, including the National Youth Initiatives for Biomedical Research (the National Native American Youth Initiatives, the National Hispanic Youth Initiative, the National African American Youth Initiative), and other similar non-profit organizations.

Additionally, NIAMS established new collaborations with the University of Maryland at Baltimore County’s Meyerhoff Scholars program, Trinity University of Washington, DC, and the United Negro College Fund Merck Scholars program. NIAMS has hosted students for NIAMS campus tours and actively participated in annual research days via oral talks and direct interaction with students. Through these NIAMS collaborations, they have accepted students as summer interns and post-baccalaureate Intramural Research Training Award (IRTA) recipients. NIAMS actively recruits dynamic scholars from underrepresent populations to enhance their scientific research discoveries.

#### **IC Spotlight—Clinical Center (CC)**

Because NIH has the unique honor in conducting and supporting biomedical research at its home site location in Bethesda Maryland and across the country, patients participating in research clinical trials present from all walks of life and represent the diversity across the nation. To this end, the NIH Clinical Center hospital has introduced a new initiative to demonstrate a welcoming, respectful and safe environment for patients and visitors. During FY 2017, the Clinical Center led a trailblazer initiative called, the Gender Identity Initiative. The purpose of the initiative is to provide all patients an opportunity to volunteer and self-identify in declaring their preference on gender identity (example: male, female, transgender male, transgender female, neither male nor female, other or decline to answer) in a safe, confidential and non-discriminatory way. Training for hospital staff on gender identity and support/resources are provided for patients, staff, visitors and other hospital workers.

### Proactive Prevention of Unlawful Discrimination

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.

#### EDI Website

The Office of Equity, Diversity and Inclusion (EDI)’s website continues to evolve since its launch in FY 2015. The website organizes the Agency’s anti-discrimination, diversity, and inclusion portfolio by the services NIH employees searched for most in previous years. Included on the website are forms for every service. Personalized emails are sent to our customers upon submission of an online form.

The EDI website provides detailed EEO guidance for the workplace in the form of tailored toolkits for common and unique issues. The EDI resolutions’ section (EDI complaints 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. Within 48 hours of receiving an EEO-related inquiry, the responsible branch is required to respond to the NIH customer.

As case law is updated regarding EEO protections, EDI updates its EEO posters. Digital copies of the EEO poster have been distributed to ICs upon request and is posted on EDI’s website for download by anyone, including IC staff and management, all NIH staff, and potential employees. Physical copies have been updated in various building and office spaces throughout the NIH. 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 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 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.

#### Booklets and Training

During FY 2017, 7,353 of staff completed online No FEAR training; 7,993 completed online Sexual Harassment Prevention Training (POSH) training, and 2,770 completed EDI instructor-led training to meet both the No FEAR and POSH mandatory training requirements. NIH employees are directed to the Learning Management System (LMS) to register for any of the online trainings. All instructor-led trainings are facilitated by staff members of EDI and indicated on our website at: <http://edi.nih.gov/training/upcoming-training>. An IC may also request group training by contacting the email provided: [edi.training@nih.gov](mailto:edi.training@nih.gov).

Currently, we are 82.0% compliant for No FEAR and 83.0% compliant for POSH in terms of HHS and EEOC mandatory training requirements for all 17,982 NIH employees. EDI has implemented a new tool kit and policy to enhance overall compliance. EDI has provided a briefing that satisfies both the NoFEAR Act and the Sexual Harassment Prevention Trainings at the New Employee Orientations held every other Monday. EDI is working closely with the training coordinators within each IC and providing them with quarterly completion rates. EDI is also in the process of ensuring the completion of the mandatory trainings by NIH employees with suspension of computer privilege for those that fail to complete the training within the required timeframe. Similar to the NIH’s Annual Information Security and Privacy Awareness Training, individuals who fail to complete No FEAR and POSH courses, will have their account disabled until they complete the training. With Dr. Collins’ support, EDI and CIT are working closely to ensure that this initiative be implemented in the near future. With all of these changes we feel confident that we will meet the compliance goals for these trainings in the next fiscal year.

The NIH has developed Alternative Dispute Resolution (ADR) informational booklets for employees to become aware of the purpose and objectives of the program and learn how they can participate in the process.

### Efficiency and Responsiveness and Legal Compliance

#### NIH Standard Operating Procedures and EEO Complaints’ Roadshow Briefing

Draft Standard Operating Procedures (SOPs) were established for the pre-complaint process and formal complaint process. These include standard form template letters to communicate to our customers, internal procedural matters, and benchmarks for timeframes for the EEO Counselors and Specialists. Additional accomplishments in EEO compliance 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.

NIH 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 to educate all stakeholders about NIH’s 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 ICs on demand and has already been utilized by several offices and will continue into FY 2018.

#### Complaints Tracking Trends and Reporting

EDI has begun to explore contracting with a company to design bi-annual EEO complaints data and trends. The contractor has been identified and work has begun to develop this tool to track, monitor and report on EEO complaints data and trends. We expect to complete this project in FY 2018. The NIH EDI office will continue to gather EEO compliance data and trends by using the iComplaints reporting and tracking tool for the EEO compliance 462 report.

# Conclusion

In summary, there are many accomplishments within NIH that have taken place in FY 2017, and many additional planned future activities to address equity, diversity and inclusion are underway. While the NIH organization has made strides in working towards becoming a model EEO program, there are still areas for future growth. Lower than expected participation rates and inclusion scores for certain diverse groups within NIH’s workforce persist, and point toward the possible existence of discrimination in employment on grounds of race, color, religion, sex, national origin, or disability status.

The NIH organization continues to lead initiatives to address diversity and inclusion efforts to impact recruitment, development and retention through means of behavioral and social science research, benchmarking promising practices, and a commitment to recruit and retain a workforce reflective of the Nation’s diversity.

# 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.

(Please see separate PDF attachment for signatures)

# 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 1/5/17, and the previous statement was issued on 1/7/16. |
| 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 | N/A |

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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 | See Part H Plan 1. |
| 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 | See Part H Plan 1. |

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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 | See Part H Plan 2. |
| A.3.a.1. resolve problems/disagreements and other conflicts in their respective work environments as they arise? | No | See Part H Plan 2. |
| 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 | See Part H Plan 2. |
| 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 | See Part H Plan 2. |
| 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 | See Part H Plan 2. |
| A.3.a.5. ensure a workplace that is free from all forms of discrimination, harassment and retaliation? | No | See Part H Plan 2. |
| 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 | See Part H Plan 2. |
| A.3.a.7. ensure the provision of requested religious accommodations when such accommodations do not cause an undue hardship? | No | See Part H Plan 2. |
| 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 | See Part H Plan 2. |
| 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 | EEO Compliance training has been updated to include examples of inappropriate behavior and the NIH Code of Conduct. See Part H Plan 3. |
| 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 | See Part H Plan 4. |
| A.3.d. Have managers and supervisor been trained on their responsibilities under the procedures for reasonable accommodation? | No | See Part H Plan 4. |

## 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 | 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 | 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 | 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 | 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 | See Part H Plan 4. | |
| 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 | See Part H Plan 5. |
| 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 | See Part H Plan 4. |
| 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 | See Part H Plan 4. |
| 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? | Yes | N/A |

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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 | 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 | 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 | 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 | See Part H Plan 3. |
| 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 | See Part H Plan 7. |
| If so, cite number found to have discriminated and list penalty /disciplinary action for each type of violation. | No | See Part H Plan 7. |
| 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 | See Part H Plan 4. |

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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 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 | See Part H Plan 8. |
| D.1.f. Are trends analyses of the workforce's grade level distribution conducted by race, national origin, sex and disability? | No | See Part H Plan 8. |
| D.1.g. Are trend analyses of the workforce's compensation and reward system conducted by race, national origin, sex and disability? | No | See Part H Plan 8. |
| 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 | See Part H Plan 8. |

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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 | See Part H Plan 5. |
| 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? | Yes | The NIH is now compliant with this objective, therefore this plan is closed. See Part H Plan 9. |
| 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 | See Part H Plan 4. |
| E.1.e. Are 90% of accommodation requests processed within the time frame set forth in the agency procedures for reasonable accommodation? | No | See Part H Plan 4. |

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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 | See Part H Plan 10. |
| 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? | Yes | N/A |
| 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 | See Part H Plan 11. |

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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? | Yes | The NIH is now compliant with this objective, therefore this plan is closed. See Part H Plan 12. |
| 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 | See Part H Plan 13. |
| E.5.f. Does the agency track recruitment efforts and analyze efforts to identify potential barriers in accordance with MD-715 standards? | No | 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? | Yes |  |

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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. | Yes | N/A |
| F.2.a.1. Are there steps in place to guarantee responsive, timely, and predictable processing of ordered monetary relief? | Yes | N/A |
| F.2.a.2. Are procedures in place to promptly process other forms of ordered relief? | Yes | N/A |

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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. | Yes | N/A |
| 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. | Yes | N/A |
| 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

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

Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP

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

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

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| **FY 2017**  **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, 2018 |

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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  Complete |
| Distribute EEO Quick Series booklets providing quick guidance and FAQs concerning EEO-related issues. | September 30, 2015  Complete |
| Post new EEO posters in the frequented spaces and common areas of every IC. | September 30, 2015  Complete |
| Provide a digital version to each IC web manager or admin for print, archiving, and saving on staff shared drives and intranets. | September 30, 2018 |
| Collaborate with IC and OHR web teams to establish web presence for EEO posters, complaints process, and EDI brochure on employee and applicant pages (vacancy announcements). | September 30, 2018 |
| 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.  EDI currently makes written materials available to all employees and applicants via our public-facing EDI website, most notably on this page accessible from the main EDI homepage:  <https://www.edi.nih.gov/resolutions/resources-faqs>. Any employee or applicant to NIH can view this written information today on our website. The material informs them of the variety of EEO programs and remedial procedures available to them. We have not yet had the link to this information added to NIH vacancy announcements. Our plan going forward is to work with NIH OHR to achieve this in FY 18.  A digital version of the EEO Complaint Process poster is available for download from the EDI website (<https://www.edi.nih.gov/sites/default/files/public/EDI_Public_files/eeo-complaint-process01.pdf>). The public-facing website is available to all NIH staff and recruits. As case law is updated regarding EEO protections, EDI updates its EEO posters. EDI distributes copies of the posters in every New Employee Training session and all other EDI-instructor led Training Sessions to NIH’s IC employees. EDI has distributed images of and text from the EEO Complaint Poster on EDI social media channels.  Related to the “Collaborate with IC and OHR web teams” objective, EDI currently makes written materials available to all employees and applicants via our public-facing EDI website, most notably on this page accessible from the main EDI homepage:  <https://www.edi.nih.gov/resolutions/resources-faqs>. Any employee or applicant to NIH can view this written information today on our website. The material informs them of the variety of EEO programs and remedial procedures available to them. We have not yet had the link to this information added to NIH vacancy announcements. Our plan is to work with NIH OHR to achieve this in FY18 (that is by September 30, 2018).  EDI at least once a year distributes an email detailing NIH’s EEO programs to NIH’s IC employees. For 2017, for example, the “NIH's Commitment to Diversity & Inclusion” email was mailed to all NIH employees on 08/31/2017. In addition, on an ongoing basis EDI sends welcome emails to new employees that include a link to the NIH EEO Policy Statement.  Modifications: The timeline for the activity “Provide a digital version to each IC web manager or admin for print, archiving, and saving on staff shared drives and intranets” has been extended one year from September 30, 2017 to September 30, 2018, and the overall timeline for completion of this plan has been updated accordingly. NIH has partially met this H Plan’s planned activities and measures, therefore this plan will remain open. | |

