

Affirmative Action Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities

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

Section I: Efforts to Reach Regulatory Goals

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

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

- | | |
|--------------------------------|------------|
| a. Cluster GS-1 to GS-10 (PWD) | Answer No |
| b. Cluster GS-11 to SES (PWD) | Answer Yes |

The percentage of PWD in the GS-11 to SES cluster was 7.0% in FY 2018, which falls below the goal of 12.0%. Reference: Table B-4

*For GS employees, please use two clusters: GS-1 to GS-10 and GS-11 to SES, as set forth in 29 C.F.R. § 1614.203(d)(7). For all other pay plans, please use the approximate grade clusters that are above or below GS-11 Step 1 in the Washington, DC metropolitan region.

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

- | | |
|---------------------------------|------------|
| a. Cluster GS-1 to GS-10 (PWTD) | Answer No |
| b. Cluster GS-11 to SES (PWTD) | Answer Yes |

The percentage of PWTD in the GS-11 to SES cluster was 1.1% in FY 2018, which falls below the goal of 2.0%. Reference: Table B-4

Grade Level Cluster(GS or Alternate Pay Planb)	Total	Reportable Disability		Targeted Disability	
	#	#	%	#	%
Numarical Goal	--	12%		2%	
Grades GS-1 to GS-10	1749	199	11.38	53	3.03
Grades GS-11 to SES	11098	658	5.93	63	0.57

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

Through various presentations made by the EDI Director, Disability Program Manager, and other EDI staff, the agency has made clear its commitment to meeting the numerical goals set forth under Section 501; 12% and 2% for PWD and PWTD, respectively. This information was provided in the NIH State of the Agency report and discussed in quarterly outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG) and HR Liaison Group. In each of these meetings, we shared the EEOC's concern about high concentrations of people with disabilities at the lower grades, and lower than expected numbers of individuals with disabilities occupying positions at the higher grades. Therefore, we are

conducting separate analyses on the grade level clusters of GS 1 through GS 10, and GS 11 through SES, to identify potential barriers that may exist. Also, in FY 2018, we hosted a National Disability Employment Awareness Month event with the theme “Inclusion Drives Innovation: Hiring and Retention of People with Disabilities and Targeted Disabilities. A panel was developed to discuss how People with Disabilities contribute to the workforce at NIH as well as what NIH does to hire People with Disabilities. The panel consisted of an NIH Principal Scientific Investigator, an HR Cooperate Recruitment representative as well as the Veterans Program Manager.

Section II: Model Disability Program

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

A. PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM

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

Answer Yes

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

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing applications from PWD and PWTD	1	0	0	Sheila Monroe, NIH Selective Placement Coordinator monroes@od.nih.gov
Answering questions from the public about hiring authorities that take disability into account	0	0	2	Sheila Monroe David P. Rice Jr David.Rice@nih.gov
Processing reasonable accommodation requests from applicants and employees	7	0	0	Maria Gorrasi gorrasim@od.nih.gov edi.ra@mail.nih.gov
Section 508 Compliance	1	0	3	Andrea Norris Chief Information Officer NorrisAT@mail.nih.gov
Architectural Barriers Act Compliance	0	1	0	Soussan Afsharfar NIH Senior Architect Soussan.afsharfar@nih.gov
Special Emphasis Program for PWD and PWTD	1	0	0	David P. Rice Jr NIH Disability Portfolio Strategist, David.Rice@nih.gov

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

Answer Yes

NIH has provided the disability program staff with the following training: • The NIH OCIO Section 508 Team participates in federal training and workshops to support new initiatives, changes to legislation and sharing of best practices. The training includes

events sponsored by the US Access Board on the revised Section 508 standards, GSA trainings specific to implementing the revised standards, technical training and new tools designed to assist in meeting the revised standards as well as HHS training on the new website compliance scanning tool. • American Institute of Architects (AIA) continuing education program to get up to date on the new U.S. Access Board’s rulings • NIH EEO Compliance Training for Managers, Supervisors, and Employees • Events sponsored by the U.S. Access Board on the ABA/ADA Standards updates for Building & Sites • Living Future Unconference, Living Building Challenge, and Living Community Challenge certification program define the most advanced measure of sustainability in the built environment. The certification includes Equity as an imperative that covers Universal Access to Nature +Place, Universal Access to Community Services and Just Organizations that would acquire credits for certification. • 32-hour Federal EEO new counselor training required by EEOC • Reasonable Accommodation training provided by EEOC

B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

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

Answer Yes

Section III: Program Deficiencies In The Disability Program

Brief Description of Program Deficiency	A.2.a.2. Reasonable accommodation procedures? [see 29 CFR § 1614.203(d)(3)]		
Objective	Disseminate reasonable accommodation procedures to all NIH staff.		
Target Date	Mar 31, 2019		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Feb 28, 2019		Finalize NIH’s Reasonable Accommodations policy and procedures and update the current manual chapter on RA.
	Mar 31, 2019		Disseminate RA Policy & Procedures to all NIH staff via an all-hands email with a link to the posting on the EDI website.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	

Brief Description of Program Deficiency	A.2.b.3. Reasonable accommodation procedures? [see 29 CFR § 1614.203(d)(3)(i)] If so, please provide the internet address in the comments column.		
Objective	Post reasonable accommodation procedures throughout the workplace and on the NIH public website.		
Target Date	Mar 31, 2019		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Mar 31, 2019		Post approved NIH RA Policy and Procedures throughout the NIH, including prominent locations, and on the EDI website.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	

Brief Description of Program Deficiency	A.2.c.3. Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often.		
Objective	Develop and disseminate RA resources to the NIH community.		
Target Date	Dec 31, 2020		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Dec 31, 2020		Develop and disseminate RA resources to the NIH community to include a Diversity, EEO, and RA “flip guide”.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	

Brief Description of Program Deficiency	C.2.b. Has the agency established disability reasonable accommodation procedures that comply with EEOC’s regulations and guidance? [see 29 CFR §1614.203(d)(3)]		
Objective	Establish a process for timely processing and tracking of all NIH reasonable accommodation requests.		
Target Date	Jan 30, 2020		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Jan 30, 2020		Establish a process for timely processing and tracking of all NIH reasonable accommodation requests.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	

Brief Description of Program Deficiency	C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If “no”, please provide the percentage of timely-processed requests, excluding ongoing interpretative services, in the comments column.		
Objective	Establish a process for timely processing and tracking of all NIH reasonable accommodation requests.		
Target Date	Dec 31, 2020		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Dec 31, 2020		Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan. In FY 2018 NIH received approximately 327 Reasonable Accommodation (RA) requests. Of the 327 RA requests, a cumulative total of 297 (between 81% - 88%) were filled in a timely fashion according to NIH RA procedure guidelines.	

