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# U.S. Equal Employment Opportunity Commission

**Federal Agency Annual EEO Program Status Report**

**EEOC New 2.0 Forms**

**Management Directive – 715**

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

**National Institutes of Health**

**Department of Health and Human Services**

**For period covering**

**October 1, 2018 to September 30, 2019FY 2019 Management Directive 715   
(MD-715)**

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**MD-715**

**Parts A Through E**

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

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

**Part B - Total Employment**

| **Total Employment** | **Permanent Workforce** | **Temporary Workforce** | **Total Workforce** |
| --- | --- | --- | --- |
| **Number of Employees** | 13,093 | 2,464 | 15,557 |

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

| **Agency Leadership** | **Name** | **Title** |
| --- | --- | --- |
| Head of Agency | Francis S. Collins, M.D., Ph.D | Director, NIH |
| Head of Agency Designee | N/A | N/A |

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

| **EEO Program Staff** | **Name** | **Title** | **Occupational Series (xxxx)** | **Pay Plan and Grade (xx-xx)** | **Phone Number (xxx-xxx-xxxx)** | **Email Address** |
| --- | --- | --- | --- | --- | --- | --- |
| Principal EEO Director/ Official | Debra C. Chew, Esq. | Director, EDI | 340 | SES | (301) 496-6301 | [debra.chew@nih.gov](mailto:debra.chew@nih.gov) |
| Affirmative Employment Program Manager | Danny Dickerson | Director, Division of Diversity & Inclusion, EDI | 260 | GS-15 | (301) 594-1720 | [danny.dickerson@nih.gov](mailto:danny.dickerson@nih.gov) |
| Complaint Processing Program Manager | Kimberly Kirkpatrick | Director, Division of Resolution & Equity, EDI | 260 | GS-15 | (301) 451-0748 | [kimberly.kirkpatrick@nih.gov](mailto:kimberly.kirkpatrick@nih.gov) |
| Diversity & Inclusion Officer | Danny Dickerson | Director, Division of Diversity & Inclusion, EDI | 260 | GS-15 | (301) 594-1720 | [danny.dickerson@nih.gov](mailto:danny.dickerson@nih.gov) |
| Hispanic Program Manager (SEPM) | Gerard Roman | Hispanic Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 827-4677 | [gerard.roman@nih.gov](mailto:gerard.roman@nih.gov) |
| Women's Program Manager (SEPM) | Joy Gaines | Women’s Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 451-9662 | [joy.gaines@nih.gov](mailto:joy.gaines@nih.gov) |
| Disability Program Manager (SEPM) | David Rice | Disability Portfolio, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 443-6650 | [david.rice@nih.gov](mailto:david.rice@nih.gov) |
| Special Placement Program Coordinator (Individuals with Disabilities) | Shelia Monroe | Senior Human Resources Specialist | 201 | GS-13 | (301) 496-6504 | [monroes@od31tm1.od.nih.gov](mailto:monroes@od31tm1.od.nih.gov) |
| Reasonable Accommoda-tion Program Manager | Stephon Scott | Chief, Access & Equity Branch  Guidance, Education, & Marketing Division, EDI | 260 | GS-14 | (301) 594-3282 | [stephon.scott@nih.gov](mailto:stephon.scott@nih.gov) |
| Anti-Harassment Program Manager | Jessica Hawkins | Supervisor, NIH Civil Program | 201 | GS-14 | (301)  402-8006 | [jessica.hawkins@nih.gov](mailto:jessica.hawkins@nih.gov) |
| ADR Program Manager | None | None | None | None | None | None |
| Compliance Manager | Kimberly Kirkpatrick | Director, Division of Resolution & Equity, EDI | 260 | GS-15 | (301) 451-0748 | [kimberly.kirkpatrick@nih.gov](mailto:kimberly.kirkpatrick@nih.gov) |
| Principal MD-715 Preparer | Alma McKune | MD-715 Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 496-4547 | [mckunea@od.nih.gov](mailto:mckunea@od.nih.gov) |

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

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

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

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

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

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

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

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

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

# Part E – Executive Summary

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

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| As the Nation’s premier biomedical research institution, the National Institutes of Health (NIH) is devoted to a noble mission of improving the quality of human life, expanding lifespans, and saving lives. The agency conducts and supports biomedical and behavioral research to improve the health of Americans across the Nation, addressing diseases and disorders ranging from cancer, diabetes, arthritis, drug abuse to the common cold. We seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. Our broader goal is encapsulated in our slogan, which is *Turning Discovery into Health* and we understand that having a diverse workforce brings us a variety of perspectives and ideas that leads to greater creativity, innovation, and problem solving, which will enable NIH to achieve our noble mission.  To learn more about the NIH’s mission and how we support diversity and inclusion, go to <https://www.edi.nih.gov/more/agency/nihs-commitment>. |

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

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| **Essential Element A. Demonstrate Commitment for Agency Leadership**  Successes: To build a solid foundation, supervisors and employees need to know their roles, rights, and responsibilities in ensuring a workplace free of discrimination, including discriminatory harassment. We achieve this through communicating EEO policy and providing mandatory training on equal employment opportunity and prevention of workplace harassment. Additionally, by recognizing superior accomplishments in EEO and diversity and inclusion programs, actively engaging all Institutes and Centers in diversity and inclusion planning and relying heavily on feedback provided through the Federal Employee Viewpoint Survey (FEVS), we further embed EEO and D&I into the NIH culture.  The NIH Director instituted a policy of email shutdown for any NIH employee or non-federal worker, who fails to complete the mandatory NoFEAR and annual Prevention of Sexual Harassment (POSH) Training, ensuring 100% compliance this past year. In addition, NIH demonstrates its commitment through the Anti-Harassment Steering Committee, led by the NIH Principle Deputy Director, Lawrence Tabak, and a variety of NIH senior staff, who together work on NIH policies, procedures, and communications efforts to ensure that we address discriminatory harassment or uncivil behavior each day.  Each year the NIH Director communicates his commitment to equal employment opportunity and a discrimination free workplace through a message to the NIH workforce. In addition, the NIH Director has recorded a video to play to new employees during New Employee Orientation, underscoring his commitment to EEO, diversity, and inclusion. During each of the seven commemorative months, the NIH Director re-emphasizes his commitment to civil rights, diversity, and inclusion through messages to the entire workforce. The NIH Manual Chapter has a variety of official NIH policy documents related to EEO, diversity, and inclusion, that are a part of the NIH policy portfolio. These policies and policy statements are available to the NIH workforce but also to the public at large on the EDI website.  Program Deficiencies: Although the NIH-wide Reasonable Accommodation (RA) and Personal Assistance Services (PAS) Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020 and are available at <https://policymanual.nih.gov/2204>, NIH is still in the final stages of communicating updates to all employees. Recent amendments to Section 501 of the Rehabilitation Act require agencies to update their RA policies and PAS. Additionally, EEOC requires that the NIH’s training materials on our anti-harassment policy include examples of disability-based harassment.  Deficiency Action Plans: Now that NIH’s Reasonable Accommodation (RA) Policy and Procedures have been codified through the internal NIH Manual Chapter process, they will soon be posted on the EDI website. Target Date: 10/30/2020. Tracking of the timeliness of accommodation requests is included in the RA policy and procedures. NIH informs its employees about RA through quarterly RA training, as well as annually through the *EDI Cares* Email, last sent on 10/30/2018. Additional resources will be developed in hard copy and electronic versions posted through the EDI website and Executive Officer Portal. Target Date 12/31/2020. EDI will request funding to update the current mandatory online NoFEAR and Prevention of Sexual Harassment training to include examples of disability-based harassment on NIH’s anti-harassment training materials. Target date: 9/30/2024.  **Essential Element B. Integration of EEO into the Agency’s Strategic Mission- Budget and Staffing**  Successes: The NIH’s Strategic Plan references the following diversity principle: “From NIH’s vantage point, racial and ethnic diversity is paramount. It is also important to pursue diversity in other areas, including sex and gender, socioeconomic status, geographic location, and disability status” <https://www.nih.gov/sites/default/files/about-nih/strategic-plan-fy2016-2020-508.pdf>. At NIH, we recognize that equality of opportunity is essential to attracting, developing, and retaining the most qualified workforce to realize new scientific discoveries. To accomplish this, all managers and employees must view EEO as an integral part of the NIH's strategic mission. To support that goal, the Director of the Office of Equity, Diversity, and Inclusion (EDI) reports directly to the Director of the NIH, and regularly informs him and other top management officials of the effectiveness, efficiency, and legal compliance of the NIH’s EEO and diversity and inclusion efforts. The Director of EDI is responsible for the implementation of the Affirmative Employment Program as well as the implementation of a comprehensive compliance program, ensuring timely compliance with EEOC orders and recommending improvements to the NIH Director.  In order to involve senior managers in the implementation of EDI’s programs, senior managers have been identified in each of the NIH Special Emphasis Portfolio (SEP) Engagement Committees who serve as the “Champion” for the constituency group and who will be involved in our barrier analysis process, including the development and successful implementation of future EEO action plans. All supervisors and managers are provided with periodic training to understand their responsibilities under civil rights laws, and how those responsibilities are integrally connected to the success of the agency's EEO program and overall mission; in particular, training is provided on the EEO process and anti-harassment policy.  Program Deficiencies: FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDivs) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  All NIH supervisors have not yet received training on reasonable accommodations, ADR, and supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications. Senior managers have not yet been able to assist in the barrier analysis process and in developing or implementing agency EEO action plans due to the data aforementioned data integrity issues and NIH’s reluctance to involve them until we have accurate demographic data.  Other deficiencies under this element include the allocation of sufficient resources to create and maintain Title VII and Rehabilitation Act programs that 1) identify and eliminate barriers that impair the ability of individuals to compete in the workplace because of race, national origin, sex, or disability; 2) to timely, thoroughly, and fairly process EEO complaints including investigations and final agency decisions; 3) establish and maintain training and education programs designed to provide maximum opportunity for all employees to advance; and 4) to maintain accurate data collection and tracking systems for workforce demographics, training and development programs, and applicant flow.  Deficiency Action Plans:  • EDI leadership will work to put a contract in place to fully support barrier analysis projects. Senior managers will be engaged through the Special Emphasis Portfolios to participate in the barrier analysis process and in developing and implementing action plans. Target Date: 9/30/2023.  • EDI will work with NIH leadership for budget support for conducting EEO investigations in-house using federal staff should the final HHS decision be that these services must be performed by federal employees. Target Date: 9/30/2020.  • EDI leadership will work with OHR and the IC training officers to put a plan in place to update our mandatory training on No FEAR and anti-harassment to include, religious accommodations, disability accommodations, and ADR. Target Date: 9/30/2024. All managers and supervisors will be trained on their responsibilities related to the reasonable accommodation procedures, Alternative Dispute Resolution (ADR), and supervisory, managerial, communication and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications. Target Date: 9/30/2024.  • EDI leadership will work with OHR and HHS to maintain accurate data systems for workforce demographics, training and development programs, recruitment activities, and external and internal applicant flow. Target Date: 9/30/2021.  **Essential Element C. Management and Program Accountability**   Successes: At NIH, all managers, supervisors, and EEO officials are held accountable for the implementation of policies and procedures that have been established to prevent discrimination. In 2019, NIH has issued two new policies that apply to all NIH employees, contractors, fellows, trainees, and visitors at NIH facilities: Manual Chapter 1311: Prevention of Harassment and Inappropriate Conduct; and NIH Policy Statement: Personal Relationships in the Workplace. See more information about NIH’s anti-harassment policy and program below in Part E.4 – Executive Summary: Accomplishments. Also, we have put a process in place for the Institutes or Centers (ICs) to explore disciplinary action for the responsible management official, and other interventions, if there is a finding or settlement, due to management’s actions or inactions. Such a process requires accountability for the ICs, and should the decision be made not to discipline the named management official, requiring the IC to discuss with the NIH Deputy Director for Management their reason from refraining from disciplining the named management official.  The NIH-wide Reasonable Accommodation (RA) and Personal Assistance Services (PAS) Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020 and are available at <https://policymanual.nih.gov/2204>. This policy designates reasonable accommodation consultants to coordinate and assist with processing requests for disability accommodations throughout the agency.  Another necessary condition for management and program accountability is effective coordination between EEO programs and Human Resources programs. NIH’s EDI and OHR work together to develop and conduct outreach and recruiting initiatives, as well as complete the annual FEORP and MD-715 plans and reports. EDI coordinates with leaders and workforce development offices in the NIH Institutes and Centers through biannual meetings with the EDI Director and other EDI staff. At these biannual meetings, we provide each Institute and Center with their demographic data, complaints reports, legal summaries, training reports, reasonable accommodation reports, as well as other diversity and inclusion information that is also made available electronically through the EDI Executive Officers’ Portal.  Program Deficiencies: Although there is an element in all managers and supervisors’ performance appraisals that evaluates their demonstrated support for EEO/diversity and employee work life quality, fostering a cooperative work environment where diverse opinions are solicited and respected, and seeks resolution of workplace conflicts at the earliest stage; it does not cover the specific requirements as set out in the MD-715 G checklist. When there is a finding or a settlement due to management’s inaction or inappropriate action, the EDI Director provides guidance, however this is not occurring for other issues where there is not a finding or settlement. There is no tracking mechanism to ensure that the remedial or disciplinary actions are implemented by the agency. Additionally, the EEOC requires that all harassment allegations have an inquiry conducted within 10 days of notification, however NIH has not been able to track the average time to begin an inquiry.  Action Plans:  A. EDI is developing guidance for rating officials to evaluate the performance of managers and supervisors on their efforts to ensure equal employment opportunity, including their efforts to:   * Resolve EEO problems/disagreements/conflicts, including cooperation with EEO counselors and investigators, and the participation in ADR proceedings * Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators * Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation * Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees * Provide religious and disability accommodations when such accommodations do not cause an undue hardship * Support the EEO program in identifying and removing barriers to equal opportunity * Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority. Target date: 9/30/2022.   B. The EEO Director will provide guidance to GS-15 and SES managers and supervisors when there is a finding or settlement due to management’s inaction or inappropriate action. A process will be developed to establish procedures and tracking for the implementation of EEO Director’s recommendations on remedial or disciplinary actions. Target Date: 9/30/2021.  C. EDI will consult with the OHR’s Civil Office to develop a plan to begin tracking the average time to begin an inquiry, and work towards achieving the EEOC’s 10-day goal for completion of the administrative inquiry. In addition, OHR will be seeking additional resources to help them work towards achieving the 10-day goal for completion of the inquiry. Target Date: 12/15/2021.  **Essential Element D.1. Proactive Prevention of Unlawful Discrimination**   Successes: NIH has an ongoing obligation to prevent discrimination on the basis of race, color, national origin, religion, sex, age, reprisal and disability, and to eliminate barriers that impede free and open competition in the workplace. As part of this ongoing obligation, we must conduct a reasonable self-assessment on at least an annual basis to monitor progress toward achieving equal employment opportunity. When barriers have been found that may exclude certain groups, NIH will establish action plans to eliminate those identified barriers. One example of a procedure in place at NIH to eliminate barriers that impede free and open competition in the workplace is that EDI, in coordination with NIH Office of Management Analysis (OMA), reviews all proposed organization changes at the NIH. Another example is the posting of the affirmative action plan for people with disabilities on EDI’s public website.  Program Deficiencies: NIH does not have established procedures for 1) examining the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability; 2) conducting exit surveys that include questions on how the agency can improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities; 3) conducting ongoing trigger identification and barrier analyses. Unfortunately, trigger and barrier analysis are compromised at this time at NIH, due to the lack of integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables. Our exit survey data isn’t robust enough to be statistically significant. Although we do use FEVS and other climate assessments, we don’t have other qualitative data available at this time through focus groups, affinity groups, the union, program evaluations, or external special interest groups. The anti-harassment and RA programs are still new and have very little data available to perform comprehensive analysis.  Action Plan: EDI will collaborate with NIH’s OHR and other NIH stakeholders to formulate viable plans to 1) regularly examine management/personnel policies related to merit promotion, employee recognition, and employee development/training programs, 2) conduct exit interviews that include questions related to the employment of people with disabilities, 3) conduct ongoing trigger identification and barrier analysis, and 4) taking affirmative action to promote the recruitment, hiring, and advancement of people with disabilities by: implementing activities to assist individuals with disabilities apply for NIH jobs; answering disability-related questions from members of the public; increasing the numbers of persons with disabilities and targeted disabilities employed at NIH until we meet the 12% and 2% goals respectively; and resurveying the workforce. Target date: 9/30/2023.  **Essential Element E. Efficiency**  Successes: NIH maintains an efficient, fair, and impartial complaint resolution process, including issuing acceptance letters/dismissal decisions with an average processing time of 60 calendar days after receipt of the written EEO Counselor report. Our EEO process is neutral, with a clear firewall that prevents the NIH’s legal defense activity from negatively influencing the process for determining whether discrimination has occurred. Alternative Dispute Resolution (ADR) is available and encouraged.  Although some data collection systems (complaint activity, processing of requests for reasonable accommodation, and for the anti-harassment program) are in place to evaluate NIH’s EEO programs, many others are still under development, such as workforce data, applicant flow data, and recruitment activities. HHS is working on a Department-wide solution to resurveying the workforce in FY 2021, and EDI will be leading the NIH-wide communication plan towards that effort.  Program Deficiencies: NIH completed 70 EEO investigations in FY 2019. The overwhelming majority of the investigations, 64 of the 70, were completed in a timely fashion. Of the 70 investigations, 59 were completed in 180 days or less, and on average we completed them in 130.36 days. Of the 70 total investigations, we had 9 cases where there were amendments and we were permitted by regulation to complete the investigations within 181 to 360 days. On average, these 9 cases which were investigated within the 181 – 360-day timeframe took 224.71 days to complete the investigation. Of the 9 cases in this former category, two were untimely, one case involving a supplemental investigation and the second case was simply untimely. In FY 2019 we had 2 cases that were completed in an untimely fashion, over 361 days with an average of 567.5 days to process these two cases. Of these two, 1 was a remand and 1 was a supplemental investigation. In total, during FY 2019 NIH had 4 untimely investigations. Accordingly, NIH has developed a part H plan to: more tightly monitor the framing of the claims in the EEO Counselor’s Report; provide greater quality review of the Reports of Investigations to avoid supplemental investigations; and add increased scrutiny of intake decisions to try to avoid remands. While 64 timely cases out of 70 is a very respectable number, NIH wants to ensure that are doing everything that we can to deliver timely and quality EEO investigations to the parties under the regulations. This provides us with an opportunity to re-examine our processes and make modifications for an even greater level of quality control over our case processing.  In May of 2019, HHS announced that the contract for EEO investigations, EEO Counseling, Final Agency Decisions (FADs) would need to be eliminated to bring those processes in-house and handled by federal employees, due to the fact that HHS felt that these services were inherently governmental. HHS has had a centralized contract for these services for decades and NIH had quickly put together a business case for resources to conduct the EEO investigations and FADs. The original contract expired in 2019 but there have been additional contracts in place and extensions, pending a final decision from HHS on whether the EEO investigations need to be completed by federal employees. Should HHS make the final decision to eliminate the contract for investigations, then NIH will not have sufficient resources to complete the EEO investigations in a timely fashion. We are citing to this as a potential deficiency for the remainder of FY2020 and beyond until sufficient resources could be acquired to adequately perform this function. In addition, HHS completes the FADs for the NIH and due to staff resource challenges, over the course of FY2019, these decisions have not been completed in a timely fashion, prompting at least two cases to be filed in Federal District Court. HHS has a new EEO Director who oversees the FADs and she is working diligently to staff her program so that the FADs can be issued in a timely fashion and we feel confident that her team will be in place by the end of the fiscal year.  Action Plan: EDI will work with NIH leadership to acquire sufficient resources for the completion of the EEO investigations in a timely fashion, and regularly monitor investigation and FAD processing time and evaluate processes for efficiencies. In addition, NIH will assist HHS in any way that we can to ensure timely processing of the FADs. Where there are barriers, corrective action will be taken as necessary to improve timeliness. Target Date: 10/30/2023.  **Essential Element F. Responsiveness and Legal Compliance**  Successes: EDI adheres to EEO statues and regulations and proactively streamlines processes to ensure compliance.  For example, EDI monitors case processing at various stages in the process to reduce delays and address issues early in the process.  As reflected in our 462 report, EDI reduced the number of days at investigation from 204 days in FY18 to 156 days in FY19.  We reduced the number of untimely investigations from 7 in FY18 to 4 in FY19.  We continue to reflect on our process to make improvements on quality and timeliness but that also improve our customer service.  Program Deficiencies: EDI recognizes there is a need for monitoring and ensuring compliance with EEOC Orders. For the majority of Orders, EDI is in timely compliance. For Final Orders, Final Actions and Final Agency Decisions, NIH relies on HHS to issues those Orders. EDI has implemented tracking mechanisms for compliance with Orders on Findings and is working with HHS leadership to ensure timely compliance. We are reinforcing compliance procedures for settlement agreements. The Office of Equal Employment Opportunity, Diversity & Inclusion (EEODI) within HHS is under new leadership and she is recruiting new talent to handle the drafting of Final Orders, Final Actions and Final Agency Decisions. Under this new HHS leadership there is a renewed energy to develop procedures and ensure timely compliance. HHS is aware of the responsibility for Final Agency Actions and is in the process of dedicating resources and developing standard processes which include Final Agency Actions.  Action Plan: EDI will track and monitor closely the timeframes related to the HHS issuance of Final Orders, Final Actions, and Final Agency Decisions and send inquiries to HHS as deadlines approach. In addition, EDI will support HHS in the recruitment of new staff to handle this portfolio of work. EDI will continue to lend support to HHS as needed to help where we can with this inventory. We feel confident that once HHS recruits’ additional staff and fills their leadership positions, they will be postured to complete the issuance of these Actions and Orders in a timely fashion. |

