**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, 2019 to September 30, 2020**

**FY 2020 Management Directive 715**   
**(MD-715)**

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**MD-715**

**Parts A Through E**

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

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

**Part B - Total Employment**

| **Total Employment** | **Permanent Workforce** | **Temporary Workforce** | **Total Workforce** |
| --- | --- | --- | --- |
| **Number of Employees** | 14,125 | 2,842 | 16,967 |

**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 | Lawrence A. Tabak, DDS, Ph.D. | Principle Deputy Director, NIH |

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

| **EEO Program Staff** | **Name** | **Title** | **Occupational Series (xxxx)** | **Pay Plan and Grade (xx-xx)** | **Phone Number (xxx-xxx-xxxx)** | **Email Address** |
| --- | --- | --- | --- | --- | --- | --- |
| Principal EEO Director/Official | Treava Hopkins-Laboy | Acting Director, EDI | 260 | GS-15 | (301) 496-6301 | [Treava.hopkins-laboy@nih.gov](mailto:Treava.hopkins-laboy@nih.gov) |
| Affirmative Employment Program Manager | Danny Dickerson | Director, Division of Diversity & Inclusion, EDI | 260 | GS-15 | (301) 594-1720 | [danny.dickerson@nih.gov](mailto:danny.dickerson@nih.gov) |
| Complaint Processing Program Manager | Kenrick Small, Esq. | Acting Director, Division of Resolution & Equity, EDI | 260 | GS-15 | (301) 496-5604 | [kenrick.small@nih.gov](mailto:kenrick.small@nih.gov) |
| Diversity & Inclusion Officer | Danny Dickerson | Director, Division of Diversity & Inclusion, EDI | 260 | GS-15 | (301) 594-1720 | [danny.dickerson@nih.gov](mailto:danny.dickerson@nih.gov) |
| Hispanic Program Manager (SEPM) | Gerard Roman | Hispanic Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 827-4677 | [gerard.roman@nih.gov](mailto:gerard.roman@nih.gov) |
| Women's Program Manager (SEPM) | Joy Gaines | Women’s Portfolio Strategist, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 451-9662 | [joy.gaines@nih.gov](mailto:joy.gaines@nih.gov) |
| Disability Program Manager (SEPM) | David Rice | Disability Portfolio, Division of Diversity & Inclusion, EDI | 260 | GS-13 | (301) 443-6650 | [david.rice@nih.gov](mailto:david.rice@nih.gov) |
| Special Placement Program Coordinator (Individuals with Disabilities) | Shelia Monroe | Senior Human Resources Specialist | 201 | GS-13 | (301) 496-6504 | [monroes@od31tm1.od.nih.gov](mailto:monroes@od31tm1.od.nih.gov) |
| Reasonable Accommodation Program Manager | Jessica Center | Director, Access & Equity Branch  Guidance, Education, & Marketing Division, EDI | 260 | GS-14 | (301) 594-3282 | [Jessica.center@nih.gov](mailto:Jessica.center@nih.gov) |
| Anti-Harassment Program Manager | Jessica Hawkins | Supervisor, NIH Civil Program | 201 | GS-14 | (301)  402-8006 | [jessica.hawkins@nih.gov](mailto:jessica.hawkins@nih.gov) |
| ADR Program Manager | None | None | None | None | None | None |
| Compliance Manager | Kenrick Small, Esq. | Acting Director, Division of Resolution & Equity, EDI | 260 | GS-15 | (301) 496-5604 | [kenrick.small@nih.gov](mailto:kenrick.small@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.a - Executive Summary: NIH 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. The NIH is composed of 27 Institutes and Centers.  NIH has had a long-standing commitment to promoting the principles of transparency, participation, and collaboration, which helps the public hold the government accountable. This includes many initiatives throughout the 27 Institutes, in addition to the UNITE initiative, which was established to identify and address structural racism within the NIH-supported and the greater scientific community. With representation from across the NIH Institutes and Centers, UNITE aims to establish an equitable and civil culture within the biomedical research enterprise and reduce barriers to racial equity in the biomedical research workforce. UNITE is facilitating research to identify opportunities, make recommendations, and develop and implement strategies to increase inclusivity and diversity in science. For more information about UNITE, go to <https://www.nih.gov/ending-structural-racism/unite> and to learn additional information about NIH’s efforts to advance racial equity in the workplace, go to https://www.edi.nih.gov/people/resources/advancing-racial-equity  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.1.b - Executive Summary: EDI Mission**

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| --- |
| The NIH’s Office of Equity, Diversity, and Inclusion’s mission is to cultivate a culture of inclusion where diverse talent is leveraged to advance health discovery. In order to make NIH the premiere place for diverse talent to work and discover, we provide consultancy, training, resolutions, data, policy, and guidance services to all 27 Institutes and Centers that make up the National Institutes of Health (NIH).  To learn more about the EDI’s mission and how we support diversity and inclusion, go to.  <https://www.edi.nih.gov/more>.  To learn more about EDI’s portfolio of services, go to <https://www.edi.nih.gov/more/office/office-our-portfolio>. |

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

|  |
| --- |
| Essential Element A. Demonstrated Commitment for Agency Leadership *This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.*  **Describe leadership changes:**   * NIH Leadership approved the reassignment of the EDI, Deputy Director, Treava Hopkins-Laboy, as the interim Office of Equity, Diversity, and Inclusion (OEDI), Acting Director on October 20, 2020. * NIH Leadership approved the reassignment of Dr. Marie Bernard as the interim Chief Officer for Scientific Workforce Diversity (COSWD)on October 20, 2020. Dr. Bernard was selected a the permanent Director of COSWD, May 26, 2021.   **The agency issues an effective, up-to-date EEO Policy Statement**   * NIH updated its [annual policy statement](https://www.edi.nih.gov/blog/news/nih-director-2019-eeo-and-diversity-and-inclusion-policy) on June 15, 2020. * The NIH Director has issued numerous statements on addressing sexual harassment; examples include:   + [Creating meaningful reforms to end sexual harassment in science](https://www.nih.gov/about-nih/who-we-are/nih-director/statements/creating-meaningful-reforms-end-sexual-harassment-science)   + [Update on NIH’s efforts to address sexual harassment in science](https://www.nih.gov/about-nih/who-we-are/nih-director/statements/update-nihs-efforts-address-sexual-harassment-science) * Additionally, the 2021 policy statement has not yet been issued due to EDI delays and a delay related to the UNITE initiative; the rationale was to hold on issuing the policy statement so that it would not get lost in the number of announcements that were issued during that time-period. However, it will get issued this year. Notwithstanding the policy statement’s issuance, the NIH Director has issued multiple and effective DEIA messages this year that include the following examples:   + 3/19/2021 Supporting our Asian Americans and Pacific Islander Colleagues and Friends   + 3/1/2021 NIH Effort to End Structural Racism in the Biomedical Research Enterprise   + 2/25/2021 Invitation to Special ACD Meeting on Racial Equity   + 9/29/2020 2019 Workplace Climate and Harassment Survey Final Report   + 9/28/2020: 2020 Anti-Harassment Training   + 6/1/2020 Grieving for Loss and Confronting Social Injustice   **NIH provides sufficient staffing and resources to operate the EEO Program in an effective manner.**   * NIH has communicated EEO policies and procedures to all employees. (media, posters, world-wide-web, internet, intra-net, policy statements, training, as well as the requirements and prohibitions of Title VII and Rehabilitation Act, and the operation of the EEO complaint process and procedures. In addition: Seek input (e.g. using employee surveys, focus groups, and employee advisory groups, etc.)   + Example: The NIH’s reasonable accommodation procedures are publicly posted and available to all NIH employees. They are published in the NIH’s Policy Manual (Manual Chapter 2204: <https://policymanual.nih.gov/2204>), which was officially updated with our EEOC-approved procedures on May 15, 2020, that update included an NIH-wide notification email of the new policy. The NIH’s reasonable accommodation procedures are also publicly linked on the EDI Reasonable Accommodation Website (<https://www.edi.nih.gov/consulting/reasonable-accommodation/resources>).   **NIH assesses and ensures EEO Principles are part of its culture.**  **Federal Employee Viewpoint Survey- NIH 2020 Accomplishments**   * The NIH’s response rate was 68.0%, representing a 1.6% increase over the previous year. * More information can be found on the 2020 NIH FEVS Infographic <https://hr.nih.gov/sites/default/files/public/documents/2021-04/fevs_infographic.pdf>.  Opportunities for Improvement/Challenges in Essential Element A: Demonstrated Commitment from Agency Leadership  Reasonable Accommodation Training Provided to All Managers and Supervisors  * The agency has not trained all of its managers and supervisors on reasonable accommodation procedures, * EDI provides training on a regular and reoccurring basis to NIH Managers and Supervisors. This training includes but is not limited to: Reasonable accommodation, anti-harassment, bullying, safe-zone, anti-retaliation, and EEO compliance (including ADR) are offered to NIH staff quarterly throughout the year. <https://www.edi.nih.gov/training/upcoming-training> * EDI offers Reasonable Accommodation training to managers and supervisors every quarter. This regular schedule of training has been in place for two complete fiscal years. In fiscal year 2019, 196 managers and supervisors received reasonable accommodation training. In fiscal year 2020, 616 managers and supervisors received reasonable accommodation training. This information has been reported in NIH’s annual MD-715 report for FY19 and FY20, respectively. EDI is committed to continuing regularly scheduled training and partnering with individual offices within the NIH to provide training to their managers and supervisors.  Essential Element B: Integration of EEO into the Agency's Strategic Mission *To ensure that federal agencies achieve their goal of being a model workplace, all managers and employees must view EEO as an integral part of the agency's strategic mission. The success of an agency's EEO program ultimately depends on decisions made by individual managers.*  The reporting structure for the EEO program provides the principal EEO official with appropriate authority and resources to effectively carry out a successful EEO program.   * The EDI Director controls all aspects of the EEO program. * The agency has sufficient budget and staffing to support the success of the EEO program. * The agency recruits, hires, develops and retains supervisors and managers who have effective managerial, communications, and interpersonal skills. * The agency involves managers in the implementation of its EEO Program.   Example: Barrier Analysis Contract in Place: NIH now has sufficient funding and qualified staffing to conduct a thorough barrier analysis project. In September 2020, NIH initiated a five-year option contract with EconSys. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. Opportunities for Improvement/Challenges in Essential Element Essential Element B. Integration of EEO into the Agency’s Strategic Mission- Budget and Staffing **1.**The EEO office does not have timely access to accurate and complete data to conduct barrier analysis and complete the MD-715 report and Affirmative Action Plan for people with disabilities. Additional data needed to complete the Affirmative Action Plan for People with Disabilities includes:   * Workforce Demographic data integrity issues - as noted later in this executive summary, we have identified deficiencies specifically related to the integrity of our data and data systems. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data within the FedSep Workforce Demographic A and B data tables and the Applicant Flow data tables. * Data on ensuring a timely process all initial reasonable accommodation requests, excluding ongoing interpretative services.   + The NIH Reasonable Accommodation Procedures allot 45 business days for timely processing a request for reasonable accommodation, absent extenuating circumstances. These timeframes are communicated in our publicly available materials as well as our Reasonable Accommodation Process Overview document, which is provided to new requestors. (<https://www.edi.nih.gov/consulting/reasonable-accommodation/faqs_>)   + Requests for reasonable accommodation processed by EDI are tracked with Entellitrak. Over the last two fiscal years, NIH has worked to improve its individual and average request processing times. In FY19, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 47 business days, two days longer than our policy provides for. In FY20, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 30 business days, 15 business days less than our policy allows. This information has been reported with more detail in NIH’s annual MD-715 report for FY19 and FY20, respectively.EDI is currently implementing updates to Entellitrak that will improve our data collection, enhance our ability to identify trends and provide better monitoring of processing timeliness.   Tracking to identify job applicants with disabilities; tracking the NIH’s use of hiring authorities that take disability into account (Schedule A, 30% or more Disabled Veteran, and VRA); how the individual’s application is forwarded to the relevant hiring officials with an explanation of how and when the individual may be appointed.   * + Tracking on the frequency of training all NIH hiring managers on the use of hiring authorities that take disability into account (Schedule A, 30% or more Disabled Veteran, and VRA).   2. The agency has not trained its managers and supervisors on the anti-harassment policy, the ADR process, the EEO complaint process, and communication and interpersonal skills.   * The agency’s anti-harassment training materials do not include examples of disability-based harassment-- The 2020 version of the anti-harassment training includes a scenario on disability-based harassment. The training rolled out on 9/14/2020. This also included case studies on disability-based harassment, disability-based discrimination, and disability-based accommodations, as well as religious accommodation and national origin harassment. * Our current mandatory training does not include ADR; however, it is included in the EEO compliance training (not mandatory). 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). * EDI provides training on a regular and reoccurring basis to NIH Managers and Supervisors. This training includes but is not limited to: Reasonable accommodation, anti-harassment, bullying, safe-zone, anti-retaliation, and EEO compliance (including ADR) are offered to NIH staff quarterly throughout the year. <https://www.edi.nih.gov/training/upcoming-training> * A Part H plan will coordinate a new effort through the training committee to identify ways to ensure all managers and supervisors have received interpersonal skills training to manage a diverse workforce. The NIH Learning Management System (in conjunction with the HHS Learning Portal) provides access to various training opportunities in communication and interpersonal skills. Examples include:   + The Art and Science of Communication   + Trust Building through Effective Communication   + How Culture Impacts Communication   + Making an Impact with Non-verbal Communication, and   + Interpersonal Communication.   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 element requires that NIH:   * establishes procedures to prevent all forms of EEO discrimination * evaluates managers and supervisors on their efforts to ensure equal employment opportunity * ensures effective coordination between its EEO programs and Human Resources (HR) program * Following a finding of discrimination, NIH explores whether it should take a disciplinary action. * EEO Office advises managers/supervisors on EEO matters.   Examples:   * EDI will begin conducting disparity assessments on all new NIH policies to be reviewed for systemic barriers starting in May of 2021. * NIH’s Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) has been charged with working with the NIH’s Office of Equity, Diversity, and Inclusion (EDI) and the Office of Scientific Workforce Diversity (SWD). NIH expects to deliver the DEIA Plan to Congress by summer 2022. In the interim, NIH will provide quarterly briefings to the relevant Congressional committees on NIH activities in this space and the status of the DEIA Plan.  Opportunities for Improvement/Challenges in Essential Element **C. Management and Program Accountability**   * EDI is currently benchmarking to develop a policy/process that establishes procedures to track and monitor whether NIH considers and implements disciplinary actions for discriminatory behavior. However, there is a preliminary process in place in which the leadership must be informed and provided justification when the decision is made to not discipline managers. * The agency does not require rating officials to evaluate the performance of managers and supervisors based on their responsibilities in the EEO program. EDI will collaborate with OHR to develop a guidance document for rating officials to evaluate the performance of managers and supervisors on their responsibilities in the EEO program. The guidance document will address areas including: * Conflict resolution and the participation in ADR proceedings, * Ensuring a workplace that is free from all forms of discrimination, including harassment and retaliation, * Providing religious accommodations when such accommodations do not cause an undue hardship, * Provide disability accommodations when such accommodations do not cause an undue hardship. * Support for the anti-harassment program in investigating and correcting harassing conduct. * 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.  Essential Element D. Proactive Prevention of Unlawful Discrimination This element requires NIH to conduct a self-assessment which identify areas where barriers may operate to exclude certain groups, and develop strategic plans to eliminate identified barriers.   * NIH conducts a reasonable assessment to monitor progress toward achieving equal employment opportunity. * NIH identifies areas where barriers may exclude EEO groups. * NIH establishes appropriate action plans to remove identified barriers. * NIH ensures effective coordination between its EEO programs and Human Resources (HR) program.   Examples:   * Annually, the NIH Institutes and Centers are asked to provide two strategic plans in representational diversity as well as inclusion as a part of a data call for MD-715. This request for strategic planning on diversity and inclusion goes directly from the Deputy Director at NIH, Dr. Tabak, to each of the IC’s Executive Officers (EO’s). These EO’s are asked to personally upload and certify the plans on behalf of their IC. This change to elevate the MD-715 data call to the Deputy Director of NIH to the EO’s was made in August of 2020. These IC strategic plans often include action items with barrier analysis projects and named responsible management officials, usually the Executive Officer or one of their staff. * Recently, EDI has rolled out a rubric assessment tool that incorporates current research and best practices in diversity, equity, inclusion, and accessibility (DEIA), as well as addresses compliance under Title VII of the Civil Rights Act and the Rehabilitation Act. The Rubric is comprised of three categories, against which senior leaders in the IC organizations can assess their own internal deficiencies/barriers and create action plans. These three categories include:   + Workforce Diversity- Create a diverse, high-performing workforce, utilizing data-driven approaches to recruitment, promotion opportunities, and career development.   + Foster a culture of inclusion and engagement by employing culture change strategies such as the New Inclusion Quotient (New IQ) Initiative, learning and education on cultural competency, implicit bias awareness, and inclusion learning for all employees.   + Collect relevant performance data to establish a business case for diversity and inclusion for the IC. Leaders shall review the wide range of policies, programs, systems, and techniques currently in use and determine specific initiatives that should be enhanced and improved. * The barrier analysis project led by EconSys will allow the NIH to propose evidence-based plans of action or interventions to eliminate or reduce the barriers for diverse groups of employees in recruitment and other employment-related policies, procedures, practices, and conditions. Our plan, including timelines, is mapped out in our Part H Plan (C.4.e.4). Future phases of barrier analysis will take into account retention, promotions, separations, and other parts of the employment lifecycle. (D.1.a) * As part of the Barrier Analysis’s qualitative analysis, the EconSys Team is conducting interviews and focus groups with NIH senior managers and employees, including OHR and other diversity stakeholders to identify employment conditions that limit or tend to limit recruitment and retention for members of a particular group based on their sex, race, ethnic background, or disability status. These interviews and focus groups may last up to 90 minutes and cover a broad range of topics.  Opportunities for Improvement/Challenges in Essential Element D. Proactive Prevention of Unlawful Discrimination  * **Data Collection and Tracking Systems:** Funding is needed to develop accurate data collection and tracking systems in the following areas: * **Workforce Data tables -** Deficiencies have been identified with workforce data tables – This is an HHS program and EDI is working with the headquarters along with the operating divisions (OpDiv) to assess the strengths and weaknesses of our EEO and diversity programs. This process started 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. EDI has 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 the latest Census Data, and inconsistent CLF tabulations used for occupation-specific trigger and barriers analysis. EDI worked with the HHS BIIS developer to correct deficiencies that affected all HHS OPDIV MD-715 analysts. * **Applicant Flow Data and Title 42 Applicant Flow Data** - HHS produces the MD-715 data tables for all Op Divs. Hence, it is outside of NIH’s span of control to populate the A & B 7, 9, 11, and 12 tables. Despite this limitation, NIH has continued to conduct applicant flow analyses that are within our span of control. * EDI is working with HHS to develop a process to **resurvey the workforce** for demographic updates, including disability status and SGM status:   + The ability to self-update employee disability status updates through the SF-256 form as well as other demographic updates is anticipated in the near future. This feature will be incorporated into a future update of the HHS Human Capital System.   + To gain insight on the representation of the SGM community within the NIH workforce, EDI is supporting an NIH wide effort to identify the best way to collect Sexual Orientation and Gender Identity (SOGI) data. The NIH Sexual and Gender Minority Research Office has led the NIH in organizing a National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Study Panel on Measuring Sex, Gender Identity, and Sexual Orientation. This independent panel will produce a consensus report with conclusions and recommendations on 1) guiding principles for collecting data on sex, gender identity, and sexual orientation, and 2) recommended measures for these constructs in different settings. This panel will hold public sessions prior to providing the final report and its work will help us develop validated survey questions that OHR can use to survey the NIH workforce. Upon the completion of the panel’s work, EDI will collaboratively work with SGMRO to obtain OMB approval to use the survey questions with the NIH workforce. * **Exit Interviews**   + EDI has determined that the NIH OHR contract in place is inadequate for MD-715 barrier identification. The OHR exit interview has a low response rate. Some ICs have developed internal exit interviews. Some of them do an informal discussion with the EO, some have a formal interview, and some do not have any at all. Here is a link to [OHR’s exit survey](https://hr.nih.gov/sites/default/files/public/documents/working-nih/workforce-planning/pdf/06-offboarding-nihexitsurvey1-sheeteremployees-508.pdf). OHR and EDI met with the NIH off-boarding committee to discuss the possibility of leveraging the off-boarding workflow module (nSight) to encourage departing employees to complete the exit survey. The goal is to increase the participation rate of the NIH exit survey. ICs who used the workflow module had been asked to add the NIH exit survey into their off-boarding checklist. An integrated approach that includes funding is needed between OHR, EDI, and ICs. OHR recently released a document to NIH explaining how and why to utilize an Exit Survey. <https://hr.nih.gov/sites/default/files/public/documents/2021-04/How_to_Conduct_Exit_Interviews.pdf>   + The agency does not 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. * Affirmative action to promote the recruitment, hiring, and advancement of qualified people with disabilities and people with targeted disabilities: i.e., the NIH Plan for Employment of People with Disabilities * Address triggers for people with disabilities, including, but not limited to:   + Using the goal of 12% as the benchmark   + Conduct further analysis on people with disabilities in the permanent workforce cluster GS-11 to SES. 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%.   + Conduct further analysis on the rate of new hires for people with disabilities and people with targeted disabilities in the permanent workforce. * The EDI disability program manager is working with our Barrier analysis contractor, EconSys to develop strategies to remove barriers within hiring at NIH. The goal is to provide OHR with these strategies and assist in implementing them. * Office of Human Resources (OHR’s) multi-year recruitment strategy to assist with recruitment efforts includes:   + OHR’s Corporate Recruitment Unit (CRU) utilizes the OPM USA Staffing, which is called the Agency Talent Portal (ATP), which is a database of Schedule A applicants. Expand use of the ATP to conduct candidate sourcing upon request.   + OHR’s Delegating Examining Unit has a report of noncompetitive applicants that have applied to NIH vacancies; however, none were selected. Therefore, these applicants have been prequalified for a select group of occupations. CRU uses this report as a resource for noncompetitive candidate sourcing.   Provide training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A). At the current time Schedule, A training is provided upon request due to limited resources. Essential Element E: Efficiency This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency's EEO programs and an efficient and fair dispute resolution process.   * NIH maintains an efficient, fair, and impartial complaint resolution process. * NIH has a neutral EEO process. * NIH has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program. * NIH has effective and accurate data collection systems in place to evaluate its EEO Program. * NIH identifies and disseminates significant trends and best practices in its EEO program.   Example:  We currently have a team of six individuals and two supervisors dedicated to complaint processing and recently hired two full-time investigators. We are in the process of hiring two more investigators and one FAD (default) writer. Opportunities for Improvement/Challenges in Essential Element E. Efficiency  * **Training and Career Development:** NIH needs a system that tracks Career Development Training for barrier analysis, or we need to determine ways to better collaborate with training coordinators in the Institutes and Centers to gain insight on how this information is tracked at their level and may be available to us. This effort also requires an integrated approach that includes funding is needed between OHR, EDI, and ICs. Data needed for barrier analysis includes those who were identified as Eligible, Applicants, and Selected. Stratified information is needed for People with Disabilities and People with Targeted Disabilities.   + Training leading to higher grades GS-14, 15, and SES.   + Internship Programs   + Fellowship Programs   + Mentoring Programs   + Coaching Programs   + Training Programs   + Detail Programs   + Other Career Development Programs * **Recruitment activities:** EDI obtained access to recruitment reports via OHR’s Administrative Information Schedule (AIS) for updates on the status of vacancy announcements. An integrated approach that includes funding for tracking recruitment activities prior to the application stage (job fairs, Linked-In outreach, diversity publication postings, etc.) is needed between OHR, EDI, and ICs. * **Consistency and Accuracy of Data in the EEO Complaint Process:** NIH currently has sufficient staffing to adequately process EEO complaints. While NIH has always maintained a system to collect and maintain data on the processing of EEO complaints, the challenge was the consistency and accuracy in the data. NIH has completed a full data audit over the past years and developed standard procedures for data entry and quarterly audits to ensure that we maintain accurate data related to complaints.  Essential Element F: Responsiveness and Legal Compliance This element requires the agency to have processes in place to ensure timely and full compliance with EEOC orders and settlement agreements.   * NIH complies with the law, including EEOC regulations, management directives, orders, and other written instructions. * NIH reports to EEOC its program efforts and accomplishments and responds to EEOC directives and orders, including final orders contained in the administrative decisions, in accordance with the instructions, timeframes, and deadlines.   Examples: In FY20 NIH had 134 Informal Complaints filed. Of those informal complaints, 122 elected Traditional Counseling, and 12 elected ADR, of the 134 Informal Complaints filed 69 requested to file Formal. NIH settled six pre-complaints. Opportunities for Improvement/Challenges in Essential Element F. Responsiveness and Legal Compliance  * The agency did not **timely issue its** **final agency decisions** on the merits (33.33%) in FY 2020, and the agency’s ADR participation rate (7.8%) during the pre-complaint stage in FY 2020 did not exceed EEOC’s goal of 50%. * NIH relies on HHS EEODI for the processing of merit FADs. In FY 20 EEODI issued three merit FADs, and all three were issued untimely. So far in FY 21 EEODI has not issued any merit FADs on NIH complaints. EEODI is working to take corrective actions to address the timeliness issue regarding the processing of FADs. These actions include e.g., establishing a centralized division to handle FADs; hiring a Complaints Adjudication Division Director and a cadre of FAD writers to efficiently resolve FADs, assessing the FAD process, and developing a plan for improved processing; etc. With the hiring of the additional FAD Writers, EEODI has instituted a plan to timely resolve all new FAD requests while simultaneously resolving the oldest FADs in HHS. Upon resolution of the FAD backlog, EEODI expects to maintain timely processing of all future FADs. Currently, NIH has 26 outstanding FAD’s many of which are over two years old. * NIH is currently using both the Federal Mediation and Conciliation Services (FMCS) and the Sharing Neutrals Program for mediation services of ADR cases. Currently, FMCS has processed over 85% of all ADR cases for the NIH/EDI office. ADR is offered in all EEO complaints during each stage of the complaint process with the exception of complaints involving Sexual harassment. In FY20 EDI offered ADR to 141 complainants; of that 130 declined ADR, leaving 11 that utilized ADR. In FY21, we have had a total of 13 elections of ADR thus far. * The agency does not conduct a **prompt inquiry** (beginning within 10 days of notification) of all harassment allegations: * NIH’s Harassment program is administered separately and apart from EDI and EEO complaint processing unit. The NIH CIVIL Office, Office of Human Resources, processes all inquiries (including those initiated in the EEO Complaint process) into harassment allegations. For more information on the NIH Harassment Program, please see https://hr.nih.gov/working-nih/civil/nih-anti-harassment-policy-and-guidance. The website includes the harassment policy, toolkits, FAQs, videos, and other relevant information. * The CIVIL Office tracks and collects data on all harassment inquiries. As stated in the NIH MD715 Part H Plan in response to C.2.a.5, CIVIL is currently on track to start capturing data that will allow them to track the average response time to initiate harassment inquires. It is anticipated that NIH will report on the average time for initiating inquires in FY22. * The agency does not timely respond and fully **comply with EEOC orders:**   NIH responds to all EEO orders and fully complies with the requirements of Orders upon receipt. The relay of information and the issuance of timely Final Orders is a function of the HHS EEODI. We are aware that EEODI has been understaffed for a while, but efforts to improve the timely processing of Final Orders have been made. |