Brief Description of Program Deficiency	C.2.c. Has the agency established procedures for processing requests for personal assistance services that comply with EEOC's regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR §1614.203(d)(6)]		
Objective	Establish procedures for processing requests for personal assistance services.		
Target Date	Apr 30, 2019		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Apr 30, 2019		Develop SOPs to specifically address the provision of personal assistance services utilizing HHS's contract vehicle.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH's RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	

Brief Description of Program Deficiency	C.2.c.1. Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR §1614.203(d)(5)(v)] If "yes", please provide the internet address in the comments column.		
Objective	Post procedures for processing requests for Personal Assistance Services on the NIH public website.		
Target Date	May 30, 2019		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	May 30, 2019		Post procedures for processing requests for Personal Assistance Services on the NIH public website.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH's RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	

Brief Description of Program Deficiency	C.3.b.6. Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]		
Objective	Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on providing reasonable accommodations.		
Target Date	Sep 30, 2021		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Sep 30, 2019		Develop a proposal of recommendations a guidance document for rating officials to evaluate the performance of managers and supervisors on providing reasonable accommodations.
	Dec 30, 2019		EDI will work with OHR to formulate viable plans to develop a guidance document for rating officials to evaluate the performance of managers and supervisors.
	Sep 30, 2020		Implement guidance document.
	Sep 30, 2021		Evaluate the effectiveness of guidance document.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	

Brief Description of Program Deficiency	C.4.e.1. Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]		
Objective	Establish a process for the EEO office to collaborate with the HR office to implement the Affirmative Action Plan for Individuals with Disabilities.		
Target Date	Sep 30, 2020		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Jan 31, 2020		EDI will work with OHR to formulate viable plans to implement the Affirmative Action Plan for Individuals with Disabilities.
	Jul 30, 2020		Explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database.
	Aug 30, 2020		Provide training to all hiring managers on the use of hiring authorities that take disability into account. Training should also include upward mobility strategies for PWD.
	Sep 30, 2020		When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A, 30% Disabled Veteran), create a standardized process for determining if the individual is eligible for appointment under such authority. If so, forward the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently. The NIH's Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973.	

Brief Description of Program Deficiency	D.1.c. Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR §1614.203(d)(1)(iii)(C)]		
Objective	EDI will work with OHR, COSWD, and other NIH stakeholders through the working group to establish and conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.		
Target Date	Jun 30, 2025		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Jun 30, 2024		EDI will work with OHR to formulate viable plans to conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.
	Sep 30, 2024		Review NIH and IC's current policies and standard operating procedures on the exit interview and survey process to ascertain more detailed information on triggers impacting separations among PWD and PWTD.
	Jun 30, 2025		Recommend exit interview questions related to PWD and PWTD to be implemented across all 27 ICs and the NIH.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	

Brief Description of Program Deficiency	D.4.a. Does the agency post its affirmative action plan on its public website? [see 29 CFR §1614.203(d)(4)] If yes, please provide the internet address in the comments.		
Objective	Post the Affirmative Action Plan for People with Disabilities on the EDI website.		
Target Date	Jul 30, 2019		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Mar 31, 2019		DID Division will initiate a request to TMC Branch via the Marketing and Communications Request form to add the Part J Affirmative Action Plan to the EDI website.
	Apr 30, 2019		Upon completion of the Part J Affirmative Action Plan, TMC will do a Section 508 test of the plan and send it back to EDI's DID Division and DID will complete the 508 remediations.
	May 30, 2019		TMC will create the design for a new Part J page on our website that includes the Affirmative Action Plan.
	Jul 30, 2019		TMC will develop and implement the new Part J page on our website that includes the Affirmative Action Plan.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishment to report currently.	

Brief Description of Program Deficiency	D.4.b. Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR §1614.203(d)(1)(i)]		
Objective	Establish an outreach and recruitment process for the EEO office to collaborate with the HR office to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies.		
Target Date	Jun 30, 2022		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Jul 31, 2019		Utilize the biannual updates for USAJobs applicants stratified by disability status in barrier analysis.
	Sep 30, 2021		EDI will work with OHR to formulate viable plans to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including establishing a shared tracking process for an applicant flow tracking system, as well as, outreach for Schedule A and Disabled Veterans hiring authorities.
	Jun 30, 2022		Establish an outreach and recruitment process for EDI to collaborate with OHR to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including a shared tracking process for EDI and OHR.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	

Brief Description of Program Deficiency	D.4.c. Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR §1614.203(d)(1)(ii)(A)]		
Objective	Establish a shared tracking process for EDI and OHR to ensure that disability-related questions from members of the public are answered promptly and correctly.		
Target Date	Jun 30, 2022		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Jun 30, 2022		EDI will work with OHR to formulate viable plans to ensure that disability-related questions from members of the public are answered promptly and correctly.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	

Brief Description of Program Deficiency	D.4.d. Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR §1614.203(d)(7)(ii)]		
Objective	Establish a process for the EEO office to collaborate with the HR office to increase the number of persons with disabilities and targeted disabilities employed at the NIH until it meets the goals.		
Target Date	Mar 31, 2021		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Nov 30, 2019		EDI will work with OHR to formulate viable plans to conduct an outreach initiative with NIH's hiring managers and recruiters to communicate numerical goals for PWD and PWTD and increase conversions of Schedule A candidates.
	Jan 31, 2020		EDI will work with OHR to formulate viable plans to explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database.
	Mar 31, 2021		EDI will work with OHR to formulate viable plans to establish a process for the EEO office to collaborate with the HR office to set annual hiring and retention goals to increase the number of persons with disabilities and targeted disabilities over the next three years.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	

Brief Description of Program Deficiency	E.4.b. Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]		
Objective	Resurvey the workforce for disability and other demographic data updates, pending HHS's system solution to permit individual employees to check their identification and make changes.		
Target Date	Jun 30, 2020		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Jun 30, 2020		EDI will work with OHR to formulate viable plans on resurveying the workforce for disability and other demographic data updates, pending HHS's system solution to permit individual employees to check their identification and make changes.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	

