U.S. Equal Employment Opportunity Commission

Federal Agency Annual EEO Program Status Report

EEOC Form 715-01

**Management Directive–715**

Office of Equity, Diversity, and Inclusion

National Institutes of Health

Department of Health and Human Services

For period covering

October 1, 2013 to September 30, 2014

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# PART A: Department or Agency Identifying Information

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

# PART B: Total Employment

1. **Enter total number of permanent full-time and part-time employee**: 13,681
2. **Enter total number of temporary employees**: 4,388
3. **Enter total number employees paid from non-appropriated funds**: 0
4. **TOTAL EMPLOYMENT [add lines 1 through 3]**: 18,069

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

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

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

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

# EEOC FORMS and Documents Included With This Report

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

# PART E: EXECUTIVE SUMMARY

## Agency Mission

NIH’s mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The goals of the agency are:

* To foster fundamental creative discoveries, innovative research strategies, and their applications as a basis for ultimately protecting and improving health;
* To develop, maintain, and renew scientific human and physical resources that will ensure the Nation’s capability to prevent disease;
* To expand the knowledge base in medical and associated sciences in order to enhance the Nation’s economic well-being and ensure a continued high return on the public investment in research; and
* To exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

## Organization

The NIH accomplishes its mission through Institutes and Centers primarily addressing specific disease and disorder biomedical, behavioral and social science research. Many of the Institutes and Centers have Congressional grant making authority to solicit request for applications from medical research communities throughout the nation to conduct research. Also, some of the Institutes and Centers conduct research at their respective organizations. Each Institute and Center is led by a Director, who administers the various research statutes and programs, for which the Agency is responsible. These research programs are carried out through federal employees, grantees, and contractors at the NIH headquarters located in Bethesda, Maryland. The other NIH locations include: Research Triangle Park, NC; Frederick, MD; Gaithersburg, MD; Baltimore, MD; Phoenix, AZ; Rockville, MD; and Hamilton, MT.

For more information on the NIH structure, please see the attached organizational chart.

## Building Capacity and Infrastructure for MD-715 by Using Strategic Diversity Initiatives

Under the Director’s leadership, the National Institutes of Health (NIH) Office of Equity, Diversity and Inclusion (EDI) launched an initiative to improve the overall organization’s performance and reporting in the areas covered by MD-715. EDI found that while the data was informative and the organization’s reporting met the requirements for compliance purposes, improvements were needed in order to foster organizational change and to attain a model EEO program.

Four cornerstones for sustainable change for MD-715 were established.

### Leverage

Leveraging the MD-715 core requirements that agencies develop processes for the evaluation of program effectiveness and conduct barrier identification and elimination, has allowed EDI to start impacting sustainable change at the NIH. Title VII of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act, as amended, require federal agencies to work proactively to prevent potential discrimination before it occurs and establish systems to monitor compliance with these laws. Thus we conduct annual self-assessments to monitor progress and identify areas where barriers may operate to exclude certain groups.

At the close of FY 2014, we carefully examined the NIH’s current EEO program status and compared it against each question in the agency self-assessment checklist. While this careful examination resulted in more Part H plans, it also yielded a self-assessment that is more accurate and with an eye towards excellence and continuous improvement. These Part H plans will be closely monitored by EDI in FY 2015.

Deep dive analyses were conducted to see where triggers and barriers may exist, leading towards identifying the root causes to systemic issues in equality of employment at the NIH. Initial priority focus areas were established through the barrier analysis process and additional data anomalies were identified for future research.

### Linkage

We strengthened linkages between EDI and our stakeholders in the NIH community, with the ultimate goal of bringing all parties together to work toward one common effort. We are now taking a more customer-focused approach, soliciting greater involvement from our stakeholders in the MD-715 process. This has led to a successful re-engineering of our MD-715 approach, de-emphasizing the reporting requirement, and promoting the MD-715 process as a significant initiative interconnected with the NIH’s overall performance and success.

EDI’s restructuring and rebranding reflects our customer-focused approach. We have thought deeply about ways to further our relationship with the NIH community and how to market these new services. The “Take the Pledge” ([Link to Take the Pledge Campaign](http://edi.nih.gov/pledge)) initiative and the new consulting arm ([Link to EDI Consulting Information](http://edi.nih.gov/consulting)) are some of the areas that exemplify our commitment to customer service. The changes to our portfolio, our website, and print materials were all designed with the direct intention to simplify, streamline, and improve the overall customer experience with EDI.

### Learning

In an effort to ensure that EDI staff has the knowledge necessary to sustain the change needed to support the new NIH MD-715 initiative, we are heavily investing in learning and development for the EDI team. When barriers preventing the workforce from reaching their full potential are identified, the EDI team will have completed the foundational work needed to develop sound strategies to address those barriers. We are learning how to effectively integrate strategic diversity and inclusion initiatives throughout the organization, giving leaders the tools to lead and model the change.

To address training and development on MD-715 while using strategic diversity initiatives, the EDI leadership hired a senior consultant expert in diversity and inclusion from Georgetown University, the Senior Associate Dean for Applied Management in the School of Continuing Studies and Human Resource Management. Through this consultancy, an EDI Fellows’ Program was established to educate EEO practitioners and some of our stakeholders. We also held a train-the-trainer session at Georgetown University for a new cadre of NIH diversity trainers. In FY 2015, a new NIH venue will be established to provide additional training and guidance on MD-715, diversity and inclusion.

### Leadership

Last March, the NIH Director, Dr. Francis Collins, announced the launch of the new EDI office as well as the appointment of Dr. Hannah Valantine as the Chief Officer for Scientific Workforce Diversity (COSWD). In doing so, Dr. Collins underscored the innovative, proactive spirit of the Agency and the deep understanding among leadership that diversity and inclusion are critical drivers to advance health discovery. The purpose of the office of Scientific Workforce Diversity is to develop and implement initiatives enhancing diversity and promoting equity throughout the biomedical research workforce, including the extramural and intramural components of the NIH. Together, EDI and COSWD are building a robust framework for a collaborative approach in strategic workforce diversity at the NIH.

Only by working collaboratively with other NIH leaders, will we be successful in achieving the intended results. As a tool for evaluating our progress, this year we provided a template to the IC’s to facilitate reporting on success stories and planned activities in EEO and Diversity and Inclusion. Although we have many accomplishments to report on behalf of NIH, there is more work to be done and we recognize that our work has only begun to strengthen and improve the MD-715 initiative. Please see the attached appendix on Accomplishments and Successes from EDI and the NIH ICs.

## Workforce Summary

The NIH’s total workforce (permanent, and temporary) included 18,069 employees as of September 30, 2014 according to the Business Intelligence Information System. The workforce consisted of 13,681 permanent employees and 4,388 temporary employees. While the NIH workforce numbers are decreasing yearly, by 1.6% (303) from FY 2013 to FY 2014, by 1.0% (190) individuals from FY 2012 to FY 2013, and by 0.5% (89) individuals from FY 2011 to FY 2012, the percentages for each group are relatively constant. Therefore, participation rates of populations in terms of race, ethnicity, sex, and disability status have stayed the same. The largest race/ethnicity group was White at 58.7%, followed by: Black 20.4%, Asian/Pacific Islander 17.3%, Hispanic 3.0% and American Indian/Alaska Native 0.6%. This includes 58.3% (10,527) males and 41.7% (7,542) females. Of the total workforce (18,069); 89.9% (16,237) have no disabilities, 3.1% (559) did not identify, and 7.1% (1,273) have a reportable disability. Of the 1,273 who have a disability, 220 have a targeted disability (1.2%).

## Part I Focus Areas Summary

### People with Disabilities

**a. Less than expected participation of People with Disabilities in the NIH workforce in 2014**

NIH has lower than expected participation rates of individuals with disabilities. NIH benchmarks the federal high rate of employment for people with disabilities through a comparison of government-wide participation rates. According to the Office of Personnel Management’s (OPM) report on the Employment of Individuals with Disabilities in the Federal Executive Branch, total federal employment for people with disabilities was 12.8% (234,395) at the end of FY 2013. The NIH participation rate of people with disabilities falls short of this benchmark, at 7.1% (1,273) in FY 2014.

Additionally, across the federal workforce, 18.2% (16,024) of new hires in FY 2013 were people with disabilities; as compared to new hires at NIH, 5.39% (71) of new hires in FY 2014 were people with disabilities. From FY 2013 to FY 2014, new hires increased slightly, from 5.2% to 5.4%; however, the number of people with disabilities had an overall net change of  
-3.3%.

**b. Less than expected participation of People with Targeted Disabilities in the NIH workforce in 2014**

NIH also has a lower than expected participation rate of individuals with targeted disabilities. A targeted disability is a subset of a reportable disability which includes severe disabilities such as total blindness, deafness, and missing extremities. When assessing the benchmark for individuals with disabilities, NIH benchmarks the EEOC’s “Federal Goal” of 2.00% of the total workforce represented by people with targeted disabilities. Additionally, NIH further benchmarking the HHS goal of 2.5% of the total workforce represented by people with targeted disabilities by 2015. The NIH participation of people with disabilities falls short of both benchmarks; out of the total NIH workforce, 1.2% (220) have a targeted disability. From FY 2013 to FY 2014, the number of people with targeted disabilities’ decreased by 3.1% (7).

### Hispanics

**Less than expected participation of Hispanics in the NIH workforce in 2014.**

When assessing the benchmark for race/ethnicity, NIH benchmarks the National Civilian Labor Force (CLF) from the United States Census Bureau. The FY 2014 participation rate for Hispanics (males and females combined) in the NIH total workforce (3.0% or 547) falls below the 2010 CLF rate for Hispanics (10.0%). From FY 2013 to FY 2014, Hispanic females’ participation declined at a rate of 2.6%; conversely, Hispanic males’ participation increased slightly (0.4%).

### American Indian/Alaska Native (AI/AN)

**Less than expected representation of AI/ANs in the NIH workforce in 2014.**

The FY 2014 participation rate for AI/AN males and females combined (0.55% or 100) falls below the expected AI/AN 2010 CLF rate of participation (1.08%.). From FY 2013 to FY 2014 there was no net change in the participation rate of AI/AN males and females.