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

Essential element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP

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

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

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| **FY 2017**  **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, 2021 |

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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  Complete |
| Develop proposal of recommendations for evaluating mangers’ commitment to EEO, diversity, and inclusion | September 30, 2018 |
| Collaborate with OHR to develop a guidance document for rating officials to evaluate the performance of managers and supervisors on their commitment to agency EEO policies and principles and their participation in the EEO program. | September 30, 2019 |
| Implement guidance document | September 30, 2020 |
| Evaluate effectiveness of guidance document | September 30, 2021 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: Within the administrative element on all supervisors’ Performance Measurement Assessment Plan (PMAP), there is an element that addresses EEO and Diversity and Inclusion. Additionally, there is an element within the Senior Executive Service performance evaluation that further details the expectations for managers’ commitment to EEO, Diversity, and Inclusion. A guidance document is under development to assist rating officials in addressing these elements.  The EDI office has developed an internal list of best practices for evaluating managers’ commitment to EEO, Diversity, and Inclusion, and has also conducted journal-based research on recommendations for this kind of guidance for managers. Sources include:   * Winters, M. F. (2014). From diversity to inclusion: An inclusion equation. [http://jameswantstoknowyou.com/Language -Of-Inclusion/](http://jameswantstoknowyou.com/Language%20-Of-Inclusion/) * Miller, A. F. & Katz, J. (2002). The inclusion breakthrough. San Francisco, CA. Berrett-Koehler Publishers, Inc. * Netter, (1998). The Netter Principles, a Framework for Building Organizational Inclusion. <https://www.mghihp.edu/sites/default/files/about-us/diversity/netter-principles-inclusion.pdf> * Us. Department of Commerce and Vice President Al Gore’s National Partnership for Reinventing Government Benchmarking Study “Best Practices in Achieving Workforce Diversity” <https://govinfo.library.unt.edu/npr/library/workforce-diversity.pdf> * “Top Ten Diversity Best Practices” Developed by ASAE’s Diversity Committee, <http://diversityofficermagazine.com/diversity-inclusion/top-ten-diversity-best-practices/> * United States Department of Agriculture, “Guidance on Civil Rights Element in Performance Plans” <https://www.aphis.usda.gov/civil_rights/downloads/guidance_on_civil_rights_element.pdf> * “Evaluating EEO As If It Really Mattered” by Robbie Kunreuther, <https://www.fedsmith.com/2007/11/27/evaluating-eeo-as-if-really-mattered/>   Modifications:  EDI reassessed this plan in light of office developments and the intentions behind the upcoming year’s updated G checklist items C.3.a, C.3.b.1-9, C.3.c, and C.3.d to require rating officials to evaluate the performance of managers and supervisors on their commitment to EEO. This plan was modified to replace the planned activity to form a senior level working group to advise on recommendations, with a new planned activity for EDI to collaborate with OHR to develop a guidance document for this evaluation. In addition, the two existing planned activities have been modified to reflect this new plan to develop a guidance document.  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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**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.

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

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| **FY 2017**  **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: | December 31, 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, 2018 |
| Ensure the resource is readily accessible via its presence on the EDI website. | December 31, 2018 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments: A toolkit resource that addresses the table of penalties for unacceptable behavior and appropriate personnel actions has been drafted and is currently under internal review. As of November 2016, EEO Compliance training has been updated to (1) reflect scenario-based training with actual cases from the EEOC to communicate inappropriate behavior examples and (2) include the NIH Code of Conduct, which includes unacceptable behavior and appropriate personnel actions.  Modifications:  The overall objective completion date and the timeline for the activity has been extended to December 31, 2018. This plan has been partially met, therefore this plan will remain open. | |

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

Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP

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

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

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

Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

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

Essential Element D: PROACTIVE PREVENTION

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

Essential Element E: EFFICIENCY

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

(4) 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 2017**  **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, 2019 |

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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  Complete |
| 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  Complete |
| Continue to provide limited guidance to ER/LR specialists on RA. Provide RA training to ER/LR personnel. | September 30, 2015  Complete |
| Conduct quarterly IC “data calls” for RA. | October 1, 2016  Complete |
| 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, 2018  Draft is Complete |
| Recruitment of experts in the RA field who have the training and knowledge to appropriately advise managers and employees in these matters. FTE’s were requested and approved. | December 31, 2018  Complete |
| Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs. | December 31, 2018 |
| Ensure that the new online NoFEAR training module identifies responsibilities with regard to RA procedures. | January 31, 2019 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishments:  In accordance with the Executive Order 13164, and the Rehabilitation Act of 1973, as amended, the NIH has made great strides in establishing its new centralized Reasonable Accommodation (RA) program. Pursuant to 29 C.F.R. § 1614.203(d)(3), beginning in March of 2018, NIH’s Office of Equity, Diversity and Inclusion (EDI) did a soft launch of the agency’s new centralized Reasonable Accommodation Program. This is a soft launch pending the EEOC approval of NIH’s Reasonable Accommodation Procedures and negotiation with the NIH Unions on these procedures. The soft launch will involve EDI’s processing requests for reasonable accommodation of non-bargaining unit NIH employees. Bargaining unit employees will have to operate under the former procedures and OHR’s Employee and Labor Relations will be handling the reasonable accommodation requests of bargaining unit employees if they are involved in a performance or conduct matter. Our hope is that our Reasonable Accommodation Procedures will be approved by EEOC and the NIH unions so that the hard launch can occur in October of 2018.  Both the soft launch and hard launch will involve the delivery of reasonable accommodation training to employees and to managers and supervisors. The training module has been finalized and we will be offering this training beginning in March of 2018.  Once approved, EDI will be post online our policy and procedures and will provide an interactive online RA processing and tracking portal. To fulfill the agency’s goal of establishing a model centralized RA program, EDI hired 2 additional staff members to the team of professionals that would serve as accessibility consultants (AC) to the NIH.  The team of ACs, staff members of EDI, will work in collaboration with managers and staff of NIH ICs, to provide training, consultation, and assistance in processing RA requests. Additional accomplishments include:   * 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 RA training, completed in May 2017, has been presented three times so far to employees and twice to supervisors. * 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.   Modification: The overall objective completion date and the timeline for the activities have been extended from January 31, 2017 to January 31, 2019, and the overall timeline for completion of this plan has been updated accordingly. This plan has been partially met, therefore this plan will remain open. | |

EEOC FORM  
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U.S. Equal Employment Opportunity Commission

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

Essential Element 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.