Section IV: Plan to Recruit and Hire Individuals with Disabilities

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

A. PLAN TO IDENTIFY JOB APPLICATIONS WITH DISABILITIES

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

Over the last fiscal year, the agency continued to utilize the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. Most positions at the NIH have been under hiring control, which for each position requires approval through a committee. As such, the agency developed the following multi-year recruitment strategy to assist with recruitment efforts: • Office of Human Resources (OHR) Corporate Recruitment Unit (CRU): in FY 2018, five Workforce Recruitment Program (WRP) Interns were selected for summer internships at NIH. Two of the WRP internships were extended beyond their initial appointments. • CRU participated in the DC Diversity Employment Career Fair to share information on job opportunities at the NIH. • CRU also participated in the Gallaudet University Career Fair in partnership with HHS where we share information on NIH Internship Opportunities such as the Pathways and the OITE Summer Internship Programs. Over the last fiscal year, the agency continued to utilize the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. Most positions at the NIH have been under hiring control, which for each position requires approval through a committee. As such, the agency developed the following multi-year recruitment strategy to assist with recruitment efforts: • Office of Human Resources (OHR) Corporate Recruitment Unit (CRU): in FY 2018, five Workforce Recruitment Program (WRP) Interns were selected for summer internships at NIH. Two of the WRP internships were extended beyond their initial appointments. • CRU participated in the DC Diversity Employment Career Fair to share information on job opportunities at the NIH. • CRU also participated in the Gallaudet University Career Fair in partnership with HHS where we share information on NIH Internship Opportunities such as the Pathways and the OITE Summer Internship Programs. Highlights from the NIH Institutes and Centers • National Institute of Neurological Disorders and Stroke (NINDS) partnered with SEEC (Seeking Employment, Equity, and Community for People with Developmental Disabilities) and Ivymount to launch Project Search 2.0. NINDS partnered with multiple ICs to establish development sites for seven interns. Each rotation provides the intern(s) with multi-layered opportunities for growth and development, with the goal of finding employment. More information on Project Search is available at <https://www.projectsearch.us/>. • National Institute of Nursing Research launched a communication strategy on Disability Etiquette to ensure colleagues, grantees, and clinical trial participants ensure respect, dignity and practice proactive and inclusive non-discriminatory practices in the workplace and clinical settings. • National Human Genome Research Institute performed a community health project with Gallaudet University to launch a film to address inequities in language access among the Deaf and Hard of Hearing communities. The message promoted was the importance of genetic screening for individuals who have a family health history of breast cancer. • National Eye Institute completed the 8th year of Diversity in Vision Research & Ophthalmology with 23.5% of the accepted applicants have identified as having a Disability.

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

In FY 2018 (as of 9/30/18), NIH hired 25 permanent employees under the Schedule A Authority. There was a decline in hiring due to the hiring freeze mandated by the Presidential Memorandum Regarding the Hiring Freeze (effective January 23, 2017) and the implementation of the Hiring Controls Committee which subsequently reduced the overall hiring of employees agency-wide. Source: Table B7

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

The OHR Corporate Recruitment Unit (CRU) continues to regularly engage in recruitment and outreach activities with job seekers with disabilities, and we also received unsolicited resumes and Schedule A Certification Letters. Potential candidate information is collected and placed in an internal database that is utilized for referrals. This information includes the Schedule A Certification Letter obtained by the candidate in compliance with the Schedule A hiring authority requirements. As part of the pre-recruitment process, NIH hiring managers are informed of the non-competitive Schedule A Hiring Authority by the HR Specialists. As a result, the HR Specialists will contact CRU with their upcoming or current staffing needs to request qualified candidates from the internal applicant database before posting the vacancy. Source: Corporate Recruitment Office

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

Answer No

In FY 2018, the NIH Office of Human Resources provided training to 30 hiring managers on the use of hiring authorities that is inclusive of PWD and PWTD. At the current time, the Schedule A training is provided upon request. In FY 2019 we will discuss strategies in developing a process that will ensure that all hiring managers are provided training and made aware of the hiring authorities that take disability into account. Source: Corporate Recruitment Unit

B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS

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

The agency continues partnerships with the Workforce Recruitment Program, Gallaudet University, Rochester Institute of Technology, the Maryland Division of Rehabilitation Services, University of Maryland, Deaf in Government, the National Association of the Deaf, and Next Level Transition Consulting. Source: Corporate Recruitment Unit

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

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

- a. New Hires for Permanent Workforce (PWD) Answer Yes
- b. New Hires for Permanent Workforce (PWTD) Answer Yes

In FY 2018, the rate of new permanent hires for PWD is 5.7%. Source: Table B8 For PWTD, the rate of new permanent hires is 0.22%. Source Table B8

New Hires	Total (#)	Reportable Disability		Targeted Disability	
		Permanent Workforce (%)	Temporary Workforce (%)	Permanent Workforce (%)	Temporary Workforce (%)
% of Total Applicants					
% of Qualified Applicants					
% of New Hires					

2. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission- critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires for MCO (PWD) Answer Yes
- b. New Hires for MCO (PWTD) Answer Yes

Currently DHHS’s BIIS Table B7 Data does not include the Applicant Flow Data. We obtained access to the USAJOB applicant flow data via COGNOS to identify the FY2018 qualified applicant pool benchmark. The data was downloaded on January 8, 2019. The benchmark was then compared to the new hires data provided by Table B7. It is important to note that there could be data gaps between COGNOS and the BIIS table, which makes comparison across databases problematic. In FY 2019 we will coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions. In addition, the total number of new hires for some MCOs could be very low and the percentage of PWD or PWTD in these occupations should be interpreted with caution (MCOs with fewer than 10 new hires are marked with *). We excluded MCOs with fewer than 5 new hires. With the available data, we have identified the following mission-critical occupations to having a lower new hires rate for PWD and/or PWTD percentages than the rate in the qualified applicant pool: Cognos Applicant Flow-Benchmark BIIS Table B7 MCOs PWD % in Qualified Applicant Pool PWTD % in Qualified Applicant Pool PWD % in New Hires PWTD % in New Hires Total # New Hires Trigger PWD (Y/N) Trigger PWTD (Y/N) 0343 Management and Program Analysis* 6.0% 2.0% 16.7% 0% 6 No Yes 0401 General Natural Resources Management and Biological Sciences* 2.7% 2.0% 0% 0% 5 Yes Yes 0601 General Health Science 3.6% 1.2% 0% 0% 63 Yes Yes 0602 Medical Officer 6.2% 5.8% 0% 0% 26 Yes Yes 0610 Nurse 1.8% 0.6% 1.2% 0% 82 Yes Yes 0644 Medical Technologist 0% 0% 0% 0% 29 No No 1102 Contracting 5.7% 2.4% 4.5% 0% 22 Yes Yes 2210 Information Technology Management 3.7% 1.9% 0% 0% 20 Yes Yes

New Hires to Mission-Critical Occupations	Total (#)	Reportable Disability		Targetable Disability	
		Qualified Applicants (%)	New Hires (%)	Qualified Applicants (%)	New Hires (%)
Numerical Goal	--	12%		2%	

3. Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified internal applicants for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Qualified Applicants for MCO (PWD) Answer N/A
- b. Qualified Applicants for MCO (PWTD) Answer N/A

At this time, OPM COGNOS, and DHHS Tables B3-1, B8, and B11 (DHHS/NIH) do not provide this data in the manner requested. We have developed a H plan to address this matter (H Plan C.4.c). We will work with the Office of Human Resources to gather necessary information on qualified internal applicants for mission-critical occupations that will allow us to identify potential triggers that may exist. Our target completion date is October 31, 2019.