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| **Part E.3 – Executive Summary: Workforce Analyses**  Program Deficiencies: FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDivs) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  Action Plan: We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  Data Background: Demographic data was extracted from the Business Intelligence System (BIIS) system as of September 30, 2019, and uploaded BIIS A and B Tables December 13, 2019. DHHS Equal Employment Opportunity, Diversity, and Inclusion (EEODI) office modified the BIIS B Tables, April 8, 2020, and NIH downloaded the modified B Tables on April 10, 2020. Included are workforce and personnel action comparisons by (1) Sex; (2) Race & Ethnic Origin Group; and (3) Disability Status. MD-715 data tables referenced are included in the appendices. Permanent employees were indicated by having tenure code 1 or 2, or pay plan ES or RS regardless of tenure code This data was supplemented by benchmarking data obtained from the 2010 US Census Bureau’s Civilian Labor Force (CLF) data tool and the Equal Employment Opportunity Commission (EEOC) Federal Goals for Persons with Reportable Disabilities and Targeted Disabilities, as of September 30, 2019.  The analysis provided below excluded the following workforce: Commissioned Corps, Foreign Nationals (non-citizens), Experts (ED, EE), Consultants (EF, EG), Advisory Committee Members (EH, EI), and employees with a missing race/ethnicity code.  Composition of the NIH Total Workforce: At the end of the Fourth Quarter of FY 2019, NIH’s total workforce population (permanent and temporary) included 15,557 employees. These analyses excluded Commission Corps and Advisory Board (CC and EI Pay Plans) staff.  Chart, line chart Trend Analysis Depicting cumulative total workforce.  FY 2017 = 17982 FY 2018 = 17442 and FY 2018 = 15557  Figure 1. Total NIH Workforce from FY 2017-FY 2019\*  \*The figures for this chart was based on the BIIS Table A1: Total Workforce as of September 30, 2019. The exclusion of data with missing race/ethnicity code in FY2019 could affect the total number of NIH workforce.  For the third consecutive fiscal year, NIH has experienced a significant decrease in the workforce (See Figure 1). In comparing the number of employees at the end of the FY (between FY 2017-2019), NIH experienced a net loss of -10.0% (2,425) in the workforce. NIH’s yearly pace of net loss is as follows: by -3.0% (540) individuals from FY 2017 to FY 2018; by 3.1% (1885) from FY 2018 to FY 2019. It is important to note that the decrease from FY 2018 to FY 2019 was inaccurate because there was an increase in missing data (see data disclaimer above). A more recent NIH analysis showed that the total permanent and temporary federal workforce at the end of FY 2019 at NIH is 17,299, or 0.1% decrease (143 individuals) from FY 2018.  While the NIH workforce numbers are decreasing yearly, participation rates of NIH populations in terms of race, ethnicity, sex, and disability status have remained relatively constant over time.  Chart, bar chart Trend Analysis covering FY 2017 through FY 2019 NIH Total Workforce by Race and Ethnicity versus CLF FY 2019 = 15557 total workforce 58 percent nonHispanic White 22 percent Black 16 percent Asian Pacific Islander 6 percent American Indian Alaska Natives 3 point 5 percent Hispanic  Figure 2. NIH Total Workforce by Race/Ethnicity from FY 2017 to FY 2019  As of September 30, 2019, DHHS data showed that NIH had a total of 15,557 full-time equivalent (FTE) employees. Of the NIH’s FTE workforce, 58.0 % of the employees were non-Hispanic-White, 22.0% non-Hispanic African American or Black, 16.0% non-Hispanic Asians/Pacific Islanders, 0.6% non-Hispanic American Indians/Alaska Natives, and 3.5% Hispanic (Figure 2). The result was summarized based on the Race and National Origin (RNO) variable; therefore, the number for Native Hawaiian/Pacific Islanders and Two or more races were not captured.  Compared to FY 2018, the participation rate of non-Hispanic Whites increased by 1.0% in FY2019, the African Americans/Blacks increased by 2.0%, and the Asians decreased by 2.0%. The participation rates of Hispanics and non-Hispanic American Indians/Alaska Natives remained the same. All groups except for Hispanic were represented at a rate greater than the 2010 CLF. The Hispanic representation in the NIH workforce was well-below the CLF (3.5% vs. 10.0%).  Chart, bar chart, waterfall chart  Trend Analysis on NIH Total Workforce by Sex from FY 2017 through FY 2019  In FY 2019 = 39 point 6 percent were males total 6172  In FY 2019 = 60 point 3 percent were females total 9385  Figure 3. NIH Total Workforce by Sex from FY 2017 to FY 2019  The female and male participation rates in NIH workforce were stable from FY2017 to FY2019 (Figure 3). Of the total federal workforce in FY2019, 39.6 % (6,172) were males, and 60.3 % (9,385) females. As in previous years, the participation rate for males is less than expected in comparison to the CLF, while the female participation rate is higher than expected.  Chart, bar chart Separation Rates by Race and Ethnicity for NIH Permanent Workforce FY 2017 through FY 2019  Asians decreased from 10 point 8 percent to 7 point 6 percent Blacks increased from 27 percent to 30 percent Hispanics increased from 2 point 6 percent to 3 point 5 percent Whites separation did not change  Figure 4. Separation Rates by Race and Ethnicity of NIH Permanent Workforce from FY 2017 to FY 2019. “NH” is defined as non-Hispanic.    We took a closer examination on the separate rates of various racial and ethnic groups in NIH permanent workforce (Figure 4). From FY 2017 to FY 2019, the separation rate of Asians decreased from 10.8% to 7.6%. The separation rates of non-Hispanic African Americans/Blacks increased from 27.0% to 30.0% and Hispanics increased from 2.6% to 3.5%. Non-Hispanic Whites separation rate did not change from FY 2017 (59.1%) to FY 2019 (at 59.0%). Separations are indicated by the Nature of Action Codes 300 thru 399, excluding those who left unit via promotion conversion or transfer within HHS.  Chart, bar chart  Trend Analysis depicting Percentage of PWD and PWTD in the NIH Total Workforce FY 2017 through FY 2019 PWD representation in FY 2019 = 7 point 8 percent and PWTD increased representation = 2 point 4 percent which superseded the Federal Goal of 2 percent  Figure 5. Persons with Disabilities in NIH Workforce from FY 2017 to FY 2019  Figure 5 illustrates the percentage of Persons with Reportable (PWD) and Persons with Targeted (PWTD) disabilities in the NIH workforce between FY 2017 and FY 2019. The EEOC Federal Goals for federal agencies workforce are12.0% for PWD, and 2.0% for PWTD.  The representation of PWD, including those with targeted disabilities, was at 7.8% in FY 2019, a 0.5% increase from FY 2018 and 0.4% increase from FY 2017. We observed that the number of PWTD fell slightly from 1.4% in FY 2017 to 1.3% in FY 2018, and then increased by 1% in FY2019. Although the representation of PWD was lower than the 12% Federal Goal, the representation of PWTD increased to 2.4% in FY 2019, which superseded the Federal Goal of 2.0%. The increase from FY 2018 to FY 2019 was confounded with a correction of the targeted disability coding. Specifically, it was found that some of the reportable disability codes that were re-classified as targeted disabilities were not implemented after the update of the SF-256 form by the Office of Personnel Management. The correction was made in FY2019 B Tables. Further examination of trend data is needed to confirm changes in PWTD representation over time.  Chart, bar chart  Inclusion Rates of PWD and PWTD Separations in FY 2019 PWD = 2 percent separation rate PWTD =7 point 8 percent separation rate The inclusion rate analysis suggests that triggers exist for the separations of PWD and PWTD  Figure 6. Inclusion Rates of PWD and PWTD Separations in FY 2019  The inclusion rates of separations of PWD and PWTD were examined to decide whether PWD/PWTD were separating disproportionally in FY2019. As shown in Figure 6, 7.8% of PWD at NIH were separated in FY 2019, whereas 6.0% of Persons Without Disability (PWOD) separated. This suggests that PWD employees at NIH were nearly 2% more likely to separate from NIH than employees without a disability. Similarly, 7.8% of PWTD separated from NIH while 6.1% of employees without a targeted disability (PWOTD) separated. The inclusion rate analysis suggests that triggers exist for the separations of PWD and PWTD. |

**Part E.4 – Executive Summary: Accomplishments**

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| The NIH Civil Program, with oversight by the Anti-Harassment Steering Committee chaired by the NIH Principal Deputy Director, developed and implemented the NIH Anti-Harassment Policy and Guidance which outlines the agency’s commitment to a workplace free of harassment, verbal abuse, physical assault, etc. For more information, please visit <https://hr.nih.gov/working-nih/civil/anti-harassment-policies-videos>. They also developed and implemented a Personal Relationship Policy Statement and Guidance that promotes a positive work environment free from relationships that cause real or perceived conflict of interest. See [https://hr.nih.gov/working-nih/civil/personal-relationship-policy-statement-and-guidance. The](https://hr.nih.gov/working-nih/civil/personal-relationship-policy-statement-and-guidance.%20The) Office of Equity, Diversity & Inclusion (EDI) developed and updated NoFEAR/POSH training and over 35k employees completed by mandatory deadline. In addition, the NIH Director approved this training to be taken annual by all NIH employees and the mandatory email shutdown for those employees who did not complete the NoFEAR/POSH training. EDI worked with our Information Technology team to implement this shutdown in FY 2019, ensuring 100% compliance for this training. |
| The Working Group on Women in Biomedical Careers (WGWBC), co-sponsored by the Office of Research on Women’s Health (ORWH) along with Dr. Gottesman, is a trans-NIH effort to consider barriers for women in science and develops innovative strategies to promote entry, recruitment, retention, and sustained advancement of women in biomedical and research careers. This workgroup is chaired by Dr. Francis Collins and Dr. Janine Clayton and meets 4 times per year. For more information see <https://womeninscience.nih.gov/>. |
| The Division of Immigration Services (DIS) hosted its 17th Annual Immigration Conference on April 23 and 24, 2019. The highlight of this year’s conference was the Plenary Session, where representatives from the Division of International Services, Human Resources, the NIH Civil Program and the Office of Training and Education all discussed challenges facing administrators working with foreign nationals at NIH. Discussions were held on how to handle personnel issues, from hiring, transfers to ending programs, were informative and well received by all in attendance. The annual conference features over 20 sessions on immigration topics, geared at all levels of knowledge, for administrators working with foreign nationals. |
| |  | | --- | | **Federal Employee Viewpoint Survey- NIH 2019 Accomplishments**   * The NIH’s response rate was 66.4%, representing a 4.2% increase over the previous year. * The NIH’s Inclusion Quotient was 72%, representing no change from previous year. * More information can be found on the 2019 NIH FEVS Infographic <https://hr.nih.gov/sites/default/files/public/documents/working-nih/fevs-federal-employment-viewpoint-survey/pdf/2019fevsinfographic.pdf>.   **Please check out our online spaces for additional accomplishments in EEO, Diversity and Inclusion at the NIH:**   * <https://www.edi.nih.gov/> * <https://twitter.com/nih_edi> * <https://www.instagram.com/nih_edi/> * <https://www.youtube.com/user/EDIstandard> * <https://diversity.nih.gov/> * <https://hr.nih.gov/jobs/jobseekers-disabilities-applicant-information>     **FY 2019 MD-715 Institute and Center (IC) Accomplishments**  **General Themes Across ICs**   * Professional Development Opportunities for Staff * Pipeline Development through College, University, and Organizations Collaboration and Student Training Opportunities *(Diversifying the Scientific Workforce of the Future)* * Outreach to Diversify the Workforce   **National Cancer Institute (NCI)** launched a recruiting event for senior-level graduate students to fill NCI postdoctoral positions. This event was the result of participation in the Diversity Task Force. NCI's diversity leaders were focused on recruitment and community building amongst scientists from underrepresented populations. They planned the recruiting event with the hopes of identifying 25 senior level graduates from diverse backgrounds. At least six applicants were offered postdoc positions following the event.  **National Heart Lung and Blood Institute (NHLBI).** To prepare for an upcoming solicitation to support the Diversity and Inclusion Program, NHLBI hosted an Industry Day. A traditional industry day would have been used to communicate the government’s needs and expectations to the potential vendors – asking them for feedback on a narrow set of assumptions. Instead, NHLBI instituted a different approach, whereby organization leaders explained who we are, what we have done to promote D&I, and why D&I is important to the scientific mission – and we did it using creative approaches – speeches, videos, materials, and 1:1 conversations. More than 30 companies participated. The information obtained from vendors was used to conduct market research, using a pre-set of developed questions to assess industry capabilities. These questions and comments from vendors also helped to identify gaps in information and understanding.  **National Institute of Neurological Disorders and Stroke (NINDS)** partnered with SEEC (Seeking Employment, Equity and Community for People with Developmental Disabilities) and Ivymount’s programs and partnerships for people with autism and other developmental disabilities to launch Project Search 2.0. NINDS partnered with multiple ICs to establish development sites for 7 interns. Each rotation provides the intern(s) with multi-layered opportunities for growth and development, with the goal of finding employment.  **The Clinical Center (CC)** trained 2,000 employees on Implicit Bias.  **The Fogarty International Center (FIC)** partnered with external stakeholders and host town halls on D&I topics. Convened a workshop, “Building a Diverse and Inclusive Workplace,” for all FIC staff. The session covered implicit bias, gender equity and other related topics to promote individual and organizational awareness of diversity and inclusion in the workplace.  **National Center for Advancing Translational Sciences (NCATS)** hired 11 Schedule A employees in FY 2019 and 18% of those Schedule A new hires were Hispanic.  **National Institute of Environmental Health Sciences (NIEHS)** began a “Women in Science Coffee Break” providing opportunities for female trainees to meet NIEHS female group leaders from outside institutions and openly discuss topics like career paths, inclusion and work-life balance. | |

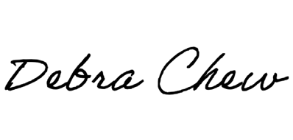
PART F: Certification of Establishment of Continuing Equal Employment Opportunity Programs

I, **Debra C. Chew, Esq., Director, Office of Equity, Diversity and Inclusion, ES-340**, am the Principal EEO Director/Official for **National Institutes of Health, Department of Health and Human Services**.

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

The agency has also analyzed its workforce profiles and has plans to conduct barrier analyses aimed at detecting whether any management or personnel policy, procedure or practice is operating to disadvantage any group based on race, national origin, gender or disability. EEO Plans to Eliminate Identified Barriers, as appropriate, are included with this Federal Agency Annual EEO Program Status Report.

I certify that proper documentation of this assessment is in place and is being maintained for EEOC review upon request.