### Black tenured and tenure track scientists/investigators

**Less than expected representation of Black tenured and tenure track scientists/investigators in the NIH workforce in 2014.**

The FY 2014 participation rate for Black tenure tracked scientists is lower than expected, as compared to the participation rate of blacks in the NIH total workforce (1.4% vs. 20.4%).

The FY 2014 participation rate for Black tenured scientists is lower than expected, as compared to the participation rate of blacks in the NIH total workforce (1.5% vs. 20.4%).

### Asian/Pacific Islander scientific lab and branch chiefs

**Less than expected representation of Asian/Pacific Islander scientific lab and branch chiefs in the NIH workforce in 2014.**

The FY 2014 participation rate for Asian Lab and Branch chiefs is lower than expected, as compared to the participation rate of Asians in the NIH total workforce (8.9% vs. 17.3%).

Additional barrier analysis for these groups is included in the attached appendix.

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

At the close of FY 2014, we carefully examined the NIH’s current EEO program status and rigorously compared it against the essential elements of a model EEO Program. The review revealed that while NIH is compliant under many of the compliance indicators, there are quite a few additional areas that will require attention during FY 2015. These areas will be addressed in Part H plans attached to this report, which will be closely monitored by EDI in FY 2015. Several Part H plans have been combined from within Part G into a unified plan due to the overlapping similarities across the relevant questions.

Below is a more detailed description of the compliance indicators that NIH will address during the coming fiscal year.

### Essential Element A – Demonstrated Commitment from Agency Leadership

This element requires the agency head to issue written policy statements ensuring a workplace free of discriminatory harassment and a commitment to equal employment opportunity. In FY 2014 NIH met two out of twelve measures under this element, see the Part G Checklist for more information.

New Part H plans have been developed to ensure that the remaining compliance measures are met (see Part H Plans # A.1.c. – A.3.d.). In addition, NIH has carried over two Part H Plans from FY 2013, on the EEO Policy provided to new employees and on procedures for reasonable accommodation provided at New Employee Orientation.

### Essential Element B – Integration of EEO into the Agency’s Strategic Mission

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

In FY 2014, NIH met thirteen out of twenty measures essential for a Model EEO program under this element, see the Part G Checklist for more information.

New Part H plans have been developed to ensure that the remaining compliance measures are met. In addition, NIH has carried over five Part H Plans from FY 2013 (on the State of the Agency briefing, EEO Program Officials present during human capital deliberations, EEO Director included in the agency’s strategic planning, sufficient resources to conduct a barrier analysis, and a central fund for reasonable accommodations), closed out one plan (monitoring the agency’s FEORP and DVAAP plans) that has changed from a no to a yes, and changed two “yes’s” that are not applicable because the reporting structure for EEO programs is centralized (See Part H Plans B.1.d thru B.3.d).

### 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.

In FY 2014, NIH met three out of 10 measures essential for a Model EEO program under this element, see the Part G Checklist for more information.

New Part H plans have been developed to ensure that these remaining compliance measures are met.

### Essential Element D – Proactive Prevention

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

In FY 2014, NIH met five out of ten measures essential for a Model EEO program under this element, see the Part G Checklist for more information.

NIH has carried over one combined Part H Plan from FY 2013 (See Part H Plans D.1.d thru D.1.h).”

### Essential Element E – Efficiency

This element requires that effective systems be in place for evaluating the impact and effectiveness of the agency’s EEO programs and the efficiency and fairness of the dispute resolution process.

In FY 2014, NIH met fourteen out of twenty-five measures essential for a Model EEO program under this element, see the Part G Checklist for more information.

Several Part H plans have been developed to ensure that these related compliance measures are met (see Part H Plans E.1.a thru E.5.g.) In addition, NIH has carried over three Part H Plans from FY 2013 (on the RMO having settlement authority; HR data accurate, timely, and includes all of the necessary elements for MD-715; and trends analysis in complaints processing.)

### Essential Element F – Responsiveness and Legal Compliance

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

In FY 2014, NIH met all but one of the measures essential for a Model EEO Program under this element, see the Part G Checklist for more information.

A Part H plan has been developed to ensure that this compliance measure is met.

## Complaints Trends

The number of EEO complaints increased from FY 2013 (171) to FY 2014 (178.). Reprisal is the number one alleged basis and harassment (non-sexual) is the number one issue for formal complaints. NIH has identified barriers in these areas and continues to conduct barrier analysis to address the issue of harassment in the work place. Through the in-person training, EDI is educating the NIH workforce on their rights and responsibilities in EEO. Specifically, the training serves to increase knowledge and assist in the prevention of reprisal, harassment and discrimination.

Employees are given the opportunity for due process, if there is a belief they have been aggrieved based on an employment condition, term or privilege. Employees who wish to file complaints are given the choice of traditional EEO counseling or alternative dispute resolution (ADR). Currently, the Office of the Ombudsman serves as the mediators for NIH employees who choose ADR.

**In FY 2013**

| **Issue** | **Number of Complaints** |
| --- | --- |
| Harassment (non-sexual) | 40 |
| Disability | 28 |
| Assignment of Duties | 27 |
| Time and Attendance | 18 |
| Evaluation/Appraisal | 18 |

**In FY 2014**

| **Issue** | **Number of Complaints** |
| --- | --- |
| Harassment (non-sexual) | 49 |
| Disciplinary Action | 28 |
| Assignment of Duties | 24 |
| Evaluation/Appraisal | 21 |
| Reprimand | 11 |

The source for this information was the 462 Report (2014) attached to this Report.

## Conclusion

During FY 2015, the NIH Office of Equity, Diversity and Inclusion will continue to reinvigorate the agency’s approach to MD-715. This will be accomplished by establishing and leading the following initiatives: aligning with corporate priorities, using leverage points within existing components of MD-715, promoting continual learning on EEO, diversity and inclusion, and focusing on those EEO action plans (part H, I, and J plans) that cut across all ICs. We are encouraged, as we see demonstrated evidence on collaboration among NIH stakeholders such as IC representatives and leaders that are invested, committed, and are working cooperatively to address MD-715.

The Office of Equity, Diversity and Inclusion will continue to promote MD-715 as a year-round initiative, part of the larger initiative that we have coined and named “EDI 365”.

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

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

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

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

The agency has also analyzed its work force profiles and conducted 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.

Debra C. Chew, Esq., Director, EDI,
Signature of Principal EEO Director/Official, dated 2/25/15


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

Francis S. Collins, M.D., Ph.D., Director NIH, Signature of Agency Head, dated 2/26/15


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

## Essential Element A: Demonstrated Commitment from Agency Leadership

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

|  |  |  |
| --- | --- | --- |
| **Measures for A.1. EEO policy statements are up-to-date.** | **Has** **measure has been met?** | **Brief explanation** |
| A.1.a. The Agency Head was installed on August 17, 2009. The EEO policy statement was issued on September 25, 2009.  Was the EEO policy Statement issued within 6 - 9 months of the installation of the Agency Head? If no, provide an explanation. | Yes | N/A |
| A.1.b. During the current Agency Head's tenure, has the EEO policy Statement been re-issued annually? If no, provide an explanation. | Yes | Yes, the latest policy statement was issued on 12/4/13, and the previous statement was issued on 10/26/12. |
| A.1.c. Are new employees provided a copy of the EEO policy statement during orientation? | No | The policy statement is issued electronically NIH-wide, but not issued during orientation. See Part H Plan 1. |
| A.1.d. When an employee is promoted into the supervisory ranks, is s/he provided a copy of the EEO policy statement? | No | New supervisors are not provided a copy of the EEO and D&I policy statement. See Part H Plan 2. |

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

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

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

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

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

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| **Measure for B.2. The EEO Director and other EEO professional staff responsible for EEO programs have regular and effective means of informing the agency head and senior management officials of the status of EEO programs and are involved in, and consulted on, management/personnel actions.** | **Has** **measure has been met?** | **Brief explanation** |
| B.2.a. Does the EEO Director/Officer have a regular and effective means of informing the agency head and other top management officials of the effectiveness, efficiency and legal compliance of the agency's EEO program? | Yes | N/A |
| B.2.b. Following the submission of the immediately preceding FORM 715-01, did the EEO Director/Officer present to the head of the agency and other senior officials the "State of the Agency" briefing covering all components of the EEO report, including an assessment of the performance of the agency in each of the six elements of the Model EEO Program and a report on the progress of the agency in completing its barrier analysis including any barriers it identified and/or eliminated or reduced the impact of? | No | The EDI Director did not brief the head of the agency on the State of the Agency following the submission of the 2013 MD-715 report. Updated barrier analysis has not yet been completed on the focus areas previously identified. The EDI Director had quarterly briefings with all 27 NIH components and with the Deputy Director of the NIH. See Part H Plan 8. |
| B.2.c. Are EEO program officials present during agency deliberations prior to decisions regarding recruitment strategies, vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes? | No | EDI program officials are not generally present during agency deliberations prior to decisions regarding recruitment strategies for positions that are not senior-level (e.g., SES, Title 42 senior scientists). EDI Officials are not involved in vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes. See Part H Plan 9. |
| B.2.c.1. Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions such as re-organizations and re-alignments? | No | EDI program officials are not generally present during agency deliberations prior to decisions regarding recruitment strategies for positions that are not senior-level (e.g., SES, Title 42 senior scientists). EDI Officials are not involved in vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes. See Part H Plan 9. |
| B.2.c.2. Are management/personnel policies, procedures and practices examined at regular intervals to assess whether there are hidden impediments to the realization of equality of opportunity for any group(s) of employees or applicants? **[see 29 C.F.R.** **§** **1614.102(b)(3)]** | No | EDI program officials are not generally present during agency deliberations prior to decisions regarding recruitment strategies for positions that are not senior-level (e.g., SES, Title 42 senior scientists). EDI Officials are not involved in vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes. See Part H Plan 9. |
| B.2.d. Is the EEO Director included in the agency's strategic planning, especially the agency's human capital plan, regarding succession planning, training, etc., to ensure that EEO concerns are integrated into the agency's strategic mission? | No | EDI and OHR worked on a strategic plan for the NIH Administrative Portfolio. The EDI Director will assist with the completion of the Human Capital Goals of this Strategic Plan. See Part H Plan 9. |