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| **Part E.3 – Executive Summary: Workforce Analyses**    Program Deficiencies: FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms, and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022 when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms, and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  Data Background: Demographic data was extracted from multiple data sources: Source (1) the Business Intelligence System (BIIS) system as of September 30, 2020, and uploaded BIIS A and B Tables December 13, 2020. DHHS Equal Employment Opportunity, Diversity, and Inclusion (EEODI) office modified the BIIS A & B Tables, April 8, 2020, and NIH downloaded the modified A & B Tables on June 12, 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, 2020. Source (2) The FedSep FY 2020 Status and Dynamic A and B Tables, as of September 30, 2020, and the FY 2020 Applicant Flow Data pulled on March 30, 2021. FY2020 is defined as Announcement Close Dates that fall within October 1, 2019 – September 30, 2020.  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.   1. **The NIH Total Workforce** 2. **Ethnicity, Race and Sex Indicators**   As of September 30, 2020, the NIH maintained a permanent workforce of 16,967 full-time and part-time employees, down approximately 4.8% from the 16,178 employees reported in FY 2019. Of the 16,967 employees, 6,634 (39.1%) were males and 10,329 (60.8%) were females. The percentage of males at 39.1% was significantly below the CLF of 51.8%, while the percentage of females at 60.8% was significantly above the CLF of 48.1%.  In addition to a review of the sex distribution, the distribution of the FY 2020 NIH workforce by ethnicity, and race indicators, and reported disability was as follows:   * Hispanic or Latino males represented 1.5% or 262 employees; * Hispanic or Latina females represented 2.3% or 382 employees; * White males represented 23.9% or 4,048 employees; * White females represented 31.9% or 5,404 employees; * Black males represented 6.6% or 1,123 employees; * Black females represented 15.9% or 2,692 employees; * Asian males represented 6.6% or 1,123 employees; * Asian females represented 10.2% or 1,733 employees; * Native Hawaiian or Pacific Islander males represented 0.0% or 3 employees; * Native Hawaiian or Pacific Islander females represented 0.0% or 4 employees * AI/AN males represented 0.3% or 57 employees; * AI/AN females represented 0.4% or 72 employees     A review of the ethnicity, race, and sex of the NIH employees when compared against the relevant CLF shows that the participation rates of Hispanic or Latino males and females, and White males and females, Native Hawaiian or Pacific Islander males and females, as well as American Indian or Alaska Native males and females are below their respective CLF rates. However, the participation rate of Black or African American males and females, Asian males and females exceed their respective CLF rates.  *Source: Section A1 Total Workforce Data Source: FEDSEP Table A1*   1. **Persons with Disabilities and Persons with Targeted Disabilities**      * For the NIH total workforce, the percentage of persons with disabilities increased from 7.2% to 7.7%, while the percentage of persons with targeted disabilities remained the same from 0.9% to 0.9%. The EEOC requires federal agencies to adopt employment goals for persons with disabilities and persons with targeted disabilities. * Therefore, in accordance with section 1614.203(d)(7) of the EEOC’s Rules, the NIH is taking steps to gradually increase the number of persons with disabilities and persons with targeted disabilities to meet the goals of:   + No less than 12% of NIH employees at the GS-11 level and above are individuals with disabilities;   + No less than 2% of NIH employees at the GS-11 level and above are individuals with targeted disabilities;   + No less than 12% of NIH employees at the GS-10 level and below are individuals with disabilities; and   + No less than 2% of NIH employees at the GS-10 level and below are individuals with targeted disabilities.   *Data Source: FEDSEP Table B1*     1. **The NIH Grade Levels** 2. **Ethnicity, Race, and Sex Indicators**     In FY 2020, the NIH had 48 employees at the SES grade, 1,485 employees at the GS-15 grade, 2,808 employees at the GS-14 grade, 3,735 employees at the GS-13 grade and 2 employees at the “Other Senior pay” level. For the SES and Other Senior pay grades only, there is no representation of Hispanic or Latino males and females; Native Hawaiian or Pacific Islander males and females; and American Indian or Alaska Native males and females. They are below their respective CLF rates. However, the participation rate of White males, and females; Black or African American males and females, Asian males and females exceeded the CLF rate.  For the GS-15 grade, the participation rates of Hispanic or Latino males and females, White males; Black or African American males; and American Indian or Alaska Native males and females were below their respective CLF rates. While there is no representation of Native Hawaiian or Pacific Islander males and females. However, the participation rate of White females, Black or African or American females, Asian males and females exceeded the CLF rate.  Interestingly, for the GS-14 and GS-13 grades, the participation rates of Hispanic or Latino males and females; White males; Black or African American males, and American Indian or Alaska Native males were below their respective CLF rates. While there is no representation of Native Hawaiian or Pacific Islander males and females. However, the participation rate of White females; Black or African or American females, Asian males and females exceeded the CLF rate at these two grades.  *Data Source: FEDSEP Table A4P*   1. Persons with Disabilities and Persons with Targeted Disabilities   As noted previously, the NIH is striving to increase its participation rate for persons with disabilities and persons with targeted disabilities. As our goals are to increase participation in two grade ranges for both persons with disabilities and persons with targeted disabilities, we assess our progress for employees in the GS-10 and below range and the GS-11 and above range. For FY 2020, for the GS-10 and below grades, the NIH’s participation rate for persons with disabilities is 16.0% and 2.7% for persons with targeted disabilities. For the GS-11 and above grades, the NIH’s participation rate for persons with disabilities is 7.1% and 0.7% for persons with targeted disabilities.  *Data Source: FEDSEP Table B4P*    **C. New Hires:**  1. Ethnicity, Race, and Sex Indicators  In FY 2020, the NIH hired 1,584 new employees. Of that number, 589 (37.2%) males and 991 (62.6%) females. During this period, the hiring of males was significantly below the CLF, while the hiring of females was significantly above the CLF. Additionally, the hiring of Hispanic and Latino males and females, White males and females, and Native Hawaiian or Pacific Islander males s was below the CLF, the hiring of Black or African American males and females, Asian males and females, Native Hawaiian or Pacific Islander females, and American Indian or Alaska Native males and females were above the CLF.  *Data Source: FEDSEP Table A1*  2. Persons with Disabilities and Persons with Targeted Disabilities  As noted above, in FY 2020, the NIH hired 1,584 new employees. Of that number, 12.3% identified as having a disability, and .9% identified as having a targeted disability. As both of these new hire percentages are higher than the cumulative participation rates for persons with disabilities (7.7%) and persons with targeted disabilities (0.9%) in the workforce, the NIH is moving in the right direction in meeting our hiring goals for persons with disabilities and persons with targeted disabilities.  *Data Source: FEDSEP Table B1-2*    D. Separations:  1. Ethnicity, Race, and Sex Indicators  In FY 2020, the NIH loss 935 employees. Of that number, 398 (42.6%) males and 537 (57.4%) females. During this period, the loss of males was significantly below the CLF, while the loss of females was significantly above the CLF. Additionally, the loss of Hispanic and Latino males and females, White males and females, and American Indian or Alaska Native males and females was below the CLF, while the loss of Black or African American males and females, and Asian males and females was significantly above the CLF. Although, NIH had no representation or separations of Native Hawaiian or Pacific Islander males and females.  *Data Source: FEDSEP Table A1*    2. Persons with Disabilities and Persons with Targeted Disabilities  As noted above, in FY 2020, the NIH lost 935 employees. Of that number, 6.2% identified as having a disability, and 4.6% identified as having a targeted disability. As the Targeted disability separation percentage is higher than the cumulative participation rate for targeted disabilities (0.9%) in the workforce, the NIH is moving in the right direction in meeting our hiring goal of 2.0% for persons with targeted disabilities.  *Data Source: FEDSEP Table B1-2*    **E. Mission Critical Occupations**  The NIH has 5 Top Mission Critical Occupations (MCOs) – General Biological Sciences (series 0401), General Health Science (series 0601), Information Technology Management (series 2210), Nursing (series 0610), Management and Program Analysis (series 0343), These MCOs comprise 38.3% of the workforce.   1. **General Biological Sciences (series 0401)**   1. Ethnicity, Race, and Sex Indicators  In FY 2020, the participation rates of General Biological Sciences (series 0401)males were below their respective Occupational CLFs (OCLF) as males comprised 39.2% of the MCO with an OCLF of 52.5%. Females were above their respective OCLF as they comprised 60.8% of the MCO with an OCLF of 47.5%. Additionally, the participation rates of Hispanic or Latino males and females, White males and females, and American Indians Alaskan Native females were below their respective OCLF rates. While the participation rates of Black or African American males and females, Asian males and females, American Indians Alaska Native males were above their respective OCLF rates. The Native Hawaiian or Pacific Islander males and females had no representation.  *Data Source: FEDSEP Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2020, the participation rates in the General Biological Sciences MCO for persons with disabilities was 3.2% and for persons with targeted disabilities was 0.4%.  *Data Source: FEDSEP Table B6P*   1. **General Health Science (series 0601)**   1. Ethnicity, Race, and Sex Indicators  In FY 2020, the participation rates of males in General Health Science (series 0601) were above their respective Occupational CLFs (OCLF) as males comprised 36.1% of the MCO with an OCLF of 32.7%, and females were below their respective OCLF as they comprised 63.9% of the MCO with an OCLF of 67.3%. Additionally, the participation rates of Hispanic or Latino males, Asian males, White females, American Indian or Alaska Native males and females were below their respective OCLF rates. While the participation rates of Hispanic or Latino females, White males, Black or African American males, and females, Asian females, were above their respective OCLF rates. The Native Hawaiian or Pacific Islander males and females had no representation.  *Data Source: FEDSEP Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2020, the participation rates in the General Health Science MCO for persons with disabilities was 4.3% and for persons with targeted disabilities was 0.4%.  *Data Source: FEDSEP Table B6P*   1. **Information Technology Management (series 2210)**   1. Ethnicity, Race, and Sex Indicators  In FY 2020, the participation rates of Information Technology Management (series 2210) males were below their respective Occupational CLFs (OCLF) as males comprised 66.4% of the MCO with an OCLF of 70.4% and females comprised 33.6% of the MCO with an OCLF of 29.6% and were above their respective OCLF. Additionally, the participation rates of Hispanic or Latino females and males, White males and females, American Indian or Alaskan Native females, were below their respective OCLF rates. While the participation rates of Black or African American males and females, Asian males and females, American Indian or Alaska Native males were above their respective OCLF rates. The Native Hawaiian or Pacific Islander males and females had no representation.  *Data Source: FEDSEP Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2020, the participation rates in the Information Technology Management MCO for persons with disabilities was 9.4% and for persons with targeted disabilities was 0.3%.  *Data Source: FEDSEP Table B6P*   1. **Nursing (series 0610)**   1. Ethnicity, Race, and Sex Indicators  In FY 2020, the participation rates of Nursing (series 0610) males were below their respective Occupational CLFs (OCLF) as males comprised 7.8% of the MCO with an OCLF of 8.5%, and females were above their respective OCLF, as they comprised 92.2% of the MCO with an OCLF of 91.5%. Additionally, the participation rates of Hispanic or Latino females, White males, Native Hawaiian or Other Pacific Islander males, American Indian or Alaska Native males, were below their respective OCLF rates. While the participation rates of White females, Black or African American males and females, Asian males and females, Native Hawaiian or Other Pacific Islander females, and American Indian or Alaska Native females were above their respective OCLF rates.  *Data Source: FEDSEP Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities    In FY 2020, the participation rates in the Nursing MCO for persons with disabilities was 0.0% and for persons with targeted disabilities was 0.0%.  *Data Source: FEDSEP Table B6P*   1. **Management and Program Analysis (series 0343)**   1. Ethnicity, Race, and Sex Indicators  In FY 2020, the participation rates of Management and Program Analysis (series 0343) males were below their respective Occupational CLFs (OCLF) as males comprised 24.6% of the MCO with an OCLF of 58.4%, and females comprised 75.4% of the MCO with an OCLF of 41.6% and were above their respective OCLF. Additionally, the participation rates of Hispanic or Latino males, White males, Asian males, American Indian or Alaskan Native males, were below their respective OCLF rates. While the participation rates of Hispanic or Latino females, White females, Black or African American males and females, Asian females, American Indian or Alaskan Native females, were above their respective OCLF rates.  *Data Source: FEDSEP Table A6P*  2. Persons with Disabilities and Persons with Targeted Disabilities  In FY 2020, the participation rates in the Management and Program Analysis MCO for persons with disabilities was 12.0% and for persons with targeted disabilities was 1.2%.  *Data Source: FEDSEP Table B6P* |