4.

Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among employees promoted to any of the mission- critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Promotions for MCO (PWD) Answer Yes
- b. Promotions for MCO (PWTD) Answer Yes

Currently DHHS’s BIIS Table B7 Data does not include the Applicant Flow Data. We obtained access to the USAJOB applicant flow data via COGNOS to identify the FY2018 qualified applicant benchmark of the internal competitive promotions pool. The data was downloaded on January 8, 2019. The benchmark was then compared to the internal competitive promotions data provided by Table B9. It is important to note that there could be data gaps between COGNOS and the BIIS table, which makes comparison across databases problematic. In FY 2019 we will coordinate with the OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions. In addition, the total number of internal promotions for some MCOs could be very low and the percentage of PWD or PWTD in these occupations should be interpreted with caution (MCOs with fewer than 10 internal competitive promotions are marked with *). We excluded MCOs with fewer than 5 internal competitive promotions. With the available data, we have identified the following mission-critical occupations to having a lower new hires rate for PWD and/or PWTD percentages than the rate in the qualified applicant pool: Cognos Applicant Flow-Benchmark BIIS Table B9 MCOs PWD % in Qualified Applicant Pool PWTD % in Qualified Applicant Pool PWD % in Internal Competitive Promotions PWTD % in Internal Competitive Promotions Total # Internal Competitive Promotions Trigger PWD (Y/N) Trigger PWTD (Y/N) 0201 Human Resources Management* 16.9% 6.7% 0% 0% 7 Yes Yes 0341 Administrative Officer 5.8% 3.3% 5.4% 0% 37 Yes Yes 0343 Management and Program Analysis 11.6% 5.8% 10.3% 0% 39 Yes Yes 0401 General Natural Resources Management and Biological Sciences 5.0% 6.0% 6.4% 2.1% 47 Yes No 0601 General Health Science 3.0% 1.3% 6.7% 0.7% 150 No Yes 0644 Medical Technologist* 0% 0% 0% 0% 6 No No 1102 Contracting 7.8% 3.7% 10.0% 0% 20 No Yes Although there were internal promotions in 610 (Nurse) indicated in Table B9, there was no available applicant flow data to compare. Source: Table B9 & COGNOS

Section V: Plan to Ensure Advancement Opportunities for Employees with Disabilities

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

A. ADVANCEMENT PROGRAM PLAN

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

The NIH is committed to providing opportunities for advancement among all employees, including people with disabilities and people with targeted disabilities. We currently offer a wide range of career development and training opportunities through the NIH Training Center, the HHS Learning Management System, and the individual Institutes and Centers which comprise our organization. Such opportunities help position all NIH employees for advancement within their current positions and beyond. Also, we offer two targeted programs that offer clear opportunities for advancement among our staff, the NIH Management Intern Program (MI) and the NIH Presidential Management Fellows Program (PMF). Through these programs, staff complete two years of rotational assignments in a variety of administrative and scientific offices across the NIH. Upon completion of the program, alumni of the program exit with positions at the FPL levels of GS-12 (MI) and GS-13 (PMF). This FPL remains the same regardless of the staff members GS level upon entry into the program. Historically, people with disabilities and people with targeted disabilities have been accepted into and completed these programs. The Office of Equity, Diversity, and Inclusion is developing a career advancement toolkit to release to the NIH community during FY 2019. This toolkit seeks to provide resources on career advancement for NIH employees at all levels. It focuses on three distinct, but related areas that are important for career advancement —professional development (enhancing the soft and technical skills required for the position of interest), network building (mastering the human connection), and leadership development (preparing for management).

B. CAREER DEVELOPMENT OPPORTUNITES

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

The NIH offers an array of training and career development opportunities to all employees through multiple venues in our organization. Training and development opportunities offered through the NIH Training Center, the NIH Library, the Center for Information Technology, and individual Institutes and Centers. These opportunities include classes providing technical information on administrative systems (e.g. travel, time and attendance, budget and acquisitions management, Microsoft Office), classes on professional development (e.g., Project Management, Managing Up, Change Management) and formal leadership development programs (the NIH Management Seminar Series, the NIH Management Intern Program, the NIH Mid-Level Leadership Program, the NIH Senior Leadership Program, and the NIH Executive Leadership Program). The NIH offers several career development opportunities to its staff. We participate in the Presidential Management Fellows program, as well as, the Pathways and Recent Graduates programs to provide opportunities to new members of the Federal workforce. Also, we have a large summer internship program for students at the undergraduate and graduate levels and post-baccalaureate, post-masters, and post-doctoral fellowship programs. While we have demographic information on selectees for the below programs, we are continuing to develop a process for identifying the requested data on applicants. We are working with the following offices: • NIH Office of Intramural Training and Education: Internship and Fellowship Programs • NIH Training Center: Mentoring Programs, Coaching Programs, Training Programs, and Other Career Development Programs • NIH Office of Human Resources: Detail Programs; and, • NIH Institutes and Centers: Detail Programs, Mentoring Programs, Coaching Programs, and Other Career Development Programs. During FY 2019, we will develop a system to begin retrieving the requested data for applicants and selectees for next year’s MD-715 report. We have developed a H plan to address this matter (H Plan C.4.c). We will work with the Office of Human Resources and the NIH Management Analysis Working Group to expand existing reporting processes on career development and leadership training. Our target completion date is October 31, 2019.

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

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Internship Programs						
Fellowship Programs						
Coaching Programs						
Training Programs						
Detail Programs						
Mentoring Programs		195		7.7%		2.1%
Other Career Development Programs		953		7.6%		1.4%

3. Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Applicants (PWD) Answer N/A

b. Selections (PWD) Answer N/A

Triggers are not able to be analyzed at this time due to insufficient data. We have developed an H plan to address this matter (H Plan C.4.c). We will work with the Office of Human Resources and the NIH Management Analysis Working Group to expand existing reporting processes on career development and leadership training. Our target completion date is October 31, 2019.