Debra C. Chew, Esq., Director, EDI Date

Signature of Principal EEO Director/Official

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

 August 30, 2020

Francis S. Collins, M.D., Ph.D., Director, NIH Date Signature of Agency Head or Agency Head Designee

# MD-715 - PART G

# Agency Self-Assessment Checklist

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| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **A.1 – The agency issues an effective, up to date EEO policy statement.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **A.1.a** | Does the agency annually issue a signed and dated EEO policy statement on agency letterhead that clearly communicates the agency’s commitment to EEO for all employees and applicants? If “yes”, please provide the annual issuance date in the comment’s column. [see MD-715, II(A)] | Yes | 8/6/2019 <https://www.edi.nih.gov/blog/news/nih-director-2019-eeo-and-diversity-and-inclusion-policy>. |
| **A.1.b** | Does the EEO policy statement address all protected bases (age, color, disability, sex (including pregnancy, sexual orientation and gender identity), genetic information, national origin, race, religion, and reprisal) contained in the laws EEOC enforces?[see 29 CFR § 1614.101(a)] | Yes |  |
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| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **A.2 – The agency has communicated EEO policies and procedures to all employees.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **A.2.a** | Does the agency disseminate the following policies and procedures to all employees? | N/A |  |
| **A.2.a.1** | Anti-harassment policy? [see MD 715, II(A)] | Yes | NIH has issued two new policies that apply to all NIH employees, contractors, fellows, trainees, and visitors at NIH facilities: Manual Chapter 1311: Prevention of Harassment and Inappropriate Conduct; and NIH Policy Statement: Personal Relationships in the Workplace. For more information refer to <https://hr.nih.gov/working-nih/civil/nih-civil-program-related-policy>. |
| **A.2.a.2** | Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)] | No | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, however it has not yet been fully disseminated throughout NIH, including posting on the EDI website. |
| **A.2.b** | Does the agency prominently post the following information throughout the workplace and on its public website? | N/A |  |
| **A.2.b.1** | The business contact information for its EEO Counselors, EEO Officers, Special Emphasis Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)] | Yes | EDI posts printed posters throughout the workplace and makes written materials available to all employees and applicants via our public-facing EDI website: <https://www.edi.nih.gov/resolutions/resources-faqs>. |
| **A.2.b.2** | Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 C.F.R § 1614.102(b)(5)] | Yes | EDI posts printed posters throughout the workplace and makes written materials available to all employees and applicants via our public-facing EDI website: <https://www.edi.nih.gov/resolutions/resources-faqs>. |
| **A.2.b.3** | Reasonable accommodation procedures? [see 29 C.F.R. § 1614.203(d)(3)(i)] If so, please provide the internet address in the comment’s column. | No | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, however it has not yet been fully disseminated throughout NIH, including posting on the EDI website. |
| **A.2.c** | Does the agency inform its employees about the following topics? | Yes |  |
| **A.2.c.1** | EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If “yes”, please provide how often. | Yes | Annually through the EDI Cares Email, last sent on 10/30/2018, plus ongoing via posters, websites, and training classes. |
| **A.2.c.2** | ADR process? [see MD-110, Ch. 3(II)(C)] If “yes”, please provide how often. | Yes | Annually through the EDI Cares Email, last sent on 10/30/2018. |
| **A.2.c.3** | Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often. | No |  |
| **A.2.c.4** | Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If “yes”, please provide how often. | Yes | Annually. Most recently the training was updated on 10/22/18 plus ongoing via posters, websites, training classes. All employees are mandated to view a training video. |
| **A.2.c.5** | Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR § 2635.101(b)] If “yes”, please provide how often. | Yes | Annually through the EDI Cares Email, last sent on 10/30/2018plus ongoing via posters, websites (e.g., toolkits), training classes. |
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| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **A.3 – The agency assesses and ensures EEO principles are part of its culture.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Compliance Indicator** |
| **A.3.a** | Does the agency provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a) (9)] If “yes”, provide one or two examples in the comments section. | Yes | The NIH Harvey J. Bullock Award for Equity, Diversity, and Inclusion; Yvonne Thompson Maddox Award for Equity, Diversity, and Inclusion; and NIH Equity, Diversity, and Inclusion Award of the Year awards are examples of NIH recognition for superior accomplishments in EEO. |
| **A.3.b** | Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250] | Yes |  |
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| **Essential Element B: Integration of EEO into the agency’s Strategic Mission This element requires that the agency’s EEO programs are structured to maintain a workplace that is free from discrimination and support the agency’s strategic mission.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.1 - The reporting structure for the EEO program provides the principal EEO official with appropriate authority and resources to effectively carry out a successful EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **B.1.a** | Is the agency head the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)] | Yes |  |
| **B.1.a.1** | If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If “yes,” please provide the title of the agency head designee in the comments. | N/A |  |
| **B.1.a.2** | Does the agency’s organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)] | Yes | <https://oma.od.nih.gov/IC_Organization_Chart/OD%20Organizational%20Chart.pdf> |
| **B.1.b** | Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency’s EEO program?[see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I] | Yes |  |
| **B.1.c** | During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I)] If “yes”, please provide the date of the briefing in the comment’s column. | Yes | 08/05/2020 |
| **B.1.d** | Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)] | Yes |  |
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| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.2 – The EEO Director controls all aspects of the EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Compliance Indicator** |
| **B.2.a** | Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)] | Yes |  |
| **B.2.b** | Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)] | Yes |  |
| **B.2.c** | Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.] | Yes |  |
| **B.2.d** | Is the EEO Director responsible for overseeing the timely issuing final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.] | N/A | Handled at the DHHS level. |
| **B.2.e** | Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502] | Yes |  |
| **B.2.f** | Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)] | Yes |  |
| **B.2.g** | If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)] | N/A | NIH does not have subordinate level EEO offices. |
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| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.3 - The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **B.3.a** | Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)] | Yes |  |
| **B.3.b** | Does the agency’s current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If “yes”, please identify the EEO principles in the strategic plan in the comment’s column. | Yes | Enhance Workforce Diversity. NIH strongly believes that diversity in the biomedical research workforce is critical to producing new scientific discoveries. From NIH’s vantage point, racial and ethnic diversity is paramount. It is also important to pursue diversity in other areas, including sex and gender, socioeconomic status, geographic location, and disability status. <https://www.nih.gov/sites/default/files/about-nih/strategic-plan-fy2016-2020-508.pdf> |
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| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.4 - The agency has sufficient budget and staffing to support the success of its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **B.4.a** | Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas: | N/A |  |
| **B.4.a.1** | to conduct a self-assessment of the agency for possible program deficiencies. [see MD-715, II(D)] | Yes |  |
| **B.4.a.2** | to enable the agency to conduct a thorough barrier analysis of its workforce. [see MD-715, II(B)] | No |  |
| **B.4.a.3** | to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)] | No |  |
| **B.4.a.4** | to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comment’s column. | No | EDI is updating mandatory training on No FEAR and anti-harassment to include training on retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR. |
| **B.4.a.5** | to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)] | N/A |  |
| **B.4.a.6** | to publish and distribute EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)] | Yes | We provide digital and/or print posters NIH-wide, including training materials, web materials, printed materials. |
| **B.4.a.7** | to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section. | No | New plan regarding accurate data collection and tracking systems for workforce demographics and applicant flow. |
| **B.4.a.8** | to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709] | Yes |  |
| **B.4.a.9** | to effectively manage its anti-harassment program. [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] | No | For more information refer to <https://hr.nih.gov/working-nih/civil>. |
| **B.4.a.10** | to effectively manage its reasonable accommodation program. [see 29 CFR § 1614.203(d)(4)(ii)] | Yes |  |
| **B.4.a.11** | to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)] | Yes |  |
| **B.4.b** | Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)] | Yes |  |
| **B.4.c** | Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)] | Yes |  |
| **B.4.d** | Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110? | Yes |  |
| **B.4.e** | Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110? | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.5 – The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **B.5.a** | Pursuant to 29 CFR § 1614.102(a)(5),have all managers and supervisors received training on their responsibilities under the following areas under the agency EEO program: | N/A | . |
| **B.5.a.1** | EEO Complaint Process? [see MD-715(II)(B)] | Yes | This plan is closed as of 2019. All FTES currently get training on the EEO complaints process– accomplished on 11/15/2019. |
| **B.5.a.2** | Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)] | No | Developing a mechanism to put this to the managers’ list serve or include it in the next update of No FEAR and POSH (mandatory email shutdown). |
| **B.5.a.3** | Anti-Harassment Policy? [see MD-715(II)(B)] | Yes | This plan is closed as of 2019. All FTES currently get training on anti-harassment– this was accomplished on 11/15/2019. Over 99.5% of the NIH workforce has been trained. Total Number of Trainings Completed: 35488. |
| **B.5.a.4** | Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)] | No | Coordinate through the training committee to identify ways to provide interpersonal skills training to manage a diverse workforce. |
| **B.5.a.5** | ADR, with emphasis on the federal government’s interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)] | No | Our current mandatory training does not include ADR; however, it is included in the EEO compliance training (not mandatory). |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **B.6 – The agency involves managers in the implementation of its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **B.6.a** | Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I] | Yes | Senior managers have been identified in each of the NIH SEP Engagement Committees, they are serving as the “Champion” for the constituency group. |
| **B.6.b** | Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I] | No |  |
| **B.6.c** | When barriers are identified, do senior managers assist in developing agency EEO action plans (Part I, Part J, or the Executive Summary)? [see MD-715 Instructions, Sec. I] | No |  |
| **B.6.d** | Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR § 1614.102(a)(5)] | No |  |
|  | | | |
| **Essential Element C: Management and Program Accountability This element requires the agency head to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the agency’s EEO Program and Plan.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.1 – The agency conducts regular internal audits of its component and field offices.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.1.a** | Does the agency regularly assess its component and field offices for possible EEO program deficiencies?[see 29 CFR §1614.102(c)(2)]If ”yes”, please provide the schedule for conducting audits in the comments section. | N/A |  |
| **C.1.b** | Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)]If ”yes”, please provide the schedule for conducting audits in the comments section. | N/A |  |
| **C.1.c** | Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)] | N/A |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.2 – The agency has established procedures to prevent all forms of EEO discrimination.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **C.2.a** | Has the agency established comprehensive anti-harassment policy and procedures that comply with EEOC’s enforcement guidance?[see MD-715, II(C); Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)] | Yes | NIH has issued two new policies that apply to all NIH employees, contractors, fellows, trainees, and visitors at NIH facilities: Manual Chapter 1311: Prevention of Harassment and Inappropriate Conduct; and NIH Policy Statement: Personal Relationships in the Workplace. For more information please refer to <https://hr.nih.gov/working-nih/civil/nih-civil-program-related-policy>. |
| **C.2.a.1** | Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] | Yes |  |
| **C.2.a.2** | Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006] | Yes |  |
| **C.2.a.3** | Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)] | Yes |  |
| **C.2.a.4** | Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [see Enforcement Guidance, V.C.] | Yes |  |
| **C.2.a.5** | Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see Complainant v. Dep’t of Veterans Affairs, EEOC Appeal No. 0120123232 (May 21, 2015); Complainant v. Dep’t of Defense (Defense Commissary Agency), EEOC Appeal No. 0120130331 (May 29, 2015)] If “no”, please provide the percentage of timely-processed inquiries in the comment’s column. | No | A new plan has been developed for EDI to work with the Civil Office to identify the average time to begin an inquiry. The percentage of timely processed inquiries will be reported in the MD-715 for FY 2021. |
| **C.2.a.6** | Do the agency’s training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)] | No | A new plan has been developed to ensure mandatory NoFEAR/POSH training materials include examples of disability-based harassment. |
| **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)] | No | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, however it has not yet been fully disseminated throughout NIH, including posting on the EDI website. |
| **C.2.b.1** | Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR 1614.203(d)(3)(D)] | Yes |  |
| **C.2.b.2** | Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)] | Yes |  |
| **C.2.b.3** | Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)] | Yes |  |
| **C.2.b.4** | Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)] | Yes |  |
| **C.2.b.5** | Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If “no”, please provide the percentage of timely-processed requests in the comment’s column. | No | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, however it has not yet been fully disseminated throughout NIH, including posting on the EDI website.  Out of 156 approved accommodation requests 72.55% were processed within the required timeframe.  Not every request comes through our timeframes. |
| **C.2.c** | Has the agency established procedures for processing requests for personal assistance services that comply with EEOC’s regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR 1614.203(d)(6)] | No |  |
| **C.2.c.1** | Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR § 1614.203(d)(5)(v)] If “yes”, please provide the internet address in the comment’s column. | No |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.3 - The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **C.3.a** | Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program? | Yes | There is an element in all managers and supervisors’ administrative checklist performance requirements that evaluates their commitment to EEO policies and principles and their participation in the EEO program. |
| **C.3.b** | Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities? | N/A |  |
| **C.3.b.1** | Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.2** | Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.3** | Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.4** | Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.5** | Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.6** | Provide disability accommodations when such accommodations do not cause an undue hardship? [ see 29 CFR §1614.102(a)(8)] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.7** | Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.8** | Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.b.9** | Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)] | No | Working with HHS to develop a department wide policy, new PMAP Elements; as well as new procedures. |
| **C.3.c** | Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)] | No | When there is a finding or a settlement due to management’s inaction or inappropriate action, the EDI Director provides guidance. |
| **C.3.d** | When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)] | No | When there is a finding or a settlement due to management’s inaction or inappropriate action, the EDI Director provides guidance. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.4 – The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.4.a** | Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)] | Yes |  |
| **C.4.b** | Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I] | No |  |
| **C.4.c** | Does the EEO office have timely access to accurate and complete data (e.g., demographic data for workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)] | No | Working with HHS to make the required changes to achieve accurate data collection and complete data reporting. |
| **C.4.d** | Does the HR office timely provide the EEO office have timely access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)] | No |  |
| **C.4.e** | Pursuant toSection II(C) of MD-715,does the EEO office collaborate with the HR office to: | N/A |  |
| **C.4.e.1** | Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)] | No |  |
| **C.4.e.2** | Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)] | Yes |  |
| **C.4.e.3** | Develop and/or provide training for managers and employees? [see MD-715, II(C)] | Yes |  |
| **C.4.e.4** | Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)] | No |  |
| **C.4.e.5** | Assist in preparing the MD-715 report? [see MD-715, II(C)] | Yes | EDI has updated the H plans to name the appropriate HR responsible management officials needed to prepare the MD-715 report. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.5 – Following a finding of discrimination, the agency explores whether it should take a disciplinary action.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.5.a** | Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? 29 CFR § 1614.102(a)(6); see also Douglas v. Veterans Administration, 5 MSPR 280 (1981) | Yes |  |
| **C.5.b** | When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct?[see 29 CFR §1614.102(a)(6)]If “yes”, please state the number of disciplined/sanctioned individuals during this reporting period in the comments. | No | EDI is establishing a tracking system of discipline or sanctioning for discriminatory conduct. |
| **C.5.c** | If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct?[see MD-715, II(C)] | Yes | We inform the Responsible Management Official and the Executive Officer for the Institute or Center. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **C.6 – The EEO office advises managers/supervisors on EEO matters.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **C.6.a** | Does the EEO office provide management/supervisory officials with regular EEO updates on at least an annual basis, including EEO complaints, workforce demographics and data summaries, legal updates, barrier analysis plans, and special emphasis updates? [see MD-715 Instructions, Sec. I] If “yes”, please identify the frequency of the EEO updates in the comment’s column. | Yes | EDI provides management/supervisory officials with regular EEO updates on a biannual basis. |
| **C.6.b** | Are EEO officials readily available to answer managers’ and supervisors’ questions or concerns? [see MD-715 Instructions, Sec. I] | Yes |  |
|  | | | |
| **Essential Element D: Proactive Prevention This element requires that the agency head make early efforts to prevent discrimination and to identify and eliminate barriers to equal employment opportunity.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.1 – The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **D.1.a** | Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I] | No |  |
| **D.1.b** | Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] | No |  |
| **D.1.c** | Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR 1614.203(d)(1)(iii)(C)] | No |  |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.2 – The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **D.2.a** | Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)] | No |  |
| **D.2.b** | Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability?[see 29 CFR §1614.102(a)(3)] | No |  |
| **D.2.c** | Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments? [see 29 CFR §1614.102(a)(3)] | Yes | In coordination with NIH Office of Management Analysis (OMA), EDI reviews all proposed organization changes at the NIH. Please refer to <https://policymanual.nih.gov/0001>. |
| **D.2.d** | Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] If “yes”, please identify the data sources in the comment’s column. | No | Sources of data include but are not limited to complaint/grievance data, employee climate surveys, affinity groups, anti-harassment program, special emphasis programs, reasonable accommodation program. We do not currently have access to exit interview data, as well as some other data sources. |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.3 – The agency establishes appropriate action plans to remove identified barriers.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **D.3.a.** | Does the agency effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices?[see 29 CFR §1614.102(a)(3)] | No | Action plans have not yet been identified because trigger and barrier analysis has not yet been completed. |
| **D.3.b** | If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)] | No | Part I plans have not yet been identified because trigger and barrier analysis has not yet been completed. |
| **D.3.c** | Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)] | No | Plans are not periodically reviewed for effectiveness because trigger and barrier analysis has not yet been completed. |
|  |  |  |  |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **D.4 – The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **New Indicator** |
| **D.4.a** | Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)] Please provide the internet address in the comments. | Yes | <https://www.edi.nih.gov/sites/default/files/downloads/md-715/2018/nih-aap-pwd-2018.pdf> |
| **D.4.b** | Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR 1614.203(d)(1)(i)] | No |  |
| **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)] | No |  |
| **D.4.d** | Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)] | No |  |
|  | | | |
| **Essential Element E: Efficiency This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency’s EEO programs and an efficient and fair dispute resolution process.** | | | |
| This section does not have check boxes  **Compliance Indicator** | **E.1 -** **The agency maintains an efficient, fair, and impartial complaint resolution process.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| downarrow  **Measures** |
| **E.1.a** | Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105? | Yes |  |
| **E.1.b** | Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session**,** pursuant to29 CFR §1614.105(b)(1)? | Yes |  |
| **E.1.c** | Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant toMD-110, Ch. 5(I)? | Yes |  |
| **E.1.d** | Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO Counselor report, pursuant to MD-110, Ch. 5(I)? If so, please provide the average processing time in the comments. | Yes | The average processing time is 60 calendar days. |
| **E.1.e** | Does the agency ensure all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to29 CFR §1614.102(b)(6)? | Yes |  |
| **E.1.f** | Does the agency timely complete investigations, pursuant to 29 CFR §1614.108? | No | 132 average days for processing of investigations completed in 180 days or less.  250 average days for processing of investigations completed in 181 - 360 days. |
| **E.1.g** | If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)? | Yes |  |
| **E.1.h** | When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to29 CFR §1614.110(b)? | No |  |
| **E.1.i** | Does the agency timely issue final actions following receipt of the hearing file and the administrative judge’s decision, pursuant to 29 CFR §1614.110(a)? | N/A | Handled at the DHHS Level. |
| **E.1.j** | If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If “yes”, please describe how in the comments column. | N/A | NIH uses a HHS centralized contract for EEO investigations. |
| **E.1.k** | If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays during performance review? [See MD-110, Ch. 5(V)(A)] | Yes |  |
| **E.1.l** | Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.2 – The agency has a neutral EEO process.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**  **Revised Indicator** |
| **E.2.a** | Has the agency established a clear separation between its EEO complaint program and its defensive function?[see MD-110, Ch. 1(IV)(D)] | Yes |  |
| **E.2.b** | When seeking legal sufficiency reviews, does the EEO office have access to sufficient legal resources separate from the agency representative? [see MD-110, Ch. 1(IV)(D)] If “yes”, please identify the source/location of the attorney who conducts the legal sufficiency review in the comment’s column. | Yes | The Resolution and Equity Division performs the sufficiency review. |
| **E.2.c** | If the EEO office relies on the agency’s defensive function to conduct the legal sufficiency review, is there a firewall between the reviewing attorney and the agency representative?[see MD-110, Ch. 1(IV)(D)] | N/A | We do not rely on the agency defensive function to conduct the legal sufficiency review. |
| **E.2.d** | Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions?[see MD-110, Ch. 1(IV)(D)] | Yes |  |
| **E.2.e** | If applicable, are processing time frames incorporated for the legal counsel’s sufficiency review for timely processing of complaints? EEOC Report, *Attaining a Model Agency Program: Efficiency* (Dec. 1, 2004) | N/A |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.3 - The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **E.3.a** | Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process?[see 29 CFR §1614.102(b)(2)] | Yes | This plan is closed as of 2019. We do not see any gap in services with regards to mediation at this time. We have an Interagency agreement with FMCS for mediation and utilize Shared Neutrals. |
| **E.3.b** | Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)] | Yes |  |
| **E.3.c** | Does the agency encourage all employees to use ADR, where ADR is appropriate?[see MD-110, Ch. 3(IV)(C)] | Yes |  |
| **E.3.d** | Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)] | Yes |  |
| **E.3.e** | Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)] | Yes |  |
| **E.3.f** | Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.4 – The agency has effective and accurate data collection systems in place to evaluate its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **E.4.a** | Does the agency have systems in place to accurately collect, monitor, and analyze the following data? | Yes |  |
| **E.4.a.1** | Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)] | Yes |  |
| **E.4.a.2** | The race, national origin, sex, and disability status of agency employees?[see 29 CFR §1614.601(a)] | No |  |
| **E.4.a.3** | Recruitment activities? [see MD-715, II(E)] | No |  |
| **E.4.a.4** | External and internal applicant flow data concerning the applicants’ race, national origin, sex, and disability status? [see MD-715, II(E)] | No |  |
| **E.4.a.5** | The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)] | Yes |  |
| **E.4.a.6** | The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2] | Yes |  |
| **E.4.b** | Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I] | No |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **E.5 – The agency identifies and disseminates significant trends and best practices in its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **E.5.a** | Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If “yes”, provide an example in the comments. | Yes | NIH uses iComplaints as the tool to develop complaints trends reports. |
| **E.5.b** | Does the agency review other agencies’ best practices and adopt them, where appropriate, to improve the effectiveness of its EEO program?[see MD-715, II(E)] If “yes”, provide an example in the comments. | Yes | Barrier Analysis benchmarking. |
| **E.5.c** | Does the agency compare its performance in the EEO process to other federal agencies of similar size? [see MD-715, II(E)] | Yes |  |
|  | | | |
| **Essential Element F: Responsiveness and Legal Compliance This element requires federal agencies to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions.** | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **F.1 – The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **F.1.a** | Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions?[see 29 CFR §1614.102(e); MD-715, II(F)] | Yes |  |
| **F.1.b** | Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)] | Yes |  |
| **F.1.c** | Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)] | Yes |  |
| **F.1.d** | Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)] | Yes |  |
| **F.1.e** | When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)] | Yes |  |
|  | | | |
| This section does not have check boxes  **Compliance Indicator**  downarrow  **Measures** | **F.2 – The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **F.2.a** | Does the agency timely respond and fully comply with EEOC orders?[see 29 CFR §1614.502; MD-715, II(E)] | No |  |
| **F.2.a.1** | When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate EEOC hearing office? [see 29 CFR §1614.108(g)] | Yes |  |
| **F.2.a.2** | When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501] | Yes |  |
| **F.2.a.3** | When a complainant files an appeal, does the agency timely forward the investigative file to EEOC’s Office of Federal Operations?[see 29 CFR §1614.403(e)] | N/A | Handled at DHHS Level. |
| **F.2.a.4** | Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance? | Yes |  |
|  | | | |
| This section does not have check boxes This section Part G has identified over 60 deficiencies within the NIH on and organizational level.  All deficiencies were identified as a Yes **Compliance Indicator**  downarrow **Measures** | **F.3 - The agency reports to EEOC its program efforts and accomplishments.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **F.3.a** | Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)] | N/A | Handled at the DHHS Level. |
| **F.3.b** | Does the agency timely post on its public webpage its quarterly No FEAR Act data?[see 29 CFR §1614.703(d)] | Yes |  |

