**U.S. Equal Employment Opportunity Commission**

**Federal Agency Annual EEO Program Status Report**

**EEOC New 2.0 Forms**

**Management Directive – 715**

**Office of Equity, Diversity, and Inclusion**

**National Institutes of Health**

**Department of Health and Human Services**

**For period covering**

**October 1, 2020 to September 30, 2021**

**FY 2021 Management Directive 715**   
**(MD-715)**

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**MD-715**

**Parts A Through E**

**Part A - Department or Agency Identifying Information**

| **Agency** | **Second Level Component** | **Address** | **City** | **State** | **Zip Code (xxxxx)** | **Agency Code (xxxx)** | **FIPS Code**  **(xxxx)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Department of Health and Human Services (DHHS) | National Institutes of Health (NIH) | 1 Center Drive | Bethesda | MD | 20892 | HE38 | 0300 |

**Part B - Total Employment**

| **Total Employment** | **Permanent Workforce** | **Temporary Workforce** | **Total Workforce** |
| --- | --- | --- | --- |
| **Number of Employees** | 14,458 | 2,827 | 17,285 |

**Part C.1 - Head of Agency and Head of Agency Designee**

| **Agency Leadership** | **Name** | **Title** |
| --- | --- | --- |
| Head of Agency | Lawrence A. Tabak, D.D.S., Ph.D. | Acting Director, NIH |
| Head of Agency Designee | Tara A. Schwetz, Ph.D. | Acting Principal Deputy Director, NIH |

**Part C.2 - Agency Official(s) Responsible for Oversight of EEO Program(s)**

| **EEO Program Staff** | **Name** | **Title** | **Occupational Series (xxxx)** | **Pay Plan and Grade (xx-xx)** | **Phone Number (xxx-xxx-xxxx)** | **Email Address** |
| --- | --- | --- | --- | --- | --- | --- |
| Principal EEO Director/Official | Shelma Middleton Little, Ph.D. | Acting Director, EDI | 260 | GS-15 | (301) 496-6301 | [littlesm@od.nih.gov](mailto:littlesm@od.nih.gov) |
| Affirmative Employment Program Manager | Danny Dickerson | Director, Division of Diversity & Inclusion, EDI | 260 | GS-15 | (301) 594-1720 | [danny.dickerson@nih.gov](mailto:danny.dickerson@nih.gov) |
| Complaint Processing Program Manager | Kenrick Small, Esq. | Director, Formal Division of Resolution & Equity, EDI | 260 | GS-15 | (301) 496-5604 | [kenrick.small@nih.gov](mailto:kenrick.small@nih.gov) |
| Diversity & Inclusion Officer | Danny Dickerson | Director, Division of Diversity & Inclusion, EDI | 260 | GS-15 | (301) 594-1720 | [danny.dickerson@nih.gov](mailto:danny.dickerson@nih.gov) |
| Hispanic Program Manager (SEPM) | Gerard Roman | Hispanic Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 827-4677 | [gerard.roman@nih.gov](mailto:gerard.roman@nih.gov) |
| Women's Program Manager (SEPM) | Joy Gaines | Women’s Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 451-9662 | [joy.gaines@nih.gov](mailto:joy.gaines@nih.gov) |
| Disability Program Manager (SEPM) | David Rice | Disability Portfolio, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 443-6650 | [david.rice@nih.gov](mailto:david.rice@nih.gov) |
| Special Placement Program Coordinator (Individuals with Disabilities) | Shelia Monroe | Senior Human Resources Specialist | 201 | GS-13 | (301) 496-6504 | [monroes@od31tm1.od.nih.gov](mailto:monroes@od31tm1.od.nih.gov) |
| Reasonable Accommodation Program Manager | Jessica Center | Director, Access & Equity Branch  Guidance, Education, & Marketing Division, EDI | 260 | GS-14 | (301) 594-3282 | [Jessica.center@nih.gov](mailto:Jessica.center@nih.gov) |
| Anti-Harassment Program Manager | Jessica Hawkins | Supervisor, NIH Civil Program | 201 | GS-14 | (301)  402-8006 | [jessica.hawkins@nih.gov](mailto:jessica.hawkins@nih.gov) |
| ADR Program Manager | None | None | None | None | None | None |
| Compliance Manager | Stephon Scott | Acting Director, Division of Resolution & Equity, EDI | 260 | GS-15 | (301) 496-5604 | [Stephon.scott@nih.gov](mailto:Stephon.scott@nih.gov) |
| Principal MD-715 Preparer | Alma McKune | MD-715 Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 496-4547 | [mckunea@od.nih.gov](mailto:mckunea@od.nih.gov) |

**Part D.1 – List of Subordinate Components Covered in this Report**

Please identify the subordinate components within the agency (e.g., bureaus, regions, etc.).

If the agency does not have any subordinate components, please check the box.

| **Subordinate Component** | **City** | **State** | **Country (Optional)** | **Agency Code (xxxx)** | **FIPS**  **Codes**  **(xxxxx)** |
| --- | --- | --- | --- | --- | --- |
| Office of the Director (OD) | Bethesda | MD |  | HE38 | HNA |
| National Cancer Institute (NCI) | Bethesda | MD |  | HE38 | HNC |
| National Eye Institute (NEI) | Bethesda | MD |  | HE38 | HNW |
| National Heart, Lung, and Blood Institute (NHLBI) | Bethesda | MD |  | HE38 | HNH |
| National Human Genome Research Institute (NHGRI) | Bethesda | MD |  | HE38 | HN4 |
| National Institute on Aging (NIA) | Bethesda | MD |  | HE38 | HNN |
| National Institute on Alcohol Abuse and Alcoholism (NIAAA) | Bethesda | MD |  | HE38 | HN5 |
| National Institute of Allergy and Infectious Diseases (NIAID) | Bethesda | MD |  | HE38 | HNM |
| National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) | Bethesda | MD |  | HE38 | HNB |
| National Institute of Biomedical Imaging and Bioengineering (NIBIB) | Bethesda | MD |  | HE38 | HN8 |
| *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) | Bethesda | MD |  | HE38 | HNT |
| National Institute on Deafness and Other Communication Disorders (NIDCD) | Bethesda | MD |  | HE38 | HN3 |
| National Institute of Dental and Craniofacial Research (NIDCR) | Bethesda | MD |  | HE38 | HNP |
| National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) | Bethesda | MD |  | HE38 | HNK |
| National Institute on Drug Abuse (NIDA) | Bethesda | MD |  | HE38 | HN6 |
| National Institute of Environmental Health Sciences (NIEHS) | Bethesda | MD |  | HE38 | HNV |
| National Institute of General Medical Sciences (NIGMS) | Bethesda | MD |  | HE38 | HNS |
| National Institute of Mental Health (NIMH) | Bethesda | MD |  | HE38 | HN7 |
| National Institute on Minority Health and Health Disparities (NIMHD) | Bethesda | MD |  | HE38 | HNE |
| National Institute of Neurological Disorders and Stroke (NINDS) | Bethesda | MD |  | HE38 | HNQ |
| National Institute of Nursing Research (NINR) | Bethesda | MD |  | HE38 | HN2 |
| National Library of Medicine (NLM) | Bethesda | MD |  | HE38 | HNL |
| Center for Information Technology (CIT) | Bethesda | MD |  | HE38 | HNU |
| Center for Scientific Review (CSR) | Bethesda | MD |  | HE38 | HNG |
| Fogarty International Center (FIC) | Bethesda | MD |  | HE38 | HNF |
| National Center for Complementary and Integrative Health (NCCIH) | Bethesda | MD |  | HE38 | HND |
| National Center for Advancing Translational Sciences (NCATS) | Bethesda | MD |  | HE38 | HN9 |
| NIH Clinical Center (CC) | Bethesda | MD |  | HE38 | HNJ |

**Part D.2 – Mandatory and Optional Documents for this Report**

In the table below, the agency must submit these documents with its MD-715 report.

| **Did the agency submit the following mandatory documents?** | **Please respond Yes or No** | **Comments** |
| --- | --- | --- |
| Organizational Chart | YES |  |
| EEO Policy Statement | YES |  |
| Strategic Plan | YES |  |
| Anti-Harassment Policy and Procedures | YES |  |
| Reasonable Accommodation Procedures | YES |  |
| Personal Assistance Services Procedures | YES |  |
| Alternative Dispute Resolution Procedures | YES |  |

In the table below, the agency may decide whether to submit these documents with its MD-715 report.

| **Did the agency submit the following optional documents?** | **Please respond Yes or No** | **Comments** |
| --- | --- | --- |
| Federal Equal Opportunity Recruitment Program (FEORP) Report | YES |  |
| Disabled Veterans Affirmative Action Program (DVAAP) Report | YES |  |
| Operational Plan for Increasing Employment of Individuals with Disabilities under Executive Order 13548 | NO |  |
| Diversity and Inclusion Plan under Executive Order 13583 | NO |  |
| Diversity Policy Statement | YES |  |
| Human Capital Strategic Plan | NO |  |
| EEO Strategic Plan | NO |  |
| Results from most recent Federal Employee Viewpoint Survey or Annual Employee Survey | YES |  |

**Part E – Executive Summary**

**Part E.1.a - Executive Summary: NIH Mission**

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| As our nation’s biomedical research agency, the National Institutes of Health (NIH) is devoted to driving innovations in science and technology that improve the health of all mankind. NIH is comprised of 27 Institutes and Centers (IC), each with a specific research agenda focused on diseases or body functions. The agency seeks 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. The motto is *Turning Discovery into Health.* Fueling this engine of discovery requires diversity of thought, experience, and demographics.  NIH is committed to advancing diversity, equity, inclusion, and accessibility (DEIA) in the workplace, and has taken steps to dismantle structural inequities, promote a harassment-free culture, and foster inclusive employment opportunities. NIH is currently developing its first DEIA strategic plan in line with Executive Order 14035 and congressional appropriations language. This initiative is led by Office of Equity, Diversity, and Inclusion, the Office of Scientific Workforce Diversity, the Office of Human Resources, and the Division of Program Coordination, Planning, and Strategic Initiatives in collaboration with representatives from NIH ICs and offices.   * To learn more about the NIH’s mission and how we support diversity and inclusion visit: <https://www.edi.nih.gov/more/agency/nihs-commitment>. * To learn more about NIH’s efforts to advance racial equity in the workplace visit: <https://www.edi.nih.gov/people/resources/advancing-racial-equity>. * To learn more about the UNITE effort to end structural racism visit: <https://www.nih.gov/ending-structural-racism/unite> |

**Part E.1.b - Executive Summary: EDI Mission**

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| EDI serves as the focal point for NIH-wide policy formulation, implementation, consulting, and strategic management of civil rights, equal opportunity, language access, reasonable accommodation, affirmative employment, diversity, and inclusion programs for NIH.  EDI’s mission is to cultivate a culture of inclusion where diverse talent is leveraged to advance health discovery. In support of this mission, EDI provides consultancy, training, resolutions, data, policy, and guidance services to the 27 Institutes and Centers that make up the National Institutes of Health (NIH).  To learn more about the EDI’s mission and how we support DEIA visit:  <https://www.edi.nih.gov/more>.  To learn more about EDI’s portfolio of services visit: <https://www.edi.nih.gov/more/office/office-our-portfolio> |

**Part E.2 - Executive Summary: Essential Element A****- F**

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| Essential Element A. Demonstrated Commitment from Agency Leadership **Describe leadership changes:**   * Francis S. Collins, M.D., Ph.D., stepped down as NIH director on December 19, 2021, after more than 12 years at the helm. * Lawrence A. Tabak, D.D.S., Ph.D. was appointed the Acting NIH Director on December 20, 2021 * Tara A. Schwetz, Ph.D. was appointed the Acting NIH Principal Deputy Director on December 20, 2021. * Shelma Middleton Little, Ph.D., was appointed the Acting Director, Office of Equity, Diversity, and Inclusion on December 4, 2021.   *This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.*  **NIH issued an effective up to date DEIA EEO Policy Statement.**   * NIH updated its [EEO & Diversity and Inclusion policy statement](https://www.edi.nih.gov/sites/default/files/policy/nih-eeodi-statement-2021.pdf) on September 22, 2021. The policy statement contains all required elements. The policy statement was disseminated via email to NIH workforce and is posted on the website.   **NIH communicated EEO policies and procedures to all employees.**   * The agency’s Reasonable Accommodation and Anti-harassment policies and procedures are available to employees on the website. * The NIH Director issued multiple statements addressing DEIA in fiscal year 2021. Examples include: * June 2021 - [Affirming NIH’s commitment to addressing structural racism in the biomedical research enterprise](https://www.cell.com/cell/fulltext/S0092-8674(21)00631-0) * May 2021 – [Achieving Racial Equity at NIH](https://hr.nih.gov/working-nih/civil/achieving-racial-equity-nih) * March 2021 – [Supporting our Asian American and Pacific Islander Colleagues and Friends](https://www.edi.nih.gov/blog/communities/nih-director-message-supporting-our-asian-american-and-pacific-islander-colleagues).   **NIH assesses and ensures EEO Principles are part of its culture.**   * The agency issues three NIH Director’s Awards annually to honor employees for furthering DEIA principles. The EDI Award of the Year honors senior leaders, the Yvonne Thompson Maddox Award honors midlevel employees, and the Harvey J. Bullock Award honors employees below the GS 12 level. * The NIH Director’s Awards was analyzed by race/ethnicity, sex, and disability status to identify and address inequities. * Monetary and time off awards are analyzed by race/ethnicity sex and disability status to identify and address inequities. * Promotions are analyzed by race/ethnicity sex, and disability status to identify and address inequities. * Limited career development opportunities are collected and analyzed by race/ethnicity and disability status as a part of the Federal Equal Opportunity Recruitment Program. * A Gender Inequality Task Force was established and produced recommendations for the NIH Intramural Research Program. * NIH launched a comprehensive plan and policies to foster a safe and civil work environment and one that is free from harassment, bullying, intimidation, violence, and inappropriate behavior. * NIH addressed bias mitigation in the peer-review grants process. * NIH issued a request for information (NOT-OD-21-105) inviting feedback on approaches NIH can use for advancing racial equity, diversity and inclusion in the biomedical research workforce and expand research to eliminate or lessen health disparities and inequities. * NIH marketed the phrase “Harassment doesn’t work here,” to demonstrate organization’s commitment to a harassment-free culture. * NIH secured a contract to conduct barrier analyses and produce a report providing recommendations. * NIH conducts disparate impact analyses of NIH reorganizations and policies to ensure equity. * NIH-wide Employee Viewpoint Survey results are made available annually by Office of Human Resources and each the ICs makes their respective results available. One IC analyzed the NIH-wide results by aggregate race/ethnicity and gender. * ICs make their respective Employee Viewpoint Survey results available and implement strategies to address gaps. The following are examples:   + NIDDK implemented the [Employee Viewpoint Survey Analysis and Results Tool (EVS ART) (opm.gov)](https://www.opm.gov/policy-data-oversight/human-capital-management/successful-workforce-practices/employee-viewpoint-survey-analysis-and-results-tool-evs-art.pdf). NIH-wide analyses have been conducted by race/ethnicity, sex, and disability status.   + NCI implemented strategies to address FEVS results including Safe-Zone training, Individual Development Plans, mentoring and onboarding programs, and establishing an NCI Equity and Inclusion committee.   + NEI holds focus groups with program areas based on FEVS breakout and comparison reports.  Opportunities for Improvement/Challenges in Essential Element A: Demonstrated Commitment from Agency LeadershipNIH is currently developing its first DEIA strategic plan. This plan will position the agency to make great strides in advancing DEIA. The plan is expected to be complete by summer 2022 and will meet the requirements of both E.O. 14035 and a congressional request. Essential Element B: Integration of EEO into the Agency's Strategic Mission *To ensure that federal agencies achieve their goal of being a model workplace, all managers and employees must view EEO as an integral part of the agency's strategic mission. The success of an agency's EEO program ultimately depends on decisions made by individual managers.*  *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.*   * *The EDI Director controls all aspects of the EEO program.* * *The agency has sufficient budget and staffing to support the success of the EEO program.* * *The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.* * *The agency involves managers in the implementation of its EEO Program.*   **Reporting Structure & EEO Program**  The NIH EEO Director reports to the Acting Director through the Acting Principal Deputy Director (Agency Head Designee) for the agency. The Acting EEO Director meets at least biweekly with the Acting Principal Deputy Director.  The Acting EEO Director controls all aspects of the EEO Program.  **NIH provides sufficient staffing and resources to operate the EEO Program in an effective manner.**  **Budgetary**: EDI has two funding streams to support the DEIA functions: Appropriations and Service and Supply funds.    **Personnel:**EDI has sufficient staffing allotment to execute the duties the EEO program. The program has 47 staff members onboard with additional pending hires. Opportunities for Improvement/Challenges in Essential Element Essential Element B. Integration of EEO into the Agency’s Strategic Mission  The Elijah E. Cummings Federal Employee Antidiscrimination Act of 2020 requires the head of each federal agency’s EEO program to report directly to the head of the Agency.  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, including:*   * *Evaluating managers and supervisors on their efforts to ensure equal employment opportunity.* * *Ensuring effective coordination between its EEO programs and Human Resources (HR) program.* * *EEO Office advises managers/supervisors on EEO matters.*   In fiscal year 2021 HHS drafted DEIA performance elements for senior leaders. These elements will be included in the fiscal year 2022 PMAPs for senior leaders. Additionally, NIH is launching DEIA elements for all other managers/supervisors and employees in calendar year 2022.  The Acting EDI Director meets monthly with the HR Director. Additionally, the Acting EDI Director and HR Director serve on NIH-wide initiatives to advance DEIA. For example, both Directors are co-leads on the NIH DEIA Strategic Plan. The EEO Office and HR’s CIVIL Office collaborate on harassment allegations. Additionally, both offices collaborate to complete demographic workforce analyses (e.g., NIH Director’s Awards, Recruitment/Retention/Relocations bonuses).  EDI has dedicated a technical team of consultants for each IC to provide EEO and DEIA related guidance. Opportunities for Improvement/Challenges in Essential Element C. Management and Program Accountability **Data Integrity**  HHS plans to launch a demographic workforce resurvey in 2022 to ensure the agency has accurate data. EDI staff members led in the development of the tool and the communications materials in fiscal year 2021. Deficiencies in BIIS and FedSep tables exist and need to be addressed. EDI staff led in identifying and addressing these issues.  **Applicant Flow Data and Title 42 Applicant Flow Data**  HHS produces the MD-715 data tables for all 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 applicant flow analyses that are within its span of control.  **Coordination between OHR and EDI on Implementing the Plan for Employment of People with Disabilities**  Further coordination is needed between the disability program manager and OHR to begin implementation of Part J action items. The disability program manager is working with the Barrier analysis contractors to develop strategies.  **Exit Interviews**  The NIH-wide exit interview has a low response rate. This tool is not used universally with all ICs, some ICs have their own tool. For example, in addition to IC level exit survey procedures, some ICs utilize stay and climate surveys. OHR and EDI met with the NIH off-boarding committee to discuss the possibility of leveraging the off-boarding workflow module (nSight) to encourage departing employees to complete the exit survey. The goal is to increase the survey’s response rate. IC level exit survey practices include, for example:  • NEI Executive Officer offers exit interviews for all departing staff. These 30-minute meetings are optional and confidential.  • NICHD has established a formal exit survey process with the IC director to promote retention.  • NIEHS conducts exit interviews for all separating employees. Essential Element D. Proactive Prevention of Unlawful Discrimination *As part of its ongoing obligation to prevent discrimination on the bases of race, color, national origin, religion, sex, age, reprisal, genetic information, and disability, and to eliminate barriers that impede free and open competition in the workplace, an agency must conduct a self-assessment on at least an annual basis. The self-assessment must identify areas where barriers may operate to exclude certain groups and develop strategic plans to eliminate identified barriers.*  NIH has a contract in place to conduct in-depth barrier analyses. The project includes quantitative and qualitative analyses and involves interviewing stakeholders in the workforce. A preliminary assessment was received in 2021. The Scientific Workforce Diversity Office hosts seminars and initiatives to promote DEIA. NIH Institutes, Centers and Offices have launched diversity dashboards, strengthened partnerships with underserved communities, and launched listening sessions, informational sessions and townhalls.  EDI maintains a site on Ending Structural Racism. This site contains resources for employee use. Other initiatives to promote DEIA and prevent discrimination include the UNITE initiative which is dedicated to ending structural racism.  UNITE Accomplishments include:  • Established the NIH-wide Anti-Racism Steering Committee  • Launched the Faculty Institutional Recruitment for Sustainable Transformation (FIRST) initiative for universities and medical schools to cluster hire diverse faculty  • Updated the NIH Data Book to visualize demographics of extramural Principal Investigators by sex, race, ethnicity, and grant mechanism  • Increased investment in research to address health disparities  o Awarded 6 grants for Transformative Research to Address Health Disparities and Advance Health Equity (RFA-RM-21-021)  o Awarded 5 grants for Transformative Research to Address Health Disparities and Advance Health Equity at MSIs (RFA-RM-21-022)  • Championed a robust NIH Enterprise-wide commitment to support the NIMHD FOA Understanding and Addressing the Impact of Structural Racism and Discrimination on Minority Health and Health Disparities (RFA-MD-21-004)  o Encouraged funding levels commensurate with overall IC resources  o 25 ICOs made a collective commitment of up to $30.8M Opportunities for Improvement/Challenges in Essential Element D. Proactive Prevention of Unlawful Discrimination HHS/NIH needs a system to track career development opportunities (e.g., training, coaching, details). This type of data is needed for barrier analyses. A comprehensive system is also needed to track applicant flow (title 5 & title 42). The agency also needs to collect sexual orientation and gender identity data to facilitate barrier analyses to identify and address issues impacting sexual and gender minority populations. Essential Element E: Efficiency *This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency's EEO programs and an efficient and fair dispute resolution process.*   * *NIH maintains an efficient, fair, and impartial complaint resolution process.* * *NIH has a neutral EEO process.* * *NIH has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.* * *NIH has effective and accurate data collection systems in place to evaluate its EEO Program.* * *NIH identifies and disseminates significant trends and best practices in its EEO program.*   There is a clear delineation between EEO and the Office of General Council at NIH. The Anti-harassment Program operated by CIVIL is also independent of EDI. EDI operates independently from OGC and OHR. In 2021 CIVIL tracked 390 cases and conducted inquires within 10 days 96.6% of the time.  EDI has hired a team of in-house EEO investigators and a FAD writer. EDI plans to add a mediator to the staff to facilitate alternative dispute resolution. These positions were added to increase efficiency. Opportunities for Improvement/Challenges in Essential Element E. Efficiency EDI will onboard a mediator with the goal of increasing usage of Alternative Dispute Resolution. HHS will launch a demographic workforce survey to improve the accuracy of the agency’s demographics. Improved applicant flow tracking is also needed.   Essential Element F: Responsiveness and Legal Compliance *This element requires the agency to have processes in place to ensure timely and full compliance with EEOC orders and settlement agreements.*   * *NIH complies with the law, including EEOC regulations, management directives, orders, and other written instructions.* * *NIH reports to EEOC its program efforts and accomplishments and responds to EEOC directives and orders, including final orders contained in the administrative decisions, in accordance with the instructions, timeframes, and deadlines.*   **HHS FAD Issuance** **(B.2.d.; B.4.a.3; E.1.h; Part H.12; Part H.85**  HHS handles all elected FADs and NIH handles default FADs. As of 9/30/2021, NIH has implemented a process to improve the timeliness of non-election FADs. NIH hired a FAD writer to draft all non-election FADs within the 60-day timeframe.  In 2019, HHS changed the internal processing of Final Agency Decisions (FADs) to remove contract drafters from the process and require only federal employees as drafters. Unfortunately, HHS did not have a cadre of employees skilled in drafting FADs onboard before implementing this decision. Consequently, HHS accumulated a backlog of FADs.  To eliminate this backlog, in July of 2020, HHS hired a director to supervise the processing of FADs. In 2021, the director hired four employees to write FADs. Additionally, the director posted the deputy director position, but was unsuccessful in finding a suitable candidate. In 2022, the director expects to hire a deputy director and the remaining four FAD writers. Opportunities for Improvement/Challenges in Essential Element F. Responsiveness and Legal Compliance In addition to hiring staff to draft the FADs, the HHS Complaints Adjudication Division (CAD) has implemented a backlog reduction plan to eliminate the backlog of FADs by December 31, 2022. The backlog reduction plan has two parts. The first part requires the resolution of all new FADs within sixty days of the FAD election. This requirement ensures the backlog does not grow. The second part requires the resolution of the FADs in the backlog by priority levels. The priorities are remands followed by age of request.  NIH relies on HHS to process merit FADs. In FY 21 HHS issued three merit FADs for NIH, all three were issued untimely. HHS is working to take corrective actions to address the timeliness issue regarding the processing of FADs. |
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**Part E.3 – Executive Summary: Workforce Analyses**

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| **Executive Summary/Possible Triggers:** Overall, the NIH has a lower-than-expected participation of the males when compared to the civilian labor force. NIH also has lower than expected participation rates of Hispanic or Latino, White, Native Hawaiian or Other Pacific Islander, and Two or More Race employees of both sexes. The NIH has not yet met the federal employment goal of 12% participation of individuals with disabilities.  **Program Deficiencies:**  As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS’ data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  **Action Plan:** We will be working over the next year to improve our data systems, as well as data collection methods.   * + In line with HHS's efforts to develop a model EEO program, the headquarters EEODI along with the operating divisions (OpDiv) have continued working together to assess the strengths and weaknesses of our EEO and diversity programs. Through this collaborative headquarters/OpDiv effort, and through the full implementation of the Enterprise Human Capital Management (EHCM) system we have addressed some of the data related issues and workforce numerical differences between our internal data warehouse (BIIS) and FEDSEP.   + We are still in the process of addressing differences in programming logic that cause differences in the staffing totals between the HHS data and FEDSEP. Therefore, we have completed Part E, I, and J for the FY 2021 report using the Department’s BIIS current data as we work to address the numerical differences and other data and implementation issues listed above.   **Data Background:** Reported data uses the multiracial allocation method. Employees classified in the five racial groups and two or more races are all non-Hispanic or Latino. Those who self-identify as Hispanic, or Latino are included in that category regardless of their race selection(s). These data were extracted on November 5th, 2021, for the pay period that included September 30, 2021. Non-US citizens, individuals missing sex designation, Contractors, Fellows, Trainees, Commissioned Corps (CC), and volunteer employees in Advisory Council (EI) and ZZ pay plans are not included. [[1]](#footnote-1)  **Data Source:** Part E data source is the NIH modified HHS BIIS A & B Tables with updated 2018 Civilian Labor Force (CLF) and 2018 Occupational Civilian Labor Force (OCLF) benchmarks (modification date December 29, 2021).  **Applicant Flow Data**  HHS and NIH worked with OPM to obtain applicant flow data from USA Staffing. Applicant Flow Analyses were conducted on closed vacancy announcements with audited certificates. The analysis focused on applicants who voluntarily identified their race/ethnicity and/or sex during the application process. The USA Staffing applicant dataset does not include NIH applicants who applied for Title 42 jobs.  Analyses were conducted on NIH’s most Mission Critical Occupational and Most Populus occupational series by race/ethnicity and/or sex, compared to the respective onboard population at the NIH and to the 2018 CLF benchmarks. The occupational series reviewed are as follows: 301, 341, 343, 401, 601, 602, 610, 1102, 1109 and 2210. Females account for a greater proportion of the on-board workforce for these occupations except for the 2210 series. Female representation at NIH was also higher than the 2018 OCLF in six of the occupations. Applicant flow data for new hires, internal competitive promotions, and merit promotions reflect a similar pattern with a greater proportion of females selected compared to men including the 2210 series. The female selection rate was higher than men for all occupations reviewed.  NIH continues to use the USA staffing data to assess the demographics of applicants through the application process (e.g., applied, qualified, referred, and selected). 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.  NIH continues to pursue applicant tracking for all 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.   1. **The NIH Total Workforce**   Employees classified in the five racial groups and two or more races are all non-Hispanic/ Latino. Those who self-identify as Hispanic, or Latino are included in the Hispanic category regardless of their race selection(s). Those who self-identify in two races - White and one minority group, are allocated to the minority group (OMB Directive 15). Data was extracted on 11/5/2021 for the pay period that included 9/30/2021.  The analysis provided below excluded the following workforce groups: Commissioned Corps, Foreign Nationals (non-citizens), Experts (ED, EE), Consultants (EF, EG), Advisory Committee Members (EH, EI), and employees with a missing race/ethnicity code.   1. Ethnicity, Race and Sex Indicators   **Overall Workforce:** As of September 30, 2021, the NIH had a total (permanent and temporary) workforce of 17,285 full-time and part-time employees; this represents an increase of 2.6% from the 16,847 employees reported in FY 2020.  **Overall Sex:** Of the 17,285 employees, 6,733 (39.0%) were males and 10,552 (61.0%) were females. When compared to the CLF, the NIH has a smaller portion of males and larger proportion of females.  **Ethnicity and Race by Sex:** Hispanic or Latino, White, Native Hawaiian or Other Pacific Islander, and Two or More Races employees of both sexes had lower participation rates than their corresponding CLF participation rates. Black or African American, American Indian, or Alaska Native, and Asian employees of both sexes had higher participation rates than their corresponding CLF participation rates.  *Data Source: BIIS Table A1*   1. Persons with Disabilities and Persons with Targeted Disabilities   **Overall Workforce**: For the NIH total workforce, the percentage of persons with disabilities increased from 7.9% to 8.5%, while the percentage of persons with targeted disabilities increased from 2.2% to 2.3%.  **Section 501 of Rehabilitation Act Disability Goals:** The Rehabilitation Act requires federal agencies to adopt employment goals for persons with disabilities and persons with targeted disabilities. Therefore, in accordance with section 1614.203(d)(7) of the EEOC’s Rules, the NIH is taking steps to increase the number of persons with disabilities and persons with targeted disabilities to meet the goals of:   * + No less than 12% of NIH employees at the GS-11 level and above are individuals with disabilities (NIH did not meet this standard for permanent employees as 8.0% were individuals with disabilities).   + No less than 2% of NIH employees at the GS-11 level and above are individuals with targeted disabilities (NIH met this standard for permanent employees as 2.1% were individuals with targeted disabilities).   + No less than 12% of NIH employees at the GS-10 level and below are individuals with disabilities (NIH met this standard for permanent employees as 20.0% were individuals with disabilities); and   + No less than 2% of NIH employees at the GS-10 level and below are individuals with targeted disabilities (NIH met this standard for permanent employees at 6.6% were individuals with targeted disabilities).   *Data Source: BIIS Table B4P*   1. **SES and other Senior NIH Grade Levels** 2. Ethnicity, Race, and Sex Indicators     **SES:** There is no representation of Hispanic or Latino, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Two or More Race males or females in the SES pay plan.  **GS-15 Grades:** For permanent GS-15 employees, the participation rates of White females, Black or African American females, and Asian males and females were above their respective CLF participation rates. All other groups were below their respective CLF participation rates.  **GS-14 Grades:** For permanent GS-14 employees, White females, Black or African American females, and Asian males and females were above their respective CLF participation rates. Native Hawaiian or Other Pacific Islander females were at parity with the CLF. All other groups were below their respective CLF participation rates.  **GS-13 Grades:** For permanent GS-13 employees, the participation rates of White females, Black or African American males and females, Asian males, and females, and American Indian or Alaska Native females, were above their respective CLF participation rates. All other groups were below their respective CLF participation rates.  *Data Source: BIIS Table A4P*   1. Persons with Disabilities and Persons with Targeted Disabilities   **SES:** For permanent employees in the SES, 6.3% identified as individuals with disabilities and 2.1% identified as individuals with targeted disabilities.  **GS-15 Grades:** For permanent GS-15 employees, 5.0% identified as individuals with disabilities and 1.3% identified as individuals with targeted disabilities.  **GS-14 Grades:** For permanent GS-14 employees, 6.3% identified as individuals with disabilities and 1.6% identified as individuals with targeted disabilities.  **GS-13 Grades:** For permanent GS-13 employees, 8.8% identified as individuals with disabilities and 1.9% identified as individuals with targeted disabilities.  *Data Source: BIIS Table B4P*    **C. New Hires**  1. Ethnicity, Race, and Sex Indicators  **Overall Sex:** Of the 1,540 permanent and temporary new hires, 595 (38.6%) were males and 945 (61.4%) were females.  **Ethnicity and Race by Sex:** The percentage of Black or African American males and females, Asian males and females, Native Hawaiian or Other Pacific Islander males and American Indian or Alaska Native males and females hired was above their respective their representation in the CLF. The percentage of all other groups hired was below their representation in the CLF.  *Data Source: BIIS Table A1*  2. Persons with Disabilities and Persons with Targeted Disabilities  Of the 1,540 new permanent and temporary employees hired in FY 21, 12.5% identified as having a disability, and 2.8% identified as having a targeted disability.  *Data Source: BIIS Table B1*  **D. Separations**  1. Ethnicity, Race, and Sex Indicators  **Overall Sex:** In FY 2021, 1,040 permanent and temporary employees separated from NIH. Of that number 439 (42.2%) were males and 601 (57.8%) were females.  **Ethnicity and Race by Sex:** The percentage of Black or African American males and females and Asian males and females separating from NIH in FY 21 was higher than their representation in the CLF. The percentage of all other groups separating was below their representation in the CLF except Native Hawaiian or Other Pacific Islander males who were at parity.  *Data Source: BIIS Table A1*  2. Persons with Disabilities and Persons with Targeted Disabilities  Of the 1,040 permanent and temporary employees who separated from NIH in FY 21, 89 (8.6%) identified as having a disability, and 20 (1.9%) identified as having a targeted disability.  *Data Source: BIIS Table B1*    **E. Selected Mission Critical & Most Populous Occupations**  Selected Mission Critical and Most Populous Occupations are presented here – General Health Sciences (series 0401), General Medical and Healthcare (series 0601), Miscellaneous Admin and Prog Analyst (series 0301), Nursing (series 0610), Management and Program Analysis (series 0343).  **A. General Health Sciences (series 0401)**  1. Ethnicity, Race, and Sex Indicators  **Overall Sex:** When comparing employees in the General Health Science Series (401) permanent workforce at NIH to the 2018 Occupational Civilian Labor force (OCLF), the percentage of males (39.1) at NIH is below the OCLF while the percentage of females (60.9) exceed the OCLF.  **Ethnicity and Race by Sex:**  When comparing employees in the General Health Science Series (401) permanent workforce at NIH to the 2018 (OCLF), The percentage of Black or African American and Asian males and females at NIH exceed their representation in the OCLF. The representation of all other groups in the 401 series at NIH falls below the representation in the OCLF.    *Data Source: BIIS Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2021, 3.9% of all General Health Scientists in the NIH permanent workforce identified as individuals with disabilities, and 1.5% identified as having a targeted disability.  *Data Source: BIIS Table B6P*   1. **General Medical and Healthcare (series 0601)**   1. Ethnicity, Race, and Sex Indicators  **Overall Sex:**  When comparing employees in the General Medical and Healthcare Series (601) permanent workforce at NIH to the 2018 Occupational Civilian Labor force (OCLF), the percentage of males (35.7) at NIH is exceeds the OCLF while the percentage of females (64.3) is below the OCLF.  **Ethnicity and Race by Sex:**  When comparing employees in the General Medical and Healthcare Series (601) permanent workforce at NIH to the 2018 (OCLF), The percentage of Hispanic males, White males, Black or African American males and females, Asian males and females, and American Indian or Alaska Native males and females at NIH exceed their representation in the OCLF. The representation of Native Hawaiian and Other Pacific Islander males and females is at parity, and the representation of all other groups in the 601 series at NIH falls below their representation in the OCLF.  *Data Source: BIIS Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2021, 5.3% of all General Medical and Healthcare employees in the NIH permanent workforce identified as individuals with disabilities, and 1.5% identified as having a targeted disability.  *Data Source: BIIS Table B6P*   1. **Miscellaneous Admin and Prog Analyst (series 0301)**   1. Ethnicity, Race, and Sex Indicators  **Overall Sex:** When comparing employees in the Misc. Admin Program Series (301) permanent workforce at NIH to the 2018 Occupational Civilian Labor force (OCLF), the percentage of males (22.2%) at NIH is below the OCLF while the percentage of females (77.9) exceeds the OCLF.  **Ethnicity and Race by Sex:**  When comparing employees in the Misc. Admin. Program Series (301) permanent workforce at NIH to the 2018 (OCLF), The percentage of Black or African American males and females, Asian females, and American Indian or Alaska Native males and females at NIH exceed their representation in the OCLF. The representation of all other groups in the 301 series at NIH falls below their representation in the OCLF.  *Data Source: BIIS Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2021, 16.0 % of all Misc. Admin. Program employees in the NIH permanent workforce identified as individuals with disabilities, and 4.3% identified as having a targeted disability.  *Data Source: BIIS Table B6P*   1. **Nursing (series 0610)**   1. Ethnicity, Race, and Sex Indicators  **Overall Sex:**  When comparing employees in the Nursing Series (610) permanent workforce at NIH to the 2018 Occupational Civilian Labor force (OCLF), the percentage of males (8.0%) at NIH is below the OCLF while the percentage of females (92.0%) is below the OCLF.  **Ethnicity and Race by Sex:**  When comparing employees in the Nursing Series (610) permanent workforce at NIH to the 2018 (OCLF), The percentage of Black or African American males and females, Asian females, Native Hawaiian or Other Pacific Islander females and American Indian or Alaska Native males and females at NIH exceed their representation in the OCLF. The representation of all other groups in the 610 series at NIH falls below their representation in the OCLF except Native Hawaiian or Other Pacific Islander males who are at parity.  *Data Source: BIIS Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2021, 4.3 % of all Nurses in the NIH permanent workforce identified as individuals with disabilities, and 0.9% identified as having a targeted disability.  *Data Source: BIIS Table B6P*   1. **Management and Program Analysis (series 0343)**   1. Ethnicity, Race, and Sex Indicators  **Overall Sex:**  When comparing employees in the Management and Program Analysis Series (343) permanent workforce at NIH to the 2018 Occupational Civilian Labor force (OCLF), the percentage of males (23.9%) at NIH is below the OCLF while the percentage of females (76.2%) exceeds the OCLF.  **Ethnicity and Race by Sex:**  When comparing employees in the Management and Program Analysis Series (343) permanent workforce at NIH to the 2018 (OCLF), The percentage of Hispanic females, White females, Black or African American males and females, Asian females, and American Indian or Alaska Native females at NIH exceed their representation in the OCLF. The representation of all other groups in the 343 series at NIH falls below their representation in the OCLF except for Native Hawaiian or Other Pacific Islander males and females who are at parity.  *Data Source: BIIS Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2021, 15.7% of all Management and Program Analysis employees in the NIH permanent workforce identified as individuals with disabilities, and 3.3% identified as having a targeted disability.  *Data Source: BIIS Table B6P* |
|  |

**PART F: Certification of Establishment of Continuing Equal Employment**

**Opportunity Programs**

I, Shelma Middleton Little, Ph.D., Acting **Director, Office of Equity, Diversity, and Inclusion, GS-**

**260**, am the Acting 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

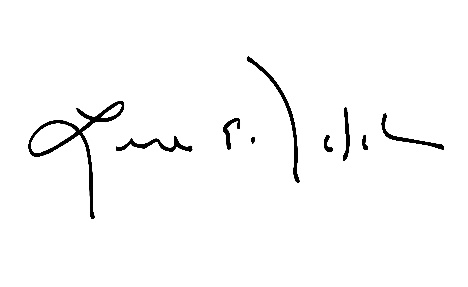
review upon request.