## (6) 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, 2022 |

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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 |
| The NIH’s Deputy Director for Management, in partnership with EDI’s director and other NIH representatives, participates in an executive leadership administrative team. This team is conducting proactive human resource workforce planning, hiring and development to align with the NIH needs. | December 31, 2017  Complete |
| Involve senior managers in the implementation of special emphasis programs, the barrier analysis process, action planning for addressing barriers, and implementing corrective action plans. | September 30, 2018 |
| Using the complaints trends reports, utilize the data for barrier analysis by our Special Emphasis Portfolio Strategists. | September 30, 2018 |
| EDI Director and staff will continue to meet on a bi-annual basis 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. | September 30, 2018 |
| Work with the Chief Office for Scientific Workforce Diversity to research diversity training, including sourcing tools and techniques. Complete development and rollout training for agency. | September 30, 2018 |
| EDI’s Special Emphasis Strategists will build and maintain relationships with a variety of diverse professional affiliations aligned to the NIH mission critical occupations. | December 31, 2018 |
| 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. | December 31, 2018 |
| EDI Special Emphasis Portfolio and Diversity and Inclusion Strategists will perform data analysis for various constituency groups. The Strategists will review workforce data on the participation rates of the NIH employment population to determine if any particular group (e.g., women, individuals with disabilities, Blacks, Hispanics, and American Indians and Alaska Natives and Asians and Pacific Islanders) is being underutilized by the NIH in a particular occupation or at a particular grade or pay level. | December 31, 2019 |
| 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. Analyze identified triggers to find barriers. | December 31, 2020 |
| 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. | December 31, 2021 |
| Work towards eliminating barriers. Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel and target dates. | December 31, 2022 |
| 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. | December 31, 2022 |
| 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.  The NIH workforce planning toolkit is complete. The NIH Office of Human Resources created and distributed a workforce planning toolkit to the Institutes and Centers. The toolkit provides guidance in the practice of organizational development, leadership, managing people and analytics.  Also, a community of practice NIH Training Committee has been 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. We are 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. The Data Analytics team has provided the data to each Special Emphasis Portfolio Strategist in order to conduct workforce analysis for their respective groups.  The EDI Division of Diversity and Inclusion team completed and submitted a draft Search Committee toolkit to prepare EDI practitioners to learn their role and responsibilities during the NIH Search Committee Process. Future work during FY 2018 will conduct small group briefings and coaching with use of the Search Committee toolkit to EDI practitioners.  The Hispanic Employment Portfolio Strategist engaged the senior leader, NIH Director of the National Institute on Minority Health and Health Disparities to serve on the NIH Hispanic Employment Advisory Committee. The Director has served as a champion for enhancing opportunities for Hispanics in senior levels of employment within his Institute. During FY 2018, the director will work to engage other senior leaders to become executive champions and encourage increased participation to enhance representational diversity and inclusion and improve their outreach to well qualified Hispanic applicants.  The Black Employment Portfolio Strategist has engaged the senior leader executive that works with the NIH scientific intramural research program. The senior leader provides coaching and strategies on enhancing representational diversity and inclusion for diverse scientists working at the NIH.  During FY 2017, the NIH Hispanic Employment Portfolio Strategist and the NIH Strategist for the Black Employment Portfolio distributed NIH mission critical job announcements to relevant professional societies and organizations as well as encouraged members to apply. The Strategist for the Black Employment Portfolio sent the vacancies to over 600 affiliates, professional societies and organizations. Twenty-two mission critical vacancy job announcements were distributed to networks at professional societies and organizations.  Related to the Barrier Analysis Plans: Special Emphasis Program Strategists have analyzed separation, disciplinary action, career development, grade level, and salary data for their respective groups and overall NIH data. Barrier analysis projects are underway within the women’s portfolio, Hispanic portfolio, and Disability portfolio. A common trigger related to lower than expected separation rates has also been identified for the following groups including: Asian and Pacific Islanders, Native Americans and African Americans.  Plans for FY 2018 will include:   * Process for identifying triggers, including which specific data sources will be used, with timetables * Process for analyzing identified triggers to find barriers, with timetables * Examine the impact of policies, practices, and procedures, including any groups who may be negatively impacted by reorganizations * When barriers are identified, collaborate with OHR and senior managers to develop and implement tailored action plans for Parts I and J, with timetables * These action plans may include   + Collaboration with senior managers in the implementation of special emphasis programs   + Collaboration with OHR to develop and/or conduct outreach and recruiting initiatives   + Collaboration with OHR to develop and/or provide training for managers and employees   + Coordinate with OHR to assist in preparing the MD-715 report * Review effectiveness of BA plans   Specific SEP BA plans include, but are not limited to:   * Increasing conversions of Schedule A candidates, increasing training and awareness for managers on disability hiring and upward mobility strategies, and reviewing and analyzing policies and practices that may impede employment opportunities for individuals with disabilities. * Reviewing policies and practices on pipeline/training programs; retention and career development/ upward mobility programs to identify potential activities that may impede employment opportunities for Hispanics as well as identify solutions to eliminate the low participation. * Reviewing Institute and Center policies and practices that could be causing the data to show these separation results for Asians, Blacks, and Native Americans. * Review and analysis of NIH Institutes and Centers (ICs) workforce data, policies, practices and procedures on separations, disciplinary actions, hires, recruitment/outreach, and career and leadership development on Asian and Pacific Islanders, Native Americans and African Americans.   The Retirement eligibility study is complete. Distributing mission critical vacancies out to Special Emphasis members of professional societies and organizations is complete, however, this task will continue. Initial data analysis in preparation for the barrier analysis is complete, however this task will continue. Barrier analysis will take place for the Special Emphasis populations during FY 18. Engagement with senior managers on barrier analysis in FY 18 will take place. A new process will be implemented to meet and strategize with the Institutes and Centers on opportunities to improve representational diversity and inclusion during FY 18.   * **Modifications to FY 2018’s Plan Objective:**   The overall completion date and timelines for activities have been adjusted as needed. The barrier analysis for the LGBT community will need substantive data collection efforts to be designed. This activity has been removed until the data collection efforts are able to occur. One additional activity was added related to developing training in diversity and inclusion in collaboration with the Office for Scientific Workforce Diversity. Other activities were also adjusted to reflect current action plans within EDI. This plan has been partially met. Therefore, this plan will remain open. | |

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

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

Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY

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

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

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| **FY 2017**  **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 and conduct barrier analysis 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 has presented these recommendations to the Executive Officers on October 7, 2015 and to the Scientific Directors on April 6, 2016. OHR and CIT conducted the requirements gathering process to ensure that the repository meets the agency’s needs and obtained cost estimates in 2017. Currently we are awaiting a final decision on funding.  HHS produces the MD-715 data tables for all of its Op Divs.  Hence, it is outside of NIH’s span of control to populate the A & B 7, 9, 11 and 12 tables.  In spite of this limitation, NIH has continued to conduct applicant flow analyses that are within our span of control.  We have done this using four approaches.  First, NIH continues to use the USA staffing data to assess the demographics of applicants through the application process (e.g. applied, qualified, referred). NIH has been able to resolve the issue of applicant flow discrepancies by working with OPM to obtain the applicant data directly from the Cognos system. EDI staff have been leaders in analyzing this data and have shared best practices for analyzing and displaying the data with HHS and OPM.  Second, NIH continues to conduct applicant flow analysis on the annual Stadtman tenure track vacancy.  EDI has conducted applicant flow analysis on this population since 2009.  The findings from these analyses are used to inform outreach and recruitment activities.  Based on the success of applicant flow with this population, EDI partnered with the Clinical Center and successfully obtained OMB clearance to collect applicant flow analyses on fellows/trainees who constitute a pipeline for future tenured and tenure track scientists.  EDI plan will launch an applicant flow pilot with select Clinical Center training programs in 2018.  Third, NIH continues to pursue applicant tracking for Title 42 applicants.  This is a population of senior scientific applicants who are hired outside of USA Jobs; hence, they are not captured in the USA Staffing applicant flow.  EDI in collaboration with OHR and CIT developed the requirements for an applicant flow system for this population in April 2017, and subsequently sought funding from the Capital Investment Fund in May 2017.  EDI is awaiting an official decision on the funding request and will pursue other avenues for funding.  Fourth, while NIH previously conducted applicant flow analyses for SES vacancies, this process was suspended in 2017.  EDI and OHR collaborated and conducted these analyses via a manual process; however, given the HHS hiring freeze and the loss of EDI staff members we no longer have the capacity to do it.  EDI continued analyzing and reporting on the USA Jobs applicant flow data.  Modification to FY 2017’s Plan Objective: 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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**EEO Plan to Attain the Essential Elements of a Model EEO Program**

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 2017**  **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, 2020 |

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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, 2018 |
| 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, 2019 |
| Implement recommendations | June 1, 2020 |
| 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.  Modification to FY 2017’s Plan Objective: Timelines have been extended as needed, and the overall timeline for completion of this plan has been updated accordingly. 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 2017**  **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, 2018 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE | |  |
| Accomplishment: TheEDI office previously 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. In 2016 EDI completed a multiyear trend analysis (2007 – 2016) of NIH’s scientific workforce by race/ethnicity and sex. In 2017 EDI completed a multiyear trend analysis (2007-2017) of NIH’s workforce by race/ethnicity and sex.  EDI hired two statisticians one in 2016 and one in 2017. These staff members are actively engaged in conducting compensation analyses and collaborating with other offices to ensure that all variables which impact salary are included in the analyses.  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 2017**  **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 recent clarifications from Dexter Brooks of EEOC, during an HHS EEO Directors Meeting, regarding the intent of this requirement as it relates to decentralized EEO offices within an agency. Because NIH has one centralized EEO program for all components and field offices, the need to conduct internal audits for possible EEO program deficiencies and barrier analysis is not necessary. However, EDI is working on providing component Institutes and Centers (IC) with a self-assessment checklist based off of the updated MD-715 2.0 Part G. In addition, as part of the annual MD-715 data call, the ICs submit updates and accomplishments on two IC-specific action plans related to representational diversity and inclusion.  The NIH is compliant with this objective, therefore this plan is closed. | |

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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.

## (10) Part H for Measure E.3.a.

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| **FY 2017**  **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, 2018 |

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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  Complete |
| Finalize Standard Operating Procedures for the EEO Counseling Process. | June 30, 2018 |
| Finalize Standard Operating Procedures for the Formal EEO Complaint Process. | September 30, 2018 |
| 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 a standard template to communicate to our customers, internal procedural matters, and benchmarks for timeframes for the EEO Counselors and Specialists. During FY 2017 accomplishments also 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.  Planned Activities: The draft Informal SOP’s are being finalized with leadership and are expected to be finalized in FY 2018. Formal SOP’s are being drafted and are expected to be finalized in FY 2018.  Modification to FY 2017’s Plan Objective: 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. Due to staffing challenges, the objective completion date has been extended to September 30, 2018, and other timelines have been extended as needed. This plan has been partially met, therefore this plan will remain open. | |

EEOC FORM  
715-01 PART H

U.S. Equal Employment Opportunity Commission

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

Essential Element E: EFFICIENCY

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.

## (11) Part H for Measure E.4.d.

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| **FY 2017**  **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, 2018 |

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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  Complete |
| Present legal research on settlement authorities to the trans-NIH committee. | November 1, 2015  Complete |
| Formulate a final settlement policy and submit it to the NIH Manual Chapter Process - the NIH official policy Manual. | September 30, 2018 |
| Implement the new NIH Settlement Policy once approved through the Manual Chapter Process. | December 30, 2018 |
| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE |  |
| Accomplishment: NIH currently has a delegated authority in place providing settlement agreements involving the expenditure of $25,000 or more, including attorney's fees if any, or those classified as sensitive by the Director, EDI, are subject to review by a committee consisting of the Deputy Director, NIH, the Deputy Director for Management, and the Director, EDI.  The NIH Executive Officers carry authority to approve settlements below $25,000. NIH Responsible Management Officials (RMO's) do not currently have settlement authority. The trans-NIH committee will update the delegated authority and develop a settlement policy clarifying who holds settlement authority.  NIH successfully formed the trans-NIH Committee and presented the legal briefing. An amended delegated authority and draft policy are being developed.  Modification: The timelines have been extended as needed from FY 2017’s plan objective. This plan has been partially met, therefore this H plan remains open. | |

EEOC FORM  
715-01 PART H

U.S. Equal Employment Opportunity Commission

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

Essential Element E: Efficiency:

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

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

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| **FY 2017**  **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 |  |
| Accomplishment: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.  Modification: FEORP career development and mentoring programs data collection has been shifted to OHR. NIH has met the activities based on the current procedures. Therefore this H plan is now closed. | |

EEOC FORM  
715-01 PART H

U.S. Equal Employment Opportunity Commission

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

Essential Element E:  EFFICIENCY

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

## (13) Part H for Measure E.5.e.

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| **FY 2017**  **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. | November 15, 2018 |
| 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 2017, the EDI purchased a service product to customize reports through Micropact to produce complaint trend data. A draft trend report including both informal and formal complaint data is in development to include a NIH Trend Report in FY18.  Modification to FY 2017’s Plan Objective:  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 it’s 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. | |