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

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

## Essential Element C: Management and Program Accountability

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

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

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

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| **Measures for C.3. When findings of discrimination are made, the agency explores whether or not disciplinary actions should be taken.** | **Has** **measure has been met?** | **Brief explanation** |
| C.3.a. Does the agency have a disciplinary policy and/or a table of penalties that covers employees found to have committed discrimination? | Yes | N/A |
| C.3.b. Have all employees, supervisors, and managers been informed as to the penalties for being found to perpetrate discriminatory behavior or for taking personnel actions based upon a prohibited basis? | No | The EEO Compliance Training communicates what behaviors are inappropriate in the workplace and their consequences. See Part H Plan 6. |
| C.3.c. Has the agency, when appropriate, disciplined or sanctioned managers/supervisors or employees found to have discriminated over the past two years? | No | The EDI Guidance Program in collaboration with the EDI Resolution and Equity Division established an SOP for review of a NIH non-election final decision. See Part H Plan 12. |
| If so, cite number found to have discriminated and list penalty /disciplinary action for each type of violation. | N/A | One finding of discrimination:  The complaint was accepted based on harassment in the form of a hostile work environment and discriminated against based on religion (Seventh Day Adventist), disability (physical), age (54) and retaliation (prior EEO activity).  There was a finding of discrimination based on retaliation (prior EEO activity.)  Accordingly, the agency was ordered to take the following remedial action:    1. The agency shall remove the 3.0 “Achieved Expected Results”, fully successful performance appraisal and the negative comments of the reviewing official from Complainant’s personnel record, and provide Complainant with a 5.0 excellent performance appraisal rating, with appropriate supporting comments, such as provided in the excellent performance appraisal ratings in the five previous years, for the appraisal period from January 1, 2012 to September 30, 2012.  The agency shall also provide Complainant with any award and/or additional compensation, with interest, Complainant would have received based on the excellent performance rating.  The agency shall complete these actions within sixty (60) calendar days from the date this decision becomes final.    2. The agency shall take corrective, curative, and preventive action to ensure that reprisal discrimination does not recur, including but not limited to providing eight hours (8) of training for Responsible Officials addressing their responsibility under equal employment opportunity law.  The training shall place special emphasis on prevention of reprisal discrimination.  The training shall be completed within ninety (90) calendar days from the date this decision becomes final.    3. The agency shall review the action of the responsible management officials in connection with lack of providing work assignments and the 2012 performance appraisal and take corrective or disciplinary action, as appropriate, in accordance with the agency’s disciplinary policies and procedures. The agency shall report its decision.  If the agency decides to take disciplinary action, it shall identify the action taken.  If the agency decides not to take disciplinary action, it shall set forth the reason(s) for its decision not to impose discipline.  The agency is further directed to submit a report of compliance, as provided in the statement entitled “Implementation of the Department’s Decision.”  The report shall include evidence that corrective action has been implemented.  The Agency was order to post that there was a finding of discrimination at the Rockville, MD campus. |
| C.3.d. Does the agency promptly (within the established time frame) comply with EEOC, Merit Systems Protection Board, Federal Labor Relations Authority, labor arbitrators, and District Court orders? | Yes | N/A |
| C.3.e. Does the agency review disability accommodation decisions/actions to ensure compliance with its written procedures and analyze the information tracked for trends, problems, etc.? | No | Reasonable accommodation data is not reviewed or analyzed for trends, problems, etc. Currently, Employee Relations/Labor Relations within OHR oversees the reasonable accommodation process when there is a performance or conduct issue. A complete business plan in support of a Reasonable Accommodations Program within EDI will be submitted for approval and funding.  See Part H Plan 7. |

## Essential Element D: Proactive Prevention

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

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| **Measures for D.1. Analyses to identify and remove unnecessary barriers to employment are conducted throughout the year.** | **Has** **measure has been met?** | **Brief explanation** |
| D.1.a. Do senior managers meet with and assist the EEO Director and/or other EEO Program Officials in the identification of barriers that may be impeding the realization of equal employment opportunity? | Yes | N/A |
| D.1.b. When barriers are identified, do senior managers develop and implement, with the assistance of the agency EEO office, agency EEO Action Plans to eliminate said barriers? | Yes | N/A |
| D.1.c. Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? | Yes | N/A |
| D.1.d. Are trend analyses of workforce profiles conducted by race, national origin, sex and disability? | Yes | N/A |
| D.1.e. Are trend analyses of the workforce's major occupations conducted by race, national origin, sex and disability? | No | EDI has developed and presented a five year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status. See Part H Plan 13. |
| D.1.f. Are trends analyses of the workforce's grade level distribution conducted by race, national origin, sex and disability? | No | EDI has developed and presented a five year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status. See Part H Plan 13. |
| D.1.g. Are trend analyses of the workforce's compensation and reward system conducted by race, national origin, sex and disability? | No | EDI has developed and presented a five year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status. See Part H Plan 13. |
| D.1.h. Are trend analyses of the effects of management/personnel policies, procedures and practices conducted by race, national origin, sex and disability? | No | EDI has developed and presented a five year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status. See Part H Plan 13. |

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

## Essential Element E: Efficiency

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

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| **Measures for E.1. The agency has sufficient staffing, funding, and authority to achieve the elimination of identified barriers.** | **Has** **measure has been met?** | **Brief explanation** |
| E.1.a. Does the EEO Office employ personnel with adequate training and experience to conduct the analyses required by MD-715 and these instructions? | Yes | N/A |
| E.1.b. Has the agency implemented an adequate data collection and analysis systems that permit tracking of the information required by MD-715 and these instructions? | No | EDI has worked with, HHS, OPM, and OHR to evaluate applicant flow data from USAJobs. See Part H Plan 10. |
| E.1.c. Have sufficient resources been provided to conduct effective audits of field facilities' efforts to achieve a model EEO program and eliminate discrimination under Title VII and the Rehabilitation Act? | No | Audits of field facilities’ efforts have not been conducted. See Part H Plan 14. |
| E.1.d. Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations in all major components of the agency? | No | Currently, Employee Relations/Labor Relations within OHR oversees the reasonable accommodation process when there is a performance or conduct issue. A complete business plan in support of a Reasonable Accommodation Program within EDI will be submitted for approval and funding.  See Part H Plan 7. |
| E.1.e. Are 90% of accommodation requests processed within the time frame set forth in the agency procedures for reasonable accommodation? | No | Reasonable accommodation data is not reviewed or analyzed for trends, problems, etc. Currently, Employee Relations/Labor Relations within OHR oversees the reasonable accommodation process when there is a performance or conduct issue. A complete business plan in support of a Reasonable Accommodation Program within EDI will be submitted for approval and funding.  See Part H Plan 7. |

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

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

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

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| **Measures for E.5. The agency has effective systems in place for maintaining and evaluating the impact and effectiveness of its EEO programs.** | **Has** **measure has been met?** | **Brief explanation** |
| E.5.a. Does the agency have a system of management controls in place to ensure the timely, accurate, complete and consistent reporting of EEO complaint data to the EEOC? | Yes | N/A |
| E.5.b. Does the agency provide reasonable resources for the EEO complaint process to ensure efficient and successful operation in accordance with 29 C.F.R. § 1614.102(a)(1)? | Yes | N/A |
| E.5.c. Does the agency EEO office have management controls in place to monitor and ensure that the data received from Human Resources is accurate, timely received, and contains all the required data elements for submitting annual reports to the EEOC? | No | A working group led by the Director of the Data Analytics and Customer Outreach Division will be assessing a long term analysis of OHR systems. See Part H Plan 18. |
| E.5.d. Do the agency's EEO programs address all of the laws enforced by the EEOC? | Yes | N/A |
| E.5.e. Does the agency identify and monitor significant trends in complaint processing to determine whether the agency is meeting its obligations under Title VII and the Rehabilitation Act? | No | EDI’s priority has been on entering historical data into its complaints tracking system. This will allow trends analysis to be completed. See Part H Plan 19. |
| E.5.f. Does the agency track recruitment efforts and analyze efforts to identify potential barriers in accordance with MD-715 standards? | No | NIH is working with HHS to analyze applicant flow data from USAJobs.  EDI has worked with, HHS, OPM, and OHR to evaluate applicant flow data from USAJobs. See Part H Plan 20. |
| E.5.g. Does the agency consult with other agencies of similar size on the effectiveness of their EEO programs to identify best practices and share ideas? | No | NIH has started to benchmark with other agencies to identify best practices on their EEO program. See Part H Plan 21. |

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

## Essential Element F: Responsiveness and Legal Compliance

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

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

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

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

# PART H: EEO Plan to Attain the Essential Elements of a Model EEO Program

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

A.1.c. Are new employees provided a copy of the EEO and D&I Policy statement during orientation?

**OBJECTIVE**:

Implement and track the consistent dissemination of the EEO and D&I Policy statement to new employees.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

February 1, 2016

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Collaboration with OHR on receipt of roster of new employees, bi-weekly. | October 1, 2014 |
| EDI resource table at all new employee orientations held on a bi-weekly basis. | October 1, 2014 |
| All new employees receive an e-mail providing a URL link to the EDI website notifying them of NIH EEO Policy statements and office services. | October 1, 2015 |
| NIH EEO Policy statements received in the NIH Orientation Welcome Binder, during bi-weekly orientation sessions. | February 1, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishment**:TheEDI office worked with OHR to determine where we can participate in the New Employee Orientation process. We are now participating with a table in the resource room held prior to New Employee Orientation, twice monthly. The purpose of the resource room is to allow new employees to ascertain information about the respective organizations.

**Modification**: The timelines have been extended as needed from FY 2013’s plan objective.

## Part H for Measure A.1.d

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

A.1.d. When an employee is promoted into supervisory ranks, is s/he provided a copy of the EEO policy statement?

**OBJECTIVE:**

Ensure all NIH employees promoted into the supervisory ranks are provided a copy of the EEO and D&I Policy statement.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2016

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| New managers receive an e-mail providing a URL link to the EDI website which contains the NIH EEO and D&I policy statement and the services that the Office of EDI offers. | September 30, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

This is a new plan therefore we have no accomplishments to report.

## Part H for Measure A.2.a

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

A.2.a. Have the heads of subordinate reporting components communicated support of all agency EEO policies through the ranks?