Shelma Middleton Little, Ph.D., Acting Director, EDI Date

Signature of Acting Principal EEO Director/Official

Shelma Middleton Little 5/13/2022

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



Lawrence A. Tabak, D.D.S., Ph.D., Acting Director, NIH Date

Signature of Acting Agency Head or Agency Head Designee

5/27/2022

**MD-715 - PART G**

**Agency Self-Assessment Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **A.1 – The agency issues an effective, up to date EEO policy statement.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **A.1.a** | Does the agency annually issue a signed and dated EEO policy statement on agency letterhead that clearly communicates the agency’s commitment to EEO for all employees and applicants? If “yes”, please provide the annual issuance date in the comment’s column. [see MD-715, II(A)] | Yes | 09/22/2021  https://www.edi.nih.gov/sites/default/files/policy/nih-eeodi-statement-2021.pdf  . |
| **A.1.b** | Does the EEO policy statement address all protected bases (age, color, disability, sex (including pregnancy, sexual orientation and gender identity), genetic information, national origin, race, religion, and reprisal) contained in the laws EEOC enforces?[see 29 CFR § 1614.101(a)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **A.2 – The agency has communicated EEO policies and procedures to all employees.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **A.2.a** | Does the agency disseminate the following policies and procedures to all employees? | N/A |  |
| **A.2.a.1** | Anti-harassment policy? [see MD 715, II(A)] | Yes | NIH has issued two new policies that apply to all NIH employees, contractors, fellows, trainees, and visitors at NIH facilities: Manual Chapter 1311: Prevention of Harassment and Inappropriate Conduct; and NIH Policy Statement: Personal Relationships in the Workplace. For more information refer to <https://hr.nih.gov/working-nih/civil/nih-civil-program-related-policy>. |
| **A.2.a.2** | Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)] | Yes | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>. H Plan closed on 5/15/2020.Also published on the EDI website. |
| **A.2.b** | Does the agency prominently post the following information throughout the workplace and on its public website? | N/A |  |
| **A.2.b.1** | The business contact information for its EEO Counselors, EEO Officers, Special Emphasis Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)] | Yes | EDI posts printed posters throughout the workplace and makes written materials available to all employees and applicants via our public-facing EDI website: <https://www.edi.nih.gov/resolutions/specialists/Informal-formal-complaints> |
| **A.2.b.2** | Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 C.F.R § 1614.102(b)(5)] | Yes | EDI posts printed posters throughout the workplace and makes written materials available to all employees and applicants via our public-facing EDI website: <https://www.edi.nih.gov/resolutions/resources-faqs>.  <https://www.edi.nih.gov/policy> |
| **A.2.b.3** | Reasonable accommodation procedures? [see 29 C.F.R. § 1614.203(d)(3)(i)] If so, please provide the internet address in the comment’s column. | Yes | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, H Plan closed on 5/15/2020.Also published on the EDI website. |
| **A.2.c** | Does the agency inform its employees about the following topics? | N/A |  |
| **A.2.c.1** | EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If “yes”, please provide how often. | Yes | Yes, via the agency’s website and via the annual mandatory anti-harassment training: <https://www.edi.nih.gov/resolutions/about> |
| **A.2.c.2** | ADR process? [see MD-110, Ch. 3(II)(C)] If “yes”, please provide how often. | Yes | Yes, via the agency’s website and via the annual mandatory anti-harassment training :  <https://www.edi.nih.gov/resolutions/about> |
| **A.2.c.3** | Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often. | Yes | Yes, via the agency’s website and via the annual mandatory anti-harassment training :  <https://www.edi.nih.gov/consulting/reasonable-accommodation/about> |
| **A.2.c.4** | Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If “yes”, please provide how often. | Yes | Yes, via the agency’s website and via the annual mandatory antiharassment training:  <https://hr.nih.gov/working-nih/civil> |
| **A.2.c.5** | Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR § 2635.101(b)] If “yes”, please provide how often. | Yes | Yes, via the agency’s website and via the annual mandatory antiharassment training:  <https://hr.nih.gov/working-nih/civil> |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **A.3 – The agency assesses and ensures EEO principles are part of its culture.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Compliance Indicator** |
| **A.3.a** | Does the agency provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a) (9)] If “yes”, provide one or two examples in the comments section. | Yes | The NIH Harvey J. Bullock Award for Equity, Diversity, and Inclusion; Yvonne Thompson Maddox Award for Equity, Diversity, and Inclusion; and NIH Equity, Diversity, and Inclusion Award of the Year awards are examples of NIH recognition for superior accomplishments in EEO. |
| **A.3.b** | Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250] | Yes |  |
|  | | | |
| **Essential Element B: Integration of EEO into the agency’s Strategic Mission This element requires that the agency’s EEO programs are structured to maintain a workplace that is free from discrimination and support the agency’s strategic mission.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **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.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **B.1.a** | Is the agency head the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)] | No | The Acting EDI Director reports to the NIH Acting Principal Deputy Director (Agency Head Designee).  This is a new H Plan assigned to all OPDIVs by the DHHS EEODI Director because the Elijah Cummings Act requires EEO Directors to report to the Agency Head. |
| **B.1.a.1** | If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If “yes,” please provide the title of the agency head designee in the comments. | Yes | The Acting EDI Director reports to, Tara A. Schwetz, the NIH Acting Principal Deputy Director (Agency Head Designee). |
| **B.1.a.2** | Does the agency’s organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)] | Yes | <https://oma.od.nih.gov/IC_Organization_Chart/OD%20Organizational%20Chart.pdf> |
| **B.1.b** | Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency’s EEO program?[see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I] | Yes | The Acting EEO meets with the Acting Principal Deputy Director biweekly. |
| **B.1.c** | During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I)] If “yes”, please provide the date of the briefing in the comment’s column. | Yes | The Acting EEO Director delivered the fiscal year 2020 briefing in December 2020 and will deliver the fiscal year 2021 briefing in Spring 2022. |
| **B.1.d** | Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.2 – The EEO Director controls all aspects of the EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Compliance Indicator** |
| **B.2.a** | Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)] | Yes |  |
| **B.2.b** | Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)] | Yes |  |
| **B.2.c** | Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.] | Yes |  |
| **B.2.d** | Is the EEO Director responsible for overseeing the timely issuing final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.] | N/A | Handled at the DHHS level. |
| **B.2.e** | Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502] | Yes |  |
| **B.2.f** | Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)] | Yes |  |
| **B.2.g** | If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)] | Yes | The Acting EEO Director and office staff provide guidance for each of NIH’s ICs. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.3 - The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **B.3.a** | Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)] | Yes |  |
| **B.3.b** | Does the agency’s current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If “yes”, please identify the EEO principles in the strategic plan in the comment’s column. | Yes | NIH believes the increasingly complex scientific questions that our society will face in the future will require not only diversity of scientific disciplines, but also diversity of thought, experience, and demographics.  <https://www.nih.gov/sites/default/files/about-nih/strategic-plan-fy2021-2025-508.pdf> |
|  | | | |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.4 - The agency has sufficient budget and staffing to support the success of its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **B.4.a** | Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas: | N/A |  |
| **B.4.a.1** | to conduct a self-assessment of the agency for possible program deficiencies. [see MD-715, II(D)] | Yes |  |
| **B.4.a.2** | to enable the agency to conduct a thorough barrier analysis of its workforce. [see MD-715, II(B)] | Yes | This H Plan is closed as of 5/27/21, NIH entered into a contract with EconSys to conduct a thorough barrier analysis of the NIH workforce. |
| **B.4.a.3** | to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)] | No | HHS handles all elected FAD’s and NIH handles default FAD’s.  HHS has hired staff to draft elected FADs and implemented a backlog reduction plan to eliminate the backlog of FADs by December 31, 2022. |
| **B.4.a.4** | to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comment’s column. | Yes | This plan is closed as of 2021. All FTES currently receive training on retaliation, harassment, religious accommodations, disability accommodation, the complaint process, and ADR. In addition, modifications were made to the No FEAR and anti-harassment training. Examples: Case studies on religious accommodations and disability were added. – this was accomplished on 11/30/2021. Over 97.9% of the NIH workforce has been trained. Total Number of Trainings Completed: 37298. |
| **B.4.a.5** | to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)] | N/A |  |
| **B.4.a.6** | to publish and distribute EEO materials (e.g., harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)] | Yes | We provide digital and/or print posters NIH-wide, including training materials, web materials, printed materials. |
| **B.4.a.7** | to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section. | No | New plan regarding accurate data collection and tracking systems for workforce demographics and applicant flow. |
| **B.4.a.8** | to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709] | Yes |  |
| **B.4.a.9** | to effectively manage its anti-harassment program. [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] | Yes | For more information refer to <https://hr.nih.gov/working-nih/civil>. |
| **B.4.a.10** | to effectively manage its reasonable accommodation program. [see 29 CFR § 1614.203(d)(4)(ii)] | Yes |  |
| **B.4.a.11** | to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)] | Yes |  |
| **B.4.b** | Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)] | Yes |  |
| **B.4.c** | Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)] | Yes |  |
| **B.4.d** | Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110? | Yes |  |
| **B.4.e** | Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110? | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.5 – The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **B.5.a** | Pursuant to 29 CFR § 1614.102(a)(5),have all managers and supervisors received training on their responsibilities under the following areas under the agency EEO program: | N/A | . |
| **B.5.a.1** | EEO Complaint Process? [see MD-715(II)(B)] | Yes | This plan is closed as of 2019. All FTES currently get training on the EEO complaints process– accomplished on 11/15/2019. |
| **B.5.a.2** | Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)] | No | NIH must develop a mechanism to include sufficient training on this topic for all managers and supervisors. |
| **B.5.a.3** | Anti-Harassment Policy? [see MD-715(II)(B)] | Yes | This plan is closed as of 2019. All FTES currently get training on anti-harassment– this was accomplished on 11/15/2019. Over 99.5% of the NIH workforce has been trained. Total Number of Trainings Completed: 35488. |
| **B.5.a.4** | Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)] | No | NIH must develop a mechanism to provide this content to managers and supervisors. |
| **B.5.a.5** | ADR, with emphasis on the federal government’s interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)] | No | Our current mandatory training does not include ADR; however, it is included in the EEO compliance training (not mandatory). |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.6 – The agency involves managers in the implementation of its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **B.6.a** | Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I] | Yes | Senior managers have been identified in each of the NIH SEP Engagement Committees, they are serving as the “Champion” for the constituency group. |
| **B.6.b** | Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I] | Yes | This plan was closed on 9/30/21. |
| **B.6.c** | When barriers are identified, do senior managers assist in developing agency EEO action plans (Part I, Part J, or the Executive Summary)? [see MD-715 Instructions, Sec. I] | No | Plans are being developed to engage senior managers to address barriers. |
| **B.6.d** | Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR § 1614.102(a)(5)] | No | Plans are being developed to engage senior managers in the development of incorporating the EEO Action Plan Objectives into NIH and ICO strategic plans. |
|  | | | |
| **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.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.1 – The agency conducts regular internal audits of its component and field offices.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.1.a** | Does the agency regularly assess its component and field offices for possible EEO program deficiencies?[see 29 CFR §1614.102(c)(2)]If ”yes”, please provide the schedule for conducting audits in the comments section. | N/A |  |
| **C.1.b** | Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)]If ”yes”, please provide the schedule for conducting audits in the comments section. | N/A |  |
| **C.1.c** | Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)] | N/A |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.2 – The agency has established procedures to prevent all forms of EEO discrimination.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **C.2.a** | Has the agency established comprehensive anti-harassment policy and procedures that comply with EEOC’s enforcement guidance?[see MD-715, II(C); Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)] | Yes | NIH has issued two policies that apply to all NIH employees, contractors, fellows, trainees, and visitors at NIH facilities: Manual Chapter 1311: Prevention of Harassment and Inappropriate Conduct; and NIH Policy Statement: Personal Relationships in the Workplace. For more information, please refer to <https://hr.nih.gov/working-nih/civil/nih-civil-program-related-policy>. |
| **C.2.a.1** | Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] | Yes |  |
| **C.2.a.2** | Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006] | Yes |  |
| **C.2.a.3** | Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)] | Yes |  |
| **C.2.a.4** | Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [see Enforcement Guidance, V.C.] | Yes |  |
| **C.2.a.5** | Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see Complainant v. Dep’t of Veterans Affairs, EEOC Appeal No. 0120123232 (May 21, 2015); Complainant v. Dep’t of Defense (Defense Commissary Agency), EEOC Appeal No. 0120130331 (May 29, 2015)] If “no”, please provide the percentage of timely-processed inquiries in the comment’s column. | Yes | Civil enhanced the automatic tracking system (WiTS) in FY2020 to add a new data field. Civil has since tracked 390 cases and processed them within the 10-day timeframe 96.6% of the time. This plan is being closed. |
| **C.2.a.6** | Do the agency’s training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)] | Yes | The 2020 version of the anti-harassment training includes a scenario on disability-based harassment. The training rolled out 9/14/2020. The recommendation is to close this plan. |
| **C.2.b** | Has the agency established disability reasonable accommodation procedures that comply with EEOC’s regulations and guidance? [see 29 CFR 1614.203(d)(3)] | Yes | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>. It has also been published on the EDI website. |
| **C.2.b.1** | Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR 1614.203(d)(3)(D)] | Yes |  |
| **C.2.b.2** | Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)] | Yes |  |
| **C.2.b.3** | Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)] | Yes |  |
| **C.2.b.4** | Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)] | Yes |  |
| **C.2.b.5** | Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If “no”, please provide the percentage of timely-processed requests in the comment’s column. | No | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, however it has not yet been fully disseminated throughout NIH, including posting on the EDI website.  In FY 21 (79%) of RA request were processed within the required timeframe.  Not every request comes through our timeframes. |
| **C.2.c** | Has the agency established procedures for processing requests for personal assistance services that comply with EEOC’s regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR 1614.203(d)(6)] | No | Although NIH is working with the DHHS on an inter-agency agreement (IAA) to utilize HHS’s established PAS contract. NIH is developing SOP procedures for processing personal assistance services in a stand-alone contract. |
| **C.2.c.1** | Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR § 1614.203(d)(5)(v)] If “yes”, please provide the internet address in the comment’s column. | No | Detailed SOPs will be developed in accordance with applicable contract specifics, and posted on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.3 - The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **C.3.a** | Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program? | Yes | There is an element in all managers and supervisors’ administrative checklist performance requirements that evaluates their commitment to EEO policies and principles and their participation in the EEO program. |
| **C.3.b** | Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities? | N/A |  |
| **C.3.b.1** | Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I] | No |  |
| **C.3.b.2** | Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)] | No | Working with HHS to develop a department-wide element. |
| **C.3.b.3** | Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)] | No | Working with HHS to develop a department-wide element. |
| **C.3.b.4** | Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I] | No | Working with HHS to develop a department-wide element. |
| **C.3.b.5** | Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)] | No | Working with HHS to develop a department-wide element. |
| **C.3.b.6** | Provide disability accommodations when such accommodations do not cause an undue hardship? [ see 29 CFR §1614.102(a)(8)] | No | Working with HHS to develop a department-wide element. |
| **C.3.b.7** | Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)] | No | Working with HHS to develop a department-wide element. |
| **C.3.b.8** | Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2] | No | Working with HHS to develop a department-wide element. |
| **C.3.b.9** | Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)] | No | Working with HHS to develop a department-wide element. |
| **C.3.c** | Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)] | No | When there is a finding or a settlement due to management’s inaction or inappropriate action, the EDI Director provides guidance. |
| **C.3.d** | When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)] | No | When there is a finding or a settlement due to management’s inaction or inappropriate action, the EDI Director provides guidance. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.4 – The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.4.a** | Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)] | Yes |  |
| **C.4.b** | Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I] | No |  |
| **C.4.c** | Does the EEO office have timely access to accurate and complete data (e.g., demographic data for workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)] | No | Working with HHS to make the required changes to achieve accurate data collection and complete data reporting. |
| **C.4.d** | Does the HR office timely provide the EEO office with access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)] | Yes | EDI has been successful and able to access OHR data in a timely manner. Exit interview survey data is available, as other centralized data.  The recommendation is to close this plan as of 9/30/21. |
| **C.4.e** | Pursuant toSection II(C) of MD-715,does the EEO office collaborate with the HR office to: | N/A |  |
| **C.4.e.1** | Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)] | No | OHR and EDI have developed new partnerships to implement the AAP for people with disabilities (Part J.) |
| **C.4.e.2** | Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)] | Yes |  |
| **C.4.e.3** | Develop and/or provide training for managers and employees? [see MD-715, II(C)] | Yes |  |
| **C.4.e.4** | Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)] | No | In FY 22, the organization will brief leadership on the EconSys data findings, triggers, barriers, and initial recommendations to move the organization forward. |
| **C.4.e.5** | Assist in preparing the MD-715 report? [see MD-715, II(C)] | Yes | EDI has updated the H plans to name the appropriate HR responsible management officials needed to prepare the MD-715 report. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.5 – Following a finding of discrimination, the agency explores whether it should take a disciplinary action.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.5.a** | Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? 29 CFR § 1614.102(a)(6); see also Douglas v. Veterans Administration, 5 MSPR 280 (1981) | Yes |  |
| **C.5.b** | When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct?[see 29 CFR §1614.102(a)(6)]If “yes”, please state the number of disciplined/sanctioned individuals during this reporting period in the comments. | No | EDI is establishing a tracking system of discipline or sanctioning for discriminatory conduct. |
| **C.5.c** | If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct?[see MD-715, II(C)] | Yes | We inform the Responsible Management Official and the Executive Officer for the Institute or Center. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.6 – The EEO office advises managers/supervisors on EEO matters.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.6.a** | Does the EEO office provide management/supervisory officials with regular EEO updates on at least an annual basis, including EEO complaints, workforce demographics and data summaries, legal updates, barrier analysis plans, and special emphasis updates? [see MD-715 Instructions, Sec. I] If “yes”, please identify the frequency of the EEO updates in the comment’s column. | Yes | EDI provides management/supervisory officials with regular EEO updates on a biannual basis. |
| **C.6.b** | Are EEO officials readily available to answer managers’ and supervisors’ questions or concerns? [see MD-715 Instructions, Sec. I] | Yes |  |
|  | | | |
| **Essential Element D: Proactive Prevention This element requires that the agency head make early efforts to prevent discrimination and to identify and eliminate barriers to equal employment opportunity.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.1 – The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **D.1.a** | Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I] | Yes | This plan is now closed. In FY2020 NIH procured a 5-Year Barrier Analysis Contract. |
| **D.1.b** | Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] | Yes | This plan is now closed. In FY2020 NIH procured a 5-Year Barrier Analysis Contract. |
| **D.1.c** | Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR 1614.203(d)(1)(iii)(C)] | No |  |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.2 – The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **D.2.a** | Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)] | No | EconSys completed their year one trigger analysis that will lead to a full barrier analysis. The expected completion date is November 2022. |
| **D.2.b** | Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability?[see 29 CFR §1614.102(a)(3)] | Yes |  |
| **D.2.c** | 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 realignments? [see 29 CFR §1614.102(a)(3)] | Yes | In coordination with NIH Office of Management Analysis (OMA), EDI reviews all proposed organization changes at the NIH. Please refer to <https://policymanual.nih.gov/0001>. |
| **D.2.d** | Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] If “yes”, please identify the data sources in the comment’s column. | No | Sources of data include but are not limited to complaint/grievance data, employee climate surveys, affinity groups, anti-harassment program, special emphasis programs, reasonable accommodation program. We do not currently have access to exit interview data, as well as some other data sources. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.3 – The agency establishes appropriate action plans to remove identified barriers.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **D.3.a.** | Does the agency effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices?[see 29 CFR §1614.102(a)(3)] | No | Action plans have not yet been identified because trigger and barrier analysis are still in progress. |
| **D.3.b** | If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)] | No | Part I plans have not yet been identified because trigger and barrier analysis are still in progress. |
| **D.3.c** | Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)] | Yes |  |
|  |  |  |  |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.4 – The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **D.4.a** | Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)] Please provide the internet address in the comments. | Yes | <https://www.edi.nih.gov/sites/default/files/downloads/md-715/2020/nih-aap-pwd-2020.pdf> |
| **D.4.b** | Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR 1614.203(d)(1)(i)] | Yes | The Special Emphasis Program Manager circulates announcements to the disability community, search committees are provided with information for advertising vacancies with organizations serving individuals with disabilities, the schedule A hiring authority is utilized and the Workforce Recruitment Program is used as a source for filling vacancies. |
| **D.4.c** | Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR 1614.203(d)(1)(ii)(A)] | Yes |  |
| **D.4.d** | Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)] | No | EDI and HR are partnering to identify and implement strategies to increase the number of individuals with disabilities in the workforce. |
|  | | | |
| **Essential Element E: Efficiency This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency’s EEO programs and an efficient and fair dispute resolution process.** | | | |
| This section does not have check boxes  **Compliance Indicator** | **E.1 -** **The agency maintains an efficient, fair, and impartial complaint resolution process.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| downarrow  **Measures** |
| **E.1.a** | Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105? | Yes |  |
| **E.1.b** | Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session**,** pursuant to29 CFR §1614.105(b)(1)? | Yes |  |
| **E.1.c** | Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant toMD-110, Ch. 5(I)? | Yes |  |
| **E.1.d** | Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO Counselor report, pursuant to MD-110, Ch. 5(I)? If so, please provide the average processing time in the comments. | Yes | The average processing time is 60 calendar days. |
| **E.1.e** | Does the agency ensure all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to29 CFR §1614.102(b)(6)? | Yes |  |
| **E.1.f** | Does the agency timely complete investigations, pursuant to 29 CFR §1614.108? | Yes | Overall, NIH completed 100% of investigations timely. The recommendation is to close this H plan.  . |
| **E.1.g** | If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)? | Yes |  |
| **E.1.h** | When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to29 CFR §1614.110(b)? | Yes | NIH hired a full time FTE Final Agency Decision (FAD) writer as of 9/30/2021, that develops non-election FADs on behalf of NIH within the 60-day legal required timeframe.  The recommendation is to close this H plan. |
| **E.1.i** | Does the agency timely issue final actions following receipt of the hearing file and the administrative judge’s decision, pursuant to 29 CFR §1614.110(a)? | N/A | Handled at the DHHS Level. |
| **E.1.j** | If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If “yes”, please describe how in the comments column. | N/A | NIH uses an HHS centralized contract for EEO investigations. |
| **E.1.k** | If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays during performance review? [See MD-110, Ch. 5(V)(A)] | Yes |  |
| **E.1.l** | Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.2 – The agency has a neutral EEO process.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **Revised Indicator** |
| **E.2.a** | Has the agency established a clear separation between its EEO complaint program and its defensive function?[see MD-110, Ch. 1(IV)(D)] | Yes |  |
| **E.2.b** | When seeking legal sufficiency reviews, does the EEO office have access to sufficient legal resources separate from the agency representative? [see MD-110, Ch. 1(IV)(D)] If “yes”, please identify the source/location of the attorney who conducts the legal sufficiency review in the comment’s column. | Yes | The Resolution and Equity Division performs the sufficiency review. |
| **E.2.c** | If the EEO office relies on the agency’s defensive function to conduct the legal sufficiency review, is there a firewall between the reviewing attorney and the agency representative?[see MD-110, Ch. 1(IV)(D)] | N/A | We do not rely on the agency defensive function to conduct the legal sufficiency review. |
| **E.2.d** | Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions?[see MD-110, Ch. 1(IV)(D)] | Yes |  |
| **E.2.e** | If applicable, are processing time frames incorporated for the legal counsel’s sufficiency review for timely processing of complaints? EEOC Report, *Attaining a Model Agency Program: Efficiency* (Dec. 1, 2004) | N/A |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.3 - The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **E.3.a** | Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process?[see 29 CFR §1614.102(b)(2)] | Yes | This plan is closed as of 2019. We do not see any gap in services with regards to mediation at this time. We have an Interagency agreement with FMCS for mediation and utilize Shared Neutrals. The agency will hire a mediator in fiscal year 2022. |
| **E.3.b** | Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)] | Yes |  |
| **E.3.c** | Does the agency encourage all employees to use ADR, where ADR is appropriate?[see MD-110, Ch. 3(IV)(C)] | Yes |  |
| **E.3.d** | Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)] | Yes |  |
| **E.3.e** | Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)] | Yes |  |
| **E.3.f** | Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.4 – The agency has effective and accurate data collection systems in place to evaluate its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **E.4.a** | Does the agency have systems in place to accurately collect, monitor, and analyze the following data? | N/A |  |
| **E.4.a.1** | Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II€] | Yes |  |
| **E.4.a.2** | The race, national origin, sex, and disability status of agency employees?[see 29 CFR §1614.601(a)] | No | HHS plans to resurvey the workforce in fiscal year 2022 to ensure we have accurate data. |
| **E.4.a.3** | Recruitment activities? [see MD-715, II€] | No |  |
| **E.4.a.4** | External and internal applicant flow data concerning the applicants’ race, national origin, sex, and disability status? [see MD-715, II€] | No | The agency has access to some applicant flow data but not all. |
| **E.4.a.5** | The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)] | Yes |  |
| **E.4.a.6** | The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2] | Yes |  |
| **E.4.b** | Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I] | No |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.5 – The agency identifies and disseminates significant trends and best practices in its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **E.5.a** | Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If “yes”, provide an example in the comments. | Yes | NIH uses iComplaints as the tool to develop complaints trends reports. |
| **E.5.b** | Does the agency review other agencies’ best practices and adopt them, where appropriate, to improve the effectiveness of its EEO program?[see MD-715, II(E)] If “yes”, provide an example in the comments. | Yes | Barrier Analysis benchmarking. |
| **E.5.c** | Does the agency compare its performance in the EEO process to other federal agencies of similar size? [see MD-715, II(E)] | Yes |  |
|  | | | |
| **Essential Element F: Responsiveness and Legal Compliance This element requires federal agencies to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **F.1 – The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **F.1.a** | Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions?[see 29 CFR §1614.102(e); MD-715, II(F)] | Yes |  |
| **F.1.b** | Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)] | Yes |  |
| **F.1.c** | Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)] | Yes |  |
| **F.1.d** | Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)] | Yes |  |
| **F.1.e** | When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **F.2 – The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **F.2.a** | Does the agency timely respond and fully comply with EEOC orders?[see 29 CFR §1614.502; MD-715, II(E)] | No |  |
| **F.2.a.1** | When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate EEOC hearing office? [see 29 CFR §1614.108(g)] | Yes |  |
| **F.2.a.2** | When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501] | Yes |  |
| **F.2.a.3** | When a complainant files an appeal, does the agency timely forward the investigative file to EEOC’s Office of Federal Operations?[see 29 CFR §1614.403(e)] | N/A | Handled at DHHS Level. |
| **F.2.a.4** | Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance? | Yes |  |
|  | | | |
| This section does not have check boxes This section Part G has identified over 60 deficiencies within the NIH on and organizational level.  All deficiencies were identified as a Yes **Compliance Indicator**  downarrow **Measures** | **F.3 - The agency reports to EEOC its program efforts and accomplishments.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **F.3.a** | Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)] | N/A | Handled at the DHHS Level. |
| **F.3.b** | Does the agency timely post on its public webpage its quarterly No FEAR Act data?[see 29 CFR §1614.703(d)] | Yes |  |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | Is the agency head the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)] B.1.a  If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If “yes,” please provide the title of the agency head designee in the comments. B.1.a.1 |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2021 | Align EEO reporting structure with Statutory requirements | 9/30/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kimberly Kirkpatrick | Yes |
| NIH Legal Advisor, Office of General Council | David Lankford, Esq. | No |
| Director, Office of Human Resources | Julie Berko | No |

**Planned Activities Toward Completion of Objective:**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2024 | To align the NIH EEO Director reporting structure with the NIH agency, head to be compliant with the Elijah E Cummings Federal Employee Antidiscrimination Act of 2020 (**EECFEAA**). | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2021** | This is a new H Plan and NIH will follow the guidance from the DHHS/EEODI level.  The NIH EEO Director reported to the NIH Head of Agency Designee from October 1, 2020 – December 31, 2021- NIH Principal Deputy Director, Lawrence A. Tabak, DDS, Ph.D.  The DHHS/EEODI has developed a comprehensive Departmentwide EEO reporting structure. In the third quarter of 2024, EEODI projects HHS leadership will approve a plan to transition HHS OpDivs to the new reporting structure to comply with the **EECFEAA**. (See HHS/EEODI H Plan) |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | HHS/NIH has not yet allocated sufficient funding and qualified staffing to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews **B.4.a.3** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2019 | NIH seeks to increase the budget and staffing to fully support the success of its EEO program areas of investigations and final agency decisions. | 4/30/2020 | 9/30/2022 | 9/30/2021 |
| 09/30/2021 | HHS seeks to eliminate the backlog of FADs. | 09/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kimberly Kirkpatrick | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2020 | EDI will work with NIH leadership for alternative sources for EEO investigations and final agency decisions. | No | 9/30/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | These services were previously provided for a fee through a central contract through HHS. On April 26, 2019, HHS informed all HHS Operating Divisions (OpDivs), including the NIH, that they contract for EEO investigations, Final Agency Decisions, EEO Counseling, Mediation services which was set to expire on 4/30/2019, would not be renewed and that OpDivs were charged with figuring out how to provide those services. On May 1, 2019, Cynthia Richardson-Crooks, J.D., Director, Equal Employment Opportunity Compliance & Operations, Department of Health and Human Services, held a conference call with the EEO Directors of the HHS OpDivs and informed them that the contract would in fact be renewed for one more year to allow the OpDivs time to put plans in place to perform these services. However, OpDivs were told that we are not permitted to put contracts in place for these services. The contract will be extended to 4/30/2020 and thereafter, services are to be provided at the OpDiv level. OpDivs were advised to evaluate internal resources to assume future investigative, mediation, FAD writing, and counseling services effective 4/30/2020. |
| **2019** | Budget submission was completed, request is still in the budget process as of 12/12/19.  Dates for planned activities have been modified as needed. |
| **2020** | Budget submission was completed, request is still in the budget process as of 11/6/2020.  Received approval to hire two investigators in April 2020. Onboarded two new Investigators September and October of 2020. Requesting modification to extend this plan out to 9/30/2021, we are still waiting on approval of several other positions. We also need time to train and ramp up the investigations team. Additional time will also be need if we get approval for other positions (post, fill and onboard).  Dates for planned activities have been modified as needed. |
| 2021 | HHS handles all elected FADs and NIH handles default FADs.  R&E received approval to fill positions for investigators and FAD writers. We have hired a total of four investigators and a FAD writer, and we are waiting to hire a Branch Director for the Investigators. NIH anticipates having the investigations branch fully staffed in fiscal year 2022.  HHS continues to work on eliminating the backlog. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency - Closed plan as of FY 2021**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | Pursuant to 29 CFR §1614.102(a)(1), has NIH allocated sufficient funding and qualified staffing to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] **B.4.a.4** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2019 | Ensure that all NIH managers and supervisors receive training related to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR | 9/30/2024 |  | 11/30/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Data Analytics and Customer Outreach Division (EDI) | Dawn Wayman | Yes |
| Acting Director, Customer Outreach and Education Branch (EDI) | Edward Dorsey | Yes |

**Planned Activities Toward Completion of Objective:**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2024 | Update mandatory training on No FEAR and anti-harassment to include, religious accommodations, disability accommodations, and ADR | Yes |  | 11/30/2021 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | All FTES currently get training on EEO– accomplished on 11/15/2019), however, the training does not currently include religious accommodations, reasonable accommodations, or the ADR process.  Over 99.5% over NIH workforce trained. Total Training Completed: 35488  FTEs: 17,640 (100% of employees with an active directory based on NIH nVision data at the time  Contractors: 13,648  Fellows/trainees: 4,200 |
| **2020** | Modifications were made to the training before the 2020 launch. Cases studies on religious accommodation and disability were added. ADR process examples are not yet included.  Over 94.5% over NIH workforce trained. Total training completed: 35,172 as of 12/09/2020.   * FTEs: 17,823 (Based on IAM)/nVISION * Contractors: 13,298 * Fellows/trainees: 4,051 |
| **2021** | Closed plan as of FY 2021. The NIH has allocated sufficient funding and qualified staffing to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR. These trainings are offered through the NIH No Fear and POSH trainings, as well as the NIH EEO Training Program led by the NIH Office of Equity, Diversity, and Inclusion.  Modifications were made to the anti-harassment training before the 2021 launch. Cases studies on religious accommodation and disability were added.  Over 97.9% of the NIH workforce was trained. Total training completed: 37,298 as of 12/01/2021.   * FTEs: 18,682 (Based on IAM)/nVISION * Contractors: 14,452 * Fellows/trainees: 4,164   Current trainings offered by EDI include:   * Building an Inclusive Workplace for Supervisors * Safe Zone Training * EEO Compliance for Managers and Supervisors * Workplace Harassment for Employees * EEO Compliance for Employees * Reasonable Accommodations for Supervisors * Reasonable Accommodations for Employees * Anti-Retaliation for Supervisors * Anti-Retaliation for Employees * Anti-Bullying * Prevention of Workplace Harassment for Employees * Prevention of Workplace Harassment for Managers and Supervisors * Prevention of Workplace Harassment for Clinician * New Employee Orientation * No FEAR and POSH Training   In addition, the NIH Training Center offers:   * Bystander Training for Employees * Bystander Training for Supervisors   Dates for planned activities have been modified with completion dates. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | Pursuant to 29 CFR §1614.102(a)(1), has NIH allocated sufficient funding and qualified staffing to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. **B.4.a.7** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2020 | Work with HHS to allocate sufficient resources to achieve and maintain accurate data collection for workforce demographics and applicant flow. | 9/30/2021 | 9/30/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Data Analytics and Customer Outreach Division (EDI) | Dawn Wayman | Yes |
| Director, Data Analytics Branch (EDI) | Martha E. Hennen, Ph.D. | Yes |

**Planned Activities Toward Completion of Objective:**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2021 | Work with HHS to allocate sufficient resources to achieve and maintain accurate data collection for workforce demographics and applicant flow. | Yes | 9/30/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDivs) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDivs effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms, and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **2021** | NIH’s Office of Equity, Diversity, and Inclusion (EDI) has allocated budgetary funding for full-time equivalent staffing sufficient to support the data collection and tracking systems for workforce data. EDI is in the process of filling two vacant positions (statistician and data analyst) available within the current budget allocation.  In late 2021, NIH staff from the Office of Equity, Diversity, and Inclusion took the following actions to uncover, address, and assist in resolving data integrity issues supporting HHS transitioned the MD-715 BIIS tables to meet the EEOC instruction.   * Explored and confirmed the volume of non-citizens working at NIH who are excluded from MD-715 workforce data tables * Provided troubleshooting and support for HHS to update leadership definitions for BIIS tables A/B 3 and 8 based on EEOC guidance issued in January 2020 * Responded quickly with a plan and supporting tool to enable using revised CLF estimates from the EEO Tabulation received from EEOC on 12/20/21 * Provided full documentation and analysis of data in Part J on persons with disability * Expanded analysis of Applicant Flow Data for temporary and permanent appointment types of jobs posted in USAJobs * Coordinated across EDI on definitions for the NIH’s mission critical occupations * Completed Parts H to replace the standard language about data integrity on a variety of topics non-overlapping with the specific Parts H where data are at issue * Reviewed and documented the calculation of Inclusion Rates for Persons without Targeted Disability in Table B 9 -2 * Provided feedback in writing and through meetings with HHS Data programmers to understand, troubleshoot, and resolve a number of needed updates as the BIIS tables were posted”   Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | All managers and supervisors have not yet received training on their responsibilities under the following areas under the agency EEO program: Reasonable Accommodation Procedures **B.5.a.2** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Provide ongoing RA training to NIH managers, supervisors, and employees. | 1/31/2020 | 9/30/2024 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |
| Acting Director, Data Analytics and Customer Outreach Division (DACO), EDI | Dawn Wayman | Yes |
| Acting Director, Customer Outreach and Employee Development Branch (COED), (EDI) | Edward Dorsey | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2017 | Roll out new RA training for managers, supervisors, and employees. | Yes |  | 9/30/2017 |
| 12/31/2018 | 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.) | Yes | 5/30/2018 | 12/31/2018 |
| 1/31/2020 | Ensure that the new online NoFEAR training module identifies responsibilities in regard to RA procedures. | Yes | 9/30/2024 | 8/30/2021 |
| 1/31/2023 | Develop RA training modules to be available through the NIH’s Learning Management System (LMS). | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. <https://policymanual.nih.gov/2204> |
| **2020** | Dates for planned activities have been modified as needed.  EDI provided quarterly Reasonable Accommodation training opportunities for NIH supervisors upon request. In FY 2020, 616 supervisors received this training. |
| **2021** | In FY 21, a total of 401 NIH staff were trained in Reasonable Accommodation (231 supervisors and managers and 170 employees). EDI also provided Reasonable Accommodation Training to 165 employees of the Administration for Children and Families (ACF). EDI offers quarterly Reasonable Accommodation training for NIH staff. Additionally, in 2021 RA training is provided to individual offices and groups upon request.  In 2021 EDI added additional scenarios to the annual NoFEAR training to include specific situations related to disability and reasonable accommodations. These new scenarios were rolled out in the annual NoFEAR training on 8/30/2021. Additionally, EDI contracted to produce short videos portraying RA scenarios and the NIH RA process for use in future reasonable accommodation trainings.  A new planned activity was added to develop RA training modules to be available through the NIH’s Learning Management System (LMS). |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | All managers and supervisors have not yet received training that equips them with interpersonal skills in order to supervise most effectively with diverse employees and avoid disputes arising from ineffective communications. **B.5.a.4** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2019 | Ensure that all NIH managers and supervisors receive training related to interpersonal skills needed to manage a diverse workforce. | 6/30/2022 | 9/30/2024 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Workforce Support and Development Division (WSDD), OHR | Kristen-Dunn-Thomason | No |
| Director, Data Analytics and Customer Outreach Division (EDI) | Dawn Wayman | Yes |
| Acting Director, Customer Outreach and Education Branch (EDI) | Edward Dorsey | Yes |