Part I

EEOC FORM  
715-01 PART I

*U.S. Equal Employment Opportunity Commission*

**FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT  
EEO Plan to Eliminate Identified Barrier**

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| FY 2017  [DHHS, National Institutes of Health] | |
| **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? | **There is low representation of Hispanic male and Hispanic female employees in the NIH total workforce**  NIH permanent workforce data (BIIS Table A1) shows Hispanic/Latino males (1.5%) and Hispanic/Latino females (2.0%) are employed at rates significantly lower than their availability (5.2% and 4.8%, respectively) in the civilian labor force (CLF).  This condition has been recognized as a trigger through the review of workforce statistics, CLF data, and the analysis of MD-715 workforce tables. |
| **BARRIER ANALYSIS:**  Provide a description of the steps taken and data analyzed to determine cause of the condition. | The overall low representation of Hispanic employees at the NIH has remained relatively constant over the last five years. Considering instructions from the U.S. Office of Personnel Management (OPM) and the Equal Employment Commission (EEOC) on Hispanic Employment in the Federal Government, the NIH began conducting a more focused barrier analysis to identify triggers and potential barriers at the GS-12 through GS-15 and Senior Executive Service (SES) pay scales. For preliminary insight, the NIH reviewed the total participation of Hispanics within these segments, and identified the following:  **Trigger 1: Less than expected representation of Hispanics in permanent grades GS-12 through GS-15**  The total participation count of Hispanic males and females at the GS-12 through GS-15 grades in the NIH permanent workforce is 320. This represents 2.4% of the total permanent workforce and 1.8% of the overall NIH workforce. The CLF for Hispanic males and females is 10%. There is no Hispanic representation at the SES level.  The total number of **Hispanic males** in the permanent NIH workforce at grade levels GS-12 (20); GS-13 (50); GS-14 (30); and GS-15 (25) and combined for (125) is lower than the CLF benchmark of 5.2%. In the permanent workforce, 125 Hispanic males are working within the GS-12 to GS-15 positions which is 68.7% of the overall permanent Hispanic male population (182) and 0.71% of NIH’s overall NIH population (17,982).  The total number of **Hispanic females** in the permanent NIH workforce at grade levels GS-12 (51); GS-13 (77); GS-14 (46); and GS-15 (21); or a combined (195) is lower than the CLF benchmark of 4.8%. In the permanent workforce, Hispanic females (195) are working in GS-12 to GS 15 positions. This represents 54.8% of all permanent Hispanic females and 1.1% of the overall NIH population. There is a greater distribution of Hispanic females in all GS levels, as well as in the overall Hispanic population.  Source:  BIIS Tables: A1, A4-2, 4th Qtr. FY 2017  **Trigger 2: There are no Hispanics in the NIH Senior Executive Service (SES) (as of end of FY 2017).**  The participation rate of Hispanic males and females in the total workforce at the Senior Executive Service (SES) at the NIH is 0%. During the fiscal year in question, there were no Hispanics selected for either the SES, or GS-15 (key feeder grades to the SES level.)  Source:  BIIS Table A4-1 and BIIS A11, 4th Qtr. FY 2017  Additional barrier analysis in progress:   * In FY 2017, the participation rate for Hispanics in the USAStaffing NIH applicant pool was 7.6%. The participation rate for all qualified applicants was then at 7.0%. Subsequently, the participation rate for Hispanic employees selected was at 6.5%. In FY 2018, the NIH will continue to identify trends in applicant flow data focusing on grades GS-12 through 15, and to improve processes of data collection within it span of control, including NIH SES applicants. * An analysis of internal selections for senior level positions in the permanent workforce indicates that Hispanics at the NIH represented 4.3% or 21 of the new hires in grades GS-13 through SES. These numbers are lower than expected when compared with the 10% national CLF benchmark. It was noted that these selections occurred at the GS-13 and GS-14 levels. No selections were made at GS-15 or SES. Further barrier analyses will seek to uncover issues that could be preventing mobility of Hispanics into higher grades, including SES.   Source:  BIIS Table A11, 4th Qtr. FY 2017   * Selections for merit promotions for all major occupations in the permanent workforce at the NIH shows that Hispanic males and females accounted for 3.9%, or 47 of the 1,220 total promotions in 2017. Five Mission Critical Occupations are listed below:   + General Health Science (0601): 4.4% or 8.   + General Biological Science (0401): 4.0% or 1.   + Nurse (0610): There were no Hispanics selected for promotion for this occupation   + Medical Officer (0602): There were no Hispanics selected for promotion for this occupation   + Information Technology (2210): 6.3% or 2.   Source:  BIIS Table A9, 4th Qtr FY 2017  Note: Additional analysis using applicant flow data will be conducted in 2018 to identify the ratio of NIH applicants in the relevant applicant pool to compare with those that were qualified to see if discrepancies are a trigger in this category.   * NIH began an analysis of career tracks that lead to SES within the agency as requested by the HCFE memo.   SES representation at the NIH exists in nine (9) major occupational groups or career tracks (see description and data for each career group in the accomplishments section below). The OPM Handbook for Career Groups was used to explore the job series aligned with the positions of current NIH SES employees. Subsequently, grades 12 through 15 were identified for each career group and representational diversity for all selected groups was compared with the CLF. RCLF was used to explore the representational diversity of the most populous job series within each career group using BIIS table A6 (both Permanent and Temporary Workforce). The table attached at the end of this section describes the career tracks leading up to SES at the NIH.  Using the OPM Handbook for Career Groups, it was noted that SES representation at the NIH exists in nine (9) major occupational groups, or career tracks. Representational diversity for employees in the selected career tracks grades GS-12 through GS-15 were compared with the RCLF. RCLF was used to explore the representational diversity of the most populous job series within each career group.  Source: BIIS Table A6 both Permanent and Temporary Workforce, 4th Qtr FY 2017.  Note 1: Until the corporate HHS/NIH BIIS tables are adjusted by HHS to meet EEOC analysis needs, it will necessary to use an internal tool called nVision Barrier Analysis. HHS BIIS tables provided to the operating division are not detailed enough to cross tabulate pay plans and grades against mission critical occupational series.  Note 2: At the time of this report, there are some additional data sources that need new processes to be established in order to receive the data and be validated in a timely manner. Next year’s MD-715 report will include applicant flow analysis, leadership development program participation in collaboration with Office of Human Resources, and FEVS results for Hispanic employees at NIH. |
| **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. | Representation is driven by past hires, current recruitment, current hires, retirement, and resignations. The likely barrier to Hispanics in the GS 12 through SES categories is that there are currently no systematic targeted recruitment activities across the NIH focusing on reaching out to regions where diverse talent is available to compete and help fill NIH’s representational workforce diversity gaps.  Additional barrier analysis is being conducted to identify policies and practices that may prevent advancement in the representational diversity of Hispanics at the NIH. |
| **OBJECTIVE:**  State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition. | Recommended strategies will strengthen pipeline programs and improve retention and upward mobility for Hispanic/Latino employees. These strategies may include:   * Coordinated recruitment using targeted outreach strategies; * Collection, review, and analysis of applicant flow data; * Ensuring diverse outreach strategies are in place for student internships and recent graduate positions without posing application barriers; * Developing strategic partnerships with colleges and universities in locations where diverse talent is available; * Establishing strategic coordination with the NIH Institutes and Centers (IC) to provide diverse talent sourcing and strategies for senior level and Mission Critical Occupations (MCOs); and * Providing management training on reaching diverse talent using various hiring authorities in conjunction with targeted recruitment (e.g., Veterans’ Preference, Schedule A Hiring Authority, Direct Hire, and Noncompetitive Eligibility). * Establishing commitment to develop and implement solutions to address the NIH’s persistent Hispanic employment representation gaps.   A narrative summary of best practices that show success or improvement in Hispanic employment, retention programs, and promotion opportunities will also be provided. |
| **RESPONSIBLE OFFICIAL:** | Agency Director  Director, NIH OHR  Director, NIH EDI  NIH Chief Officer for Scientific Workforce Diversity  NIH IC Directors |
| **DATE OBJECTIVE INITIATED:** | September 2017 |
| **TARGET DATE FOR COMPLETION OF OBJECTIVE:** | September 2019 |

EEOC FORM  
715-01 PART I

**EEO Plan to Eliminate Identified Barrier**

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Conduct in-depth barrier analysis to identify policies and practices that may prevent advancement in the representational diversity of Hispanics at the NIH. including:  • Collect, analyze, and disseminate applicant flow data for all global recruitment positions, senior leadership positions, and scientific positions. These data could possibly provide insight into potential bias during the hiring process and assists in making informed outreach decisions (EDI, OHR, OIR).  • Track the full recruiting process with close attention to the feeder pool of senior level positions and senior scientific positions: Try to understand the characteristics of those who apply, who pass each screen, who gets an offer, and who accept or decline an offer for federal employment. Analyze and establish appropriate systems for managing this data. (EDI, OHR) | September 2019 |
| Establish a workgroup comprised of representatives from the Office of Human Resources (Customer Service Division and the Division of Senior and Scientific Executive Management), the Office of Scientific Workforce Diversity, the Office of Intramural Research, and the Office of Equity, Diversity, and Inclusion to assist with reviewing and analyzing processes and procedures to identify any barriers impeding progress in achieving representational diversity. | September 2018 |
| Hold working group meetings between OHR CRU and EDI’s Special Emphasis Strategists to collaborate on targeted outreach strategies and action plans to correct or mitigate identified barriers. | September 2018 |