**OBJECTIVE:**

Ensure that the 27 NIH component organizations (ICs) re-issue the NIH Director's EEO and Diversity and Inclusion (D&I) Policy Statement to their workforces annually to reaffirm their commitment to the policy.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

March 31, 2015

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| EDI will develop the NIH Director's annual EEO and D&I Policy Statement to the workforce. | November 28, 2014 |
| Annually the Director of EDI will disseminate the NIH Director's Policy statement to the ICs via e-mail along with a memo from the Director of the NIH to the ICs directing them to re-issue an annual policy statement to their workforce affirming their commitment to the EEO and D&I Policy. | January 31, 2015 |
| ICs certify to the Director of EDI that they have reaffirmed the Policy Statement. | March 31, 2015 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

This is a new plan therefore we have no accomplishments to report.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

A.2.b. Has the agency made written materials available to all employees and applicants, informing them of the variety of EEO programs and administrative and judicial remedial procedures available to them?

A.2.c. Has the agency prominently posted such written materials in all personnel offices, EEO offices, and on the agency’s internal website?

**OBJECTIVE:**

Make EEO program materials (EEO guidance booklets, office brochure) available across NIH campuses and offices.

Prominently post new EEO posters across NIH campuses and offices.

Prominently post digital versions on NIH online spaces.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2017

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Distribute EDI office brochures detailing NIH’s EEO programs to all Institutes and Centers (ICs) and relative offices. | September 30, 2015 |
| Distribute EEO Quick Series booklets providing quick guidance and FAQs concerning EEO-related issues. | September 30, 2015 |
| Post new EEO posters in the frequented spaces and common areas of every IC. | September 30, 2015 |
| Provide a digital version to each IC web manager or admin for print, archiving, and saving on staff shared drives and intranets. | September 30, 2016 |
| Collaborate with IC and OHR web teams to establish web presence for EEO posters on employee and applicant pages. | September 30, 2016 |
| Create, produce, and distribute ADR materials in the same way as the brochure and QuickSeries booklets. | September 30, 2017 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishments**: Meeting requirements numbers 6 and 7 has been built into a much larger, grander strategy to redefine the employee experience with EEO policy, programs, and services at the NIH. We placed a great amount of emphasis on the creation of brand new brochures, posters, and other materials. These new materials reflect a much more modern design and utilize plain language, distilling great detail into clear bites of beneficial information.

We launched an entirely new website ([Link to EDI Website](http://edi.nih.gov/)) that has changed the face of EEO at the NIH. It neatly organizes the Agency’s anti-discrimination portfolio by the services NIH employees searched for most in previous years. We have provided contact forms for every service that send personalized emails to our customers from office branches responsible. Each branch has a required, no more than 48 hour, turn-around time for responding to EEO-related inquiries.

The site provides detailed EEO guidance for the workplace in the form of tailored toolkits for common and unique issues. Our Resolutions section offers a detailed description of the complaints process unique to various categories of employment at NIH and allows customers to file an informal complaint directly from the website using the eFile/iComplaints system.

Employees can also find helpful information about special emphasis programs, NIH’s Language Access Plan, MD-715 data and strategy, and a listing of the NIH Director’s policy statements and regulations.

The new office website is a comprehensive online space that is providing the NIH community a wealth of information about the anti-discrimination/EEO services and programs available to them. Because it works in concert with our brand new brochure and posters, employees are organically progressing from our print materials to our online presence. The website is now becoming an efficient and, thus, favored method for communicating with the office and receiving up-to-date, compliant information.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

A.3.a. Are managers and supervisors evaluated on their commitment to EEO policies and principles including their efforts to:

* 1. Resolve problems/disagreements and other conflicts in their respective work environments as they arise?
  2. Address concerns, whether perceived or real, raised by employees and following-up with appropriate action to correct or eliminate tension in the workplace?
  3. Support the agency's EEO program through allocation of mission personnel to participate in community out-reach and recruitment programs with private employers, public schools and universities?
  4. Ensure full cooperation of employees under his/her supervision with EEO office officials such as EEO Counselors, EEO Investigators, etc.?
  5. Ensure a workplace that is free from all forms of discrimination, harassment and retaliation?
  6. Ensure that subordinate supervisors have effective managerial, communication and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications?
  7. Ensure the provision of requested religious accommodations when such accommodations do not cause an undue hardship?
  8. Ensure the provision of requested disability accommodations for qualified individuals with disabilities when such accommodations do not cause an undue hardship?

**OBJECTIVE:**

Institutionalize and track the evaluations of NIH managers on their commitment to EEO policies and principles.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2019

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Develop and disseminate a toolkit on management commitment to EEO. | September 30, 2015 |
| Form a working group to examine current EEO elements included in Performance Management Plans (PMAPs) of Managers as compared to the list of EEO policies and principles provided in MD-715. Provide recommendations for addressing any discrepancies. | September 30, 2019 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

This is a new plan therefore we have no accomplishments to report.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Have all employees been informed about what behaviors are inappropriate in the workplace and what behaviors may result in disciplinary actions?

Have all employees, supervisors, and managers been informed as to the penalties for being found to perpetrate discriminatory behavior or for taking personnel actions based upon a prohibited basis?

**OBJECTIVE**:

Ensure all NIH employees are informed about the penalties for participating in discriminatory behavior and/or taking personnel actions based upon a prohibited basis.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

January 31, 2017

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Create a toolkit that addresses the table of penalties for unacceptable behavior and appropriate personnel actions. | September 30, 2015 |
| Ensure the toolkit is readily accessible via its presence on the EDI website. | September 30, 2015 |
| Create Just-In-Time Video to educate the community on inappropriate vs. appropriate behaviors in the workplace and, the penalties for unacceptable behavior. | September 30, 2016 |
| Collaborate with OHR to promote the awareness of the toolkit and/or video across the NIH via placement of the link on OHR’s website. | January 31, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

Accomplishment: The EEO Compliance training communicates what behaviors are inappropriate in the workplace and may result in disciplinary action.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

A.3.c. Have the procedures for reasonable accommodation for individuals with disabilities been made readily available/accessible to all employees by disseminating such procedures during orientation of new employees and by making such procedures available on the World Wide Web or Internet?

A.3.d. Have managers and supervisors been trained on their responsibilities under the procedures for reasonable accommodation?

B.3.a. Does the EEO Director have the authority or funding to ensure implementation of agency EEO action plans to improve EEO program efficiency and/or eliminate identified barriers to the realization of equality of opportunity?

B.4.b. Is there sufficient budget allocated to all employees utilizing, when desired, all EEO programs, including the complaint processing system and ADR, and to make a request for RA (including subordinate level reporting components)?

B.4.d. Is there a central fund or other mechanism for funding supplies, equipment and services necessary to provide disability accommodations?

C.3.e. Does the agency review disability accommodation decisions/actions to ensure compliance with its written procedures and analyze the information tracked for trends, problems, etc.?

E.1.d. Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations in all major components of the agency?

E.1.e. Are 90% of RA requests processed within the timeframe set forth in the agency procedures for RA?

**OBJECTIVE**:

Submit a complete Business Case Plan requesting the approval and funding of a RA program within EDI. This new RA branch will serve as the NIH central resource for providing basic information on the legal framework governing the employment of individuals with disabilities, and would handle the comprehensive processing of all RA requests for the NIH.

Develop an updated NIH policy and procedures on RA for EEOC approval, and disseminate to all employees.

Ensure that all managers and supervisors receive training on their responsibilities with regard to NIH’s RA procedures.

Develop a database warehouse for an RA system of records, thereby improving the timeframes to handle the RA request. Increase accuracy of RA data collected from ICs.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

January 1, 2017

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| A complete business case plan in support of the establishment of an RA Program within EDI will be submitted for approval and funding. | March 1, 2015 |
| Develop companion training to the new RA policy and procedures, for managers and employees to provide a better understanding of their rights and responsibilities in the process (depending on business case approval.) | March 1, 2015 |
| Draft a new RA policy and procedures for dissemination to the NIH workforce and new employees. Once approved by NIH senior leadership, the policy and procedures will be posted on the EDI website and will be communicated to new employees at orientation (depending on business case approval.) | April 30, 2015 |
| Recruitment of experts in the RA field who have the training and knowledge to appropriately advise managers and employees in these matters. Request 3 FTE’s dedicated to processing RA requests (depending on approval of resources.) | April 30, 2015 |
| Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs. | May 1, 2015 |
| Continue to provide limited guidance to ER/LR specialists on RA. Provide RA training to ER/LR personnel. | September 30, 2015 |
| Conduct monthly IC “data calls” for RA. | October 1, 2015 |
| Ensure that the new online NoFEAR training module identifies responsibilities with regard to RA procedures. | January 31, 2016 |
| Roll out new RA training for managers, supervisors and employees. | September 30, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishments**:

Benchmarking and capacity building for EDI to take on the RA function in the future is being conducted.

* EDI continues to provide limited guidance to OHR concerning RA requests. Currently, ER/LR within OHR oversees the RA process when there is a performance or conduct issue.
* EDI has developed an estimated cost of funding needed through its Business Case Plan. Plans were submitted in FY 2013 and FY 2014, but were not approved. This plan will be resubmitted.
* EDI has a resource table at New Employee Orientation held on a bi-weekly basis where EDI staff is available to respond to questions about RA, provide guidance, and make appropriate referrals.
* The current RA Procedures, as published in the Manual Chapter, are outdated and reference offices that no longer exist at the NIH. EDI will draft updated RA policy and procedures.
* EDI has drafted a RA training module, now in final vetting stages.
* EDI purchased a contract for an RA processing tracking system (software and technical/administrative support.)