**Planned Activities Toward Completion of Objective 1)**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/30/2019 | Collaborate with the NIH Training Coordinators to identify ways to provide interpersonal skills training to manage a diverse workforce. | Yes | 12/30/2022 |  |
| 6/30/2020 | Include content related to interpersonal skills needed to manage a diverse workforce in EDI’s in-person trainings. | Yes | 9/30/2024 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report. |
| **2019** | Dates for planned activities have been modified as needed. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | All NIH managers and supervisors are required to complete formal training in the initial twelve months of their new roles as supervisors. In addition, retraining is required every three years. The NIH Training Center oversees this training program. The NIH Supervisory Essentials Training equips NIH supervisors and managers with the knowledge, skills and techniques needed to grow their performance as leaders, as well as ways to effectively manage and support their staff's performance and development.  In addition, the NIH Training Center offers several courses designed to equip our organization’s leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications. These trainings include:   * Building Effective Teams * Customer Service at NIH * Effective Communications and Leadership Presence * Emotional Intelligence * Executive Supervisory Essentials Training * Management and Coaching Skills for Leaders * Managing Up, Down and Across * Motivating and Engaging NIH Employees * Success Strategies for Introverted Leaders * SuperShort: Effective Feedback * SuperShort: Performance Conduct * Turning Obstacles into Opportunities * Virtual Engagement Techniques   The Office of Equity, Diversity and Inclusion offers the following trainings designed to equip our organization’s leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications:   * Building an Inclusive Workplace for Supervisors * Safe Zone Training * EEO Compliance for Managers and Supervisors * RA for Supervisors * Anti-Retaliation for Supervisors * Anti-Bullying * Prevention of Workplace Harassment for Managers and Supervisors   During the next year, we will be developing a plan to identify which managers have not completed one of our EEO focused trainings for supervisors and managers. We will also be encouraging Executive Officers to include a requirement for all managers and supervisors to complete one of these trainings in their annual PMAP.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | All supervisors and managers have not yet been trained on ADR, with emphasis on the federal government’s interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR. **B.5.a.5** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/10/2019 | Provide ADR training to all NIH managers, and supervisors. | 9/30/2022 | 9/30/2024 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director of the Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director of the Data Analytics and Customer Outreach Division (EDI) | Dawn Wayman | Yes |
| Acting Branch Chief, Customer Outreach and Education Branch, (EDI) | Edward Dorsey | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2022 | Provide ADR training for all managers, and supervisors through the existing Supervisory Essentials Training and Supervisory Refresher Training. In collaboration with the NIH Training Center. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report. |
| **2019** | Our current mandatory training does not include ADR; however, it is included in the EEO compliance training (not mandatory).  Dates for planned activities have been modified as needed. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | We have communicated with the NIHTC to determine the process for adding new content to the existing Supervisory Essentials Training and Supervisory Refresher Training. The ADR content will be finalized before it is incorporated into the next iteration of the training. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | When barriers are identified, senior managers do not yet assist in developing agency EEO action plans**B.6.c** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Involve senior managers in action planning for addressing barriers. | 9/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates. Ensure that senior managers are engaged in action planning for addressing barriers. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **FY 2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  EDI has expanded the definition of senior managers to be more inclusive, not just limited to SEP Champions.  This H plan is still open while barriers are identified by the contractor and then involvement of senior managers will be engaged in the development of action plans for addressing barriers. |
| **FY2021** | NIH has a one year, which includes a five-year option contract in place with EconSys. The contract is currently funded for two years, but the anticipation is that the funding will be available for the life of the contract. The project involves a series of reviews and analyses that will aid the agency in becoming a more diverse and inclusive organization. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. These analyses will allow the EconSys Team to propose evidence-based plans of action or interventions to eliminate or reduce the barriers.  The involvement of senior managers in the development of action plans to address barriers takes place in a variety of ways, including, but not limited to:   * NIH and IC Senior Leaders (Directors and Executive Officers) participate in developing the NIH-wide DEIA strategic plan to align with Executive Order (E.O.) 14035. * IC Senior Leaders (Directors and Executive Officers) participate in developing IC level action plans to address Management Directive-715 that are aligned with the NIH-wide DEIA strategic plan and E.O. 14035. * IC Scientific Directors and Senior Leaders develop equity plans to address scientific workforce diversity.   IC Senior Leaders (Directors and Executive Officers) participate to develop action Racial and Ethnic Equity Plan (REEP).  This H plan is still open while barriers are identified by the contractor and then involvement of senior managers will be engaged in the development of action plans for addressing barriers. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | Senior managers do not yet successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans**B.6.d** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Involve senior managers in incorporating and implementing the EEO Action Plan Objectives into NIH and IC strategic plans. | 09/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, of the Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director of the Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates. Ensure that senior managers are engaged in action planning for addressing barriers. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  Removed an activity to update the Standard Operating Procedures (SOP) for Executive Champions of the Special Emphasis Portfolio (SEP) engagement teams, including the responsibility to implement EEO Action Plans and Incorporate those plans into agency and IC strategic plans. |
| **FY 2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  EDI has expanded the definition of senior managers to be more inclusive, not just limited to SEP Champions.  This H plan is still open while barriers are identified by the contractor and then senior managers will be engaged in the development of incorporating the EEO Action Plan Objectives into NIH and IC strategic plans. |
| **2021** | NIH has a one year, which includes a five-year option contract in place with EconSys. The contract is currently funded for two years, but the anticipation is that the funding will be available for the life of the contract. The project involves a series of reviews and analyses that will aid the agency in becoming a more diverse and inclusive organization. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. These analyses will allow the EconSys Team to propose evidence-based plans of action or interventions to eliminate or reduce the barriers.  This H plan is still open while barriers are identified by the contractor and then senior managers will be engaged in the development of incorporating the EEO Action Plan Objectives into NIH and IC strategic plans.  In the meantime, examples of IC level action plans in DEIA that are aligned with objectives for barrier elimination include:   * The Center for Scientific Review (CSR) awarded a contract to Snowbird Consulting Group to conduct a top-to-bottom assessment of the organizational culture to assess recruitment, hiring, development policies and procedures related to building a diverse workforce. * The National Center for Complementary and Integrative Health (NCCIH) assessed the entire staff in collaboration with the NIH Ombudsman Office to survey employees on the perceived organizational culture to determine pain points related to civility, diversity, and inclusion. * The National Cancer Institute (NCI) assessed workforce demographic data and the Federal Employee Viewpoint Survey data to address barriers to diverse recruitment and retention as well as employee perceptions on performance management and employee recognition. * The National Institute on Diabetes and Digestive Kidney Diseases (NIDDK) conducted assessment on the Federal Employee Viewpoint Survey data to evaluate organizational culture and performance. Additionally, the NIDDK also created the Civility, Diversity, and Inclusion Committee to assess civility, diversity, and inclusion across the organization. * The National Institute of Environmental Health Sciences (NIEHS) assessed the Federal Employee Viewpoint data to lead an action plan for managers to strengthen inclusion initiatives. * The National Institute of Allergy and Infectious Diseases (NIAID) assessed the Federal Employee Viewpoint data to improve organizational culture and correct potential barriers. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency - Closed Plan as of FY 2021**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH does not conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process **C.2.a.5** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2019 | Develop an automated system to track the time between when an allegation is received and the start of the inquiry. | 12/15/2021 |  | 12/2/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kendrick T. Gibbs | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Stephon Scott | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Civil Office, OHR | Jessica Hawkins | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2021 | Civil will be adding a field in the system specifically to track the time between when an allegation is received and the start of the inquiry to ensure compliance with this requirement at the click of a button. | Yes |  | 9/16/2020 |
| 12/15/2021 | EDI will work with Civil Office to identify the average time to begin an inquiry. The percentage of timely processed inquiries will be reported in the MD-715 for FY 2021. | Yes |  | 12/2/2021 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | Civil implemented an internal workflow tracking system to track all allegations of harassment and inappropriate conduct they receive. Civil also hired a contractor to manage all intakes the program receives from their web intake form, toll free hotline, and direct line. The Intake Specialist begins tracking the case in the system as soon as it is received and initiates a review of the matter within 1 – 2 business days of receiving the allegation. It is then assigned to a specialist, who reviews the allegation(s) determine next steps. |
| **2020** | Due to the dramatic growth of the Anti-Harassment program, and strong indicators of future sustained growth, the Civil Program is continuing to expand to ensure they are adequately staffed to carry out its mission. NIH leadership approved an additional expansion to the current Civil Branch structure that is made up of 9 FTEs, including 1 Supervisor over 8 specialists, and 1 contractor. The updated structure to the Civil Branch will be made up of 13 FTEs, including a Branch Chief, two supervisory team leaders, and 9 specialists split between two teams. It will also include an assistant to manage administrative logistics for the branch. This update to the staffing structure will mitigate programmatic risk by providing support to case management as well as training and outreach activities and will ensure program continuity by overseeing day to day internal operations and executing program service and administration initiatives. The two supervisory team leaders (GS-14) and assistant have been advertised and selections are underway. The additional specialist positions will be announced in early 2021. |
| **2021** | This plan is now closed.  The Civil Branch restructuring has been fully implemented and only one position shy of being fully staffed. Branch leadership works regularly with the Workforce Relations Division Management Analyst Unit to conduct caseload analysis and ensure work is distributed evening across all staff. The Team Supervisors meet with their staff on a biweekly basis to go over all active cases they are managing to ensure cases are moving forward appropriately. Civil leadership also established a second Blanket Purchase Agreement so there are now two contractor options to conduct 3rd party administrative inquiries into complex cases with high-level scope and impact. They also developed and obtained blanket OMB approval for a standard climate assessment template to assist in narrowing the scope for very general or anonymous allegations they receive.  Last year, the Civil Branch committed to adding a new data field to their automatic system to track the time more accurately between when a case is received and when the review/inquiry starts. The new field was added to the Workflow Information Tracking System (WiTS) in September 2020. Since that time, there have been 390 civil cases accurately tracked; and of these cases, specialists began an inquiry within the 10-day timeframe 96.6% of the time (390 cases) and 80.8% of the time the specialist began an inquiry within 1 day of having received the case. The leadership team has also implemented a process to ensure all specialists prioritize entering full and accurate data 100% of the moving forward.  Lastly, Civil led the NIH in updating the NIH Anti-Harassment Policy, Manual Chapter 1311, incorporating feedback from multiple stakeholders and trans-NIH groups including the Office of Equity, Diversity, and Inclusion; UNITE; the Anti-Harassment Steering Committee; the Employee and Labor Relations Branch; the Office of Management Assessment; the Office of Intramural Training and Education; the Employee Assistance Program; the Office of the Ombudsman; and the HHS Office of General Counsel.  Dates for planned activities have been modified with completion dates. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH does not process all accommodation requests within the time frame set forth in its reasonable accommodation procedures. **C.2.b.5** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Utilize the RA tracking system to ensure timely processing and tracking of all NIH reasonable accommodation requests. | 12/31/2020 | 10/31/2022 |  |
| 12/22/2021 | NIH seeks to achieve a 90% rate of timely RA processing. | 12/31/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2020 | Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs. | Yes | 10/31/2022 |  |
| 12/31/2023 | EDI will develop additional data tracking and evaluation methods to improve overall data accuracy. | Yes |  |  |
| 12/31/2023 | Regularly monitor processing time and evaluate processes for efficiencies. | Yes |  | Ongoing and continuous |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan. In FY 2018 NIH received approximately 327 Reasonable Accommodation (RA) requests. Of the 327 RA requests a cumulative total of 297 (between 81% - 88%) were filled in a timely fashion according to NIH RA procedure guidelines. |
| **2019** | In FY 2019 NIH received approximately 215 Reasonable Accommodation (RA) requests. Of the 215 RA requests a cumulative total of 156 (72.55%) were processed in a timely fashion according to NIH RA procedure guidelines. |
| **2020** | We utilize a central tracking system for RA (2018-present). After two years of operation. We have identified deficiencies in our system tracking capabilities. We are updating our Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is “increased accuracy,” we would have to create success factors and a plan to measure them upon implementation of the new system.  Out of 156 approved accommodation requests 72.55% were processed within the required timeframe.    Not every request comes through EDI’s process and timeframes. |
| **2021** | A new objective and planned activities were added. Dates for planned activities have been modified as needed.  We utilize a central tracking system for RA (2018-present). We are in the process of launching an updated Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is “increased accuracy,” we will create success factors and a plan to measure them upon implementation of the new system.  In FY21 79% of reasonable accommodation requests were processed within the required timeframe.    Note: The NIH RA policy provides that managers do not have to utilize EDI to process all requests. The data reflected above is based on the RA requests processed by EDI. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH has not established procedures for processing requests for personal assistance services that comply with EEOC’s regulations, enforcement guidance, and other applicable executive orders, guidance, and standards. **C.2.c** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Establish procedures for processing requests for personal assistance services. | 04/30/2019 | 12/31/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 04/30/2019 | Develop SOPs to utilize centralized personal assistance services (PAS) contract vehicle. | Yes | 12/31/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. The policy includes the use of personal assistance services. <https://policymanual.nih.gov/2204>  Specific provision of PAS via HHS’s IDIQ has not yet occurred, as such we may need to develop an NIH contract. Currently, the IC would need to engage in a micro purchase to procure it.  Dates for planned activities have been modified as needed. |
| **2020** | A PAS contract vehicle has been established for FY 2021 with HHS. NIH is collaborating with HHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs for NIH’s utilization are forthcoming. |
| **2021** | Dates for planned activities have been modified as needed.  In FY21 EDI continued to work with the Department of Health and Human Services (HHS) on an inter-agency agreement (IAA) to utilize HHS’s established PAS contract. EDI is assessing whether a stand-alone NIH contract for PAS would be more effective in providing PAS as needed to NIH employees. Detailed SOPs for are still in development.  In FY21, NIH received one (1) new request for PAS in FY21 that was ultimately approved, and provision is being coordinated. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH has not posted its procedures for processing requests for Personal Assistance Services on its public website. **C.2.c.1** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Post procedures for processing requests for Personal Assistance Services on the NIH public website. | 05/30/2019 | 12/31/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 05/30/2019 | Post procedures for processing requests for Personal Assistance Services on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages. | Yes | 12/31/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. <https://policymanual.nih.gov/2204> |
| **2020** | Dates for planned activities have been modified as needed.  A PAS contract vehicle has been established for FY 2021 with HHS. NIH is collaborating with HHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs will be posted on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages. |
| **2021** | Dates for planned activities have been modified as needed.  EDI is evaluating the PAS contract vehicle established for FY 2021 with HHS. EDI is assessing whether NIH’s PAS needs would be better addressed via a NIH contract vehicle. Detailed SOPs will be developed in accordance with applicable contract specifics, and posted on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| Management and Program Accountability | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings **C.3.b.1** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Coordinate the inclusion of an element in manager/supervisor performance plans to evaluate their participation in ADR proceedings. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |
| Acting Director, Resolutions and Equity Division, (R&E), (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | EDI will identify and coordinate with the appropriate administrative parties to have an element in manager/supervisor performance plans to evaluate their participation in ADR proceedings. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | EDI is working with HHS to develop a department wide policy, new PMAP Elements, as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators **C.3.b.2** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Coordinate the inclusion of an element in managers/supervisors’ performance plans to ensure employees understand their responsibility to cooperate in the EEO process. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | EDI will identify the appropriate administrative parties ensure employees understand their responsibility to cooperate in the EEO process. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | EDI is working with HHS to develop a department wide policy, new PMAP Elements, as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation **C.3.b.3** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Include measurements in performance plans for managers and supervisors to ensure the NIH workplace is free from all forms of discrimination, including harassment and retaliation. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of CIVIL, (OHR) | Jessica Hawkins | No |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | Coordinate the inclusion of an element in managers/supervisor’s performance plans to ensure the NIH workplace is free from all forms of discrimination, including harassment and retaliation. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan, and therefore, NIH has no accomplishments to report currently. |
| **2019** | EDI is working with HHS to develop a department-wide policy, new PMAP Elements; as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | All subordinate supervisors have not yet received training that equips them with effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees. **C.3.b.4** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2019 | Ensure that all NIH managers and supervisors receive training related to interpersonal skills needed to manage a diverse workforce. | 6/30/2022 | 9/30/2024 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Workforce Support and Development Division (WSDD), OHR | Kristen-Dunn-Thomason | No |
| Acting Director, Data Analytics and Customer Outreach Division (EDI) | Dawn Wayman | Yes |
| Acting Director, Customer Outreach and Education Branch (EDI) | Edward Dorsey | Yes |

**Planned Activities Toward Completion of Objective 1)**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/30/2019 | Collaborate with the NIH Training Coordinators to identify ways to provide interpersonal skills training to manage a diverse workforce. | Yes | 12/30/2022 |  |
| 6/30/2020 | Include content related to interpersonal skills needed to manage a diverse workforce in EDI’s in-person trainings. | Yes | 9/30/2024 |  |
| 12/31/2022 | Collaborate with OHR and Executive Officers to ensure the following language is included on all performance plans for supervisors and managers: “Demonstrates support for EEO/DEIA and employee work life quality, fostering a cooperative work environment where diverse opinions are solicited and respected.” | Yes |  |  |
| 12/31/2022 | Identify all supervisors and managers who have not completed and EDI training during the preceding three years to align with the NIH’s existing cycle for supervisory training. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report. |
| **2019** | Dates for planned activities have been modified as needed. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | All NIH managers and supervisors are required to complete formal training in the initial twelve months of their new roles as supervisors. In addition, retraining is required every three years. The NIH Training Center oversees this training program. The NIH Supervisory Essentials Training equips NIH supervisors and managers with the knowledge, skills and techniques needed to grow their performance as leaders, as well as ways to effectively manage and support their staff's performance and development.  In addition, the NIH Training Center offers several courses designed to equip our organization’s leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications. These trainings include:   * Building Effective Teams * Customer Service at NIH * Effective Communications and Leadership Presence * Emotional Intelligence * Executive Supervisory Essentials Training * Management and Coaching Skills for Leaders * Managing Up, Down and Across * Motivating and Engaging NIH Employees * Success Strategies for Introverted Leaders * Super Short: Effective Feedback * Super Short: Performance Conduct * Turning Obstacles into Opportunities * Virtual Engagement Techniques   The Office of Equity, Diversity and Inclusion offers the following trainings designed to equip our organization’s leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications:   * Building an Inclusive Workplace for Supervisors * Safe Zone Training * EEO Compliance for Managers and Supervisors * RA for Supervisors * Anti-Retaliation for Supervisors * Anti-Bullying * Prevention of Workplace Harassment for Managers and Supervisors   During the next year, we will be developing a plan to identify which managers have not completed one of our EEO focused trainings for supervisors and managers. We will also be encouraging Executive Officers to include a requirement for all managers and supervisors to complete one of these trainings in their annual PMAP.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

|  |  |  |
| --- | --- | --- |
| **FY 2019 National Institutes of Health Plan** | | |
| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| **Integration of EEO into the agency’s Strategic Mission** | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Provide religious accommodations when such accommodations do not cause an undue hardship **C.3.b.5** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Include measurements in performance plans for managers and supervisors to ensure religious accommodations are provided when appropriate. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | Coordinate the inclusion of an element in managers/supervisor’s performance plans to ensure religious accommodations are provided when appropriate. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | EDI is working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

|  |  |  |
| --- | --- | --- |
| **FY 2019 National Institutes of Health Plan** | | |
| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| **Management and Program Accountability** | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Provide disability accommodations when such accommodations do not cause an undue hardship **C.3.b.6** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Include measurements in performance plans for managers and supervisors to ensure disability accommodations are provided when appropriate. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | Coordinate the inclusion of an element in managers/supervisor’s performance plans to ensure disability accommodations are provided when appropriate. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore, NIH has no accomplishments to report currently. |
| **2019** | EDI is working with HHS to develop a department-wide policy, new PMAP Elements; as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

|  |  |  |
| --- | --- | --- |
| **FY 2019 National Institutes of Health Plan** | | |
| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| **Integration of EEO into the agency’s Strategic Mission** | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Support the EEO program in identifying and removing barriers to equal opportunity **C.3.b.7** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Include measurements in performance plans for managers and supervisors to support in identifying and removing employment barriers for equal opportunity. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | Coordinate the inclusion of an element in managers/supervisor’s performance plans to support in identifying and removing employment barriers for equal opportunity. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | EDI is working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Support the anti-harassment program in investigating and correcting harassing conduct **C.3.b.8** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on procedures for investigating and correcting harassing conduct. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Office of CIVIL, (OHR) | Jessica Hawkins | No |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | EDI will identify the appropriate administrative parties and processes to have a new PMAP deliverable included for managers and supervisors to evaluate performance on this aspect. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Work with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

|  |  |  |
| --- | --- | --- |
| **FY 2019 National Institutes of Health Plan** | | |
| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| **Management and Program Accountability** | NIH does not require rating officials to evaluate the performance of managers and supervisors based on the following activities: Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority **C.3.b.9** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2022 | Include measurements in performance plans for managers and supervisors to ensure compliance with settlement agreements and other EEO related orders. | 12/31/2024 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Guidance, Education, and Marketing Division (GEM), (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (A&E), (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2024 | Coordinate the inclusion of an element in managers/supervisor’s performance plans to ensure compliance with settlement agreements and other EEO related orders | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | EDI is working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | This objective and the planned activities have been assessed and modified; dates have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | NIH’s EEO Director does not recommend to the agency head improvements or corrections for managers and supervisors who have failed in their EEO responsibilities **C.3.c** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/1/2019 | Develop a formal process to ensure that after a finding of discrimination or a settlement as a result of malfeasance of the manager that the EEO Director provides guidance on improvements or corrections, including remedial or disciplinary actions. | 11/30/2020 | 9/30/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Workforce Relations Division (OHR) | Celene Wilson | No |
| Director, Civil Office, Office of Human Resources (OHR) | Jessica Hawkins | No |
| Acting Director, Resolution & Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2020 | Research the process used by the Civil Office where the IC is given a recommendation for discipline based upon inappropriate action on the part of the manager. | Yes | 9/30/2023 |  |
| 3/30/2021 | Develop a policy and/or process and a tracking mechanism for considerations of discipline. | Yes | 9/30/2023 |  |
| 9/30/2021 | The EEO Director briefs NIH leadership and the Executive Officers on the change and new process for disciplining consideration. | Yes | 9/30/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new Part H plan and therefore no accomplishments are available at this time. |
| **2019** | The planned activities and target dates were modified to include research on the process that OHR/Civil uses where the IC is given a recommendation for discipline based upon inappropriate action on the part of the manager. |
| **2020** | Research benchmarking of other Agency and Company EEO policies was conducted May-September 2020. Draft policy/procedures are being drafted. Next steps are to evaluate CIVIL process of discipline and draft EDI/R&E process. |
| **2021** | Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

|  |  |  |
| --- | --- | --- |
| **FY 2019 National Institutes of Health Plan** | | |
| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| **Management and Program Accountability** | When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? **C.3.d** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/1/2019 | Develop policy and/or procedures to track and monitor if the EEO Director’s disciplinary action recommendations were implemented. | 11/30/2020 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kimberly Kirkpatrick | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 08/30/2020 | Develop and implement tracking mechanism to monitor if actions are taken when cases are referred for consideration of remedial or disciplinary for managers and supervisors named in complaints. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | The planned activities and target dates were modified to streamline the development of the strategic plan on tracking and monitoring whether the EEO Director’s referred recommendations on remedial or disciplinary actions are implemented for managers and supervisors. |
| **2020** | Research benchmarking other Agency ad Company EEO policies was conducted May-September 2020. Draft policy/procedures are being drafted. Next steps are to evaluate CIVIL process of discipline and draft EDI/R&E process. |
| **2021** | R&E has developed procedures as an interim to track cases that are referred for remedial or discipline action consideration until the transition from iComplaints to Entellitrak (ETK) is completed.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

|  |  |  |
| --- | --- | --- |
| **FY 2020 National Institutes of Health Plan** | | |
| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| **Management and Program Accountability** | NIH has not yet established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups **C.4.b** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2021 | Establish timetables to review at regular intervals policies, practices, and procedures, including the merit promotion program, employee recognition awards program, and development/training programs for systemic barriers that may be impeding full participation in the program by all EEO groups. | 6/30/2025 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2022 | Working with the policy office in OHR, EDI will establish a working group to determine all NIH policies and procedures that are related to merit promotion, employee recognition, employee development/training programs. | Yes |  |  |
| 6/30/2023 | Working group will develop a reasonable timeline to review these policies related to merit promotion, recognition, development, and training programs for barriers to various populations. | Yes |  |  |
| 6/30/2025 | Working group will review all NIH policies that fall in these management/personnel domains according to agreed upon timelines. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | NIH has no accomplishments to report currently. |
| **2020** | In September 2020, EconSys (contractor) has begun to conduct analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyzing, and identify triggers to find possible barriers. As this is an anticipated 5-year project, future phases of barrier analysis will take into account retention, promotions, awards, separations, and other parts of the employment lifecycle.  Thus far, EDI representatives and representatives from the Client Services Division and the Civil program in the Office of Human Resources (OHR) have been interviewed by Barrier Analysis contractors. The next steps are to provide NIH and IC policies to the BA contractors, and to continue interviewing other stakeholders (i.e., other OHR divisions, COSWD, IC leaders, NIH leaders, etc.).  Based on the findings from the barrier analysis contract, prioritizations will be made on which policies, procedures, and practices will be reviewed going into the future. A long-range schedule will be developed for an iterative review of the policies and practices related to merit promotion, employee recognition awards, employee development & training, management & personnel actions.    EDI will begin conducting disparity assessments on all new NIH policies to be reviewed for systemic barriers beginning in May of 2021. |
| **2021** | NIH has a one year, which includes a five-year option contract in place with EconSys. The contract is currently funded for two years, but the anticipation is that the funding will be available for the life of the contract. The project involves a series of reviews and analyses that will aid the agency in becoming a more diverse and inclusive organization. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. These analyses will allow the EconSys Team to propose evidence-based plans of action or interventions to eliminate or reduce the barriers. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency Closed Plan as of 9/30/2021**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | Does the EEO office have timely access to accurate and complete data (e.g., demographic data for leadership, training, and career development programs, required to prepare the MD-715 workforce data tables C.4.c |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Establish the necessary processes to obtain the required data sources to prepare the MD-715 plan and report and conduct barrier analysis. | 3/31/2020 | 3/31/2023 | 9/30/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Workforce Support and Development Division (WSDD), OHR | Kristen-Dunn-Thomason | No |
| Director, HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Acting Director of the Data Analytics and Customer Outreach Division (EDI) | Dawn Wayman | Yes |
| Director, Data Analytics Branch (EDI) | Martha Hennen, Ph.D. | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 5/15/2019 | Identify the systems and processes to obtain the required data sources needed to prepare the MD-715 plan and report as well as conduct barrier analysis. | Yes | 9/30/2020 | 9/30/2021 |
| 11/15/2019 | EDI will work with OHR to formulate viable plans to establish the necessary processes to obtain the required data sources to prepare the MD-715 plan and report. | Yes | 9/30/2021 | 9/30/2021 |
| 11/30/2019 | Identify any data deficiencies and establish corrective action plans. Request ad hoc BIIS reports from HHS. | Yes | 9/30/2022 | 9/30/2021 |
| 3/31/2020 | Collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training. | Yes | 9/30/2023 | 9/30/2021 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H Plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.   * The required data sources for MD-715 and barrier analysis are not yet available in terms of applicant flow, career development and leadership training. We want to assess the applicant flow issue further in 2020 and establish a more meaningful reporting cycle by 9/30/2020. Expanding the processes needed to collect career development and leadership training will also be assessed by the end of FY 2023. * EDI implemented bi-weekly meetings with DACO Data Analysts to identify, prioritize, and produce data needed for MD 715.  Feedback of these meetings have helped analysts expand the applicant flow data requirements of MD-715.  These meetings have become a forum for learning about the data gaps and limitations of various systems. * EDI established a system to gather information from stakeholders for Part J.  This includes, providing a template to the CIT OCIO section 508 Office, OHR Selective Placement Coordinator, EDI GEM Reasonable Accommodation Team, OD ORF Architectural Barrier Coordinator and EDI Resolution & Equity Division. Stakeholders received the template provided to stakeholders in early September for their offices to report their data for the MD-715 Part J. * Identified and corrected inconsistencies RCLF benchmarks for the analysis of Mission Critical Occupations. * Requested data from OHR in September for information regarding Schedule A and Selective Placement Coordinator. OHR provides the data from its Corporate Office to complete the MD-715 Part J. * Obtained access to recruitment reports via OHR’s Administrative Information Schedule [(AIS)](https://omoffice.od.nih.gov/programs/AdminCalendar/Lists/New%20AIS%20Calendar/DispForm.aspx?ID=3302&Source=https%3A%2F%2Fomoffice%2Eod%2Enih%2Egov%2Fprograms%2FAdminCalendar%2FSiteAssets%2FAIS%2Easpx) for updates on the status of vacancy announcements. * Worked with HHS on the integration of new BIIS 2.0 templates for MD-715 reports tables A and B.  Our review uncovered several deficiencies, such as errors in the formulas, use of latest Census Data and inconsistent CLF tabulations used for occupation-specific trigger and barriers analysis. Worked with the HHS BIIS developer to correct deficiencies that affected all HHS OPDIV MD-715 analysts.   Dates for planned activities have been modified as needed. |
| **2020** | * DACO continued to work with HHS on the integration of new BIIS 2.0 templates for MD-715 reports tables A and B.  Our review uncovered several deficiencies, such as errors in the formulas, use of latest Census Data and inconsistent CLF   tabulations used for occupation-specific trigger and barriers analysis. Worked with the HHS BIIS developer to correct deficiencies that affected all HHS OPDIV MD-715 analysts.  Dates for planned activities were modified as needed. |
| **2021** | This H Plan is closed as of FY 2021.  EDI has forged a strong relationship with the Office of Human Resources (OHR) to access demographic data as needed, notably to populate MD-715 workforce data tables.   In late 2021, NIH staff from the Office of Equity, Diversity, and Inclusion took the following actions to uncover, address, and assist in resolving data integrity issues supporting HHS transitioned the MD-715 BIIS tables to meet the EEOC instruction.   * Explored and confirmed the volume of non-citizens working at NIH who are excluded from MD-715 workforce data tables * Provided troubleshooting and support for HHS to update leadership definitions for BIIS tables A/B 3 and 8 based on EEOC guidance issued in January 2020 * Responded quickly with a plan and supporting tool to enable using revised CLF estimates from the EEO Tabulation received from EEOC on 12/20/21 * Modified and extracted additional internal data elements, Nature of Action codes, for promotions and awards than are available in HR-44, HR-76, HR-79, HR-116 * Provided full documentation and analysis of data in Part J on persons with disability * Expanded analysis of Applicant Flow Data for temporary and permanent appointment types of jobs posted in USAJobs * Coordinated across EDI on definitions for the NIH’s mission critical occupations * Completed Parts H to replace the standard language about data integrity on a variety of topics non-overlapping with the specific Parts H where data are at issue * Reviewed and documented the calculation of Inclusion Rates for Persons without Targeted Disability in Table B 9 -2 * Provided feedback in writing and through meetings with HHS Data programmers to understand, troubleshoot, and resolve a number of needed updates as the BIIS tables were posted”   Dates for planned activities have been modified with completion dates. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency Closed Plan as of FY 2021**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | Does the HR office timely provide the EEO office have timely access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? **C.4.d** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Establish a process to request exit interview data from OHR and the NIH Institutes and Centers | 12/31/2020 |  | 12/31/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director, Workforce Support and Development Division (WSDD), OHR | Kristen Dunn-Thomason | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2019 | Review the NIH-wide policy and procedures for exit interviews. | Yes |  | 6/30/2019 |
| 12/31/2025 | Determine what, if any processes, policies, and procedures are being utilized to collect, analyze, and produce exit interview reports. Conduct analysis on the number of people offered an exit interview vs. the number of people who do an exit interview. | No |  | 12/31/2021 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | OHR provides the exit survey report to us on a quarterly basis, however the individual ICs are collecting their own exit survey reports, or not participating at all in exit surveys.  Removed a planned activity to work with OHR to formulate viable plans to gain timely access to employee exit interview reports upon request. |
| **2020** | OHR and EDI met with the NIH off-boarding committee to discuss the possibility of leveraging the off-boarding workflow module (nSight) to encourage departing employees to complete the exit survey. The goal is to increase the participation rate of the NIH exit survey. ICs who used the workflow module had been asked to add the NIH exit survey into their off-boarding checklist. |
| **2021** | This H Plan is closed as of FY 2021.  EDI can access OHR data in a timely manner due to the strong interoffice relationship between EDI and OHR. Exit interview survey data is available, as are other centralized data.  The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Focusing on Latino or Hispanics, out of 389 employees who completed the ethnicity question on the exit survey in FY2021, 31 self-identified as Latino or Hispanic (7.97%). Among 395 employees who completed the disability questions on the exit survey in FY 2021, 24 self-identified as having a disability (6.98%). The small number of separating employees who self-identified as Latino or Hispanic or with a disability and completed the exit survey limits the reliability of conclusions to be drawn from these data about the reasons why those employees left the Agency. The reasons for separation are not combined with demographic information, so only general conclusions can be gleaned from the exit survey and not specific to Latino or Hispanic employees or individuals with disabilities.  Among total exit survey respondents, the top three most selected reasons for separation FY 2021 were:  1) “Retirement” (30% of respondents) (Up 7% from last year) 2) “Promotion/Higher Salary/Advancement Potential” (12%) (Down 3% from last year) 3) “Career Change” (9%) (Down 1% from last year)  Of those respondents who selected retirement as a reason for separation, 31% of respondents said they would have postponed retirement if they were more satisfied with their job, and 19% if they were more satisfied with their supervisor.  Dates for planned activities have been modified with completion dates. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | Does the EEO office collaborate with the HR office to implement the Affirmative Action Plan for Individuals with Disabilities? **C.4.e.1** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Establish a process for the EEO office to collaborate with the HR office to implement the Affirmative Action Plan for Individuals with Disabilities. | 10/30/2022 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director, Client Service Division (CSD), OHR | Joe Martin | No |
| Branch Chief, Cooperate Recruitment Unit (CRU), OHR | Mitzi Kosciulek | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/31/2020 | EDI will work with OHR to formulate viable plans to implement the Affirmative Action Plan for Individuals with Disabilities. | Yes | 10/30/2022 |  |
| 7/30/2020 | EDI will work with OHR to explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database. | Yes | 10/30/2022 |  |
| 8/30/2020 | EDI will work with OHR to provide training to all hiring managers on the use of hiring authorities that take disability into account. Training should also include upward mobility strategies for PWD. | Yes | 10/30/2022 |  |
| 9/30/2020 | When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A, 30% Disabled Veteran), create a standardized process for determining if the individual is eligible for appointment under such authority. If so, forward the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed. | Yes | 10/30/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently.  The NIH’s Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973.  Benchmarks for People with Disabilities and Targeted Disabilities   * People with disabilities 12% * People with targeted disabilities 2%   NIH’s Barrier Analysis Process  Step 1: Identify Triggers  Step 2: Investigate Barriers  Step 3: Devise Action Plan  Step 4: Assess Results |
| **2019** | EDI has been working closely with OHR in completing this project. The first step was completed by OHR by setting up an automatic email notification system to managers when someone’s 2-year probationary period is completed. Furthermore, at EDI we have established an all-NIH managers listserv that will provide hiring mangers updates on updates on hiring people with disabilities. We will continue to meet and work with OHR to ensure a seamless process for hiring managers to hire people with disabilities. In addition, under H plan b.s.a.4 we will include information within the managers/supervisors mandatory training module to include information regarding hiring people with disabilities.  Dates for planned activities have been modified as needed. |
| **FY 2020** | EDI established a system to gather information from stakeholders for Part J. This includes, providing a template to the CIT OCIO section 508 Office, OHR Selective Placement Coordinator, EDI GEM Reasonable Accommodation Team, OD ORF Architectural Barrier Coordinator and EDI Resolution & Equity Division. Stakeholders received the template provided to stakeholders in early September for their offices to report their data for the MD-715 Part J. OHR provides the data from its Corporate Office to complete the MD-715 Part J.    Further coordination is needed between the disability program manager and OHR to begin implementation on Part J action items. The Selective Placement Coordinator at NIH has been invited to the Disability Engagement Committee Meetings every month. The Disability Program Manager has made inquiries about working with OHR regarding their schedule A process and how we can work together on this area. Nothing has come from these inquiries. The selective placement coordinator asked the disability employment program manager to present on schedule A to all OHR branches; however, he has yet to receive a formal invite.  The disability program manager is working with our Barrier analysis contract to develop strategies to remove barriers within hiring at NIH. The goal is to provide OHR with these strategies and assist in implementing them. The disability program manager will continue to try to work with the Selective Placement Coordinator to develop a relationship that is needed to ensure that PWD are being hired at its fullest potential. |
| **2021** | OHR and EDI have developed new partnerships to implement the AAP for people with disabilities (Part J.) DACO/EDI has identified a solution for identifying and correcting Schedule A and Veterans who were hired the Disabled Veterans hiring authority. It is anticipated that this correction will significantly impact the accurate coding of people with disabilities and people with targeted disabilities at NIH within the next year. This correction of the baseline data for people with disabilities will help us with barrier analysis efforts going forward. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | The EEO office does not yet collaborate with the HR office to identify and remove barriers to equal opportunity in the workplace**C.4.e.4** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 01/01/2019 | EDI will execute the contract with EconSys to conduct barrier analysis in collaboration with the Office of Human Resources to identify and remove barriers to equal opportunity in the workplace. | 9/30/2022 | 09/30/2025 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director, Office of Human Resources | Julie Berko | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 8/15/2019 | Implement a series of working group meetings, to include the contractor, EDI representatives, and other NIH employees as needed, to conduct barrier analysis. With the working group, formulate viable plans to identify barriers to equal opportunity in the workplace. Establish a process for identifying triggers, starting with the recruitment phase of the employee lifecycle. | Yes |  | 9/28/2020 |
| 10/31/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers. | Yes | 10/30/2023 |  |
| 9/30/2019 | Identify two triggers for further examination and develop a report of the contractor’s progress. | Yes | 10/30/2023 |  |
| 10/31/2019 | Share the contractor’s progress with EDI and NIH Leadership. | Yes | 10/30/2023 |  |
| 10/31/2021 | Conduct root cause analyses to determine the causes of the identified triggers and pinpoint the causes of the discovered barriers. | Yes | 10/30/2023 |  |
| 9/30/2019 | EDI leaders will work with the EconSys contractor to formulate viable plans for analyzing the identified triggers to find possible barriers. | Yes | 10/30/2023 |  |
| 9/30/2023 | EDI leaders will work with the EconSys contractor to formulate viable plans for analyzing the identified triggers to find possible barriers. Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates. | Yes | 10/30/2024 |  |
| 9/30/2025 | In collaboration with the workgroup, successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **FY 2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **FY 2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  Modified to reflect recruitment as a central theme for barrier analysis. Dates for planned activities have been modified as needed. |
| **FY 2020** | NIH led the HHS organizational effort to ensure race and ethnicity data, inclusive of the category on two or more races and Native Hawaiian and Pacific Islander data is accessed, as well as, reported in compliance with Office of Management and Budget (OMB) regulations for the FY 2021 Management Directive 715 report. NIH also led the HHS initiative to ensure access to applicant flow data for Management Directive 715 reports in FY 2021.  At the end of FY 2020, the Office of Equity, Diversity, and Inclusion, (EDI) secured a contractor, EconSys, to perform Management Directive 715 Barrier Analysis. EconSys has been leading the formulation of questions for workgroup members around possible anomalies in recruitment and employment related policies, procedures, practices, and conditions. OHR has been interviewed and provided information around recruitment and retention at NIH. |
| **FY 2021** | The NIH engaged EconSys in a five-year project to assess Diversity, Equity, Inclusion and Accessibility (DEIA) outcomes. A draft report of year one’s performance was comprised of a summary of qualitative and quantitative findings and recommendations. Year one report concluded that the underrepresentation of protected groups exists for African Americans, Hispanics, and Asians in leadership positions. Native Americans and People with Disabilities throughout the organization are underrepresented. There are Hispanics underrepresented throughout the whole Federal government, including the NIH. Additionally, the recommendations included: use a more efficient/alternative tool to analyze the MD-715 data, continue using the EDI Rubric and strengthen its use (build recruitment and selection outcomes and monitor promotions into the EDI Rubric), and increase the importance and use of MD-715 beyond a reporting mandate to a guide to strengthen DEIA activities within the NIH and Institutes and Centers by informing relevant stakeholders, focus on the highest priority topics, increase targeted outreach and recruitment to target groups where bias exists, expand centralized data system on applicant flow for title 42, strengthen (DEIA) FEVS analysis or other climate surveys to enhance data outcomes (show demographic variables, disability, race, sexual orientation, gender identity and additional groups in EO 14035), provide transparency on MD-715 results to NIH stakeholders, conduct further analysis on pay equity, as well as change policy and practice pertaining to promotions.  In early February 2022, the organization will brief leadership on the EconSys data findings, triggers, and initial recommendations to move the organization forward.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | When appropriate, NIH does not discipline or sanction managers and employees for discriminatory conduct **C.5.b** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/1/2019 | Establish a system of tracking of discipline or sanctioning of managers and employees for discriminatory conduct. | 11/30/2020 | 9/30/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director of the Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 11/30/2020 | Develop a policy/process that establishes procedures to track and monitor whether NIH considers and implements disciplinary actions for discriminatory behavior at the request of the EEO Director. | Yes | 9/30/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | The target date was extended for the planned activity of developing a policy/process that establishes procedures to track and monitor whether NIH considers and implements disciplinary actions for discriminatory behavior at the request of the EEO Director. |
| **2020** | Dates for planned activities have been modified as needed. |
| **2021** | Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | Establish and conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities **D.1.c** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2020 | EDI will work with OHR, COSWD, and other NIH stakeholders to establish and conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities. | 12/31/2025 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity, and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Director, Workforce Support and Development Division (WSDD), OHR | Kristen Dunn-Thomason | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2024 | EDI will work with OHR and the ICs to formulate viable plans to conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities. | Yes |  |  |
| 9/30/2024 | Review NIH and IC’s current policies and standard operating procedures on the exit interview and survey process to ascertain more detailed information on triggers impacting separations among PWD and PWTD. | No |  |  |
| 6/30/2025 | Recommend exit interview questions related to PWD and PWTD to be implemented across all 27 ICs and the NIH. | Yes |  |  |
| 12/31/2025 | Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request. Analyze the reports to ensure that they include questions on how the agency or IC could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently.  The NIH’s Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973.  Benchmarks for People with Disabilities and Targeted Disabilities   * People with disabilities 12% * People with targeted disabilities 2%   NIH’s Barrier Analysis Process  Step 1: Identify Triggers  Step 2: Investigate Barriers  Step 3: Devise Action Plan  Step 4: Assess Results |
| **2019** | A new planned activity was added “Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request.” Dates for planned activities have been modified as needed. |
| **2020** | There are no accomplishments to report this year. |
| **2021** | There are no accomplishments to report this year. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet have a process for analyzing the identified triggers to find possible barriers**D.2.a** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Establish a process for analyzing the identified triggers to find possible barriers. | 12/31/2021 | 12/31/2024 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity, and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/18 | Conduct benchmarking on how other agencies have executed the Barrier Analysis process. | Yes |  | 12/31/18 |
| 10/31/2019 | Conduct data analysis using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers. | Yes | 10/30/2023 |  |
| 9/30/2019 | EDI leaders will work with the EconSys contractor to formulate viable plans for analyzing the identified triggers to find possible barriers. Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates. | Yes | 10/30/2024 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Per the EEOC, “Federal agencies have an ongoing obligation to prevent discrimination on the bases of race, color, national origin, [religion], sex, [age], reprisal, [genetic information], and disability, and eliminate barriers that impede free and open competition in the workplace. As part of this on-going obligation, agencies must conduct a self-assessment on at least an annual basis to monitor progress, identify areas where barriers may operate to exclude certain groups and develop strategic plans to eliminate identified barriers.”  While the NIH has developed a strategy to identify potential triggers in our workforce, we have not formally developed a strategy for furthering assessing these triggers and identifying the root causes of potential barriers.  NIH’s Barrier Analysis Process  Step 1: Identify Triggers  Step 2: Investigate Barriers  Step 3: Devise Action Plan  Step 4: Assess Results  Some of the steps that have been taken under Step 2: Investigate Barriers include:   * Developing requests for information that flows from triggers * Reviewing pertinent documents * Consulting knowledgeable individuals * Develop theories concerning potential policies, procedures, and practices that could be impacted by the barriers   As a starting point, NIH utilized the EEOC’s Root Cause Analysis tool, which consists of five decision trees that focus on specific employment topics. Additional questions have been supplemented and tailored to fit our work environment. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  DACO analysts have made noticeable improvements in the analysis of NIH recruitment data obtained via OPM COGNOS.  This year new report produced by DACO Analysts provided a first glance of all NIH’s (17) Mission Critical Occupations.  The new reports also identified applicant flow for pay grades GS-12 through GS-15, a significant improvement from previous year. This item still a work in progress.  Dates for planned activities have been modified as needed. |
| **FY 2020** | At the end of FY 2020, the Office of Equity, Diversity, and Inclusion, (EDI) secured a contractor, EconSys, to perform Management Directive 715 Barrier Analysis. EconSys has begun to conduct analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyzing, and identify triggers to find possible barriers. Future phases of barrier analysis will consider retention, promotions, separations, and other parts of the employment lifecycle. These triggers will be further analyzed to find possible barriers. |
| **FY 2021** | NIH has a one year, which includes a five-year option contract in place with EconSys. The contract is currently funded for two years, but the anticipation is that the funding will be available for the life of the contract. The project involves a series of reviews and analyses that will aid the agency in becoming a more diverse and inclusive organization. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. These analyses will allow the EconSys Team to propose evidence-based plans of action or interventions to eliminate or reduce the barriers.  EconSys completed their year one trigger analysis that will lead to a full barrier analysis.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability **D.2.b** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability. | 9/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 7/30/2023 | EDI will work with OHR to regularly examine management/personnel policies related to merit promotion, employee recognition, employee development/training programs. | Yes | 9/30/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Dates for planned activities have been modified as needed. |
| **2020** | EDI will begin conducting disparity assessments on all new NIH policies to be reviewed for systemic barriers beginning in May of 2021. |
| **2021** | Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | NIH does not yet regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation program; anti-harassment program; and/or external special interest groups **D.2.d** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/1/2019 | Establish the necessary processes to regularly review relevant data that will assist in identifying barriers that may exist within the NIH workforce. | 10/15/2020 | 12/31/2025 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Diversity, and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 5/15/2019 | Identify the systems and processes to obtain the required data sources needed to prepare the MD-715 plan and report as well as conduct barrier analysis. | Yes | 9/30/2020 | 5/15/2019 |
| 9/30/2021 | EDI will work with OHR to formulate viable plans to establish the necessary processes to obtain the required data sources to find barriers. | Yes | 9/30/2022 |  |
| 9/30/2022 | Identify any data deficiencies and establish corrective action plans. | Yes | 9/30/2024 |  |
| 9/30/2024 | Collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training. | Yes |  | 9/30/2021 |
| 12/31/2025 | Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request. Determine what, if any processes, policies, and procedures are being utilized to collect, analyze, and produce exit interview reports. Conduct analysis on the number of people offered an exit interview vs. the number of people who do an exit interview. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Planned activities and dates have been shifted to align with similar H plans. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **FY 2021** | Complaint’s data is being tracked through an established an HHS/NIH system. In addition, we have built relationships with the NIH Training Center through the UNITE initiative and have been able to expand existing reporting processes to collect and share information on career development and leadership training programs at the NIH.  Funding is needed for the following data system improvements:   * OPM COGNOS, the system in place that collects applicant flow data through USAJOBS is not connected to HHS BIIS applicant flow data. BIIS tables are required for the MD-715 Barrier Analysis process. OPM, HHS, OPDIV coordination is necessary to address the timely access and analysis concerns. * Developing NIH’s unique system to track T-42 Applicant Flow. NIH workgroups are seeking a solution; however, funding has not been awarded. Also consider OHR lead role in the collection of data and OMB approvals. * Applicant flow analyses for SES vacancies, this process was suspended in 2017. * Exit interviews, the OHR contract in place is inadequate for MD-715 barrier identification due to the low response rate. Some ICs have developed internal exit interviews. An integrated approach that includes funding is needed between OHR, EDI and ICs.   Dates for planned activities have been modified. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices D.3.a. |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2019 | Tailor action plans to address the identified barriers, in policies, procedures, and/or practices. | 9/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Sheila Monroe | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID) | Phil Day | No |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **2021** | There are no accomplishments to report this year. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? **D.3.b** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/19 | Format the action plans to address the identified barriers in Part I or J, as appropriate | 12/31/2022 | 12/31/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Sheila Monroe | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID) | Phil Day | No |
| Director, Diversity, and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2022 | Format the action plans to address the identified barriers in Part I or J, including meeting the target dates for the planned activities. | Yes | 12/31/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  There are no barriers that have yet been identified. |
| **2021** | Dates for planned activities have been modified.  There are no accomplishments to report this year, as there are no barriers that have yet been identified. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies **D.4.b** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Establish an outreach and recruitment process for the EEO office to collaborate with the HR office to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies. | 6/30/2022 | 9/30/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Sheila Monroe | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID) | Phil Day | No |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |
| NIH Disability Portfolio Strategist (EDI)] | David Rice | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 7/31/2019 | Utilize the biannual updates for USAJobs applicants stratified by disability status in barrier analysis. | Yes | 11/15/2019 | 11/15/2019 |
| 9/30/2021 | EDI will work with OHR to formulate viable plans to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including establishing a shared tracking process for an applicant  flow tracking system, as well Mas, outreach for Schedule A and Disabled Veterans hiring authorities. | No | 9/30/2023 |  |
| 6/30/2022 | Establish an outreach and recruitment process for EDI to collaborate with OHR to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including a shared tracking process for EDI and OHR. | No | 9/30/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | NIH has no accomplishments to report currently. |
| **2020** | EDI sends announcements out to the disability community through the Disability Program Manager. |
| **2021** | The Office of Equity, Diversity and Inclusion continues to send announcements out to the disability community through the Disability Program Manager and the Employee Resource Group (ERG).  Dates for planned activities have been modified. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet ensure that disability-related questions from members of the public are answered promptly and correctly **D.4.c** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2020 | Establish a shared tracking process for EDI and OHR to ensure that disability-related questions from members of the public are answered promptly and correctly. | 6/30/2022 | 6/30/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |
| NIH Disability Portfolio Strategist (EDI) | David Rice | Yes |
| Selective Placement Coordinator, Client Recruitment Unit, (CRU), OHR | Sheila Monroe | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2022 | Establish an outreach and recruitment process for EDI to collaborate with OHR to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including a shared tracking process for EDI and OHR. | Yes | 6/30/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | NIH has no accomplishments to report currently. |
| **2020** | EDI answers questions from the disability community through the Disability Program Manager.  Open it up to the TAG/ERG combined meeting. |
| **2021** | NIH has no significant accomplishments to report currently. Dates for planned activities have been modified. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet take specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals **D.4.d** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Establish a process for the EEO office to collaborate with the ICs to increase the number of persons with disabilities and targeted disabilities employed at the NIH until it meets the following goals:   * 12% representation rate for people with disabilities (PWD) at the GS-11 and above (including SES) and at the GS-10 level and below. * Using the same grade level clusters, agencies must also adopt goals for individuals with targeted disabilities (PWTD) to reach 2%. * Only permanent, full-time, non-seasonal employees count toward the goals. | 3/31/2021 | 3/31/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, of the Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Client Service Division | Joe Martin | No |
| Branch Chief, Corporate Recruitment Unit (CRU), OHR | Mitzi Kosciulek | No |
| Director of the Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| NIH Disability Portfolio Strategist (EDI) | David Rice | Yes |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Shelia Monroe | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/31/2019 | EDI will work with OHR/CRU to formulate viable plans to explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database. | Yes | 9/30/2022 |  |
| 11/30/2019 | EDI will work with OHR to formulate viable plans to conduct an outreach initiative with NIH’s hiring managers and recruiters to communicate numerical goals for PWD and PWTD and increase conversions of Schedule A candidates. | Yes | 3/31/2023 |  |
| 3/31/2021 | EDI will work with OHR to formulate viable plans to establish a process for the EEO office to collaborate with the HR office to set annual hiring and retention goals to increase the number of persons with disabilities and targeted disabilities over the next three years. | Yes | 3/31/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Dates for planned activities have been adjusted as necessary. |
| **FY 2020** | EDI Rubric will include this as a key performance indicator. |
| **FY 2021** | The progress made toward achieving the numerical goals has been made to hiring managers and recruiters through various presentations made by the EDI Director, Disability Program Manager, and other EDI staff. The EDI Director shared the goals during the NIH State of the Agency report and in quarterly outreach meetings with executive officers, HR staff, hiring managers, and the NIH MD-715 Technical Assistance Group and HR Liaison Group. EDI also has hired an outside contractor to identify barriers and triggers in the higher-grade clusters.  Dates for planned activities have been modified. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency - Closed Plan as of FY 2021**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| EFFICIENCY | NIH does not timely complete investigations, pursuant to 29 CFR §1614.108. **E.1.f** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/18/2019 | NIH seeks to achieve a 95% rate of timely EEO investigations. | 10/30/2023 |  | 9/30/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kimberly Kirkpatrick | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 04/30/2020 | EDI will work with NIH leadership to establish a new source for investigations. | No |  | 12/30/2020 |
| 10/30/2023 | Regularly monitor investigation processing time and evaluate processes for efficiencies. | Yes |  | 9/30/2021 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Investigative services were previously provided for a fee through a central contract through HHS. We have been informed that the contract will be extended to 4/30/2020 and thereafter services are to be provided at the OpDiv level. OpDivs were advised to evaluate internal resources to assume future investigative services effective 4/30/2020. |
| **2019** | April 2020: There is and has been instability with the HHS investigative contract service that negatively impacts NIH EEO investigations, particularly if the contract is stopped abruptly. NIH leadership has decided to approve and fund 2 federal EEO investigators. (As of 5/1/2020, EDI is interviewing to fill these positions.) |
| **2020** | To improve the timeliness of investigations, NIH has implemented regular monitoring of investigations, increased communication with investigators and implemented quarterly reporting on the timeliness of investigations.  Overall, NIH completed 98% of investigations timely. 70 investigations were completed, and 2 were untimely). |
| **2021** | This plan is closed as of FY 2021.  To improve the timeliness of investigations, NIH has implemented regular monitoring of investigations, increased communication with investigators and implemented quarterly reporting on the timeliness of investigations.  Overall, NIH completed 100% of investigations timely. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency - Closed plan as of FY 2021**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| EFFICIENCY | When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to29 CFR §1614.110(b)? **E.1.h** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/31/2019 | NIH Seeks to improve the timeliness of final agency decisions. | 10/30/2023 |  | 9/30/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kimberly Kirkpatrick | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2020 | If appropriate, EDI will work with NIH leadership to establish a new source for Final Agency Decisions. | No |  | 8/1/2021 |
| 10/30/2023 | Develop and evaluate the operating procedures to determine where there are barriers to issuing FADs and take corrective action as necessary to improve timeliness. | Yes |  | 9/30/2021 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Final Agency Decisions were previously provided for a fee through a central contract through HHS. We have been informed that the contract will be extended to 4/30/2020 and thereafter services are to be provided at the OpDiv level. OpDivs were advised to evaluate internal resources to assume future complaint services effective 4/30/2020. |
| **2019** | April 2020: HHS handles all elected FAD’s and NIH handles default FAD’s. HHS is evaluating if FADs are an inherently government function. However, as of 4/30/2020, OpDivs were told that we are not permitted to put contracts in place for Final Agency Decisions. OpDivs were advised to evaluate internal resources to assume future re-delegated authority of FAD writing.  For the time being, NIH reviews the statistical data quarterly and uses this information to drive the conversation with the Department who oversees the drafting and issuance of elected Final Agency Decisions. For default FAD’s NIH is reviewing the timeliness quarterly and reviewing the process for efficiency.  Budget submission was completed, request is still in the budget process as of 12/12/2019. Requesting modification to extend this Part H Plan to ensure if we get budget approval, we will have time for the recruitment and onboarding of new staff to write FAD’s. |
| **2020** | To improve the FADs, NIH has implemented regular monitoring of FADs and implemented quarterly reporting on the timeliness of FAD’s.  NIH is striving to improving the timeliness of FAD’s and was affected by EEOC’s guidance to hold FADs from April to August of 2020 due to COVID19. |
| **2021** | This plan is closed as of FY 2021. HHS handles all elected FAD’s and NIH handles default FAD’s. As of 9/30/2021, NIH has implemented a process to improve the timeliness of non-election FAD’s, a FAD Writer has been hired to draft all non-election FADs within the 60-day timeframe. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Efficiency** | NIH does not have systems in place to accurately collect, monitor, and analyze the race, national origin, sex, and disability status of agency employees **E.4.a.2** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2019 | Work with HHS to make the required changes to achieve accurate data collection and complete data reporting. | 9/30/2022 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Data Analytics and Customer Outreach, EDI | Dawn Wayman | Yes |
| Director, Data Analytics Branch (EDI) | Martha Hennen, Ph.D. | Yes |
| Director of HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2021 | Work with HHS to make the required changes to achieve accurate data collection and complete data reporting. | Yes | 9/30/2022 |  |
| 9/30/2021 | EDI will work with OHR to formulate viable plans to establish the necessary processes to obtain the required data sources to prepare the MD-715 plan and report. | Yes |  | 9/30/2021 |
| 9/30/2022 | Identify any data deficiencies and establish corrective action plans. Request ad hoc BIIS reports from HHS. | Yes |  |  |
| 9/30/2023 | Collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training. | Yes |  | 9/30/2021 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** |  |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |
| **2021** | EDI has forged a strong relationship with OHR and has updated programming to reflect the categories of reportable and targeted disabilities on Standard Form 256 and in support of the agency’s Affirmative Action Plan (AAP) for persons with disabilities. EDI has also worked on standardizing definitions and improving reporting to meet EEOC regulation and ensure consistency within and across the agency and department. Commission Corps and Title 42 data collection efforts continue to improve. The NIH is committed to providing opportunities for advancement among all employees, including people with disabilities and people with targeted disabilities. We currently offer a wide range of career development and training opportunities through the NIH Training Center, the HHS Learning Management System, and the individual Institutes and Centers which comprise our organization. Such opportunities help position all NIH employees for advancement within their current positions and beyond.  Also, we offer two targeted programs that offer clear opportunities for advancement among our staff, the NIH Management Intern Program (MI) and the NIH Presidential Management Fellows Program (PMF). Through these programs, staff complete two years of rotational assignments in a variety of administrative and scientific offices across the NIH. Upon completion of the program, alumni of the program exit with positions at the FPL levels of GS-12 (MI) and GS-13 (PMF). This FPL remains the same regardless of the staff members GS level upon entry into the program. Historically, people with disabilities and people with targeted disabilities have been accepted into and completed these programs.  The NIH offers an array of training and career development opportunities to all employees through multiple venues in our organization. Training and development opportunities offered through the NIH Training Center, the NIH Library, the Center for Information Technology, and individual Institutes and Centers. These opportunities include classes providing technical information on administrative systems (e.g. travel, time and attendance, budget and acquisitions management, Microsoft Office), classes on professional development (e.g., Project Management, Managing Up, Change Management) and formal leadership development programs (the NIH Management Seminar Series, the NIH Management Intern Program, the NIH Mid-Level Leadership Program, the NIH Senior Leadership Program, and the NIH Executive Leadership Program).  In addition, we have built relationships with the NIH Training Center through the UNITE initiative and have been able to expand existing reporting processes to collect and share information on career development and leadership training programs at the NIH.  Dates for planned activities have been modified. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Efficiency** | NIH does not yet have systems in place to accurately collect, monitor, and analyze recruitment activities.**E.4.a.3** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Align NIH’s systems to accurately collect, monitor, and analyze recruitment activities. | 4/30/2020 | 9/30/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Chief Officer, Scientific Workforce Diversity (COSWD) | Dr. Maria Bernard | No |
| Deputy Director, Intermural Research | Dr. Michael Gottesman | No |
| Director, Office of Human Resources | Julie Berko | No |
| Deputy Director, Extramural Research | Dr. Michael Lauer | No |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 8/15/2019 | EDI will work with OHR to formulate viable plans to identify appropriate stakeholders in recruitment (OHR, Senior and Scientific Recruitments; OIR, OER, COSWD, ICs.) | Yes |  | 8/15/2019 |
| 3/15/2020 | Clarify EDI, COSWD, and OHR’s and other stakeholder roles in outreach and recruitment, and identify current systems that collect recruitment activities | Yes | 9/30/2023 |  |
| 4/30/2020 | EDI will work with SWD, and DCPSI to conduct an NIH-wide DEIA data call for recruitment activities covered by Executive Order 14035. | No | 9/30/2023 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Identify COSWD talent sourcing accomplishments in recruitment for senior level scientific jobs.  EDI has provided tiger team searches upon request of the EDI Director with a 50% success rate of increasing the D&I applicant pool. |
| **2019** | * DID prepared an initial outline of [Outreach and Recruitment Roles and Resources](https://edi.od.nih.gov/icsd/EDI-DID/OHRCOSWDEDI%20Outreach%20and%20Recruitment%20Resources/Forms/AllItems.aspx) with essential information about NIH’s recruitment actions and the roles of stakeholders. * DID Participation and engagement in OHR Recruitment Forums facilitates the flow of recruitment calendars, activities, and selected targeted outreach efforts. * Efforts under this action item are on-going.   Dates of planned activities have been adjusted as needed. |
| **2020** | HR Liaisons group and the Deputy EO group keeps a running list of upcoming recruitments and the status of those recruitments. |
| **2021** | EDI is working with SWD, and DCPSI to conduct an NIH-wide DEIA data call for recruitment activities covered by Executive Order 14035. The DEIA Inventory was built from previous MD-715 IC submissions as well as IC Race and Equity plans submitted to the NIH’s UNITE U Committee.  Dates for planned activities have been modified. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Efficiency** | NIH does not have systems in place to accurately collect, monitor, and analyze external and internal applicant flow data concerning the applicants’ race, national origin, sex, and disability status **E.4.a.4** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 01/01/2018 | Work with HHS to populate BIIS Tables with internal and external Applicant Flow data. | 9/30/2020 | 9/30/2022 |  |
| 08/01/2018 | Collaborate with OHR to collect applicant flow data for all title 42 scientific positions. | 9/30/2021 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Director, Data Analytics and Customer Outreach (EDI) | Dawn Wayman | Yes |
| Director, Data Analytics Branch (EDI) | Martha Hennen, Ph.D. | Yes |
| Director, HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/31/2019 | Provide the new data analyst access to USA staffing and training to conduct applicant flow data analysis. | Yes | 8/30/2019 | 8/30/2019 |
| 06/30/2019 | Provide end of Fiscal Year Applicant Flow analyses by race, ethnicity, and sex. | Yes | 12/31/2019 | 11/30/2019 |
| 06/30/2019 | Provide end of Fiscal Year Applicant Flow analyses by disability status. | Yes | 12/31/2022 |  |
| 9/30/2020 | Assess the utility of conducting mid-year Applicant Flow Analyses and identify challenges for interpretation. | Yes | 9/30/2022 |  |
| 9/30/2020 | Work with HHS to populate BIIS Tables with internal and external Applicant Flow data. | Yes | 9/30/2022 |  |
| 09/30/2021 | Participate in a working group for optimizing Title 42(f) hiring process to ensure the information and business systems incorporate demographic data collection and applicant flow tracking. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The DACO Director and OHR SAID Director met monthly to assess the status of securing a Title 42 Application System in-line with Re-Imagine HHS. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity, and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  The assigned data analyst within EDI received her access to USA Staffing Applicant Flow Data Analytics (COGNOS) by 09/30/2018 and completed the basic training on 12/19/2018. Subsequently, she also attended the COGNOS Reporting Author Training for beginners and advanced users in August 2019.  Currently we have only been able to provide end of fiscal year applicant flow data. We planned to provide biannual data analysis previously. However, after learning more about the nature of the USA Staffing Applicant Flow Data, we are questioning the utility of producing the analysis twice a year. The availability of the AFD is contingent on factors that do not follow a regular bi-annual schedule (e.g., audit of certificates, time to hire duration, types of hires) that creates challenges in producing a mid-year analysis. We want to assess this issue further in 2020 and establish a more meaningful reporting cycle by 9/30/2020.  As part of the Optimize NIH efforts, a set of working groups were formed to reduce Title 42(f) processing duplications between the ICs, Office of Human Research, and Office of Extramural Research. The NIH T-42(f) Working Group 3 on Enterprise-Wide System met for the first time on 11/5/2019. One objective of this workgroup is to identify business and system requirements and solutions to track and report on Title 42(f) cases and recruitment data including applicant demographics.  Dates for planned activities have been modified as needed. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  EDI continues to work with HHS regarding all data deficiencies including applicant flow.  EDI staff serve on the NIH working group commissioned to identify a process for collecting Title 42 applicant flow data as well as harness the overall title 42 application process. EDI served on this committee throughout 2020.  Dates for planned activities have been modified as needed. |
| **2021** | For hiring into General Schedule positions (which represent more than 80% of the agency workforce), an effective system is available to capture accurate data. For example, improved reporting from the Office of Personnel Management’s USA Staffing Applicant Flow Data affords the ability to distinguish job announcements or postings for Permanent and Temporary appointment types, and to align with new hire and internal promotion sections of the MD-715 2.0 design.  For the agency’s special hiring authorities, EDI is continuing to establish these systems and improve the collection of demographic information from applicants to executive, Title 42, and Commissioned Corps positions. EDI staff continue to serve on the NIH working group commissioned to identify a process for collecting Title 42 applicant flow data, as well as harness, the overall title 42 application process. EDI served on this committee throughout 2021.  Dates for planned activities have been modified. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Efficiency** | The EEO office does not have a process in place to collaborate with the HR office to resurvey the workforce for disability and other demographic data updates. **E.4.b** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2020 | Resurvey the workforce for disability and other demographic data updates, pending HHS’s system solution to permit individual employees to check their identification and make change. | 6/30/2022 | 6/30/2023 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID), OHR | Phil Day | No |
| Director, Workforce Support and Development Division (WSDD) | Kristen Dunn-Thomason | No |
| Director, Client Services Division (CSD) | Joe Martin | No |
| Director, Diversity, and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2022 | EDI will work with OHR to formulate viable plans on resurveying the workforce for disability and other demographic data updates, pending HHS’s system solution to permit individual employees to check their identification and make change. | No | 6/30/2023 |  |