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| REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE  **Office of Human Resources (OHR)**  **Hispanic/Latino Outreach Initiatives Committee (HLOIC).**  The NIH developed a new work group to identify strategies and opportunities to attract Hispanic and Latino communities to consider the NIH as a valued employer. The work group, Hispanic/Latino Outreach Initiatives Committee (HLOIC) includes representatives from 12 Institutes/Centers and reports to the Scientific Medical Recruitment Forum (SMRF) Subcommittee. It is intended that the HLOIC will leverage the experiences, expertise, and insight of key NIH individuals to develop and implement outreach activities to attract highly motivated and talented individuals to the NIH workforce.  **Florida International University (FIU) Summer Biomedical Research Webinar.**  The NIH continues to enhance its relationship with FIU, a Hispanic Serving Institution. OHR and members of the Inclusive Recruitment Initiatives Subcommittee (IRIS) and the  Hispanic Latino Outreach Initiatives Subcommittee (HLOIS) produced an “FIU Summer  Biomedical Research webinar” for FIU students that described the NIH Biomedical  Research Student Internship Program (SIP) and provided information on the application  process. The goal of the webinar was to increase awareness of the biomedical internship  programs and increase applications of Hispanic/Latino students. Featured speakers  included Dr. Aid Rosario (NIMHD, FIU alumna) and Dr. Ofelia Olivero (NCI) and  resulted in 60 live viewers plus recorded viewers.  **League of United Latin American Nations (LULAC) Career Expo**  NIH representatives attended the League of United Latin American Nations (LULAC) Career Expo in Washington, DC accompanied by HLOIC committee members to promote NIH scientific training and career opportunities and engage with conference attendees.  **Chief Officer for Scientific Workforce Diversity (COSWD)**  The COSWD leads NIH’s effort to diversify the national scientific workforce, as well as, expand recruitment and retention. The objective of this effort is to encourage innovative, science-driven thinking made possible by broadening the diversity of thought and perspectives that comes with a diverse scientific workforce.  Through the COSWD’s leadership, NIH recognizes four pivotal diversity-related challenges: 1) expanding study of the science of diversity; 2) understanding sociocultural factors that impede diversity; 3) building evidence for the efficacy of recruitment and retention approaches; and 4) sustaining scientific workforce diversity on a national scale.   * Plans and hosts the annual Future Research Leaders Conference (intramural, increases Hispanic representation in applicant pool for scientific positions); * Oversees the Diversity Program Consortium (extramural, builds and sustains support for students, faculty, and institutions that are under-resourced and have substantial Hispanic populations); * Engages and communicates with leadership and constituency of Hispanic-serving professional organizations (such as the Society for Advancement of Chicanos/Hispanics and Native Americans in Science); * Conducts unconscious bias education (intramural, given to search committee chairpersons); and * Development of an interactive recruitment tool to be a resource for enhancing the outreach and recruitment efforts (intramural: the COSWD staff assist search committees to identify diverse potential candidates for scientific positions; extramural: protocol developed and shared on [website](https://www.diversity.nih.gov/programs-partnerships/recruitment-search-protocol) for potential use by institutions)   **Office of Equity, Diversity and Inclusion, (EDI)**  In FY 2017, EDI continued to develop strategies to improve the identified less than expected participation of Hispanics in the NIH workforce. Throughout FY 2017, EDI provided expert consultant services to NIH’s 27 Institutes and Centers through the Diversity and Inclusion Division and the Hispanic Special Emphasis Portfolio. Also, EDI hosted and supported the following strategic activities related to Hispanic employment during FY 2017:  **New Partnership with Florida International University.** Established a new working relationship with the Florida International University, the largest Hispanic Serving institution within the U.S. The working relationship resulted in drafting an MOU and establishing a close collaboration for training and employment outreach and connection with the NIH ICs.  **Hispanic Health Research (HHR) Scientific Interest Group (SIG) Mentoring.** The EDI Hispanic Portfolio, in partnership with the NCI Intramural Diversity Workforce Branch and the HHR SIG actively engaged 10 members from NIH and HHS OPDIVS in a bi-monthly mentoring circle.  **Student Internship and Training Outreach.** The EDI Hispanic and Black Portfolios provided application coaching sessions to students interested in internships and post-baccalaureate training at the NIH. The effort produced 22 contacts, 11 applications, two selections for internships, and two selections for Post-Baccalaureate training.  **Conéctate (Connecting) with NIH Acquisitions.** The EDI Hispanic Portfolio, in collaboration with the NICHD Office of Acquisitions, supported the engagement of a group of NIH employees interested in training, mentoring and career development activities. Throughout FY 2017, the group continued to attract over 50 followers, provided 10 Continuing Learning Points (CLPs), and created an effective network of professionals in the acquisitions related occupations at the NIH.  **Hispanic and Latino Engagement Committee.**  Members to the NIH Hispanic and Latino Engagement Committee (HLEC), including an NIH Institute Director who serves as Executive Advisor, are assisting in the conduct of a workforce barrier analysis. Preliminary results from this analysis highlight our need a greater need to place emphasis on the Hispanic community in through activities such as targeted outreach.  **Federal Training Partnership Institute (FTIP).** NIH EDI provided planning and logistical support for a two-day Leadership Development Training Program for all employees in partnership with HHS and the League of United Latin American Citizens (LULAC).  **National Institutes of Health - SES Career Tracks (2017)**  **Occupational Groups and Series**[[1]](#footnote-1)   |  |  |  |  | | --- | --- | --- | --- | | **Series** | **Occupational Groups** | **Total Number of positions at NIH grades GS-12 through GS-15**  **(permanent and temporary)**[[2]](#footnote-2) | **Number of SES Positions and**  **Job Series** | |  |  |  |  | | 0000 | MISCELLANEOUS OCCUPATIONS GROUP (NOT ELSEWHERE CLASSIFIED) | 48 | 1 (0080) | |  |  |  |  | | 0300 | GENERAL, ADMINISTRATIVE, CLERICAL, AND OFFICE SERVICES GROUP | 441 | 3 (0301)  6 (0340)  18 (0341)  1 (0343) | |  |  |  |  | | 0500 | ACCOUNTING AND BUDGET GROUP | 148 | 2 (0505)  1 (0560) | |  |  |  |  | | 0600 | MEDICAL, HOSPITAL, DENTAL, AND PUBLIC HEALTH GROUP | 3638 | 2 (0601)  1 (0602) | |  |  |  |  | | 0800 | ENGINEERING AND ARCHITECTURE GROUP | 260 | 1 (0801) | |  |  |  |  | | 1000 | INFORMATION AND ARTS GROUP | 47 | 1 (1035) | |  |  |  |  | | 1100 | BUSINESS AND INDUSTRY GROUP | 306 | 2 (1101)  1 (1102) | |  |  |  |  | | 1400 | LIBRARY AND ARCHIVES GROUP | 224 | 1 (1410) | |  |  |  |  | | 2200 | INFORMATION TECHNOLOGY GROUP | 680 | 5 (2210) | |

# **MD-715 – Part J**

# Special Program Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities

To capture agencies’ affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), EEOC regulations (29 C.F.R. § 1614.203(e)) and MD-715 require agencies to describe how their plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities. All agencies, regardless of size, must complete this Part of the MD-715 report.

## Section I: Efforts to Reach Regulatory Goals

EEOC regulations (29 C.F.R. § 1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the participation of persons with reportable and targeted disabilities in the federal government.

Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If “yes”, describe the trigger(s) in the text box.

* 1. Cluster GS-1 to GS-10 (PWD) No X
  2. Cluster GS-11 to SES (PWD) Yes X

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| The percentage of PWD in the GS-11 to SES cluster was 7.0% in FY 2017, which falls below the goal of 12.0%. Reference: Table B-4 |

Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If “yes”, describe the trigger(s) in the text box.

1. Cluster GS-1 to GS-10 (PWTD) No X
2. Cluster GS-11 to SES (PWTD) Yes X

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| The percentage of PWTD in the GS-11 to SES cluster was 1.1% in FY 2017, which falls below the goal of 2.0%. Reference: Table B-4 |

Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

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| In February of FY 2017, the agency began communicating the agency’s commitment to meeting the numerical goals set forth under Section 501; 12% and 2% for PWD and PWTD, respectively. This information was provided in the NIH State of the Agency report and is routinely discussed in quarterly outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG) and HR Liaison Group. In each of these meetings, we shared the EEOC’s concern about high concentrations of people with disabilities at the lower grades, and lower than expected numbers of individuals with disabilities occupying positions at the higher grades. Therefore, we are conducting separate analyses on the grade level clusters of GS 1 through GS 10, and GS 11 through SES, to identify potential barriers that may exist. |

## Section II: Model Disability Program

Pursuant to 29 C.F.R. §1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities, administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

### Plan to Provide Sufficient & Competent Staffing for the Disability Program

Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If “no”, describe the agency’s plan to improve the staffing for the upcoming year.

Yes X

Identify all staff responsible for implementing the agency’s disability employment program by the office, staff employment status, and responsible official.

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| Disability Program Task | # FTE Full Time | # FTE Part Time | # FTE Collateral Duty | Responsible Official  (Name, Title, Office, Email) |
| Processing applications from PWD and PWTD | 1 |  |  | Sheila Monroe, NIH Selective Placement Coordinator, Office of Human Resources, [monroes@od.nih.gov](mailto:monroes@od.nih.gov) |
| Answering questions from the public about hiring authorities that take disability into account |  |  | 2 | (Primary Contact) Sheila Monroe, NIH Selective Placement Coordinator, Office of Human Resources, [monroes@od.nih.gov](mailto:monroes@od.nih.gov)  (Secondary contact)  David P. Rice Jr, NIH Disability Portfolio Strategist, Office of Equity, Diversity, and Inclusion, [David.Rice@nih.gov](mailto:David.Rice@nih.gov) |
| Processing reasonable accommodation requests from applicants and employees | 7 |  |  | For bargaining unit RA requests that involve a performance or conduct issue: Maria Gorrasi, Reasonable Accommodations Program Coordinator, Office of Human Resources, [gorrasim@od.nih.gov](mailto:gorrasim@od.nih.gov)  For non-bargaining unit employees (until our RA procedures are finally approved by EEOC and negotiated with the Union): Stephon Scott, Alan Marcus, Jessica Center, Regina Coleman, Glenda Laventure, and Rae Thomas, Reasonable Accommodations Staff, Office of Equity, Diversity, and Inclusion-- [edi.ra@mail.nih.gov](mailto:edi.ra@mail.nih.gov) |
| Section 508 Compliance | 1 | 1 | 3 | Andrea Norris Chief Information Officer, NIH Office of Chief Information Officer, NIH Section 508 Official, [NorrisAT@mail.nih.gov](mailto:NorrisAT@mail.nih.gov) |
| Architectural Barriers Act Compliance |  | 1 |  | Soussan Afsharfar, NIH Senior Architect, Office of Research Facilities, [Soussan.afsharfar@nih.gov](mailto:Soussan.afsharfar@nih.gov) |
| Special Emphasis Program for PWD and PWTD | 1 |  |  | David P. Rice Jr, NIH Disability Portfolio Strategist, Office of Equity, Diversity, and Inclusion, [David.Rice@nih.gov](mailto:David.Rice@nih.gov) |

Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If “yes”, describe the training that disability program staff have received.If “no”, describe the training planned for the upcoming year.