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

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| FY 2020 MD-715 NIH-wide Accomplishments 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 an actual 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 the mandatory deadline. In addition, the NIH Director approved this training to be taken annually 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 2019-2020, ensuring 100% compliance for this training. |
| **NIH’s Commitment to Gender Equity**  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 four times per year. For more information, see <https://womeninscience.nih.gov/>.  In March of FY2020, the Special Emphasis Portfolio Specialist hosed a Women in Science Panel series which was featured in the NIH Newsletter, *News in Health.* |
| **NIH Leads Global COVID-19 Response**  From the time the COVID-19 pandemic began in November 2019, NIH Director Dr. Francis Collins and the National Institute of Allergies and Infectious Diseases (NIAID) Director Dr. Anthony Fauci have been leading global efforts to slow mortality rates due to COVID-19.  Dr. Fauci and Dr. Collins were named to the U.S. Coronavirus Task Force in January 2020 and May 2020, respectively. For a synthesized timeline NIH COVID-19 Highlights during May and June 2020, visit <https://irp.nih.gov/catalyst/v28i4/covid-19-timeline-at-nih>.  In June 2020, Dr. Fauci cautioned the global community about the health and racial disparities exposed by the COVID-19 pandemic. For more information, visit <https://www.ncbi.nlm.nih.gov/search/research-news/10160/>.  Dr. Fauci and Dr. Collins hosted a conversation about COVID-19 vaccines in August 2020. For more information, visit <https://newsinhealth.nih.gov/2020/08/dr-anthony-fauci-covid-19-vaccines>. |
| |  | | --- | | **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 2020 MD-715 Institute and Center (IC) Accomplishments EDI has collected over five years of strategic plans from the NIH Institutes and Centers via an annual data call for input to the MD-715. As a result, NIH Institutes and Centers (ICs) are independently able to leverage multi-year D&I plans within their own operations and have improved management and program accountability for the success of those plans. Over time, we learned that IC leaders needed feedback on whether or not their D&I programs were a. performing well; b. showing positive results over time, staying the same, or getting worse, and c. well integrated with the NIH, HHS, and the federal government’s goals for Diversity, Equity, Inclusion, and Accessibility (DEIA)?  To assist with the consultation and feedback to ICs, the Rubric was established through the 2020 MD-715 data call. The NIH Gold Standard Rubric has one cross-cutting objective—which is to “advance DEIA in NIH’s programs and operations; in its research priorities, workforce priorities and stewardship priorities. It is intended to be a resource to IC’s who wish to strengthen and advance DEIA, using data-driven approaches which are grounded in best or promising practices. Through the development of the Gold Standard Rubric, we have taken a systematic approach to embed DEIA in NIH’s hiring and employment.  The IC accomplishments highlighted below are examples of how ICs have met and exceeded benchmarks in the three key categories of the new 2.0 NIH Rubric: Representational Diversity, Workplace Inclusion, and IC Mission.  **General Gold Standard Themes Across ICs**   * Recruitment/Retention * Awards * IC Development of D&I Committees/Councils * Focus Groups * FEVS Committees * Modified and included critical elements in all supervisors’ and employees’ Performance Management and Appraisal Program (PMAP) plans * 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   **The National Institute of Allergy and Infection Diseases (NIAID)** led the National and Federal research response to COVID-19 pandemic, coordinating with CDC, FDA, Operation Warp Speed, WHO, pharmaceutical & international partners on activities such as ACTIV clinical studies, RADx, and consensus COVID-19 treatment guidelines. Dr. Anthony Fauci, Director of NIAID, participated in numerous events to inform minority communities of the severity of the disparities within these populations affected by COVID-19. He also encouraged these communities to participate in COVID-19 clinical trial research and awarded nearly $1billion for extramural COVID-19 research.  NIAID created a Workforce Civility Task Force and D&I Committee to identify and implement immediate and long-term changes that improve the culture and climate in alignment with the IC mission and business objective. They also launched a 2020 suite of interview tools to promote equity in the interviewing process. This tool focus on behavioral-based interviewing techniques, which reduce bias, promotes fairness, and minimize subjectivity in candidate evaluation. They also have a Cultural Survey Action Planning Team (CSAP) charged with addressing the FEVS scores and making recommendations to senior leadership.  The Office of Training and Diversity (OTD), in the NIAID Division of Intramural Research, continued managing NIAID Training Sponsorship Programs, providing stipends for postdoctoral fellows, graduate students, post baccalaureates (postbacs), and summer interns from populations underrepresented in biomedical research and those with a strong commitment to promoting diversity in the biomedical sciences. NIAID analyzed data on the diversity of DIR’s trainee population. They analyze intramural pay trends, identify potential pay inequities, and compile information on Principal Investigators, Staff Scientists, and Staff Clinicians annually. As a result, NIAID established a standard, minimum salaries for Tenure-Track Investigators, Staff Clinicians, and Assistant Clinical Investigators. NIAID published diversity data in the *Inside NIAID* newsletter to update staff on NIAID’s diversity profile, promoting transparency and enabling managers to make key decisions about their workforce in real-time.  **The National Cancer Institute (NCI)** worked across its 12 individual departments to address diversity and inclusion by implementing several strategies. The NCI Human Capital Planning (HCP) team compiled and shared organization-specific human capital reports with NCI senior leadership and leadership in twelve NCI organizations. This information enhanced leadership’s awareness of diversity within their organizations and fostered an increased focus on expanding strategies to increase recruitment of a more diverse workforce.  NCI also hosted mentoring and training programs to increase participation of underrepresented minorities in science; pursued the Myerhoff Scholar students to train in STEM at the NCI; and hosted training and mentoring sessions for 10 Presidential Management Fellows. NCI has a partnership with Purdue University to recruit the best and brightness minority candidates. NCI has weekly Inclusion messages where the NCI Director sends messages on how to increase inclusivity at the organization.  NCI Center for Health Disparities addressing eliminating cancer in all populations, as well as awarding training, fellowships, employment, and grant opportunities to diverse communities. NCI established a search committee policy to ensure a fair and inclusive process for diverse candidates to compete for executive mission-critical opportunities and advertise NCI postdoctoral opportunities 365 days a year in diverse professional societies representing Hispanics, American Indians/Alaska Natives, Blacks, Asians, and Women. Conducts pipeline programs to increase competencies in STEM for diverse students in K-12, college, post-bac, graduate, and postdoc opportunities.  **The Fogarty International Center (FIC)** established an internal Equity, Diversity and Inclusion committee called (U.N.I.T.E.); the committee charge is to develop evidenced-based strategies and solutions, as well as examine NIH programs, policies, and procedures that may impact cultivating a more D&I workforce. Partnered with internal & external stakeholders and participated in mandatory D&I training for managers/supervisors and employees to promote individual and organizational awareness of diversity and inclusion in the workplace. Conducted Bystander training, “Cultivating a Harassment-Free Workplace,” for all staff: one session for supervisors and one for employees. Established IC-wide anti-harassment committee as an advisory body to senior leadership and implemented an action plan. Sponsored staff for NIH leadership training programs. Hosts monthly virtual All Hands and Town Hall meetings on D&I topics and promoted staff participation in the Federal Employee Viewpoint Survey (FEVS), and increased participation by 8% over 2019. Broadly shared results with FIC staff to ensure transparency. Held a brown bag session hosted by the FIC Deputy Director and invited all staff to discuss workplace quality and share FEVS results. FIC utilizes the AAAS Science and Technology Policy Fellowship Program to provide opportunities on the interface of science and policy as it pertains to global health and to enhance the recruitment pipeline for qualified diverse candidates. While maintaining active affiliation with the Consortium of Universities for Global Health (CUGH) to facilitate recruitment of participants to programs and networks.  **The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)** leads trans-HHS and NIH efforts to conduct outreach with Minority Serving Institutions to build student competencies in STEM and help secure training and job opportunities for students underrepresented in STEM. Together with the HHS Office of the National Coordinator for Health Information Technology, NIDDK created a 2020/2021 Minority Serving Institutions’ Strategic Plan and continues to partner with the HHS Office of the National Coordinator for Health Information Technology to sponsor numerous interactive sessions geared towards providing students valuable information about HHS opportunities and to expose them to the breadth of work across NIH. The NIDDK has an office of health equity and scientific workforce. This office supports numerous programs and pipeline initiatives to recruit and build competencies for students from diverse backgrounds at every educational level including, high school, undergraduate, graduate, postdoctoral levels as well.    The NIDDK established a Civility, Diversity, and Inclusion Steering Committee (NCDISC), chaired by the NIDDK Deputy Director and NIDDK Executive Officer, to include representation from across NIDDK, both on the scientific and administrative sides of the workforce that will provide oversight on civility, diversity and inclusion initiatives across NIDDK. NIDDK’s Employee Viewpoint Survey Analysis & Results Tool (EVS ART) continues to capture the interest of Departments across the federal government. The NIDDK Executive Officer presented EVS ART & her multipronged approach towards evaluating organizational culture, informing strategic interventions for problem areas, and reinforcing the continuation of best practices at countless Agencies, organizations, and speaking engagements. NIDDK has conducted presentations, training, and webinars, and EVS ART has been gifted to many federal colleagues, resulting in the use of the tool across Departments and Agencies. NIDDK’s tool has resulted in a 95-99% reduction in time and cost for those that have adopted it. It is recognized as a best practice by OPM and is highlighted on the UnlockTalent.gov site. HHS has begun to promote/deploy EVS ART across the HHS so that organizational performance across HHS is evaluated in a standardized way.    **The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)** participated in active recruitment of future trainees (summer students, postbaccalaureate and postdoctoral fellows) through seminars, booth exhibitions at events, and distribution of brochures; and engaged in conversations with participants at national conferences and local events with large numbers of minority attendees from underrepresented groups. NIAMS’ participation with these various programs, conferences, and colleges/universities have led to increased partnerships and an increase in applicant applying to the NIAMS postbac, postdoc and summer research program. These partnerships with programs such as the Meyerhoff Scholars Program at the University of Maryland, Baltimore County, the ASCEND Scholars Program at Howard University, Trinity University, Montgomery College, and other is leading to new collaborations and initiatives for virtual training during this COVID-19 pandemic.    The NIAMS Community Outreach Initiative team hosted an intern from an underrepresented group to support the promotion of NIAMS online resources related to bones, joints, muscles, and skin in various languages on the NIAMS website, including new flyers available in Spanish, Chinese, Korean, Vietnamese and English. NIAMS continues to lead the NIH American Indian/Alaska Native (AI/AN) Health Communications and Information Work Group, which serves as a forum for NIH staff to share effective approaches to developing and disseminating health information to Native communities. The group coordinated the development, promotion, and distribution of two AI/AN *Honoring Health* e-newsletter issues. This working group developed a collaborative NIH-wide issue dedicated to National Native American Heritage Month in November 2019 and a newsletter containing COVID-19 resources in April of 2020.    The NIAMS Office of the Scientific Director and Career Development have initiated a unique sponsorship pilot program aimed to increase the diversity and inclusion of trainees in the NIAMS IRP. Modeled after the Meyerhoff Scholars Program (Univ. of Maryland, Baltimore County), and NHLBI’s Dr. Helena Mishoe Fellowship for Underrepresented Scientists, this sponsorship complements biomedical research opportunities with increased mentoring and professional development by our NIAMS IRP Training Office.    **National Institute of Environmental Health Sciences (NIEHS)** Senior leadership created a cross-divisional Strategic Plan Working Group on health disparities and encouraged participation from across NIEHS.  In the most recent NIEHS Strategic Plan (*Advancing Environmental Health Sciences, Improving Health*) (<https://www.niehs.nih.gov/about/strategicplan/index.cfm>).  Under Theme Three, Enhancing EHS Through Stewardship and Support, Goal 2 addresses Greater Workforce Diversity and states: diversity of thought, perspectives, and approaches is critical to maximizing the public health impact of EHS research and translational efforts. This diversity is achieved, in part, by a commitment to developing an EHS workforce that comprises a wide range of characteristics, including race, ethnicity, gender, socioeconomic status, geographic location, and disability. NIEHS is committed to promoting a diverse EHS workforce by ensuring widespread opportunity and inclusion in our recruitment and training programs.  DIR Senior Leadership to continue to serve as scientific hosts and speakers at local, state, national, and international meetings/conferences to promote diversity and inclusion. Actively identify and recruit employees from diverse backgrounds through outreach with professional societies, associations, and organizations. NIEHS initiated and continued to support joint postdoctoral training programs with the National Institute on Aging (NIA), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institute of Child Health and Development (NICHD), and the National Institute of Minority Health and Health Disparities (NIMHD) to enhance interactions/collaborations between the ICs.  **The Center for Scientific Review (CSR)** established a multi-year strategic plan to address representational diversity and inclusion. IC director appointed a new position titled Associate Director for Diversity and Workforce Development to address internal workforce diversity and inclusion Blogs and other communications on the importance of diversity and inclusion and efforts to integrate diversity within the practices and policies of the organization.  Awarded contract to conduct top to bottom assessment of the CSR’s organizational culture in the following areas: recruitment, hiring, staff development in policies and practices. CSR created a staff recruitment video titled, Work-life at NIH Center for Scientific Review. They also held Diversity and Inclusion required training for staff and leadership. In addition to developing a PMAP element to address commitment. They also identified areas – within the CSR workforce and on review panels – where demographic diversity is lower and the existing barriers to broad participation. Continue to study potential biases in the peer review process and take corrective action where needed; bias in peer review could impact demographic diversity in the scientific workforce. T Increased diversity of CSR staff in supervisory positions and increased diversity on CSR review panels. In terms of bias in peer review, ongoing scientific and organizational analysis will determine the appropriate measures. Measures will depend on study designs. | |