**Report of Accomplishments**

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Accomplishments** | |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. | |
| **2019** | Julie Murphy, Director, HHS OEEODI is procuring a Service Now application to add to the HHS HR system to allow employees to go in and check their demographic status at their desktops.  Once procured and the data categories are sorted out, we will push out a resurvey of the workforce to all of HHS.  Dates for planned activities have been adjusted as needed. | |
| **FY 2020** | EDI is working with HHS to develop a process to **resurvey of the workforce** for demographic updates including disability status and SGM status:   * The ability to self-update employee disability status updates through the SF-256 form as well as other demographic updates is anticipated soon. This feature will be incorporated into a future update of the HHS Human Capital System. * To gain insight on the representation of the SGM community within the NIH workforce, EDI is supporting an NIH wide effort to identify the best way to collect Sexual Orientation and Gender Identity (SOGI) data. The NIH Sexual and Gender Minority Research Office has led the NIH in organizing a National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Study Panel on Measuring Sex, Gender Identity, and Sexual Orientation. This independent panel will produce a consensus report with conclusions and recommendations on 1) guiding principles for collecting data on sex, gender identity, and sexual orientation, and 2) recommended measures for these constructs in different settings. This panel will hold public sessions prior to providing the final report and its work will help us develop validated survey questions that can be used by OHR to survey the NIH workforce. Upon the completion of the panel’s work, EDI will collaboratively work with SGMRO to obtain OMB approval to use the survey questions with the NIH workforce. | |
| **FY 2021** | | The DHHS EEO office will push out a resurvey of the workforce to all of HHS in Spring of 2022.  Dates for planned activities have been modified. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| RESPONSIVENESS AND LEGAL COMPLIANCE | NIH does not timely respond and fully comply with EEOC orders. **F.2.a** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/18/19 | NIH seeks to improve the timeliness of responses and fully comply with EEOC Orders. | 10/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office Equity, Diversity, and Inclusion (EDI) | Kimberly Kirkpatrick | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2020 | EDI will work with NIH leadership to ensure adequate resources are available to fully comply with EEOC orders. | No |  | 9/30/2021 |
| 10/30/2023 | NIH will evaluate procedures to determine if there are barriers to complying with EEOC orders and adjust procedures as necessary. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Starting FY19 Quarter 1, we communicated with staff on the focus of timeliness, in Quarter 2 we implemented a quarterly internal reporting measurement of Orders. We are reviewing operating procedures to determine if there are procedural changes to ensure compliance with EEOC orders. |
| **2020** | EDI has implemented procedures to upload documents in FEDSEP upon request of a hearing or an appeal. We have developed tracking mechanisms for EEOC Orders for all Findings issued. |
| **2021** | EDI continues to upload documents in FEDSEP upon request of a hearing or an appeal and track mechanisms for EEOC Orders for all Findings issued.  Dates for planned activities have been modified. |

**NIH**

**MD-715 – Part I**

**NIH Plan to Eliminate Identified Barrier FY 2021**

Statement of Condition That Was a Trigger for a Potential Barrier:

|  |  |  |
| --- | --- | --- |
| **Source of the Trigger** | **Specific Workforce Data Table** | **Narrative Description of Trigger** |
| **NIH Total Permanent Workforce** | **BIIS 2.0 Tables: A1, A4, A6**  **4th Qtr. FY 2021** | FY 2021 Disclaimer: In FY 2021, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2014-2018 American Community Survey disseminated by the US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments. |
|  |  | Action Plan: We will be working over the next year to improve |
|  |  | our data systems, data collection methods, reporting mechanisms |
|  |  | and use of the data.   * + - *In line with HHS's efforts to develop a model EEO program, the headquarters EEODI along with the operating divisions (OpDiv) have continued working together to assess the strengths and weaknesses of our EEO and diversity programs. Through this collaborative headquarters/OpDiv effort, and through the full implementation of the Enterprise Human Capital Management (EHCM) system we have addressed some of the data related issues and workforce numerical differences between our internal data warehouse (BIIS) and FEDSEP.*     - *We are still in the process of addressing differences in programming logic that cause differences in the staffing totals between the HHS data and FEDSEP. Therefore, we have completed Part E, I, and J for the FY 2021 report using the Department BIIS current data as we work to address the numerical differences and other data and implementation issues listed above.*   We have completed Part E, I, and J for the |
|  |  | FY 2021 report with current data, but we continue to have concerns about its integrity. |
|  |  | We expect to improve the integrity of the Department’s |
|  |  | data significantly based upon our Part H Plan. If you have any |
|  |  | questions, please feel free to contact Ramona Mann, HHS |

|  |  |  |
| --- | --- | --- |
| **Source of the Trigger** | **Specific Workforce Data Table** | **Narrative Description of Trigger** |
|  |  | Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  **Less than expected representation of Hispanics in permanent grades GS-12 through GS-15 and no Hispanics in the NIH Senior Executive Service (SES).**  This condition has been recognized as a trigger through the review of workforce statistics, CLF data, and the analysis of MD-715 workforce tables. 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 SES. |

EEO Group(s) Affected by Trigger

|  |
| --- |
| **EEO Group** |
| **X Hispanic or Latino Males** |
| **X Hispanic or Latino Females** |

Barrier Analysis Process

|  |  |  |
| --- | --- | --- |
| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
| **Workforce Data Tables**  **BIIS 2.0 Tables: A4, A6, 4th Qtr. FY 2021**  **\*RCLF data is based on 2018 Census data provided in the FedSep 2.0 Tables.** | Yes | A total of 154 Hispanic males are working within the GS-12 to GS-15 positions which is 3.9% of the NIH male employees (3,935) in those grades. The total number of Hispanic males in the permanent NIH workforce at grade levels GS-12 (31); GS-13 (47); GS-14 (43); and GS-15 (33).  or a combined 154 or 3.9% is lower than the CLF benchmark of 6.8%. There are zero Hispanic males in the SES.  A total of 285 Hispanic females are working within the GS- 12 to GS-15 positions which is 4.0% of the NIH female |

|  |  |  |
| --- | --- | --- |
| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
|  |  | employees (7,150) in those grades. The total number of Hispanic females in the permanent NIH workforce at grade levels GS-12 (65); GS-13 (122); GS-14 (67); and GS-15  (31); or a combined 285 is lower than the CLF benchmark of 6.2%. There are zero Hispanic females in the SES.  Consistent with the overall distribution of NIH male and female permanent workforce, there are more Hispanic females (64.9%) than Hispanic males (35.1%) in the GS 12- 15 levels.  Hispanic males and/or females are below the RCLF benchmark at each of the top five most populous mission critical occupations (MCOs) within the NIH permanent workforce.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Hispanic Males** | | | **Hispanic Females** | | | | **Series** | **#** | **%** | **RCLF** | **#** | **%** | **RCLF** | | General Health Science (0601) | | | | | | | |  | 45 | 1.5% | 0.8% | 74 | 2.5% | 7.0% | | General Biological Science (0401) | | | | | | | |  | 15 | 1.4% | 2.7% | 21 | 2.0% | 3.1% | | Nurse (0610) | | | | | | | |  | 5 | 0.5% | 1.0% | 24 | 2.2% | 5.7% | | Management and Program Analysis (0343) | | | | | | | |  | 9 | 1.0% | 3.6% | 33 | 3.7% | 2.8% | | Information Technology (2210) | | | | | | | |  | 23 | 3.0% | 4.5% | 8 | 1.0% | 1.7% |   An analysis of selections (of those referred) for senior level positions in the permanent workforce indicates that Hispanic males and females at the NIH represented 15.4% or 6 of the total new hires in grades GS-13 through SES, compared to the non-Hispanic new hires at NIH of 33 (or 84.6%) of them were at the GS-13 to SES level. |

|  |  |  |
| --- | --- | --- |
| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
|  |  | Regarding applicant flow analysis, FEDSEP tables do not provide applicant information, nor do they provide applicant information by grades and MCOs. We have established three H Plan action items to address this lack of information (H Plans B.4.a.7, C.4.c, and E.4.a.4). Through these H plans, we will be able to identify trends in applicant flow for the selected grades and MCOs stratified by RNO, sex, and disability. Our target completion date is September 30, 2021.  To fill in the current data gap, we use USA Staffing Applicant Flow Data (available on COGNOS) to assess Hispanic representation in the NIH job applicant pool. This dataset contains applications submitted during FY 2021 and may contain applicants who have yet to be onboarded at NIH. The numbers and percentages for Hispanic male and female new hires (i.e., selections) in the top five most populous Mission Critical Occupations are listed below:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Series** | **Hispanic Total Applicants**  **Benchmark** | | **Hispanic**  **New Hires Selections** | | | **Number** | **Percent** | **Number** | **Percent** | | General Health Science (0601) | | | | | |  | 65 | 10.9% | 2 | 20.0% |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | General Biological Science (0401) | | | | | |  | 76 | 9.3% | 2 | 11.1% | | Nurse (0610) | | | | | |  | 3 | 3.5% | 0 | 0.0% | | Management and Program Analysis (0343) | | | | | |  | 22 | 9.1% | 0 | 0.0% | | Information Technology (2210) | | | | | |  | 94 | 7.5% | 2 | 20.0% |   \* Total number of all race/ethnicities excludes missing race/ethnicity in percent calculations. |

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| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
| **Complaint Data (Trends)**  **Agency 462 Report,**  **FY 2021** | Yes |  |
| **Grievance Data (Trends)** | No |  |
| **Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)** | No |  |
| **Climate Assessment Survey (e.g., FEVS)** | Yes | A preliminary study of FEVS data by demographic groups has been conducted. In 2021, EDI conducted a data project to help identify benchmarks, trends, and statistically relevant data that identified triggers. Notable differences between Hispanics and non-Hispanics in this study of 2018 FEVS data included “given an opportunity to improve my skills in my organization” (4% less than non-Hispanics), “policies and programs promote diversity in the workplace” (5% less than non-Hispanics), and “I am given a real opportunity to improve my skills in my organization” (4% less than non-Hispanics). A within Hispanic trend analysis shows that from 2018 to 2020, Hispanics increasingly answered positively to “considering everything, how satisfied are you with your job?” (2.8% increase from 2018 to 2020) “considering everything, how satisfied are you with your pay?” (6.8% increase from 2018 to 2020) and “considering everything, how satisfied are you with your organization?” (7.7% increase from 2018 to 2020). |

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| **Exit Interview Data** | Yes | We have developed an H Plan to establish a process to collect all exit interview data from all 27 ICs at the NIH by December 31, 2024 (C.4.d).  The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Focusing on Latino or Hispanics, out of 389 employees who completed the ethnicity question on the exit survey in FY2021, 31 self-identified as Latino or Hispanic (7.97%).  The small number of separating employees who self-identified as Latino or Hispanic and completed the exit survey limits the reliability of conclusions to be drawn from these data about the reasons why those employees left the Agency. The reasons for separation are not combined with demographic information, so only general conclusions can be gleaned from the exit survey and not specific to Latino or Hispanic employees.  Among total exit survey respondents, the top three most selected reasons for separation FY 2021 were:  1) “Retirement” (30% of respondents) (Up 7% from last year)  2) “Promotion/Higher Salary/Advancement Potential” (12%) (Down 3% from last year)  3) “Career Change” (9%) (Down 1% from last year)  Of those respondents who selected retirement as a reason for separation, 31% of respondents said they would have postponed retirement if they were more satisfied with their job, and 19% if they were more satisfied with their supervisor. |
| Focus Groups | No |  |
| Interviews | No |  |
| Reports (e.g., Congress, EEOC, MSPB, GAO, OPM) | No |  |
| Other (Please Describe) | No | We have developed an H Plan to collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training (C.4.c). Our target completion date is September 30, 2023. This will allow for tracking equity in the application, consideration, and selection of individuals of Hispanic/Latino ethnicity, as compared to the overall NIH employee participation. Participation in leadership development programs is an important factor in selection and promotion to higher grades, including SES. |

Status of Barrier Analysis Process

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| --- | --- |
| **Barrier Analysis Process Completed? (Yes or No)** | **Barrier(s) Identified? (Yes or No)** |
| No | No |

Statement of Identified Barrier(s) Description of Policy, Procedure, or Practice

A full barrier analysis project with the assistance of a contractor, and a working group of NIH stakeholders started in September, 2020. Completed preliminary work includes the identification of representational gaps, data needs, triggers, and a comprehensive recruitment investigative plan. (See H plans B.4.a.2, B.6.b-d, C.4.b, C.4.d, C.4.e, C.4.e.4, D.1.a, D.1.b, D.2.a, D.3.a, D.3.b, D.3.c, and E.4.a.3 ).

Objective(s) and Dates for EEO Plan

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| **Objective** | **Date Initiated (mm/dd/yy yy)** | **Target Date (mm/dd/y yyy)** | **Sufficient Funding & Staffing? (Yes or No)** | **Modified Date (mm/dd/yy yy)** | **Date Complet ed (mm/dd/ yyyy)** |
| Complete a full barrier analysis to identify the root causes of disparities in equal employment opportunities for Hispanics in grades GS-12-GS-15 and the SES workforce | 02/28/2019 | 9/30/2025 | Yes |  |  |

Responsible Official(s)

|  |  |  |
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| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| Acting Director, Office of Equity Diversity, and Inclusion | Shelma Little, PhD | Yes |
| Director of the Diversity and Inclusion Division | Danny Dickerson | Yes |
| Director, Special Emphasis Branch | David P. Rice | Yes |
| Hispanic Portfolio Specialist | Gerard Roman | Yes |

Planned Activities Toward Completion of Objective

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| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| 7/31/2019 | Pending the execution of the barrier analysis contract, EDI will provide the contractor with available data sources and recommended Barrier Analysis Investigative Plans. | 12/31/2020 | 12/31/2020 |
| 8/15/2019 | Establish a series of meetings between OHR, COSWD, the SEP Engagement Teams, and EDI to conduct barrier analysis, including focusing on representational gaps | 2/28/2021 | 12/31/2020 |

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| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
|  | affecting Hispanic employees in the grades of GS-12 through GS-15, and SES. |  |  |
| 10/31/2019 | Conduct data analysis by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers utilizing the EEOC root cause analysis/decision tree approach. | 10/30/2023 |  |
| 9/30/2019 | Identify two triggers for further examination and develop a report of the contractor’s progress. | 10/30/2023 |  |
| 9/30/2019 | Share the contractor’s findings with EDI and NIH Leadership. | 10/30/2023 |  |
| 12/31/2021 | Conduct root cause analyses to determine the causes of the identified triggers and pinpoint the causes of the discovered barriers. | 10/30/2023 |  |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates. | 10/30/2024 |  |
| 6/30/2024 | Work with OHR to understand the number of management/personnel policies, procedures, and practices that currently exist impacting the identified triggers. | 6/30/2025 |  |
| 6/30/2025 | Working with OHR formulate a timeline and schedule for a review of all NIH policies impacting the identified triggers that fall in the |  |  |

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| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
|  | management/personnel domains. Develop timelines with milestones for a review of these OHR policies. |  |  |
| 9/30/2025 | In collaboration with the contractor, successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans.  According to the timeline established, examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability. |  |  |

Report of Accomplishments

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| Fiscal Year | Accomplishments |
| **2018** | Members to the NIH Hispanic and Latino Engagement Committee (HLEC), including the NIMHD Institute Director who serves as Executive Advisor are engaged assisting in the workforce barrier analysis project. Preliminary results are the identification of triggers and input for the investigative plans.  Provided consultant services to NIH stakeholders on how to reach out to diverse talent and provide training and promotion opportunities to Hispanic/Latino employees. For example:   * NIH highly advertised positions in grades GS-12 through GS-15 using NIH Employee Resource Group networks, social media, and professional organizations. Metrics from GoUSA.gov shows that ad messages for GS-12 through GS-15 were accessed 2,857 times, reaching various individual and social networks, and professional organizations. * EDI shared SES training opportunities to the NIH Employee Resource Group (ERGs) and networks. One employee successfully applied to an SES vacancy announcement, and one got selected for the elite NIH Executive Leadership Program. * Assisted in advertising a special event - LatPro Hispanic and Diversity Job Fair held on May 10, 2018. * Assisted FTIP and League of United Latin American Citizens (LULAC) in promoting SES preparation training during |

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|  | September 25-26, 2018. Several NIH employees attended. Collaboration with FTIP led to selecting the NIH as the site for 2019 FTIP training. FTIP is a two-day free Leadership Development Training Program for all grades GS through SES.  Other engagement opportunities included:   * Recognized five NIH Hispanic leaders during Hispanic Heritage Month in a Director’s message to all employees. * 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 2018, this group served as a forum for sharing job and promotion vacancy announcements, career development, and training through and active LISTSERV and connection to 65 followers. * NIH employees were invited to an EDI sponsored panel that addressed opportunities and challenges of senior leadership development (e.g., GS-15, SES positions), Wed May 9, 2018. * NIH employees were invited to a session “Path to the SES level in Federal Government” hosted at HHS HRSA, Aug 9, 2018. |

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| **2019** | **EDI Hispanic Portfolio Activities in 2019**  **Sharing Vacancy Announcement to Targeted Networks.** EDI shared 65 vacancy announcements with ERGs, networks, professional organizations, Hispanic Serving Institutions, and federal employees. Using GoUSA.gov., metrics show that messages traveled via email and social networks and were accessed 3,082 unique times. Working with ERG networks continues to be an effective strategy in helping share job and career development training opportunities to all groups, including Hispanics.  **Student Internships and Training Outreach**. EDI provided coaching sessions to students interested in internships and post- baccalaureate training at the NIH. The effort produced 24 contacts, 8 applications, 2 selections for internships, and one selection for post baccalaureate training. One presentation was given to a group of students that visited NIH facilities.  **Hispanic Employee Messages to Students.** EDI published an updated version of the NIH Hispanic Profiles Project during Hispanic Heritage Month 2019. The project showcased 62 NIH employees describing their job roles, the importance of higher education, and encouragement to stay in school. The project seeks to inspire students and others who are interested in careers at the NIH. |

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|  | **Hispanic and Latino Investigators and Senior Scientists Project.** As part of the 2019 Hispanic Heritage Month Campaign, EDI, in coordination with 52 Principal Scientific Investigators published a project help motivate and inspire students and postgraduates to pursue careers in science. The project provided quick access to bios, scientific information, laboratories, and videos.  **EDI Empowerment Session**. EDI presented a two-hour Empowerment Series Seminar “Hustle Your Way to Career Success” for employees and job applicants looking to gain self-awareness, developing professional competencies, and mastering the skills needed for a successful career. The program produced 89 participants and 152 viewers on demand.  **NIH OHR** Corporate Recruitment Unit (CRU) coordinated outreach efforts to enhance the recruitment process that allows NIH to attract diverse talent. Activities include:   * **Recruitment Events.** Participated in a total of 25 recruitment events at local colleges and universities to share information about administrative and scientific internship opportunities to diverse students such as Hispanics, students with disabilities and other underrepresented students. * **Hosted 20 Florida International University (FIU) students** (a mix of undergraduate, master’s and Ph.D. students interested in health/medicine and research) for a NIH campus visit. FIU is a Hispanic serving institution with a number of healthcare related academic programs. The NIH campus visit included conversations with a principal investigator, tour of the Clinical Center, and an information session with the NEI Scientific Program Administrator to provide an overview of NIH scientific internship opportunities. * **Led the Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS),** an internal workgroup with representatives from 12 Institutes/Centers that reports to the Scientific Medical Recruitment Forum (SMRF) Subcommittee. It is intended that the HLOIS 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.   **The NIH** Scientific Workforce Diversity office’s (SWD) leads  NIH’s effort to diversify the national scientific workforce as well as enhance recruitment and retention of the scientific workforce. In |

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|  | 2019, SWD led **the Future Research Leaders Conference (FRLC)**, a career-development opportunity for talented early-career biomedical and behavioral scientists from diverse backgrounds. In FY 19, twenty-six Future Research Leaders, ten of Hispanic origin, showcased their research to the NIH scientific community and gained insights from NIH leadership and investigators about developing an independent scientific career. |
| **2020** | **EDI Hispanic Portfolio Activities in 2020**  **Barrier Analysis Contract-** Thus far, EDI representatives and representatives from the Client Services Division and the Civil program in the Office of Human Resources (OHR) have been interviewed by Barrier Analysis contractors. The next steps are to provide NIH and IC policies to the BA contractors, and to continue interviewing other stakeholders (i.e., other OHR divisions, COSWD, IC leaders, NIH leaders, etc.).  **LULAC Young Professionals & Collegiate Symposium (Feb 19).** The NIH EDI Hispanic Portfolio in collaboration with LULAC Federal Training Institute Partnership (FTIP) hosted an event consisting of workshops and career information exhibits to attract students and recent graduates. Over 125 workshop participants, 10 WebEx viewers, and a total of 176 individuals at the exhibits participated. A total of 27 federal agencies, colleges, and outreach programs provided exhibit materials and talked to participants about careers. A representative from U.S. Office of Personnel Management (OPM) presented morning workshops. Members of the NIH Hispanic and Latino Engagement Committee and volunteers assisted participants with practice interviews and resume critique.  **Nurses Outreach (Mar 13).** NIH EDI Portfolio assisted in the outreach for the NIH Clinical Research Nursing Residency Program (CRNRP). The CRNRP is a 12-month residency program targeted for new graduate nurses interested in a career in the exciting specialty practice of clinical research nursing. The multiple vacancy announcement and information sessions were shared with internal NIH ERG networks, Hispanic Serving Institutions, and the National Hispanic Nurses Association 47 national chapters.  **Hispanic Heritage Month Campaign (Sep 15-Oct 15).** As part of the 2020 Hispanic Heritage Month (HHM) campaign, 39 employees, including two NIH Institute Directors, shared their contributions as it relates to NIH’s COVID-19 mission and provided words of hope and encouragement to all NIH employees. The NIH Director use the examples to demonstrate how diversity creates a positive impact on how  we accomplish NIH’s mission. |