**Modification**: FY 2013’s Part H plan to secure resources, funding, and FTE’s for the RA function and tracking in EDI has been further clarified with a goal to establish a new branch in EDI’s Guidance Education and Marketing division which would consist of a total of three FTE’s to manage the RA program

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

B.2.b. Following the submission of the immediately preceding FORM 715-01, did the EEO Director/Officer present to the head of the agency and other senior officials the “State of the Agency?” ‘

**OBJECTIVE**:

The Director, Office of Equity, Diversity, and Inclusion (EDI) will present a State of the Agency briefing covering both FY 2013 and FY 2014.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

February 28, 2015

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Workforce demographics analysis will be provided to ICs at the end of the 2nd Quarter and the 4th Quarter. | December 31, 2014 |
| The Director, EDI will present a State of the Agency briefing. | April 1, 2015 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishments**: In FY 2013’s plan objective the EDI Director met with each of the 27 Institutes/Centers organizational components and briefed their workforce demographics data to their senior leadership. This was to ensure that the NIH ICs had a real understanding of their diversity representation and trends in their workforces. In addition, the EDI Director met with the NIH Deputy Director and shared the NIH corporate demographics data by presenting the workforce demographics report to him. Further, the Director discussed the agency 462 report with the NIH Deputy Director to discuss complaint issues, bases, and challenges. But more importantly, the EDI Director discussed throughout the year strategies that EDI is implementing to correct and eliminate barriers. This is all a part of the customer outreach function of EDI; and the Director thought it was beneficial to meet individually with senior staff and with NIH senior leadership to inform, educate, and discuss solutions rather than provide the state of the agency briefing to a collective group of leaders. These discussions were targeted and allowed the components of the NIH to frame their own strategies to their unique challenges while allowing NIH corporate to identify strategies to assist the corporate challenges. This year, a briefing will be provided to the senior officials in a collective setting. Through a new advisory committee, called the “Thought Leaders” we solicited greater involvement of the NIH ICs, the Office of HR, the Chief Office for Scientific Workforce Diversity, and other Diversity Stakeholders in the MD-715 process. EDI has made progress in the integrity of the data by standing up a data analytics staff that possesses knowledge around data, data systems, and statistics. We will work on presenting information in a way where ICs can easily identify successes/areas of concern, and our office will work on providing customized feedback for future activities.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

B.2.c. Are EEO program officials present during agency deliberations prior to decisions regarding recruitment strategies, vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes?

B2.c.1. Is the EEO Director included in the agency’s strategic planning, especially the agency’s human capital plan, regarding succession planning, training, etc., to ensure that EEO concerns are integrated into the agency’s strategic mission?

B.2.c.2. Have time-tables or schedules been established for the agency to review its Merit Promotion Policy and Procedures for systemic barriers that may be impeding full participation in promotion opportunities by all groups?

B.2.d. Have time-tables or schedules been established for the agency to review its Merit Employee Recognition Awards Program and Procedures for systemic barriers that may be impeding full participation in the program by all groups?

C.2.a. Have time-tables or schedules been established for the agency to review its Employee Development/Training Programs for systemic barriers that may be impeding full participation in training opportunities by all groups?

C.2.b. Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions such as re-organizations and re-alignments?

C.2.c. Are management/personnel policies, procedures and practices examined at regular intervals to assess whether there are hidden impediments to the realization of equality of opportunity for any group(s) of employees or applicants?

**OBJECTIVE:**

To continue to solidify partnerships with the NIH OHR and continued collaboration on these important human capital areas.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

October 1, 2019

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| EDI Director will continue to meet quarterly with each of the 27 IC Executive Officers and continue to discuss their upcoming vacancies and diversity talent sourcing using social media and other targeted outreach approaches, including the use of Schedule A, to fill those upcoming vacancies. | January 4, 2015 |
| Develop a diversity and inclusion strategic plan for the NIH. We will develop a timeline, a committee, and prepare for the planning process. The strategic plan will use the NIH Foundational Model in Diversity and Inclusion to align and integrate diversity within the organization’s hiring and development policies, practices and programs. The intent is to create an organizational work culture that is diverse, inclusive, and sustainable. | September 1, 2016 |
| Recognizing that NIH may not consistently engage in succession planning in a comprehensive fashion across all ICs; but EDI will discuss an approach with OHR to begin engaging with the ICs on succession planning and formulate a process and tools to assist them. This is consistent with the Administrative Strategic Plan of the Office of Strategic Planning for Administration, Office of Management. | September 1, 2015 |
| EDI will do an examination of retirement eligibility in partnership with OHR to identify which NIH mission critical jobs will be the largest gap to fill in the next three to five years. | September 1, 2015 |
| EDI needs to develop an understanding of existing OHR outreach and recruitment strategies, including social media, to identify opportunities to target our outreach to areas of lower than expected participation—Hispanic, Native American, and Disability. Working together with OHR, formulate a diversity outreach strategy for the mission critical occupations to diversity applicant pools. | October 1, 2015 |
| EDI will identify the diverse professional affiliations for each Special Emphasis group to build relationships with. These diverse professional affiliations will be aligned to the NIH mission critical occupations. | September 1, 2016 |
| EDI will join the NIH’s Deputy Director for Management executive leadership administrative team in conducting human resource strategic workforce planning. This is one of four priorities under the Administrative Strategic Plan of the Office of Strategic Planning for Administration, Office of Management. | October 1, 2016 |
| Work with OHR, benchmark private sector to understand automation tools for diversity talent sourcing, define social media networks, diversity professional affiliations, and develop a diversity talent resource plan for the NIH mission critical occupations. | October 1, 2016 |
| Conduct benchmarking research from human resource business, public, private and academic sources and produce toolkits for managers on the topics of recruitment, outreach, vacancy projections, succession planning, selections for training/career development opportunities, and other workforce changes. | October 1, 2016 |
| Identify within EDI, the list of policies and procedures that need to be reviewed under barrier analysis and share the list with OHR. | October 1, 2016 |
| Develop a schedule for reviewing the policies and procedures and the appropriate interval for review of each. | June 1, 2017 |
| Engage in the process of implementing the interval schedule and identify the first policy for review. | January 1, 2019 |
| Proceed through the remainder of the policies and procedures until all are complete and continue the cycle for policy reviews. Identify changes and strategies as relevant. Tweak the schedule as needed. Develop a process for reviewing realignments and reorganizations prior to implementation to identify if there are any barriers. | October 1, 2019 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishment**: The EDI Director is involved in strategic planning meetings for the agency. This year, the Director of the Office of Management engaged in strategic planning with the NIH Executive Officers, the EDI Director participated and even presented on diversity and inclusion to this group. The result was a strategic plan for the administrative portfolios and one goal is in the Human Capital area. The EDI director has already been invited by the OHR Director to participate in the implementation of human capital plans, workforce plans, and succession plans for the agency and will engage in that process. The EDI Training Specialist is actively engaged on the NIH Training Committee. In that Committee, plans are made regarding leadership development training, mandatory briefings in partnership with the NIH Training Center. In addition, the EDI Director is a member of the NIH’s Administrative Training Committee, which is responsible for intern programs and the Presidential Management Fellows program for the agency. EDI is fully engaged in NIH discussions regarding training.

**Modification**: Partnerships with each of OHR’s five divisions were not implemented as planned in the prior year’s Part H plan. However, regular partnership meetings were held with OHR’s Corporate Recruitment Division.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

B.4. Are there sufficient resources to enable the agency to conduct a thorough barrier analysis of its workforce, including the provision of adequate data collection and tracking systems?

E.1.b. Has the agency implemented an adequate data collection and analysis systems that permit tracking of the information required by MD-715 and these instructions?

**OBJECTIVE**:

Develop requirements for information systems capable of capturing demographic information for Title 42 and post-doctoral applicants.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2019

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Collaborate with HHS and OPM to receive and analyze USAJOBS applicant data. | October 1, 2014 |
| Gap analysis work group will present recommendations to the NIH leadership for building a system to collect applicant flow data on those applicants not captured by USAJOBS, particularly Title 42 scientific occupations. | September 30, 2015 |
| Develop consensus within the NIH community for implementing a centralized applicant flow system for Title 42 scientific and post doc fellow positions. | September 30, 2016 |
| Provide quarterly updates for USAJOBS applicants by race/ethnicity and sex. | September 30, 2017 |
| Advocate for funding to purchase and build out the applicant flow system using a phased approach. | September 30, 2019 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishments**: TheEDI office has led the Trans-NIH Working Group to review and make recommendations for the collection and reporting on demographic information for non-USAJOBs applicants such as Title 42 and post-doctoral applicants. The committee has developed preliminary recommendations and is awaiting cost estimates for building such a system. NIH has continuously collected demographics from 2009-present, demographic data on tenure track applicants who have applied for the Earl Stadtman Tenure-Track vacancy, a trans-NIH Title 42 scientific opportunity.

EDI has been able to analyze USAJOBS FY 2013’s and 2nd Quarter FY 2014 applicant flow data in collaboration with HHS, OPM (externally) and with the NIH’s Office of Human Resources (internally).

**Modification**: Timelines have been extended as needed.

## Part H for Measure C.1.b

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

C.1.b. Do EEO program officials coordinate the development and implementation of EEO Plans with all appropriate agency managers to include Agency Counsel, Human Resource Officials, Finance, and the Chief Information Officer?

**OBJECTIVE**:

To ensure that we build a collaborative community where EDI can coordinate the development of EEO and D&I Plans and strategies for the NIH, and to ensure that all NIH managers understand the NIH plan and their role in the advancement of D&I for the NIH.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2015

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Prepare and compile an All Managers e-mail distribution list. | September 30, 2015 |
| Send out MD-715 via the Managers distribution listing – annually. | September 30, 2015 |
| Launch a D&I collaborative venue in partnership with the NIH Chief Officer for Scientific Workforce Diversity, to include representatives from Agency Counsel, OHR, Finance and the CIO. | September 30, 2015 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

This is a new plan therefore we have no accomplishments to report.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Has the agency when appropriate, discipline or sanction managers/supervisors or employees found to have discriminated over the past two years?

**OBJECTIVE**:

Ensure NIH, when appropriate, has disciplined or sanctioned managers/supervisors or employees found to have discriminated over the past two years.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

January 1, 2016

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Establish SOP for review of non-election final agency decisions resulting in a finding of discrimination for appropriate recommendations of discipline. | January 1, 2015 |
| In collaboration with HR, EDI will monitor the disciplinary actions provided to managers/supervisors or employees as a result of a finding of discrimination. | January 31, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishments**: EDI has established a Guidance Program within the Guidance, Education and Marketing Division (GEM). The Guidance Program serves as a focal point for proactive prevention and early intervention of EEO issues at the NIH by: (1) Providing guidance to managers and employees on EEO rights and responsibilities to ensure a diverse workplace free from unlawful discrimination and harassment and (2) Developing and coordinating effective EEO guidance tools and services, tailored to the individual and community needs of NIH. Based on collaboration between the Guidance Program within GEM and the Resolution & Equity (R&E) Division, an SOP has been established for review of a NIH non-election final agency decision (FAD) resulting in a finding of discrimination. The R&E Division of EDI completes the FAD, and the GEM Division, Guidance Program, reviews the FAD and makes final recommendations based on research of discipline recommended in similar EEOC decisions. The EDI formal complaints specialist monitors compliance of the FAD.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

D.1.e. Are trend analyses of the workforce’s major occupations conducted by race, national origin, sex and disability?