Yes X

|  |
| --- |
| NIH has provided the disability program staff with the following training:   * In accordance with the Executive Order 13164, and the Rehabilitation Act of 1973, as amended, the NIH has made great strides in establishing its new centralized Reasonable Accommodation (RA) program. Pursuant to 29 C.F.R. § 1614.203(d)(3), beginning in March of 2018, NIH’s Office of Equity, Diversity and Inclusion (EDI) did a soft launch of the agency’s new centralized Reasonable Accommodation Program. This is a soft launch pending the EEOC approval of NIH’s Reasonable Accommodation Procedures and negotiation with the NIH Unions on these procedures. The soft launch will involve EDI’s processing requests for reasonable accommodation of non-bargaining unit NIH employees. Bargaining unit employees will have to operate under the former procedures and OHR’s Employee and Labor Relations will be handling the reasonable accommodation requests of bargaining unit employees if they are involved in a performance or conduct matter. Our hope is that our Reasonable Accommodation Procedures will be approved by EEOC and the NIH unions so that the hard launch can occur in October of 2018. Both the soft launch and hard launch will involve the delivery of reasonable accommodation training to employees and to managers and supervisors. The training module has been finalized and we will be offering this training beginning in March of 2018. * Events sponsored by the U.S. Access Board on the new Section 508 standards, GSA training specific to implementing the new standards, technical training, and new tools designed to assist in meeting the new standards, as well as HHS trainings on the new website scanning tool. * Section 508 related webinar trainings in the Accessibility Online Webinar Series * ADA training hosted by National Employment Law Institute * Introductory EEO 32-hour counselors training * American Institute of Architects (AIA) continuing education program to get up to date on the new U.S.Access Board’s rulings |

**Plan to Ensure Sufficient Funding for the Disability Program**

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If “no”, describe the agency’s plan to ensure all aspects of the disability program have sufficient funding and other resources.

Yes X

## Section III: Plan to Recruit and Hire Individuals with Disabilities

Pursuant to 29 C.F.R. § 1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities.The questions below are designed to identify outcomes of the agency’s recruitment program plan for PWD and PWTD.

### Plan to Identify Job Applicants with Disabilities

Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

|  |
| --- |
| Over the last fiscal year, the agency utilized the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. Most positions at the NIH have been under a hiring freeze. As such, the agency developed the following multi-year recruitment strategy to assist with recruitment efforts:   * Outreach: EDI promoted the Department of Labor’s “What Can You Do Campaign” toolkits and public service announcements. The Campaign for Disability Employment is a collaborative effort to promote positive employment outcomes for people with disabilities by encouraging employers and others to recognize the value and talent they bring to the workplace. <https://whatcanyoudocampaign.org/> * Recruitment: In FY 2017, six Workforce Recruitment Program (WRP) Interns were selected for summer internships at NIH. Several of the WRP internships were extended beyond their initial appointments. |

Pursuant to 29 C.F.R. § 1614.203(a)(3), describe the agency’s use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce.

|  |
| --- |
| The agency uses all available and appropriate hiring authorities to recruit and hire PWD and PWTD. In FY 2017, NIH hired 136 permanent employees under Schedule A.  Source: Corporate Recruitment Office |

When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for appointment under such authority and (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

|  |
| --- |
| The NIH/OHR Corporate Recruitment Unit (CRU) regularly engages in recruitment and outreach activities with jobseekers with disabilities. Potential candidate information is collected and placed in an internal database that is utilized for referrals. This information includes the Schedule A certification letter obtained by the candidate in compliance with the Schedule A hiring authority requirements. As part of the pre-recruitment process, NIH hiring managers and HR specialists contact CRU with upcoming or current staffing needs to identify qualified candidates in the internal applicant database prior to posting the vacancy.  Source: Corporate Recruitment Office |

Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If “yes”, describe the type(s) of training and frequency. If “no”, describe the agency’s plan to provide this training.

Yes X

|  |
| --- |
| The NIH Office of Human Resources provides training to all hiring managers on the use of hiring authorities that is inclusive of PWD and PWTD.  Source: Corporate Recruitment Unit |

### Plan to Establish Contacts with Disability Employment Organizations

Describe the agency’s efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

|  |
| --- |
| The agency has been maintaining contacts with the Workforce Recruitment Program, Gallaudet University, Rochester Institute of Technology, the Maryland Division of Rehabilitation Services, University of Maryland, Deaf in Government, the National Association of the Deaf, and Ivymount School Post High School Program. |

### Progression Towards Goals (Recruitment and Hiring)

Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If “yes”, please describe the triggers below.

* 1. New Hires for Permanent Workforce (PWD) No X
  2. New Hires for Permanent Workforce (PWTD) No X

Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.

1. New Hires for MCO (PWD) Yes X
2. New Hires for MCO (PWTD) Yes X

|  |
| --- |
| Triggers exist for the Nurse, Series 0610 for PWD (2.3%) and PWTD (0.0%), both of which fall below the qualified external applicant pool benchmark in FY 2017.  Triggers exist for the General Biology Science, Series 0401 for PWD (2.2%) and PWTD (0.0%), both of which fall below the qualified external applicant pool benchmark in FY 2017.  Triggers exist for the Medical Officer, Series 0602 for PWD (0.0%) and PWTD (0.0%), both of which fall below the qualified external applicants in FY 2017.  Source: Table B7 & COGNOS  Currently DHHS’s BIIS Table B7 Data do not include the Applicant Flow Data. NIH has used the OPM COGNOS data to develop the applicant pool benchmark. The OPM COGNOS Applicant flow data are collected from audited certificates and is inclusive of all applicants. |

Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified *internal* applicants for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.

1. Qualified Applicants for MCO (PWD) No X
2. Qualified Applicants for MCO (PWTD) No X

|  |
| --- |
| At this time, the DHHS Tables B8 and B11 (DHHS/NIH B3-1), do not provide these data in the manner requested. In FY 2018 we will coordinate with the DHHS Data team and the NIH OHR to obtain data on qualified internal applicants who identify as a PWD or PWTD for the mission-critical occupational groups. |

Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among employees promoted to any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.

1. Promotions for MCO (PWD) No X
2. Promotions for MCO (PWTD) No X

|  |
| --- |
| At this time, the DHHS Tables B8 and B11 (DHHS/NIH B3-1), do not provide these data in the manner requested. In FY 2018 we will coordinate with the DHHS Data team and the NIH OHR to obtain these data on promotions of employees who identify as a PWD or PWTD for the mission-critical occupational groups. |

## Section IV: Plan to Ensure Advancement Opportunities for Employees with Disabilities

Pursuant to 29 C.F.R §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

### Advancement Program Plan

Describe the agency’s plan to ensure PWD, including PWTD, have sufficient opportunities for advancement.

|  |
| --- |
| All our regular training programs through the NIH Training Center are accessible and open to all employees, including employees with Disabilities. In conjunction to the available training, NIH’s Disability Portfolio Strategist is working with NIH Training center to ensure smaller trainings can be broadcasted and accessible to PWD.  A specific plan that will be worked on is developing training opportunities for the Deaf and Hard of Hearing community at NIH in which will be taught directly in their own Native Language (American Sign Language) Furthermore, the Disability Portfolio Strategist will also look to work with the Employees Resource Groups to provide mentoring opportunities to the Disability Community at NIH. Please see the following web page for more information on training and developing employees across NIH: <https://trainingcenter.nih.gov/> |

### Career Development Opportunities

Please describe the career development opportunities that the agency provides to its employees.

|  |
| --- |
| The NIH Training Center is accessible and open to all employees, including employees with Disabilities. Reasonable accommodations are always provided. Some of our career development opportunities that NIH provides include:   * NIH Management Seminar Series * Mid-Level Leadership Program * Senior Leadership Program * Executive Leadership Program * Women in Leadership Program |

In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/approval to participate. [Collection begins with the FY 2018 MD-715 report, which is due on February 28, 2019.]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Career Development Opportunities | Total Applicants (#) | Total Selectees (#) | Applicants who are PWD (%) | Selectees who are PWD (%) | Applicants who are PWTD (%) | Selectees who are PWTD (%) |
| Internship Programs |  |  |  |  |  |  |
| Fellowship Programs |  |  |  |  |  |  |
| Mentoring Programs |  | 306 |  | 6.5% |  |  |
| Coaching Programs |  |  |  |  |  |  |
| Training Programs |  |  |  |  |  |  |
| Detail Programs |  |  |  |  |  |  |
| Other Career Development Programs |  |  |  | 8.5% |  |  |

\*\*At this time NIH is not able to provide complete data for the table above. The information collected for the FEORP report for career development is based on HHS/OPM instructions, and EEOC’s instructions for the table above requests information to be collected in a different manner. We are currently in communication with OPM about manipulating the A7 BIIS Tables in COGNOS to provide the requested data by the fields indicated, however, the final decision on the process has not been made. The fields in the current BIIS tables are not formatted to extract the data requested by EEOC. A process for collecting all required information for career development across both reports will be developed in FY 2018.

Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

1. Applicants (PWD) N/A
2. Selections (PWD) N/A

|  |
| --- |
| Triggers are not able to be analyzed at this time due to the lack of sufficient data. A process for collecting all required information for career development across both reports will be developed in FY 2018. |

Do triggers exist for PWTD among the applicants and/or selectees for any of the career development programs identified? (The appropriate benchmarks are the relevant applicant pool for applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

* 1. Applicants (PWTD) N/A
  2. Selections (PWTD) N/A

|  |
| --- |
| Triggers are not able to be analyzed at this time due to the lack of sufficient data. A process for collecting all required information for career development across both reports will be developed in FY 2018. |

### Awards

Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If “yes”, please describe the trigger(s) in the text box.

1. Awards, Bonuses, & Incentives (PWD) No X
2. Awards, Bonuses, & Incentives (PWTD) Yes X

|  |
| --- |
| The benchmark inclusion rate for PWTD at NIH is 1.6%. In FY 2017, the percentage of PWTD in the permanent workforce, who received time-off awards (less than 9 hours) was 1.3%, which falls below the inclusion rate.  The percentage of PWTD in the permanent workforce, who received time-off awards of more than 9 hours was 1.2%, this was also identified as a trigger.  Source: Table B1& B13 |

Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases or performance-based pay increases? If “yes”, please describe the trigger(s) in the text box.

1. Pay Increases (PWD) Yes X
2. Pay Increases (PWTD) Yes X

|  |
| --- |
| In comparison to the benchmarks, triggers exist for PWD (7.3%) and PWTD (0.9%) who received QSIs in the permanent workforce, both of which fall below the inclusion rates for PWD (8.7%) and PWTD (1.6%) in FY 2017.  Source: Table B1 & B13 |

If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If “yes”, describe the employee recognition program and relevant data in the text box.