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|  | **FTIP Leadership and Career Development (Aug 18 -Oct 7).**  NIH EDI working closely with the LULAC Federal Training Institute Partnership (FTIP) invited NIH employees to take advantage of this year’s FTIP “A Month of Development Virtual Career Development Workshops.” The program offered 28 workshops from August 18, 2020 through August 29, 2020. The workshops focused on strengthening the skills and competencies of aspiring leaders up to senior executives. An SES career panel (Sep 29) provided inspiration and guidance to a high number of participants. The final LULAC FTIP Community Outreach event on Oct 7 focused on how to apply for federal jobs and learning about special hiring authorities for qualified veterans and persons with targeted disabilities. Sessions were presented in both English and Spanish.  **Updated HSI Career Services Contacts (Jul 10).** NIH EDI Portfolio developed a selected listing of 80 Hispanic Serving Institutions, complete with career counselor’s contacts, updated websites, and social media links. The Hispanic Portfolio Strategist shared the listing with the OHR Inclusive Recruitment Initiative Subcommittee and IC contacts and provided strategies for how to use it in targeted recruitment outreach.  **Office of Human Resources Corporate Recruitment Unit (CRU) Activities**  OHR CRU used the following NIH Partnerships to discuss and develop strategies to increase the Hispanic representation:   * **Trans Recruitment Forum (TRF)** – Led this internal workgroup with IC representatives that met monthly to share diverse outreach recruitment efforts and best recruitment practices. * **Scientific and Medical Recruitment Forum (SMRF)**   – Led this forum that leverages the experiences, expertise, and insight of key individuals at various ICs to develop and implement recruitment activities to attract highly motivated and talented individuals to the NIH workforce. SMRF has two sub-committees:  **Inclusive Recruitment Initiatives Subcommittee (IRIS)**   * **Inclusive Recruitment Initiatives Subcommittee (IRIS)** – Led this internal workgroup with representatives from eight Institutes/Centers. Through |

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|  | student outreach, IRIS works to expand opportunities, promote awareness, and reduce opportunity gaps between Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSI’s), and Native American serving institutions for students interested in biomedical research. Outreach activities include serving as panelists at information sessions or webinars, attending recruitment events, or hosting student visits to NIH.   * **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)** – the HLOIS promotes the recruitment of diverse Hispanic scientists and administrators to drive inclusion, discovery, and innovation and shares best practices at the NIH. |
| **2021** | **Office of Equity, Diversity, and Inclusion (EDI) Hispanic Portfolio 2021 Activities**  In FY 2021, the NIH EDI remained committed to support strategies and to improve the identified less than expected participation of Hispanics in the NIH workforce. The NIH uses National Civilian Labor Force (CLF) data from the U.S. Census Bureau when assessing the benchmark for race/ethnicity. At the end of the 2nd quarter of FY 2021, the participation rate for Hispanics (males and females combined) in the NIH total workforce was 3.9% (724). Three-year data shows a steady increase of male and female Hispanics in the total workforce 3.8%, or 664 in FY2019, 3.9% or 704 in FY 2020, and 3.9% or 724 at the end of 2nd Quarter FY 2021. The overall representation of Hispanics and Latinos within the NIH workforce continues to fall below the 2018 CLF rate for Hispanics of 10%.  Throughout FY 2021, EDI provided consultant services to the NIH’s 27 Institutes and Centers through the Diversity and Inclusion Division and the Hispanic Special Emphasis Portfolio. EDI supported the following activities related to Hispanic employment in FY 2021:  **Sharing Vacancy Announcements to Targeted Networks** (Oct 1-Sep 21) The Hispanic Portfolio Strategist shared 40 vacancy announcements with NIH Employee Resource Groups (ERGs), special emphasis networks, professional organizations, Hispanic Serving Institutions, and federal employees. The USAjobs.gov metrics show that messages traveled via email and social networks were accessed 1307 unique times. Working with ERG networks and Professional Organizations continues to be an effective strategy in helping to share job and career development training announcements with diverse talent, including Hispanics.  **Hispanic Employee Engagement Committee (Jun 1–Sep 30).** EDI appointed Mr. Jose Lopez, Chief Information Officer for the National Institute of General Medical Sciences (NIGMS), to serve as the Executive Champion for the Hispanic Portfolio. The Hispanic Portfolio received nominations from 23 NIH employees interested in being part of the Hispanic Engagement Committee, seven new vacancies were installed.  **NIH Director Message to All Employees (Sep 15).** As part of the campaign, the NIH Director validated his support to the President’s Executive Order on the White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity for Hispanics signed on September 13. This EO describes the ambitious goals and support of ensuring equal access to educational and economic opportunity for all. The Hispanic Heritage Month campaign also promoted leadership training resources targeted to NIH existing gap in the representation of Hispanic leaders in the Senior Executive Service (SES).  **LULAC Federal Training Institute Partnership (FTIP) Leadership and Career Development Training (Jul 27 -Sep 15).** NIH employees were invited to take advantage of this year’s Virtual FTIP Senior Executive Service & Leadership Development Training. The workshops focused on strengthening the skills and competencies of aspiring leaders up to senior executives.  Multiple NIH institutes and centers have developed outreach and developed programs to promote the NIH and welcome diverse talent from all groups including Hispanics, Latinos/as and Latinx. Some of the notable successes reported in 2021 include the following:   * The National Cancer Institute (NCI) used Spanish-Language Social Media news channels (Twitter, YouTube, and Facebook and maintains RSS feeds) to convey news on cancer research health disparity efforts, in addition to sharing training and employment opportunities to the Hispanic and Latino audience.   **The National Center for Advancing Translational Sciences (NCATS)** developed specific strategies to target associations such as Florida International University and the Hispanic Association of Colleges and Universities.  **The National Institute of Minority Health and Health Disparities (NIMHD)** Senior Leadership commitment in support of Diversity and Inclusion included the NIMHD Director, active voice in the prevention of COVID-19 and numerous presentations in Spanish radio and TV. The NIMHD Scientific Director participation mentoring panels and NIH inspirational interview, “Dr. Nápoles sharing her unique perspective as a woman in science and NIH's first Latina Scientific Director” are excellent examples of leading Diversity and Inclusion. The Office of Human Resources (OHR), Corporate Recruitment Unit (CRU) The Office of Human Resources (OHR), Corporate Recruitment Unit (CRU) continues to execute strategic and coordinated outreach efforts to enhance the recruitment process that allows NIH to attract diverse talent. In FY 2021, due to the coronavirus, the CRU staff adjusted to performing our functions remotely and learned new virtual platforms when interacting with internal and external customers for recruitment events. The examples of the most popular virtual platforms included: Skype, Zoom, Handshake, WebEx, and Microsoft Teams.  The four main CRU services are: (1) conducting talent sourcing, (2) participating in virtual information sessions/recruitment events, (3) social media postings and (4) expanding NIH internal and external partnerships. CRU conducts talent sourcing using a variety of tools such as, USAJOBS Agency Talent Portal (ATP), NIH Non-competitive Cognos Report, LinkedIn, Indeed.com, and other scientific recruitment tools. These tools and outreach efforts enhance the diversity of talent while using internet-based talent sourcing tools that reach a larger and more diverse audience. Beyond sourcing, CRU promotes NIH scientific training, career, and student internships through outreach virtual recruitment events, social media, and the creation of specialized information sessions/webinars. Webinar topics included: federal resume writing, how to apply to federal positions, and the promotion of upcoming NIH scientific and administrative internship opportunities. CRU invites NIH IC partners and other OHR staff to participate in outreach efforts to share their subject matter expertise. Below are OHR’s outreach activities to enhance the recruitment of talent. Strategic Activities Related to Hispanic Employment CRU has the following NIH partnerships to discuss and develop outreach strategies to increase the Hispanic representation in the NIH workforce:   * **Trans Recruitment Forum (TRF)** – Led this internal workgroup with IC representatives, that met monthly to share diverse outreach recruitment efforts and best recruitment practices. * **Scientific and Medical Recruitment Forum (SMRF)** – Led this forum that leverages the experiences, expertise, and insight of key individuals at various ICs to develop and implement recruitment activities to attract highly motivated and talented individuals to the NIH workforce. SMRF has two sub-committees: (1) **Inclusive Recruitment Initiatives Subcommittee (IRIS)** and (2) **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)**. * **Inclusive Recruitment Initiatives Subcommittee (IRIS) –** Led this internal workgroup with representatives from eight Institutes/Centers. Through student outreach, IRIS works to expand opportunities, promote awareness, and reduce opportunity gaps between Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSI’s), and Native American serving institutions for students interested in biomedical research. * **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)** – Led the HLOIS to promote the recruitment of diverse Hispanic scientists and administrators to drive inclusion, discovery, and innovation and shares best practices at the NIH.   During FY 2021, CRU participated in the following virtual recruitment events:   * + **Recruitment Events –** CRU participated in a total of **47 virtual events** to promote the Pathways internship program and NIH biomedical sciences training programs, shared information on how to apply for federal positions, and federal resume writing tips with the students. CRU participated in **5 of the 47 (11%)** events attended focused on the following Hispanic Serving Institutes (HSI):  HSI Recruitment Events: -Florida Atlantic University  -University of Puerto Rico (2)\*  -New Mexico State University  -Florida International University Tech Career Fair  **\*Note: Participated in two different recruitment events** |

NIH

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.

1. 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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| This report presents results for both persons with disabilities (PWD) and persons with targeted disabilities (PWTD) specified in the revised regulations implementing Section 501 of the Rehabilitation Act of 1973. Participation of PWD and PWTD are presented to assess against the specific numerical goals found in EEOC regulations to identify the presence of any triggers. A trigger is a trend, difference, variance, outlier, or anomaly that suggests the need for further inquiry into a particular policy, practice, procedure, or condition. Statistics are only a starting point for analysis, which considers the totality of the circumstances.  For employees below a GS-11, step 1, the NIH achieved the numerical goal for PWD participation; 20.02% of employees in this cluster were PWD compared to the 12% benchmark. *See Table B-4P.*  For employees GS-11 and above, the NIH did not achieve the numerical goal involving PWD; 8.04% of employees in this cluster were PWD compared to the 12% benchmark. While the numerical goal was not achieved, there has been an increase of 11.35 percentage points since the end of FY 2017.  Within the total workforce, between FY 2017 and FY 2021, the participation of PWD in increased from 8.66% to 9.41%; and participation increased in both the lower and higher-grade clusters.  *See Table B-4P.* |

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

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| Applying the same grade clusters to PWTD as previously described, the NIH achieved the numerical goal established for PWTD of 2% in both lower and higher-grade clusters during FY 2021. In the lower grade cluster, 6.59% of 1,653 permanent employees are PWTD. In the higher-grade cluster, 2.12% of 12,805 permanent employees are PWTD.  *See Table B-4P.* |

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

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| Through various presentations and discussions made by the EDI Director, Disability Program Manager, and other EDI staff, the agency has made clear its 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 discussed in quarterly outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG), HR Liaison Group and Employee Resource Groups (ERG). In each of these meetings, we shared the EEOC’s concern that NIH has not taken meaningful steps to increase the number of PWD and PWTD, particularly in the senior grade levels. 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.  Also, in FY 2021 the following steps have been taken to communicate our goals:   * EDI has hired an outside contract to assist in identifying these barriers and triggers in the higher-grade clusters for PWD and PWTD. They will assist in developing a clear path in getting the higher-grade level clusters above the 12% and 2% goals. * The NIH Diversity Equity Inclusion and Accessibility (DEIA) “Gold Standard” Rubric was developed and implemented by the EDI/DID/SDI team as a benchmark against which to compare the Agency Wide DEIA Strategic Initiatives as well as IC-level DEIA accomplishments. Employment goals for PWD and PWTD have been incorporated into the latest updates of the Rubric as a key performance indicator. * EDI is partnering with HHS to develop a process to resurvey the workforce for updates on disability status. Office of Human Resources (OHR), Client Services Division (CSD), Corporate Recruitment Unit (CRU) provided the following training that discusses our overall numeric goals:   + Conducted training on the Workforce Recruitment Program (WRP) to the National Institute of Allergy and Infectious Diseases (NIAID’s) 10 top management officials   + Conducted training on “The Benefits of Using the Schedule A Authority” to National Cancer Institute’s (NCI’s) 60 Administrative Officers   + Conducted orientation on the “Role of the SPC” to six new CSD Branch Selective Placement Coordinators   + Conducted annual training on the WRP Program to the CSD Branch Selective Placement Coordinators |

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

1. 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

1. 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 |
| 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  (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 | 5 |  |  | Jessica Center, Branch Director  Samir Chandra, Glenda Laventure, Davian Morrell, and Charles Myers, Accessibility Consultants  Office of Equity, Diversity, and Inclusion, [edi.ra@mail.nih.gov](mailto:edi.ra@mail.nih.gov) |
| Section 508 Compliance |  |  | 2 | Andrea Norris Chief Information Officer, 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) |

1. 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

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| NIH has provided the disability program staff with the following training:   * NIH continues to conduct annual training for managers and staff on the reasonable accommodation procedures and personal assistance services (PAS) procedures. * The NIH OCIO Section 508 Team participates in federal trainings and workshops to support new initiatives, changes to legislation and sharing of best practices. This includes events sponsored by the US Access Board on the revised Section 508 standards, GSA trainings specific to implementing the revised standards, technical training and new tools designed to assist in meeting the revised standards as well as HHS trainings on their website compliance scanning tool. * The NIH Disability Engagement Committee continued discussions on current NIH disability policies and procedures. Through this committee, EDI leaders can stay connected and aware of concerns of the NIH disability community. * Federal Exchange on Employment and Disability (FEED) meetings * National Employment Law Institute (NELI) Employment Law Conference (this is an annual requirement for all EDI Reasonable Accommodations Staff) * National Employment Law Institute (NELI) Employment Law Return-to-Work in the Age of COVID & Delta Variant * NIH EEO Compliance Training for Managers, Supervisors and Employees * 8 hour-Refresher training Federal EEO new counselor training required by EEOC   Entellitrak User Training   * Alternative Center for Dispute Resolution-Mediation Training designed to teach participants to apply sound mediation practices and principles while managing/resolving disputes * American Institute of Architects (AIA) continuing education program updates on the new U.S. Access Board’s rulings * NIH Webinars addressing the NIH HC community: * NIH IACC (Interagency Autism Coordinating Committee) discussing issues related to Autism Spectrum Disorder (ASD) * NIH Advisory Board meeting; NIDCD (National Deafness and Other Communication Disorder) Advisory Council meeting and discussions * Events sponsored by the U.S. Access Board on the ABA/ADA Standards updates for Building & Sites ADA and FMLA Compliance training |

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

1. 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

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

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| The NIH utilizes multiple strategies to recruit qualified applicants with disabilities and targeted disabilities via hiring authorities that take disability into account, including:   * The Workforce Recruitment Program (WRP) – A recruitment and referral program that connects federal and private sector employers nationwide with highly motivated college students and recent graduates with disabilities who are eager to demonstrate their abilities in the workplace through summer or permanent jobs. * The OPM USA Staffing Agency Talent Portal (ATP) – A database of Schedule A applicants that CRU uses to conduct candidate sourcing upon request. * Noncompetitive Applicant Pool – OHR Delegating Examining Unit maintains a report of noncompetitive applicants who have applied to NIH vacancies but were not selected. These applicants have been prequalified for a select group of occupations, and CRU uses this report as a resource for noncompetitive candidate sourcing. * Career Fairs – CRU participated in the Gallaudet University Career Fair, where CRU shared information on NIH Internship Opportunities, including the Pathways and the Office of Intramural Training & Education (OITE) Summer Internship Programs. * Local Universities – EDI developed an email distribution list for a variety of local universities with a focus on providing outreach to university Disability Office contacts. * Individual IC Programs – Several ICs have programs that conduct outreach to recruit PWD and PWTD. Examples include:   + The National Heart, Lung, and Blood Institute Director dedicated $3 million to establish the Underrepresented Minority Fellow (URM) Program under the Division of Intramural Research (DIR). This program allows for labs to recruit scientists from underrepresented groups, including minorities, women, and those with disabilities in basic and clinical research with no impact to the lab’s operating or personnel budget.   + The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) launched the Diversity in Research, Executive and Administrative Management (DREAM) Program in 2013 to recruit postsecondary students and recent graduates with disabilities who are interested in pursuing a research or administrative internship at the NICHD. Several divisions and offices within the Office of the Director have supported DREAM students during the summer. Forty individuals with disabilities have been supported by the program between 2013 and 2019. The program was disrupted due to the pandemic and NICHD is looking at ways to safely host students in the future.   + The National Institute of Neurological Disorders and Stroke (NINDS) continued to partner with SEEC (Seeking Employment, Equity and Community for People with Developmental Disabilities) and Ivymount to support Project Search 2.0. NINDS partnered with multiple NIH ICs to establish development sites for 7 interns. Each rotation in the 30-week program provides the intern(s) with multi-layered opportunities for growth and development, with the goal of finding paid employment.   Additional recruitment efforts include:   * VA Department of Aging and Rehabilitation Services * Gallaudet University Information Session * Bender Virtual Career Fair * Equal Opportunity Publication’s Stem Diversity Career Fair * Maryland Division of Rehabilitation Services (DORS) * Delegating Examining Unit (DEU) Cognos Report which consist of qualified Schedule A candidates that have applied to previous NIH positions * Referred parties to the *Jobseekers with Disabilities Applicant Information* web page available at <https://hr.nih.gov/jobs>   **Other Highlights:**   * The Chief Officer for Scientific Workforce Diversity’s (COSWD) NIH Distinguished Scholars Program (DSP) aims to build a more inclusive community within the NIH Intramural Research Program (IRP) by reducing the barriers to the recruitment and success of principal investigators from groups that are typically underrepresented in biomedical research. The strategy is to recruit cohorts of up to 15 tenure track investigators per year who have both an outstanding record of accomplishments in scientific research and a demonstrated commitment to promoting diversity and inclusion. NIH Distinguished Scholars are supported with research funding as well as with mentoring, professional development, and networking to foster a sense of community and their success as principal investigators. The first cohort in 2018 had 13 scholars, followed by 15 in 2019, and 14 in 2020. From FY18 – FY20, 42 scholars have been a part of the program, representing 18 of the 24 IRPs. * OHR hosts an annual service recognition event for Veterans, including Disabled Veterans to improve recruitment and retention of veterans at the NIH. |

1. 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.

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| NIH uses several hiring authorities that take disability into account to recruit PWD and PWTD for positions in the permanent workforce,including the Schedule A hiring authority for individuals with intellectual disabilities, severe physical disabilities, or psychiatric disabilities, as set forth at 5 CFR 213.3102(u); the Veterans' Recruitment Appointment authority, as set forth at 5 CFR part 307; and the 30% or More Disabled Veteran authority, as set forth at 5 CFR 316.302(b)(4), 316.402(b)(4).  NIH includes language in vacancy announcements encouraging individuals with disabilities to apply for jobs using the Schedule A excepted service hiring authority. Personnel strategies and practices also include rules related to hiring veterans with disabilities. NIH has developed comprehensive policies governing Schedule A for people with disabilities and promotes the use of Schedule A via monthly Trans-Recruitment Forum meetings which consist of IC representatives. Recently, Schedule A training was made part of the mandatory new supervisor training. OHR and EDI also give presentations to HR Liaisons and other administrative staff to convey to managers, as staff leverage those groups to inform Agency managers. |

1. 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.

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| OHR continues to regularly engage in recruitment and outreach activities with job seekers with disabilities and hiring managers seeking talent sourcing for candidates. OHR will determine qualifications based on the individuals’ resume and confirm their Schedule A certification letter was drafted by the medical professional or state sponsored agency that signed their letter. (In October 2020, HHS policy required HR Specialists to verify the authenticity of Schedule A letters if those letters are provided from a licensed medical professional. The HR Specialists were trained on this new policy. The HR Specialist obtains written confirmation regarding the validity of the letter from the medical professional who issued or signed the Schedule A letter directly. This verification is conducted after the tentative job offer has been made, but before the official job offer is made. This is conducted concurrently with pre-employment requirements and onboarding and does not add any additional time in bringing the new employee on board.)  We also continue to recommend to unsolicited Schedule A applicants to upload their resume and documentation to USAJobs to increase exposure to HHS agency wide employment. We recommend that the applicants use the OPM Resume Builder to ensure that their resume is in a federal format. Furthermore, we encourage applicants to make their resumes searchable, other agencies can review their resume and increase the opportunity of getting a job.  Source: Corporate Recruitment Office |

1. 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.

No X

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| In FY 2021, EDI provided training for hiring managers to hire qualified individuals under Schedule A and through WRP programs to meet the 12% and 2% goals set by EEOC. The training included laws, regulations, policies, and executive mandates that ensure people with disability are inclusive to the NIH workplace. EDI has also introduced the American Association for the Advancement of Science (AAAS) “Entry Point!” program to all NIH’s Scientific Directors.  As part for the HR Specialist’s pre-recruitment planning meetings with the managers, they are made aware of the benefits of using the Schedule A Hiring Authority. Training is provided to the hiring managers contingent upon requests by the servicing HR Specialists and Administrative Officers.  OHR also provided training to all the HR branches on talent sourcing using the Agency Talent Sourcing Portal (ATP). ATP allows recruiters to source candidates who have made their resume visible in the USA Jobs system, and recruiters can filter for Schedule A and other eligible candidates for hiring.  H Plan C.4.e.1 describes in more depth, how EDI will work with OHR to formulate viable plans to ensure that all hiring managers are provided training and made aware of the hiring authorities that take disability into account (target date 10/30/2022).  Source: Corporate Recruitment Unit and H Plan C.4.e.1 |

Plan to Establish Contacts with Disability Employment Organizations

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

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| In FY 2021, OHR established new relationships with disability organizations such as: Bender Virtual Career Fair, Prince Georges County MD DORS, and the American Association of People with Disabilities.  The agency continues partnerships with the Workforce Recruitment Program, Gallaudet University, Division of Rehabilitative Services in Alexandria, Virginia, DC Vocational Rehab Offices, Ability Jobs and the EOP STEM Diversity Career Expo.  Source: Corporate Recruitment Office |

Progression Towards Goals (Recruitment and Hiring)

1. 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

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| Data from FY 2021 presented in Table B1 were reviewed for evidence of differences in hiring  into the permanent workforce. The Agency did achieve the numerical goals for both the 12% goal for PWD among new hires in the permanent workforce and 2% goal for PWTD among permanent new hires. In FY 2021, the Agency hired 1,113 permanent employees, among them were 167 (15.00%) employees who are PWD and 41 (3.68%) PWTD.  Source: Table B1-2 |

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

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| In FY 2021, Table B6P was reviewed for evidence of triggers in the hiring of permanent employees into Mission Critical Occupation (MCO) positions. The table below shows New Hires for PWD/PWTD compared to the qualified applicant pool benchmark for the top ten mission critical occupations. From these data, no PWD or PWTD applicants were found qualified for two out of ten MCO positions (Administrative Officer, series 0340 and Contract/Procurement, series 1102), and no PWTD were found in the qualified applicant pool for nurses (series 0610). In FY 2021, the NIH hired and onboarded a total of 1,113 permanent staff employees. Among these newly hired staff members were 707 persons in the ten MCO positions, including 110 (15.56%) PWD and 28 (3.96%) PWTD.  To assess these differences, the percentage of PWD and PWTD in the permanent new hires for each occupation was compared to the qualified applicant pool (QAP). The applicant flow data summarizes the phases of the hiring process through selection or vacancies that were posted and closed through USAJOBS during the fiscal year. The data in Table B6 reflect the pool of qualified applications for permanent vacancies announced through USAJOBS during FY 2021.  Table B6 also presents data on permanent new hires on boarded during the fiscal year. Some newly hired staff applied for a vacancy posted in a prior fiscal year or may have elected not to volunteer demographic information. Differences may be observed in comparing the demographic statistics of the QAP and that of new hires on boarded. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind.  Triggers were observed for PWD in the hiring of permanent medical officers (series 0602). For PWTD, triggers were found for the General Biological Sciences (series 0401) and Medical Officer occupations.  No PWD or PWTD were hired as permanent medical officers (series 0602). No PWTD were hired in a permanent General Biological Sciences occupation (series 0401).  As shown in the table below, PWD participation among new hires in nine MCOs exceeds that of QAP, and PWTD in eight MCOs also exceeded their participation among the QAP.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **New Hires Comparison** | | |  |  | | **MCOs** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % in New Hires** | **PWTD % in New Hires** | **Total # New Hires** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | 0301 Misc Admin and Program Analyst | 4.72% | 1.83% | 40.28% | 12.50% | 72 | No | No | | 0341 Admin Officer | 0.00% | 0.00% | 33.33% | 14.29% | 21 | No | No | | 0343 Mgmt. Analysis | 3.92% | 1.63% | 33.96% | 9.43% | 53 | No | No | | 0401 Gen. Biology Sci. | 4.66% | 2.08% | 5.00% | 0.00% | 60 | No | **Yes** | | 0601 Gen. Health Sci. | 2.10% | 0.97% | 7.30% | 1.29% | 233 | No | No | | 0602 Medical Officer | 2.68% | 1.01% | 0.00% | 0.00% | 31 | **Yes** | **Yes** | | 0610 Nurse | 0.94% | 0.00% | 11.11% | 1.23% | 81 | No | No | | 1102 Contract/  Procurement | 0.00% | 0.00% | 10.00% | 8.00% | 50 | No | No | | 1109 Grants Management Specialist | 3.21% | 0.64% | 15.91% | 2.27% | 44 | No | No | | 2210 Information Technology Spec. | 3.59% | 1.31% | 24.19% | 3.23% | 62 | No | No | |  |  |  |  |  |  |  |  |   Source: Table B6P |

1. 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.
2. Qualified Applicants for MCO (PWD) Yes X
3. Qualified Applicants for MCO (PWTD) Yes X

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| In the FY 2021 data presented in Table B6P, differences were identified in the participation of PWD in the qualified internal applicants for competitive promotions as compared to the relevant applicant pool (RAP) within five of the NIH’s MCOs, as shown in the table below, differences were observed in the following occupational series: 0301, 0341, 0343, 0601, and 2210. Differences were also identified between the RAP and QAP for PWTD within the internal competitive promotion data for two MCOs: Admin Officer (0341), General Health Science (0601).  The RAP was defined for each MCO based on the number of employees holding a qualifying occupation series.  For Misc. Admin and Program Analysts (0301), the RAP for PWD was 16.04%, and PWD represented 10.35% of the qualified internal applicants, indicating a trigger. The RAP for PWTD was 4.32%, and PWTD were 4.62% of the qualified internal applicants for Misc. Admin and Program Analysts, indicating no trigger.  For Admin Officers (0341), the RAP for PWD was 13.90%, and PWD represented 7.02% of the qualified internal applicants. The RAP for PWTD was 3.01%, and PWTD were 0.88% of the qualified internal applicants for Admin Officers. The Agency observed a difference between the RAP and the qualified applicants for Admin Officer internal promotions of PWD and PWTD.  For Management Analysts (0343), the RAP for PWD was 15.72%, and PWD represented 15.23% of the qualified internal applicants, indicating a negligible trigger. The RAP for PWTD was 3.23%, and PWTD were 7.62% of the qualified internal applicants for Management Analysts, indicating no trigger.  For General Health Sciences (0601), the RAP for PWD was 5.21%, and PWD represented 1.56% of the qualified internal applicants. The RAP for PWTD was 1.46%, and PWTD were 0.00% of the qualified internal applicants for General Health Sciences. The Agency observed a difference between the RAP and the qualified applicants for General Health Sciences internal promotions of PWD and PWTD.  For Information Technology Specialists (2210), the RAP for PWD was 11.44%, and PWD represented 4.07% of the qualified internal applicants, indicating a trigger. The RAP for PWTD was 1.93%, and PWTD were 2.71% of the qualified internal applicants for Information Technology Specialists, indicating no trigger.  For 0401, 0602, 0610, 1102, and 1109, no vacancies were posted for permanent promotion. As such, no PWD or PWTD were found in the qualified internal applicant pool; therefore, no comparison could be made with the RAP for these occupations.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Qualified Internal Applicants Comparison** | | |  |  | | **MCOs** | **PWD % in RAP** | **PWTD % in RAP** | **PWD % in QAP** | **PWTD % QAP** | **Total # Qualified Applicants** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | 0301 Misc Admin and Program Analyst | 16.04% | 4.32% | 10.35% | 4.62% | 715 | **Yes** | No | | 0341 Admin Officer | 13.90% | 3.01% | 7.02% | 0.88% | 114 | **Yes** | **Yes** | | 0343 Mgmt. Analysis | 15.72% | 3.23% | 15.23% | 7.62% | 512 | **Yes** | No | | 0401 Gen. Biology Sci. | 3.83% | 1.50% | 0.00% | 0.00% | 0 | N/A | N/A | | 0601 Gen. Health Sci. | 5.21% | 1.46% | 1.56% | 0.00% | 64 | **Yes** | **Yes** | | 0602 Medical Officer | 2.66% | 1.06% | 0.00% | 0.00% | 0 | N/A | N/A | | 0610 Nurse | 4.25% | 0.87% | 0.00% | 0.00% | 0 | N/A | N/A | | 1102 Contract/  Procurement | 8.00% | 2.52% | 0.00% | 0.00% | 0 | N/A | N/A | | 1109 Grants Management Specialist | 8.00% | 2.52% | 0.00% | 0.00% | 0 | N/A | N/A | | 2210 Information Technology Spec. | 11.44% | 1.93% | 4.07% | 2.71% | 221 | **Yes** | No |   Source: Table B6P | | | | | | | | | |
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1. 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.
2. Promotions for MCO (PWD) Yes X
3. Promotions for MCO (PWTD) Yes X

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| The applicant flow data indicate a difference for PWD in the Misc. Admin and Program Analyst (0301), Admin Officer (0341), Management Analyst (0343), General Health Science (0601), and Information Technology Specialist (2210) occupations.  The applicant flow data indicate a difference for PWTD in the Misc. Admin and Program Analyst (0301), Admin Officer (0341), Management Analyst (0343), and Information Technology Specialist (2210) occupations.  No competitive promotions were made amongst permanent staff General Biology Sciences (0401), Medical Officers (0602), Nurses (0610), Contract/Procurement (1102), or Grant Management Specialists (1109) in FY 2021. There was no opportunity to observe triggers for these MCOs.  A difference was observed among PWD and PWTD for internal promotions to Misc. Admin and Program Analysts (0301). The QAP for PWD was 10.35%, and PWD represented 6.25% of selections. The QAP for PWTD was 4.62%, and PWTD represented 3.13% of selections.  For Admin Officers (0341), the QAP for PWD was 7.02%, and no PWD were selected. The QAP for PWTD was 0.88%, and no PWTD were selected.  For Management Analysts (0343), the QAP for PWD was 15.23%, and PWD represented 11.76% of selections. The QAP for PWTD was 7.62%, and no PWTD were selected.  For General Health Science (0601), the QAP for PWD was 1.56%, and no PWD were selected. There were no PWTD in the QAP, and as such there was no basis for comparison.  For Information Technology Specialists (2210), the QAP for PWD was 4.07%, and no PWD were selected. The QAP for PWTD was 2.71%, and no PWTD were selected.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Promoted Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion)** | | |  |  | | **MCOs** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Tentatively Selected for Promotion** | **PWTD % Tentatively Selected for Promotion** | **Total # Tentatively Selected for Promotion** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | 0301 Misc Admin and Program Analyst | 10.35% | 4.62% | 6.25% | 3.13% | 32 | **Yes** | **Yes** | | 0341 Admin Officer | 7.02% | 0.88% | 0.00% | 0.00% | 5 | **Yes** | **Yes** | | 0343 Mgmt. Analysis | 15.23% | 7.62% | 11.76% | 0.00% | 17 | **Yes** | **Yes** | | 0401 Gen. Biology Sci. | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 0601 Gen. Health Sci. | 1.56% | 0.00% | 0.00% | 0.00% | 12 | **Yes** | No | | 0602 Medical Officer | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 0610 Nurse | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 1102 Contract/  Procurement | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 1109 Grants Management Specialist | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 2210 Information Technology Spec. | 4.07% | 2.71% | 0.00% | 0.00% | 6 | **Yes** | **Yes** |   Source: Table B6P |

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

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

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| The NIH is committed to providing opportunities for advancement among all employees, including people with disabilities and people with targeted disabilities. We currently offer a wide range of career development and training opportunities through the NIH Training Center, the HHS Learning Management System, and the individual Institutes and Centers which comprise our organization. Such opportunities help position all NIH employees for advancement within their current positions and beyond.  Also, we offer two targeted programs that offer clear opportunities for advancement among our staff, the NIH Management Intern Program (MI) and the NIH Presidential Management Fellows Program (PMF). Through these programs, staff complete two years of rotational assignments in a variety of administrative and scientific offices across the NIH. Upon completion of the program, alumni of the program exit with positions at the FPL levels of GS-12 (MI) and GS-13 (PMF). This FPL remains the same regardless of the staff members GS level upon entry into the program. Historically, people with disabilities and people with targeted disabilities have been accepted into and completed these programs, however the disability status of those who have applied for and participated in these programs has not been analyzed for applicants from the MI and PMF programs. |

Career Development Opportunities

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

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| The NIH offers an array of training and career development opportunities to all employees through multiple venues in our organization. Training and development opportunities offered through the NIH Training Center, the NIH Library, the Center for Information Technology, and individual Institutes and Centers. These opportunities include classes providing technical information on administrative systems (e.g. travel, time and attendance, budget and acquisitions management, Microsoft Office), classes on professional development (e.g., Project Management, Managing Up, Change Management) and formal leadership development programs (the NIH Management Seminar Series, the NIH Management Intern Program, the NIH Mid-Level Leadership Program, the NIH Senior Leadership Program, and the NIH Executive Leadership Program). |

1. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/approval to participate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Career Development Opportunities | Total Participants | | People with Disabilities | | People with Targeted Disabilities | |
| Applicants (#) | Selectees (#) | Applicants (%) | Selectees (%) | Applicants (%) | Selectees (%) |
| Internship Programs |  | 134 |  | 2.2% |  | 0.0% |
| Other Career Development Programs |  | 206 |  | 18.4% |  | 4.4% |
| Fellowship Programs |  | 26 |  | 7.7% |  | 0.0% |
| Mentoring Programs (Mentor) |  | 137 |  | 4.4% |  | 0.7% |
| Mentoring Programs (Mentee) |  | 118 |  | 9.3% |  | 2.5% |
| Coaching Programs |  | 138 |  | 4.3% |  | 0.7% |
| Training Programs |  | 338 |  | 6.2% |  | 1.5% |
| Detail Programs |  | 14 |  | 14.3% |  | 7.1% |

The data source is the NIH Training Center (NIHTC), which cannot provide data on program applicants, as demographic data from applicants to career development programs are only captured at the Institute level and are not available NIH-wide.

* Specific program criteria
  + **Internship Programs:** Pathways program participants
  + **Other Career Development Programs:** Management Seminar Series (MSS) participants
  + **Fellowship Programs:** Presidential Management Fellowship (PMF) participants
  + **Mentoring Programs:** IC-Level mentoring programs, Data on both mentors and mentees are provided.
  + **Coaching Programs:** Coaching clients
  + **Training Programs:** Executive, Senior and Mid-Level Leadership (ExLP, SLP, MLP) participants
  + **Detail Programs:** Management Intern (MI) participants

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

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| For purposes of this analysis, as noted above, data on applications for career development programs are not captured at the NIH-wide level. Comparisons between the relevant applicant pool and applicants are then not available. In lieu of this analysis, data comparing the selections to these programs and the relevant applicant pool were made. The relevant applicant pool includes NIH employees eligible to participate in each career development program based on their grade and occupational series. Triggers were found for PWD in Internship Programs (Pathways), Fellowship Programs (PMF), Mentoring Program (only for mentors, not mentees), and Coaching Programs.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Selectees Comparison** | | |  |  | | Career Development Opportunities | **PWD % in RAP** | **PWTD % in RAP** | **PWD % Selected** | **PWTD % Selected** | **Total # Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Internship Programs | 22.65% | 7.76% | 2.2% | 0.0% | 134 | **Yes** | **Yes** | | Other Career Development Programs | 7.98% | 2.04% | 18.4% | 4.4% | 206 | No | No | | Fellowship Programs | 11.24% | 3.33% | 7.7% | 0.0% | 26 | **Yes** | **Yes** | | Mentoring Programs (Mentor) | 7.99% | 2.20% | 4.4% | 0.7% | 137 | **Yes** | **Yes** | | Mentoring Programs (Mentee) | 7.99% | 2.20% | 9.3% | 2.5% | 118 | No | No | | Coaching Programs | 7.99% | 2.20% | 4.3% | 0.7% | 138 | **Yes** | **Yes** | | Training Programs | 4.94% | 1.31% | 6.2% | 1.5% | 338 | No | No | | Detail Programs | 7.38% | 2.16% | 14.3% | 7.1% | 14 | No | No | |

1. 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) Yes

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| Following the comparison described above and as shown in the table above, triggers were found for PWTD in Internship Programs (Pathways), Fellowship Programs (PMF), Mentoring Program (only for mentors, not mentees), and Coaching Programs. |

Awards

1. 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.
2. Awards, Bonuses, & Incentives (PWD) Yes X
3. Awards, Bonuses, & Incentives (PWTD) Yes X

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| Table B9 presents information on awards distributed to employees during the year as part of its employee recognition program. The EEOC has suggested that agencies consider awards distribution based on inclusion rates, the degree to which each employee group is distributed across workforce indicators, e.g., awarded or separated.  The inclusion rate for PWD was calculated by comparing the number and percent of employees with disabilities who received awards in each applicable program element to the number and percent of employees without a disability (this category combines persons with no disability and those who did not identify as having a disability) who received awards in each applicable program element.  The inclusion rate for PWTD was calculated by comparing the number and percent of employees with targeted disabilities who received an award in each applicable program element to the number and percent of employees without a targeted disability (this category combines persons with no disability, those who did not identify as having a disability, and those with a disability that is not targeted) who received award in each applicable program element.  Inclusion rates for PWD:   * Time off awards from 1 to 10 hours: 9.26% compared to 9.07% for people without disabilities-No Trigger exists * Time off awards from 11 to 20 hours: 9.92% compared to 9.10% for people without disabilities-No Trigger exists * Time off award from 21 to 30 hours: 4.78% compared to 4.54% for people without disabilities-No Trigger exists * Time off awards from 31 to 40 hours: 11.83% compared to 13.61% for people without disabilities-**Trigger exists** * Cash awards under $500: 23.22% compared to 23.32% for people without disabilities- **Trigger exists** * Cash awards from $501 to $999: 23.37% compared to 20.11% for people without disabilities-No Trigger exists * Cash awards from $1,000 to $1,999: 41.59% compared to 43.90% for people without disabilities-**Trigger exists** * Cash awards from $2,000 to $,2999: 21.68% compared to 27.719% for people without disabilities-**Trigger exists** * Cash award from $3,000 to $,3999: 9.04% compared to 13.65% for people without disabilities-**Trigger exists** * Cash awards from $4,000 to $4,999: 6.32% compared to 8.65% for people without disabilities-**Trigger exists** * Cash awards from $5,000 or more: 7.20% compared to 13.81% for people without disabilities-**Triggers exists**   Inclusion rates for PWTD:   * Time off awards from 1 to 10 hours: 8.40% compared to 9.99% for people without targeted disabilities-**Trigger exists** * Time off awards from 11 to 20 hours: 11.02% compared to 10.01% for people without targeted disabilities-No Trigger exist * Time off award from 21 to 30 hours: 2.10% compared to 5.07% for people without targeted disabilities-**Trigger exists**   Time off awards from 31 to 40 hours: 10.50% compared to 14.84% for people without targeted disabilities-**Trigger exists**   * Cash awards under $500: 25.20% compared to 25.52% for people without targeted disabilities- **Trigger exists** * Cash awards from $501 to $999: 21.26% compared to 22.33% for people without targeted disabilities- **Trigger exists** * Cash awards from $1,000 to $1,999: 39.37% compared to 48.04% for people without targeted disabilities-**Trigger exists** * Cash awards from $2,000 to $2,999: 22.83% compared to 29.94% for people without targeted disabilities-**Trigger exists** * Cash award from $3,000 to $,3999: 6.56% compared to 14.71% for people without targeted disabilities-**Trigger exists** * Cash awards from $4,000 to $4,999: 5.77% compared to 9.34% for people without targeted disabilities-**Trigger exists** * Cash awards from $5,000 or more: 5.51% compared to 14.73% for people without targeted disabilities-**Trigger exists**   Source: Table B9-2 Inclusion Rate |

1. 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.
2. Pay Increases (PWD) No X
3. Pay Increases (PWTD) Yes X

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| Inclusion rate for PWD:   * QSI: 11.68% compared to 10.58% for people without disabilities-**No Trigger exists**   Inclusion rate for PWTD:   * QSI: 11.55% compared to 11.68% for people without targeted disabilities- **Trigger exists**   Source: Tables B9-2 Inclusion Rate  The inclusion rate was calculated by comparing the number and percent of employees who received a quality step increase among PWD to the number and percent of employees with no disability (this group includes those who did not identify as having a disability).  The inclusion rate for PWD was 11.68%, and for people without disabilities and those who did not self-identify with a disability, it was 10.58%. No trigger was found in these data.  The inclusion rate for PWTD was calculated by comparing the number and percent of PWTD who received a quality step increase to the number and percent of employees without a targeted disability (i.e., the combined total of persons with no disability, those who do not identify as having a disability, and those with a disability that is not targeted) who received a quality step increase.  A negligible difference was found in quality step increases. The inclusion rate for PWTD was 11.55%, and for people without targeted disabilities (including those with no disability, those who did not self-identify as having a disability, and those with a disability that is not targeted), it was 11.68%.  Source: Table B9-2 |

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

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| The agency does have other types of employee recognition programs, such as the NIH Director’s Awards, individual IC Director’s Awards and the Disability Champion and Allies Awards. These awards are inclusive of PWD and PWTD. Currently, we do not have the data to quantitatively compare and assess for potential triggers involving PWD and PWTD receiving these awards. |

Promotions

1. 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) No 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