# MD-715 – Part H

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Demonstrated Commitment From agency Leadership** | NIH does not yet disseminate the following policies and procedures to all employees: Reasonable accommodation procedures **A.2.a.2** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Disseminate reasonable accommodation procedures to all NIH staff. | 03/31/2019 | 10/30/2020 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 2/30/2019 | Finalize NIH’s Reasonable Accommodations policy and procedures and update the current manual chapter on RA. | Yes | 9/30/2020 | 5/15/2020 |
| 3/31/2019 | Disseminate RA Policy & Procedures to all NIH staff via an all hands email with a link to the posting on the EDI website. | Yes | 10/30/2020 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, however it has not yet been fully disseminated throughout NIH, including posting on the EDI website.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Demonstrated Commitment From agency Leadership** | NIH does not yet prominently post the following information throughout the workplace and on its public website: Reasonable accommodation procedures **A.2.b.3** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Post reasonable accommodation procedures on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages. | 3/31/2019 | 10/30/2020 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 03/31/2019 | Post approved NIH RA Policy and Procedures on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages | Yes | 10/30/2020 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>, however it has not yet been fully disseminated throughout NIH, including posting on the EDI website.  Dates and language for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH does not yet inform its employees about the following topics:Reasonable accommodation program **A.2.c.3** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Develop and disseminate RA resources to the NIH community. | 12/31/2020 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2020 | Develop and disseminate RA resources to the NIH community to include a Diversity, EEO, and RA “flip guide”, as well as the EDI Cares email | Yes |  |  |
| 12/31/2020 | Disseminate RA resources to the NIH community through the EDI Executive Officer Portal. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH informs its employees about RA through quarterly RA training, as well as annually through the EDI Cares Email, and the EDI Executive Officer Portal. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | NIH has not yet allocated sufficient funding and qualified staffing to successfully implement the EEO program, to enable the agency to conduct a thorough barrier analysis of its workforce **B.4.a.2** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Contract with external vendor executed | 7/31/2019 | 12/30/2020 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/31/2019 | Statement of Work updated and approved. | Yes | 4/30/2020 | 4/30/2020 |
| 3/31/2019 | Identify EDI representatives to provide technical assistance to the contractor. | Yes | 8/30/2020 |  |
| 4/30/2019 | Statement of Work Posted. | Yes | 9/30/2020 |  |
| 5/30/2019 | Select Vendor. | Yes | 10/31/2020 |  |
| 7/31/2019 | Contract Executed. | Yes | 11/30/2020 |  |
| 7/31/2019 | Provide the contractor with available data sources and recommended Barrier Analysis Investigative Plans. | Yes | 12/30/2020 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  There were significant delays in the awarding and executing of the NIH Contract for Barrier Analysis, and subsequently the plans for establishing the trans-NIH working group(s) have been put on hold until the fourth quarter of FY 2019.  A team has been organized to provide the contractor with available data sources and recommended Barrier Analysis Investigative plans. The Barrier Analysis investigative plans have been updated by the Special Emphasis Portfolio Managers, and feedback has been provided by DID leadership. Any data deficiencies that have been identified will be included in action plans for the FY 2020 MD-715.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Resolutions and Equity, EDI | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Data Analytics and Customer Outreach Division (DACO), EDI | Dr. Shelma Little | Yes |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Anna Han | Yes |

**Planned Activities Toward Completion of Objective:**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | All FTES currently get training on EEO– accomplished on 11/15/2019), however the training does not currently include religious accommodations, reasonable accommodations, or the ADR process.  Over 99.5% over NIH workforce trained. Total Training Completed: 35488  FTEs: 17,640 (100% of employees with active directory based on NIH nVision data at the time  Contractors: 13,648  Fellows/trainees: 4,200 |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Data Analytics and Customer Outreach Division (DACO), EDI | Dr. Shelma Little | Yes |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Janetta Lun | Yes |

**Planned Activities Toward Completion of Objective:**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | Pursuant to 29 CFR § 1614.102(a)(5),have all managers and supervisors received training on their responsibilities under the following areas under the agency EEO program: EEO Complaints Process **B.5.a.1** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2019 | Ensure that all NIH managers and supervisors receive training related to the EEO Complaints Process. | 9/30/2022 |  | 11/15/2019 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Data Analytics and Customer Outreach Division (DACO), EDI | Dr. Shelma Little | Yes |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Anna Han | Yes |

**Planned Activities Toward Completion of Objective:**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2022 | Provide training on the EEO Complaints process for all managers and supervisors. | Yes |  | 11/15/2019 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report. |
| **2019** | This plan has been completed as of FY 2019. All FTES currently get training on the EEO complaints process– accomplished on 11/15/2019.  Over 99.5% over NIH workforce trained. Total Training Completed: 35488  FTES: 17,640 (100% of employees with active directory based on NIH nVision data at the time)  Contractors: 13,648  Fellows/trainees: 4,200 |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |
| Director of the Data Analytics and Customer Outreach Division (DACO), EDI | Dr. Shelma Little | Yes |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Anna Han | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/17 | Roll out new RA training for managers, supervisors and employees. | Yes |  | 9/30/2017 |
| 12/31/18 | Draft a new RA policy and procedures for dissemination to the NIH workforce and new employees. Once approved by NIH senior leadership, the policy and procedures will be posted on the EDI website and will be communicated to new employees at orientation (depending on business case approval.) | Yes | 5/30/2018 | 12/31/2018 |
| 1/31/20 | Ensure that the new online NoFEAR training module identifies responsibilities with regard to RA procedures. | Yes | 9/30/2024 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. <https://policymanual.nih.gov/2204>  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | All managers and supervisors have not yet received training on their responsibilities under the following area: Anti-Harassment Policy **B.5.a.3** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2019 | Provide Anti-Harassment Policy training to all NIH managers, and supervisors. | 12/30/2020 |  | 11/15/2019 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Data Analytics and Customer Outreach Division (DACO), EDI | Dr. Shelma Little | Yes |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Anna Han | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/30/2020 | Roll out new Anti-Harassment Training for all managers and supervisors. | Yes |  | 11/15/2019 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report. |
| **2019** | This plan has been completed. All FTES currently get training on anti-harassment– accomplished on 11/15/2019. Over 99.5% over NIH workforce trained. Total Training Completed: 35488  FTES: 17,640 (100% of employees with active directory based on NIH nVision data at the time)    Contractors: 13,648  Fellows/trainees: 4,200 |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | All managers and supervisors have not yet received training that equips them with interpersonal skills in order to supervise most effectively with diverse employees and avoid disputes arising from ineffective communications. **B.5.a.4 & C.3.b.4** |

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Workforce Support and Development Division (WSDD), OHR | Kristen-Dunn-Thomason | No |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Anna Han | Yes |

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

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/30/2019 | Collaborate with the NIH Training Coordinators to identify ways to provide interpersonal skills training to manage a diverse workforce. | Yes | 12/30/2021 |  |
| 6/30/2020 | Include content related to interpersonal skills needed to manage a diverse workforce in EDI’s in-person trainings. | Yes | 9/30/2024 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report. |
| **2019** | Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/10/2019 | Provide ADR training to all NIH managers, and supervisors. | 9/30/2022 | 9/30/3024 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Data Analytics and Customer Outreach Division (DACO), EDI | Dr. Shelma Little | Yes |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Anna Han | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2022 | Provide ADR training for all managers, and supervisors. | Yes | 9/30/2024 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report. |
| **2019** | Our current mandatory training does not include ADR, however it is included in the EEO compliance training (not mandatory).  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Integration of EEO into the agency’s Strategic Mission** | Senior managers do not yet participate in the barrier analysis process **B.6.b** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Ensure Champions of Special Emphasis Engagement Teams are actively engaged in the barrier analysis process. | 10/31/2019 | 10/30/2021 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 7/31/2019 | Conduct introductory workshops with key barrier analysis partners external to EDI, including Executive Champions of Engagement Committees, OHR, and COSWD. | Yes | 10/31/2020 |  |
| 9/30/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers utilizing the EEOC root cause analysis/decision tree approach. | Yes | 10/30/2021 |  |
| 10/31/2019 | Share the working group’s findings with EDI and NIH leadership. | Yes | 10/30/2021 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Involve senior manager Champions of Special Emphasis Engagement Teams in action planning for addressing barriers. | 9/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  Removed an activity to update the Standard Operating Procedures (SOP) for Executive Champions of the Special Emphasis Portfolio (SEP) engagement teams, including the responsibility to implement EEO Action Plans and Incorporate those plans into agency and IC strategic plans. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, R&E Division | Kimberly Kirkpatrick | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Civil Office, OHR | Jessica Hawkins | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | Civil implemented an internal workflow tracking system to track all allegations of harassment and inappropriate conduct they receive. Civil also hired a contractor to manage all intake the program receives from their web intake form, toll free hotline, and direct line. The Intake Specialist begins tracking the case in the system as soon as it is received and initiates a review of the matter within 1 – 2 business days of receiving the allegation. It is then assigned to a specialist, who reviews to determine next steps. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH’s training materials on its anti-harassment policy do not yet include examples of disability-based harassment **C.2.a.6** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2020 | Ensure that NIH’s training materials on its anti-harassment policy include examples of disability-based harassment. | 9/30/2021 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Director, Data Analytics and Customer Outreach, EDI | Dr. Shelma Little | Yes |
| Chief, Customer Outreach and Education Branch, DACO, EDI | Dr. Anna Han | Yes |
| Director, Civil Program, Office of Human Resources (OHR) | Jessica Hawkins | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2021 | Include examples of disability- based harassment in the training scenarios for the required No Fear and anti-harassment modules | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | This is a new H Plan and therefore NIH has no accomplishments to report currently. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | NIH has not established disability reasonable accommodation procedures that comply with EEOC’s regulations and guidance **C.2.b** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Establish a process for timely processing and tracking of all NIH reasonable accommodation requests. | 1/30/2020 |  | 5/15/2020 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, EDI | Deb Chew, Esq. | Yes |
| Director, GEM | Kendrick Gibbs | Yes |
| RA Branch Chief | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2020 | Establish a process for timely processing and tracking of all NIH reasonable accommodation requests. | Yes |  | 5/15/2020 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | This plan has been completed. EDI has established a process for timely processing and tracking of all NIH reasonable accommodation requests via Entellitrak. We’ve added a folder-based system (which is now electronic) and are updating our Entellitrak version for added functionality.  NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. <https://policymanual.nih.gov/2204> |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Utilize the RA tracking system to ensure timely processing and tracking of all NIH reasonable accommodation requests. | 12/31/2020 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2020 | Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan. In FY 2018 NIH received approximately 327 Reasonable Accommodation (RA) requests. Of the 327 RA requests a cumulative total of 297 (between 81% - 88%) were filled in a timely fashion according to NIH RA procedure guidelines. |
| **2019** | In FY 2019 NIH received approximately 215 Reasonable Accommodation (RA) requests. Of the 215 RA requests a cumulative total of 156 (72.55%) were filled in a timely fashion according to NIH RA procedure guidelines. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Establish procedures for processing requests for personal assistance services. | 04/30/2019 | 7/30/2021 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 04/30/2019 | Develop SOPs to utilize centralized personal assistance services (PAS) contract vehicle. | Yes | 7/30/2021 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. The policy includes the use of personal assistance services. <https://policymanual.nih.gov/2204>  Specific provision of PAS via HHS’s IDIQ has not yet occurred, as such we may need to develop an NIH contract. Currently, the IC would need to engage in a micropurchase to procure it.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Post procedures for processing requests for Personal Assistance Services on the NIH public website. | 05/30/2019 | 7/30/2020 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 05/30/2019 | Post procedures for processing requests for Personal Assistance Services on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages | Yes | 7/30/2020 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. <https://policymanual.nih.gov/2204>  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on conflict resolution and the participation in ADR proceedings. | 9/30/2021 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations on a guidance document for rating officials to evaluate the performance of managers and supervisors on conflict resolution and the participation in ADR proceedings. | Yes | 9/30/2021 |  |
| 12/30/2019 | 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. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on MD-110 instructions. | 9/30/2021 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director of Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |
| Director, R&E Division | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations for rating officials to evaluate the performance of managers and supervisors on MD-110 instructions, including cooperating with EEO counselors and investigators. | Yes | 9/30/2021 |  |
| 12/30/2019 | 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. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on ensuring a workplace that is free from all forms of discrimination, including harassment and retaliation? | 9/30/2021 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of CIVIL, (OHR) | Jessica Hawkins | No |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations for a guidance document for rating officials to evaluate the performance of managers and supervisors on ensuring a workplace that is free from all forms of discrimination, including harassment and retaliation. | Yes | 9/30/2021 |  |
| 12/30/2019 | EDI will work with Civil and OHR to formulate viable plans to develop a guidance document for rating officials to evaluate the performance of managers and supervisors. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on providing religious accommodations. | 09/30/2021 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director of Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations for a guidance document for rating officials to evaluate the performance of managers and supervisors on providing religious accommodations. | Yes | 9/30/2021 |  |
| 12/30/2019 | 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 on providing religious accommodations. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on providing reasonable accommodations. | 09/30/2021 | 09/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations a guidance document for rating officials to evaluate the performance of managers and supervisors on providing reasonable accommodations. | Yes | 9/30/2021 |  |
| 12/30/2019 | 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. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on supporting the barrier analysis initiative. | 09/30/2021 | 09/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations for a guidance document for managers and supervisors to support the EEO program in identifying and removing barriers to equal opportunity. | Yes | 9/30/2021 |  |
| 12/30/2019 | 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 to support the EEO program in identifying and removing barriers to equal opportunity. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on procedures for investigating and correcting harassing conduct. | 9/30/2021 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Office of CIVIL, (OHR) | Jessica Hawkins | No |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations for a guidance document to evaluate the performance of managers and supervisors on procedures for investigating and correcting harassing conduct. | Yes | 9/30/2021 |  |
| 12/30/19 | EDI will work with Civil and OHR to formulate viable plans to develop a guidance document for rating officials to evaluate the performance of managers and supervisors on procedures for investigating and correcting harassing conduct. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Develop a guidance document for rating officials to evaluate the performance of managers and supervisors on complying with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority. | 9/30/2021 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Access & Equity Branch | Stephon Scott | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2019 | Develop proposal of recommendations to evaluate the performance of managers and supervisors on complying with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority. | Yes | 9/30/2021 |  |
| 12/30/2019 | EDI will work with Civil and OHR to formulate viable plans to develop a guidance document. | Yes | 12/30/2021 |  |
| 9/30/2020 | Implement guidance document. | Yes | 9/30/2022 |  |
| 9/30/2021 | Evaluate effectiveness of guidance document. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/1/2019 | Develop a formal process to ensure that after a finding of discrimination or a settlement as a result of malfeasance of the manager that the EEO Director provides guidance on improvements or corrections, including remedial or disciplinary actions. | 11/30/2020 | 9/30/2021 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Workforce Relations Division (OHR) | Deborah Goelho | No |
| Director, Civil Office, Office of Human Resources (OHR) | Jessica Hawkins | No |
| Director, R&E Division | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new Part H plan and therefore NIH has no accomplishments are available at this time. |
| **2019** | The planned activities and target dates were modified to include research on the process that OHR/Civil uses where the IC is given a recommendation for discipline based upon inappropriate action on the part of the manager. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/1/2019 | Develop a Strategic Plan that implements policy and procedures to track and monitor if the EEO Director’s disciplinary action recommendations were implemented. | 11/30/2020 | 9/30/2021 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, R&E Division | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 08/30/2020 | Develop Strategic Plan on tracking and monitoring whether the EEO Director’s recommendations on remedial or disciplinary actions are implemented for managers and supervisors. | Yes | 9/30/2021 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | The planned activities and target dates were modified in order to streamline the development of the strategic plan on tracking and monitoring whether the EEO Director’s referred recommendations on remedial or disciplinary actions are implemented for managers and supervisors. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

|  |  |  |
| --- | --- | --- |
| **FY 2019 National Institutes of Health Plan** | | |
| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| **Management and Program Accountability** | NIH has not yet established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups **C.4.b** |

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2022 | Working with OHR, determine all NIH policies and procedures that are related to merit promotion, employee recognition, employee development/training programs. | Yes |  |  |
| 6/30/2023 | Work with OHR to develop a reasonable timeline to review these policies related to merit promotion, recognition, development and training programs for barriers to various populations. | Yes |  |  |
| 6/30/2024 | Work with OHR to understand the number of management/personnel policies, procedures, and practices that currently exist. | Yes |  |  |
| 6/30/2025 | Working with OHR, formulate a timeline and schedule for a review of all NIH policies that fall in these management/personnel domains. Develop timelines with milestones for a review of these OHR policies. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | NIH has no accomplishments to report currently. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Workforce Support and Development Division (WSDD), OHR | Kristen-Dunn-Thomason | No |
| Director of HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Director, Data Analytics and Customer Outreach, EDI | Dr. Shelma Little | Yes |
| Branch Chief, Data Analytics and Customer Outreach, EDI | Dr. Janetta Lun | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H Plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.   * The required data sources for MD-715 and barrier analysis are not yet available in terms of applicant flow, career development and leadership training. We want to assess the applicant flow issue further in 2020 and establish a more meaningful reporting cycle by 9/30/2020. Expanding the processes needed to collect career development and leadership training will also be assessed by the end of FY 2023. * EDI implemented bi-weekly meetings with DACO Data Analysts to identify, prioritize, and produce data needed for MD 715.  Feedback of these meetings have helped analysts expand the applicant flow data requirements of MD-715.  These meetings have become a forum for learning about the data gaps and limitations of various systems. * EDI established a system to gather information from stakeholders for Part J.  This includes, providing a template to the CIT OCIO section 508 Office, OHR Selective Placement Coordinator, EDI GEM Reasonable Accommodation Team, OD ORF Architectural Barrier Coordinator and EDI Resolution & Equity Division. Stakeholders received the template provided to stakeholders in early September for their offices to report their data for the MD-715 Part J. * Identified and corrected inconsistencies RCLF benchmarks for the analysis of Mission Critical Occupations. * Requested data from OHR in September for information regarding Schedule A and Selective Placement Coordinator. OHR provides the data from its Corporate Office to complete the MD-715 Part J. * Obtained access to recruitment reports via OHR’s Administrative Information Schedule [(AIS)](https://omoffice.od.nih.gov/programs/AdminCalendar/Lists/New%20AIS%20Calendar/DispForm.aspx?ID=3302&Source=https%3A%2F%2Fomoffice%2Eod%2Enih%2Egov%2Fprograms%2FAdminCalendar%2FSiteAssets%2FAIS%2Easpx) for updates on the status of vacancy announcements. * Worked with HHS on the integration of new BIIS 2.0 templates for MD-715 reports tables A and B.  Our review uncovered several deficiencies, such as errors in the formulas, use of latest Census Data and inconsistent CLF tabulations used for occupation-specific trigger and barriers analysis. Worked with the HHS BIIS developer to correct deficiencies that affected all HHS OPDIV MD-715 analysts.   Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | Does the HR office timely provide the EEO office to exit interview data, upon request.?**C.4.d** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Establish a process to request exit interview data from OHR and the NIH Institutes and Centers | 12/31/2020 | 12/31/2025 |  |