1. Other Types of Recognition (PWD) N/A X
2. Other Types of Recognition (PWTD) N/A X

|  |
| --- |
| Other types of employee recognition programs like the NIH Director’s awards and the IC’s awards are inclusive of PWD and PWTD. |

### Promotions

Does your agency have a trigger involving PWD among the qualified *internal* applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

* 1. SES
     1. Qualified Internal Applicants (PWD) Yes X
     2. Internal Selections (PWD) Yes X
  2. Grade GS-15
     1. Qualified Internal Applicants (PWD) Yes X
     2. Internal Selections (PWD) Yes X
  3. Grade GS-14
     1. Qualified Internal Applicants (PWD) Yes X
     2. Internal Selections (PWD) Yes X
  4. Grade GS-13
     1. Qualified Internal Applicants (PWD) No X
     2. Internal Selections (PWD) No X

|  |
| --- |
| In FY 2017, the percentages of PWD among the qualified internal applicants for grade GS-14 (2.5%), GS-15 (1.4%), and SES (0.0%) fell below the qualified benchmark of 3.9%.  In FY 2017, the percentages of PWD among the selectees for promotion at grade GS-14 (2.5%), GS-15 (1.4%), and SES (0.0%) fell below the selectee benchmark of 3.1%.  Source: Table B11 & COGNOS  Currently DHHS’s BIIS Table B11 Data does not include the Applicant Flow Data. NIH has used the OPM COGNOS data to develop the applicant pool benchmark. The OPM COGNOS Applicant flow data are collected from audited certificates and is inclusive of all applicants. |

Does your agency have a trigger involving PWTD among the qualified *internal* applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

SES

* Qualified Internal Applicants (PWTD) Yes X
* Internal Selections (PWTD) Yes X

Grade GS-15

* Qualified Internal Applicants (PWTD) Yes X
* Internal Selections (PWTD) Yes X

Grade GS-14

* Qualified Internal Applicants (PWTD) Yes X
* Internal Selections (PWTD) Yes X

Grade GS-13

* Qualified Internal Applicants (PWTD) Yes X
* Internal Selections (PWTD) Yes X

|  |
| --- |
| In FY 2017, the percentages of PWTD among the overall qualified internal applicants for grades GS-13 (0.4%), GS-14 (0.0 %), GS-15 (0.0%), and SES (0.0%) fell below the overall qualified benchmark of 1.2%.  In FY 2017, the percentages of PWTD among the selectees for promotion at grades GS-13 (0.4%), GS-14 (0.0 %), GS-15 (0.0%), and SES (0.0%) fell below the overall selectee benchmark of 0.7%.  Source: Table B11 & COGNOS  Currently DHHS’s BIIS Table B11 data do not include the Applicant Flow Data. NIH has used the OPM COGNOS data to develop the applicant pool benchmark. The OPM COGNOS Applicant flow data is collected from audited certificates and is inclusive of all applicants. |

Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

* + New Hires to SES (PWD) No X
  + New Hires to GS-15 (PWD) No X
  + New Hires to GS-15 (PWD) No X
  + New Hires to GS-13 (PWD) No X

|  |
| --- |
| At this time DHHS Table B8 (DHHS/NIH) does not provide these data in the manner requested. In FY 2018 we will coordinate with the DHHS and the NIH OHR to obtain data on GS new hires for PWD and PWTD. |

Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

* + New Hires to SES (PWTD) No X
  + New Hires to GS-15 (PWTD) No X
  + New Hires to GS-14 (PWTD) No X
  + New Hires to GS-13 (PWTD) No X

|  |
| --- |
| At this time, DHHS Table B8 (DHHS/NIH) does not provide this data in the manner requested. In FY 2018 we will coordinate with the DHHS Data team and the NIH OHR to obtain this specific data on GS new hires for PWD and PWTD. |

Does your agency have a trigger involving PWD among the qualified *internal* applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

1. Executives
2. Qualified Internal Applicants (PWD) Yes X
3. Internal Selections (PWD) Yes X
4. Managers
5. Qualified Internal Applicants (PWD) Yes X
6. Internal Selections (PWD) Yes X
7. Supervisors
8. Qualified Internal Applicants (PWD) No X
9. Internal Selections (PWD) No X

|  |
| --- |
| At this time, DHHS Tables B3-1, B8 and B11 (DHHS/NIH) do not provide these data in the manner requested. In FY 2018 we will coordinate with the DHHS Data team and the NIH OHR to obtain this specific data on GS new hires for supervisory occupational groups for PWD and PWTD. |

Does your agency have a trigger involving PWTD among the qualified *internal* applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

1. Executives
2. Qualified Internal Applicants (PWTD) Yes X
3. Internal Selections (PWTD) Yes X
4. Managers
5. Qualified Internal Applicants (PWTD) Yes X
6. Internal Selections (PWTD) Yes X
7. Supervisors
8. Qualified Internal Applicants (PWTD) Yes X

|  |
| --- |
| At this time, DHHS Tables B3-1, B8, and B11 (DHHS/NIH) do not provide this data in the manner requested. In FY 2018 we will coordinate with the DHHS Data team and the NIH OHR to obtain theses specific data on GS selections for supervisory occupational groups for PWD and PWTD. The barrier we are addressing (already started) with OHR is determining how, if possible, to isolate supervisory vacancies using data fields that we currently access. |

1. Internal Selections (PWTD) Yes X

Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box.

* New Hires for Executives (PWD) N/A
* New Hires for Managers (PWD) N/A
* New Hires for Supervisors (PWD) N/A

|  |
| --- |
| At this time, DHHS Tables B3-1, B8, and B11 (DHHS/NIH) do not provide this data in the manner requested. In FY 2018 we will coordinate with the DHHS Data team and the NIH OHR to obtain these specific data on GS new hires for supervisory occupational groups for PWD and PWTD. The barrier we are addressing (already started) with OHR is determining how, if possible, to isolate supervisory vacancies using data fields that we currently access. |

Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box.

* + New Hires for Executives (PWTD) N/A
  + New Hires for Managers (PWTD) N/A
  + New Hires for Supervisors (PWTD) N/A

|  |
| --- |
| At this time, DHHS Tables B3-1, B8, and B11 (DHHS/NIH) do not provide this data in the manner requested. In FY 2018 we will coordinate with the DHHS Data team and the NIH OHR to obtain these specific data on GS new hires for supervisory occupational groups for PWD and PWTD. The barrier we are addressing (already started) with OHR is determining how, if possible, to isolate supervisory vacancies using data fields that we currently access. |

## Section V: Plan to Improve Retention of Persons with Disabilities

To be a model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace personal assistance services.

### Voluntary and Involuntary Separations

In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 C.F.R. § 213.3102(u)(6)(i))? If “no”, please explain why the agency did not convert all eligible Schedule A employees. No X

|  |
| --- |
| The agency identified an issue in the use of “Schedule A” Hiring Authority and conversions to permanent status after the 2-year probation status. The current OHR system is not programmed with a tickler to remind managers and supervisors when a “Schedule A” employee is eligible for conversion. OHR’s plan is to pull quarterly reports to identify any “Schedule A” hires that are eligible for conversion, and then notifying the appropriate manager to initiate conversion. NIH’s goal is to process the conversions closer to their anniversary dates going forward. |

Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If “yes”, describe the trigger below.

* + Voluntary Separations (PWD) No X
  + Involuntary Separations (PWD) No X

Using the inclusion rate as the benchmark, did the percentage of PWTD among voluntary and involuntary separations exceed that of persons without targeted disabilities? If “yes”, describe the trigger below.

* + Voluntary Separations (PWTD) Yes X
  + Involuntary Separations (PWTD) No X

|  |
| --- |
| Using the inclusion rate of 1.6% for PWTD in the permanent workforce triggers exist. PWTD (1.6%) voluntarily separated from the agency, as compared to the rate of persons without disabilities (84.7%).  Source: B14 |

If a trigger exists involving the separation rate of PWD and/or PWTD, please explain why they left the agency using exit interview results and other data sources.

|  |
| --- |
| While triggers do exist involving the separations of PWD and PWTD at NIH, we are unable to provide explanations at this time. There are inconsistencies in the exit interview and exit survey processes. NIH/EDI in collaboration with OHR and our Institute and Center partners will work to identify and develop a plan for addressing these inconsistencies by reviewing our current policy and standard operating procedures on the exit interview and survey process. These steps will allow us to ascertain more detailed information on triggers impacting separations among PWD and PWTD. |

### Accessibility of Technology and Facilities

Pursuant to 29 C.F.R. § 1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

Please provide the internet address on the agency’s public website for its notice explaining employees’ and applicants’ rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

|  |
| --- |
| Information and resources addressing accessibility are posted on the NIH website at <https://www.nih.gov/web-policies-notices>. NIH defers to the HHS for intake and management of complaints filed regarding Section 508 compliance. |

Please provide the internet address on the agency’s public website for its notice explaining employees’ and applicants’ rights under the Architectural Barriers Act, including a description of how to file a complaint.

|  |
| --- |
| <https://www.orf.od.nih.gov/footer/Pages/Accessibility.aspx> |

Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.

#### NIH Section 508 Related Projects and Practices:

NIH’s OCIO developed communication plans for delivering information on the revised Section 508 standards and the new HHS website scanning tool to key stakeholders. Through its quarterly Section 508 Advisory Group meetings, the OCIO collaborates on 508-related matters and best practices for improved awareness and compliance. The OCIO also provides the [NIH Accessibility Testing Lab](https://ocio.nih.gov/ITGovPolicy/NIH508/Pages/NATLab.aspx) as a free resource for all of NIH​ to encourage testing of systems, applications, documents, trainings, presentations, and other items, using assistive technology and provide technologies to aid in remediation.

#### NIH ABA/ADA Related Projects Practices:

NIH’s Office of Research Facilities (ORF) reviews accessibility projects, project statements of work and estimates to check the viability of projects and adherence to the ABA Standards and makes funding recommendations to the ORF Building and Facilities Board. They address accessible accommodation requests by meeting the requester at the site, exploring possibilities, writing deficiency reports estimating costs and requesting funding. They keep track of the NIH Bethesda Campus building’s changing characteristics that affect the buildings occupancy categories and their compliance to the ABA Standards.