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

I, Treava Hopkins-Laboy**, Acting Director, Office of Equity, Diversity and Inclusion,**

**GS-260**, am the Acting Principal EEO Director/Official for **National Institutes of Health, Department of Health and Human Services**.

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

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

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

Treava Hopkins-Laboy, Acting Director, EDI's signature

**MD-715 - PART G**

**Agency Self-Assessment Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Compliance Indicator**  **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 | 06/15/2020 <https://www.edi.nih.gov/sites/default/files/policy/nih-eeodi-statement-2020-01.pdf> . |
| **A.1.b** | Does the EEO policy statement address all protected bases (age, color, disability, sex (including pregnancy, sexual orientation and gender identity), genetic information, national origin, race, religion, and reprisal) contained in the laws EEOC enforces?[see 29 CFR § 1614.101(a)] | Yes |  |
|  | | | |
| **Compliance Indicator**  **Measures** | **A.2 – The agency has communicated EEO policies and procedures to all employees.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **A.2.a** | Does the agency disseminate the following policies and procedures to all employees? | N/A |  |
| **A.2.a.1** | Anti-harassment policy? [see MD 715, II(A)] | Yes | NIH has issued two new policies that apply to all NIH employees, contractors, fellows, trainees, and visitors at NIH facilities: Manual Chapter 1311: Prevention of Harassment and Inappropriate Conduct; and NIH Policy Statement: Personal Relationships in the Workplace. For more information refer to <https://hr.nih.gov/working-nih/civil/nih-civil-program-related-policy>. |
| **A.2.a.2** | Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)] | Yes | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>. H Plan closed on 5/15/2020. |
| **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. | Yes | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>. |
| **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 May 18, 2021 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 May 18, 2021. |
| **A.2.c.3** | Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often. | Yes | Annually through the EDI Cares Email, last sent on May 18, 2021, plus ongoing via posters, websites (e.g., toolkits), training classes. |
| **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 May 18, 2021plus ongoing via posters, websites (e.g., toolkits), training classes. |
|  | | | |
| **Compliance Indicator**  **Measures** | **A.3 – The agency assesses and ensures EEO principles are part of its culture.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**    **New Compliance Indicator** |
| **A.3.a** | Does the agency provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a) (9)] If “yes”, provide one or two examples in the comments section. | Yes | The NIH Harvey J. Bullock Award for Equity, Diversity, and Inclusion; Yvonne Thompson Maddox Award for Equity, Diversity, and Inclusion; and NIH Equity, Diversity, and Inclusion Award of the Year awards are examples of NIH recognition for superior accomplishments in EEO. |
| **A.3.b** | Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250] | Yes |  |
|  | | | |
| **Essential Element B: Integration of EEO into the agency’s Strategic Mission**  **This element requires that the agency’s EEO programs are structured to maintain a workplace that is free from discrimination and support the agency’s strategic mission.** | | | |
| **Compliance Indicator**  **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. | Yes |  |
| **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 |  |
|  | | | |
| **Compliance Indicator**  **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. |
|  | | | |
| **Compliance Indicator**  **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> |
|  | | | |
| **Compliance Indicator**  **Measures** | **B.4 - The agency has sufficient budget and staffing to support the success of its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **B.4.a** | Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas: | N/A |  |
| **B.4.a.1** | to conduct a self-assessment of the agency for possible program deficiencies. [see MD-715, II(D)] | Yes |  |
| **B.4.a.2** | to enable the agency to conduct a thorough barrier analysis of its workforce. [see MD-715, II(B)] | Yes | This H plan is now closed. In September 2020, NIH initiated a five-year option contract with EconSys.to conduct a thorough barrier analysis of its workforce. |
| **B.4.a.3** | to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)] | No |  |
| **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 | The Part H plan that has been established for this deficiency is regarding accurate data collection and tracking systems for workforce demographics and applicant flow. |
| **B.4.a.8** | to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709] | Yes |  |
| **B.4.a.9** | to effectively manage its anti-harassment program. [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] | Yes | For more information refer to <https://hr.nih.gov/working-nih/civil>. |
| **B.4.a.10** | to effectively manage its reasonable accommodation program. [see 29 CFR § 1614.203(d)(4)(ii)] | Yes |  |
| **B.4.a.11** | to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)] | Yes |  |
| **B.4.b** | Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)] | Yes |  |
| **B.4.c** | Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)] | Yes |  |
| **B.4.d** | Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110? | Yes |  |
| **B.4.e** | Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110? | Yes |  |
|  | | | |
| **Compliance Indicator**  **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 |  |
| **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 | 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). |
|  | | | |
| **Compliance Indicator**  **Measures** | **B.6 – The agency involves managers in the implementation of its EEO program.** | **Measure Met?**  **(Yes/No/NA)** | **Comments**    **New Indicator** |
| **B.6.a** | Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I] | Yes | Senior managers have been identified in each of the NIH SEP Engagement Committees, they are serving as the “Champion” for the constituency group. |
| **B.6.b** | Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I] | Yes | This H plan is now closed. In September 2020, NIH initiated a five-year option contract with EconSys.to conduct barrier analysis, and have included focus groups and interviews with over 60 NIH Senior Managers. |
| **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.** | | | |
| **Compliance Indicator**  **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 |  |
|  | | | |
| **Compliance Indicator**  **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 |  |
| **C.2.a.6** | Do the agency’s training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)] | Yes | This H plan is now closed, NIH’s mandatory NoFEAR/POSH training materials now 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)] | Yes | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>. |
| **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 |  |
|  | | | |
| **Compliance Indicator**  **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 | Research benchmarking other Agency and Company EEO policies was conducted May-September 2020. Draft policy/procedures are being drafted. Next steps are to evaluate CIVIL process of discipline and draft EDI/R&E process. |
| **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 | Research benchmarking other Agency and Company EEO policies was conducted May-September 2020. Draft policy/procedures are being drafted. Next steps are to evaluate CIVIL process of discipline and draft EDI/R&E process. |
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| **Compliance Indicator**  **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 | EDI will begin conducting disparity assessments on all new NIH policies to be reviewed for systemic barriers beginning in May of 2021. |
| **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 | OHR and EDI met with the NIH off-boarding committee to discuss the possibility of leveraging the off-boarding workflow module (nSight) to encourage departing employees to complete the exit survey. |
| **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. |
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| **Compliance Indicator**  **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 to monitor whether NIH considers and implements disciplinary actions for discriminatory behavior at the request of the EEO Director. |
| **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. |
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| **Compliance Indicator**  **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 |  |
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| **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.** | | | |
| **Compliance Indicator**  **Measures** | **D.1 – The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **D.1.a** | Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I] | Yes | This H Plan is now closed. In FY2020 NIH procured a 5-Year Barrier Analysis Contract, EconSys has developed the NIH’s process for identifying triggers in the workplace |
| **D.1.b** | Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] | Yes | This H Plan is now closed. In FY2020 NIH procured a 5-Year Barrier Analysis Contract, EconSys, and they have been given access to NIH’s workforce data, employee climate surveys, focus groups, and other qualitative data gathered from special emphasis and other EDI program representatives. |
| **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 |  |
| **Compliance Indicator**  **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)] | Yes | This H Plan is now closed. In FY2020 NIH procured a 5-Year Barrier Analysis Contract, EconSys, and they have been given access to NIH’s workforce data, employee climate surveys, focus groups, and other qualitative data gathered from special emphasis and other EDI program representatives. |
| **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. |
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| **Compliance Indicator**  **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)] | Yes | This H Plan is now closed. In FY 2020, a new subgroup of the EDI’s DACO and DID team was able to establish a process in which the data from applicant flow and BIIS tables would be routed through DACO and then back to the Hispanic Program Manager and Disability Program Manager for Parts I and J. These meetings will be ongoing each year to ensure Part I and Part J are effective. |
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| **Compliance Indicator**  **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 | EDI sends announcements out to the disability community through the Disability Program Manager. |
| **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 | EDI answers questions from the disability community through the Disability Program Manager. |
| **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 | The EDI Rubric will include the employment goals for people with disabilities and targeted disabilities as a key performance indicator. |
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| **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.** | | | |
| **Compliance Indicator** | **E.1 - The agency maintains an efficient, fair, and impartial complaint resolution process.** | **Measure Met?**  **(Yes/No/NA)** | **Comments** |
| **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 | To improve the timeliness of investigations, NIH has implemented regular monitoring of investigations, increased communication with investigators and implemented quarterly reporting on the timeliness of investigations.  Overall, NIH completed 98% of investigations timely. 70 investigations were completed, and 2 were untimely). |
| **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 | To improve the FADs, NIH has implemented regular monitoring of FADs and implemented quarterly reporting on the timeliness of FAD’s.  NIH is striving to improving the timeliness of FAD’s and was affected by EEOC’s guidance to hold FAD’s from April to August of 2020 due to COVID19. |
| **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 |  |
|  | | | |
| **Compliance Indicator**  **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 |  |
|  | | | |
| **Compliance Indicator**  **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 | 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 |  |
|  | | | |
| **Compliance Indicator**  **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 | The HR Liaisons group and the Deputy EO group keeps a running list of upcoming recruitments and the status of those recruitments. |
| **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 | EDI is working with HHS to develop a process to resurvey of the workforce for demographic updates including disability status and SGM status. |
|  | | | |
| **Compliance Indicator**  **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.** | | | |
| **Compliance Indicator**  **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 |  |
|  | | | |
| **Compliance Indicator**  **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 | EDI has implemented procedures to upload documents in FEDSEP upon request of a hearing or an appeal. We have developed tracking mechanisms for EEOC Orders for all Findings issued. |
| **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 |  |
|  | | | |
| **Compliance Indicator**  **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**Closed plan as of FY 2020

| **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 |  | 05/15/2020 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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 NIH-wide email with a link to the public posting of the policy and procedures. | Yes | 10/30/2020 | 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** | 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. |
| **2020** | This plan is now closed. On 5/15/2020, the NIH RA Policy and Procedures were updated to NIH Manual Chapter 2204 and announced via NIH-wide email. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency** Closed plan as of FY 2020

| **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 |  | 1/19/21 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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 |  | 1/19/21 |

**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. |
| **2020** | This plan is now closed. Dates and language for planned activities were modified and completed on 1-19-21. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency** Closed plan as of FY 2020

| **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 |  | 5/18/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2020 | Develop and disseminate RA resources to the NIH community annually through the EDI Cares Email plus ongoing via posters, websites (e.g., toolkits), training classes. | Yes |  | 5/18/2021 |

**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 informs its employees about RA through quarterly RA training, as well as annually through the EDI Cares Email, and the EDI Executive Officer Portal. |
| **2020** | Closed plan as of FY 2020. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**Closed plan as of FY 2020.

| **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 to enable the agency to conduct a thorough barrier analysis of its workforce. | 7/31/2019 | 12/30/2020 | 5/27/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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 | 8/30/2020 |
| 4/30/2019 | Statement of Work Posted. | Yes | 9/30/2020 | 8/12/2020 |
| 5/30/2019 | Select Vendor. | Yes | 10/31/2020 | 9/15/2020 |
| 7/31/2019 | Contract Executed. | Yes | 11/30/2020 | 9/28/2020 |
| 7/31/2019 | Provide the contractor with available data sources and recommended Barrier Analysis Investigative Plans. | Yes | 4/30/2021 | 5/27/2021 |

**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.  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. |
| **2020** | Closed plan as of FY 2020.  In September 2020, NIH initiated a five-year option contract with EconSys. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. These analyses will allow the EconSys Team to propose evidence-based plans of action or interventions to eliminate or reduce the barriers for diverse groups of employees in recruitment and other employment-related policies, procedures, practices, and conditions. We have started providing data sources to the contractors as of October 2020. This will be an ongoing process. The Special Emphasis Portfolios trigger analyses were submitted to the contractors in FY 2021. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director, Office of Equity Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Kenrick Small, Esq. | 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 | 9/30/2021 |  |

**Report of Accomplishments**

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

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Data Analytics and Customer Outreach Division (EDI) | Dr. Shelma Little | Yes |
| Acting Director, Customer Outreach and Education Branch (EDI) | Lynn Morin | 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 an active directory based on NIH nVision data at the time  Contractors: 13,648  Fellows/trainees: 4,200 |
| **2020** | Modifications were made to the training before the 2020 launch. Cases studies on religious accommodation and disability were added. ADR process examples are not yet included.  Over 94.5% over NIH workforce trained. Total training completed: 35,172 as of 12/09/2020.   * FTEs: 17,823 (Based on IAM)/nVISION * Contractors: 13,298 * Fellows/trainees: 4,051 |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Data Analytics and Customer Outreach Division (EDI) | Dr. Shelma Little | Yes |
| Director, Data Analytics Branch (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. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms, and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/1/2018 | Provide 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |
| Director, Data Analytics and Customer Outreach Division (DACO), EDI | Dr. Shelma Little | Yes |
| Acting Director, Customer Outreach and Education Branch, (EDI) | Lynn Morin | 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 in 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> |
| **2020** | Dates for planned activities have been modified as needed.  EDI provided quarterly Reasonable Accommodation training opportunities for NIH supervisors upon request. In FY 2020, 616 supervisors received this training. |