4. Do triggers exist for PWTD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Applicants (PWTD) Answer N/A

b. Selections (PWTD)

Answer N/A

Triggers are not able to be analyzed at this time due to insufficient data. We have developed an H plan to address this matter (H Plan C.4.c). We will work with the Office of Human Resources and the NIH Management Analysis Working Group to expand existing reporting processes on career development and leadership training. Our target completion date is October 31, 2019.

C. AWARDS

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

a. Awards, Bonuses, & Incentives (PWD)

Answer Yes

b. Awards, Bonuses, & Incentives (PWTD)

Answer Yes

The inclusion rate for cash awards greater than \$500 for PWD at NIH’s FY2018 permanent workforce was 77.3%, which is less than the inclusion rate of 87.0% for Persons without Reportable Disability (PWOD is defined by the number of PWD permanent workforce subtracted from the total NIH permanent workforce). Because the cash awards inclusion rate of PWD is less than the inclusion rate of PWOD (77.3% > 87.0%), it is determined that there is a trigger for cash awards for PWD. The inclusion rate for cash awards greater than \$500 for PWTD at NIH’s FY2018 permanent workforce was 71.8%, which is greater than the inclusion rate of 86.5% for Persons without Targeted Disability (PWOTD is defined by the number of PWTD permanent workforce subtracted from the total NIH permanent workforce). Because the cash awards inclusion rate of PWTD is less than the inclusion rate of PWOTD (71.8% > 86.5%), it is determined that there is a trigger for cash awards for PWTD. No triggers were identified for QSIs or time-off awards for either PWD or PWTD. Source: Table B1& B13

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards: 1-9 hours : Total Time-Off Awards Given	815	7.73	85.03	2.21	5.52
Time-Off Awards: 9+ hours : Total Time-Off Awards Given	3452	6.69	88.44	0.78	5.91

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: \$100 - \$500: Total Cash Awards Given	4928	7.20	92.80	1.12	6.09
Cash Awards: \$501+: Total Cash Awards Given	14978	5.47	94.53	0.52	4.95

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

a. Pay Increases (PWD)

Answer Yes

b. Pay Increases (PWTD)

Answer Yes

The inclusion rate for pay increases, indicated as Quality Step Increases (QSIs) in Table B13, for PWD at NIH’s FY2018 permanent workforce was 11.1%, which is less than the inclusion rate of 12.1% for Persons without Reportable Disability (PWOD is defined by the number of PWD permanent workforce subtracted from the total NIH permanent workforce). Because the QSI inclusion rate of PWD is less than the inclusion rate of PWOD (11.1% > 12.1%), it is determined that there is a trigger for QSI for PWD. The inclusion rate for pay increases, indicated as Quality Step Increases (QSIs) in Table B13, for PWTD at NIH’s FY2018 permanent workforce was 8.9%, which is less than the inclusion rate of 12.1% for Persons without Targeted Disability (PWOTD is defined by the number of PWTD permanent workforce subtracted from the total NIH permanent workforce). Because the QSIs inclusion rate of PWTD is less than the inclusion rate of PWOTD (8.9% > 12.1%), it is determined that there is a trigger for QSIs for PWTD. Source: Tables B1& B13

Other Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Quality Step Increases (QSI): Total QSIs Awarded	1615	6.56	93.44	0.62	5.94
Performance Based Pay Increase	0	0.00	0.00	0.00	0.00

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

a. Other Types of Recognition (PWD) Answer N/A

b. Other Types of Recognition (PWTD) Answer N/A

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

D. PROMOTIONS

1. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. SES

i. Qualified Internal Applicants (PWD) Answer N/A

ii. Internal Selections (PWD) Answer N/A

b. Grade GS-15

i. Qualified Internal Applicants (PWD) Answer Yes

ii. Internal Selections (PWD) Answer No

c. Grade GS-14

i. Qualified Internal Applicants (PWD) Answer Yes

ii. Internal Selections (PWD) Answer No

d. Grade GS-13

i. Qualified Internal Applicants (PWD) Answer Yes

ii. Internal Selections (PWD) Answer Yes

Based on Table B11, the percentage of PWD among internal selections to senior level positions at each level is the following: • GS-13: 5.4% • GS-14: 4.2% • GS-15:10% • SES: 0% Currently DHHS’s BIIS Table B11 Data does not include the applicant flow data for internal applicants. We obtained access to the USAJOB applicant flow database via COGNOS to assess applicant rate. In FY2018, the percentages of PWD applicants for NIH job vacancies with an internal competitive promotion announcement type at the GS 13, 14, 15 and SES level are indicated in the following. Due to some job vacancies covered more than one GS level, the GS levels listed below are not mutually exclusive. In other words, someone who applied to a vacancy of GS 13/14 level could be counted in both the GS 13 and GS 14 level. • GS-13: Application 7.0%, Qualified 6.3% • GS-14: Application 3.9%, Qualified 2.9% • GS-15: Application 4.3%, Qualified 3.4% • SES: Not Available In FY 2019 we will coordinate with the DHHS Data team and the NIH OHR to obtain data on qualified internal applicants who identify as a PWD or PWTD for grades GS-13 through SES. Source:

Table B11 & COGNOS

2. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. SES

i. Qualified Internal Applicants (PWTD) Answer N/A

ii. Internal Selections (PWTD) Answer N/A

b. Grade GS-15

i. Qualified Internal Applicants (PWTD) Answer Yes

ii. Internal Selections (PWTD) Answer Yes

c. Grade GS-14

i. Qualified Internal Applicants (PWTD) Answer Yes

ii. Internal Selections (PWTD) Answer Yes

d. Grade GS-13

i. Qualified Internal Applicants (PWTD) Answer Yes

ii. Internal Selections (PWTD) Answer Yes

Based on Table B11, the percentage of PWTD among internal selections to senior level positions at each level is the following: • GS-13: 0.4% • GS-14: 0.5% • GS-15: 0.9% • SES: 0% Currently DHHS’s BIIS Table B11 Data does not include the applicant flow data for internal applicants. We obtained access to the USAJOB applicant flow database via COGNOS to assess applicant rate. In FY2018, the percentages of PWTD applicants for NIH job vacancies with an internal competitive promotion announcement type at the GS 13, 14, 15 and SES level are indicated in the following. Due to some job vacancies covered more than one GS level, the GS levels listed below are not mutually exclusive. In other words, someone who applied to a vacancy of GS 13/14 level could be counted in both the GS 13 and GS 14 level. • GS-13: Application 2.9%, Qualified 2.0% • GS-14: Application 1.6%, Qualified 1.5% • GS-15: Application 2.3%, Qualified 1.4% • SES: Not Available In FY 2019 we will coordinate with the DHHS Data team and the NIH OHR to obtain data on qualified internal applicants who identify as a PWD or PWTD for grades GS-13 through SES. Currently DHHS’s BIIS Table B11 Data does not include the OPM COGNOS Applicant Flow Data for internal applicants. In FY 2019 we will coordinate with the DHHS Data team and the NIH OHR to obtain data on qualified internal applicants who identify as a PWD or PWTD for grades GS-13 through SES. Source: Table B11 & COGNOS