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2019 | Review the NIH-wide policy and procedures for exit interviews. | Yes |  | 6/30/2019 |
| 12/31/2025 | Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request. Determine what, if any processes, policies, and procedures are being utilized to collect, analyze, and produce exit interview reports. Conduct analysis on the number of people offered an exit interview vs. the number of people who do an exit interview. | No |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | OHR provides the exit survey report to us on a quarterly basis, however the individual ICs are collecting their own exit survey reports, or not participating at all in exit surveys.  Removed a planned activity to work with OHR to formulate viable plans to gain timely access to employee exit interview reports upon request. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Establish a process for the EEO office to collaborate with the HR office to implement the Affirmative Action Plan for Individuals with Disabilities. | 9/30/2020 | 10/30/2022 |  |

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently.  The NIH’s Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973.  Benchmarks for People with Disabilities and Targeted Disabilities   * People with disabilities 12% * People with targeted disabilities 2%   NIH’s Barrier Analysis Process  Step 1: Identify Triggers  Step 2: Investigate Barriers  Step 3: Devise Action Plan  Step 4: Assess Results |
| **2019** | EDI has been working closely with OHR in completing this project. The first step was completed by OHR by setting up an automatic email notification system to managers when someone’s 2-year probationary period is completed. Furthermore, at EDI we have established an all NIH managers listserv that will provide hiring mangers updates on updates on hiring people with disabilities. We will continue to meet and work with OHR to ensure a seamless process for hiring managers to hire people with disabilities. In addition, under H plan b.s.a.4 we will include information within the managers/supervisors mandatory training module to include information regarding hiring people with disabilities.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 01/01/2019 | Establish trans-NIH working groups to identify and assess triggers. | 09/30/2022 | 9/30/2025 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Diversity and Inclusion | Danny Dickerson | Yes |
| Director, Office of Human Resources | Julie Berko | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 8/15/2019 | Implement a series of working group meetings to conduct barrier analysis. With the working group, formulate viable plans to identify and remove barriers to equal opportunity in the workplace. Establish a process for identifying triggers, starting with the recruitment phase of the employee lifecycle. | Yes | 2/28/2021 |  |
| 10/31/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers utilizing the EEOC root cause analysis/decision tree approach. | Yes | 10/30/2021 |  |
| 9/30/2019 | EDI will work with OHR, COSWD, and other NIH stakeholders through the working group to formulate viable plans to identify and remove barriers to equal opportunity in the workplace. | Yes | 10/30/2021 |  |
| 9/30/2019 | Identify two triggers for further examination and develop a report of the working group’s progress. | Yes | 10/30/2021 |  |
| 10/31/2019 | Share the working group’s progress with EDI and NIH Leadership. | Yes | 10/30/2021 |  |
| 12/31/2021 | In collaboration with the workgroup, conduct root cause analyses to determine the causes of the identified triggers and pinpoint the causes of the discovered barriers. | Yes |  |  |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel and target dates. Ensure that the Champions of the SEP Engagement teams are engaged in action planning for addressing barriers. | Yes |  |  |
| 9/30/2025 | In collaboration with the workgroup, successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  Modified to reflect recruitment as a central theme for barrier analysis. Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Management and Program Accountability** | The EEO office does not yet collaborate with the HR office to assist in preparing the MD-715 report **C.4.e.5** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Establish a process for the HR office to assist in preparing the MD-715 report, including providing input into the H, I, and J plans, accomplishments, and data analysis. | 4/30/2019 |  | 9/5/2019 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Director of Client Services Division (CSD), OHR | Joe Martin | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2020 | Collaborate on standardizing the processes needed to get senior leaders in OHR to provide input for the annual MD-715 report, including providing input into the H, I, and J plans, accomplishments, and data analysis. | Yes |  | 9/5/2019 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently.  Our Standard Operating Procedures for MD-715 will include the process for data collection and MD-715 review with OHR. |
| **2019** | This plan has been completed. EDI made significant progress working with OHR Leaders on the standardization of data systems and data calls for all parts of the MD-715 report. EDI has updated the H plans to name the appropriate HR responsible management officials needed to prepare the MD-715 report. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/1/2019 | Establish a system of tracking of discipline or sanctioning of managers and employees for discriminatory conduct. | 11/30/2020 | 9/30/2021 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, R&E Division | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 11/30/2020 | Develop a policy/process that establishes procedures to track and monitor whether NIH considers and implements disciplinary actions for discriminatory behavior at the request of the EEO Director. | Yes | 9/30/2021 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet have a process for identifying triggers in the workplace **D.1.a** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 01/01/2018 | Establish a process for identifying triggers, and then identify potential triggers or anomalies for all protected populations. | 10/31/2019 | 10/30/2021 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 10/31/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers utilizing the EEOC root cause analysis/decision tree approach. | Yes | 10/30/2021 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **FY 2018** | The NIH has begun to identify triggers in our workforce using an investigative team approach. We utilized the root cause analysis questions outlined by the EEOC to guide this trigger identification process.  The Division of Diversity & Inclusion Strategist assessed all elements of the employee life cycle (recruitment, selection, promotion, career development, retention, and separation) and identified at least two triggers for each protected population group. Based on the areas of the identified triggers, SEPs and Diversity and Inclusion Strategists worked collaboratively to develop an investigative strategy for identifying triggers across all populations in the NIH workforce. Triggers have been identified using a variety of sources including the compulsory snapshots in the A and B data tables, as well as other information sources.  The identified triggers will serve as the foundation for the work of identifying potential barriers in our workforce. |
| **FY 2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  Removed a redundant step from another plan “EDI will work with OHR, COSWD, and other NIH stakeholders through the working group to establish a process for identifying triggers, utilizing the employee lifecycle.”  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups **D.1.b** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 012/31/2019 | Ensure accurate data is available to identify triggers, including but not limited to: workforce data; complaint/grievance data; exit surveys; focus groups; affinity groups; union; program evaluations; reasonable accommodation program; anti-harassment program; and/or external special interest groups. | 12/31/2025 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 5/15/2019 | Identify the systems and processes to obtain the required data sources needed to prepare the MD-715 plan and report as well as conduct barrier analysis. | Yes |  | 5/15/2019 |
| 9/30/2021 | EDI will work with OHR to formulate viable plans to establish the necessary processes to obtain the required data sources to prepare the MD-715 plan and report. | Yes |  |  |
| 9/30/2022 | Identify any data deficiencies and establish corrective action plans. Request ad hoc BIIS reports from HHS. | Yes |  |  |
| 9/30/2023 | Collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training. | Yes |  |  |
| 12/31/2025 | Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request. Determine what, if any processes, policies, and procedures are being utilized to collect, analyze, and produce exit interview reports. Conduct analysis on the number of people offered an exit interview vs. the number of people who do an exit interview. |  |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** |  |
| **FY 2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2020 | EDI will work with OHR, COSWD, and other NIH stakeholders 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. | 6/30/2025 | 12/31/2025 |  |

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/18 | Conduct benchmarking on how other agencies have executed the Barrier Analysis process. | Yes |  | 12/31/18 |
| 10/31/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers utilizing the EEOC root cause analysis/decision tree approach. | Yes | 10/30/2021 |  |
| 9/30/2019 | EDI will work with OHR, COSWD, and other NIH stakeholders through the working group to formulate viable plans for analyzing the identified triggers to find possible barriers. | Yes | 10/30/2021 |  |
| 12/31/2021 | In collaboration with the workgroup, conduct root cause analyses to determine the causes of the identified triggers and pinpoint the causes of the discovered barriers. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Per the EEOC, “Federal agencies have an ongoing obligation to prevent discrimination on the bases of race, color, national origin, [religion], sex, [age], reprisal, [genetic information], and disability, and eliminate barriers that impede free and open competition in the workplace. As part of this on-going obligation, agencies must conduct a self-assessment on at least an annual basis to monitor progress, identify areas where barriers may operate to exclude certain groups and develop strategic plans to eliminate identified barriers.”  While the NIH has developed a strategy to identify potential triggers in our workforce, we have not formally developed a strategy for furthering assessing these triggers and identifying the root causes of potential barriers.  NIH’s Barrier Analysis Process  Step 1: Identify Triggers  Step 2: Investigate Barriers  Step 3: Devise Action Plan  Step 4: Assess Results  Some of the steps that have been taken under Step 2: Investigate Barriers include:   * Developing requests for information that flows from triggers * Reviewing pertinent documents * Consulting knowledgeable individuals * Develop theories concerning potential policies, procedures, and practices that could be impacted by the barriers   As a starting point, NIH utilized the EEOC’s Root Cause Analysis tool, which consists of five decision trees that focus on specific employment topics. Additional questions have been supplemented and tailored to fit our work environment. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  DACO analysts have made noticeable improvements in the analysis of NIH recruitment data obtained via OPM COGNOS.  This year new report produced by DACO Analysts provided a first glance of all NIH’s (17) Mission Critical Occupations.  The new reports also identified applicant flow for pay grades GS-12 through GS-15; a significant improvement from previous year. This item still a work in progress.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability. | 9/30/2025 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Director of Workforce Support and Development Division (WSDD), OHR | Kristen Dunn-Thomason | No |
| Director of Client Services Division (CSD), OHR | Joe Martin | No |
| Director of Workforce Relations Division (WRD), OHR | Deb Coelho | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 7/30/2022 | EDI will work with OHR, COSWD, and other NIH stakeholders through the working group to formulate viable plans to regularly examine management/personnel policies related to merit promotion, employee recognition, employee development/training programs. | Yes | 7/30/2023 |  |
| 6/30/2025 | Formulate a timeline and schedule for a review of all NIH policies that fall in these management/personnel domains. Develop timelines with milestones for a review of these OHR policies. | Yes |  |  |
| 9/30/2025 | According to the timeline established, examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/1/2019 | Establish the necessary processes to obtain the required data sources to conduct barrier analysis. | 10/15/2020 | 12/31/2025 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 5/15/2019 | Identify the systems and processes to obtain the required data sources needed to prepare the MD-715 plan and report as well as conduct barrier analysis. | Yes | 9/30/2020 | 5/15/2019 |
| 11/15/2019 | EDI will work with OHR to formulate viable plans to establish the necessary processes to obtain the required data sources to find barriers. | Yes | 9/30/2021 |  |
| 11/30/2019 | Identify any data deficiencies and establish corrective action plans. Request ad hoc BIIS reports from HHS. | Yes | 9/30/2022 |  |
| 3/31/2020 | Collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training. | Yes | 9/30/2023 |  |
| 12/31/2025 | Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request. Determine what, if any processes, policies, and procedures are being utilized to collect, analyze, and produce exit interview reports. Conduct analysis on the number of people offered an exit interview vs. the number of people who do an exit interview. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Planned activities and dates have been shifted to align with similar H plans. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet periodically review the effectiveness of the plans **D.3.c** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2019 | Establish a procedure to annually review the effectiveness of the Parts I and J plans. | 12/31/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Sheila Monroe | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID) | Phil Day | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Program Manager for People with Disabilities, (DID), EDI | David Rice | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2023 | Establish a procedure to annually review the effectiveness of the Parts I and J plans. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **Proactive Prevention** | NIH does not yet post its affirmative action plan on its public website **D.4.a** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/30/2018 | Post the Affirmative Action Plan for People with Disabilities on the EDI website. | 7/30/2019 |  | 9/30/2019 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director of the Guidance, Education, and Marketing Division (GEM), EDI | Kendrick Gibbs | Yes |
| Chief, Marketing, and Communications Branch | Jared Anderson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/31/2019 | 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. | Yes |  | 9/30/2019 |
| 4/30/2019 | 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 remediation. | Yes |  | 9/30/2019 |
| 5/30/2019 | TMC will create the design for a new Part J page on our website that includes the Affirmative Action Plan. | Yes |  | 9/30/2019 |
| 7/30/2019 | TMC will develop and implement the new Part J page on our website that includes the Affirmative Action Plan. | Yes |  | 9/30/2019 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishment to report currently. |
| **2019** | This H plan has been completed. The AAP has been posted on the EDI website at <https://www.edi.nih.gov/sites/default/files/downloads/md-715/2018/nih-aap-pwd-2018.pdf> |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Sheila Monroe | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID) | Phil Day | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Program Manager for People with Disabilities, (DID), EDI | David Rice | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | NIH has no accomplishments to report currently. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Program Manager for People with Disabilities (DID), EDI | David Rice | Yes |
| Selective Placement Coordinator, Client Recruitment Unit, (CRU), OHR | Sheila Monroe | No |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | NIH has no accomplishments to report currently. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Establish a process for the EEO office to collaborate with the HR office to increase the number of persons with disabilities and targeted disabilities employed at the NIH until it meets the goals. | 3/31/2021 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Client Service Division | Joe Martin |  |
| Branch Chief, Corporate Recruitment Unit (CRU), OHR | Mitzi Kosciulek | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Shelia Monroe | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/31/2020 | EDI will work with OHR/CRU to formulate viable plans to explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database. | Yes | 9/30/2020 |  |
| 11/30/2019 | EDI will work with OHR to formulate viable plans to conduct an outreach initiative with NIH’s hiring managers and recruiters to communicate numerical goals for PWD and PWTD and increase conversions of Schedule A candidates. | Yes | 3/31/2021 |  |
| 3/31/2021 | EDI will work with OHR to formulate viable plans to establish a process for the EEO office to collaborate with the HR office to set annual hiring and retention goals to increase the number of persons with disabilities and targeted disabilities over the next three years. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Dates for planned activities have been adjusted as necessary. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/18/2019 | NIH seeks to improve the timeliness of investigations. | 10/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Resolutions and Equity, EDI | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Investigative services were previously provided for a fee through a central contract through HHS. We have been informed that the contract will be extended to 4/30/2020 and thereafter services are to be provided at the OpDiv level. OpDivs were advised to evaluate internal resources to assume future investigative services effective 4/30/2020. |
| **2019** | April 2020: There is and has been instability with the HHS investigative contract service that negatively impacts NIH EEO investigations, particularly if the contract is stopped abruptly. NIH leadership has decided to approve and fund 2 federal EEO investigators. (As of 5/1/2020, EDI is interviewing to fill these positions.)  To improve the timeliness of investigations, NIH has implemented regular monitoring of investigations, increased communication with investigators and implemented quarterly reporting on investigations.  Overall, NIH completed 95% of investigations timely.0 investigations were completed timely, and 4 were untimely). |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Resolutions and Equity, EDI | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Final Agency Decisions were previously provided for a fee through a central contract through HHS. We have been informed that the contract will be extended to 4/30/2020 and thereafter services are to be provided at the OpDiv level. OpDivs were advised to evaluate internal resources to assume future complaint services effective 4/30/2020. |
| **2019** | April 2020: HHS handles all elected FAD’s and NIH handles default FAD’s. HHS is evaluating if FAD’s are an inherently government function. However, as of 4/30/2020, OpDivs were told that we are not permitted to put contracts in place for Final Agency Decisions. OpDivs were advised to evaluate internal resources to assume future re-delegated authority of FAD writing.  For the time being, NIH reviews the statistical data quarterly and uses this information to drive the conversation with the Department who oversees the drafting and issuance of elected Final Agency Decisions. For default FAD’s NIH is reviewing the timeliness quarterly and reviewing the process for efficiency.  Budget submission was completed, request is still in the budget process as of 12/12/2019. Requesting modification to extend this out to 9/30/2020, if we get budget approval, we will need time for the recruitment and onboarding of new staff to write FAD’s. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| EFFICIENCY | NIH has not yet established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process **E.3.a** |

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2019 | NIH seeks to increase the budget and staffing to fully support the success of its Alternative Dispute Resolution services. | 4/30/2020 |  | 9/30/2019 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Resolutions and Equity, EDI | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 4/30/2020 | EDI will work with NIH leadership to establish a new source for Alternative Dispute Resolution services. | No |  | 9/30/2019 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | ADR services were previously provided for a fee through a central contract through HHS. We have been informed by Cynthia Richardson-Crooks, J.D., Director, Equal Employment Opportunity Compliance & Operations, Department of Health and Human Services that the contract will be extended to 4/30/2020 and thereafter services are to be provided at the OpDiv level. OpDivs were advised to evaluate internal resources to assume ADR services effective 4/30/2020. |
| **2019** | This plan is now closed as of 2019. We do not see any gap in services with regards to mediation at this time. We have an Interagency agreement with FMCS for mediation and utilize Shared Neutrals. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2019 | Work with HHS to make the required changes to achieve accurate data collection and complete data reporting. | 9/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, EDI | Debra C. Chew, Esq. | Yes |
| Director, DACO | Dr. Shelma Little | Yes |
| Chief, Data Analytics Branch, DACO, EDI | Dr. Janetta Lun | Yes |
| Director of HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** |  |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2019 | Align NIH’s systems to accurately collect, monitor, and analyze recruitment activities. | 4/30/2020 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Chief Officer, Scientific Workforce Diversity | Dr. Hannah Valentine | No |
| Deputy Director, Intermural Research | Dr. Michael Gottesman | No |
| Director, Office of Human Resources | Julie Berko | No |
| Deputy Director, Extramural Research | Dr. Michael Lauer | No |
| Director of the Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 8/15/2019 | EDI will work with OHR to formulate viable plans to identify appropriate stakeholders in recruitment (OHR, Senior and Scientific Recruitments; OIR, OER, COSWD, ICs.) | Yes |  | 8/15/2019 |
| 9/30/2019 | Clarify EDI, COSWD, and OHR’s and other stakeholder roles in outreach and recruitment, and identify current systems that collect recruitment activities | Yes | 9/30/2021 |  |
| 4/30/2020 | EDI will work with OHR to formulate viable plans to conduct a data call for outreach and recruitment activities, segmented by RNO, gender, and disability | No | 9/30/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | Identify COSWD talent sourcing accomplishments in recruitment for senior level scientific jobs.  EDI has provided tiger team searches upon request of the EDI Director with a 50% success rate of increasing our D&I applicants pool. |
| **2019** | * DID prepared an initial outline of [Outreach and Recruitment Roles and Resources](https://edi.od.nih.gov/icsd/EDI-DID/OHRCOSWDEDI%20Outreach%20and%20Recruitment%20Resources/Forms/AllItems.aspx) with essential information about NIH’s recruitment actions and the roles of stakeholders. * DID Participation and engagement in OHR Recruitment Forums facilitates the flow of recruitment calendars, activities, and selected targeted outreach efforts. * Efforts under this action item are on-going.   Dates of planned activities have been adjusted as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, EDI | Debra C. Chew, Esq. | Yes |
| Director, DACO | Dr. Shelma Little | Yes |
| Chief, Data Analytics Branch, DACO, EDI | Dr. Janetta Lun | Yes |
| Director of HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The DACO Director and OHR SAID Director met monthly to assess the status of securing a Title 42 Application System in-line with Re-Imagine HHS. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  The assigned data analyst within EDI received her access to USA Staffing Applicant Flow Data Analytics (COGNOS) by 09/30/2018 and completed the basic training on 12/19/2018. Subsequently, she also attended the COGNOS Reporting Author Training for beginners and advanced users in August 2019.  Currently we have only been able to provide end of fiscal year applicant flow data. We planned to provide biannual data analysis previously. However, after learning more about the nature of the USA Staffing Applicant Flow Data, we are questioning the utility of producing the analysis twice a year. The availability of the AFD is contingent on factors that do not follow a regular bi-annual schedule (e.g., audit of certificates, time to hire duration, types of hires) that creates challenges in producing a mid-year analysis. We want to assess this issue further in 2020 and establish a more meaningful reporting cycle by 9/30/2020.  As part of the Optimize NIH efforts, a set of working groups were formed to reduce Title 42(f) processing duplications between the ICs, Office of Human Research, and Office of Extramural Research. The NIH T-42(f) Working Group 3 on Enterprise-Wide System met for the first time on 11/5/2019. One objective of this workgroup is to identify business and system requirements and solutions to track and report on Title 42(f) cases and recruitment data including applicant demographics.  Dates for planned activities have been modified as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2020 | 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 change. | No | 6/30/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Julie Murphy, Director, HHS OEEODI is procuring a Service Now application to add to the HHS HR system to allow employees to go in and check their demographic status at their desktops.  Once procured and the data categories are sorted out, we will push out a resurvey of the workforce to all of HHS.  Dates for planned activities have been adjusted as needed. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director of the Office of Equity, Diversity and Inclusion (EDI) | Debra C. Chew, Esq. | Yes |
| Deputy Director of the Office Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Resolutions and Equity, EDI | Kimberly Kirkpatrick | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Starting FY19 Quarter 1, we communicated with staff on the focus of timeliness, in Quarter 2 we implemented a quarterly internal reporting measurement of Orders. We are reviewing operating procedures to determine if there are procedural changes to ensure compliance with EEOC orders. |