**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.  All subordinate supervisors have not yet received training that equips them with effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees. **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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director of Workforce Support and Development Division (WSDD), OHR | Kristen-Dunn-Thomason | No |
| Director, Data Analytics and Customer Outreach Division (EDI) | Dr. Shelma Little | Yes |
| Acting Director, Customer Outreach and Education Branch (EDI) | Lynn Morin | 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director of the Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director of the Data Analytics and Customer Outreach Division (EDI) | Dr. Shelma Little | Yes |
| Acting Branch Chief, Customer Outreach and Education Branch, (EDI) | Lynn Morin | 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. |
| **2020** | 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  Closed plan as of FY 2020**

| **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 senior managers are actively engaged in the barrier analysis process. | 10/31/2019 | 10/30/2021 | 9/30/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 7/31/2019 | Conduct introductory workshops with key barrier analysis partners external to EDI, including Executive Champions of Engagement Committees, OHR, and COSWD. | Yes | 10/31/2021 | 9/30/2021 |
| 10/31/2019 | Share the working group’s findings with EDI and NIH leadership. | 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** | 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. |
| **FY 2020** | **Closed plan as of FY 2020**  FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  In September 2020, NIH initiated a five-year option contract with EconSys to conduct barrier analysis, The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups as well as qualitative analysis to identify employment conditions that limit or tend to limit recruitment and retention for members of a particular group based on their sex, race, ethnic background, or disability status. These interviews and focus groups may last up to 90 minutes and cover a broad range of topics. Participants thus far have included:  1. Danny Dickerson, Director, EDI  2. Jennifer Gioffre, Branch Chief, EDI  3. Dr. Shelma Little, Branch Chief, EDI  4. Dana Day, EDI  5. Dawn Wayne, Branch Chief, EDI  6. Janetta Lunn (Demographics)  7. David Rice (Disability Portfolio issues)  8. Joy Postell (Women issues)  9. Alma McKune, EDI  10. Joe Martin, Director, OHR  11. Megan McWilliams, Civil Service OHR  12. Kerri Kao, Civil Service OHR  13. Gerard Roman, EDI (Latino Portfolio)  14. Kay Johnson, EDI  15. David Luckenbaugh, EDI  16. Melissa Park, EDI  17. Samantha Dickenson  18. Caroline Goon (AAPI)  19. Joy Postell (Women Portfolio Pgms)  20. Ashley Wells  21. Bali White (Sexual Orientation/Harassment Portfolio)  22. Dr. Kathy Mann Koepke  23. Dr. Christopher Burnhart, Sexual, Women minority groups  24. Dr. Fiona Vaughans, Caribbean Association  25. Dr. Roland Owens, Black Scientist Gp.  26. Teresa Booher, Lead for 3 Blind Mice group  27. Dr. Roland Owens, Executive Champion for Black and Women’s Portfolio  28. Dr. Ellen Rolfes, Executive Champion  29. Dr. Sharon Milgram, Executive Champion for Sexual & Gender minority  30. Bali White, EDI, Strategist  31. Dr. Marie A. Bernard, Acting COSWD  32. Charlene Fauve, COSWD  33. Alexis Braxton, Nurse, Blacks in Gov’t  34. Gary Morin, 508 Coord, Blind ERG  35. Alfreda Lane, Cust Outreach, Blacks in Gov’t  36. Ida Hayes, Blacks in Gov’t  37. Karen Drayton, Mental Health, Blacks in Gov’t  38. Terry Mandell, Anti-Harassment TF  39. Ms. Treava Hopkins-Laboy  40. Kendrick Gibbs  41. Kimberly Kirkpatrick  42. Xinzhi Zhang, Federal Asian Pacific American (FAPAC)  43. Erik Rodriguez, Sexual & Gender Minority (SGM)  44. Bedrossian, Leona (NIH/OD) [E]  45. Briscoe, Dawn (NIH/OD) [E]  46. Clark, Sandra (NIH/OD) [E]  47. Foxworthy, Erin (NIH/OD) [E]  48. Hebron, Eric (NIH/OD) [E]  49. Hodges, Deneen (NIH/OD) [E]  50. Oliver, Pam (NIH/OD) [E]  51. Small, Kenrick (NIH/OD) [E]  52. Thompson, Chris (NIH/OD) [E]  53. Yokwan, Yomba (NIH/OD) [E]  54. Talbott, Gina (NIH/OD/OHR) HR Specialist Policy  55. Sally Lee, NIGMS Exec Director  56. Vickie Southers, NIGMS Deputy Director  57. Dr. Claudia Gonzalez, NIGMS Chief Administrator  58. Dave Wilson, Director, and Part of the Navajo Nation  59. Juliana Blome, Deputy Director  60. Monique Robinson, EDI  61. Edward Dorsey, Training POC  62. Chinara Brown, Complaints POC  63. Vicki Buckley – NIAAA, Executive Officer  64. Erin Manor – NIAAA, Deputy Executive Officer  65. TAG meeting met speaker Stephon L. Scott, Sr. Policy Advisor  UNITE EDI Liaison  Annually, the NIH Institutes and Centers are asked to provide two strategic plans in representational diversity as well as inclusion as a part of a data call for MD-715. This request for strategic planning on diversity and inclusion goes directly from the Deputy Director at NIH, Dr. Tabak, to each of the IC’s Executive Officers (EO’s). These EO’s are asked to personally upload and certify the plans on behalf of their IC. This change to elevate the MD-715 data call to the Deputy Director of NIH to the EO’s was made in August of 2020. These IC strategic plans often include action items with barrier analysis projects, and named responsible management officials, usually the Executive Officer or one of their staff.  Recently, EDI has rolled out a rubric assessment tool that incorporates current research and best practices in diversity, equity, inclusion, and accessibility (DEIA), as well as addresses compliance under Title VII of the Civil Rights Act and the Rehabilitation Act. The Rubric is comprised of three categories, against which senior leaders in the IC organizations can assess their own internal deficiencies/barriers and create action plans. These three categories include:   * Workforce Diversity- Create a diverse, high-performing workforce, utilizing data-driven approaches to recruitment, promotion opportunities, and career development. * Foster a culture of inclusion and engagement by employing culture change strategies such as the New Inclusion Quotient (New IQ) Initiative, learning, and education on cultural competency, implicit bias awareness, and inclusion learning for all employees. * Collect relevant performance data to establish a business case for diversity and inclusion for the IC. Leaders shall review the wide range of policies, programs, systems, and techniques currently in use and determine specific initiatives that should be enhanced and improved.   Action steps have been modified to more accurately reflect the objective and G checklist program deficiency. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion. |
| **FY 2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  EDI has expanded the definition of senior managers to be more inclusive, not just limited to SEP Champions.  This H plan is still open while barriers are identified by the contractor and then involvement of senior managers will be engaged in the development of action plans for addressing barriers. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, of the Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director of the Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | FY 2019 Disclaimer: In line with HHS’s efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 data tables.  We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment Opportunity, Diversity and Inclusion.  Removed an activity to update the Standard Operating Procedures (SOP) for Executive Champions of the Special Emphasis Portfolio (SEP) engagement teams, including the responsibility to implement EEO Action Plans and Incorporate those plans into agency and IC strategic plans. |
| **FY 2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  EDI has expanded the definition of senior managers to be more inclusive, not just limited to SEP Champions.  This H plan is still open while barriers are identified by the contractor and then senior managers will be engaged in the development of incorporating the EEO Action Plan Objectives into NIH and IC strategic plans. |

**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 | 3/31/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director, Office of Equity Diversity and Inclusion (EDI) | Kendrick T. Gibbs | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Kenrick Small, Esq. | 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 | 3/31/2022 |  |

**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. |
| **2020** | Due to the dramatic growth of the Anti-Harassment program, and strong indicators of future sustained growth, the Civil Program is continuing to expand to ensure they are adequately staffed in order carry out its mission. NIH leadership approved an additional expansion to the current structure that is made up of 9 FTEs, including 1 Supervisor over 8 specialists, and 1 contractor. The updated structure to the Civil Branch will be made up of 13 FTEs, including a Branch Chief, two supervisory team leaders, and 9 specialists split between two teams. It will also include an assistant to manage administrative logistics for the branch. This update to the staffing structure will mitigate programmatic risk by providing support to case management as well as training and outreach activities and will ensure program continuity by overseeing day to day internal operations and executing program service and administration initiatives. The two supervisory team leaders (GS-14) and assistant have been advertised and selections are underway. The additional specialist positions will be announced in early 2021. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency** **Closed plan as of FY 2020**

| **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 |  | 9/14/2020 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director, Data Analytics and Customer Outreach Division (EDI) | Dr. Shelma Little | Yes |
| Acting Director, Customer Outreach and Education Branch (EDI) | Lynn Morin | 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 |  | 9/14/2020 |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2019** | This is a new H Plan and therefore NIH has no accomplishments to report currently. |
| **2020** | This plan is now closed.  The 2020 version of the anti-harassment training includes a scenario on disability-based harassment. The training rolled out 9/14/2020. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency  Closed plan as of FY 2020**

| **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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | This plan is now closed.  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 | 10/31/2021 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/2020 | Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs. | Yes | 10/31/2021 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan. In FY 2018 NIH received approximately 327 Reasonable Accommodation (RA) requests. Of the 327 RA requests a cumulative total of 297 (between 81% - 88%) were filled in a timely fashion according to NIH RA procedure guidelines. |
| **2019** | In FY 2019 NIH received approximately 215 Reasonable Accommodation (RA) requests. Of the 215 RA requests a cumulative total of 156 (72.55%) were processed in a timely fashion according to NIH RA procedure guidelines. |
| **2020** | We utilize a central tracking system for RA (2018-present). After two years of operation we have identified deficiencies in our system tracking capabilities. We are updating our Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is “increased accuracy,” we would have to create success factors and a plan to measure them upon implementation of the new system.  Out of 156 approved accommodation requests 72.55% were processed within the required timeframe.    Not every request comes through EDI’s process and timeframes. |

**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 | 7/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 04/30/2019 | Develop SOPs to utilize centralized personal assistance services (PAS) contract vehicle. | Yes | 7/30/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | The EEOC and the NIH Unions have reviewed, and approved NIH’s RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be re-approved by the EEOC prior to dissemination. |
| **2019** | NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. The policy includes the use of personal assistance services. <https://policymanual.nih.gov/2204>  Specific provision of PAS via HHS’s IDIQ has not yet occurred, as such we may need to develop an NIH contract. Currently, the IC would need to engage in a micro purchase to procure it.  Dates for planned activities have been modified as needed. |
| **2020** | A PAS contract vehicle has been established for FY 2021 with HHS. NIH is collaborating with HHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs for NIH’s utilization are forthcoming. |

**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 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 05/30/2019 | Post procedures for processing requests for Personal Assistance Services on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” Pages. | Yes | 9/30/2022 |  |

**Report of Accomplishments**

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

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Branch Branch, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Kendrick Small, Esq. | 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of CIVIL, (OHR) | Jessica Hawkins | No |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy. | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Workforce Relations Division (WRD), OHR | Deb Coelho | No |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Office of CIVIL, (OHR) | Jessica Hawkins | No |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Director, Guidance, Education, and Marketing Division (EDI) | Kimberly Kirkpatrick | Yes |
| Director, Access & Equity Branch (EDI) | Jessica Center | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 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. |
| **2020** | 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 | 9/30/2022 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director, Office of Equity Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Director, Workforce Relations Division (OHR) | Celene Wilson | No |
| Director, Civil Office, Office of Human Resources (OHR) | Jessica Hawkins | No |
| Acting Director, Resolution & Equity Division (EDI) | Kenrick Small, Esq. | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2020 | Research the process used by the Civil Office where the IC is given a recommendation for discipline based upon inappropriate action on the part of the manager. | Yes | 9/30/2021 |  |
| 3/30/2021 | Develop a policy and/or process and a tracking mechanism for considerations of discipline. | Yes | 9/30/2022 |  |
| 9/30/2021 | The EEO Director briefs NIH leadership and the Executive Officers on the change and new process for disciplining consideration. | 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. |
| **2020** | Research benchmarking other Agency and Company EEO policies was conducted May-September 2020. Draft policy/procedures are being drafted. Next steps are to evaluate CIVIL process of discipline and draft EDI/R&E process. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director, Office of Equity Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Kenrick Small, Esq. | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 08/30/2020 | Develop and implement tracking mechanism to monitor if actions are taken when cases are referred for consideration of remedial or disciplinary for managers and supervisors named in complaints. | Yes | 9/30/2021 |  |

**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. |
| **2020** | Research benchmarking other Agency ad Company EEO policies was conducted May-September 2020. Draft policy/procedures are being drafted. Next steps are to evaluate CIVIL process of discipline and draft EDI/R&E process. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2022 | Working with the policy office in OHR, EDI will establish a working group to determine all NIH policies and procedures that are related to merit promotion, employee recognition, employee development/training programs. | Yes |  |  |
| 6/30/2023 | Working group will develop a reasonable timeline to review these policies related to merit promotion, recognition, development and training programs for barriers to various populations. | Yes |  |  |
| 6/30/2025 | Working group will 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. |
| **2020** | In September 2020, EconSys (contractor) has begun to conduct analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyzing, and identify triggers to find possible barriers. As this is an anticipated 5-year project, future phases of barrier analysis will take into account retention, promotions, awards, separations, and other parts of the employment lifecycle.  Thus far, EDI representatives and representatives from the Client Services Division and the Civil program in the Office of Human Resources (OHR) have been interviewed by Barrier Analysis contractors. The next steps are to provide NIH and IC policies to the BA contractors, and to continue interviewing other stakeholders (i.e. other OHR divisions, COSWD, IC leaders, NIH leaders, etc.).  Based on the findings from the barrier analysis contract, prioritizations will be made on which policies, procedures, and practices will be reviewed going into the future. A long-range schedule will be developed for an iterative review of the policies and practices related to merit promotion, employee recognition awards, employee development & training, management & personnel actions.    EDI will begin conducting disparity assessments on all new NIH policies to be reviewed for systemic barriers beginning in May of 2021. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Workforce Support and Development Division (WSDD), OHR | Kristen-Dunn-Thomason | No |
| Director, HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director of the Data Analytics and Customer Outreach Division (EDI) | Dr. Shelma Little | Yes |
| Director, Data Analytics Branch (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 | 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 established a system to gather information from stakeholders for Part J.  This includes, providing a template to the CIT OCIO section 508 Office, OHR Selective Placement Coordinator, EDI GEM Reasonable Accommodation Team, OD ORF Architectural Barrier Coordinator and EDI Resolution & Equity Division. Stakeholders received the template provided to stakeholders in early September for their offices to report their data for the MD-715 Part J. * Identified and corrected inconsistencies RCLF benchmarks for the analysis of Mission Critical Occupations. * Requested data from OHR in September for information regarding Schedule A and Selective Placement Coordinator. OHR provides the data from its Corporate Office to complete the MD-715 Part J. * Obtained access to recruitment reports via OHR’s Administrative Information Schedule [(AIS)](https://omoffice.od.nih.gov/programs/AdminCalendar/Lists/New%20AIS%20Calendar/DispForm.aspx?ID=3302&Source=https%3A%2F%2Fomoffice%2Eod%2Enih%2Egov%2Fprograms%2FAdminCalendar%2FSiteAssets%2FAIS%2Easpx) for updates on the status of vacancy announcements. * Worked with HHS on the integration of new BIIS 2.0 templates for MD-715 reports tables A and B.  Our review uncovered several deficiencies, such as errors in the formulas, use of latest Census Data and inconsistent CLF tabulations used for occupation-specific trigger and barriers analysis. Worked with the HHS BIIS developer to correct deficiencies that affected all HHS OPDIV MD-715 analysts.   Dates for planned activities have been modified as needed. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.   * 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 established a data procedure to assess the applicant flow data at the NIH level. Expanding the processes needed to collect career development and leadership training will also be assessed by the end of FY 2023. * 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. * 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director, Workforce Support and Development Division (WSDD), OHR | Kristen Dunn-Thomason | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2019 | Review the NIH-wide policy and procedures for exit interviews. | Yes |  | 6/30/2019 |
| 12/31/2025 | 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. |
| **2020** | OHR and EDI met with the NIH off-boarding committee to discuss the possibility of leveraging the off-boarding workflow module (nSight) to encourage departing employees to complete the exit survey. The goal is to increase the participation rate of the NIH exit survey. ICs who used the workflow module had been asked to add the NIH exit survey into their off-boarding checklist. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director, Client Service Division (CSD), OHR | Joe Martin | No |
| Branch Chief, Cooperate Recruitment Unit (CRU), OHR | Mitzi Kosciulek | No |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

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

**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 | <Contract in place> | 09/30/2022 | 9/30/2025 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Director, Office of Human Resources | Julie Berko | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 8/15/2019 | Implement a series of working group meetings, to include the contractor, EDI representatives, and other NIH employees as needed, to conduct barrier analysis. With the working group, formulate viable plans to identify 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 | 9/28/2020 |
| 10/31/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers. | Yes | 10/30/2021 |  |
| 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 | 10/30/2022 |  |
| 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 | 10/30/2024 |  |
| 9/30/2025 | In collaboration with the workgroup, successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans. | Yes |  |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **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. |
| **FY 2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  NIH led the HHS organizational effort to ensure race and ethnicity data, inclusive of the category on two or more races and Native Hawaiian and Pacific Islander data is accessed, as well as, reported in compliance with Office of Management and Budget (OMB) regulations for the FY 2021 Management Directive 715 report. NIH also led the HHS initiative to ensure access to applicant flow data for Management Directive 715 reports in FY 2021.  At the end of FY 2020, the Office of Equity, Diversity and Inclusion, (EDI) secured a contractor, EconSys, to perform Management Directive 715 Barrier Analysis. EconSys has been leading the formulation of questions for workgroup members around possible anomalies in recruitment and employment related policies, procedures, practices and conditions. OHR has been interviewed and provided information in the area of recruitment and retention at NIH. |