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires to SES (PWD) Answer N/A

b. New Hires to GS-15 (PWD) Answer N/A

c. New Hires to GS-14 (PWD) Answer N/A

d. New Hires to GS-13 (PWD) Answer N/A

At this time DHHS Table B7 & B8 (DHHS/NIH) does not provide this data in the manner requested. We have developed an H plan to address this matter (H Plan C.4.c). Our target completion date is October 31, 2019.

4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.
- | | | |
|------------------------------|--------|-----|
| a. New Hires to SES (PWTD) | Answer | N/A |
| b. New Hires to GS-15 (PWTD) | Answer | N/A |
| c. New Hires to GS-14 (PWTD) | Answer | N/A |
| d. New Hires to GS-13 (PWTD) | Answer | N/A |

At this time DHHS Table B7 & B8 (DHHS/NIH) does not provide this data in the manner requested. We have developed an H plan to address this matter (H Plan C.4.c). Our target completion date is October 31, 2019.

5. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.
- | | | |
|--|--------|-----|
| a. Executives | | |
| i. Qualified Internal Applicants (PWD) | Answer | N/A |
| ii. Internal Selections (PWD) | Answer | N/A |
| b. Managers | | |
| i. Qualified Internal Applicants (PWD) | Answer | N/A |
| ii. Internal Selections (PWD) | Answer | N/A |
| c. Supervisors | | |
| i. Qualified Internal Applicants (PWD) | Answer | N/A |
| ii. Internal Selections (PWD) | Answer | N/A |

At this time DHHS Table B9 & B11 (DHHS/NIH) does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, C.4.e.4 and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan C.4.e.4 outlines our efforts to establish a trans-NIH working group to identify and assess triggers or barriers that impede our progress in achieving representational diversity throughout the employee lifecycle. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with disabilities are aware of and encouraged to apply for internal job vacancies and promotions.

6. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.
- | | | |
|---------------|--|--|
| a. Executives | | |
|---------------|--|--|

i. Qualified Internal Applicants (PWTD)	Answer	N/A
ii. Internal Selections (PWTD)	Answer	N/A
b. Managers		
i. Qualified Internal Applicants (PWTD)	Answer	N/A
ii. Internal Selections (PWTD)	Answer	N/A
c. Supervisors		
i. Qualified Internal Applicants (PWTD)	Answer	N/A
ii. Internal Selections (PWTD)	Answer	N/A

At this time DHHS Table B11 (DHHS/NIH) does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, C.4.e.4 and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan C.4.e.4 outlines our efforts to establish a trans-NIH working group to identify and assess triggers or barriers that impede our progress in achieving representational diversity throughout the employee lifecycle. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with targeted disabilities are aware of and encouraged to apply for internal job vacancies and promotions.

7. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.
- | | | |
|------------------------------------|--------|-----|
| a. New Hires for Executives (PWD) | Answer | N/A |
| b. New Hires for Managers (PWD) | Answer | N/A |
| c. New Hires for Supervisors (PWD) | Answer | N/A |

At this time DHHS Table B8 (DHHS/NIH) does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, C.4.e.4 and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan C.4.e.4 outlines our efforts to establish a trans-NIH working group to identify and assess triggers or barriers that impede our progress in achieving representational diversity throughout the employee lifecycle. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies. This includes vacancies for supervisory positions.

8. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.
- | | | |
|-------------------------------------|--------|-----|
| a. New Hires for Executives (PWTD) | Answer | N/A |
| b. New Hires for Managers (PWTD) | Answer | N/A |
| c. New Hires for Supervisors (PWTD) | Answer | N/A |

At this time DHHS Table B8 (DHHS/NIH) does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, C.4.e.4 and D.4.b). Plan C.4.c will establish the necessary processes to obtain the required data sources to prepare the MD-715 and conduct barrier analysis. Plan C.4.e.4 outlines our efforts to establish a trans-NIH working group to identify and assess triggers or barriers that impede our progress in achieving representational diversity throughout the employee lifecycle. Plan D.4.b outlines the steps our agency is taking to ensure qualified people with targeted disabilities are aware of and encouraged to apply for job vacancies. This includes vacancies for supervisory positions.

Section VI: Plan to Improve Retention of Persons with Disabilities

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

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

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

Answer No

The agency has implemented an electronic notification system for Supervisors and Administrative Officers to contact their Client Services Division HR Specialist if they wish to convert a “Schedule A” employee to a permanent appointment. The Branch HR Specialist and Team Lead is included in the e-mail. In FY 2018 (as of 9/15/18), there were 118 conversions from the Schedule A Authority to permanent positions in the competitive service. OHR is still in the process of validating the Schedule A data and will provide updated numbers in FY 2019.

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

a. Voluntary Separations (PWD) Answer Yes

b. Involuntary Separations (PWD) Answer Yes

The inclusion rate for voluntary separations in Table B14, for PWD at NIH’s FY2018 permanent workforce, was 6.9%, which is greater than the inclusion rate of 5.8% for Persons without Reportable Disability (PWOD is defined by the number of PWD permanent workforce subtracted from the total NIH permanent workforce). Because the voluntary separations inclusion rate of PWD exceeds the inclusion rate of PWOD (6.9% > 5.8%), it is determined that there is a trigger for voluntary separation for PWD. The inclusion rate for involuntary separations in Table B14, for PWD at NIH’s FY2018 permanent workforce, was 0.4%, which is greater than the inclusion rate of 0.2% for Persons without Reportable Disability (PWOD is defined by the number of PWD permanent workforce subtracted from the total NIH permanent workforce). Because the voluntary separations inclusion rate of PWD exceeds the inclusion rate of PWOD (0.4% > 0.2%), it is determined that there is a trigger for involuntary separation for PWD. Source: B14 and B1