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| Table B7 presents the relevant FY 2021 data to assess whether triggers exist about promotions to senior grade levels. Of 1,708 qualified internal applications for senior grade level positions, 144 (8.43%) were submitted by PWD. The Agency was successful in supporting PWD in their interest in and application for senior grade level positions.  There were no triggers identified among qualified internal applicants to the GS-13 or SES equivalent senior grades. For the GS-15 and GS-14 equivalent senior grades, a difference was observed.  Among internal selections, differences were observed for the GS-15 and GS-14 equivalent levels, but not the SES or GS-13 equivalent levels. Of the 84 internal promotions to senior grade levels in Table B7, six (7.14%) were PWD, which is lower than their availability in the QAP at 8.43%. The following presents data for each grade level equivalent.  At the SES equivalent level, no job vacancy postings were available at the SES equivalent level in FY 2021, and as such there were no qualified internal applicants nor selections made, thus there was no opportunity to observe triggers.  At the GS-15 equivalent level, the RAP was 6.25%, while the participation of PWD among qualified internal applicants was slightly lower at 5.36%. The Agency noted a difference involving internal selections for GS-15 equivalent grade levels; none of selections were PWD compared to their participation among qualified internal applicants at 5.36%.  At the GS-14 equivalent level, the Agency noted a difference at the qualified and selected stages. The RAP was 8.79% and the participation of PWD among qualified internal applicants was 6.13%. Among selections for internal promotions, none were PWD, and 6.13% of the qualified internal applicants were PWD.  At the GS-13 equivalent level, PWD exceeded the relevant benchmarks at the qualified and selected stages. The participation of PWD among qualified internal applicants was 10.25% compared to the RAP benchmark of 9.08%. Likewise, 13.64% of selections were PWD compared to 10.25% of qualified internal applicants.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Qualified Internal Applicants Comparison (Internal Competitive Promotion + Merit Promotion)** | | |  |  | | **Senior Grade Levels** | **PWD % in RAP** | **PWTD % in RAP** | **PWD % QAP** | **PWTD % QAP** | **Total # QAP** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | SES | 4.99% | 1.32% | 0.00% | 0.00% | 0 | **N/A** | **N/A** | | GS-15 | 6.25% | 1.64% | 5.36% | 2.38% | 168 | **Yes** | No | | GS-14 | 8.79% | 1.88% | 6.13% | 1.62% | 555 | **Yes** | **Yes** | | GS-13 | 9.08% | 2.76% | 10.25% | 3.65% | 985 | No | No |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Promoted Internal Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion)** | | |  |  | | **Senior Grade Levels** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Selected** | **PWTD % Selected** | **Total # Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | SES | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | GS-15 | 5.36% | 2.38% | 0.00% | 0.00% | 13 | **Yes** | **Yes** | | GS-14 | 6.13% | 1.62% | 0.00% | 0.00% | 27 | **Yes** | **Yes** | | GS-13 | 10.25% | 3.65% | 13.64% | 0.00% | 44 | No | **Yes** |   Source: Table B7 |

1. 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) No X

Grade GS-15

* Qualified Internal Applicants (PWTD) No 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) No X
* Internal Selections (PWTD) Yes X

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| See table above from question 1.  Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to senior grade levels. Of 1,708 qualified internal applications for senior grade level positions, 49 (2.87%) were submitted by PWTD. Of 84 promotions to senior grade levels in Table B7, none (0.00%) were PWTD. Overall, the Agency was successful in supporting PWTD in their interest in and application for senior grade level positions and was less successful in selecting PWTD for those promotions. There were no triggers identified among qualified internal applicants to the GS-15 and GS-13 equivalent senior grades; but for GS-14 equivalent senior grades, a difference was observed.  There were no postings for internal promotion to SES equivalent positions; therefore, there was no opportunity to observed triggers for that level.  Among internal selections, differences were observed for the GS-15, GS-14, and GS-13 equivalent levels. Of the 84 internal promotions to senior grade levels in Table B7, none were PWTD, which is lower than their availability in the QAP at 2.87%. The following presents data for each grade level equivalent.  At the SES equivalent level, no job vacancy postings were available at the SES equivalent level in FY 2021, and as such there was no opportunity to observe triggers.  At the GS-15 equivalent level, the RAP was 1.64%, while the participation of PWTD among qualified internal applicants was higher at 2.38%. The Agency noted a difference involving internal selections for senior grade levels at GS-15 equivalent grade levels; none of selections were PWTD compared to their participation among qualified internal applicants at 2.38%.  At the GS-14 equivalent level, the Agency noted a difference at the qualified and selected stages. The RAP was 1.88% and the participation of PWTD among qualified internal applicants was slightly lower at 1.62%. Among selections for internal promotions, none were PWTD, and 1.62% of the qualified internal applicants were PWTD.  At the GS-13 equivalent level, PWTD exceeded the relevant benchmark at the qualified stage, but was a trigger at the selected stage. The participation of PWTD among qualified internal applicants was higher at 3.65% compared to the RAP benchmark of 2.76%. On the other hand, none of the selections were PWTD compared to 3.65% of qualified internal applicants. |

1. 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) N/A X
* New Hires to GS-15 (PWD) No X
* New Hires to GS-14 (PWD) No X
* New Hires to GS-13 (PWD) No X

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| For this trigger analysis, the Agency presents information on trigger identification for PWD new hires to senior grade levels based on reviewing Table B7. Among the 1,113 newly hired permanent staff members in FY 2021 were 549 persons hired into permanent staff senior grade level positions: three SES, 40 into GS-15 equivalent positions, 145 into GS-14 equivalent position positions, and 361 into GS-13 equivalent positions. Sixty-five of those 549 (11.84%) newly hired permanent staff in senior grade levels identified as PWD. The following evaluates participation of PWD in each senior grade equivalent level.  The QAP from Table B7 summarizes data where the applicant self-identified with a disability and qualified for the position. Data in this table describe vacancies for permanent positions with the NIH that were posted in USAJOBS with a closing date during the fiscal year. In addition, Table B7 also presents data on new hires onboarded during the fiscal year; some of whom applied for a vacancy posted prior to the start of the fiscal year. Differences may be observed in the demographic statistics of those selected versus those onboarded as new hires. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **New Hires Comparison** | | |  |  | | **Senior Grade Levels** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % New Hires** | **PWTD % New Hires** | **Total # New Hires** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | SES | 0.00% | 0.00% | 0.00% | 0.00% | 3 | N/A | N/A | | GS-15 | 0.58% | 0.95% | 5.00% | 0.00% | 40 | No | **Yes** | | GS-14 | 3.98% | 1.35% | 12.41% | 1.38% | 145 | No | No | | GS-13 | 3.15% | 0.96% | 12.47% | 2.49% | 361 | No | No |   From reviewing the applicant flow data for FY 2021, no triggers were identified for PWD.   * No vacancies were posted for external hire into SES positions during FY 2021. There was, then, no opportunity to observed triggers amongst the qualified applicant pool against tentative selections. * At the GS-15 equivalent level, the QAP was 0.58% PWD, and 5.00% of the permanent new hires for those positions identified as PWD. No trigger. * At the GS-14 equivalent level, the QAP was 3.98% PWD while 12.41% newly hired permanent staff were PWD. No trigger. * At the GS-13 equivalent level, the QAP was 3.15% PWD, while 12.47% of the new hires to GS-13 equivalent positions identified as PWD. No trigger.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Data Source: Table B7 |  |  |  |  |  |  | |

1. 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) N/A X
   * New Hires to GS-15 (PWTD) Yes X
   * New Hires to GS-14 (PWTD) No X
   * New Hires to GS-13 (PWTD) No X

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| To respond to this question, the Agency presents information on trigger identification for PWTD new hires to senior grade Among the 1,113 newly hired staff members in FY 2021 were 549 persons hired into senior grade level positions. Eleven of those 549 (2.00%) newly hired permanent staff in senior grade levels identified as PWTD. The following evaluates participation of PWD in each senior grade equivalent level.  For the senior grade level equivalent GS-15 level only, the Agency found a trigger in the difference in participation of PWTD between qualified applicants and among new hires.  More detail about each senior grade level follows in descending order by level.  At the SES level, no vacancies were posted for external hire into SES positions during FY 2021. There was, then, no opportunity to observed triggers amongst the qualified applicant pool against tentative selections.  At the GS-15 equivalent level, the QAP was 0.95%; none of the new hires were PWTD.  At the GS-14 equivalent level, the QAP was 1.35% PWTD; 1.38% of the newly hired GS-14  equivalent staff were PWTD. No trigger.  At the GS-13 equivalent level, the QAP was 0.96% PWTD, and 2.49% of new hires were  PWTD. No trigger.  Data Source: Table B7 |

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

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| For this trigger analysis, the relevant applicant pools were defined to include all employees holding positions at the next lower level who hold supervisory status for Executives and Managers and at all lower levels with or without supervisory status for the first level Supervisors. The Agency observed triggers at all leadership levels for the qualified stage and among tentative selections for internal competitive promotion to Manager and Executive levels.  For the Executive level, triggers were found at both stages for internal promotion. The relevant applicant pool was 6.29% PWD, and the qualified internal applicants include a smaller percentage at 5.42% PWD. None of the promoted internal applicants were PWD, while the qualified pool included 5.42% PWD.  For the Manager level, triggers were found for both the qualified and tentative selection stages. The relevant applicant pool was 8.85% PWD, and the qualified internal applicants was lower at 7.93% PWD. Among 22 internal selections, 4.55% were PWD, which is lower than their availability in the QAP at 7.93%.  For first level Supervisors, 9.89% of the relevant applicant pool were PWD. None of the applicants in the qualified pool were PWD. No PWD applicants were selected for promotion to first level Supervisory positions because none were available among qualified applicants; there was no opportunity to observe a trigger.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Qualified Internal Applicants Comparison** | | |  |  | | **Supervisory Positions** | **PWD % in RAP** | **PWTD % in RAP** | **PWD % QAP** | **PWTD % QAP** | **Total # QAP** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Executives | 6.29% | 1.80% | 5.42% | 2.41% | 166 | No | No | | Managers | 8.85% | 1.94% | 7.93% | 1.86% | 429 | **Yes** | **Yes** | | Supervisors | 9.89% | 2.71% | 0.00% | 0.00% | 7 | **Yes** | **Yes** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Tentatively Selected Applicants Comparison** | | |  |  | | **Supervisory Positions** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Tentatively Selected** | **PWTD % Tentatively Selected** | **Total # Tentatively Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Executives | 5.42% | 2.41% | 0.00% | 0.00% | 11 | **Yes** | **Yes** | | Managers | 7.93% | 1.86% | 4.55% | 0.00% | 22 | **Yes** | **Yes** | | Supervisors | 0.00% | 0.00% | 0.00% | 0.00% | 1 | No | No |   Data Source: Table B8 |

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

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| See table above.  For this trigger analysis, the same definitions were applied for RAP as found in the question above.  For the Executive level, the relevant applicant pool was 1.80% PWTD, and the qualified internal applicants include 2.41% PWTD. No trigger was observed. None of the promoted internal applicants were PWD, while the qualified pool included 2.41% PWTD. A trigger was identified.  For the Manager level, triggers were found for both the qualified and tentative selection stages. The relevant applicant pool was 1.94% PWTD, and the qualified internal applicants was slightly lower at 1.84% PWTD. None of the promoted applicants to Manager positions were PWTD, though 1.84% were available for selection among qualified internal applicants.  For first level Supervisors, 2.71% of the relevant applicant pool were PWTD. None of the applicants in the qualified pool were PWTD. No PWTD applicants were selected for promotion to first level Supervisory positions because none were available among qualified applicants; there was no opportunity to observe a trigger.  Data Source: Table B7 |

1. 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) No
* New Hires for Managers (PWD) No
* New Hires for Supervisors (PWD) Yes

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| For this trigger analysis, the NIH presents information on trigger identification for PWD new hires to leadership positions based on reviewing Table B8. Among the 1,113 newly hired staff members in FY 2021 were 58 persons hired into leadership positions: 26 Executives, 30 Managers, and two first level Supervisors. Seven of those 58 (12.06%) newly hired permanent staff in leadership positions identified as PWD. The following evaluates participation of PWD in each leadership level.  The QAP from Table B8 summarizes data where the applicant self-identified with a disability and qualified for the position. Data in this table describe vacancies for permanent positions with the NIH that were posted in USAJOBS with a closing date during the fiscal year. In addition, Table B8 also presents data on new hires onboarded during the fiscal year; some of whom applied for a vacancy posted prior to the start of the fiscal year. Differences may be observed in the demographic statistics of those selected versus those onboarded as new hires. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind.  For first level Supervisor positions, the NIH found a trigger in the difference in participation of PWD among qualified internal applicants and among tentative selections. None of the tentatively selected first level Supervisors were PWD, yet the qualified applicant pool included 3.57% PWD.  For Manager positions, no triggers were identified for external hiring. Externally hired Managers included 16.67% PWD, which is more than found among the qualified pool at 2.97%.  For Executives, a higher proportion of PWD was found among tentative selections at 7.69% than found for the qualified applicant pool (1.66%).   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Tentatively Selected New Hires Comparison** | | |  |  | | **Supervisory Positions** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Tentatively Selected** | **PWTD % Tentatively Selected** | **Total # Tentatively Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Executives | 1.66% | 0.92% | 7.69% | 0.00% | 26 | No | **Yes** | | Managers | 2.97% | 1.49% | 16.67% | 3.33% | 30 | No | No | | Supervisors | 3.57% | 1.79% | 0.00% | 0.00% | 2 | **Yes** | **Yes** | |

1. 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) Yes
   * New Hires for Managers (PWTD) No
   * New Hires for Supervisors (PWTD) Yes

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| See table above.  Among the 1,113 newly hired staff members in FY 2021 were 58 persons hired into leadership positions: 26 Executives, 30 Managers, and two first level Supervisors. Of those 58 newly hired permanent staff in leadership positions 1.72% identified as PWTD. The following evaluates participation of PWD in each senior grade equivalent level:   * For first level Supervisor positions, the Agency found a trigger in the difference in participation of PWTD among qualified internal applicants and among tentative selections. None of the tentatively selected first level Supervisors were PWTD, yet the qualified applicant pool included 1.79% PWTD.   For Manager positions, no triggers were identified for external hiring. Externally hired Managers included 3.33% PWD, which is more than found among the qualified pool at 1.49%.   * For Executives, no PWTD were tentatively selected while the qualified applicant pool included 0.92% PWTD.   Data Source: Table B8 |

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

1. 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.

Yes X

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| The NIH maintains discretion on conversions to a career or career-conditional appointment among employees on Schedule A appointments. As a general practice, those Schedule A employees who were not converted voluntarily accepted a new Schedule A appointment within the Agency. During FY 2021, there were a total of 496 employees on new or existing Schedule A appointments, including 11 separations, 136 (27.42%) Schedule A new hires, 21 (4.23%) existing Schedule A, and 328 (66.13%) converted to the competitive service under the Schedule A hiring authority during FY 2021 within two years of the Schedule A appointment. A review of records for other Schedule A employees, who were hired or transferred to the NIH and remain on rolls at the close of FY 2021, confirms that all were converted to competitive service within two years of appointment. |

1. 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) Yes X
   * Involuntary Separations (PWD) Yes X

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| Among total workforce (both permanent and temporary) separations, the following was found.  Data on voluntary separations:   * Resignation: 1.42% for people with disabilities compared to 2.13% for people without disabilities- No trigger exists * Retirement: 3.52% for people with disabilities compared to 2.67% for people without disabilities- **Trigger exists** * Other Separations: 0.88% for people with disabilities compared to 1.09% for people without disabilities- No trigger exists   Data on involuntary separations:   * Removal: 0.20% for people with disabilities compared to 0.13% for people without disabilities- **Trigger exists** * The Agency had no Reductions in Force recorded during FY 2021.   Source: B1-2 Inclusion Rate |

1. 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

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| Among total workforce (both permanent and temporary) separations, the following was found.  Data on voluntary separations:   * Resignation: 0.99% for people with targeted disabilities compared to 2.10% for people without targeted disabilities- No trigger exists * Retirement: 3.70% for people with targeted disabilities compared to 2.72% for people without targeted disabilities- **Trigger exists** * Other Separations: 0.25% for people with targeted disabilities compared to 1.09% for people without targeted disabilities- No trigger exists   Data on involuntary separations:   * Removal: 0.00% for people with targeted disabilities compared to 0.14% for people without targeted disabilities- No trigger exists * The Agency had no Reductions in Force recorded during FY 2021.   Source: B1-2 Inclusion Rate |

1. 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.

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| Among 89 employees with disabilities who separated in FY 2021, voluntary reasons accounted for 96.63% with retirement as the top reason (52 people, 58.43%) followed by voluntary resignation (21 people, 23.60%), and other voluntary reason (13 people, 14.61%). Three employees (3.37%) were involuntarily removed.  The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Among 395 employees who completed the disability questions on the exit survey in FY 2021, 24 self-identified as having a disability (6.98%).  The small number of separating employees who self-identified with a disability and completed the exit survey limits the reliability of conclusions to be drawn from these data about the reasons why those employees left the Agency. The reasons for separation are not combined with demographic information, so only general conclusions can be gleaned from the exit survey and not specific to individuals with disabilities.  Among total exit survey respondents, the top three most selected reasons for  Separation in FY 2021 were:1) “Retirement” (30% of respondents) (Up 7% from last year)  2) “Promotion/Higher Salary/Advancement Potential” (12%) (Down 3% from last year)  3) “Career Change” (9%) (Down 1% from last year)  Of those respondents who selected retirement as a reason for separation:  • 31% of respondents said they would have postponed retirement if they were more satisfied  with their job, and 19% if they were more satisfied with their supervisor. |

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.

1. 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.

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| 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. |

1. 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.

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

1. 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:**

The NIH OCIO delivers information on the revised Section 508 standards and HHS website compliance scanning tool to key stakeholders. 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](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, multimedia, etc., 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 make 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 building's occupancy categories and their compliance with the ABA Standards.

* ORF continued to work on ABA rights and complaints process on their website. The name and telephone number and email of the ORF ABA POC/SME is listed.
* In 2019, ORF had complaints about lack of larger operation signages that include Braille. The Braille larger operation signages were installed at the project site in 2020. We have included Braille in our new related projects in 2021 such as second HC lift in Building 31B and three Bethesda Campus main sally port entries’ signage and operation info.
* C105070 - Building31B H/C Lift at B1 Level: This project is to install a H/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. This project was funded in 2020, contract was finalized with a design/build contractor, design phase has been completed. Project started construction in 2021and is now going through the final punch-list items to be fixed by the contractor.
* 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. The design has been completed. A construction contract has been awarded in 2017. Project scope covers twenty (20) crosswalks. There are eight (8) crosswalks in operating condition and in different stages of full completion with minor Q/A items to address. During 2019 fiscal year, the contractor has completed most of the remaining items. Pre-final inspection for project Substantial Inspection to be scheduled in late October. The project continued to have issues with the installed fixtures and concrete trenches at several locations. Punchlist items and warranty issues had been discussed with the contractor to fix many items in need of repair in 2020 and 2021. Repairs by contractor is still ongoing and ICs complaints are being investigated.
* C102246, Building 66 Gateway Center Sallyports wheelchair 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. The project started in 2015 and had been going through final phases of the design and construction documentation due to stringent security requirements that required custom made stands. Recently construction permit has been issued. Project was planned to start construction contract bidding in early 2019 fiscal year. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project was funded in 2020.The ORF project architect responsible for the construction documents had left and a new PA is assigned. Due to custom made access poles and security requirements, the project requires not only architectural design but also industrial design of the custom pole that is an object which requires careful coordination of parts and pieces at micro (machined) level. The existing construction documents can be used as a bridging document for a Design/Build contract. New contract was secured, and the custom-made stands were replaced with off the shelf stand that functionally was acceptable to the NIH SPSM (Division of Physical Security Management). This was reducing the project costs and future maintenance. The project has finished design and documentation and started construction phase in 2021. The construction has started on Sally port No. 2 (Pedestrian Entrance leading to Child Care Center at Rockville Pike & Center Dr).
* C105241 Building 31C Restrooms Renovation: Full renovation of Building 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. The project was recommended for the B&F Board review for the 2018 R&I funding for design and construction. The project was placed on hold, due to funding issues. The project was planned to be funded in FY19. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020.Unfortunately funding for this project is moved to 2021fiscal year and now again postponed to future years due to many other projects competing with other deficient projects for R&I (Repair & Improvement) funds. Meanwhile, we are trying to request funding for individual restrooms that need upgraded HC access instead of asking for a large R&I funding.
* C105223 Convert Building 1, room 15E2 to Offices. Building 1is a historic structure. The project includes enlargement of the existing 1st floor restroom to make it accessible. Access to building entry, all entry level offices including pantry are accessible. Project is funded in 2019 fiscal year. This Design/Build contract received a green construction permit in August 2021. Construction project started by remediation process that is completed and actual construction is on its way.
* C106591 Convert Building 1, room15E1to Offices, Building is a historic residential structure. The project includes enlargement of the existing 1st floor restroom to make it accessible. Building entry, kitchen and entry level offices are made accessible. The project is funded in 2019 fiscal year. This Design/Build received a construction permit in 2021. Contract is in construction phase after remediation efforts are completed.
* C109507 Building 31A Toilet Renovations Floors 3, 10 and 11, This project was initiated in 2020 to upgrade bathrooms and bring them to compliance with the ABA standards. Design part of the project is almost completed. Construction of one floor is planned to be started in 2022.
* C108449 Buildings. 1, room 5G1 + G2 Quarters Renovation, Project is to convert existing residential two story with basement historic buildings into offices for NCI and NHLBI. The renovation included converting the kitchen to a kitchenette/pantry, making the first floor ABA accessible, including bathrooms. This project was funded in 2020 and construction permit is published. Building 15G1 construction is on its way and the project is expected to be completed in 2022. Building G2 is still occupied by the Fire Marshall and the construction will start after the Fire Marshall offices are relocated to their new renovated location.
* C107389 Building 1, room 5C1 Renovation, Project is to convert existing residential two story with basement into offices for NCI. The renovation included converting the kitchen to a kitchenette/pantry, making the First floor ABA accessible including bathrooms. This project was funded in 2020 and construction permit was published. Project is now completed, and building was occupied in March 2021.
* C105885 Building 49 Public Areas Kitchenettes and Public Bathrooms Renovation. The first phase of this project to renovate the Public Areas Kitchenettes was funded in 2020 and is now in the design review process. All kitchenettes are renovated to be accessible per ABA standards requirements. The design is still going through Fire Marshall review for information regarding the phasing plan in 2021. Construction permit is expected to be published after AE responses are accepted by the Fire Marshall.
* C104607 Building15B1 & B2 Officers Quarters Renovation. Historic buildings are in the Utility Feasibility Study and design to renovate them for Children’s Inn use and provide the center with additional capacity. The renovated facility will be in full compliance with the ABA standards. The utility feasibility design documentation is in the design review process. The MDE (Maryland Department of Environment) review comments responses and 95% design review is completed. Project is now completing the design documents to acquire a construction permit. The design phase is scheduled to finish by the end of 2021.
* C106564 Building31C Upgrade Showers and Dehumidify Shower Rooms, this project renovates the bathrooms, showers, and locker room per the ABA standards. The project contractor discovered hazardous material that needed to be abated by the ORF/DEP (Division of Environmental Protection) in 2021. Remediation has been completed. AE team is continuing to finish the design after reassessing the space after abatement.
* During 2021, a large number of labs in Building10 and other buildings have been renovated. All renovations provide special attention to cabinets, sinks, adding motion detectors, elevators, and ensuring all renovations are based on the ABA standards and user groups’ needs.
* In 2021 ORF made a universal effort to make all Bethesda Campus bathrooms faucets and towel dispensers hands free. The effort started in mid-2020 and ended with 2392 automatic faucets in mid 2021vs 844 in 2020. Automatic towel dispensers were fully upgraded to 1560 in 2021 vs 745 in mid-2020.

There have been many small projects requested and completed in 2021 by the ORF/DDCM/ SAT (Small Project Team) such as adding automatic door openers, changing door handles, etc. to make them in compliance with the ABA standards. These projects are not listed above due to their small scope.

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.

1. 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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| In FY 2021, the NIH primarily relied on its RA tracking system called Entellitrak to collect RA data. The average number of days it took to process RA requests (from initial receipt of the request to closure/provision) was 36 business days. The average time it took to go from initial receipt of the request to a decision was 11 business days. The average time it took from the approval of the request to provision of the accommodation was 11 business days.  Source: Entellitrak |

1. 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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| FY 21 continued to cause unique impact on reasonable accommodation (RA) processing related to the COVID-19 pandemic. FY 21 began with a record low number of requests and escalated throughout the Covid pandemic. This resulted in a low number of RA requests overall, but a busy end of year.  According to data collected on requests entered and processed via Entellitrak in FY 21, the NIH processed a total of 102 individual requests. This represents significant overall decrease from the number of employees that EDI assisted in FY 20 (206).  In FY 21, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 36 business days. This is an increase from FY 20. It is likely that this increase is due to multiple factors including: (1) increased provision/procurement time due to the pandemic; (2) a proportionally high number of complex cases (including reassignment); and (3) changes in staffing over the FY.  The average number of days it took managers to reach a decision on an RA request upon receipt of EDI’s recommendation was 11 business days. The average time it took from the approval of the RA request to provision of the accommodation was 11 business days. Average timeframes across the board were increased from FY 20. However, 79% of all requests were processed within the maximum timeframe which is an improvement from 73% in FY20.  In terms of the top RA requests received in FY 21, the most requested RA was equipment. It made up 21% of the RAs requested. Following that, 17% of the requested RAs were for telework, 14% were for IT equipment, and 14% were for a modification to duties.  In FY21, a total of 401 NIH staff were trained in RA (231 supervisors and managers and 170 employees). EDI additionally provided RA Training to 165 employees of the Administration for Children and Families (ACF). This is a significant decrease from FY 20 as we did not host any large training events. EDI is developing new RA Training Resources to be able to reach more staff. |

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.

1. 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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| In FY21 EDI continued to work with the Department of Health and Human Services (HHS) on an inter-agency agreement (IAA) to utilize HHS’s established PAS contract.  In FY21, NIH received one (1) new request for PAS in FY21 that was ultimately approved, and provision is being coordinated. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location. |

Section VI: EEO Complaint and Findings Data

EEO Complaint data involving Harassment

1. 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?

* Government wide average for Harassment = 22.1%

Yes X

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

Yes X

1. 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 did not have any findings of discrimination alleging harassment based on disability; however, there were four (4) settlement agreements.  1. Attorney’s Fees  2. Attorney’s Fees; Leave Restored and Neutral Reference  3. Lump Sum Payment; Reassignment and Leave Restored  4. Lump Sum Payment and Leave Restored |

EEO Complaint Data involving Reasonable Accommodation

1. 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?

Yes X

* Government wide average for Reasonable Accommodation = 14.3%

1. 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

1. 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 did not have any findings of discrimination involving the failure to provide a reasonable accommodation; however, there were three (3) settlement agreements.  1. Attorney’s Fees  2. Lump Sum Payment; Neutral Reference and Leave Restored  3. Attorney’s Fees; Lump Sum Payment; Expungement and Leave Restored |

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.

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

Yes X

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

Yes X

1. 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** | Considering instructions from the Equal Employment Opportunity Commission (EEOC), the Office of Equity, Diversity, and Inclusion (EDI) will continue conducting a more focused barrier analysis in FY 2021 to identify triggers and potential barriers at the GS-11 through GS-15 and SES pay scales, as compared to the goal of 12% for employees with reportable disabilities and 2% for employees with targeted disabilities.  The percentage of PWD in the GS-11 to SES cluster was 8.04% in FY 2021, which falls below the goal of 12.0%. |
| **Barrier(s)** | We have not completed the barrier analysis. A multi-year Barrier Analysis project is ongoing. |
| **Additional Information Available at this Time** | **Objectives: Investigate the trigger involving PWD and PWTD in the GS-11 to SES cluster.**  **Planned Activities:** OHR and EDI have developed new partnerships to implement the AAP for people with disabilities (Part J.) DACO/EDI has identified a solution for identifying and correcting Schedule A and Veterans who were hired the Disabled Veterans hiring authority. It is anticipated that this correction will significantly impact the accurate coding of people with disabilities and people with targeted disabilities at NIH within the next year. This correction of the baseline data for people with disabilities will help us with barrier analysis efforts going forward.  Part H Plan C.4.e.1 activities include:   * EDI will work with OHR to explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database. (Target date 10/30/2022). * EDI will work with OHR to provide training to all hiring managers on the use of hiring authorities that take disability into account. Training should also include upward mobility strategies for PWD. (Target date 10/30/2022). * When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A, 30% Disabled Veteran), create a standardized process for determining if the individual is eligible for appointment under such authority. If so, forward the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed. (Target date 10/30/2022).   **Responsible Official(s):** David Rice, Disability Employment Portfolio Strategist  **Barrier Analysis Process Completed?** No Ongoing  **Performance Standards Address the Plan?** Yes  **Barrier(s) Identified?** No  **Sources of Data: Workforce Data** Table B1-2, B1-2 Inclusion Rate, B-4P, B6P, B7, B8, B9-2, B9-2 Inclusion Rate; and Cognos Applicant flow data from OPM & nVISION data |

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

EDI has completed year one of the multi-year barrier analysis contract. The contract has conducted preliminary trigger and barrier analyses. To summarize the work of year one, the major topics addressed are:

* Employment Outcomes
* Personnel practice including recruitment, hiring, promotion, retention, and performance evaluations
* DEIA program (including professional development, training, and learning)
* Data collection efforts
* Organizational alignment and resources for supporting DEIA
* Workplace harassment
* Transparency
* Equity for employees with disabilities

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**NIH**

**MD-715 – Part I**

**NIH Plan to Eliminate Identified Barrier FY 2021**

Statement of Condition That Was a Trigger for a Potential Barrier:

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| **Source of the Trigger** | **Specific Workforce Data Table** | **Narrative Description of Trigger** |
| **NIH Total Permanent Workforce** | **BIIS 2.0 Tables: A1, A4, A6**  **4th Qtr. FY 2021** | FY 2021 Disclaimer: In FY 2021, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2014-2018 American Community Survey disseminated by the US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments. |
|  |  | Action Plan: We will be working over the next year to improve |
|  |  | our data systems, data collection methods, reporting mechanisms |
|  |  | and use of the data.   * + - *In line with HHS's efforts to develop a model EEO program, the headquarters EEODI along with the operating divisions (OpDiv) have continued working together to assess the strengths and weaknesses of our EEO and diversity programs. Through this collaborative headquarters/OpDiv effort, and through the full implementation of the Enterprise Human Capital Management (EHCM) system we have addressed some of the data related issues and workforce numerical differences between our internal data warehouse (BIIS) and FEDSEP.*     - *We are still in the process of addressing differences in programming logic that cause differences in the staffing totals between the HHS data and FEDSEP. Therefore, we have completed Part E, I, and J for the FY 2021 report using the Department BIIS current data as we work to address the numerical differences and other data and implementation issues listed above.*   We have completed Part E, I, and J for the |
|  |  | FY 2021 report with current data, but we continue to have concerns about its integrity. |
|  |  | We expect to improve the integrity of the Department’s |
|  |  | data significantly based upon our Part H Plan. If you have any |
|  |  | questions, please feel free to contact Ramona Mann, HHS |

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| **Source of the Trigger** | **Specific Workforce Data Table** | **Narrative Description of Trigger** |
|  |  | Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  **Less than expected representation of Hispanics in permanent grades GS-12 through GS-15 and no Hispanics in the NIH Senior Executive Service (SES).**  This condition has been recognized as a trigger through the review of workforce statistics, CLF data, and the analysis of MD-715 workforce tables. 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 SES. |

EEO Group(s) Affected by Trigger

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| **EEO Group** |
| **X Hispanic or Latino Males** |
| **X Hispanic or Latino Females** |

Barrier Analysis Process

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| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
| **Workforce Data Tables**  **BIIS 2.0 Tables: A4, A6, 4th Qtr. FY 2021**  **\*RCLF data is based on 2018 Census data provided in the FedSep 2.0 Tables.** | Yes | A total of 154 Hispanic males are working within the GS-12 to GS-15 positions which is 3.9% of the NIH male employees (3,935) in those grades. The total number of Hispanic males in the permanent NIH workforce at grade levels GS-12 (31); GS-13 (47); GS-14 (43); and GS-15 (33).  or a combined 154 or 3.9% is lower than the CLF benchmark of 6.8%. There are zero Hispanic males in the SES.  A total of 285 Hispanic females are working within the GS- 12 to GS-15 positions which is 4.0% of the NIH female |

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| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
|  |  | employees (7,150) in those grades. The total number of Hispanic females in the permanent NIH workforce at grade levels GS-12 (65); GS-13 (122); GS-14 (67); and GS-15  (31); or a combined 285 is lower than the CLF benchmark of 6.2%. There are zero Hispanic females in the SES.  Consistent with the overall distribution of NIH male and female permanent workforce, there are more Hispanic females (64.9%) than Hispanic males (35.1%) in the GS 12- 15 levels.  Hispanic males and/or females are below the RCLF benchmark at each of the top five most populous mission critical occupations (MCOs) within the NIH permanent workforce.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Hispanic Males** | | | **Hispanic Females** | | | | **Series** | **#** | **%** | **RCLF** | **#** | **%** | **RCLF** | | General Health Science (0601) | | | | | | | |  | 45 | 1.5% | 0.8% | 74 | 2.5% | 7.0% | | General Biological Science (0401) | | | | | | | |  | 15 | 1.4% | 2.7% | 21 | 2.0% | 3.1% | | Nurse (0610) | | | | | | | |  | 5 | 0.5% | 1.0% | 24 | 2.2% | 5.7% | | Management and Program Analysis (0343) | | | | | | | |  | 9 | 1.0% | 3.6% | 33 | 3.7% | 2.8% | | Information Technology (2210) | | | | | | | |  | 23 | 3.0% | 4.5% | 8 | 1.0% | 1.7% |   An analysis of selections (of those referred) for senior level positions in the permanent workforce indicates that Hispanic males and females at the NIH represented 15.4% or 6 of the total new hires in grades GS-13 through SES, compared to the non-Hispanic new hires at NIH of 33 (or 84.6%) of them were at the GS-13 to SES level. |

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| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
|  |  | Regarding applicant flow analysis, FEDSEP tables do not provide applicant information, nor do they provide applicant information by grades and MCOs. We have established three H Plan action items to address this lack of information (H Plans B.4.a.7, C.4.c, and E.4.a.4). Through these H plans, we will be able to identify trends in applicant flow for the selected grades and MCOs stratified by RNO, sex, and disability. Our target completion date is September 30, 2021.  To fill in the current data gap, we use USA Staffing Applicant Flow Data (available on COGNOS) to assess Hispanic representation in the NIH job applicant pool. This dataset contains applications submitted during FY 2021 and may contain applicants who have yet to be onboarded at NIH. The numbers and percentages for Hispanic male and female new hires (i.e., selections) in the top five most populous Mission Critical Occupations are listed below:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Series** | **Hispanic Total Applicants**  **Benchmark** | | **Hispanic**  **New Hires Selections** | | | **Number** | **Percent** | **Number** | **Percent** | | General Health Science (0601) | | | | | |  | 65 | 10.9% | 2 | 20.0% |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | General Biological Science (0401) | | | | | |  | 76 | 9.3% | 2 | 11.1% | | Nurse (0610) | | | | | |  | 3 | 3.5% | 0 | 0.0% | | Management and Program Analysis (0343) | | | | | |  | 22 | 9.1% | 0 | 0.0% | | Information Technology (2210) | | | | | |  | 94 | 7.5% | 2 | 20.0% |   \* Total number of all race/ethnicities excludes missing race/ethnicity in percent calculations. |

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| **Sources of Data** | **Source Reviewed? (Yes or No)** | **Identify Information Collected** |
| **Complaint Data (Trends)**  **Agency 462 Report,**  **FY 2021** | Yes |  |
| **Grievance Data (Trends)** | No |  |
| **Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)** | No |  |
| **Climate Assessment Survey (e.g., FEVS)** | Yes | A preliminary study of FEVS data by demographic groups has been conducted. In 2021, EDI conducted a data project to help identify benchmarks, trends, and statistically relevant data that identified triggers. Notable differences between Hispanics and non-Hispanics in this study of 2018 FEVS data included “given an opportunity to improve my skills in my organization” (4% less than non-Hispanics), “policies and programs promote diversity in the workplace” (5% less than non-Hispanics), and “I am given a real opportunity to improve my skills in my organization” (4% less than non-Hispanics). A within Hispanic trend analysis shows that from 2018 to 2020, Hispanics increasingly answered positively to “considering everything, how satisfied are you with your job?” (2.8% increase from 2018 to 2020) “considering everything, how satisfied are you with your pay?” (6.8% increase from 2018 to 2020) and “considering everything, how satisfied are you with your organization?” (7.7% increase from 2018 to 2020). |

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| **Exit Interview Data** | Yes | We have developed an H Plan to establish a process to collect all exit interview data from all 27 ICs at the NIH by December 31, 2024 (C.4.d).  The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Focusing on Latino or Hispanics, out of 389 employees who completed the ethnicity question on the exit survey in FY2021, 31 self-identified as Latino or Hispanic (7.97%).  The small number of separating employees who self-identified as Latino or Hispanic and completed the exit survey limits the reliability of conclusions to be drawn from these data about the reasons why those employees left the Agency. The reasons for separation are not combined with demographic information, so only general conclusions can be gleaned from the exit survey and not specific to Latino or Hispanic employees.  Among total exit survey respondents, the top three most selected reasons for separation FY 2021 were:  1) “Retirement” (30% of respondents) (Up 7% from last year)  2) “Promotion/Higher Salary/Advancement Potential” (12%) (Down 3% from last year)  3) “Career Change” (9%) (Down 1% from last year)  Of those respondents who selected retirement as a reason for separation, 31% of respondents said they would have postponed retirement if they were more satisfied with their job, and 19% if they were more satisfied with their supervisor. |
| Focus Groups | No |  |
| Interviews | No |  |
| Reports (e.g., Congress, EEOC, MSPB, GAO, OPM) | No |  |
| Other (Please Describe) | No | We have developed an H Plan to collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training (C.4.c). Our target completion date is September 30, 2023. This will allow for tracking equity in the application, consideration, and selection of individuals of Hispanic/Latino ethnicity, as compared to the overall NIH employee participation. Participation in leadership development programs is an important factor in selection and promotion to higher grades, including SES. |

Status of Barrier Analysis Process

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| **Barrier Analysis Process Completed? (Yes or No)** | **Barrier(s) Identified? (Yes or No)** |
| No | No |

Statement of Identified Barrier(s) Description of Policy, Procedure, or Practice

A full barrier analysis project with the assistance of a contractor, and a working group of NIH stakeholders started in September, 2020. Completed preliminary work includes the identification of representational gaps, data needs, triggers, and a comprehensive recruitment investigative plan. (See H plans B.4.a.2, B.6.b-d, C.4.b, C.4.d, C.4.e, C.4.e.4, D.1.a, D.1.b, D.2.a, D.3.a, D.3.b, D.3.c, and E.4.a.3 ).