**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)** |
| --- | --- | --- |
| Acting Director of the Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director of the Office of Equity Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolution & Equity Division (EDI) | Kendrick Small, Esq. | 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. |
| **2020** | 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  Closed plan as of FY 2020**

| **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 |  | 7/30/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 10/31/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers. | Yes |  | 7/30/2021 |

**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. |
| **FY 2020** | This plan is now closed.  FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  Special Emphasis Portfolio Strategists and Strategic Diversity and Inclusion Strategists completed analyses for their individual portfolios. These analyses will be used to shape program planning in CY2021.  At the end of FY 2020, the Office of Equity, Diversity and Inclusion, (EDI) secured a contractor, EconSys, to perform Management Directive 715 Barrier Analysis. EconSys has begun to conduct analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyzing, and identify triggers to find possible barriers. Future phases of barrier analysis will take into account retention, promotions, separations, and other parts of the employment lifecycle. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency - Closed Plan as of FY 2020**

| **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 | Use the following sources 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 |  | 7/30/2021 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| Chief of the Strategic Analytics Workforce and Engagement Branch, NIH Training Center, OHR | Jonathan Lappin | 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)** |
| --- | --- | --- | --- | --- |
| 5/15/2019 | Identify the systems and processes to obtain the required data sources needed for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; and/or external special interest groups | Yes |  | 5/15/2019 |
| 9/30/2021 | EDI and the EconSys contractor will work with OHR and other senior leaders at NIH to formulate viable plans to establish the necessary processes for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; and/or external special interest groups | Yes |  | 7/30/2021 |

**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. |
| **FY 2020** | This plan is now closed.  At the end of FY 2020, the Office of Equity, Diversity and Inclusion, (EDI) secured a contractor, EconSys, to perform Management Directive 715 Barrier Analysis. EconSys has begun to conduct analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyzing, and identify triggers to find possible barriers. Future phases of barrier analysis will take into account retention, promotions, separations, and other parts of the employment lifecycle.  FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| Director, Workforce Support and Development Division (WSDD), OHR | Kristen Dunn-Thomason | No |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

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

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 12/31/18 | Conduct benchmarking on how other agencies have executed the Barrier Analysis process. | Yes |  | 12/31/18 |
| 10/31/2019 | Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers. | Yes | 10/30/2021 |  |
| 9/30/2019 | EDI leaders will work with the EconSys contractor to formulate viable plans for analyzing the identified triggers to find possible barriers. | Yes | 10/30/2021 |  |

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

| **Type of Program Deficiency** | **Brief Description of Program Deficiency** |
| --- | --- |
| **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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | Yes |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 7/30/2022 | EDI will work with OMA to regularly examine management/personnel policies related to merit promotion, employee recognition, employee development/training programs. | Yes | 7/30/2022 |  |

**Report of Accomplishments**

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

**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. <copy from earlier similar plan> | 10/15/2020 | 12/31/2025 |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 5/15/2019 | Identify the systems and processes to obtain the required data sources needed to prepare the MD-715 plan and report as well as conduct barrier analysis. | Yes | 9/30/2020 | 5/15/2019 |
| 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. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 9/30/2023 | Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel and target dates. 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. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  There are no accomplishments to report this year. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

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

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

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

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency - Closed plan as of FY 2020**

| **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 |  | 9/30/2020 |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Sheila Monroe | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID) | Phil Day | No |
| Director, Diversity and Inclusion Division (DID), EDI | Danny Dickerson | Yes |
| NIH Disability Portfolio Strategist, (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 |  | 12/31/2020 |

**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. |
| **FY 2020** | This plan has been completed and is now closed. In FY 2020, a new subgroup of the EDI’s DACO and DID team was able to establish a process in which the data from applicant flow and BIIS tables would be routed through DACO and then back to the Hispanic Program Manager and Disability Program Manager for Parts I and J. The subgroup helped to develop a presentation on applicant flow. They also were able to establish the CLF and RCLF from the 2010 Census data. This group will continue to meet each year to see what improvements would be needed for the MD-715 Part I and J and provide a debrief of sorts. These meetings will be ongoing each year to ensure Part I and Part J are effective.  FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Sheila Monroe | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID) | Phil Day | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| NIH Disability Portfolio Strategist (EDI)] | David Rice | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 7/31/2019 | Utilize the biannual updates for USAJobs applicants stratified by disability status in barrier analysis. | Yes | 11/15/2019 | 11/15/2019 |
| 9/30/2021 | EDI will work with OHR to formulate viable plans to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies, including establishing a shared tracking process for an applicant  flow tracking system, as well 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. |
| **2020** | EDI sends announcements out to the disability community through the Disability Program 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**

| **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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity, and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |
| NIH Disability Portfolio Strategist (EDI) | David Rice | Yes |
| Selective Placement Coordinator, Client Recruitment Unit, (CRU), OHR | Sheila Monroe | No |

**Planned Activities Toward Completion of Objective**

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

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | NIH has no accomplishments to report currently. |
| **2020** | EDI answers questions from the disability community through the Disability Program Manager. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, of the Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | 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 (EDI) | Danny Dickerson | Yes |
| NIH Disability Portfolio Strategist (EDI) | David Rice | Yes |
| Selective Placement Coordinator, Corporate Recruitment Unit (CRU), OHR | Shelia Monroe | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 1/31/2020 | 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 | 9/30/2021 |  |
| 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 | 3/31/2022 |  |
| 3/31/2021 | EDI will work with OHR to formulate viable plans to establish a process for the EEO office to collaborate with the HR office to set annual hiring and retention goals to increase the number of persons with disabilities and targeted disabilities over the next three years. | Yes | 3/31/2022 |  |

**Report of Accomplishments**

|  |  |
| --- | --- |
| **Fiscal Year** | **Accomplishments** |
| **2018** | This is a new H plan and therefore NIH has no accomplishments to report currently. |
| **2019** | Dates for planned activities have been adjusted as necessary. |
| **FY 2020** | The EDI Rubric will include the employment goals for people with disabilities and targeted disabilities as a key performance indicator. |

**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 achieve a 95% rate of timely EEO investigations. | 10/30/2023 |  |  |

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director, Office of Equity Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Kenrick Small, Esq. | 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.) |
| **2020** | To improve the timeliness of investigations, NIH has implemented regular monitoring of investigations, increased communication with investigators and implemented quarterly reporting on the timeliness of investigations.  Overall, NIH completed 98% of investigations timely. 70 investigations were completed, and 2 were untimely). |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director, Office of Equity Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Kenrick Small, Esq. | 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 Part H Plan to ensure if we get budget approval, we will have time for the recruitment and onboarding of new staff to write FAD’s. |
| **2020** | To improve the FADs, NIH has implemented regular monitoring of FADs and implemented quarterly reporting on the timeliness of FAD’s.  NIH is striving to improving the timeliness of FAD’s and was affected by EEOC’s guidance to hold FAD’s from April to August of 2020 due to COVID19. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Data Analytics and Customer Outreach, EDI | Dr. Shelma Little | Yes |
| Director, Data Analytics Branch (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. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Chief Officer, Scientific Workforce Diversity (COSWD) | Dr. Maria Bernard | No |
| Deputy Director, Intermural Research | Dr. Michael Gottesman | No |
| Director, Office of Human Resources | Julie Berko | No |
| Deputy Director, Extramural Research | Dr. Michael Lauer | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 8/15/2019 | EDI will work with OHR to formulate viable plans to identify appropriate stakeholders in recruitment (OHR, Senior and Scientific Recruitments; OIR, OER, COSWD, ICs.) | Yes |  | 8/15/2019 |
| 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 the IC’s through the TAG Liasons 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. |
| **2020** | HR Liaisons group and the Deputy EO group keeps a running list of upcoming recruitments and the status of those recruitments. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

| **Date Initiated (mm/dd/yyyy)** | **Objective** | **Target Date (mm/dd/yyyy)** | **Modified Date (mm/dd/yyyy)** | **Date Completed (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 01/01/2018 | Work with HHS to populate BIIS Tables with internal and external Applicant Flow data. | 9/30/2020 | 9/30/2021 |  |
| 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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Data Analytics and Customer Outreach (EDI) | Dr. Shelma Little | Yes |
| Director, Data Analytics Branch (EDI) | Dr. Janetta Lun | Yes |
| Director, HR Systems, Analytics, and Information Division (HR SAID), OHR | Phil Day | No |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 3/31/2019 | Provide the new data analyst access to USA staffing and training to conduct applicant flow data analysis. | Yes | 8/30/2019 | 8/30/2019 |
| 06/30/2019 | Provide end of Fiscal Year Applicant Flow analyses by race, ethnicity and sex. | Yes | 12/31/2019 | 11/30/2019 |
| 06/30/2019 | Provide end of Fiscal Year Applicant Flow analyses by disability status. | Yes | 12/31/2019 |  |
| 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. |
| **2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  EDI continues to work with HHS regarding all data deficiencies including applicant flow.  EDI staff serve on the NIH working group commissioned to identify a process for collecting Title 42 applicant flow data as well as harness the overall title 42 application process. EDI served on this committee throughout 2020.  Dates for planned activities have been modified as needed. |

**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)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Director, Office of Human Resources | Julie Berko | No |
| Director, HR Systems, Analytics, and Information Division, (HR SAID), OHR | Phil Day | No |
| Director, Workforce Support and Development Division (WSDD) | Kristen Dunn-Thomason | No |
| Director, Client Services Division (CSD) | Joe Martin | No |
| Director, Diversity and Inclusion Division (EDI) | Danny Dickerson | Yes |

**Planned Activities Toward Completion of Objective**

| **Target Date (mm/dd/yyyy)** | **Planned Activities** | **Sufficient Funding & Staffing?**  **(Yes or No)** | **Modified Date (mm/dd/yyyy)** | **Completion Date (mm/dd/yyyy)** |
| --- | --- | --- | --- | --- |
| 6/30/2020 | 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. |
| **FY 2020** | EDI is working with HHS to develop a process to **resurvey of the workforce** for demographic updates including disability status and SGM status:   * The ability to self-update employee disability status updates through the SF-256 form as well as other demographic updates is anticipated in the near future. This feature will be incorporated into a future update of the HHS Human Capital System. * To gain insight on the representation of the SGM community within the NIH workforce, EDI is supporting an NIH wide effort to identify the best way to collect Sexual Orientation and Gender Identity (SOGI) data. The NIH Sexual and Gender Minority Research Office has led the NIH in organizing a National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Study Panel on Measuring Sex, Gender Identity, and Sexual Orientation. This independent panel will produce a consensus report with conclusions and recommendations on 1) guiding principles for collecting data on sex, gender identity, and sexual orientation, and 2) recommended measures for these constructs in different settings. This panel will hold public sessions prior to providing the final report and its work will help us develop validated survey questions that can be used by OHR to survey the NIH workforce. Upon the completion of the panel’s work, EDI will collaboratively work with SGMRO to obtain OMB approval to use the survey questions with the NIH workforce. |

**MD-715 – Part H**

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

**Statement of Model Program Essential Element Deficiency**

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

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

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

**Responsible Official(s)**

| **Title** | **Name** | **Performance Standards Address the Plan?**  **(Yes or No)** |
| --- | --- | --- |
| Acting Director, Office of Equity, Diversity and Inclusion (EDI) | Treava Hopkins-Laboy | Yes |
| Acting Deputy Director, Office Equity, Diversity and Inclusion (EDI) | Kendrick Gibbs | Yes |
| Acting Director, Resolutions and Equity Division (EDI) | Kenrick Small, Esq. | 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. |
| **2020** | EDI has implemented procedures to upload documents in FEDSEP upon request of a hearing or an appeal. We have developed tracking mechanisms for EEOC Orders for all Findings issued. |

**NIH**

**MD-715 – Part I**

**NIH Plan to Eliminate Identified Barrier   
FY 2020**

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

**NOTE: The Applicant Flow data was not available at this time.**

| **Source of the Trigger** | **Specific Workforce Data Table** | **Narrative Description of Trigger** |
| --- | --- | --- |
| **NIH Total Permanent Workforce** | **FedSep 2.0 Tables: A1, A4, A6 4th Qtr. FY 2020** | FY 2020 Disclaimer: In FY 2019, the Department conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 US Census, as the primary external benchmark for assessing whether any triggers or barriers exist regarding the exclusion of certain groups. As noted previously, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS’s recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC’s changes to the required 2.0 FEDSEP data tables. Before we can provide data and analyze trends, we must implement changes to ensure the integrity of the data. Accordingly, during the next fiscal year, we will improve our data systems, data collection methods, reporting mechanisms and use of the data with the goal of ensuring that HHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, we will not assess whether barriers or triggers may exist until after FY 2022, when we have compiled enough accurate data to establish trends to make informed assessments.  Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2020 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department’s data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, HHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.  **Less than expected representation of Hispanics in permanent grades GS-12 through GS-15 and no Hispanics in the NIH Senior Executive Service (SES).**  This condition has been recognized as a trigger through the review of workforce statistics, CLF data, and the analysis of MD-715 workforce tables. Considering instructions from the U.S. Office of Personnel Management (OPM) and the Equal Employment Commission (EEOC) on Hispanic Employment in the Federal Government, the NIH began conducting a more focused barrier analysis to identify triggers and potential barriers at the GS-12 through GS-15, and SES. |

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

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

**Barrier Analysis Process**

| **Sources of Data** | **Source Reviewed?**  **(Yes or No)** | **Identify Information Collected** |
| --- | --- | --- |
| **Workforce Data Tables**  **FedSep 2.0 Tables: A4, A6, 4th Qtr. FY 2020**  **\*RCLF data is based on 2010 Census data provided in the FedSep 2.0 Tables.** | Yes | A total of 140 Hispanic males are working within the GS-12 to GS-15 positions which is 3.8% of the NIH male employees (3,687) in those grades. The total number of Hispanic males in the permanent NIH workforce at grade levels GS-12 (18); GS-13 (53); GS-14 (36); and GS-15 (33); or a combined 140 or 3.8% is lower than the CLF benchmark of 5.2%. There are zero Hispanic males in the SES.  A total of 252 Hispanic females are working within the GS-12 to GS-15 positions which is 3.7% of the NIH female employees (6,764) in those grades. The total number of Hispanic females in the permanent NIH workforce at grade levels GS-12 (59); GS-13 (105); GS-14 (58); and GS-15 (30); or a combined 252 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 (64.3%) than Hispanic males (35.7%) 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) | | | | | | | |  | 42 | 1.5% | 2.4% | 70 | 2.5% | 1.8% | | General Biological Science (0401) | | | | | | | |  | 12 | 1.1% | 2.4% | 19 | 1.8% | 2.2% | | Nurse (0610) | | | | | | | |  | 6 | 0.6% | 0.6% | 23 | 2.1% | 3.9% | | Management and Program Analysis (0343) | | | | | | | |  | 9 | 1.1% | 2.4% | 28 | 3.4% | 2.1% | | Information Technology (2210) | | | | | | | |  | 23 | 3.1% | 5.3% | 7 | 0.9% | 2.1% |   **NOTE: The Applicant Flow data was not available at this time.**  An analysis of selections for senior level positions in the permanent workforce indicates that Hispanic males and females at the NIH represented X.X% or X of the total new hires in grades GS-13 through SES. Among the Hispanic new hires at NIH (XX), XX of them or XX% were in the GS-13. compared to the non-Hispanic new hires at NIH (X), XX% or XX of them were at the GS-13 to SES level.  Regarding applicant flow analysis, FEDSEP tables do not provide applicant information nor do they provide applicant information by grades and MCOs. We have established three H Plan action items to address this lack of information (H Plans B.4.a.7, C.4.c, and E.4.a.4). Through these H plans, we will be able to identify trends in applicant flow for the selected grades and MCOs stratified by RNO, sex, and disability. Our target completion date is September 30, 2021.  **NOTE: The Applicant Flow data was not available at this time.**  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 2020 and may contain applicants who have yet to be onboarded at NIH. In FY 2020, the participation rate for Hispanic males and females in the USA Staffing NIH applicant pool for all occupations and grades was X.X%. The participation rate for all Hispanic qualified applicants was X.X%. The participation rate for all Hispanic referred applicants was also X.X%. Subsequently, the participation rate for Hispanic employees selected was at X.X%. Selections for internal competitive promotions for all major occupations in the permanent workforce at the NIH shows that Hispanic males and females accounted for X.X%, or XX of the XXX total internal competitive promotions in FY 2020. 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:  **NOTE: The Applicant Flow data was not available at this time.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Series** | **Hispanic**  **Total Applicants**  **Benchmark** | | **Hispanic**  **New Hires**  **Selections** | | | **Number** | **Percent** | **Number** | **Percent** | | General Health Science (0601) | | | | | |  | XX | X.X% | X | X.X% | | General Biological Science (0401) | | | | | |  | XX | X.X% | X | X.X% | | Nurse (0610) | | | | | |  | XX | X.X% | X | X.X% | | Management and Program Analysis (0343) | | | | | |  | XX | X.X% | X | X.X% | | Information Technology (2210) | | | | | |  | XX | X.X% | X | X.X% |   \* 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 2020** | Yes |  |
| **Grievance Data (Trends)** | No |  |
| **Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)** | No |  |
| **Climate Assessment Survey (e.g., FEVS)** | Yes | A preliminary study of FEVS data by demographic groups has been conducted. In 2020, EDI conducted a data project to help identify benchmarks, trends, and statistically relevant data that identified triggers. |
| **Exit Interview Data** | No | Exit Interview survey results are excluded from the analysis due to lack of consistency of practices and policies across NIH and 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 started in September, 2020. Completed preliminary work includes the identification of representational gaps, data needs, triggers, and a comprehensive recruitment investigative plan. (See H plans B.4.a.2, B.6.b-d, C.4.b, C.4.d, C.4.e, C.4.e.4, D.1.a, D.1.b, D.2.a, D.3.a, D.3.b, D.3.c, and E.4.a.3 ). |