Separations	Total #	Reportable Disabilities %	Without Reportable Disabilities %
Total Separations	812	7.64	92.36
Involuntary Separations	26	3.85	96.15
Voluntary Separation	786	7.76	92.24

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

a. Voluntary Separations (PWTD) Answer Yes

b. Involuntary Separations (PWTD) Answer Yes

The inclusion rate for voluntary separations in Table B14, for PWTD at NIH’s FY2018 permanent workforce, was 7.5%, which is greater than the inclusion rate of 5.9% for Persons without Targeted Disability (PWOTD is defined by the number of PWTD permanent workforce subtracted from the total NIH permanent workforce). Because the voluntary separations inclusion rate of PWTD exceeds the inclusion rate of PWOTD (7.5% > 5.9%), it is determined that there is a trigger for voluntary separation for PWTD. The inclusion rate for involuntary separations in Table B14, for PWTD at NIH’s FY2018 permanent workforce, was 1.4%,

which is greater than the inclusion rate of 0.2% for Persons without Targeted Disability (PWOTD is defined by the number of PWTD permanent workforce subtracted from the total NIH permanent workforce). Because the involuntary separations inclusion rate of PWTD exceeds the inclusion rate of PWOTD (1.4% > 0.2%), it is determined that there is a trigger for involuntary separation for PWTD. Source: B14 and B1

Separations	Total #	Targeted Disabilities %	Without Targeted Disabilities %
Total Separations	812	1.97	98.03
Involuntary Separations	26	11.54	88.46
Voluntary Separation	786	1.65	98.35

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

We have developed an H plan to address this matter (H Plan D.1.c). This plan seeks to establish and conduct exit interviews or surveys for people with disabilities. We intend to have a formal exit interview implemented across the NIH by September 30, 2025.

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

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

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

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

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

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

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

NIH’s Office of Research Facilities (ORF) reviews accessibility projects, project statements of work and estimates to check the viability of projects and adherence to the ABA Standards and make funding recommendations to the ORF Building and Facilities Board. They address accessible accommodation requests by meeting the requester at the site, exploring possibilities, writing deficiency reports estimating costs and requesting funding. They keep track of the NIH Bethesda Campus building’s changing characteristics that affect the buildings occupancy categories and their compliance with the ABA Standards. 1. ORF developed an ABA rights and complaints process on their website. 2. C102232 – Bldg. 31C Wheelchair (W/C) Lift Replacement: This project accommodates the W/C population public access to the Parking Offices and Credit Union. The project construction is complete and going through punch list items close out. The lift is open to being used by the public. 3. C105070 - Bldg. 31B W/C Lift at B1 Level: This project is to install a W/C lift to accommodate an elderly employee to be able to conduct her work in a safe manner which includes transporting boxes of paper records from storage to her office. The project is assigned to a project officer, and the project is going through a design architect selection contract. 4. C102788 - Mid-Block Crosswalks: This project focus is on improving safety measures for pedestrians on the Bethesda Campus. The project includes adding a few HC curb cuts and detectable warning surfaces. The design has been completed. A construction contract has been awarded in 2017. The project scope covers twenty (20) crosswalks. There are eight (8) crosswalks in operating condition and in different stages of full completion with minor Q/A items to

address. The construction efforts are continuing. 5. C101156 – Children’s Inn, Bldg. 62 Exterior Envelope Renovation: This project is providing an accessible exterior ramp at the southwest corner of the bldg. Complex to provide a secondary wheelchair exit from the building rear exit to the surface parking area. The design and construction documents delivery were in 2016. Project construction is awarded in 2018. Phasing plans are coordinated with the Inn and demolition efforts has started for phase one. 6. C100938 – Bethesda Campus Pedestrian Safety Improvements: This project focus was to create better safety measures for pedestrian crossings at intersections. Through this project, a few accessible wheelchair curbs with detectable warning surfaces were added to twenty-eight (28) intersections in the project scope. This project started in 2015 and continued through the design phase in 2017. There have been changes to the design documents due to other projects that could include a few of the pedestrian crossings in the design documents. The construction request for proposal for nine intersections has been amended by the contracting officer and is issued for contractors bid in Sept. 2018. 7. C102246, Bldg. 66 Gateway Center Sallyports wheelchair Access: This project provides automatic door openers for three locations in the Bethesda Campus Sallyports for HC employees and visitors entries and exits. Due to security requirements, the implementation of this project has been going through many revisions. The project started in 2015 and had been going through final phases of the design and construction documentation due to stringent security requirements that required custom made stands. Recently construction permit has been issued. Project is planned to start construction contract bidding in early 2019 fiscal year. 8. C101077 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C 2nd, 5th and 6th floors Men’s and Women’s restrooms to comply with the ABA standards for wheelchair access. The restrooms were suited for ambulatory access but not a wheelchair. The project is completed in 2018. 9. C105241 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C remaining restrooms at B1, B2, B3, 1st, 3rd floors, a total of 10 restrooms and level B4 Unisex restroom modifications for the wheelchair access. The project was recommended for the B&F Board review for the 2018 R&I funding for design and construction. The project was placed on hold, due to funding issues. The project is planned to be funded in FY19. 10. C104847 Bldg. 31C B2 Level Men’s Restroom Renovation for Wheelchair Access: This project was to accommodate a new veteran employee who uses a wheelchair. It was scheduled for R&I funding in 2018. Acceptable alternative restroom access has been designated on an adjacent floor within a reasonable distance for interim use until the project is completed. The project is completed in the fiscal year 2018. 11. C104848 Bldg. 16 and 16A Wheelchair Access for Entrances and Restrooms: This project is related to the above project in Bldg. 31C. The new veteran employee is assigned to work in Bldgs. 16 and 16A one day per week. An ORF Project Officer is developing a renovation contract to accommodate the employee’s need for easier access. The bathrooms in Bldg. 16A are within a reasonable distance from Bldg. 16 are wheelchair accessible. The employee is comfortable using the restroom in Bldg. 16A while working in Bldg.16. The project was projected to be completed in 2017. Due to difficulties in finding and ordering suitable hardware, the project is in the final stages of construction and is planned to be completed in 2018. 12. C106702 Bldg. 2 EDI Offices: Per EDI offices Accessibility Consultants Regina Coleman and Alan Marcus request, the EDI offices were assessed for accessibility by the ORF’s Soussan Afsharf. EDI provided a document per Soussan recommendations which was corrected and commented by Soussan for accuracy. EDI wrote: “In its efforts to be the model EEO office that is accessible to all, EDI invited NIH Senior Architect, Ms. Soussan Afsharf, from the office of research facilities (ORF) to tour EDI’s office suite in Building 2 and asked that she provide feedback on how accessible we are.” EDI was supposed to contact the project PO for further action to implement the recommendations. A few items could be corrected by the EDI without much construction. The rest of the recommendations were assigned a project number, a project officer with the ORF funding in 2018.