D.1.f. Are trend analyses of the workforce’s grade level distribution conducted by race, national origin, sex and disability?

D.1.g. Are trend analyses of the workforce’s compensation and reward systems conducted by race, national origin, sex and disability?

D.1.h. Are trend analyses of the effects of management/personnel policies, procedures and practices conducted by race, national origin, sex and disability?

**OBJECTIVE**:

Conduct trend analyses on major occupations, and grade levels.

Conduct a baseline analysis on workforce compensation and rewards to build on in future years.

Conduct a baseline analysis of management policies and practices by race, ethnicity sex and disability status to build on in future years.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2018

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Data Analytics will request resources for one analyst in FY 2015. | September 30, 2015 |
| Data Analytics will conduct the baseline analyses for compensation and rewards (contingent upon resource request.) | September 30, 2016 |
| Data Analytics will conduct the analyses for major occupations and grade levels. | September 30, 2016 |
| Data Analytics will request resources for one analyst in FY 2016. | September 30, 2016 |
| SDI will develop a listing of management policies and practices and develop a baseline analysis on the impact to employees by race/ethnicity, sex and disability status. | September 30, 2018 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishment**: TheEDI office has developed and presented a 5 year template of NIH data from 2008-2013. The template included overall NIH workforce, monetary awards, time-off awards, promotions, new hires and separations stratified by race/ethnicity, sex, and disability status from nVision human resource database.

**Modification**: Timelines have been extended as needed.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Have sufficient resources been provided to conduct effective audits of field facilities’ efforts to achieve a model EEO program and eliminate discrimination under Title VII and the Rehabilitation Act?

**OBJECTIVE**:

Conduct effective audits of field facilities’ efforts to achieve a model EEO program and eliminate discrimination under Title VII and the Rehabilitation Act.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

April 30, 2016

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Benchmark other agencies and develop an audit tool for auditing field facilities. | October 31, 2015 |
| Begin conducting effective audits of NIH field facilities’ efforts to achieve a Model EEO program. | April 30, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

This is a new plan therefore we have no accomplishments to report.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

E.3.a. Are benchmarks in place to compare the agency's discrimination complaint processes with 29 C.F.R. Part 1614?

**OBJECTIVE**:

To formulate a set of Standard Operating Procedures for our entire EEO complaints process that includes appropriate benchmarks.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2015

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Collect benchmarks on discrimination complaint processes. These benchmarks will be captured and accounted for through performance elements linked to the mandatory time frames and deadlines in the Standard Operating Procedures. | January 1, 2014 |
| Finalize Standard Operating Procedures and forms for the EEO Counseling Process. | January 30, 2015 |
| Finalize Standard Operating Procedures and forms for the Formal EEO Complaint Process. | September 30, 2015 |
| Train the staff and collateral staff on the new procedures and implement performance standards. | September 30, 2015 |
| Market and publicize to our EDI customers using communication channels and our new website. | September 30, 2015 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishment**: Over the past fiscal year, EDI has been working to develop Standard Operating Procedures for the pre-complaint process and formal complaint process. This will include standard form template letters to communicate to our customers, internal procedural matters, and benchmarks for timeframes for the EEO Counselors and Specialists.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Does the agency require all managers and supervisors to receive ADR training in accordance with EEOC (29 C.F.R. Part 1614) regulations, with emphasis on the federal government’s interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR?

**OBJECTIVE**:

To ensure that all managers and supervisors receive ADR training.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2016

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Ensure new online NoFEAR Act Training module provides information on ADR. | October 1, 2015 |
| Incorporate information about ADR in the NIH manager required training. | February 28, 2016 |
| Create, produce, and distribute ADR materials in the same way as the EDI brochure and Quick Series booklets. | September 30, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishment**: EDI has provided EEO Compliance Training for Manager and Supervisors which provides information on the ADR process and its benefits, and meets the bi-annual NoFEAR Act training requirement.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

E.4.d. Does the responsible management official directly involved in the dispute have settlement authority?

**OBJECTIVE**:

To revise the current NIH Settlement Policy to define who has settlement authority for NIH EEO cases and MSPB appeals.

**RESPONSIBLE OFFICIAL**:

Director, EDI

**DATE OBJECTIVE INITIATED**:

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2016

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Form a trans-NIH Committee to update the current NIH settlement policy. | June 1, 2015 |
| Present the current NIH policy along with legal research to the committee. | November 1, 2015 |
| Formulate final policy document and submit to the NIH Manual Chapter Process - the NIH official policy Manual. | January 15, 2016 |
| Implement the new NIH Settlement Policy once approved through the Manual Chapter Process. | September 30, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishment**: NIH currently has a settlement policy that requires that any settlement with a monetary amount above $25,000 must be taken to the settlement committee for a decision by the NIH Deputy Director on the proposed settlement amount. Any settlement below $25,000 is approved in the NIH ICs by the Executive Officers. NIH RMO's do not currently have settlement authority. The current NIH policy statement must be updated through a trans-NIH committee.

**Modification**: The timelines have been extended as needed from FY 2013’s plan objective.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Does the agency EEO office have a management controls in place to monitor and ensure that the data received from Human Resources is accurate, timely received and contains all the required data elements for submitting annual reports to the EEOC?

**OBJECTIVE**:

Collaborate with HHS on developing processes to centrally capture data on career development programs non-competitive programs in order to conduct barrier analyses. A/B-10 and A/B-12.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2019

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Work with HHS to develop process for separating out promotion types as found in BIIS Tables A-10 Non-Competitive promotions report. | September 30, 2018 |
| Work with HHS to develop a central process for capturing and stratifying career development data as found in BIIS Tables A-12 Participation in Career Development report. | September 30, 2019 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Modification:** The working groups began their ICs analysis of OHR systems and are collaborating with HHS to present recommendations on a strategic plan.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Does the agency identify and monitor significant trends in complaint processing to determine whether the agency is meeting its obligations under Title VII and the Rehabilitation Act?

**OBJECTIVE:**

To conduct trends analysis using our iComplaints tracking system for the NIH and the 27 component IC organizations.

To analyze the data and identify any trends and formulate strategies to correct recurring barriers.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2016

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| PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: | TARGET DATE (Must be specific) |
| Using iComplaints, produce EEO complaints trends reports for the NIH and 27 ICs. | February 28, 2015 |
| Conduct rigorous analyses of those reports. | January 1, 2016 |
| Develop strategies to address the trends that we see within the reports and analyses. | May 1, 2016 |
| Using the trends reports, utilize the data for barrier analysis by our Special Emphasis Portfolio Strategists. | September 30, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishments**: NIH uses iComplaints to track EEO complaints and to complete the Annual 462 Report. Prior to FY 2012, iComplaints had not been used with any consistency. Over this last year and a half, EDI has been focused on historical data entry to ensure that all of the historical EEO complaint cases have been entered into iComplaints. In addition, EDI implemented a rigorous audit process to ensure accuracy and quality of the data entry. EDI's Data Branch is in the midst of getting trained on the EEO complaint process and how to use iComplaints so that they can perform some trends analysis at the NIH corporate level.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Does the agency track recruitment efforts and analyze efforts to identify potential barriers in accordance with MD-715 standards?

**OBJECTIVE**:

Enhance recruitment tracking efforts and identify potential barriers to recruitment at NIH.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2013

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 1, 2018

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Form working group to examine OHR’s career website. Complete assessment of OHR’s career website for potential barriers. Provide recommendations for addressing any barriers found. | May 1, 2015 |
| Form working group and develop project plan for creating a recruitment sourcing toolkit. Identify NIH and IC-specific mission critical positions and specific high turnover positions. Complete development and rollout recruitment sourcing toolkit for agency. | September 1, 2015 |
| EDI Special Emphasis Portfolio Strategists will perform data analysis for their constituency group. Working with their Special Emphasis Committees they will engage in barrier analysis for their Special Emphasis group. | September 30, 2015 |
| Each Special Emphasis Portfolio Strategist will develop strategies to address barriers. | September 30, 2016 |
| EDI will formulate a project plan and timeline to conduct thorough barrier analysis over the next five years. | September 1, 2018 |
| Form working group and develop a project plan for identifying and addressing additional barriers to recruitment. | September 1, 2018 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE:**

This is a new plan therefore we have no accomplishments to report.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Does the agency consult with other agencies of similar size on the effectiveness of their EEO programs to identify best practices and share ideas?

**OBJECTIVE**:

Obtain a more efficient EEO program through benchmarking and implementation of best practices and strategies that represent a model EEO program.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

October 1, 2017

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Collaboration with National Aeronautics and Space Administration (NASA), National Science Foundation (NSF), American Academy of Aesthetic Medicine (AAAM), and American Association for the Advancement of Science (AAAS) on best practices as it relates to outreach, recruitment, retention; and diversity & inclusion strategies. | October 1, 2016 |
| Develop a strategic benchmarking plan inclusive of a wide range of practices and strategies. | October 1, 2017 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

**Accomplishment**:TheEDI office has started to benchmark other agencies.

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

**STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:**

Does the agency have control over the payroll processing function of the agency?

**OBJECTIVE**:

Coordinate the development and implementation of procedures for processing ordered monetary relief and other forms of ordered relief.

**RESPONSIBLE OFFICIAL:**

Director, EDI

**DATE OBJECTIVE INITIATED:**

October 1, 2014

**TARGET DATE FOR COMPLETION OF OBJECTIVE:**

September 30, 2016

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | **TARGET DATE (Must be specific)** |
| Meet with the NIH Payroll Office to discuss current procedures for ordered monetary and other ordered relief. | June 30, 2015 |
| In collaboration with NIH’s Payroll Office, make any necessary revisions to the procedures for ordered monetary and other ordered relief. | December 30, 2015 |
| Finalize and implement the procedures, in collaboration with NIH’s Payroll Office. | September 30, 2016 |

**REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE**

This is a new plan therefore we have no accomplishments to report.