# MD-715 – Part I

# Agency EEO Plan to Eliminate Identified Barrier

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

| **Source of the Trigger** | **Specific Workforce Data Table** | **Narrative Description of Trigger** |
| --- | --- | --- |
| **NIH Total Permanent Workforce** | **BIIS 2.0 Tables: A1, A4, 4th Qtr. FY 2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDivs) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  Action Plan: We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  **Less than expected representation of Hispanics in permanent grades GS-12 through GS-15 and no Hispanics in the NIH Senior Executive Service (SES).**  This condition has been recognized as a trigger through the review of workforce statistics, CLF data, and the analysis of MD-715 workforce tables. Considering instructions from the U.S. Office of Personnel Management (OPM) and the Equal Employment Commission (EEOC) on Hispanic Employment in the Federal Government, the NIH began conducting a more focused barrier analysis to identify triggers and potential barriers at the GS-12 through GS-15, and SES. |

**EEO Group(s) Affected by Trigger**

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

**Barrier Analysis Process**

| **Sources of Data** | **Source Reviewed?**  **(Yes or No)** | **Identify Information Collected** |
| --- | --- | --- |
| **Workforce Data Table**  **BIIS 2.0 Table: A4, A6, A7, 4th Qtr. FY 2019**  **\*RCLF data is based on 2010 Census data instead of those provided in the BIIS Tables.** | Yes | A total of 126 Hispanic males are working within the GS-12 to GS-15 positions which is 3.5% of the NIH male employees (3,553) in those grades. The total number of Hispanic males in the permanent NIH workforce at grade levels GS-12 (21); GS-13 (45); GS-14 (32); and GS-15 (28) combined (126) or 3.5% is lower than the CLF benchmark of 5.2%. There are zero Hispanic males in the SES.  A total of 207 Hispanic females are working within the GS-12 to GS 15 positions which is 3.3% of the NIH female employees (6,356) in those grades. The total number of Hispanic females in the permanent NIH workforce at grade levels GS-12 (52); GS-13 (87); GS-14 (44); and GS-15 (24); or a combined (207) is lower than the CLF benchmark of 4.8%. There are zero Hispanic females in the SES.  Consistent with the overall distribution of NIH male and female permanent workforce, there are more Hispanic females (62.1%) than Hispanic males (37.9%) in the GS 12-15 levels.  Hispanic males and/or females are below the RCLF benchmark at each of the top five most populous mission critical occupations (MCOs) within the NIH permanent workforce.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Hispanic Males** | | | **Hispanic Females** | | | | **Series** | **#** | **%** | **RCLF** | **#** | **%** | **RCLF** | | General Health Science (0601) | | | | | | | |  | 34 | 1.4% | 2.3% | 50 | 2.0% | 1.8% | | General Biological Science (0401) | | | | | | | |  | 1 | 1.1% | 2.4% | 16 | 1.5% | 2.2% | | Nurse (0610) | | | | | | | |  | 6 | 0.6% | 0.6% | 22 | 2.3% | 3.9% | | Management and Program Analysis (0343) | | | | | | | |  | 6 | 0.8% | 2.5% | 28 | 3.6% | 2.1% | | Information Technology (2210) | | | | | | | |  | 2 | 3.0% | 5.4% | 7 | 1.0% | 2.2% |   An analysis of selections for senior level positions in the permanent workforce indicates that Hispanic males and females at the NIH represented 4.6% or 8 of the total new hires in grades GS-13 through SES. Among the Hispanic new hires at NIH (16), 8 of them or 50% were in the GS-13 to SES level, compared to the non-Hispanic new hires at NIH (394), 42% or 99 of them were at the GS-13 to SES level.  Regarding applicant flow analysis, BIIS HHS Tables (A7) do not provide applicant information nor do they provide applicant information by grades and MCOs. We have established three H Plan action items to address this lack of information (H Plans B.4.a.7, C.4.c, and E.4.a.4). Through these H plans, we will be able to identify trends in applicant flow for the selected grades and MCOs stratified by RNO, sex, and disability. Our target completion date is September 30, 2021.  To fill in the current data gap, we use USA Staffing Applicant Flow Data (available on COGNOS) to assess Hispanic representation in the NIH job applicant pool. This dataset contains applications submitted during FY 2019 and may contain applicants who have yet to be onboarded at NIH. In FY 2019, the participation rate for Hispanic males and females in the USA Staffing NIH applicant pool for all occupations and grades was 9.7%. The participation rate for all Hispanic qualified applicants was 9.3%. The participation rate for all Hispanic referred applicants was also 9.3%. Subsequently, the participation rate for Hispanic employees selected was at 8.3%. Selections for internal competitive promotions for all major occupations in the permanent workforce at the NIH shows that Hispanic males and females accounted for 7.5%, or 52 of the 693 total internal competitive promotions in FY 2019. The numbers and percentages for Hispanic male and female new hires (i.e., selections) in the top five most populous Mission Critical Occupations are listed below:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Series** | **Hispanic**  **Total Applicants**  **Benchmark** | | **Hispanic**  **New Hires**  **Selections** | | | **Number** | **Percent** | **Number** | **Percent** | | General Health Science (0601) | | | | | |  | 397 | 8.7% | 8 | 7.1% | | General Biological Science (0401) | | | | | |  | 260 | 7.8% | 2 | 3.1% | | Nurse (0610) | | | | | |  | 47 | 6.3% | 4 | 12.1% | | Management and Program Analysis (0343) | | | | | |  | 140 | 10.9% | 1 | 33.3% | | Information Technology (2210) | | | | | |  | 227 | 8.5% | 1 | 6.7% |   \* Total number of all race/ethnicities excludes missing race/ethnicity in percent calculations.  \*Additional trend analysis using applicant flow data will be conducted in 2020 to identify the ratio of NIH applicants in the relevant applicant pool to compare with those that were qualified to see if discrepancies are a trigger in this category. |
| **Complaint Data (Trends)**  **Agency 462 Report, FY 2018** | Yes | The NIH 462 Report for FY 2019 shows that out of 87 new filed complaints, 23 indicated national origin as the primary basis. Five complainants identified as Hispanic, 18 identified other. |
| **Grievance Data (Trends)** | No |  |
| **Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)** | No |  |
| **Climate Assessment Survey (e.g., FEVS)** | Yes | A preliminary study of FEVS data by demographic groups has been conducted. In 2020, EDI will conduct a data project to help identify benchmarks, trends, and statistically relevant data that would help to identify triggers. |
| **Exit Interview Data** | No | Exit Interview survey results are excluded from the analysis due to low employee participation (lack of statistical validity). We have developed an H Plan to establish a process to collect all exit interview data from all 27 ICs at the NIH by December 31, 2024 (C.4.d). |
| Focus Groups | No |  |
| Interviews | No |  |
| Reports (e.g., Congress, EEOC, MSPB, GAO, OPM) | No |  |
| Other (Please Describe) | No | We have developed an H Plan to collaborate with the NIH training coordinators to expand existing reporting processes to collect information on career development and leadership training (C.4.c). Our target completion date is September 30, 2023. This will allow for tracking equity in the application, consideration, and selection of individuals of Hispanic/Latino ethnicity, as compared to the overall NIH employee participation. Participation in leadership development programs is an important factor in selection and promotion to higher grades, including SES. |

**Status of Barrier Analysis Process**

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

**Statement of Identified Barrier(s)**

| **Description of Policy, Procedure, or Practice** |
| --- |
| A full barrier analysis project with the assistance of a contractor, and a working group of NIH stakeholders has been projected to start in 2020. Completed preliminary work includes the identification of representational gaps, data needs, triggers, and a comprehensive recruitment investigative plan. (See H plans B.4.a.2, B.6.b-d, C.4.b, C.4.d, C.4.e, C.4.e.4, D.1.a, D.1.b, D.2.a, D.3.a, D.3.b, D.3.c, and E.4.a.3 ). |

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Director, Office of Equity Diversity and Inclusion | Debra C. Chew | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- |
| 7/31/2019 | Pending the execution of the barrier analysis contract, EDI will provide the contractor with available data sources and recommended Barrier Analysis Investigative Plans. | 12/31/2020 |  |
| 8/15/2019 | Establish a series of working group meetings between OHR, COSWD, the SEP Engagement Teams, and EDI to conduct barrier analysis, including focusing on representational gaps affecting Hispanic employees in the grades of GS-12 through GS-15, and SES. | 2/28/2021 |  |
| 9/30/2019 | Identify two triggers for further examination and develop a report of the working group’s findings. | 10/30/2021 |  |
| 9/30/2019 | Share the working group’s findings with EDI and NIH Leadership. | 10/30/2021 |  |
| 10/31/2019 | Conduct data analysis by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers utilizing the EEOC root cause analysis/decision tree approach. | 10/30/2021 |  |
| 12/31/2021 | In collaboration with the workgroup, conduct root cause analyses to determine the causes of the identified triggers and pinpoint the causes of the discovered barriers. |  |  |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel and target dates. |  |  |
| 6/30/2024 | Work with OHR to understand the number of management/personnel policies, procedures, and practices that currently exist impacting the identified triggers. |  |  |
| 6/30/2025 | Working with OHR formulate a timeline and schedule for a review of all NIH policies impacting the identified triggers that fall in the management/personnel domains. Develop timelines with milestones for a review of these OHR policies. |  |  |
| 9/30/2025 | In collaboration with the workgroup, successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans. According to the timeline established, examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability. |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| Fiscal Year | Accomplishments |
| **2018** | Members to the NIH Hispanic and Latino Engagement Committee (HLEC), including the NIMHD Institute Director who serves as Executive Advisor are engaged assisting in the workforce barrier analysis project. Preliminary results are the identification of triggers and input for the investigative plans.  Provided consultant services to NIH stakeholders on how to reach out to diverse talent and provide training and promotion opportunities to Hispanic/Latino employees. For example:   * NIH highly advertised positions in grades GS-12 through GS-15 through the use of NIH Employee Resource Group networks, social media, and professional organizations. Metrics from GoUSA.gov shows that ad messages for GS-12 through GS-15 were accessed 2,857 times, reaching various individual and social networks, and professional organizations. * EDI shared SES training opportunities to the NIH Employee Resource Group (ERGs) and networks. One employee successfully applied to an SES vacancy announcement, and one got selected for the elite NIH Executive Leadership Program. * Assisted in advertising a special event - LatPro Hispanic and Diversity Job Fair held on May 10, 2018. * Assisted FTIP and League of United Latin American Citizens (LULAC) in promoting SES preparation training during September 25-26, 2018. Several NIH employees attended. Collaboration with FTIP led to selecting the NIH as the site for 2019 FTIP training. FTIP is a two-day free Leadership Development Training Program for all grades GS through SES.   Other engagement opportunities included:   * Recognized five NIH Hispanic leaders during Hispanic Heritage Month in a Director’s message to all employees. * The EDI Hispanic Portfolio in collaboration with the NICHD Office of Acquisitions supported the engagement of a group of NIH employees interested in training, mentoring and career development activities. Throughout FY 2018, this group served as a forum for sharing job and promotion vacancy announcements, career development, and training through and active LISTSERV and connection to 65 followers. * NIH employees were invited to an EDI sponsored panel that addressed opportunities and challenges of senior leadership development (e.g., GS-15, SES positions), Wed May 9, 2018. * NIH employees were invited to a session “Path to the SES level in Federal Government” hosted at HHS HRSA, Aug 9, 2018. |

|  |  |
| --- | --- |
| **2019** | **EDI Hispanic Portfolio Activities in 2019**  **Sharing Vacancy Announcement to Targeted Networks.** EDI shared 65 vacancy announcements with ERGs, networks, professional organizations, Hispanic Serving Institutions, and federal employees. Using GoUSA.gov., metrics show that messages traveled via email and social networks and were accessed 3,082 unique times. Working with ERG networks continues to be an effective strategy in helping share job and career development training opportunities to all groups, including Hispanics.  **Student Internships and Training Outreach**. EDI provided coaching sessions to students interested in internships and post-baccalaureate training at the NIH. The effort produced 24 contacts, 8 applications, 2 selections for internships, and one selection for post baccalaureate training. One presentation was given to a group of students that visited NIH facilities.  **Hispanic Employee Messages to Students.** EDI published an updated version of the NIH Hispanic Profiles Project during Hispanic Heritage Month 2019. The project showcased 62 NIH employees describing their job roles, the importance of higher education, and encouragement to stay in school. The project seeks to inspire students and others who are interested in careers at the NIH.  **Hispanic and Latino Investigators and Senior Scientists Project.** As part of the 2019 Hispanic Heritage Month Campaign, EDI, in coordination with 52 Principal Scientific Investigators published a project help motivate and inspire students and postgraduates to pursue careers in science. The project provided quick access to bios, scientific information, laboratories, and videos.  **EDI Empowerment Session**. EDI presented a two-hour Empowerment Series Seminar “Hustle Your Way to Career Success” for employees and job applicants looking to gain self-awareness, developing professional competencies, and mastering the skills needed for a successful career. The program produced 89 participants and 152 viewers on demand.  **NIH OHR** Corporate Recruitment Unit (CRU) coordinated outreach efforts to enhance the recruitment process that allows NIH to attract diverse talent. Activities include:   * **Recruitment Events.** Participated in a total of 25 recruitment events at local colleges and universities to share information about administrative and scientific internship opportunities to diverse students such as Hispanics, students with disabilities and other underrepresented students. * **Hosted 20 Florida International University (FIU) students** (a mix of undergraduate, master’s and Ph.D. students interested in health/medicine and research) for a NIH campus visit. FIU is a Hispanic serving institution with a number of healthcare related academic programs. The NIH campus visit included conversations with a principal investigator, tour of the Clinical Center, and an information session with the NEI Scientific Program Administrator to provide an overview of NIH scientific internship opportunities. * **Led the Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS),** an internal workgroup with representatives from 12 Institutes/Centers that reports to the Scientific Medical Recruitment Forum (SMRF) Subcommittee. It is intended that the HLOIS will leverage the experiences, expertise, and insight of key NIH individuals to develop and implement outreach activities to attract highly motivated and talented individuals to the NIH workforce.   **The NIH** Scientific Workforce Diversity office’s (SWD) leads NIH’s effort to diversify the national scientific workforce as well as enhance recruitment and retention of the scientific workforce. In 2019, SWD led **the Future Research Leaders Conference (FRLC)**, a career-development opportunity for talented early-career biomedical and behavioral scientists from diverse backgrounds. In FY 19, twenty-six Future Research Leaders, ten of Hispanic origin, showcased their research to the NIH scientific community and gained insights from NIH leadership and investigators about developing an independent scientific career. |

# MD-715 – Part J

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

**\* NIH DISCLAIMER: Data Integrity Error**

FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDivs) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.

Action Plan: We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.