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

| **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)** |
| --- | --- | --- |
| Acting Director, Office of Equity Diversity and Inclusion | Treava Hopkins-Laboy | Yes |
| Director of the Diversity and Inclusion Division | Danny Dickerson | Yes |
| Director, Special Emphasis Branch | Dawn Wayman | Yes |
| Hispanic Portfolio Specialist | Gerard Roman | 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 | 12/31/2020 |
| 8/15/2019 | Establish a series of meetings between OHR, COSWD, the SEP Engagement Teams, and EDI to conduct barrier analysis, including focusing on representational gaps affecting Hispanic employees in the grades of GS-12 through GS-15, and SES. | 2/28/2021 | 12/31/2020 |
| 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. |

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| --- | --- |
| **2019** | **EDI Hispanic Portfolio Activities in 2019**  **Sharing Vacancy Announcement to Targeted Networks.** EDI shared 65 vacancy announcements with ERGs, networks, professional organizations, Hispanic Serving Institutions, and federal employees. Using GoUSA.gov., metrics show that messages traveled via email and social networks and were accessed 3,082 unique times. Working with ERG networks continues to be an effective strategy in helping share job and career development training opportunities to all groups, including Hispanics.  **Student Internships and Training Outreach**. EDI provided coaching sessions to students interested in internships and post-baccalaureate training at the NIH. The effort produced 24 contacts, 8 applications, 2 selections for internships, and one selection for post baccalaureate training. One presentation was given to a group of students that visited NIH facilities.  **Hispanic Employee Messages to Students.** EDI published an updated version of the NIH Hispanic Profiles Project during Hispanic Heritage Month 2019. The project showcased 62 NIH employees describing their job roles, the importance of higher education, and encouragement to stay in school. The project seeks to inspire students and others who are interested in careers at the NIH.  **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. |
| **2020** | **EDI Hispanic Portfolio Activities in 2020**  **Barrier Analysis Contract-** Thus far, EDI representatives and representatives from the Client Services Division and the Civil program in the Office of Human Resources (OHR) have been interviewed by Barrier Analysis contractors. The next steps are to provide NIH and IC policies to the BA contractors, and to continue interviewing other stakeholders (i.e. other OHR divisions, COSWD, IC leaders, NIH leaders, etc.).  **LULAC Young Professionals & Collegiate Symposium (Feb 19).** The NIH EDI Hispanic Portfolio in collaboration with LULAC Federal Training Institute Partnership (FTIP) hosted an event consisting of workshops and career information exhibits to attract students and recent graduates. Over 125 workshop participants, 10 WebEx viewers, and a total of 176 individuals at the exhibits participated. A total of 27 federal agencies, colleges, and outreach programs provided exhibit materials and talked to participants about careers. A representative from U.S. Office of Personnel Management (OPM) presented morning workshops. Members of the NIH Hispanic and Latino Engagement Committee and volunteers assisted participants with practice interviews and resume critique.  **Nurses Outreach (Mar 13).** NIH EDI Portfolio assisted in the outreach for the NIH Clinical Research Nursing Residency Program (CRNRP). The CRNRP is a 12-month residency program targeted for new graduate nurses interested in a career in the exciting specialty practice of clinical research nursing. The multiple vacancy announcement and information sessions were shared with internal NIH ERG networks, Hispanic Serving Institutions, and the National Hispanic Nurses Association 47 national chapters.  **Hispanic Heritage Month Campaign (Sep 15-Oct 15).** As part of the 2020 Hispanic Heritage Month (HHM) campaign, 39 employees, including two NIH Institute Directors, shared their contributions as it relates to NIH’s COVID-19 mission and provided words of hope and encouragement to all NIH employees. The NIH Director use the examples to demonstrate how diversity creates a positive impact on how we accomplish NIH’s mission.  **FTIP Leadership and Career Development (Aug 18 -Oct 7).**  NIH EDI working closely with the LULAC Federal Training Institute Partnership (FTIP) invited NIH employees to take advantage of this year’s FTIP “A Month of Development Virtual Career Development Workshops.” The program offered 28 workshops from August 18, 2020 through August 29, 2020. The workshops focused on strengthening the skills and competencies of aspiring leaders up to senior executives. An SES career panel (Sep 29) provided inspiration and guidance to a high number of participants. The final LULAC FTIP Community Outreach event on Oct 7 focused on how to apply for federal jobs and learning about special hiring authorities for qualified veterans and persons with targeted disabilities. Sessions were presented in both English and Spanish.  **Updated HSI Career Services Contacts (Jul 10).** NIH EDI Portfolio developed a selected listing of 80 Hispanic Serving Institutions, complete with career counselor’s contacts, updated websites, and social media links. The Hispanic Portfolio Strategist shared the listing with the OHR Inclusive Recruitment Initiative Subcommittee and IC contacts and provided strategies for how to use it in targeted recruitment outreach.  **Office of Human Resources Corporate Recruitment Unit (CRU) Activities**  OHR CRU used the following NIH Partnerships to discuss and develop strategies to increase the Hispanic representation:  **Trans Recruitment Forum (TRF)** – Led this internal workgroup with IC representatives that met monthly to share diverse outreach recruitment efforts and best recruitment practices.   * 1. **Scientific and Medical Recruitment Forum (SMRF)** – Led this forum that leverages the experiences, expertise, and insight of key individuals at various ICs to develop and implement recruitment activities to attract highly motivated and talented individuals to the NIH workforce. SMRF has two sub-committees:   2. **Inclusive Recruitment Initiatives Subcommittee (IRIS)** and   3. **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)**. o   4. **Inclusive Recruitment Initiatives Subcommittee (IRIS)** – Led this internal workgroup with representatives from eight Institutes/Centers. Through student outreach, IRIS works to expand opportunities, promote awareness and reduce opportunity gaps between Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSI’s), and Native American serving institutions for students interested in biomedical research. Outreach activities include serving as panelists at information sessions or webinars, attending recruitment events, or hosting student visits to NIH.   **Hispanic/Latino Outreach Initiatives Subcommittee (HLOIS)** – Led the HLOIS promotes the recruitment of diverse Hispanic scientists and administrators to drive inclusion, discovery, and innovation and shares best practices at the NIH.  **The Federal Training Institute Partnership (FTIP) OHR CRU** Participated in the FTIP.  FTIP is the League of United Latin American Citizens (LULAC) sponsored event that seeks to bring together young professionals, college students, recent graduates to learn about opportunities within the federal government |

NIH

MD-715 – Part J

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

**NOTE: The Applicant Flow data was not available at this time.**

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 7.06% in FY 2020, which falls below the goal of 12.0%. Reference: Table B-4 |

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

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

|  |
| --- |
| The percentage of PWTD in the GS-11 to SES cluster was 0.70% in FY 2020, which falls below the goal of 2.0%. Reference: Table B-4 |

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

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| --- |
| Through various presentations and discussions made by the EDI Director, Disability Program Manager, and other EDI staff, the agency has made clear its commitment to meeting the numerical goals set forth under Section 501; 12% and 2% for PWD and PWTD, respectively. This information was provided in the NIH State of the Agency report and discussed in quarterly outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG), HR Liaison Group and Employee Resource Groups (ERG). In each of these meetings, we shared the EEOC’s concern about high concentrations of people with disabilities at the lower grades, and lower than expected numbers of individuals with disabilities occupying positions at the higher grades. Therefore, we are conducting separate analyses on the grade level clusters of GS 1 through GS 10, and GS 11 through SES, to identify potential barriers that may exist.  Also, in FY 2020 the following steps have been taken to communicate our goals:   * EDI has hired an outside contract to assist in identifying these barriers and triggers in the higher-grade clusters. They will assist in developing a clear path in getting the higher-grade level clusters above the 12% and 2% goals. * OHR, Client Services Division (CSD), Corporate Recruitment Unit (CRU) provided the following training that discusses our overall numeric goals:   + Conducted training on the Workforce Recruitment Program (WRP) to NIAID’s 10 top management officials   + Conducted training on “The Benefits of Using the Schedule A Authority” to NCI’s 60 Administrative Officers   + Conducted orientation on the “Role of the SPC” to six new CSD Branch Selective Placement Coordinators   + Conducted annual training on the WRP Program to the CSD Branch Selective Placement Coordinators |

Section II: Model Disability Program

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

Plan to Provide Sufficient & Competent Staffing for the Disability Program

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 | 6 |  |  | Stephon Scott, Branch Chief   Jessica Center, Samir Chandra, Glenda Laventure, Davian Morrell, and Charles Myers, Accessibility Consultants  Office of Equity, Diversity, and Inclusion, [edi.ra@mail.nih.gov](mailto:edi.ra@mail.nih.gov) |
| Section 508 Compliance | 0 | 0 | 2 | Andrea Norris Chief Information Officer, Office of Chief Information Officer, NIH Section 508 Official, [NorrisAT@mail.nih.gov](mailto:NorrisAT@mail.nih.gov) |
| Architectural Barriers Act Compliance |  | 1 |  | Soussan Afsharfar, NIH Senior Architect, Office of Research Facilities, [Soussan.afsharfar@nih.gov](mailto:Soussan.afsharfar@nih.gov) |
| Special Emphasis Program for PWD and PWTD | 1 |  |  | David P. Rice Jr, NIH Disability Portfolio Strategist, Office of Equity, Diversity, and Inclusion, [David.Rice@nih.gov](mailto:David.Rice@nih.gov) |

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

Yes X

|  |
| --- |
| NIH has provided the disability program staff with the following training:   * 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. * National Employment Law Institute (NELI) Employment Law Conference- this is an annual requirement for all EDI Reasonable Accommodations Staff * Alternative Center for Dispute Resolution-Mediation Training designed to teach participants to apply sound mediation practices and principles while managing/resolving disputes. * Reasonable Accommodations under the ADA – Best Practices and Avoiding Pitfalls (Aurora Training) * Direct Threat: Tackling Disability-Related Safety Concerns in the Federal Workplace (Presented by Gary Gilbert Esq. and Deryn A. Sumner Esq.) * Essential Job Functions According to the ADA (Aurora Training) * Resolving Complex Reasonable Accommodation Issues in the Federal Workplace (LRP Federal) * Coronavirus in the Workplace Webinar: Fast-Breaking “Return to Work” HR & Legal Issues (NELI) * American Institute of Architects (AIA) continuing education program to get up to date on the new U.S. Access Board’s rulings * Events sponsored by the U.S. Access Board on the ABA/ADA Standards updates for Building & Sites * Green Build - The Biology, Physics and Epistemology of Wellness Design * GBCI (Green Building Council Institute) - Addressing Reasonable Accommodation Issues in the Workplace Webinar * NIH EEO Compliance Training for Managers, Supervisors and Employees * 8 hour-Refresher training Federal EEO new counselor training required 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.

|  |
| --- |
| Over the last fiscal year, the agency continued to utilize the recruitment strategies described below to increase the number of qualified applicants with disabilities and targeted disabilities within the major occupations. The agency developed the following multi-year recruitment strategy to assist with recruitment efforts:   * Workforce Recruitment Program – a nationwide database of college students with disabilities * Participated in Gallaudet University Mock Interviews * Delegating Examining Unit (DEU) Cognos Report which consist of qualified Schedule A candidates that have applied to previous NIH positions * OPM Agency Talent Portal * Disability recruitment events held at colleges, universities, and community organizations * Partnerships with local Vocational Rehabilitation State Offices * Services of Next Level Transition Consulting (NLTC) * Referred parties to the *Jobseekers with Disabilities Applicant Information* web page available at <https://hr.nih.gov/jobs>   **Highlights from the NIH Institutes and Centers**   * National Eye Institute completed the 9th year of Diversity in Vision Research & Ophthalmology with 25% of the accepted applicants having identified as having a Disability. * The National Heart, Lung, and Blood Institute Director dedicated $3 million to establish the Underrepresented Minority Fellow (URM) Program under the Division of Intramural Research (DIR). This program allows for labs to recruit scientists from underrepresented groups, including minorities, women, and those with disabilities in basic and clinical research with no impact to the lab’s operating or personnel budget. * The National Institute of Allergy and Infectious Diseases Conducted outreach and advertised activities at diverse institutions such as Gallaudet University, a federally chartered private university for the education of the deaf and hard of hearing, as well as with organizations such as Federally Employed Women, and National Hispanic Science Network. * National Institute of Child Health and Human Development in 2013 launched the Diversity in Research, Executive and Administrative Management (DREAM) Program to recruit postsecondary students and recent graduates with disabilities who are interested in pursuing a research or administrative internship at the NICHD. Several divisions and offices within the Office of the Director have supported DREAM students during the summer. Forty individuals with disabilities have been supported by the program between 2013 and 2019. The program was disrupted due to the pandemic but will resume in the summer of 2021. * National Institute of Neurological Disorders and Stroke (NINDS) continued to partner with SEEC (Seeking Employment, Equity and Community for People with Developmental Disabilities) and Ivymount to support Project Search 2.0. NINDS partnered with multiple NIH ICs to establish development sites for 7 interns. Each rotation in the 30 week program provides the intern(s) with multi-layered opportunities for growth and development, with the goal of finding paid employment. |

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 2020 NIH hired **230** permanent. Please note: During the COVID 19, there has been a very significant increase with over 100% increase in hires compared to FY 2019 Schedule A hires of **112**.  Source: OHR 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 by identifying and targeting new disability recruitment events in the spring and fall. We educate to the hiring manager the benefits of using the Schedule A authority to hire job seekers with disabilities without posting a vacancy announcement. When conducting talent sourcing for candidates, determine qualifications and obtain and review the Schedule A Letter to confirm Schedule A eligibility of the candidate prior to referring to the hiring manager.  When using the Schedule A hiring mechanism, individuals may apply to a USAJobs announcement which will require the submission of the “Schedule A letter”. This letter is reviewed by the managing HRS for compliance with Schedule A, 5 CFR 213.3102(u) and the revision based on regulatory changes to 5 CFR Part 302 in 2020. In like manner, those individuals who send in unsolicited resumes and documentation will be reviewed for compliance and forwarded to HR branches for consideration.  In mid-2020, we altered this approach by requesting those unsolicited applicants to upload their resume and documentation to USAJobs in order to increase exposure to HHS agency wide employment. Further, if they make their resumes searchable, other agencies can review their resume and increase the opportunity of getting a job.  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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| EDI has provided to over 4 Institutes and Centers. The training included ways for hiring managers to hire qualified individuals under Schedule A and through WRP programs to meet the 12% and 2% goals set by EEOC. The training included laws, regulations, policies, and executive mandates that ensure people with disability are inclusive to the NIH workplace.  OHR, Corporate Recruitment Unit has conducted the following training:   * Conducted training on the Workforce Recruitment Program (WRP) to NIAID’s 10 top management officials * Conducted training on “The Benefits of Using the Schedule A Authority” to NCI’s 60 Administrative Officers   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 2020, The agency continues partnerships with the Workforce Recruitment Program, Gallaudet University, Division of Rehabilitative Services in Alexandria, Virginia, other local Vocational Rehab Offices, Ability Jobs and the EOP STEM Diversity Career Expo.  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) No X
  2. New Hires for Permanent Workforce (PWTD) Yes X