Objective(s) and Dates for EEO Plan

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| --- | --- | --- | --- | --- | --- |
| **Objective** | **Date Initiated (mm/dd/yy yy)** | **Target Date (mm/dd/y yyy)** | **Sufficient Funding & Staffing? (Yes or No)** | **Modified Date (mm/dd/yy yy)** | **Date Complet ed (mm/dd/ yyyy)** |
| Complete a full barrier analysis to identify the root causes of disparities in equal employment opportunities for Hispanics in grades GS-12-GS-15 and the SES workforce | 02/28/2019 | 9/30/2025 | Yes |  |  |

Responsible Official(s)

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| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| Acting Director, Office of Equity Diversity, and Inclusion | Shelma Little, PhD | Yes |
| Director of the Diversity and Inclusion Division | Danny Dickerson | Yes |
| Director, Special Emphasis Branch | David P. Rice | Yes |
| Hispanic Portfolio Specialist | Gerard Roman | Yes |

Planned Activities Toward Completion of Objective

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| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| 7/31/2019 | Pending the execution of the barrier analysis contract, EDI will provide the contractor with available data sources and recommended Barrier Analysis Investigative Plans. | 12/31/2020 | 12/31/2020 |
| 8/15/2019 | Establish a series of meetings between OHR, COSWD, the SEP Engagement Teams, and EDI to conduct barrier analysis, including focusing on representational gaps | 2/28/2021 | 12/31/2020 |

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| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
|  | affecting Hispanic employees in the grades of GS-12 through GS-15, and SES. |  |  |
| 10/31/2019 | Conduct data analysis by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers utilizing the EEOC root cause analysis/decision tree approach. | 10/30/2023 |  |
| 9/30/2019 | Identify two triggers for further examination and develop a report of the contractor’s progress. | 10/30/2023 |  |
| 9/30/2019 | Share the contractor’s findings with EDI and NIH Leadership. | 10/30/2023 |  |
| 12/31/2021 | Conduct root cause analyses to determine the causes of the identified triggers and pinpoint the causes of the discovered barriers. | 10/30/2023 |  |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates. | 10/30/2024 |  |
| 6/30/2024 | Work with OHR to understand the number of management/personnel policies, procedures, and practices that currently exist impacting the identified triggers. | 6/30/2025 |  |
| 6/30/2025 | Working with OHR formulate a timeline and schedule for a review of all NIH policies impacting the identified triggers that fall in the |  |  |

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| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
|  | management/personnel domains. Develop timelines with milestones for a review of these OHR policies. |  |  |
| 9/30/2025 | In collaboration with the contractor, successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans.  According to the timeline established, examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability. |  |  |

Report of Accomplishments

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| Fiscal Year | Accomplishments |
| **2018** | Members to the NIH Hispanic and Latino Engagement Committee (HLEC), including the NIMHD Institute Director who serves as Executive Advisor are engaged assisting in the workforce barrier analysis project. Preliminary results are the identification of triggers and input for the investigative plans.  Provided consultant services to NIH stakeholders on how to reach out to diverse talent and provide training and promotion opportunities to Hispanic/Latino employees. For example:   * NIH highly advertised positions in grades GS-12 through GS-15 using NIH Employee Resource Group networks, social media, and professional organizations. Metrics from GoUSA.gov shows that ad messages for GS-12 through GS-15 were accessed 2,857 times, reaching various individual and social networks, and professional organizations. * EDI shared SES training opportunities to the NIH Employee Resource Group (ERGs) and networks. One employee successfully applied to an SES vacancy announcement, and one got selected for the elite NIH Executive Leadership Program. * Assisted in advertising a special event - LatPro Hispanic and Diversity Job Fair held on May 10, 2018. * Assisted FTIP and League of United Latin American Citizens (LULAC) in promoting SES preparation training during |

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|  | September 25-26, 2018. Several NIH employees attended. Collaboration with FTIP led to selecting the NIH as the site for 2019 FTIP training. FTIP is a two-day free Leadership Development Training Program for all grades GS through SES.  Other engagement opportunities included:   * Recognized five NIH Hispanic leaders during Hispanic Heritage Month in a Director’s message to all employees. * 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 2018, this group served as a forum for sharing job and promotion vacancy announcements, career development, and training through and active LISTSERV and connection to 65 followers. * NIH employees were invited to an EDI sponsored panel that addressed opportunities and challenges of senior leadership development (e.g., GS-15, SES positions), Wed May 9, 2018. * NIH employees were invited to a session “Path to the SES level in Federal Government” hosted at HHS HRSA, Aug 9, 2018. |

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| **2019** | **EDI Hispanic Portfolio Activities in 2019**  **Sharing Vacancy Announcement to Targeted Networks.** EDI shared 65 vacancy announcements with ERGs, networks, professional organizations, Hispanic Serving Institutions, and federal employees. Using GoUSA.gov., metrics show that messages traveled via email and social networks and were accessed 3,082 unique times. Working with ERG networks continues to be an effective strategy in helping share job and career development training opportunities to all groups, including Hispanics.  **Student Internships and Training Outreach**. EDI provided coaching sessions to students interested in internships and post- baccalaureate training at the NIH. The effort produced 24 contacts, 8 applications, 2 selections for internships, and one selection for post baccalaureate training. One presentation was given to a group of students that visited NIH facilities.  **Hispanic Employee Messages to Students.** EDI published an updated version of the NIH Hispanic Profiles Project during Hispanic Heritage Month 2019. The project showcased 62 NIH employees describing their job roles, the importance of higher education, and encouragement to stay in school. The project seeks to inspire students and others who are interested in careers at the NIH. |

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|  | **Hispanic and Latino Investigators and Senior Scientists Project.** As part of the 2019 Hispanic Heritage Month Campaign, EDI, in coordination with 52 Principal Scientific Investigators published a project help motivate and inspire students and postgraduates to pursue careers in science. The project provided quick access to bios, scientific information, laboratories, and videos.  **EDI Empowerment Session**. EDI presented a two-hour Empowerment Series Seminar “Hustle Your Way to Career Success” for employees and job applicants looking to gain self-awareness, developing professional competencies, and mastering the skills needed for a successful career. The program produced 89 participants and 152 viewers on demand.  **NIH OHR** Corporate Recruitment Unit (CRU) coordinated outreach efforts to enhance the recruitment process that allows NIH to attract diverse talent. Activities include:   * **Recruitment Events.** Participated in a total of 25 recruitment events at local colleges and universities to share information about administrative and scientific internship opportunities to diverse students such as Hispanics, students with disabilities and other underrepresented students. * **Hosted 20 Florida International University (FIU) students** (a mix of undergraduate, master’s and Ph.D. students interested in health/medicine and research) for a NIH campus visit. FIU is a Hispanic serving institution with several healthcare related academic programs. The NIH campus visit included conversations with a principal investigator, tour of the Clinical Center, and an information session with the NEI Scientific Program Administrator to provide an overview of NIH scientific internship opportunities. * **Led the Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS),** an internal workgroup with representatives from 12 Institutes/Centers that reports to the Scientific Medical Recruitment Forum (SMRF) Subcommittee. It is intended that the HLOIS 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.   **The NIH** Scientific Workforce Diversity office’s (SWD) leads  NIH’s effort to diversify the national scientific workforce as well as enhance recruitment and retention of the scientific workforce. In |

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|  | 2019, SWD led **the Future Research Leaders Conference (FRLC)**, a career-development opportunity for talented early-career biomedical and behavioral scientists from diverse backgrounds. In FY 19, twenty-six Future Research Leaders, ten of Hispanic origin, showcased their research to the NIH scientific community and gained insights from NIH leadership and investigators about developing an independent scientific career. |
| **2020** | **EDI Hispanic Portfolio Activities in 2020**  **Barrier Analysis Contract-** Thus far, EDI representatives and representatives from the Client Services Division and the Civil program in the Office of Human Resources (OHR) have been interviewed by Barrier Analysis contractors. The next steps are to provide NIH and IC policies to the BA contractors, and to continue interviewing other stakeholders (i.e., other OHR divisions, COSWD, IC leaders, NIH leaders, etc.).  **LULAC Young Professionals & Collegiate Symposium (Feb 19).** The NIH EDI Hispanic Portfolio in collaboration with LULAC Federal Training Institute Partnership (FTIP) hosted an event consisting of workshops and career information exhibits to attract students and recent graduates. Over 125 workshop participants, 10 WebEx viewers, and a total of 176 individuals at the exhibits participated. A total of 27 federal agencies, colleges, and outreach programs provided exhibit materials and talked to participants about careers. A representative from U.S. Office of Personnel Management (OPM) presented morning workshops. Members of the NIH Hispanic and Latino Engagement Committee and volunteers assisted participants with practice interviews and resume critique.  **Nurses Outreach (Mar 13).** NIH EDI Portfolio assisted in the outreach for the NIH Clinical Research Nursing Residency Program (CRNRP). The CRNRP is a 12-month residency program targeted for new graduate nurses interested in a career in the exciting specialty practice of clinical research nursing. The multiple vacancy announcement and information sessions were shared with internal NIH ERG networks, Hispanic Serving Institutions, and the National Hispanic Nurses Association 47 national chapters.  **Hispanic Heritage Month Campaign (Sep 15-Oct 15).** As part of the 2020 Hispanic Heritage Month (HHM) campaign, 39 employees, including two NIH Institute Directors, shared their contributions as it relates to NIH’s COVID-19 mission and provided words of hope and encouragement to all NIH employees. The NIH Director use the examples to demonstrate how diversity creates a positive impact on how  we accomplish NIH’s mission. |

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|  | **FTIP Leadership and Career Development (Aug 18 -Oct 7).**  NIH EDI working closely with the LULAC Federal Training Institute Partnership (FTIP) invited NIH employees to take advantage of this year’s FTIP “A Month of Development Virtual Career Development Workshops.” The program offered 28 workshops from August 18, 2020 through August 29, 2020. The workshops focused on strengthening the skills and competencies of aspiring leaders up to senior executives. An SES career panel (Sep 29) provided inspiration and guidance to a high number of participants. The final LULAC FTIP Community Outreach event on Oct 7 focused on how to apply for federal jobs and learning about special hiring authorities for qualified veterans and persons with targeted disabilities. Sessions were presented in both English and Spanish.  **Updated HSI Career Services Contacts (Jul 10).** NIH EDI Portfolio developed a selected listing of 80 Hispanic Serving Institutions, complete with career counselor’s contacts, updated websites, and social media links. The Hispanic Portfolio Strategist shared the listing with the OHR Inclusive Recruitment Initiative Subcommittee and IC contacts and provided strategies for how to use it in targeted recruitment outreach.  **Office of Human Resources Corporate Recruitment Unit (CRU) Activities**  OHR CRU used the following NIH Partnerships to discuss and develop strategies to increase the Hispanic representation:   * **Trans Recruitment Forum (TRF)** – Led this internal workgroup with IC representatives that met monthly to share diverse outreach recruitment efforts and best recruitment practices. * **Scientific and Medical Recruitment Forum (SMRF)**   – Led this forum that leverages the experiences, expertise, and insight of key individuals at various ICs to develop and implement recruitment activities to attract highly motivated and talented individuals to the NIH workforce. SMRF has two sub-committees:  **Inclusive Recruitment Initiatives Subcommittee (IRIS)**   * **Inclusive Recruitment Initiatives Subcommittee (IRIS)** – Led this internal workgroup with representatives from eight Institutes/Centers. Through |

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|  | student outreach, IRIS works to expand opportunities, promote awareness, and reduce opportunity gaps between Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSI’s), and Native American serving institutions for students interested in biomedical research. Outreach activities include serving as panelists at information sessions or webinars, attending recruitment events, or hosting student visits to NIH.   * **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)** – the HLOIS promotes the recruitment of diverse Hispanic scientists and administrators to drive inclusion, discovery, and innovation and shares best practices at the NIH. |
| **2021** | **Office of Equity, Diversity, and Inclusion (EDI) Hispanic Portfolio 2021 Activities**  In FY 2021, the NIH EDI remained committed to support strategies and to improve the identified less than expected participation of Hispanics in the NIH workforce. The NIH uses National Civilian Labor Force (CLF) data from the U.S. Census Bureau when assessing the benchmark for race/ethnicity. At the end of the 2nd quarter of FY 2021, the participation rate for Hispanics (males and females combined) in the NIH total workforce was 3.9% (724). Three-year data shows a steady increase of male and female Hispanics in the total workforce 3.8%, or 664 in FY2019, 3.9% or 704 in FY 2020, and 3.9% or 724 at the end of 2nd Quarter FY 2021. The overall representation of Hispanics and Latinos within the NIH workforce continues to fall below the 2018 CLF rate for Hispanics of 10%.  Throughout FY 2021, EDI provided consultant services to the NIH’s 27 Institutes and Centers through the Diversity and Inclusion Division and the Hispanic Special Emphasis Portfolio. EDI supported the following activities related to Hispanic employment in FY 2021:  **Sharing Vacancy Announcements to Targeted Networks** (Oct 1-Sep 21) The Hispanic Portfolio Strategist shared 40 vacancy announcements with NIH Employee Resource Groups (ERGs), special emphasis networks, professional organizations, Hispanic Serving Institutions, and federal employees. The USAjobs.gov metrics show that messages traveled via email and social networks were accessed 1307 unique times. Working with ERG networks and Professional Organizations continues to be an effective strategy in helping to share job and career development training announcements with diverse talent, including Hispanics.  **Hispanic Employee Engagement Committee (Jun 1–Sep 30).** EDI appointed Mr. Jose Lopez, Chief Information Officer for the National Institute of General Medical Sciences (NIGMS), to serve as the Executive Champion for the Hispanic Portfolio. The Hispanic Portfolio received nominations from 23 NIH employees interested in being part of the Hispanic Engagement Committee, seven new vacancies were installed.  **NIH Director Message to All Employees (Sep 15).** As part of the campaign, the NIH Director validated his support to the President’s Executive Order on the White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity for Hispanics signed on September 13. This EO describes the ambitious goals and support of ensuring equal access to educational and economic opportunity for all. The Hispanic Heritage Month campaign also promoted leadership training resources targeted to NIH existing gap in the representation of Hispanic leaders in the Senior Executive Service (SES).  **LULAC Federal Training Institute Partnership (FTIP) Leadership and Career Development Training (Jul 27 -Sep 15).** NIH employees were invited to take advantage of this year’s Virtual FTIP Senior Executive Service & Leadership Development Training. The workshops focused on strengthening the skills and competencies of aspiring leaders up to senior executives.  Multiple NIH institutes and centers have developed outreach and developed programs to promote the NIH and welcome diverse talent from all groups including Hispanics, Latinos/as and Latinx. Some of the notable successes reported in 2021 include the following:   * The National Cancer Institute (NCI) used Spanish-Language Social Media news channels (Twitter, YouTube, and Facebook and maintains RSS feeds) to convey news on cancer research health disparity efforts, in addition to sharing training and employment opportunities to the Hispanic and Latino audience.   **The National Center for Advancing Translational Sciences (NCATS)** developed specific strategies to target associations such as Florida International University and the Hispanic Association of Colleges and Universities.  **The National Institute of Minority Health and Health Disparities (NIMHD)** Senior Leadership commitment in support of Diversity and Inclusion included the NIMHD Director, active voice in the prevention of COVID-19 and numerous presentations in Spanish radio and TV. The NIMHD Scientific Director participation mentoring panels and NIH inspirational interview, “Dr. Nápoles sharing her unique perspective as a woman in science and NIH's first Latina Scientific Director” are excellent examples of leading Diversity and Inclusion. The Office of Human Resources (OHR), Corporate Recruitment Unit (CRU) The Office of Human Resources (OHR), Corporate Recruitment Unit (CRU) continues to execute strategic and coordinated outreach efforts to enhance the recruitment process that allows NIH to attract diverse talent. In FY 2021, due to the coronavirus, the CRU staff adjusted to performing our functions remotely and learned new virtual platforms when interacting with internal and external customers for recruitment events. The examples of the most popular virtual platforms included: Skype, Zoom, Handshake, WebEx, and Microsoft Teams.  The four main CRU services are: (1) conducting talent sourcing, (2) participating in virtual information sessions/recruitment events, (3) social media postings and (4) expanding NIH internal and external partnerships. CRU conducts talent sourcing using a variety of tools such as, USAJOBS Agency Talent Portal (ATP), NIH Non-competitive Cognos Report, LinkedIn, Indeed.com, and other scientific recruitment tools. These tools and outreach efforts enhance the diversity of talent while using internet-based talent sourcing tools that reach a larger and more diverse audience. Beyond sourcing, CRU promotes NIH scientific training, career, and student internships through outreach virtual recruitment events, social media, and the creation of specialized information sessions/webinars. Webinar topics included: federal resume writing, how to apply to federal positions, and the promotion of upcoming NIH scientific and administrative internship opportunities. CRU invites NIH IC partners and other OHR staff to participate in outreach efforts to share their subject matter expertise. Below are OHR’s outreach activities to enhance the recruitment of talent. Strategic Activities Related to Hispanic Employment CRU has the following NIH partnerships to discuss and develop outreach strategies to increase the Hispanic representation in the NIH workforce:   * **Trans Recruitment Forum (TRF)** – Led this internal workgroup with IC representatives, that met monthly to share diverse outreach recruitment efforts and best recruitment practices. * **Scientific and Medical Recruitment Forum (SMRF)** – Led this forum that leverages the experiences, expertise, and insight of key individuals at various ICs to develop and implement recruitment activities to attract highly motivated and talented individuals to the NIH workforce. SMRF has two sub-committees: (1) **Inclusive Recruitment Initiatives Subcommittee (IRIS)** and (2) **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)**. * **Inclusive Recruitment Initiatives Subcommittee (IRIS) –** Led this internal workgroup with representatives from eight Institutes/Centers. Through student outreach, IRIS works to expand opportunities, promote awareness, and reduce opportunity gaps between Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSI’s), and Native American serving institutions for students interested in biomedical research. * **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)** – Led the HLOIS to promote the recruitment of diverse Hispanic scientists and administrators to drive inclusion, discovery, and innovation and shares best practices at the NIH.   During FY 2021, CRU participated in the following virtual recruitment events:   * + **Recruitment Events –** CRU participated in a total of **47 virtual events** to promote the Pathways internship program and NIH biomedical sciences training programs, shared information on how to apply for federal positions, and federal resume writing tips with the students. CRU participated in **5 of the 47 (11%)** events attended focused on the following Hispanic Serving Institutes (HSI):  HSI Recruitment Events: -Florida Atlantic University  -University of Puerto Rico (2)\*  -New Mexico State University  -Florida International University Tech Career Fair  **\*Note: Participated in two different recruitment events** |

NIH

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.

1. 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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| This report presents results for both persons with disabilities (PWD) and persons with targeted disabilities (PWTD) specified in the revised regulations implementing Section 501 of the Rehabilitation Act of 1973. Participation of PWD and PWTD are presented to assess against the specific numerical goals found in EEOC regulations to identify the presence of any triggers. A trigger is a trend, difference, variance, outlier, or anomaly that suggests the need for further inquiry into a particular policy, practice, procedure, or condition. Statistics are only a starting point for analysis, which considers the totality of the circumstances.  For employees below a GS-11, step 1, the Agency achieved the numerical goal for PWD participation; 20.02% of employees in this cluster were PWD compared to the 12% benchmark. *See Table B-4P.*  For employees GS-11 and above, the Agency did not achieve the numerical goal involving PWD; 8.04% of employees in this cluster were PWD compared to the 12% benchmark. While the numerical goal was not achieved, the current participation rate represents an increase of 11.35 percentage points since the end of FY 2017. Between FY 2017 and FY 2021, the participation of PWD in the total workforce increased from 8.66% to 9.41%; participation increased in both the lower and higher-grade clusters.  *See Table B-4P.* |

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

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| Applying the same grade clusters to PWTD as previously described, the NIH achieved the numerical goal established for PWTD of 2% in both lower and higher-grade clusters during FY 2021. In the lower grade cluster, 6.59% of 1,653 permanent employees are PWTD. In the higher-grade cluster, 2.12% of 12,805 permanent employees are PWTD.  *See Table B-4P.* |

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

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| Through various presentations and discussions made by the EDI Director, Disability Program Manager, and other EDI staff, the agency has made clear its 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 discussed in quarterly outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG), HR Liaison Group and Employee Resource Groups (ERG). 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.  Also, in FY 2021 the following steps have been taken to communicate our goals:   * EDI has hired an outside contract to assist in identifying these barriers and triggers in the higher-grade clusters. They will assist in developing a clear path in getting the higher-grade level clusters above the 12% and 2% goals. * OHR, Client Services Division (CSD), Corporate Recruitment Unit (CRU) provided the following training that discusses our overall numeric goals:   + Conducted training on the Workforce Recruitment Program (WRP) to NIAID’s 10 top management officials   + Conducted training on “The Benefits of Using the Schedule A Authority” to NCI’s 60 Administrative Officers   + Conducted orientation on the “Role of the SPC” to six new CSD Branch Selective Placement Coordinators   + Conducted annual training on the WRP Program to the CSD Branch Selective Placement Coordinators |

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

1. 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

1. 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 |
| 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  (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 | 5 |  |  | Jessica Center, Branch Director  Samir Chandra, Glenda Laventure, Davian Morrell, and Charles Myers, Accessibility Consultants  Office of Equity, Diversity, and Inclusion, [edi.ra@mail.nih.gov](mailto:edi.ra@mail.nih.gov) |
| Section 508 Compliance | 0 | 0 | 2 | Andrea Norris Chief Information Officer, 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) |

1. 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

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| NIH has provided the disability program staff with the following training:   * The NIH OCIO Section 508 Team participates in federal trainings and workshops to support new initiatives, changes to legislation and sharing of best practices. This includes events sponsored by the US Access Board on the revised Section 508 standards, GSA trainings specific to implementing the revised standards, technical training and new tools designed to assist in meeting the revised standards as well as HHS trainings on their website compliance scanning tool. * Participated in the Federal Exchange on Employment and Disability (FEED) meetings to stay current on disability policies and issues. Also, participated in the NIH Disability Engagement Committee which involves discussing the new and current disability policies and procedures and staying connected and being aware of with the concerns of the NIH disability community. * National Employment Law Institute (NELI) Employment Law Conference- this is an annual requirement for all EDI Reasonable Accommodations Staff * National Employment Law Institute (NELI) Employment Law Return-to-Work in the Age of COVID & Delta Variant * NIH EEO Compliance Training for Managers, Supervisors and Employees * 8 hour-Refresher training Federal EEO new counselor training required by EEOC   Entellitrak User Training   * Alternative Center for Dispute Resolution-Mediation Training designed to teach participants to apply sound mediation practices and principles while managing/resolving disputes. * American Institute of Architects (AIA) continuing education program to get up to date on the new U.S. Access Board’s rulings. * NIH Webinars addressing the NIH HC community: * NIH IACC (Interagency Autism Coordinating Committee) discussing issues related to Autism Spectrum Disorder (ASD). * NIH Advisory Board meeting; NIDCD (National Deafness and Other Communication Disorder) Advisory Council meeting and discussions. * Events sponsored by the U.S. Access Board on the ABA/ADA Standards updates for Building & Sites.   ADA and FMLA Compliance training |

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

1. 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

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

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| Over the last fiscal year, the agency continued to utilize the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. The agency developed the following multi-year recruitment strategy to assist with recruitment efforts:   * VA Department of Aging and Rehabilitation Services * Gallaudet University Information Session * Bender Virtual Career Fair * EOP’s Stem Diversity Career Fair * Maryland Division of Rehabilitation Services * Workforce Recruitment Program * OPM’s Agency Talent Portal * Workforce Recruitment Program – a nationwide database of college students with disabilities * Delegating Examining Unit (DEU) Cognos Report which consist of qualified Schedule A candidates that have applied to previous NIH positions * OPM Agency Talent Portal * Referred parties to the *Jobseekers with Disabilities Applicant Information* web page available at <https://hr.nih.gov/jobs>   **Other Highlights:**   * The Chief Officer for Scientific Workforce Diversity established NIH Distinguished Scholars Program (DSP) aims to build a more inclusive community within the NIH Intramural Research Program by reducing the barriers to the recruitment and success of principal investigators from groups that are typically underrepresented in biomedical research. The strategy is to recruit cohorts of up to 15 tenure track investigators per year who have both an outstanding record of accomplishments in scientific research and a demonstrated commitment to promoting diversity and inclusion. NIH Distinguished Scholars are supported with research funding as well as with mentoring, professional development, and networking to foster a sense of community and their success as principal investigators. The first cohort in 2018 had 13 scholars, followed by 15 in 2019, and 14 in 2020. From FY18 – FY20, 42 scholars have been a part of the program, representing 18 of the 24 IRPs. * Office of the Human Resources hosted a forum for Veterans, including Disabled Veterans, across all institutes of the NIH that work together to improve recruitment and retention of veterans at the NIH by hosting social and an annual service recognition event. All these activities support the NIH |

1. 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.

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| The Agency uses several hiring authorities that take disability into account to recruit PWD and PWTD for positions in the permanent workforce,including the hiring authority for individuals with intellectual disabilities, severe physical disabilities, or psychiatric disabilities, as set forth at 5 CFR 213.3102(u); the Veterans' Recruitment Appointment authority, as set forth at 5 CFR part 307; and the 30% or More Disabled Veteran authority, as set forth at 5 CFR 316.302(b)(4), 316.402(b)(4).  The Agency includes language in vacancy announcements encouraging individuals with disabilities to apply for jobs using the Schedule A excepted service hiring authority. Personnel strategies and practices also include rules related to hiring veterans with disabilities. The Agency has developed comprehensive policies governing Schedule A for people with disabilities and promotes the use of Schedule A via monthly Trans Recruitment Forum meetings which consist of IC representatives. Recently, Schedule A training was made part of the mandatory new supervisor training. OHR and EDI also give presentations to HR Liaisons and other administrative staff to convey to managers, as staff leverage those groups to inform Agency managers.  The Agency also utilizes multiple strategies to recruit qualified applicants with disabilities and targeted disabilities via hiring authorities that take disability into account, including:   * The Workforce Recruitment Program (WRP) – A recruitment and referral program that connects federal and private sector employers nationwide with highly motivated college students and recent graduates with disabilities who are eager to demonstrate their abilities in the workplace through summer or permanent jobs. * The OPM USA Staffing Agency Talent Portal (ATP) – A database of Schedule A applicants that CRU uses to conduct candidate sourcing upon request. * Noncompetitive Applicant Pool – OHR Delegating Examining Unit maintains a report of noncompetitive applicants who have applied to NIH vacancies but were not selected. These applicants have been prequalified for a select group of occupations, and CRU uses this report as a resource for noncompetitive candidate sourcing. * Career Fairs – CRU participated in the Gallaudet University Career Fair, where CRU shared information on NIH Internship Opportunities, including the Pathways and the Office of Intramural Training & Education (OITE) Summer Internship Programs. * Local Universities – EDI developed an email distribution list for a variety of local universities with a focus on providing outreach to university Disability Office contacts. * Individual IC Programs – Several ICs have programs that conduct outreach to recruit PWD and PWTD. Examples include:   + The National Heart, Lung, and Blood Institute Director dedicated $3 million to establish the Underrepresented Minority Fellow (URM) Program under the Division of Intramural Research (DIR). This program allows for labs to recruit scientists from underrepresented groups, including minorities, women, and those with disabilities in basic and clinical research with no impact to the lab’s operating or personnel budget.   + The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) launched the Diversity in Research, Executive and Administrative Management (DREAM) Program in 2013 to recruit postsecondary students and recent graduates with disabilities who are interested in pursuing a research or administrative internship at the NICHD. Several divisions and offices within the Office of the Director have supported DREAM students during the summer. Forty individuals with disabilities have been supported by the program between 2013 and 2019. The program was disrupted due to the pandemic and NICHD is looking at ways to safely host students in the future.   + The National Institute of Neurological Disorders and Stroke (NINDS) continued to partner with SEEC (Seeking Employment, Equity and Community for People with Developmental Disabilities) and Ivymount to support Project Search 2.0. NINDS partnered with multiple NIH ICs to establish development sites for 7 interns. Each rotation in the 30-week program provides the intern(s) with multi-layered opportunities for growth and development, with the goal of finding paid employment. |

1. 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.

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| The Office of Human Resources continues when to regularly engage in recruitment and outreach activities with job seekers with disabilities and hiring managers seeking talent sourcing for candidates. OHR will determine qualifications based on the individuals’ resume and confirm their Schedule A certification letter was drafted by the medical professional or state sponsored agency that signed their letter. See asterisk below.  We also continue to recommend to unsolicited Schedule A applicants to upload their resume and documentation to USAJobs to increase exposure to HHS agency wide employment. We recommend that the applicants use the OPM Resume Builder to ensure that their resume is in a federal format. Furthermore, we encourage applicants to make their resumes searchable, other agencies can review their resume and increase the opportunity of getting a job.  \*In October 2020, HHS policy required HR Specialists to verify the authenticity of Schedule A letters if those letters are provided from a licensed medical professional. The HR Specialists were trained on this new policy. The HR Specialist obtains written confirmation regarding the validity of the letter from the medical professional who issued or signed the Sch A letter directly. This verification is conducted after the tentative job offer has been made, but before the official job offer is made. This is conducted concurrently with pre-employment requirements and onboarding and does not add any additional time in bringing the new employee on board.  Source: Corporate Recruitment Office |

1. 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.

No X

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| EDI has provided training to over 3 Institutes and Centers. The training included ways for hiring managers to hire qualified individuals under Schedule A and through WRP programs to meet the 12% and 2% goals set by EEOC. The training included laws, regulations, policies, and executive mandates that ensure people with disability are inclusive to the NIH workplace. EDI has also introduced American Association for the Advancement of Science “Entry Point!” program to all NIH’s Scientific Directors.  As part for the HR Specialist’s pre-recruitment planning meetings with the managers, that are made aware of the benefits of using the Schedule A Hiring Authority. We provide training to the hiring managers contingent upon requests by the servicing HR Specialists and Administrative Officers.  OHR also provided training to all the HR branches on talent sourcing using the Agency Talent Sourcing Portal (ATP). ATP allows for sourcing candidates who have made their resume visible in the USA Jobs system. There recruiters can filter for Schedule A and other union-competitive eligible candidates for hiring.  In our H Plan C.4.e.1 we will develop strategies in developing a process that will ensure that all hiring managers are provided training and made aware of the hiring authorities that take disability into account.  Source: Corporate Recruitment Unit and H Plan C.4.e.1 |

Plan to Establish Contacts with Disability Employment Organizations

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

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| In FY2021, the Office of Human Resources established new relationships with disability organizations such as: Bender Virtual Career Fair, Prince Georges County MD DORS, and the American Association of People with Disabilities.  The agency continues partnerships with the Workforce Recruitment Program, Gallaudet University, Division of Rehabilitative Services in Alexandria, Virginia, DC Vocational Rehab Offices, Ability Jobs and the EOP STEM Diversity Career Expo.  Source: Corporate Recruitment Office |

Progression Towards Goals (Recruitment and Hiring)

1. 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

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| Data from FY 2021 presented in Table B1 were reviewed for evidence of differences in hiring  into the permanent workforce. The Agency did achieve the numerical goals for both 12% participation rate for PWD among new hires in the permanent workforce and 2% participation of PWTD among permanent new hires. In FY 2021, the Agency hired 1,113 permanent employees, among them were 167 (15.00%) employees who are PWD and 41 (3.68%) PWTD.  Source: Table B1-2 |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In FY 2021, Table B6P was reviewed for evidence of triggers in the hiring of permanent employees into Mission Critical Occupation (MCO) positions. The table below shows New Hires for PWD/PWTD compared to the qualified applicant pool benchmark for the top ten mission critical occupations. From these data, no PWD or PWTD applicants were found qualified for two out of ten MCO positions (Administrative Officer, series 0340 and Contract/Procurement, series 1102), and no PWTD were found in the qualified applicant pool for nurses (series 0610). In FY 2021, the NIH hired and onboarded a total of 1,113 permanent staff employees. Among these newly hired staff members were 707 persons in the ten MCO positions, including 110 (15.56%) PWD and 28 (3.96%) PWTD.  To assess these differences, the percentage of PWD and PWTD in the permanent new hires for each occupation was compared to the qualified applicant pool (QAP). The applicant flow data summarizes the phases of the hiring process through selection or vacancies that were posted and closed through USAJOBS during the fiscal year. The data in Table B6 reflect the pool of qualified applications for permanent vacancies announced through USAJOBS during FY 2021.  Table B6 also presents data on permanent new hires on boarded during the fiscal year. Some newly hired staff applied for a vacancy posted in a prior fiscal year or may have elected not to volunteer demographic information. Differences may be observed in comparing the demographic statistics of the QAP and that of new hires on boarded. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind.  Triggers were observed for PWD in the hiring of permanent medical officers (series 0602). For PWTD, triggers were found for the General Biological Sciences (series 0401) and Medical Officer occupations.  No PWD or PWTD were hired as permanent medical officers (series 0602). No PWTD were hired in a permanent General Biological Sciences occupation (series 0401).  As shown in the table below, PWD participation among new hires in nine MCOs exceeds that of QAP, and PWTD in eight MCOs also exceeded their participation among the QAP.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **New Hires Comparison** | | |  |  | | **MCOs** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % in New Hires** | **PWTD % in New Hires** | **Total # New Hires** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | 0301 Misc Admin and Program Analyst | 4.72% | 1.83% | 40.28% | 12.50% | 72 | No | No | | 0341 Admin Officer | 0.00% | 0.00% | 33.33% | 14.29% | 21 | No | No | | 0343 Mgmt. Analysis | 3.92% | 1.63% | 33.96% | 9.43% | 53 | No | No | | 0401 Gen. Biology Sci. | 4.66% | 2.08% | 5.00% | 0.00% | 60 | No | **Yes** | | 0601 Gen. Health Sci. | 2.10% | 0.97% | 7.30% | 1.29% | 233 | No | No | | 0602 Medical Officer | 2.68% | 1.01% | 0.00% | 0.00% | 31 | **Yes** | **Yes** | | 0610 Nurse | 0.94% | 0.00% | 11.11% | 1.23% | 81 | No | No | | 1102 Contract/  Procurement | 0.00% | 0.00% | 10.00% | 8.00% | 50 | No | No | | 1109 Grants Management Specialist | 3.21% | 0.64% | 15.91% | 2.27% | 44 | No | No | | 2210 Information Technology Spec. | 3.59% | 1.31% | 24.19% | 3.23% | 62 | No | No | |  |  |  |  |  |  |  |  |   Source: Table B6P |

1. 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.
2. Qualified Applicants for MCO (PWD) Yes X
3. Qualified Applicants for MCO (PWTD) Yes X

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In the FY 2021 data presented in Table B6P, differences were identified in the participation of PWD in the qualified internal applicants for competitive promotions as compared to the relevant applicant pool (RAP) within five of the NIH’s MCOs, as shown in the table below, differences were observed in the following occupational series: 0301, 0341, 0343, 0601, and 2210. Differences were also identified between the RAP and QAP for PWTD within the internal competitive promotion data for two MCOs: Admin Officer (0341), General Health Science (0601).  The RAP was defined for each MCO based on the number of employees holding a qualifying occupation series.  For Misc. Admin and Program Analysts (0301), the RAP for PWD was 16.04%, and PWD represented 10.35% of the qualified internal applicants, indicating a trigger. The RAP for PWTD was 4.32%, and PWTD were 4.62% of the qualified internal applicants for Misc. Admin and Program Analysts, indicating no trigger.  For Admin Officers (0341), the RAP for PWD was 13.90%, and PWD represented 7.02% of the qualified internal applicants. The RAP for PWTD was 3.01%, and PWTD were 0.88% of the qualified internal applicants for Admin Officers. The Agency observed a difference between the RAP and the qualified applicants for Admin Officer internal promotions of PWD and PWTD.  For Management Analysts (0343), the RAP for PWD was 15.72%, and PWD represented 15.23% of the qualified internal applicants, indicating a negligible trigger. The RAP for PWTD was 3.23%, and PWTD were 7.62% of the qualified internal applicants for Management Analysts, indicating no trigger.  For General Health Sciences (0601), the RAP for PWD was 5.21%, and PWD represented 1.56% of the qualified internal applicants. The RAP for PWTD was 1.46%, and PWTD were 0.00% of the qualified internal applicants for General Health Sciences. The Agency observed a difference between the RAP and the qualified applicants for General Health Sciences internal promotions of PWD and PWTD.  For Information Technology Specialists (2210), the RAP for PWD was 11.44%, and PWD represented 4.07% of the qualified internal applicants, indicating a trigger. The RAP for PWTD was 1.93%, and PWTD were 2.71% of the qualified internal applicants for Information Technology Specialists, indicating no trigger.  For 0401, 0602, 0610, 1102, and 1109, no vacancies were posted for permanent promotion. As such, no PWD or PWTD were found in the qualified internal applicant pool; therefore, no comparison could be made with the RAP for these occupations.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Qualified Internal Applicants Comparison** | | |  |  | | **MCOs** | **PWD % in RAP** | **PWTD % in RAP** | **PWD % in QAP** | **PWTD % QAP** | **Total # Qualified Applicants** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | 0301 Misc Admin and Program Analyst | 16.04% | 4.32% | 10.35% | 4.62% | 715 | **Yes** | No | | 0341 Admin Officer | 13.90% | 3.01% | 7.02% | 0.88% | 114 | **Yes** | **Yes** | | 0343 Mgmt. Analysis | 15.72% | 3.23% | 15.23% | 7.62% | 512 | **Yes** | No | | 0401 Gen. Biology Sci. | 3.83% | 1.50% | 0.00% | 0.00% | 0 | N/A | N/A | | 0601 Gen. Health Sci. | 5.21% | 1.46% | 1.56% | 0.00% | 64 | **Yes** | **Yes** | | 0602 Medical Officer | 2.66% | 1.06% | 0.00% | 0.00% | 0 | N/A | N/A | | 0610 Nurse | 4.25% | 0.87% | 0.00% | 0.00% | 0 | N/A | N/A | | 1102 Contract/  Procurement | 8.00% | 2.52% | 0.00% | 0.00% | 0 | N/A | N/A | | 1109 Grants Management Specialist | 8.00% | 2.52% | 0.00% | 0.00% | 0 | N/A | N/A | | 2210 Information Technology Spec. | 11.44% | 1.93% | 4.07% | 2.71% | 221 | **Yes** | No |   Source: Table B6P | | | | | | | | | |
|  |  |  |  |  |  |  |  |

1. 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.
2. Promotions for MCO (PWD) Yes X
3. Promotions for MCO (PWTD) Yes X

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The applicant flow data indicate a difference for PWD in the Misc. Admin and Program Analyst (0301), Admin Officer (0341), Management Analyst (0343), General Health Science (0601), and Information Technology Specialist (2210) occupations.  The applicant flow data indicate a difference for PWTD in the Misc. Admin and Program Analyst (0301), Admin Officer (0341), Management Analyst (0343), and Information Technology Specialist (2210) occupations.  No competitive promotions were made amongst permanent staff General Biology Sciences (0401), Medical Officers (0602), Nurses (0610), Contract/Procurement (1102), or Grant Management Specialists (1109) in FY 2021. There was no opportunity to observe triggers for these MCOs.  A difference was observed among PWD and PWTD for internal promotions to Misc. Admin and Program Analysts (0301). The QAP for PWD was 10.35%, and PWD represented 6.25% of selections. The QAP for PWTD was 4.62%, and PWTD represented 3.13% of selections.  For Admin Officers (0341), the QAP for PWD was 7.02%, and no PWD were selected. The QAP for PWTD was 0.88%, and no PWTD were selected.  For Management Analysts (0343), the QAP for PWD was 15.23%, and PWD represented 11.76% of selections. The QAP for PWTD was 7.62%, and no PWTD were selected.  For General Health Science (0601), the QAP for PWD was 1.56%, and no PWD were selected. There were no PWTD in the QAP, and as such there was no basis for comparison.  For Information Technology Specialists (2210), the QAP for PWD was 4.07%, and no PWD were selected. The QAP for PWTD was 2.71%, and no PWTD were selected.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Promoted Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion)** | | |  |  | | **MCOs** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Tentatively Selected for Promotion** | **PWTD % Tentatively Selected for Promotion** | **Total # Tentatively Selected for Promotion** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | 0301 Misc Admin and Program Analyst | 10.35% | 4.62% | 6.25% | 3.13% | 32 | **Yes** | **Yes** | | 0341 Admin Officer | 7.02% | 0.88% | 0.00% | 0.00% | 5 | **Yes** | **Yes** | | 0343 Mgmt. Analysis | 15.23% | 7.62% | 11.76% | 0.00% | 17 | **Yes** | **Yes** | | 0401 Gen. Biology Sci. | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 0601 Gen. Health Sci. | 1.56% | 0.00% | 0.00% | 0.00% | 12 | **Yes** | No | | 0602 Medical Officer | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 0610 Nurse | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 1102 Contract/  Procurement | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 1109 Grants Management Specialist | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | 2210 Information Technology Spec. | 4.07% | 2.71% | 0.00% | 0.00% | 6 | **Yes** | **Yes** |   Source: Table B6P |

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

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

|  |
| --- |
| The NIH is committed to providing opportunities for advancement among all employees, including people with disabilities and people with targeted disabilities. We currently offer a wide range of career development and training opportunities through the NIH Training Center, the HHS Learning Management System, and the individual Institutes and Centers which comprise our organization. Such opportunities help position all NIH employees for advancement within their current positions and beyond.  Also, we offer two targeted programs that offer clear opportunities for advancement among our staff, the NIH Management Intern Program (MI) and the NIH Presidential Management Fellows Program (PMF). Through these programs, staff complete two years of rotational assignments in a variety of administrative and scientific offices across the NIH. Upon completion of the program, alumni of the program exit with positions at the FPL levels of GS-12 (MI) and GS-13 (PMF). This FPL remains the same regardless of the staff members GS level upon entry into the program. Historically, people with disabilities and people with targeted disabilities have been accepted into and completed these programs. |

Career Development Opportunities

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

|  |
| --- |
| The NIH offers an array of training and career development opportunities to all employees through multiple venues in our organization. Training and development opportunities offered through the NIH Training Center, the NIH Library, the Center for Information Technology, and individual Institutes and Centers. These opportunities include classes providing technical information on administrative systems (e.g. travel, time and attendance, budget and acquisitions management, Microsoft Office), classes on professional development (e.g., Project Management, Managing Up, Change Management) and formal leadership development programs (the NIH Management Seminar Series, the NIH Management Intern Program, the NIH Mid-Level Leadership Program, the NIH Senior Leadership Program, and the NIH Executive Leadership Program). |

1. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/approval to participate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Career Development Opportunities | Total Participants | | People with Disabilities | | People with Targeted Disabilities | |
| Applicants (#) | Selectees (#) | Applicants (%) | Selectees (%) | Applicants (%) | Selectees (%) |
| Internship Programs |  | 134 |  | 2.2% |  | 0.0% |
| Other Career Development Programs |  | 206 |  | 18.4% |  | 4.4% |
| Fellowship Programs |  | 26 |  | 7.7% |  | 0.0% |
| Mentoring Programs (Mentor) |  | 137 |  | 4.4% |  | 0.7% |
| Mentoring Programs (Mentee) |  | 118 |  | 9.3% |  | 2.5% |
| Coaching Programs |  | 138 |  | 4.3% |  | 0.7% |
| Training Programs |  | 338 |  | 6.2% |  | 1.5% |
| Detail Programs |  | 14 |  | 14.3% |  | 7.1% |

The data source is the NIH Training Center (NIHTC), which cannot provide data on program applicants, as demographic data from applicants to career development programs are only captured at the Institute level and are not available NIH-wide.