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

Section I: Efforts to Reach Regulatory Goals

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

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

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

|  |
| --- |
| The percentage of PWD in the GS-11 to SES cluster was 7.2% in FY 2019, which falls below the goal of 12.0%. Reference: Table B-4 |

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

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

|  |
| --- |
| We have met our benchmarks at each grade level cluster for People with Targeted Disabilities. |

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 continuing to conduct 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 2019, we hosted a National Disability Employment Awareness Month event with our first annual awards ceremony Honoring NIH Champions and Allies of the Disability Community. Our keynote speaker touched on the importance of hiring people with disabilities and provided research-based evidence that organizations are more successful if they hire people with disabilities. The awards ceremony was to highlight people with disabilities and allies on their impact to our overall mission at NIH. With over 100+ people in attendance and another 50+ online, we were able to show how people with disabilities are making a significant impact to our mission. This was to show the NIH community that people with disabilities can bring a unique perspective to their organizations and provide high quality work. |

Section II: Model Disability Program

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

Plan to Provide Sufficient & Competent Staffing for the Disability Program

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

Yes X

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disability Program Task | # FTE Full Time | # FTE Part Time | # FTE Collateral Duty | Responsible Official  (Name, Title, Office, Email) |
| Processing applications from PWD and PWTD | 1 |  |  | Sheila Monroe, NIH Selective Placement Coordinator, Office of Human Resources, monroes@od.nih.gov |
| Answering questions from the public about hiring authorities that take disability into account |  |  | 2 | (Primary Contact) Sheila Monroe, NIH Selective Placement Coordinator, Office of Human Resources, [monroes@od.nih.gov](mailto:monroes@od.nih.gov)  (Secondary contact) David P. Rice Jr, NIH Disability Portfolio Strategist, Office of Equity, Diversity, and Inclusion, [David.Rice@nih.gov](mailto:David.Rice@nih.gov) |
| Processing reasonable accommodation requests from applicants and employees | 7 |  |  | Stephon Scott, Samir Chandra, Charles Myers, Jessica Center, Glenda Laventure, and Shileta Gorham-Reasonable Accommodations Accessibility Consultants Staff, Office of Equity, Diversity, and Inclusion, [edi.ra@mail.nih.gov](mailto:edi.ra@mail.nih.gov) |
| Section 508 Compliance | 1 | 0 | 3 | Andrea Norris, Chief Information Officer, Office of Chief Information Officer, NIH Section 508 Official, [NorrisAT@mail.nih.gov](mailto:NorrisAT@mail.nih.gov) |
| Architectural Barriers Act Compliance |  | 1 |  | Soussan Afsharfar, NIH Senior Architect, Office of Research Facilities, [Soussan.afsharfar@nih.gov](mailto:Soussan.afsharfar@nih.gov) |
| Special Emphasis Program for PWD and PWTD | 1 |  |  | David P. Rice Jr, NIH Disability Portfolio Strategist, Office of Equity, Diversity, and Inclusion, [David.Rice@nih.gov](mailto:David.Rice@nih.gov) |

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

Yes X

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| NIH has provided the disability program staff with the following training:   * National Employment Law Institute (NELI) Employment Law Conference- this is an annual requirement for all EDI Reasonable Accommodations Staff * OHR has conducted periodic meetings with the OHR Client Services Division Branch SPCs to share information based on frequently asked questions and solicit information on their challenges/concerns as it relates to the use of Schedule A Authority and its documentation to ensure compliance. * The NIH OCIO Section 508 Team participates in federal trainings and workshops to support new initiatives, changes to legislation and sharing of best practices. This includes events sponsored by the US Access Board on the revised Section 508 standards, GSA trainings specific to implementing the revised standards, technical training and new tools designed to assist in meeting the revised standards as well as HHS trainings on their website compliance scanning tool. * 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. * 8 hour-Refresher training Federal EEO new counselor training required by EEOC * Reasonable Accommodation training provided by EEOC |

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

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

Yes X

Section III: Plan to Recruit and Hire Individuals with Disabilities

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

Plan to Identify Job Applicants with Disabilities

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

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| In FY 2019, the agency continues to utilize the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. NIH continues to monitor positions via hiring control review process, 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 2019, **four** Workforce Recruitment Program (WRP) Interns were selected for summer internships at NIH. * CRU utilizes the OPM USA Staffing which is called the Agency Talent Portal (ATP) which is a database of Schedule A applicants. CRU uses ATP to conduct candidate sourcing upon request. * OHR Delegating Examining Unit has a report of noncompetitive applicants that have applied to NIH vacancies, however, were not selected. Therefore, these applicants have been prequalified for a select group of occupations. CRU uses this report as a resource for noncompetitive candidate sourcing. * CRU also participated in the Gallaudet University Career Fair on October 4th 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/>. * The National Institute on Drug Abuse (NIDA), supported over 19 diversity supplements for underrepresented scientist including people with disabilities, at the predoctoral, postdoctoral and early stage investigators career levels. * The National Institute of Allergy and Infectious Disease (NIAID) leadership established an IC specific Reasonable Accommodation (RA) program. The Program is in line with the NIH established policy for RA that ensures all employees, including those with disabilities, have equal opportunity access to the resources needed to successfully preform their jobs in support of the NIAID mission. * The National Human Genome Research Institute (NHGRI) 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. This film focused on STEMsigns that will be featured at American Public Health Association film festival in November 2019. This effort has resulted in additional deaf special volunteers at NHGRI. |

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

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| In FY 2019. NIH hired **112** permanent employees. There has been a significant increase since the hiring freeze mandated by the [Presidential Memorandum Regarding the Hiring Freeze](https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-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: Corporate Recruitment Office |

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

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| The OHR Corporate Recruitment Unit (CRU) continues to regularly engage in recruitment and outreach activities with job seekers with disabilities, and we also receive 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.  We also promote that this resource of job seekers with disabilities candidates are available via monthly Trans Recruitment Forum meetings which consist of IC representatives. These applicants are available upon request from HR colleagues/hiring managers for a variety of occupations and grade levels.  Source: Corporate Recruitment Office |

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

No X

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| In FY 2019, at the current time Schedule A training is provided upon request due to limited resources. NIH Office of Human Resources provided training on the advantages of use of the Schedule A hiring authority that is inclusive of PWD and PWTD to the following:   * OHR Client Services Division Human Resource Specialist Support Network (HRSSN) which consist of new HR Specialist on 7/16/19 * NIDA Administrative Officers on 10/10/19   In our H Plan C.4.e.1 we will develop strategies in developing a process that will ensure that all hiring managers are provided training and made aware of the hiring authorities that take disability into account.  Source: Corporate Recruitment Unit and H Plan C.4.e.1 |

Plan to Establish Contacts with Disability Employment Organizations

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

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| In FY 2019, The agency continues partnerships with the Workforce Recruitment Program, Gallaudet University, the Maryland Division of Rehabilitation Services, University of Maryland, Next Level Transition, Consulting Deaf in Government, and the National Association of the Deaf. In FY 2020, prospective partners include: WorkSource Montgomery American Job Center and Dept. for Aging and Rehabilitative Services  Division of Rehabilitative Services in Alexandria, Virginia  Source: Corporate Recruitment Unit |

Progression Towards Goals (Recruitment and Hiring)

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

* 1. New Hires for Permanent Workforce (PWD) Yes X
  2. New Hires for Permanent Workforce (PWTD) Yes X

|  |
| --- |
| In FY 2019, the rate of new permanent hires for PWD is 10.8%  Source: Table B1  For PWTD, the rate of new permanent hires is 1.8%  Source Table B1 |

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Currently DHHS’s BIIS Table B6 Data does not include the Applicant Flow Data, so in order to fulfill this reporting requirement, we constructed NIH applicant flow tables for FY 2019 by merging NIH onboarding data and nVision demographic data with applicant flow from OPM’s federal job application portal, USAJOBS (also called Cognos). The NIH-OHR Workflow Information Tracking System (WiTS) provided the universe of all onboarded employees in FY 2019 (2,047 total employees onboarded), which includes 874 new Federal hires and 1,175 internal competitive promotions. Applicants’ demographics of the vacancy numbers by which the onboarded employees were recruited constituted the sample base for the following data analysis. For FY 2019, out of the 2,047 onboarded employees, we were able to trace the vacancy numbers of 74% (or 1,513) in the COGNOS database.  There are many types of appointments including competitive examining (public), current and former competitive service employees, and Veterans preference. For simplicity in MD-715 reporting, employees are divided into two groups: new hires and internal competitive promotions. A vacancy announcement can have more than one Announcement Type. If a vacancy includes Public, then it is coded as “New Hire”; otherwise, “Internal Competitive Promotion” is displayed.  The benchmark for the table below is the qualified applicant pool for *new hires*, which is compared to the *new hires* pool who came onboard (874 total new hires). 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.  With the available data, we have identified the following mission critical occupations as having a lower *new hire* rate for PWD and/or PWTD percentages than the rate in the qualified applicant pool:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **New Hires** | **Cognos Applicant Flow-Benchmark** | | **Workflow Information Tracking System (WiTS)** | | |  |  | | **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)** | | 0401 General Natural Resources Management and Biological Sciences | 2.6% | 1.0% | 2.1% | 1.0% | 97 | Yes | No | | 0601 General Health Science | 2.7% | 1.0% | 4.6% | 1.0% | 197 | No | No | | 0602 Medical Officer | 2.9% | 2.9% | 2.3% | 0.0% | 44 | Yes | Yes | | 0610 Nurse | 1.2% | 0.3% | 1.1% | 0.0% | 183 | Yes | Yes | | 0644 Medical Technologist | 0.7% | 0.0% | 0.0% | 0.0% | 14 | Yes | No | | 1102 Contracting | 4.8% | 1.6% | 7.0% | 1.4% | 71 | No | Yes | | 2210 Information Technology Management | 5.9% | 2.7% | 0.0% | 0.0% | 25 | Yes | Yes |   Source: Workflow Information Tracking System (WiTS), nVision, & COGNOS |

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| At this time, OPM COGNOS, and DHHS Table B6 (DHHS/NIH) do not provide this data in the manner requested. In order to fulfill this reporting requirement, we have constructed a data table using the OPM’s Applicant Flow Database. Applicants’ demographics of the vacancy numbers by which the onboarded employees were recruited constituted the sample base for the following data analysis. The relevant applicant pool for the internal competitive promotions is the total count of people who are eligible to apply for the promotion.  The benchmark for the table below is the relevant applicant pool of total *internal competitive promotion* applicants, which is compared to the Qualified *internal competitive promotion* pool (6,865 qualified applicants). The total number of Qualified *internal competitive promotions* for some MCOs could be very low and the percentage of PWD or PWTD in these occupations should be interpreted with caution. | | | | | | | | | |
|  | | | | | | | | | |
| **Internal Competitive Promotions** | **Cognos Relevant Applicant Pool Benchmark** | | **Cognos Qualified Internal Applicants** | | |  |  |
| **MCOs** | **PWD % in Total Eligible Applicant Pool** | **PWTD % in Total Eligible Applicant Pool** | **PWD % in Qualified Applicant Pool** | **PWTD % in Qualified Applicant Pool** | **Total # of Qualified Applicants** | **Trigger PWD (Y/N)** | **Trigger PWTD (Y/N)** |
| 0201 Human Resources | 11.9% | 5.0% | 10.8% | 4.2% | 548 | Yes | Yes |
| 0341 Administrative Officer | 9.3% | 3.3% | 8.8% | 3.0% | 1,885 | Yes | Yes |
| 0343 Management and Program Analysis | 10.6% | 4.4% | 10.6% | 4.3% | 1,461 | No | Yes |
| 0401 General Natural Resources Management and Biological Sciences | 5.6% | 4.0% | 5.8% | 3.8% | 52 | No | Yes |
| 0601 General Health Science | 5.6% | 2.3% | 4.3% | 1.0% | 1,537 | Yes | Yes |
| 0644 Medical Technologist | 4.6% | 1.9% | 3.6% | 0.0% | 55 | Yes | Yes |
| 1102 Contracting | 10.7% | 5.3% | 11.1% | 5.5% | 379 | No | No |
| 2210 Information Technology Management | 6.4% | 3.1% | 7.6% | 4.0% | 446 | No | No |

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Currently DHHS’s BIIS Table B6 Data does not include the Applicant Flow Data, so in order to fulfill this reporting requirement, we constructed NIH applicant flow tables for FY 2019 by merging NIH onboarding data and nVision demographic data with applicant flow from OPM’s federal job application portal, USAJOBS (also called Cognos). The NIH-OHR Workflow Information Tracking System (WiTS) provided the universe of all onboarded employees in FY 2019 (2,047 total onboarded), which includes 874 new Federal hires and 1,175 internal competitive promotions. Applicants’ demographics of the vacancy numbers by which the onboarded employees were recruited constituted the sample base for the following data analysis. For FY 2019, out of the 2,047 onboarded employees, we were able to trace the vacancy numbers of 74% (or 1,513) in the COGNOS database.  There are many types of appointments including competitive examining (public), current and former competitive service employees, and Veterans preference. For simplicity in MD-715 reporting, employees are divided into two groups: new hires and internal competitive promotions. A vacancy announcement can have more than one Announcement Type. If a vacancy includes Public, then it is coded as “New Hire”; otherwise, “Internal Competitive Promotion” is displayed.  The benchmark for the table below is the qualified applicant pool for *internal competitive promotions*, which is compared to the *internal competitive promotions* pool who came onboard (1,175 total internal promotions). The total number of *internal competitive promotions* for some MCOs could be very low and the percentage of PWD or PWTD in these occupations should be interpreted with caution.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Internal Competitive Promotions** | **Cognos Applicant Flow-Benchmark** | | **Workflow Information Tracking System (WiTS)** | | |  |  | | **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 | 10.8% | 4.2% | 12.5% | 4.7% | 64 | No | No | | 0341 Administrative Officer | 8.8% | 3.0% | 9.8% | 0.8% | 133 | No | Yes | | 0343 Management and Program Analysis | 10.6% | 4.3% | 12.7% | 2.5% | 79 | No | Yes | | 0401 General Natural Resources Management and Biological Sciences | 5.8% | 3.8% | 0.0% | 0.0% | 11 | Yes | Yes | | 0601 General Health Science | 4.3% | 1.0% | 5.5% | 1.7% | 236 | No | No | | 0644 Medical Technologist | 3.6% | 0.0% | 0.0% | 0.0% | 19 | Yes | No | | 1102 Contracting | 11.1% | 5.5% | 9.1% | 4.5% | 22 | Yes | Yes | | 2210 Information Technology Management | 7.6% | 4.0% | 14.8% | 0.0% | 27 | No | Yes |   Source: Workflow Information Tracking System (WiTS), nVision, & COGNOS |

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

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

Advancement Program Plan

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

|  |
| --- |
| 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). |

Career Development Opportunities

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). |

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 Applicants (#) | Total Selectees (#) | Applicants who are PWD (%) | Selectees who are PWD (%) | Applicants who are PWTD (%) | Selectees who are PWTD (%) |
| Internship Programs |  |  |  |  |  |  |
| Fellowship Programs |  |  |  |  |  |  |
| Mentoring Programs |  | 73 |  | 6.9 |  |  |
| Coaching Programs |  |  |  |  |  |  |
| Training Programs |  |  |  |  |  |  |
| Detail Programs |  |  |  |  |  |  |
| Other Career Development Programs |  | 768 |  | 6.6% |  |  |

\*\* 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 2020, 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 September 30, 2023.

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

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

|  |
| --- |
| Triggers are not able to be analyzed at this time due to insufficient data. 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 September 30, 2023. |

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

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

|  |
| --- |
| Triggers are not able to be analyzed at this time due to insufficient data. 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 September 30, 2023. |

Awards

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

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

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| Inclusion rates for PWD:   * Time off awards from 1 to 10 hours: 10.2% compared to 8.8% for people without disabilities-No Trigger exists * Time off awards from 11 to 20 hours: 8.8% compared to 9.4% for people without disabilities-Trigger exist * Time off award from 21 to 30 hours: 5.6% compared to 4.5% for people without disabilities-No Trigger exists * Time off awards from 31 to 40 hours: 7.8% compared to 8.1% for people without disabilities-Trigger exists * Cash awards under $500: 21.0% compared to 16.3% for people without disabilities-No trigger exists * Cash awards from $501 to $999: 21.2% compared to 19.0% for people without disabilities-No trigger exists * Cash awards from $1,000 to $1,999: 33.2% compared to 37.4% for people without disabilities-Trigger exists * Cash awards from $2,000 to $,2999: 13.7% compared to 17.9% for people without disabilities-Trigger exists * Cash award from $3,000 to $,3999: 5.3% compared to 8.1% for people without disabilities-Trigger exists * Cash awards from $4,000 to $4,999: 3.4% compared to 4.4% for people without disabilities-Trigger exists * Cash awards from $5,000 to $5,999: 0.88% compared to 1.3% for people without disabilities-Triggers exists * Cash awards from $6,000 to $6,999: 0.26% compared to 0.34% for people without disabilities-Trigger exists * Cash awards from $7,000 to $7,999: 0% compared to 0.18% for people without disabilities-Trigger exists * Cash awards from $8,000 to $8,999: 0.35% compared to 0.19% for people without disabilities-No trigger exists * Cash award from $9,000 to $9,999: 0% compared to 0.04% for people without disabilities- Trigger exists * Cash award from $10,000 to $19,999: 0.26% compared to 0.42% for people without disabilities-Trigger exists.   Inclusion rates for PWTD:   * Time off awards from 1 to 10 hours: 9.7% compared to 9.0% for people without targeted disabilities-No Trigger exists * Time off awards from 11 to 20 hours: 10.3% compared to 9.4% for people without targeted disabilities-No Trigger exist * Time off award from 21 to 30 hours: 5.0% compared to 4.6% for people without targeted disabilities-No Trigger exists * Time off awards from 31 to 40 hours: 7.2% compared to 8.2% for people without targeted disabilities-Trigger exists * Cash awards under $500: 20.8% compared to 16.9% for people without targeted disabilities-No trigger exists * Cash awards from $501 to $999: 25.6% compared to 19.3% for people without targeted disabilities-No trigger exists * Cash awards from $1,000 to $1,999: 30.3% compared to 37.6% for people without targeted disabilities-Trigger exists * Cash awards from $2,000 to $,2999: 13.1% compared to 17.9% for people without targeted disabilities-Trigger exists * Cash award from $3,000 to $,3999: 5.8% compared to 8.0% for people without targeted disabilities-Trigger exists * Cash awards from $4,000 to $4,999: 2.2% compared to 4.4% for people without targeted disabilities-Trigger exists * Cash awards from $5,000 to $5,999: 0.83% compared to 1.3% for people without targeted disabilities-Triggers exists * Cash awards from $6,000 to $6,999: 0.28 % compared to 0.34% for people without targeted disabilities-Trigger exists * Cash awards from $7,000 to $7,999: 0% compared to 0.17% for people without targeted disabilities-Trigger exists * Cash awards from $8,000 to $8,999: 0% compared to 0.21% for people without targeted disabilities- Trigger exists * Cash award from $9,000 to $9,999: 0% compared to 0.04% for people without targeted disabilities- Trigger exists * Cash award from $10,000 to $19,999: 0.28% compared to 0.41% for people without targeted disabilities-Trigger exists.   Source: Table B9 |

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

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

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| Inclusion rate for PWD:   * QSI: 7.0% compared to 9.1% for people without disabilities-Trigger exists * Performance-based pay increase: 0.35% compared to 0.51% for people without disabilities-Trigger exists   Inclusion rate for PWTD:   * QSI: 7.8% compared to 9.0% for people without targeted disabilities-Trigger exists * Performance-based pay increase: 0.28% compared to 0.51% for people without targeted disabilities-Trigger exists   Source: Table B9 |

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

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

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

Promotions

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

* 1. SES
     1. Qualified Internal Applicants (PWD) N/A X
     2. Internal Selections (PWD) N/A X
  2. Grade GS-15
     1. Qualified Internal Applicants (PWD) Yes X
     2. Internal Selections (PWD) Yes X
  3. Grade GS-14
     1. Qualified Internal Applicants (PWD) Yes X
     2. Internal Selections (PWD) Yes X
  4. Grade GS-13
     1. Qualified Internal Applicants (PWD) Yes X
     2. Internal Selections (PWD) Yes X

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| Based on Table B07, the percentage of PWD among internal selections to senior level positions at each level is the following:   * GS-13: 14.5% * GS-14: 6.8% * GS-15: 5.8% * SES: 0%   Currently DHHS’s BIIS Table B07 data does not include the applicant flow data for internal applicants. We obtained access to the USAJOBS applicant flow database via COGNOS to assess applicant rate. In FY 2019, 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. Job vacancies for pay grades GS-13 and GS-14 include more than one GS level, so the GS level categories below are not mutually exclusive. In other words, someone who applied to a vacancy of GS 13/14 level is counted in both the GS-13 and GS-14 categories. GS-15 is mutually exclusive.  Percent of Qualified internal PWD applicants compared to the benchmark percent of Total internal PWD applicants:   * GS-13: Application 9.9% Qualified 9.6% Trigger * GS-14: Application 6.4%, Qualified 5.8% Trigger * GS-15: Application 6.0%, Qualified 4.8% Trigger * 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.  Percent of Selected internal PWD applicants compared to the benchmark percent of Qualified internal PWD applicants:   * GS-13: Qualified 9.6% Selected 5.6% Trigger * GS-14: Qualified 5.8%, Selected 2.4% Trigger * GS-15: Qualified 4.8%, Selected 2.1% Trigger * SES: Not Available   Source: Table B07 & COGNOS |