1. ABA rights and complaints process will be developed on ORS’s website, to be completed by FY2018.
2. C102232 – Bldg. 31C Wheelchair (W/C) Lift Replacement: This project accommodates the W/C population public access to the Parking Offices and Credit Union. The design and construction documents delivery were in 2016. Project is in progress.
3. C105070 - Bldg. 31B W/C Lift at B1 Level: This project is to install a W/C lift to accommodate an elderly employee to be able to conduct her work in a safe manner which includes transporting boxes of paper records from storage to her office. The project is scheduled for fiscal year 2018 for design and construction.
4. C102788 - Mid-Block Crosswalks: This project focus is on improving safety measures for pedestrians on the Bethesda Campus. The project includes adding a few HC curb cuts and detectable warning surfaces. Design has been completed. A construction contract has been awarded for the first of two phases of construction.
5. C101729 – Children’s Inn, Bldg. 62 Phase I, Drainage Retrofit: This project included adding an ABA standard compliant exit walkway at bldg. rear exit to an area of refuge. Project construction completed in 2016.
6. C101156 – Children’s Inn, Bldg. 62 Exterior Envelope Renovation: This project is providing an exterior accessible ramp at southwest corner of the bldg. complex in order to provide a secondary W/C exit from the building rear exit to the surface parking area. The design and construction documents delivery were in 2016. Project is included in the five-year R&I funding plan for 2018 construction.
7. C100938 – Bethesda Campus Pedestrian Safety Improvements: This project focus was to create better safety measures for pedestrian crossings at intersections. Through this project a few accessible W/C curbs with detectable warning surfaces were added. This project started in 2015 and continues the design phase in 2017.
8. C102246, Bldg. 66 Gateway Center Sallyports W/C Access: This project provides automatic door openers for three locations in the Bethesda Campus Sallyports for HC employees and visitors entries and exits. Due to security requirements, implementation of this project has been going through many revisions. Project started in 2015 and is going through final phases of the design and construction documentation. Project is in the five-year R&I funding schedule for 2018 construction.
9. C101077 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C 2nd, 5th and 6th floors Men’s and Women’s restrooms to comply with the ABA standards for wheelchair access. The restrooms were suited for ambulatory access but not wheelchair. Project is under construction.
10. C105241 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C remaining restrooms at B1, B2, B3, 1st, 3rd floors, a total of 10 restrooms and level B4 Unisex restroom modifications for the wheelchair access. Project is recommended for the B&F Board review for the 2018 R&I funding for design and construction.
11. C104847 Bldg. 31C B2 Level Men’s Restroom Renovation for Wheelchair Access: This project is to accommodate a new veteran employee who uses a wheelchair. It is scheduled for R&I funding in 2018. An acceptable alternative restroom access has been designated in an adjacent floor within reasonable distance for interim use until the project is completed.
12. C104848 Bldg. 16 and 16A Wheelchair Access for Entrances and Restrooms: This project is related to the above project in Bldg. 31C. The new veteran employee is assigned to work in Bldgs. 16 and 16A one day per week. An ORF Project Officer is developing a renovation contract to accommodate the employee’s need for easier access. The bathrooms in Bldg. 16A are within reasonable distance from Bldg. 16 are wheelchair accessible. The employee is comfortable using the restroom in Bldg. 16A while working in Bldg.16. The project was projected to be completed in 2017.
13. C104699 Bldg. 21 Men’s HC Restroom: Remodeling of the existing Men’s restroom and the corridor leading to its entry from the office area to be wheelchair accessible per the ABA standards. Project was completed in 2017.
14. Installation of a permanent signage outside Bldg. 31AC Complex to accommodate a blind and deaf employee using shuttle service to make sure that all shift drivers know where he needs to get off. The project was completed in 2017.
15. Per EDI offices Accessibility Consultants Regina Coleman and Alan Marcus request, the EDI offices were assessed for accessibility by the ORF’s Soussan Afsharfar. EDI provided a document per Soussan recommendations which was corrected and commented by Soussan for accuracy. EDI wrote: “In its efforts to be the model EEO office that is accessible to all, EDI invited NIH Senior Architect, Ms. Soussan Afsharfar, from the office of research facilities (ORF) to tour EDI’s office suite in Building 2 and asked that she provide feedback on how accessible we are.“ EDI will contact the project PO for further action to implement the recommendations.

### Reasonable Accommodation Program

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

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| According to the data reported by the NIH Institutes and Centers for the FY17 HHS Reasonable Accommodation data (RA) call, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 25.6 days. The average time it took to go from initial receipt of the request to a decision was 6.9 days. The average time it took from the approval of the request to provision of the accommodation was 18.7 days. It is important to note that for FY17, NIH did not have an EEOC approved Agency Reasonable Accommodation (RA) policy and procedure [or any other applicable Agency wide RA policy and procedure] in place for the processing of RA cases. Thus, each NIH Institute and Center was responsible for processing their own RA requests and had its own process; as such, not all data was reported with information regarding processing timeframes.  Pursuant to 29 C.F.R. § 1614.203(d)(3), beginning in March of 2018, NIH’s Office of Equity, Diversity and Inclusion (EDI) will be implementing a soft launch of the agency’s new centralized Reasonable Accommodation Program. The soft launch will include EDI processing requests for reasonable accommodation by non-bargaining unit NIH employees and applicants. This is a soft launch because the NIH Reasonable Accomodation Procedures are with the EEOC for approval and once we receive EEOC approval they must be negotiated with the Unions of NIH. During the soft launch Employee and Labor Relations will continue to provide assistance for bargaining unit employees where they are working on a conduct or performance issue. Once the Reasonable Accommodation Procedures have been approved by EEOC and approved by the Unions, EDI is planning a hard launch of our centralized Reasonable Accommodation Program in October of 2018. During the hard launch EDI will be responsible for posting the agency approved policy and procedures, providing RA training for managers and employees, and will provide an interactive online RA processing and tracking portal. |

Describe the effectiveness of the policies, procedures, or practices to implement the agency’s reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

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| In FY17, NIH did not have a centralized RA program; and therefore, the processing of RA requests was inconsistent. The lack of an agency-wide policy and procedure left each Institute and Center responsible for implementing a process to receive and process RA requests. In FY17, the NIH reported receipt of 521 requests across all Institutes and Centers. As previously noted, the average time for processing RA requests across the NIH in FY17 was 25.6 days, individual requests ranged from same day processing to as much as a full year in processing.  When contacted, EDI has provided guidance on processing RA requests that an Institute or Center found unusual or complex in nature. In monitoring the trends among those unique RA requests, EDI has identified medical review, management and employee RA training, and reassignment requests as areas that need specific process improvements.  The NIH’s Human Resources, Employee and Labor Relations Division office reports that none of the Institutes or Centers reported any RA-specific training being provided to their employees or managers. However, EDI was specifically requested by the NIH Division of Police and the Eunice Kennedy Shriver National Institute on Child Health and Human Development (NICHD) managers group to provide RA training. EDI consulted with each group and provided the requested training.  NIH will experience significant improvement in processing requests for accommodation once EDI fully implements the new RA program in FY18. This includes a decrease in the overall time it takes to process RA requests, improved employee satisfaction with request processing, consistent tracking of requests, and enhanced identification of accommodation needs throughout the agency. In addition, EDI will be providing RA training on a regular basis, both in person as well as online, for both NIH managers and employees. With training and consultation from EDI, each Institute and Center should be able to develop more effective strategies for recruiting, promoting, and sustaining employment of persons with disabilities. |

### Personal Assistance Services Allowing Employees to Participate in the Workplace

Pursuant to 29 C.F.R. § 1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

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| The NIH RA Policy and Procedures, which is pending EEOC approval in FY18, require that PAS for individuals with targeted disabilities should be requested and processed in the same manner as any other request for accommodation. In addition, requests for workplace personal assistance as an accommodation to perform certain work-related tasks will be processed. Those requests may come from individuals with targeted and/or non-targeted disabilities. In FY17, NIH reported processing two requests for PAS as an accommodation. Both requests were approved and processed in under two days.  Presently, EDI has proposed a contract vehicle, analogous to NIH’s contract vehicle for Sign Language Interpreters, in order to meet requests for personal assistance in a quick and effective manner. Meanwhile, NIH was notified that HHS is drafting a similar proposal where all HHS OPDIVs are required to utilize a single Blanket Purchase Agreement for personal assistance services. |

## Section VI: EEO Complaint and Findings Data

### EEO Complaint data involving Harassment

During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the government-wide average?

No X

During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

No X

If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year,please describe the corrective measures taken by the agency.

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| The NIH had no findings of discrimination in FY 2017.  Source: iComplaints EEO Complaint Tracking System |

### EEO Complaint Data involving Reasonable Accommodation

During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation, as compared to the government-wide average? No X

During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement? Yes X

If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

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| The NIH had no findings of discrimination in FY 2017, although NIH settled five cases. The corrective measures were bound by settlement agreements that ranged from request for re-assignment to light duty position; to changing tour of duty, and removal of AWOL; purchase of ergonomic equipment to involuntarily separation being rescinded.  Source:iComplaints EEO Complaint Tracking System |

## Section VII: Identification and Removal of Barriers

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

No X

Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?

No X

Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments.

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| **Triggers** | The percentage of PWD in the GS-11 to SES cluster was 7.0% in FY 2017, which falls below the goal of 12.0%. The percentage of PWTD in the GS-11 to SES cluster was 1.1% in FY 2017, which falls below the goal of 2.0%.  Triggers exist for participation in several NIH Mission Critical Occupations for both PWD and PWTD as compared to the qualified external applicant pool benchmark in FY 2017.   * Nurse, Series 0610 for PWD (2.3%) and PWTD (0.0%) * General Biology Science, Series 0401 for PWD (2.2%) and PWTD (0.0%) * Medical Officer, Series 0602 for PWD (0.0%) and PWTD (0.0%) |
| **Barrier(s)** | We have not completed or performed the barrier analysis yet. |
| **Additional Information Available at this Time** | **Responsible Official(s):** David Rice, Disability Portfolio Strategist  **Barrier Analysis Process Completed?** No  **Performance Standards Address the Plan?** Yes  **Barrier(s) Identified?** No  **Sources of Data: Workforce Data** Table B-1, B-4, B-7, B-13; and Cognos Applicant flow data from OPM & nVISION data |

1. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

\*\*The NIH is just now initiating a plan to conduct the barrier analysis involving PWD and/or PWTD. A new Disability Program Strategist was brought on board near the end of 2017. We are still in the process of working with identified stakeholders to develop this plan. NIH will report in FY 2018 all identified triggers and barriers with corrective plans.

1. OPM Handbook of Occupational Groups and Families, used to reference definitions of white collar occupations, dated 2009, available at: <https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions> [↑](#footnote-ref-1)
2. Obtained from NIH nVision data as of (Sep 30) last pay period FY 2017 (not possible through BIIS data). [↑](#footnote-ref-2)