# PART I: EEO Plan to Eliminate Identified Barrier

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| **STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:**  Provide a brief narrative describing the condition at issue.  How was the condition recognized as a potential barrier? | In FY 2015, we look to accomplish parity with the 2010 Civilian Labor Force (CLF). Using this benchmark, and based on lower than expected participation rates, proposed focus areas for 2015 include the recruitment and retention of Hispanics and American Indian/Alaskan Natives and an additional focus area for people with disabilities and targeted disabilities, in line with Executive Order 13548—Increasing Federal Employment of Individuals with Disabilities, the Federal Government Goal set by the EEOC, and the HHS goal (2.5% of the total permanent workforce). The following were identified as Focus Areas for NIH for FY 2015:   * The recruitment and retention of People with Disabilities * The recruitment and retention of Hispanics * The recruitment and retention of American Indians/Alaskan Natives   We recognized the continued need to remain dedicated to the diversity of the NIH biomedical workforce. Therefore, the recruitment of Black tenured and tenure-track scientists/investigators and the recruitment of Asian/Pacific Islander Lab and Branch Chiefs will continue to be emphasized and spearheaded by the Chief Officer for Scientific Workforce Diversity (COSWD).  Biomedical areas of Focus:   * Black tenured and tenure track scientists/investigators * Asian/Pacific Islander scientific lab and branch chiefs |
| **BARRIER ANALYSIS:**  Provide a description of the steps taken and data analyzed to determine cause of the condition. | **People with Disabilities**  **a. Less than expected participation of People with Disabilities in the NIH workforce in 2014**  NIH has lower than expected participation rates of individuals with disabilities. NIH benchmarks the federal high rate of employment for people with disabilities through a comparison of government-wide participation rates. According to the Office of Personnel Management (OPM), total federal employment for people with disabilities was 12.8% at the end of FY 2013. The NIH participation rate of people with disabilities falls short of this benchmark, at 7.1% (1,273) in FY 2014. Additionally, across the federal workforce, 18.2% (16,024) of new hires in FY 2013 were people with disabilities; as compared to new hires at NIH, 5.39% (71) of new hires in FY 2014 were people with disabilities. From FY 2013 to FY 2014, the number of people with disabilities decreased by 3.3%. New hires increased slightly, from 5.2% to 5.4% during this period.  **b. Less than expected participation of People with Targeted Disabilities in the NIH workforce in 2014**  NIH also has a lower than expected participation rate of individuals with targeted disabilities. A targeted disability is a subset of a reportable disability which includes severe disabilities such as total blindness, deafness, and missing extremities. When assessing the benchmark for individuals with disabilities, NIH benchmarks the EEOC’s “Federal Goal” of 2.00% of the total workforce represented by people with targeted disabilities. Additionally, NIH further benchmarks the HHS goal of 2.5% of the total workforce represented by people with targeted disabilities by 2015. The NIH participation of people with disabilities falls short of both benchmarks; out of the total NIH workforce, 1.2% (220) have a targeted disability. From FY 2013 to FY 2014, the number of people with targeted disabilities’ decreased by 3.1%.  **Hispanics--Less than expected participation of Hispanics in the NIH workforce in 2014.**  When assessing the benchmark for race/ethnicity, NIH benchmarks the National Civilian Labor Force (CLF) from the United States Census Bureau. The FY 2014 participation rate for Hispanic males in the NIH total workforce (1.3%) falls below the 2010 CLF rate of participation for Hispanic males (5.2%).  Similarly, the FY 2014 participation rate for Hispanic females in the NIH total workforce (1.7%) falls below the 2010 CLF rate of participation for Hispanic females (4.8%).  From FY 2013 to FY 2014, Hispanic females’ participation declined at a rate of 2.6%; conversely, Hispanic males’ participation increased slightly (0.4%).  **American Indian/Alaska Native (AI/AN)--Less than expected representation of AI/ANs in the NIH workforce in 2014.**  The FY 2014 participation rate for AI/AN males in the NIH total workforce (0.19%) falls below the 2010 CLF rate of participation for AI/AN males (0.55%).  Similarly, the FY 2014 participation rate for AI/AN females in the NIH total workforce (0.37%) falls below the 2010 National CLF rate of participation for AI/AN females (0.53%). From FY 2013 to FY 2014 there was no net change in the participation rate of AI/AN males and females.  **Less than expected representation of Black tenured and tenure track scientists/investigators in the NIH workforce in 2014.**  The FY 2014 participation rate for Black tenure tracked scientists is lower than expected, as compared to the participation rate of blacks in the NIH total workforce (1.4% vs. 20.4%).  The FY 2014 participation rate for Black tenured scientists is lower than expected, as compared to the participation rate of blacks in the NIH total workforce (1.5% vs. 20.4%).  **Less than expected representation of Asian/Pacific Islander scientific lab and branch chiefs in the NIH workforce in 2014.**  The FY 2014 participation rate for Asian Lab and Branch chiefs is lower than expected, as compared to the participation rate of Asians in the NIH total workforce (8.9% vs. 17.3%).  Additional barrier analysis for these groups is included in the attached appendix. |
| **STATEMENT OF IDENTIFIED BARRIER:**  Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition. | People with Disabilities; Hispanics; and American Indian/Alaskan Natives have lower than expected participation rates in the NIH total workforce. Furthermore, the recruitment and retention of Black tenured and tenure-track scientists/investigators and the recruitment of Asian/Pacific Islander Lab and Branch Chiefs will continue to be emphasized and spearheaded by the Chief Officer for Scientific Workforce Diversity (COSWD). These groups have been identified as the FY 2015 MD-715 focus areas and as corporate recruitment and retention priorities for NIH. |
| **OBJECTIVE:**  State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition. | EDI will return to the EEOC’s guidance on agency self-assessment and barrier analysis to conduct an even deeper self-assessment looking at the race/ethnicity, sex, and disability profile of the agency workforce data in FY 2015. EDI will continue reviewing the workforce data on an annual basis.  EDI will provide recruitment and retention strategies for People with Disabilities, Hispanics, and AI/AN employees. The COSWD will provide recruitment and retention strategies for Tenure and Tenure Tracked Scientists and Lab and Branch Chiefs. |
| **RESPONSIBLE OFFICIAL:** | EEO Director |
| **DATE OBJECTIVE INITIATED:** | Oct 1, 2014 |
| **TARGET DATE FOR COMPLETION OF OBJECTIVE:** | Sept 30, 2015 |

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| **PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:** | TARGET DATE (Must be specific) |
| EDI will continue to assess demographic data, and in particular, will examine workforce demographics stratified by NIH major occupations and across the NIH pay scales; and in relation to management positions, selections, training, awards, and separations. | September 30, 2015 |
| EDI will develop toolkits through the People with Disabilities, Hispanic, and AI/AN Special Emphasis Portfolios that will provide recruitment and retention strategies for ICs as well as NIH corporately. | September 30, 2015 |
| The COSWD will provide recruitment and retention strategies for Tenure and Tenure Tracked Scientists and Lab and Branch Chiefs. | September 30, 2015 |

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| **REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE** | In FY 2014, EDI “level-set” with current U.S. labor force data, the 2010 Civilian Labor Force (CLF). This identified where gaps at the NIH exist in terms of lower than expected participation rates along lines of race and sex.  In line with Executive Order 13548—Increasing Federal Employment of Individuals with Disabilities, the Federal Government Goal set by the EEOC, and the Department of Health and Human Services goal, we examined workforce data for people with disabilities and people with targeted disabilities.  The FY 2014 snapshot of NIH workforce demographics has provided a broad high-level awareness of where potential barriers may exist. The recruitment and retention of People with Disabilities; Hispanics; American Indian/Alaskan Natives, Black Tenure and Tenure Tracked Scientists, and Asian Lab and Branch Chiefs have been identified the FY 2015 MD-715 focus areas and as corporate priorities for NIH. |

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

## PART I: Department or Agency Information

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

## PART II: Employment Trend and Special Recruitment for Individuals with Targeted Disabilities

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| **Enter Actual Number at the:** | **beginning of FY 2014**  **Number** | **beginning of FY 2014**  **Percent** | **end of FY 2014**  **Number** | **end of FY 2014**  **Percent** | **Net Change**  **Number** | **Net Change**  **Rate of Change** |
| Total Work Force | 18,372 | 100.00% | 18,069 | 100.00% | -303 | -1.65% |
| Reportable Disability | 1,317 | 7.17% | 1,273 | 7.05% | -44 | -0.12% |
| Targeted Disability\*  \* If the rate of change for persons with targeted disabilities is not equal to or greater than the rate of change for the total workforce, a barrier analysis should be conducted (see below). | 227 | 1.24% | 220 | 1.22% | -7 | -3.08% |

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

## PART III Participation Rates in Agency Employment Programs

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Employment/Personnel Programs** | **TOTAL** | **Reportable Disability**  **Number** | **Reportable Disability Percent** | **Targeted Disability**  **Number** | **Targeted Disability**  **Percent** | **Not Identified**  **Number** | **Not Identified Percent** | **No Disability Number** | **No Disability**  **Percent** |
| 3. Competitive Promotions | 1208 | 86 | 7.1% | 14 | 1.2% | 27 | 2.2% | 1095 | 90.7% |
| 4. Non-Competitive Promotions | 646 | 42 | 6.6% | 6 | 0.9% | 13 | 2.0% | 587 | 90.9% |
| 5. Employee Career Development Programs (includes 52 cases of unknown disability status and 4 cases of unknown pay plan) | 459 | 24 | 5.2% | 3 | 0.7% | 4 | 0.9% | 379 | 82.6% |
| 5.a. Grades 5 – 12 (includes 4 unknown cases of disability status) | 44 | 2 | 4.5% | 1 | 2.3% | 1 | 2.3% | 37 | 84.1% |
| 5.b. Grades 13 – 14 (includes 29 cases of unknown disability status) | 285 | 16 | 5.6% | 2 | 5.6% | 1 | 0.4% | 239 | 83.9% |
| 5.c. Grade 15/SES (includes 13 cases of unknown disability status) | 78 | 5 | 6.4% | 0 | 0.0% | 2 | 2.6% | 58 | 74.4% |
| 6. Employee Recognition and Awards |  |  |  |  |  |  |  |  |  |
| 6.a. Time-Off Awards (Total number of awards) | 3,914 | 298 | 7.6% | 46 | 1.2% | 109 | 2.8% | 3497 | 89.4% |
| 6.b. Cash Awards (total number of awards) | 15,049 | 906 | 6.0% | 279 | 1.9% | 413 | 2.7% | 13,604 | 90.4% |
| 6.c. Quality-Step Increase | 1,280 | 82 | 6.4% | 12 | 0.9% | 19 | 1.5% | 1179 | 92.1% |

## Part IV: Identification and Elimination of Barriers

Agencies with 1,000 or more permanent employees MUST conduct a barrier analysis to address any barriers to increasing employment opportunities for employees and applicants with targeted disabilities **using FORM 715-01 PART I**.