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

* Qualified Internal Applicants (PWTD) N/A X
* Internal Selections (PWTD) N/A X

Grade GS-15

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

Grade GS-14

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

Grade GS-13

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

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| 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 USAJOBS applicant flow database via COGNOS to assess applicant rate. In FY 2019, 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. Job vacancies for pay grades GS-13 and GS-14 include more than one GS level, so the GS level categories below are not mutually exclusive. In other words, someone who applied to a vacancy of GS 13/14 level is counted in both the GS-13 and GS-14 level, GS-15 is mutually exclusive.  Percent of Qualified PWTD internal applicants compared to the benchmark percent of Total internal PWTD applicants:   * GS-13: Application 4.0%, Qualified 3.6% Trigger * GS-14: Application 2.9%, Qualified 2.0% Trigger * GS-15: Application 3.2%, Qualified 2.4% Trigger * SES: Not Available   Percent of Selected PWTD internal applicants compared to the benchmark percent of Qualified internal PWTD applicants:   * GS-13: Qualified 3.6%, Selected 1.9% Trigger * GSGS-13: Qualified 3.6% Selected 1.9% Trigger * GS-14: Qualified 2.0%, Selected 1.6% Trigger * GS-15: Qualified 2.4%, Selected 0% Trigger * SES: Not Available   Source: Table B11 & COGNOS |

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

* New Hires to SES (PWD) N/A X
* New Hires to GS-15 (PWD) Yes X
* New Hires to GS-14 (PWD) Yes X
* New Hires to GS-13 (PWD) Yes X

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| Currently DHHS’s BIIS data does not include the applicant flow data for new hire applicants. We obtained access to the USAJOBS applicant flow database via COGNOS to assess applicant rate. In FY 2019, the percentages of PWD applicants for NIH job vacancies with an new hire announcement type at the GS 13, 14, 15 and SES level are indicated in the following. Job vacancies for pay grades GS-13 and GS-14 include more than one GS level, so the GS level categories below are not mutually exclusive. In other words, someone who applied to a vacancy of GS 13/14 level is counted in both the GS-13 and GS-14 categories. GS-15 is mutually exclusive.  Percent of Selected new hire PWD applicants compared to the benchmark percent of Qualified new hire PWD applicants:   * GS-13: Qualified 3.2% Selected 1.3% Trigger * GS-14: Qualified 2.0%, Selected 0% Trigger * GS-15: Qualified 3.1%, Selected 0% Trigger * SES: Not Available   Source: COGNOS |

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

* + New Hires to SES (PWTD) N/A X
  + New Hires to GS-15 (PWTD) Yes X
  + New Hires to GS-14 (PWTD) Yes X
  + New Hires to GS-13 (PWTD) Yes X

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| Currently DHHS’s BIIS Table data does not include the applicant flow data for new hire applicants. We obtained access to the USAJOBS applicant flow database via COGNOS to assess applicant rate. In FY 2019, the percentages of PWTD applicants for NIH job vacancies with a new hire announcement type at the GS 13, 14, 15 and SES level are indicated in the following. Job vacancies for pay grades GS-13 and GS-14 include more than one GS level, so the GS level categories below are not mutually exclusive. In other words, someone who applied to a vacancy of GS 13/14 level is counted in both the GS-13 and GS-14 level. GS-15 is mutually exclusive.  Percent of Selected PWTD new hire applicants compared to the benchmark percent of Qualified new hire PWTD applicants:   * GS-13: Qualified 1.1%, Selected 0.9% Trigger * GS-14: Qualified 0.6%, Selected 0% Trigger * GS-15: Qualified 1.3%, Selected 0% Trigger * SES: Not Available |

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

1. Executives
2. Qualified Internal Applicants (PWD) N/A X
3. Internal Selections (PWD) N/A X
4. Managers
5. Qualified Internal Applicants (PWD) N/A X
6. Internal Selections (PWD) N/A X
7. Supervisors
8. Qualified Internal Applicants (PWD) Yes X
9. Internal Selections (PWD) Yes X

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| 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.  We obtained access to the USAJOBS applicant flow database via COGNOS which provides data on supervisory positions. In FY 2019, the percentages of PWD applicants for NIH job vacancies with an internal competitive promotion announcement type for supervisory positions are indicated in the following.  Percent of Qualified internal PWD applicants compared to the benchmark percent of Total internal PWD applicants:   * Supervisory Positions: Application 6.9% Qualified 5.7% Trigger   Percent of Selected internal PWD applicants compared to the benchmark percent of Qualified internal PWD applicants:   * Supervisory Positions: Qualified 5.7% Selected 3.0% Trigger   Source: COGNOS |

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

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

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| At this time DHHS BIIS table (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.  We obtained access to the USAJOBS applicant flow database via COGNOS, which provides data on supervisory positions. In FY 2019, the percentages of PWTD applicants for NIH job vacancies with an internal competitive promotion announcement type for supervisory positions are indicated in the following.  Percent of Qualified PWTD internal applicants compared to the benchmark percent of Total internal PWTD applicants:   * Supervisory Positions: Application 3.3%, Qualified 2.6% Trigger   Percent of Selected PWTD internal applicants compared to the benchmark percent of Qualified internal PWTD applicants:   * Supervisory Positions: Qualified 2.6%, Selected 2.0% Trigger   Source: COGNOS |

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

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

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| 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.  We obtained access to the USAJOBS applicant flow database via COGNOS, which provides data on supervisory status. In FY 2019, the percentages of PWD applicants for NIH job vacancies with an new hire announcement type for supervisory positions are indicated in the following.  Percent of Selected new hire PWD applicants compared to the benchmark percent of Qualified new hire PWD applicants:   * Supervisory Positions: Qualified 3.0% Selected 0% Trigger   Source: COGNOS |

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

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

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| 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.  We obtained access to the USAJOBS applicant flow database via COGNOS, which provides data on supervisory status. In FY 2019, the percentages of PWTD applicants for NIH job vacancies with a new hire announcement type for supervisory positions are indicated in the following.  Percent of Selected new hire PWTD applicants compared to the benchmark percent of Qualified new hire PWTD applicants:   * Supervisory Positions: Qualified 1.1% Selected 0% Trigger   Source: COGNOS |

Section V: Plan to Improve Retention of Persons with Disabilities

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

Voluntary and Involuntary Separations

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

No X

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| The agency continues to use an electronic notification system of Schedule A employees eligible for conversions. The Supervisors and Administrative Officers are notified of their employee’s eligibility of conversion into a permanent position. The notification requests that the supervisor 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 on the e-mail.  In FY 2019 (10/1/19 – 9/28/19), there were **106** conversions from the Schedule A Authority to permanent positions in the competitive service.  The NIH follows 5 CFR 213.3102(u) wherein the conversion to a career or career-conditional appointment is not mandatory. The hiring agency maintains the discretion to determine whether an employee is ready for placement in the permanent career workforce. However, we understand that the intent of Executive Orders 12125 and 13124 concerning employment of persons with intellectual disability, severe physical disabilities, and psychiatric disabilities is to permit these individuals to obtain "civil service competitive status." Civil service competitive status is obtained through conversion to the competitive service, rather than remaining in the excepted service.  Source: Corporate Recruitment Unit |

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

* + Voluntary Separations (PWD) Yes X
  + Involuntary Separations (PWD) Yes X

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| Data on voluntary separations:   * Resignation: 1.2% for people with disabilities compared to 1.6% for people without disabilities- No trigger exists * Retirement: 3.9% for people with disabilities compared to 2.9% for people without disabilities- Trigger exist * Other Separations: 2.6% for people with disabilities compared to 1.4% for people without disabilities- Trigger exist   Data on involuntary separations:   * Removal: .18% for people with disabilities compared to .15% for people without disabilities- Trigger exists   Source: BIIS Table B01 |

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

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

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| Data on voluntary separations:   * Resignation: 1.1% for people with targeted disabilities compared to 1.6% for people without targeted disabilities- No trigger exists * Retirement: 4.2% for people with targeted disabilities compared to 3.0% for people without targeted disabilities- Trigger exist * Other Separations: 1.9% for people with targeted disabilities compared to 1.5% for people without targeted disabilities-Trigger exists   Data on involuntary separations:   * Removal: 0.56% for people with targeted disabilities compared to .14% for people without targeted disabilities- Trigger exists   Source: BIIS Table B01 |

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

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| We have developed a 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 January 31st, 2025. |

Accessibility of Technology and Facilities

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

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

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

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

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

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

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

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

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

* NIH’s Office of Research Facilities (ORF) reviews accessibility projects, project statements of work and estimates to check the viability of projects and adherence to the ABA Standards and make funding recommendations to the ORF Building and Facilities Board. They address accessible accommodation requests by meeting the requester at the site, exploring possibilities, writing deficiency reports estimating costs and requesting funding. They keep track of the NIH Bethesda Campus building’s changing characteristics that affect the building's occupancy categories and their compliance with the ABA Standards.
* ORF had developed an ABA rights and complaints process on their website. The name and telephone number of the ORF ABA POC/SME was added.
* In 2019, ORF had complaints about lack of larger operation signages that includes Braille. The PO is in process of accommodating that request.
* 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. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020.
* C102788 - Mid-Block Crosswalks: This project focus is on improving safety measures for pedestrians on the Bethesda Campus. The project includes adding a few HC curb cuts and detectable warning surfaces. The design has been completed. A construction contract has been awarded in 2017. Project scope covers twenty (20) crosswalks. There are eight (8) crosswalks in operating condition and in different stages of full completion with minor Q/A items to address. During 2019 fiscal year, the contractor has completed most of the remaining items. Pre-final inspection for project Substantial Inspection to be scheduled in late October.
* 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. The accessible exterior ramp that requires earth removal and building a concrete retaining wall is planned to start in November 2019. Construction will be continuing in 2020.
* C102246, Bldg. 66 Gateway Center Sallyports wheelchair Access: This project provides automatic door openers for three locations in the Bethesda Campus Sallyports for HC employees and visitors entries and exits. Due to security requirements, implementation of this project has been going through many revisions. The project started in 2015 and had been going through final phases of the design and construction documentation due to stringent security requirements that required custom made stands. Recently construction permit has been issued. Project was planned to start construction contract bidding in early 2019 fiscal year. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020.The ORF project architect responsible for the construction documents had left and a new PA is assigned. Due to custom made access poles and security requirements, the project requires not only architectural design but also industrial design of the custom pole that is an object which requires careful coordination of parts and pieces at micro (machined) level. The existing construction documents can be used as a bridging document for a Design/Build contract.
* C105241 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C remaining restrooms at B1, B2, B3, 1st, 3rd floors, a total of 10 restrooms and level B4 Unisex restroom modifications for the wheelchair access. The project was recommended for the B&F Board review for the 2018 R&I funding for design and construction. The project was placed on hold, due to funding issues. The project was planned to be funded in FY19. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020.
* C104848 Bldg. 16 and 16A Wheelchair Access for Entrances and Restrooms: This project is related to the above project in Bldg. 31C. The new veteran employee is assigned to work in Bldgs. 16 and 16A one day per week. An ORF Project Officer is developing a renovation contract to accommodate the employee’s need for easier access. The bathrooms in Bldg. 16A are within reasonable distance from Bldg. 16 are wheelchair accessible. The employee is comfortable using the restroom in Bldg. 16A while working in Bldg.16. The project was projected to be completed in 2017. Due to difficulties in finding and ordering suitable hardware, the project is in the final stages of construction and was planned to be completed in 2018. After project delivery, the user groups had many complaints regarding the operation of the entry doors automatic openers. The timing of the door getting open and closed had to be adjusted to all the user groups employees and visitors whether they were ability challenged or not. This adjustment was ongoing in the 2019 fiscal year.
* C105223 Bldg.15E2 is a historic structure. The project includes enlargement of the existing 1st floor restrooms to make them accessible. The project is funded in 2019 fiscal year. This Design/Build contract is in the 100% design phase.
* C106591 Bldg.15E1 is a historic structure. The project includes enlargement of the existing 1st floor restrooms to make them accessible. The project is funded in 2019 fiscal year. This Design/Build contract is in the 75% design phase.
* C102060 Exercise and Wellness Center project is funded in 2018 in order to renovate a large storage space to a fitness center. This small building adjacent to bldg. 13 provides two Unisex Accessible Restrooms and Adjacent Locker Rooms. This project is in construction phase and anticipated to be completed in 2020.
* Dr Gilbert Smith Assigned Parking Stall request came as an inquiry to the ORF instead of the EDI. The complaint was about removal of a number of the HC parking stalls due to the new construction across the street from Bldg. 37 where Dr Smith works. ORF ABA POC visited the site and recommended to the EDI and the parking office that DR Smith, who walks with the assistant of a cane, is a clear candidate for one of the two remaining parking stalls adjacent to Bldg. 37 side entry. This entry is the closest walking distance to Dr Smith laboratory and office. After submitting the proper documentation required by the EDI and parking office, Dr Smith can park in the assigned parking stall closest to his laboratory.

Reasonable Accommodation Program

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

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

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| NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>  In FY 2019, the NIH primarily relied on its new RA tracking system called Entelletrak to collect RA data. 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 initial receipt of the request to a decision was 4 days. The average time it took from the approval of the request to provision of the accommodation was 8 days. |

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

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| The NIH’s office of Equity, Diversity, and Inclusion (EDI) is proud to say that March of 2019 marked the one-year anniversary of the soft launch of the agency’s new centralized RA program. July 20, 2019 marked the one-year anniversary since the EEOC approved these NIH-wide RA Policy and Procedures which were then formally rolled out to all of the NIH IC’s for implementation. Pursuant to 29 C.F.R. 1614.203 (d)(3), the RA program, with approval from the NIH labor unions, began serving both bargaining and non-bargaining employees. Per the new policy and procedures, EDI’s Accessibility Consultants (AC) assumed responsibility of providing guidance and assistance on all RA requests—while applying relevant provisions with union agreements with the Agency.  According to data collected on requests entered and processed via Entellitrak in FY 19, NIH processed a total of 373 requests from 215 individuals. This represents an increase of 100 employees that EDI assisted in FY19, nearly double from FY 18 (115 individuals received assistance from the ACs). This increase is a good indicator that EDI is successfully informing the NIH community of the availability of the accommodation program.  In FY 19, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 47 business days. This is an increase of 17 days from FY 18. EDI believes it is the result of the significant increase in RA requests and the time it takes to review and process all of the required information.  Breaking this process into its sub-components, the average number of days it took to process RA requests in FY 19, from initial receipt of the request to decision was 23 business days. This is an additional 7 days from what was reported in FY 18. EDI hypothesizes that the increase in time needed to process the RA requests is due to three factors. One is the technical and user challenges the RA requestors, their managers, and ACs are having with the Entelletrak system. Two is the requirement that managers provide a completed essential functions form. This form helps the AC understand the essential functions of the job the employee holds. Sometimes managers are not able to provide this information in a timely fashion. Three is the requirement that all RA requests processed through EDI go through a medical review (conducted by the NIH Office of Occupational Medical Services). This requirement was incorporated into the RA process to assure the NIH Executive Officers that all (non-condition obvious) RA requests were reviewed and confirmed by a medical professional.  Interestingly, in FY 19, the average number of days it took managers to reach a decision on an RA request was 1 day. This is a decrease of 6 days from FY 18. EDI suspects that the decrease in time needed for the manager to reach a decision is due to the incorporation of providing mangers with a formal RA request letter. The letter is written by the AC and provides the decision maker a recommendation on the employee’s RA request. The recommendation is based on a review of the employee’s requested accommodation and limitations resulting from their medical condition, the essential functions of the position the requestor holds, the results of the medical review, and the EEOC’s Enforcement Guidance Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act.  The average time it took in FY 19, from the approval of the RA request to provision of the accommodation was 17 business days. This represents an increase of 9 business days (as compared to was what reported in FY 18). EDI believes this increase is more a reflection of getting the exact provision date from the managers as opposed to a delay in the process. In some instances, it is the result of RA requests remaining “open/active” while equipment is being ordered, requestors’ testing equipment, or exploring what equipment to test, or workspaces being reconfigured to meet the requestor’s RA need.  In terms of the top RA requests received in FY 19, the most requested RA was for telework. It made up 38% of the RA’s requested. Following that, 14% of the RA’s were for equipment, 11% were for a modified schedule, and 5% were for modified leave.  In FY 19, a toal of 341 NIH staff were trained (196 supervisors and managers and 145 employees). |

Personal Assistance Services Allowing Employees to Participate in the Workplace

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

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

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| In FY 19 EDI continued working on establishing an inter-agency agreement (IAA) with the Department of Health and Human Services (HHS). Teaming up with HHS’s Program Support Center (PSC), EDI was able to get clarification that an IAA was not needed and that what was required was a task order. Once the task order was established, we created the standard operating procedures and statement of work and submitted it for review. In July of 2019, EDI was informed that PSC discontinued its assisted acquisition services. With that, it meant that NIH would need to establish its own contract for acquiring PAS. In September of 2019, EDI began working with NIH’s Simplified Acquisition Branch to establish a centralized contract vehicle that NIH’s IC’s could access to acquire PAS. While this centralized contract vehicle is being established, each IC is using their own funds to procure PAS.  In FY 19, NIH reported processing 2 requests for PAS as an accommodation. These requests were approved and processed within 7.5 business days. |

Section VI: EEO Complaint and Findings Data

EEO Complaint data involving Harassment

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

* Government wide average for Harassment = 19.69%

No X

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

Yes X

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

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| The NIH had 2 findings of discrimination in FY 2019 alleging harassment based on disability status.   1. Compensatory Damages; Training for the Responsible Management Official; Attorney’s Fees; Posting of Order – Status: Implementing corrective actions 2. Reinstatement; Reasonable Accommodation; Purge eOPF; backpay; compensatory damages; training for Responsible Management Official; Posting of Order – Status: Agency has requested reconsideration; awaiting the decision from EEOC.   Source: (**Note, not reflected on 462 Report because they were decisions from OFO on Appeals) based on disability and harassment in FY19.** |

EEO Complaint Data involving Reasonable Accommodation

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

* Government wide average for Reasonable Accommodation = 13.53%

No X

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

Yes X

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

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| The NIH had 2 findings of discrimination in FY 2019 involving the failure to provide a reasonable accommodation:   1. Compensatory Damages; Training for the Responsible Management Official; Attorney’s Fees; Posting of Order – Status: Implementing corrective actions 2. Reinstatement; Reasonable Accommodation; Purge eOPF; backpay; compensatory damages; training for Responsible Management Official; Posting of Order – Status: Agency has requested reconsideration; awaiting the decision from EEOC.   Source: (**Note, not reflected on 462 Report because they were decisions from OFO on Appeals) involving the failure to provide a reasonable accommodation in FY 2019.** |

Section VII: Identification and Removal of Barriers

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

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

No X

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

No X

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

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| **Triggers** | Considering instructions from the Equal Employment Opportunity Commission (EEOC), the Office of Equity, Diversity, and Inclusion (EDI) will continue conducting a more focused barrier analysis in FY 2019 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 7.2% in FY 2019, which falls below the goal of 12.0%. |
| **Barrier(s)** | A full barrier analysis project with the assistance of a contractor, and a working group of NIH stakeholders has been projected to start in 2020. Completed preliminary work includes the identification of representational gaps, data needs, triggers, and a comprehensive recruitment investigative plan. (See H plans B.4.a.2, B.6.b-d, C.4.b, C.4.d, C.4.e, C.4.e.4, D.1.a, D.1.b, D.2.a, D.3.a, D.3.b, D.3.c, and E.4.a.3 ). |
| **Additional Information Available at this Time** | **Responsible Official(s):** David Rice, Disability Portfolio Strategist  **Barrier Analysis Process Completed?** No  **Performance Standards Address the Plan?** Yes  **Barrier(s) Identified?** No  **Sources of Data: Workforce Data** Table B-1, B-4, B-7, B-13; and Cognos Applicant flow data from OPM & nVISION data |

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

The NIH is just now initiating a plan to conduct the barrier analysis involving PWD and PWTD.