* Specific program criteria
  + **Internship Programs:** *Pathways* program participants
  + **Other Career Development Programs:** *Management Seminar Series (MSS)* participants
  + **Fellowship Programs:** *Presidential Management Fellowship (PMF)* participants
  + **Mentoring Programs:** IC-Level mentoring programs, Data on both mentors and mentees are provided.
  + **Coaching Programs:** Coaching clients
  + **Training Programs:** *Executive, Senior and Mid-Level Leadership (ExLP, SLP, MLP)* participants
  + **Detail Programs:** *Management Intern (MI)* participants

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For purposes of this analysis, as noted above, data on applications for career development programs are not captured at the NIH-wide level. Comparisons between the relevant applicant pool and applicants are then not available. In lieu of this analysis, data comparing the selections to these programs and the relevant applicant pool were made. The relevant applicant pool includes NIH employees eligible to participate in each career development program based on their grade and occupational series. Triggers were found for PWD in Internship Programs (Pathways), Fellowship Programs (PMF), Mentoring Program (only for mentors, not mentees), and Coaching Programs.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Selectees Comparison** | | |  |  | | Career Development Opportunities | **PWD % in RAP** | **PWTD % in RAP** | **PWD % Selected** | **PWTD % Selected** | **Total # Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Internship Programs | 22.65% | 7.76% | 2.2% | 0.0% | 134 | **Yes** | **Yes** | | Other Career Development Programs | 7.98% | 2.04% | 18.4% | 4.4% | 206 | No | No | | Fellowship Programs | 11.24% | 3.33% | 7.7% | 0.0% | 26 | **Yes** | **Yes** | | Mentoring Programs (Mentor) | 7.99% | 2.20% | 4.4% | 0.7% | 137 | **Yes** | **Yes** | | Mentoring Programs (Mentee) | 7.99% | 2.20% | 9.3% | 2.5% | 118 | No | No | | Coaching Programs | 7.99% | 2.20% | 4.3% | 0.7% | 138 | **Yes** | **Yes** | | Training Programs | 4.94% | 1.31% | 6.2% | 1.5% | 338 | No | No | | Detail Programs | 7.38% | 2.16% | 14.3% | 7.1% | 14 | No | No | |

1. 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) Yes

|  |
| --- |
| Following the comparison described above and as shown in the table above, triggers were found for PWTD in Internship Programs (Pathways), Fellowship Programs (PMF), Mentoring Program (only for mentors, not mentees), and Coaching Programs. |

Awards

1. 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.
2. Awards, Bonuses, & Incentives (PWD) Yes X
3. Awards, Bonuses, & Incentives (PWTD) Yes X

|  |
| --- |
| Table B9 presents information on awards distributed to employees during the year as part of its employee recognition program. The EEOC has suggested that agencies consider awards distribution based on inclusion rates, the degree to which each employee group is distributed across workforce indicators, e.g., awarded or separated.  The inclusion rate for PWD was calculated by comparing the number and percent of employees with disabilities who received awards in each applicable program element to the number and percent of employees without a disability (this category combines persons with no disability and those who did not identify as having a disability) who received awards in each applicable program element.  The inclusion rate for PWTD was calculated by comparing the number and percent of employees with targeted disabilities who received an award in each applicable program element to the number and percent of employees without a targeted disability (this category combines persons with no disability, those who did not identify as having a disability, and those with a disability that is not targeted) who received award in each applicable program element.  Inclusion rates for PWD:   * Time off awards from 1 to 10 hours: 9.26% compared to 9.07% for people without disabilities-No Trigger exists * Time off awards from 11 to 20 hours: 9.92% compared to 9.10% for people without disabilities-No Trigger exists * Time off award from 21 to 30 hours: 4.78% compared to 4.54% for people without disabilities-No Trigger exists * Time off awards from 31 to 40 hours: 11.83% compared to 13.61% for people without disabilities-**Trigger exists** * Cash awards under $500: 23.22% compared to 23.32% for people without disabilities- **Trigger exists** * Cash awards from $501 to $999: 23.37% compared to 20.11% for people without disabilities-No Trigger exists * Cash awards from $1,000 to $1,999: 41.59% compared to 43.90% for people without disabilities-**Trigger exists** * Cash awards from $2,000 to $,2999: 21.68% compared to 27.719% for people without disabilities-**Trigger exists** * Cash award from $3,000 to $,3999: 9.04% compared to 13.65% for people without disabilities-**Trigger exists** * Cash awards from $4,000 to $4,999: 6.32% compared to 8.65% for people without disabilities-**Trigger exists** * Cash awards from $5,000 or more: 7.20% compared to 13.81% for people without disabilities-**Triggers exists**   Inclusion rates for PWTD:   * Time off awards from 1 to 10 hours: 8.40% compared to 9.99% for people without targeted disabilities-**Trigger exists** * Time off awards from 11 to 20 hours: 11.02% compared to 10.01% for people without targeted disabilities-No Trigger exist * Time off award from 21 to 30 hours: 2.10% compared to 5.07% for people without targeted disabilities-**Trigger exists** * Time off awards from 31 to 40 hours: 10.50% compared to 14.84% for people without targeted disabilities-**Trigger exists** * Cash awards under $500: 25.20% compared to 25.52% for people without targeted disabilities- **Trigger exists** * Cash awards from $501 to $999: 21.26% compared to 22.33% for people without targeted disabilities- **Trigger exists** * Cash awards from $1,000 to $1,999: 39.37% compared to 48.04% for people without targeted disabilities-**Trigger exists** * Cash awards from $2,000 to $2,999: 22.83% compared to 29.94% for people without targeted disabilities-**Trigger exists** * Cash award from $3,000 to $,3999: 6.56% compared to 14.71% for people without targeted disabilities-**Trigger exists** * Cash awards from $4,000 to $4,999: 5.77% compared to 9.34% for people without targeted disabilities-**Trigger exists** * Cash awards from $5,000 or more: 5.51% compared to 14.73% for people without targeted disabilities-**Trigger exists**   Source: Table B9-2 Inclusion Rate |

1. 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.
2. Pay Increases (PWD) No X
3. Pay Increases (PWTD) Yes X

|  |
| --- |
| Inclusion rate for PWD:   * QSI: 11.68% compared to 10.58% for people without disabilities-**No Trigger exists**   Inclusion rate for PWTD:   * QSI: 11.55% compared to 11.68% for people without targeted disabilities- **Trigger exists**   Source: Tables B9-2 Inclusion Rate  The inclusion rate was calculated by comparing the number and percent of employees who received a quality step increase among PWD to the number and percent of employees with no disability (this group includes those who did not identify as having a disability).  The inclusion rate for PWD was 11.68%, and for people without disabilities and those who did not self-identify with a disability, it was 10.58%. No trigger was found in these data.  The inclusion rate for PWTD was calculated by comparing the number and percent of PWTD who received a quality step increase to the number and percent of employees without a targeted disability (i.e., the combined total of persons with no disability, those who do not identify as having a disability, and those with a disability that is not targeted) who received a quality step increase.  A negligible difference was found in quality step increases. The inclusion rate for PWTD was 11.55%, and for people without targeted disabilities (including those with no disability, those who did not self-identify as having a disability, and those with a disability that is not targeted), it was 11.68%.  Source: Table B9-2 |

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

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| The agency does have other types of employee recognition programs, such as the NIH Director’s Awards, individual IC Director’s Awards and the Disability Champion and Allies Awards. These awards are inclusive of PWD and PWTD. Currently, we do not have the data to quantitatively compare and assess for potential triggers involving PWD and PWTD receiving these awards. |

Promotions

1. 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) No 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

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| Table B7 presents the relevant FY 2021 data to assess whether triggers exist about promotions to senior grade levels. Of 1,708 qualified internal applications for senior grade level positions, 144 (8.43%) were submitted by PWD. The Agency was successful in supporting PWD in their interest in and application for senior grade level positions.  There were no triggers identified among qualified internal applicants to the GS-13 or SES equivalent senior grades. For the GS-15 and GS-14 equivalent senior grades, a difference was observed.  Among internal selections, differences were observed for the GS-15 and GS-14 equivalent levels, but not the SES or GS-13 equivalent levels. Of the 84 internal promotions to senior grade levels in Table B7, six (7.14%) were PWD, which is lower than their availability in the QAP at 8.43%. The following presents data for each grade level equivalent.  At the SES equivalent level, no job vacancy postings were available at the SES equivalent level in FY 2021, and as such there were no qualified internal applicants nor selections made, thus there was no opportunity to observe triggers.  At the GS-15 equivalent level, the RAP was 6.25%, while the participation of PWD among qualified internal applicants was slightly lower at 5.36%. The Agency noted a difference involving internal selections for GS-15 equivalent grade levels; none of selections were PWD compared to their participation among qualified internal applicants at 5.36%.  At the GS-14 equivalent level, the Agency noted a difference at the qualified and selected stages. The RAP was 8.79% and the participation of PWD among qualified internal applicants was 6.13%. Among selections for internal promotions, none were PWD, and 6.13% of the qualified internal applicants were PWD.  At the GS-13 equivalent level, PWD exceeded the relevant benchmarks at the qualified and selected stages. The participation of PWD among qualified internal applicants was10.25% compared to the RAP benchmark of 9.08%. Likewise, 13.64% of selections were PWD compared to 10.25% of qualified internal applicants.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Qualified Internal Applicants Comparison (Internal Competitive Promotion + Merit Promotion)** | | |  |  | | **Senior Grade Levels** | **PWD % in RAP** | **PWTD % in RAP** | **PWD % QAP** | **PWTD % QAP** | **Total # QAP** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | SES | 4.99% | 1.32% | 0.00% | 0.00% | 0 | **N/A** | **N/A** | | GS-15 | 6.25% | 1.64% | 5.36% | 2.38% | 168 | **Yes** | No | | GS-14 | 8.79% | 1.88% | 6.13% | 1.62% | 555 | **Yes** | **Yes** | | GS-13 | 9.08% | 2.76% | 10.25% | 3.65% | 985 | No | No |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Promoted Internal Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion)** | | |  |  | | **Senior Grade Levels** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Selected** | **PWTD % Selected** | **Total # Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | SES | 0.00% | 0.00% | 0.00% | 0.00% | 0 | N/A | N/A | | GS-15 | 5.36% | 2.38% | 0.00% | 0.00% | 13 | **Yes** | **Yes** | | GS-14 | 6.13% | 1.62% | 0.00% | 0.00% | 27 | **Yes** | **Yes** | | GS-13 | 10.25% | 3.65% | 13.64% | 0.00% | 44 | No | **Yes** |   Source: Table B7 |

1. 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) No X

Grade GS-15

* Qualified Internal Applicants (PWTD) No 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) No X
* Internal Selections (PWTD) Yes X

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| See table above from question 1.  Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to senior grade levels. Of 1,708 qualified internal applications for senior grade level positions, 49 (2.87%) were submitted by PWTD. Of 84 promotions to senior grade levels in Table B7, none (0.00%) were PWTD. Overall, the Agency was successful in supporting PWTD in their interest in and application for senior grade level positions and was less successful in selecting PWTD for those promotions. There were no triggers identified among qualified internal applicants to the GS-15 and GS-13 equivalent senior grades; but for GS-14 equivalent senior grades, a difference was observed.  There were no postings for internal promotion to SES equivalent positions; therefore, there was no opportunity to observed triggers for that level.  Among internal selections, differences were observed for the GS-15, GS-14, and GS-13 equivalent levels. Of the 84 internal promotions to senior grade levels in Table B7, none were PWTD, which is lower than their availability in the QAP at 2.87%. The following presents data for each grade level equivalent.  At the SES equivalent level, no job vacancy postings were available at the SES equivalent level in FY 2021, and as such there was no opportunity to observe triggers.  At the GS-15 equivalent level, the RAP was 1.64%, while the participation of PWTD among qualified internal applicants was higher at 2.38%. The Agency noted a difference involving internal selections for senior grade levels at GS-15 equivalent grade levels; none of selections were PWTD compared to their participation among qualified internal applicants at 2.38%.  At the GS-14 equivalent level, the Agency noted a difference at the qualified and selected stages. The RAP was 1.88% and the participation of PWTD among qualified internal applicants was slightly lower at 1.62%. Among selections for internal promotions, none were PWTD, and 1.62% of the qualified internal applicants were PWTD.  At the GS-13 equivalent level, PWTD exceeded the relevant benchmark at the qualified stage, but was a trigger at the selected stage. The participation of PWTD among qualified internal applicants was higher at 3.65% compared to the RAP benchmark of 2.76%. On the other hand, none of the selections were PWTD compared to 3.65% of qualified internal applicants. |

1. 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) N/A X
* New Hires to GS-15 (PWD) No X
* New Hires to GS-14 (PWD) No X
* New Hires to GS-13 (PWD) No X

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| For this trigger analysis, the Agency presents information on trigger identification for PWD new hires to senior grade levels based on reviewing Table B7. Among the 1,113 newly hired permanent staff members in FY 2021 were 549 persons hired into permanent staff senior grade level positions: three SES, 40 into GS-15 equivalent positions, 145 into GS-14 equivalent position positions, and 361 into GS-13 equivalent positions. Sixty-five of those 549 (11.84%) newly hired permanent staff in senior grade levels identified as PWD. The following evaluates participation of PWD in each senior grade equivalent level.  The QAP from Table B7 summarizes data where the applicant self-identified with a disability and qualified for the position. Data in this table describe vacancies for permanent positions with the NIH that were posted in USAJOBS with a closing date during the fiscal year. In addition, Table B7 also presents data on new hires onboarded during the fiscal year; some of whom applied for a vacancy posted prior to the start of the fiscal year. Differences may be observed in the demographic statistics of those selected versus those onboarded as new hires. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **New Hires Comparison** | | |  |  | | **Senior Grade Levels** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % New Hires** | **PWTD % New Hires** | **Total # New Hires** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | SES | 0.00% | 0.00% | 0.00% | 0.00% | 3 | N/A | N/A | | GS-15 | 0.58% | 0.95% | 5.00% | 0.00% | 40 | No | **Yes** | | GS-14 | 3.98% | 1.35% | 12.41% | 1.38% | 145 | No | No | | GS-13 | 3.15% | 0.96% | 12.47% | 2.49% | 361 | No | No |   From reviewing the applicant flow data for FY 2021, no triggers were identified for PWD.   * No vacancies were posted for external hire into SES positions during FY 2021. There was, then, no opportunity to observed triggers amongst the qualified applicant pool against tentative selections. * At the GS-15 equivalent level, the QAP was 0.58% PWD, and 5.00% of the permanent new hires for those positions identified as PWD. No trigger. * At the GS-14 equivalent level, the QAP was 3.98% PWD while 12.41% newly hired permanent staff were PWD. No trigger. * At the GS-13 equivalent level, the QAP was 3.15% PWD, while 12.47% of the new hires to GS-13 equivalent positions identified as PWD. No trigger.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Data Source: Table B7 |  |  |  |  |  |  | |

1. 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) N/A X
   * New Hires to GS-15 (PWTD) Yes X
   * New Hires to GS-14 (PWTD) No X
   * New Hires to GS-13 (PWTD) No X

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| To respond to this question, the Agency presents information on trigger identification for PWTD new hires to senior grade Among the 1,113 newly hired staff members in FY 2021 were 549 persons hired into senior grade level positions. Eleven of those 549 (2.00%) newly hired permanent staff in senior grade levels identified as PWTD. The following evaluates participation of PWD in each senior grade equivalent level.  For the senior grade level equivalent GS-15 level only, the Agency found a trigger in the difference in participation of PWTD between qualified applicants and among new hires.  More detail about each senior grade level follows in descending order by level.  At the SES level, no vacancies were posted for external hire into SES positions during FY 2021. There was, then, no opportunity to observed triggers amongst the qualified applicant pool against tentative selections.  At the GS-15 equivalent level, the QAP was 0.95%; none of the new hires were PWTD.  At the GS-14 equivalent level, the QAP was 1.35% PWTD; 1.38% of the newly hired GS-14  equivalent staff were PWTD. No trigger.  At the GS-13 equivalent level, the QAP was 0.96% PWTD, and 2.49% of new hires were  PWTD. No trigger.  Data Source: Table B7 |

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

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| For this trigger analysis, the relevant applicant pools were defined to include all employees holding positions at the next lower level who hold supervisory status for Executives and Managers and at all lower levels with or without supervisory status for the first level Supervisors. The Agency observed triggers at all leadership levels for the qualified stage and among tentative selections for internal competitive promotion to Manager and Executive levels.  For the Executive level, triggers were found at both stages for internal promotion. The relevant applicant pool was 6.29% PWD, and the qualified internal applicants include a smaller percentage at 5.42% PWD. None of the promoted internal applicants were PWD, while the qualified pool included 5.42% PWD.  For the Manager level, triggers were found for both the qualified and tentative selection stages. The relevant applicant pool was 8.85% PWD, and the qualified internal applicants was lower at 7.93% PWD. Among 22 internal selections, 4.55% were PWD, which is lower than their availability in the QAP at 7.93%.  For first level Supervisors, 9.89% of the relevant applicant pool were PWD. None of the applicants in the qualified pool were PWD. No PWD applicants were selected for promotion to first level Supervisory positions because none were available among qualified applicants; there was no opportunity to observe a trigger.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Relevant Applicant Pool Benchmark** | | **Qualified Internal Applicants Comparison** | | |  |  | | **Supervisory Positions** | **PWD % in RAP** | **PWTD % in RAP** | **PWD % QAP** | **PWTD % QAP** | **Total # QAP** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Executives | 6.29% | 1.80% | 5.42% | 2.41% | 166 | No | No | | Managers | 8.85% | 1.94% | 7.93% | 1.86% | 429 | **Yes** | **Yes** | | Supervisors | 9.89% | 2.71% | 0.00% | 0.00% | 7 | **Yes** | **Yes** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Tentatively Selected Applicants Comparison** | | |  |  | | **Supervisory Positions** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Tentatively Selected** | **PWTD % Tentatively Selected** | **Total # Tentatively Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Executives | 5.42% | 2.41% | 0.00% | 0.00% | 11 | **Yes** | **Yes** | | Managers | 7.93% | 1.86% | 4.55% | 0.00% | 22 | **Yes** | **Yes** | | Supervisors | 0.00% | 0.00% | 0.00% | 0.00% | 1 | No | No |   Data Source: Table B8 |

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

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| See table above.  For this trigger analysis, the same definitions were applied for RAP as found in the question above.  For the Executive level, the relevant applicant pool was 1.80% PWTD, and the qualified internal applicants include 2.41% PWTD. No trigger was observed. None of the promoted internal applicants were PWD, while the qualified pool included 2.41% PWTD. A trigger was identified.  For the Manager level, triggers were found for both the qualified and tentative selection stages. The relevant applicant pool was 1.94% PWTD, and the qualified internal applicants was slightly lower at 1.84% PWTD. None of the promoted applicants to Manager positions were PWTD, though 1.84% were available for selection among qualified internal applicants.  For first level Supervisors, 2.71% of the relevant applicant pool were PWTD. None of the applicants in the qualified pool were PWTD. No PWTD applicants were selected for promotion to first level Supervisory positions because none were available among qualified applicants; there was no opportunity to observe a trigger.  Data Source: Table B7 |

1. 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) No
* New Hires for Managers (PWD) No
* New Hires for Supervisors (PWD) Yes

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| For this trigger analysis, the Agency presents information on trigger identification for PWD new hires to leadership positions based on reviewing Table B8. Among the 1,113 newly hired staff members in FY 2021 were 58 persons hired into leadership positions: 26 Executives, 30 Managers, and two first level Supervisors. Seven of those 58 (12.06%) newly hired permanent staff in leadership positions identified as PWD. The following evaluates participation of PWD in each leadership level.  The QAP from Table B8 summarizes data where the applicant self-identified with a disability and qualified for the position. Data in this table describe vacancies for permanent positions with the NIH that were posted in USAJOBS with a closing date during the fiscal year. In addition, Table B8 also presents data on new hires onboarded during the fiscal year; some of whom applied for a vacancy posted prior to the start of the fiscal year. Differences may be observed in the demographic statistics of those selected versus those onboarded as new hires. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind.  For first level Supervisor positions, the Agency found a trigger in the difference in participation of PWD among qualified internal applicants and among tentative selections. None of the tentatively selected first level Supervisors were PWD, yet the qualified applicant pool included 3.57% PWD.  For Manager positions, no triggers were identified for external hiring. Externally hired Managers included 16.67% PWD, which is more than found among the qualified pool at 2.97%.  For Executives, a higher proportion of PWD was found among tentative selections at 7.69% than found for the qualified applicant pool (1.66%).   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Qualified Applicant Pool Benchmark** | | **Tentatively Selected New Hires Comparison** | | |  |  | | **Supervisory Positions** | **PWD % in QAP** | **PWTD % in QAP** | **PWD % Tentatively Selected** | **PWTD % Tentatively Selected** | **Total # Tentatively Selected** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** | | Executives | 1.66% | 0.92% | 7.69% | 0.00% | 26 | No | **Yes** | | Managers | 2.97% | 1.49% | 16.67% | 3.33% | 30 | No | No | | Supervisors | 3.57% | 1.79% | 0.00% | 0.00% | 2 | **Yes** | **Yes** | |

1. 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) Yes
   * New Hires for Managers (PWTD) No
   * New Hires for Supervisors (PWTD) Yes

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| See table above.  Among the 1,113 newly hired staff members in FY 2021 were 58 persons hired into leadership positions: 26 Executives, 30 Managers, and two first level Supervisors. Of those 58 newly hired permanent staff in leadership positions 1.72% identified as PWTD. The following evaluates participation of PWD in each senior grade equivalent level.  For first level Supervisor positions, the Agency found a trigger in the difference in participation of PWTD among qualified internal applicants and among tentative selections. None of the tentatively selected first level Supervisors were PWTD, yet the qualified applicant pool included 1.79% PWTD.  For Manager positions, no triggers were identified for external hiring. Externally hired Managers included 3.33% PWD, which is more than found among the qualified pool at 1.49%.  For Executives, no PWTD were tentatively selected while the qualified applicant pool included 0.92% PWTD.  Data Source: Table B8 |

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

1. 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.

Yes X

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| The NIH maintains discretion on conversions to a career or career-conditional appointment  among employees on Schedule A appointments. As a general practice, those Schedule A  employees who were not converted voluntarily accepted a new Schedule A appointment  within the Agency. During FY 2021, there were a total of 496 employees on new or existing Schedule A appointments including 11 separations, 136 (27.42%) Schedule A new hires, 21 (4.23%) existing Schedule A, and 328 (66.13%) converted to the competitive service under the Schedule A hiring authority during FY 2021 within two years of the Schedule A appointment. A review of records for other Schedule A employees, who were hired or transferred to the NIH and remain on rolls at the close of FY 2021, confirms that all were converted to competitive service within two years of appointment. |

1. 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) Yes X
   * Involuntary Separations (PWD) Yes X

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| Among total workforce (both permanent and temporary) separations, the following was found.  Data on voluntary separations:   * Resignation: 1.42% for people with disabilities compared to 2.13% for people without disabilities- No trigger exists * Retirement: 3.52% for people with disabilities compared to 2.67% for people without disabilities- **Trigger exists** * Other Separations: 0.88% for people with disabilities compared to 1.09% for people without disabilities- No trigger exists   Data on involuntary separations:   * Removal: 0.20% for people with disabilities compared to 0.13% for people without disabilities- **Trigger exists** * The Agency had no Reductions in Force recorded during FY 2021.   Source: B1-2 Inclusion Rate |

1. 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

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| Among total workforce (both permanent and temporary) separations, the following was found.  Data on voluntary separations:   * Resignation: 0.99% for people with targeted disabilities compared to 2.10% for people without targeted disabilities- No trigger exists * Retirement: 3.70% for people with targeted disabilities compared to 2.72% for people without targeted disabilities- **Trigger exists** * Other Separations: 0.25% for people with targeted disabilities compared to 1.09% for people without targeted disabilities- No trigger exists   Data on involuntary separations:   * Removal: 0.00% for people with targeted disabilities compared to 0.14% for people without targeted disabilities- No trigger exists * The Agency had no Reductions in Force recorded during FY 2021.   Source: B1-2 Inclusion Rate |

1. 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.

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| Among 89 employees with disabilities who separated in FY 2021, voluntary reasons accounted for 96.63% with retirement as the top reason (52 people, 58.43%) followed by voluntary resignation (21 people, 23.60%), and other voluntary reason (13 people, 14.61%). Three employees (3.37%) were involuntarily removed.  The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Among 395 employees who completed the disability questions on the exit survey in FY 2021, 24 self-identified as having a disability (6.98%).  The small number of separating employees who self-identified with a disability and completed the exit survey limits the reliability of conclusions to be drawn from these data about the reasons why those employees left the Agency. The reasons for separation are not combined with demographic information, so only general conclusions can be gleaned from the exit survey and not specific to individuals with disabilities.  Among total exit survey respondents, the top three most selected reasons for  separation FY 2021 were:1) “Retirement” (30% of respondents) (Up 7% from last year)  2) “Promotion/Higher Salary/Advancement Potential” (12%) (Down 3% from last year)  3) “Career Change” (9%) (Down 1% from last year)  Of those respondents who selected retirement as a reason for separation:  • 31% of respondents said they would have postponed retirement if they were more satisfied  with their job, and 19% if they were more satisfied with their supervisor. |

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.

1. 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.

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| 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. |

1. 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.

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

1. 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:**

The NIH OCIO delivers information on the revised Section 508 standards and HHS website compliance scanning tool to key stakeholders. 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](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, multimedia, etc., 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 make 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 building's occupancy categories and their compliance with the ABA Standards.

* ORF continued to work on ABA rights and complaints process on their website. The name and telephone number and email of the ORF ABA POC/SME is listed.
* In 2019, ORF had complaints about lack of larger operation signages that includes Braille. The Braille larger operation signages are installed at the project site in 2020. We have included Braille in our new related projects in 2021 such as second HC lift in Bldg. 31B and three Bethesda Campus main sally port entries’ signage and operation info.
* C105070 - Bldg. 31B H/C Lift at B1 Level: This project is to install a H/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. This project was funded in 2020, contract was finalized with a design/build contractor, design phase has been completed. Project started construction in 2021and is going through the final punch-list items to be fixed by the contractor.
* 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. The design has been completed. A construction contract has been awarded in 2017. Project scope covers twenty (20) crosswalks. There are eight (8) crosswalks in operating condition and in different stages of full completion with minor Q/A items to address. During 2019 fiscal year, the contractor has completed most of the remaining items. Pre-final inspection for project Substantial Inspection to be scheduled in late October. The project continued to have issues with the installed fixtures and concrete trenches at several locations. Punchlist items and warranty issues had been discussed with the contractor to fix many items in need of repair in 2020 and 2021. Repairs by contractor is still ongoing and ICs complaints are being investigated.
* C102246, Bldg. 66 Gateway Center Sallyports wheelchair 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. The project started in 2015 and had been going through final phases of the design and construction documentation due to stringent security requirements that required custom made stands. Recently construction permit has been issued. Project was planned to start construction contract bidding in early 2019 fiscal year. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project was funded in 2020.The ORF project architect responsible for the construction documents had left and a new PA is assigned. Due to custom made access poles and security requirements, the project requires not only architectural design but also industrial design of the custom pole that is an object which requires careful coordination of parts and pieces at micro (machined) level. The existing construction documents can be used as a bridging document for a Design/Build contract. New contract was secured, and the custom-made stands were replaced with off the shelf stand that functionally was acceptable to the NIH SPSM (Division of Physical Security Management). This was reducing the project costs and future maintenance. The project has finished design and documentation and started construction phase in 2021. The construction has started on Sally port No. 2 (Pedestrian Entrance leading to Child Care Center at Rockville Pike & Center Dr).
* 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. The project was recommended for the B&F Board review for the 2018 R&I funding for design and construction. The project was placed on hold, due to funding issues. The project was planned to be funded in FY19. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020.Unfortunately funding for this project is moved to 2021fiscal year and now again postponed to future years due to many other projects competing with other deficient projects for R&I (Repair & Improvement) funds. Meanwhile, we are trying to request funding for individual restrooms that need upgraded HC access instead of asking for a large R&I funding.
* C105223 Convert Bldg.15E2 to Offices. Bldg.is a historic structure. The project includes enlargement of the existing 1st floor restroom to make it accessible. Access to building entry, all entry level offices including pantry are accessible. Project is funded in 2019 fiscal year. This Design/Build contract received a green construction permit in August 2021. Construction project started by remediation process that is completed and actual construction is on its way.
* C106591 Convert Bldg.15E1to Offices, Building is a historic residential structure. The project includes enlargement of the existing 1st floor restroom to make it accessible. Building entry, kitchen and entry level offices are made accessible. The project is funded in 2019 fiscal year. This Design/Build received a construction permit in 2021. Contract is in construction phase after remediation efforts is completed.
* C109507 Bldg. 31A Toilet Renovations Floors 3, 10 and 11, This project is initiated in 2020 to upgrade bathrooms and bring them to compliance with the ABA standards. Design part of the project is almost completed. Construction of one floor is planned to be started in 2022.
* C108449 Bldgs. 15G1 + G2 Quarters Renovation, Project is to convert existing residential 2 story with basement historic bldgs. into offices for NCI and NHLBI. The renovation included converting the kitchen to a kitchenette/pantry, making the First floor ABA accessible including bathrooms. This project is funded in 2020 and construction permit is published. Bldg. 15G1 construction is on its way and the project is supposed to be completed in 2022. Bldg. G2 is still occupied by the Fire Marshall and the construction will start after the Fire Marshall offices are relocated to their new renovated location.
* C107389 Bldg. 15C1 Renovation, Project is to convert existing residential 2 story with basement historic bldgs. into offices for NCI. The renovation included converting the kitchen to a kitchenette/pantry, making the First floor ABA accessible including bathrooms. This project is funded in 2020 and construction permit is published. Project is completed and building is occupied in March 2021.
* C105885 Bldg. 49 Public Areas Kitchenettes and Public Bathrooms Renovation. The first phase of this project to renovate the Public Areas Kitchenettes which is funded in 2020 and is in design review process. All kitchenettes are renovated to be accessible per ABA standards requirements. The design is still going through Fire Marshall review for info. regarding phasing plan in 2021. Construction permit is expected to be published after AE responses are accepted by the Fire Marshall.
* C104607 Bldg. 15B1 & B2 Officers Quarters Renovation. Historic bldgs. are in Utility Feasibility Study and design to renovate them for Children’s Inn use and provide the center with additional capacity. The renovated facility will be in full compliance with the ABA standards. The utility feasibility design documentation is in design review process. The MDE (Maryland Department of Environment) review comments responses and 95% design review is completed. Project is completing the design documents to acquire a construction permit. The design phase is scheduled to finish by the end of 2021.
* C106564 Bldg. 31C Upgrade Showers and Dehumidify Shower Rooms, this project renovates the bathrooms, showers, and locker room per the ABA standards. The project contractor discovered hazardous material that needed to be abated by the ORF/DEP (Division of Environmental Protection) in 2021. Remediation is completed. AE team is continuing to finish the design after reassessing the space after abatement.
* During 2021 large number of labs in Bldg.10 and other buildings have been renovated. All renovations provide special attention to cabinets, sinks, adding motion detectors, elevators, and make sure all renovations based on the ABA standards and user groups’ needs.
* In 2021 ORF made a universal effort to make all Bethesda Campus bathrooms faucets and towel dispensers hands free. The effort started in mid-2020 and ended with 2392 automatic faucets in mid 2021vs 844 in 2020. Automatic towel dispensers were fully upgraded to 1560 in 2021 vs 745 in mid-2020.

There have been many small projects requested and completed in 2021 by the ORF/DDCM/ SAT (Small Project Team) such as adding automatic door openers, changing door handles, etc. to make them in compliance with the ABA standards. These projects are not listed above due to their small scope.

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.

1. 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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| In FY 2021, the NIH primarily relied on its RA tracking system called Entellitrak to collect RA data. The average number of days it took to process RA requests (from initial receipt of the request to closure/provision) was 36 business days. The average time it took to go from initial receipt of the request to a decision was 11 business days. The average time it took from the approval of the request to provision of the accommodation was 11 business days.  Source: Entellitrak |

1. 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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| FY2021 continued to cause unique impact on reasonable accommodation processing related to the COVID-19 pandemic. FY2021 began with a record low number of requests and escalated into a pre-pandemic caseload overall. This resulted in a low number of RA requests overall, but a busy end of year.  According to data collected on requests entered and processed via Entellitrak in FY21, NIH processed a total of 102 individual requests. This represents significant overall decrease from the number of employees that EDI assisted in FY20 (206).  In FY21, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 36 business days. This is an increase from FY20. It is likely that this increase is due to multiple factors including: (1) increased provision/procurement time due to the pandemic; (2) a proportionally high number of complex cases (including reassignment); and (3) changes in staffing over the FY.  The average number of days it took managers to reach a decision on an RA request upon receipt of EDI’s recommendation was 11 business days. The average time it took from the approval of the RA request to provision of the accommodation was 11 business days. Average timeframes across the board were increased from FY20. However, 79% of all requests were processed within the maximum timeframe which is an improvement from 73% in FY20.  In terms of the top RA requests received in FY 21, the most requested RA was equipment. It made up 21% of the RAs requested. Following that, 17% of the requested RAs were for telework, 14% were for IT equipment, and 14% were for a modification to duties.  In FY21, a total of 401 NIH staff were trained in Reasonable Accommodation (231 supervisors and managers and 170 employees). EDI additionally provided Reasonable Accommodation Training to 165 employees of the Administration for Children and Families (ACF). This is a significant decrease from FY20 as we did not host any large training events. EDI is developing new Reasonable Accommodation Training Resources to be able to reach more staff. |

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.

1. 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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| In FY21 EDI continued to work with the Department of Health and Human Services (HHS) on an inter-agency agreement (IAA) to utilize HHS’s established PAS contract.  In FY21, NIH received one (1) new request for PAS in FY21 that was ultimately approved, and provision is being coordinated. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location. |

Section VI: EEO Complaint and Findings Data

EEO Complaint data involving Harassment

1. 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?

* Government wide average for Harassment = 22.1%

Yes X

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

Yes X

1. 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 did not have any findings of discrimination alleging harassment based on disability; however, there were four (4) settlement agreements.  1. Attorney’s Fees  2. Attorney’s Fees; Leave Restored and Neutral Reference  3. Lump Sum Payment; Reassignment and Leave Restored  4. Lump Sum Payment and Leave Restored |

EEO Complaint Data involving Reasonable Accommodation

1. 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?

Yes X

* Government wide average for Reasonable Accommodation = 14.3%

1. 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

1. 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 did not have any findings of discrimination involving the failure to provide a reasonable accommodation; however, there were three (3) settlement agreements.  1. Attorney’s Fees  2. Lump Sum Payment; Neutral Reference and Leave Restored  3. Attorney’s Fees; Lump Sum Payment; Expungement and Leave Restored |

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.

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

Yes X

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

Yes X

1. 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** | Considering instructions from the Equal Employment Opportunity Commission (EEOC), the Office of Equity, Diversity, and Inclusion (EDI) will continue conducting a more focused barrier analysis in FY 2021 to identify triggers and potential barriers at the GS-11 through GS-15 and SES pay scales, as compared to the goal of 12% for employees with reportable disabilities and 2% for employees with targeted disabilities.  The percentage of PWD in the GS-11 to SES cluster was 8.04% in FY 2021, which falls below the goal of 12.0%. |
| **Barrier(s)** | We have not completed the barrier analysis. Multi-year Barrier Analysis project is on-going. |
| **Additional Information Available at this Time** | **Responsible Official(s):** David Rice, Disability Employment Portfolio Strategist  **Barrier Analysis Process Completed?** No-Ongoing  **Performance Standards Address the Plan?** Yes  **Barrier(s) Identified?** No  **Sources of Data: Workforce Data** Table B1-2, B1-2 Inclusion Rate, B-4P, B6P, B7, B8, B9-2, B9-2 Inclusion Rate; and Cognos Applicant flow data from OPM & nVISION data |

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

EDI have completed year one of the multi-year barrier analysis contract. The contract has conducted preliminary trigger and barrier analyses. To summarize the work of year one, the major topics addressed are:

* Employment Outcomes
* Personnel practice including recruitment, hiring, promotion, retention, and performance evaluations
* DEIA program (including professional development, training, and learning)
* Data collection efforts
* Organizational alignment and resources for supporting DEIA
* Workplace harassment
* Transparency
* Equity for employees with disabilities

*PLACE HOLDER FOR PART G*

**R&E H Plans**

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | NIH has not yet allocated sufficient funding and qualified staffing to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews **B.4.a.3** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2019 | NIH seeks to increase the budget and staffing to fully support the success of its EEO program areas of investigations and final agency decisions. | 4/30/2020 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2020 | EDI will work with NIH leadership for alternative sources for EEO investigations and final agency decisions. | No | 9/30/2022 |  |

**Report of Accomplishments**

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| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | These services were previously provided for a fee through a central contract through HHS. On April 26, 2019, HHS informed all HHS Operating Divisions (OpDivs), including the NIH, that they contract for EEO investigations, Final Agency Decisions, EEO Counseling, Mediation services which was set to expire on 4/30/2019, would not be renewed and that OpDivs were charged with figuring out how to provide those services. On May 1, 2019, Cynthia Richardson-Crooks, J.D., Director, Equal Employment Opportunity Compliance & Operations, Department of Health and Human Services, held a conference call with the EEO Directors of the HHS OpDivs and informed them that the contract would in fact be renewed for one more year to allow the OpDivs time to put plans in place to perform these services. However, OpDivs were told that we are not permitted to put contracts in place for these services. The contract will be extended to 4/30/2020 and thereafter, services are to be provided at the OpDiv level. OpDivs were advised to evaluate internal resources to assume future investigative, mediation, FAD writing, and counseling services effective 4/30/2020. |
| **2019** | Budget submission was completed, request is still in the budget process as of 12/12/19  Dates for planned activities have been modified as needed. |
| **2020** | Budget submission was completed, request is still in the budget process as of 11/6/2020.  Received approval to hire two investigators in April 2020. Onboarded two new Investigators September and October of 2020. Requesting modification to extend this plan out to 9/30/2021, we are still waiting on approval of several other positions. We also need time to train and ramp up the investigations team. Additional time will also be need if we get approval for other positions (post, fill and onboard).  Dates for planned activities have been modified as needed. |
| 2021 | R&E received approval to fill positions for investigators and FAD writers. We have hired a total of four investigators and a FAD writer, and we are waiting to hire a Branch Director for the Investigators.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

**Agency EEO Plans to Attain the Essential Elements of a Model EEO Program**

**Statement of Model Program Essential Element Deficiency  - Closed Plan as of FY 2021**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH does not conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process **C.2.a.5** |

**Objective(s) and Dates for EEO Plan**

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2019 | Develop an automated system to track the time between when an allegation is received and the start of the inquiry. | 12/15/2021 | 3/31/2022 | 12/2/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Shelma Middleton Little, Ph.D. | Yes |
| Acting Deputy Director, Office of Equity Diversity, and Inclusion (EDI) | Kendrick T. Gibbs | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Stephon Scott | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Civil Office, OHR | Jessica Hawkins | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2021 | Civil will be adding a field in the system specifically to track the time between when an allegation is received and the start of the inquiry to ensure compliance with this requirement at the click of a button. | Yes |  | 9/16/2020 |
| 12/15/2021 | EDI will work with Civil Office to identify the average time to begin an inquiry. The percentage of timely processed inquiries will be reported in the MD-715 for FY 2021. | Yes | 3/31/2022 | 12/2/2021 |

**Report of Accomplishments**

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| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | Civil implemented an internal workflow tracking system to track all allegations of harassment and inappropriate conduct they receive. Civil also hired a contractor to manage all intake the program receives from their web intake form, toll free hotline, and direct line. The Intake Specialist begins tracking the case in the system as soon as it is received and initiates a review of the matter within 1 – 2 business days of receiving the allegation. It is then assigned to a specialist, who reviews to determine next steps. |
| **2020** | Due to the dramatic growth of the Anti-Harassment program, and strong indicators of future sustained growth, the Civil Program is continuing to expand to ensure they are adequately staffed in order carry out its mission. NIH leadership approved an additional expansion to the current structure that is made up of 9 FTEs, including 1 Supervisor over 8 specialists, and 1 contractor. The updated structure to the Civil Branch will be made up of 13 FTEs, including a Branch Chief, two supervisory team leaders, and 9 specialists split between two teams. It will also include an assistant to manage administrative logistics for the branch. This update to the staffing structure will mitigate programmatic risk by providing support to case management as well as training and outreach activities and will ensure program continuity by overseeing day to day internal operations and executing program service and administration initiatives. The two supervisory team leaders (GS-14) and assistant have been advertised and selections are underway. The additional specialist positions will be announced in early 2021. |
| **2021** | This plan is now closed.  The Civil Branch restructuring has been fully implemented and only one position shy of being fully staffed. Branch leadership works regularly with the Workforce Relations Division Management Analyst Unit to conduct caseload analysis and ensure work is distributed evening across all staff. The Team Supervisors meet with their staff on a biweekly basis to go over all active cases they are managing to ensure cases are moving forward appropriately. Civil leadership also established a second Blanket Purchase Agreement so there are now two contractor options to conduct 3rd party administrative inquiries into complex cases with high-level scope and impact. They also developed and obtained blanket OMB approval for a standard climate assessment template to assist in narrowing the scope for very general or anonymous allegations they receive.  Last year, the Civil Branch committed to adding a new data field to their automatic system to track the time more accurately between when a case is received and when the review/inquiry starts. The new field was added to the Workflow Information Tracking System (WiTS) in September 2020. Since that time, there have been 390 civil cases accurately tracked; and of these cases, specialists began an inquiry within the 10-day timeframe 96.6% of the time (390 cases) and 80.8% of the time the specialist began an inquiry within 1 day of having received the case. The leadership team has also implemented a process to ensure all specialists prioritize entering full and accurate data 100% of the moving forward.  Lastly, Civil led the NIH in updating the NIH Anti-Harassment Policy, Manual Chapter 1311, incorporating feedback from multiple stakeholders and trans-NIH groups including the Office of Equity, Diversity, and Inclusion; UNITE; the Anti-Harassment Steering Committee; the Employee and Labor Relations Branch; the Office of Management Assessment; the Office of Intramural Training and Education; the Employee Assistance Program; the Office of the Ombudsman; and the HHS Office of General Counsel.  Dates for planned activities have been modified with completion dates. |

1. **NOTES: CLF (2018) = The National Civilian Labor Force participation rates from the EEO Tabulation based on American Community Survey 5-year estimates 2014-2018. Total calculations shown may not match that derived from detail data presented due to rounding. Status and Dynamic data uploaded for NIH in the FEDSEP portal noted four individuals in prior year (FY 2020) data and one individual among agency resignations in FY 2021 for whom data on sex or gender are not available. In FY 2021, the agency took action to collect the missing demographic data. For three of the four employees; two are female and one is male. One person resigned from the agency before completing that process, and that employee’s gender data are not available.**  [↑](#footnote-ref-1)