Agencies should review their recruitment, hiring, career development, promotion, and retention of individuals with targeted disabilities in order to determine whether there are any barriers.

**Less than expected participation of People with Targeted Disabilities in the NIH workforce in 2014**

NIH has a lower than expected participation rate of individuals with targeted disabilities. A targeted disability is a subset of a reportable disability which includes severe disabilities such as total blindness, deafness, and missing extremities. When assessing the benchmark for individuals with disabilities, NIH benchmarks the EEOC’s “Federal Goal” of 2.00% of the total workforce represented by people with targeted disabilities. Additionally, NIH further benchmarks the HHS goal of 2.5% of the total workforce represented by people with targeted disabilities by 2015. The NIH participation of people with disabilities falls short of both benchmarks; out of the total NIH workforce, 1.2% (220) have a targeted disability. From FY 2013 to FY 2014, the number of people with targeted disabilities’ decreased by 3.1%

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

## Part V: Goals for Targeted Disabilities

Agencies with 1,000 or more permanent employees are to use the space provided below to describe the strategies and activities that will be undertaken during the coming fiscal year to maintain a special recruitment program for individuals with targeted disabilities and to establish specific goals for the employment and advancement of such individuals. For these purposes, targeted disabilities may be considered as a group. Agency goals should be set and accomplished in such a manner as will effect measurable progress from the preceding fiscal year. Agencies are encouraged to set a goal for the hiring of individuals with targeted disabilities that is at least as high as the anticipated losses from this group during the next reporting period, with the objective of avoiding a decrease in the total participation rate of employees with disabilities.

Goals, objectives and strategies described below should focus on internal as well as external sources of candidates and include discussions of activities undertaken to identify individuals with targeted disabilities who can be (1) hired; (2) placed in such a way as to improve possibilities for career development; and (3) advanced to a position at a higher level or with greater potential than the position currently occupied.

People with Targeted Disabilities represented 1.5% of the FY 2014 NIH permanent workforce. Although participation rates were on the increase for the five year period prior to 2013, this year’s review of NIH workforce data revealed that participation rates for people with targeted disabilities, as well as the participation rates for people with disabilities overall, decreased slightly (by 7 people) from FY 2013 to FY 2014. To correct this decrease the Disability Program Strategist will be reviewing the Institute and Centers MD-715 submission and their individual B tables to determine where we can strengthen our recruitment and retention of individuals with disabilities. The Disability Program Strategist will also be developing and installing toolkits that will provide a variety of opportunities for the Institutes and Centers to consider using to increase the employment and retention of individuals with disabilities (including targeted disabilities).

### Successes

* January 14, 2014 - Sponsored the first NIH Disability Mentoring Day (DMD), a one-day program that consisted of three components: Flash Mentoring, Job Shadowing, and Tips and Tricks for Applying to a Federal Job. There were 78 attendees, 34 NIH volunteers for the flash networking event, 30 NIH Volunteers for the job shadowing experience, and 60 attendees at the OHR workshop on “How to apply for Federal jobs”. Additionally, one Institute independently hosted 3 students from a local high school for a 2 hour mentoring program as a subset of the DMD.
* Conducted the first trio of workshops under the Disability Employment Awareness Series. This series is designed to raise awareness to disability related topics and issues, while supporting the NIH in its efforts to foster fundamental creative discoveries and innovative research strategies. The desired outcome is to bring awareness to employment barriers and strategies for success offering resources and employment solutions to increase the recruitment and retention of people with disabilities.
  + May 27, 2014, Intellectual Disabilities- Equal Employment Opportunity Commission estimates that 2.5 million Americans have an intellectual disability. The majority of adults with an intellectual disability are either unemployed or underemployed, despite their ability, desire, and willingness to engage in meaningful work in the community. Research shows that employment has been recognized as an important goal for improving the quality of life of adults with intellectual disabilities. This panel discussed the medical and educational needs of children with intellectual disabilities, the transition from the educational setting to the work environment, and the continuum of learning for the employee and manager. Attendees were able to hear the firsthand experience of a graduate of the NIH Project Search program and her current manager. Project Search is an employment program designed to provide young adults with intellectual disabilities the opportunity for independent futures. Panelists: Melissa Parisi, M.D., Ph.D., Chief, Intellectual and Developmental Disabilities Branch Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), Denise Ford, MS, RD, PMP, Director, Patient and Guest Relations, NIH Clinical Center and Steve Blanks, Director of Employment Services Seeking Equality, Empowerment, and Community for People with Developmental Disabilities (SEEC).
  + June 24, 2014, Veterans and Veterans with Disabilities - Our Nation’s Veterans bring an extraordinary array of skills and training to any position. The panel discussed the various Veteran hiring authorities and the Veteran employment programs that NIH currently supports. Panelists: Kelly Williams, Veterans Employment Program Manager, Department of Health and Human Services, Edward H. Cody, Operation Warfighter (OWF), Timothy W. Puetz, PhD, MPH, Warrior 2 Work Program (W2W), and Captain Chad Koratich, Veterans Incentive Program (VIP).
  + September 3, 2014, Obesity in the Workplace - According to the Centers for Disease Control and Prevention one in every three American adults is now considered obese, which is defined as having a body mass index (BMI) of 30 or higher, and approximately another 40 percent are overweight.. That is contributing significantly to diabetes, heart disease, stroke, and certain kinds of cancer. The panel discussed the effects of obesity and accommodations for health conditions associated with obesity. Panelists: Tiffany M. Powell-Wiley, M.D., M.P.H., Assistant Clinical Investigator, Social Determinants of Obesity and Cardiovascular Risk, National Heart, Lung and Blood Institute, Kevin Hall, Ph.D., Senior Investigator, Laboratory of Biological Modeling, National Institute of Diabetes and Digestive and Kidney Diseases, and Marc L. Reitman, M.D., Ph.D., Chief, Diabetes, Endocrinology, and Obesity Branch, Chief, Diabetes, Endocrinology, and Obesity Branch, Energy Homeostasis Section, National Institute of Diabetes and Digestive and Kidney Diseases.
* October 2014, NIH Director issued a statement announcing Disability Employment Awareness Month and highlighted contributions individuals with disabilities make at NIH. During this same month, we engaged in an inclusion Twitter Campaign; each day at 10:00 a.m. we provided a different inclusion tip, each week covered a different theme. The themes were: Week 1 – A warm welcome matters, Week 2 – People first language, Week 3 – Inclusive Interviewing, and Week 4 – Check your assumptions.
* We continue to support the Workforce Recruitment Program (WRP) and successfully increased our WRP interns to 6 in FY 2014.

### Action Plans

* EDI will continue to develop strategies and implement targeted recruitment plans to increase individuals with disabilities in the candidate pools.
* EDI will publicize on our website, best practices from organizations that have taken proactive steps and demonstrated an increase in hiring of individuals with targeted disabilities.
* Review hiring processes, specifically those for major occupation categories, to provide recommendations on the removal of barriers in the inclusion of candidates with disabilities and targeted disabilities.
* Advocate the use of various resources, programs, and services available for the recruitment and employment of individuals with disabilities, to include: State Vocational Rehabilitation agencies; Employer Assistance Referral Network; Schedule A Hiring Authority; Workforce Recruitment Program; Department of Labor Office of Disability Employment Policy; and Veterans Administration special programs for service members.
* Create a recruitment network to publicize NIH job opportunities as widely as possible, for example: regularly email the disability community through Vocational Rehabilitation providers and other organizations with wide readership of people with disabilities.
* Provide managers, supervisors, employees, and EEO and HR practitioners training on special hiring authorities and disability guidance, to include: the Rehabilitation Act, American with Disabilities Act Amendment Act, EEOC guidance on reasonable accommodation, NIH and HHS policy on reasonable accommodations, and the availability of assistive technology through the Department’s MOU with the Department of Defense Computer/Electronics Accommodation Program (CAP), as well as, highlight other programs that are applicable.
* Establish a committee to review and revise the policy and internal procedures on the use of NIH centralized interpreting services and Computer Aided Realtime Translation (CART).
* Continue the Disability Employment Awareness Series in FY 2015. Proposed workshops include:
* Expanding the Talent Pool - This workshop will highlight employment programs specific to the recruitment of people with disabilities, for example AAAS-Entry Point and the Workforce Recruitment Program. Outcome: Provide resources for increasing the recruitment/retention of people with disabilities (including targeted disabilities).
* Assistive Technology Showcase – The Assistive Technology Showcase builds upon NIH's commitment to provide assistance and demonstrates capabilities for employees with disabilities. It will provide information and self-guided, online demonstrations of software and hardware designed to help eliminate technological barriers for people with vision, mobility, hearing and speech disabilities and musculoskeletal disorders. Products demonstrated will include: reading systems for blind, low vision and learning disabilities; screen access for the blind; ergonomic and adjustable keyboards; alternative pointing devices; notetakers; word prediction software; and height adjustable workstations. Outcome: Provide strategies for retaining employees with disabilities by bringing awareness to technology that can help employees be successful in their jobs.
* Disability Etiquette - People first language and basic disability etiquette. What we say, how we say it and how we approach people matters. This workshop will focus on putting people first in our language and provide a basic understanding of disability etiquette to help make people feel more comfortable when interacting with coworkers and supervisors with disabilities and can help prevent awkward situations. Outcome: Contribute to the retention of employees with disabilities by providing inclusion tips to the NIH workforce.
* Hold Community Conversations – This is a listening session whereby NIH will have the opportunity to start a conversation with employees regarding what they perceive are the challenges at the NIH that effect the retention and development of employees with disabilities, as well as to brainstorm on solutions for the challenges.
* Build toolkits that support recruitment and retention strategies for people with disabilities.

Continue to brief NIH leadership on agency statistics, highlighting triggers of potential barriers.