C. REASONABLE ACCOMMODATION PROGRAM

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

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

According to the data reported by the NIH Institutes and Centers for the FY 2018 HHS Reasonable Accommodations (RA) Data Call, the average time frame from initial receipt of the request to provision was 33.6 days. Breaking this process into its sub-components, the average number of days it took to process RA requests, from initial receipt of the request to the decision was 13.5 business days. The average time it took from the approval of the request to the provision of the accommodation was 20.1 business days. In FY 2018, the NIH also launched a new RA tracking system called Entellitrak. According to data collected on requests entered and processed via Entellitrak, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 30 days. The average time it took to go from the initial receipt of the request to a decision was 4 days. The average time it took from the approval of the request to the provision of the accommodation was 8 days.

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

Pursuant to 29 C.F.R. § 1614.203(d)(3), beginning in March of 2018, NIH's Office of Equity, Diversity, and Inclusion (EDI) implemented a soft launch of the agency's new centralized Reasonable Accommodation Program. The soft launch focused on the processing of reasonable accommodation requests, using a customized, online, RA processing program called Entellitrak, for non-bargaining unit NIH employees and applicants only. The program was launched in this way because the NIH Reasonable Accommodation Procedures were still under review, for final approval, by the EEOC. During the soft launch, EDI facilitated a total of 9 RA training sessions. Five were for supervisors and managers, and four for employees. Overall in FY 2018, a total of 212 NIH staff were trained. A total of 144 supervisors and managers, and 68 employees. Per the new policy and procedures, EDI's Accessibility Consultants assumed responsibility of providing, to a limited number of constituents, guidance, and assistance on all requests from Non-Bargaining Unit Employees. The Office of Human Resources processed RA requests for all Bargaining Unit Employees, pending the approval of the procedures by the EEOC and the respective unions. In July of 2018, the EEOC approved this NIH-wide RA Policy and Procedures which were then formally rolled out to the NIH ICs for implementation. On July 20, 2018, the EEOC approved the NIH RA policy and procedures. EDI then began preparing a formalized rollout of the program. This included the first meeting with the Executive Officers of the 27 ICs to provide a formal orientation to the new RA policies and procedures and the Entellitrak system. EDI hosted an official launch event for the centralized Reasonable Accommodation Program on October 18th of 2018, to coincide with National Disability Awareness month. In addition, the RA program staff offered monthly, NIH wide, RA training for managers and employees, starting in August 2018. It is important to note here again that while the rollout of the RA program is NIH wide, the program still did not serve bargaining unit employees, pending the approval of the procedures by the EEOC and the respective unions. With the adoption of the EEOC approved RA policy and procedures, and a new on-line RA request program (Entellitrak), and 7 full-time staff (1 branch chief and 6 staff), it is expected that the NIH will experience a significant improvement in the overall processing of requests for accommodation. In fact, the data is already beginning to show that. When we compare the RA data submitted by the ICs (pre centralization and utilization of Entellitrak) with the recently collected RA data through the on-line Entellitrak system, we are seeing a decrease of 3.6 days to process an RA request (from request to provision). NIH predicts that this trend will continue, resulting in improved employee satisfaction with request processing, consistent tracking of requests, and enhanced identification of accommodation needs throughout the agency. In addition, EDI will continue to provide RA training on a regular basis, both in person as well as online, for NIH managers and employees. With the continuation of training and the customer service driven work of the RA accessibility consultants, each Institute and Center should be able to develop more effective strategies for recruiting, promoting, and sustaining the employment of persons with disabilities.

D. PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE

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

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

The NIH RA Policy and Procedures requires that PAS for individuals with targeted disabilities be requested and processed in the same manner as any other request for accommodation. In addition, requests for workplace personal assistance as an accommodation to perform certain work-related tasks will be processed. Those requests may come from individuals with targeted and/or non-targeted disabilities. In FY 18, NIH has reported processing one request for PAS as an accommodation. This request was approved and processed within 5 business days. Presently, NIH (working through EDI) is in the process of establishing an inter-agency agreement (IAA) with the Department of Health and Human Services (HHS). The purpose of the IAA is to enable the NIH ICs to have access to the vendors on HHS's established Blanket Purchase Agreement, for the provision of PAS. EDI hopes to complete and implement the IAA with HHS by the end of quarter two FY 19.

Section VII: EEO Complaint and Findings Data

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the governmentwide average?

Answer No

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

Answer No

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

The NIH had no findings of discrimination in FY 2018. Source: iComplaints EEO Complaint Tracking System

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation, as compared to the government-wide average?

Answer No

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

Answer Yes

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

The NIH had no findings of discrimination in FY 2018, although NIH settled five cases. The corrective measures were bound by settlement agreements that ranged from request for re-assignment to light duty position; to changing tour of duty, and removal of AWOL; purchase of ergonomic equipment to involuntarily separation being rescinded. Source: iComplaints EEO Complaint Tracking System

Section VIII: Identification and Removal of Barriers

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

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

Answer No

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

Answer No

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

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?		Considering instructions from the Equal Employment Opportunity Commission (EEOC), the Office of Equity, Diversity, and Inclusion (EDI) began conducting a more focused barrier analysis in FY 2018 to identify triggers and potential barriers at the GS-11 through GS-15 and SES pay scales, as compared to the goal of 12% for employees with reportable disabilities and 2% for employees with targeted disabilities. The percentage of PWD in the GS-11 to SES cluster was 7.0% in FY 2018, which falls below the goal of 12.0%. The percentage of PWTD in the GS-11 to SES cluster was 1.1% in FY 2018, which falls below the goal of 2.0%. Sources of Data: Workforce Data Table B-1, B-4, B-7, B-13; and Cognos Applicant flow data from OPM & nVISION data		
STATEMENT OF BARRIER GROUPS:		<i>Barrier Group</i> People with Disabilities People with Targeted Disabilities		
BARRIER ANALYSIS: Provide a description of the steps taken and data analyzed to determine cause of the condition.				
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.		N/A		
Objective				
Responsible Officials		David Rice Disability Portfolio Strategist		
Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Staffing & Funding (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
Fiscal Year	Accomplishments			
2018	We have not completed the barrier analysis yet and therefore NIH has no accomplishments to report currently.			

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

5. For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s).

6. If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year.