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| In FY 2020, the rate of new permanent hires for PWTD is 0.95%  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

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B6 Data does not include New Hire data for any of the mission-critical occupations. The B6 data also does not provide applicant flow data. However, NIH has obtained access to the USAJOB applicant flow data via COGNOS to identify the FY2020 qualified applicant pool benchmark. The data set from COGNOS includes applications submitted during FY 2020 (Oct. 1st, 2019 to September 30th 2020). However, even with the COGNOS data, it is impossible to track the entire hiring cycle as there could be examples of overlap with individuals applying in the prior FY but selected in the new FY. In this scenario the qualified applicant who applied in FY20, but selected in FY21 would not show up as a new hire. With the available data, it is impossible to determine if the new hires within the MCO have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions  \*Note data on MCO 0201 Personnel Mgmt. and 1109 Grants Management was not available in COGNOS.  **NOTE: The Applicant Flow data was not available at this time.**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Cognos Applicant Flow-Benchmark** | | **COGNOS Applicant Flow-Benchmark** | | |  |  | | **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)** | | 0201 Personnel Mgmt. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | 0341 Admin Officer | 3.1% | 0.5% | 0.0 | 0.0 | 0 | Y | Y | | 0343 Mgmt. Analysis | 6.0% | 1.9% | 16.7% | 0% | 6 | N | Y | | 0401 Gen. Biology Sci. | 3.0% | 1.7% | 1.8% | 0% | 57 | Y | Y | | 0601 Gen. Health Sci. | 2.2% | 0.8% | 1.4% | 0% | 73 | Y | Y | | 0602 Medical Officer | 2.2% | 1.2% | 0% | 0% | 29 | Y | Y | | 1109 Grants Management | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | 0610 Nurse | 1.1% | 0.5% | 0% | 0% | 18 | Y | Y | | 1102 Contract/  Procurement | 8.0% | 4.0% | 0% | 0% | 1 | Y | Y | | 1320 Chemistry | 2.7% | 0.7% | 0% | 0% | 5 | Y | Y | | 2210 Information Technology Spec. | 5.1% | 3.0% | 0% | 0% | 15 | Y | Y | |  |  |  |  |  |  |  |  |   Source: COGNOS |

**NOTE: The Applicant Flow data was not available at this time.**

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) N/A X
2. Qualified Applicants for MCO (PWTD) N/A X

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| At this time, OPM COGNOS, and DHHS’s New EEOC 2.0 Status and Dynamic table do not provide this data in the manner requested. We have developed a H plan to address this matter (H Plan C.4.c). Our target completion date is March 31st, 2023. |

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) N/A X
2. Promotions for MCO (PWTD) N/A X

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B6 Data does not include promotion data for any of the mission-critical occupations. The B6 data also does not provide applicant flow data. The COGNOS data does not provide the data in the manner requested. With the available data, it is impossible to determine if promotions within the MCO have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions |

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.

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

Career Development Opportunities

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

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

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 |  | 136 |  | 4.4% |  |  |
| Coaching Programs |  |  |  |  |  |  |
| Training Programs |  |  |  |  |  |  |
| Detail Programs |  |  |  |  |  |  |
| Other Career Development Programs |  | 928 |  | 9.5% |  |  |

\*\* 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.

NIH 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 March 31st, 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

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| 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 March 31st, 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

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| 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 March 31st, 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: 7.0% compared to 6.3% for people without disabilities-No Trigger exists * Time off awards from 11 to 20 hours: 12.4% compared to 12.7% for people without disabilities-Trigger exists * Time off award from 21 to 30 hours: 4.7% compared to 3.8% for people without disabilities-No Trigger exists * Time off awards from 31 to 40 hours: 9.0% compared to 10.3% for people without disabilities-Trigger exists * Cash awards under $500: 38.8% compared to 37.2% for people without disabilities-No trigger exists * Cash awards from $501 to $999: 26.8% compared to 25.3% for people without disabilities-No trigger exists * Cash awards from $1,000 to $1,999: 42.6% compared to 55.1% for people without disabilities-Trigger exists * Cash awards from $2,000 to $,2999: 17.0% compared to 25.7% for people without disabilities-Trigger exists * Cash award from $3,000 to $,3999: 8.9% compared to 12.9% for people without disabilities-Trigger exists * Cash awards from $4,000 to $4,999: 2.9% compared to 5.7% for people without disabilities-Trigger exists * Cash awards from $5,000 or more: 4.1% compared to 6.0% for people without disabilities-Triggers exists   Inclusion rates for PWTD:   * Time off awards from 1 to 10 hours: 5.2% compared to 6.3% for people without targeted disabilities-Trigger exists * Time off awards from 11 to 20 hours: 14.7% compared to 12.7% for people without targeted disabilities-No Trigger exist * Time off award from 21 to 30 hours: 3.7% compared to 3.8% for people without targeted disabilities-Trigger exists * Time off awards from 31 to 40 hours: 9.6% compared to 10.3% for people without targeted disabilities-Trigger exists * Cash awards under $500: 35.3% compared to 37.2% for people without targeted disabilities-Trigger exists * Cash awards from $501 to $999: 27.9% compared to 25.3% for people without targeted disabilities-No trigger exists * Cash awards from $1,000 to $1,999: 42.7% compared to 55.1% for people without targeted disabilities-Trigger exists * Cash awards from $2,000 to $2,999: 11.8% compared to 25.7% for people without targeted disabilities-Trigger exists * Cash award from $3,000 to $,3999: 5.9% compared to 12.9% for people without targeted disabilities-Trigger exists * Cash awards from $4,000 to $4,999: 1.5% compared to 5.7% for people without targeted disabilities-Trigger exists * Cash awards from $5,000 or more: 0% compared to 6.0% for people without targeted disabilities-Triggers exists   Source: Table B9 Inclusion Rate |

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) No X
2. Pay Increases (PWTD) Yes X

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| Inclusion rate for PWD:   * QSI: 11.3% compared to 10.8% for people without disabilities-No trigger exists   Inclusion rate for PWTD:   * QSI: 7.4% compared to 10.8% for people without targeted disabilities- Trigger exists   Source: Tables B9 Inclusion Rate |

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

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table does not include internal applicant and selectees for promotion data for any of the senior grade levels. The data also does not provide applicant flow data. The COGNOS data does not provide the data in the manner requested. With the available data, it is impossible to determine if internal promotions within the senior grade level have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions |

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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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table does not include internal applicant and selectees for promotion data for any of the senior grade levels. The data also does not provide applicant flow data. The COGNOS data does not provide the data in the manner requested. With the available data, it is impossible to determine if internal promotions within the senior grade level have any triggers. We will continue to coordinate with OPM, as well as DHHS Data team and the NIH OHR to assess potential data gaps and recommend solutions |

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

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B4 does not provide this data in the manner requested. The B6 data also does not provide qualified applicant pool. However, in using the COGNOS data, NIH is able to provide this data for New hires from GS-13 to GS-15.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Cognos Applicant Flow-Benchmark** | | **Cognos Applicant Flow-Benchmark** | | |  | | **MCOs** | **PWD % in Qualified Applicant Pool** | | **PWD % in New Hires** | | **Total # New Hires** | **Trigger PWD (Y/N)** | | GS-13 | 4.1% | | 3.0% | | 132 | Y | | GS-14 | 3.1% | | 2.6% | | 76 | Y | | GS-15 | 3.0% | | 0% | | 27 | Y | | Data 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) N/A X
  + New Hires to GS-14 (PWTD) N/A X
  + New Hires to GS-13 (PWTD) N/A X

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B4 does not provide this data in the manner requested. The B6 data also does not provide qualified applicant pool. However, in using the COGNOS data, NIH is able to provide this data for New hires from GS-13 to GS-15   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Cognos Applicant Flow-Benchmark** | | **Cognos Applicant Flow-Benchmark** | | |  | | **MCOs** | **PWTD % in Qualified Applicant Pool** | | **PWTD % in New Hires** | | **Total # New Hires** | **Trigger PWTD (Y/N)** | | GS-13 | 1.9% | | 0% | | 132 | Y | | GS-14 | 1.5% | | 0% | | 76 | Y | | GS-15 | 1.2% | | 0% | | 27 | Y | | Data Source: COGNOS | |  |  |  |  |  | |  | |

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) N/A X
9. Internal Selections (PWD) N/A X

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, 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 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. |

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) N/A X

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, 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 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. |

1. Internal Selections (PWTD) N/A X

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

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

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, 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 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. This includes vacancies for supervisory positions. |

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

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

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| Currently DHHS’s New EEOC 2.0 Status and Dynamic table B6 Data does not provide this data in the manner requested. We have developed three H plans to address this matter (H Plans C.4.c, 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 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. This includes vacancies for supervisory positions. |

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 2020 (10/1/2019 – 9/30 /20) there were **28** 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: OHR 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: 0.9% for people with disabilities compared to 1.9% for people without disabilities- No trigger exists * Retirement: 3.5% for people with disabilities compared to 2.2% for people without disabilities- Trigger exists * Other Separations: 1.5% for people with disabilities compared to 1.2% for people without disabilities- Trigger exists   Data on involuntary separations:   * Removal: 0.4% for people with disabilities compared to 0.1% for people without disabilities- Trigger exists   Source: B1-2 Inclusion Rate |

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) Yes X

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| Data on voluntary separations:   * Resignation: 0.0% for people with targeted disabilities compared to 1.9% for people without targeted disabilities- No trigger exists * Retirement: 2.7% for people with targeted disabilities compared to 2.2% for people without targeted disabilities- Trigger exists * Other Separations: 1.3% for people with targeted disabilities compared to 1.2% for people without targeted disabilities-Trigger exists   Data on involuntary separations:   * Removal: 0.7% for people with targeted disabilities compared to 0.1% for people without targeted disabilities- Trigger exists   Source: B1-2 Inclusion Rate |

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 December 31, 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 continued to work on ABA rights and complaints process on their website. The name and telephone number of the ORF ABA POC/SME is listed.
* In 2019, ORF had complaints about lack of larger operation signages that includes Braille. The Braille larger operation signages are installed at the project site in 2020. We are making an effort to include Braille in our new related projects.
* C105070 - Bldg. 31B H/C Lift at B1 Level: This project is to install a H/C lift to accommodate an elderly employee to be able to conduct her work in a safe manner which includes transporting boxes of paper records from storage to her office. 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. This project was funded in 2020, contract is finalized and it is going through design phase.
* C102788 - Mid-Block Crosswalks: This project focus is on improving safety measures for pedestrians on the Bethesda Campus. The project includes adding a few HC curb cuts and detectable warning surfaces. The design has been completed. A construction contract has been awarded in 2017. Project scope covers twenty (20) crosswalks. There are eight (8) crosswalks in operating condition and in different stages of full completion with minor Q/A items to address. During 2019 fiscal year, the contractor has completed most of the remaining items. Pre-final inspection for project Substantial Inspection to be scheduled in late October. The project continued to have issues with the installed fixtures and concrete trenches at several locations. Punchlist items and warranty issues had been discussed with the contractor to fix many items in need of repair in2020. Repairs by contractor is ongoing.
* 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 was continuing in 2020 and project construction as efforts was completed by Nov. 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 was funded in 2020.The ORF project architect responsible for the construction documents had left and a new PA is assigned. Due to custom made access poles and security requirements, the project requires not only architectural design but also industrial design of the custom pole that is an object which requires careful coordination of parts and pieces at micro (machined) level. The existing construction documents can be used as a bridging document for a Design/Build contract. The new contract was awarded and the custom made stands were replaced with off the shelf stand that functionally was acceptable to the NIH SPSM (Division of Physical Security Management). This was reducing the project costs and future maintenance. The project is in design and documentation phase.
* C105241 Bldg. 31C Restrooms Renovation: Full renovation of Bldg. 31C remaining restrooms at B1, B2, B3, 1st, 3rd floors, a total of 10 restrooms and level B4 Unisex restroom modifications for the wheelchair access. The project was recommended for the B&F Board review for the 2018 R&I funding for design and construction. The project was placed on hold, due to funding issues. The project was planned to be funded in FY19. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020.Unfortunately funding for this project is moved to 2021fiscal year.
* 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 and project successfully finished construction in 2020.
* C105223 Convert Bldg.15E2 to Offices, this bldg.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 final design review process.
* C106591 Convert Bldg.15E1to Offices, This is a historic residential 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 final design review process.
* 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 completed in early 2020 and has been in use.
* C109507 Bldg. 31A Toilet Renovations Floors 3, 10 and 11, This project is initiated in 2020 to upgrade bathrooms in order to bring them to ABA standards compliance. Currently, project is in the design review process.
* C108449 Bldgs. 15G1 + G2 Quarters Renovation, This project is to convert existing residential 2 story with basement historic bldgs. into offices for NCI and NHLBI. The renovation included converting the kitchen to a kitchenette/pantry; making the First floor ABA accessible including bathrooms. This project is funded in 2020 and is in design review process.
* C105885 Bldg. 49 Public Areas Kitchenettes and Public Bathrooms Renovation, The first phase of this project to renovate the Public Areas Kitchenettes which is funded in 2020 and is in design review process. All kitchenettes are renovated to be accessible per ABA standards requirements.
* C104607 Bldg. 15B1 & B2 Officers Quarters Renovation, These historic bldgs. are in Utility Feasibility Study and design in order to renovate them for Children’s Inn use and provide the center with additional capacity. The renovated facility will be in full compliance with the ABA standards. The utility feasibility design documentation is in design review process.
* C106564 Bldg. 31C Upgrade Showers and Dehumidify Shower Rooms, this project renovates the bathrooms, showers and locker room per the ABA standards. The project is in final design review process.

There have been many small projects requested and completed in 2020 by the ORF DDCM SAT (Small Project Team) such as adding automatic door openers, changing door handles, etc. in order to address the ABA compliance issues. These projects are not listed above due to their small scope.

Reasonable Accommodation Program

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

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 March 20, 2020. This is available on the NIH website at the following address, <https://policymanual.nih.gov/2204>  In FY 2020, the NIH primarily relied on its RA tracking system called Entellitrak to collect RA data. The average number of days it took to process RA requests (from initial receipt of the request to closure/provision) was 30 days. The average time it took to go from initial receipt of the request to a decision was 3 days. The average time it took from the approval of the request to provision of the accommodation was 5 days.  Source: Entellitrak |

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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| FY2020 was unique due to workplace adjustments related to the COVID-19 pandemic. Regarding Reasonable Accommodation, the primary impact was an overall decrease in requests.  According to data collected on requests entered and processed via Entellitrak in FY 20, NIH processed a total of 206 individual requests. This represents slight decrease of 9 employees that EDI assisted in FY19.  In FY20, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 30 business days. This is a decrease of 17 days from FY 19. EDI believes it is the result of the decrease is because the NIH RA procedures are better understood across NIH as we are officially in our second year as a program.  Breaking this process into its sub-components, the average number of days it took to process RA requests in FY 20, from initial receipt of the request to decision was 20 business days. This is an improvement of 3 days from FY19. This is likely due to the reduced overall requests due to COVID-19, allowing NIH’s Accessibility Consultants to be more responsive.  The average number of days it took managers to reach a decision on an RA request upon receipt of EDI’s recommendation was 3 business days. An increase of 2 business days from FY19.  The average time it took from the approval of the RA request to provision of the accommodation was 5 business days. This is a decrease of 12 business days from FY19, and represents an improvement.  In terms of the top RA requests received in FY 20, the most requested RA was for telework. It made up 35% of the RA’s requested. Following that, 22% of the requested RAs were for equipment, 9% were for modified schedule.  In FY 20, a total of 1332 NIH staff were trained in Reasonable Accommodation (616 supervisors and managers and 716 employees). This includes Reasonable Accommodation training provided by David Fram from the National Employment Law Institute. |

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 20 EDI returned to working with the Department of Health and Human Services (HHS) on establishing an inter-agency agreement (IAA) to utilize HHS’s established PAS contract. As of the close of FY 20, EDI and HHS reached an IAA agreement for implementation in FY21.  In FY 20, NIH received no new requests for PAS but reported processing 4 requests for PAS as an accommodation. Two of these requests were ultimately approved and provided. Both of the approved requests were received prior to the COVID-19 pandemic. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location. |

Section VI: EEO Complaint and Findings Data

EEO Complaint data involving Harassment

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

No X

* Government wide average for Harassment = 20.8%

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

No X

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

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| The NIH had one finding of discrimination in FY 2020 alleging harassment based on disability status.  Compensatory Damages; Leave Compensation, Training for the Responsible Management Officials; Attorney’s Fees; Posting of Order – Status: The Agency is in Full Compliance and received the Case release on 12/18/2020 from OFO.  Source: (**Note, not reflected on 462 Report because it was a decision from OFO on Appeal based on disability and harassment in FY20.)** |

EEO Complaint Data involving Reasonable Accommodation

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

No X

* Government wide average for Reasonable Accommodation = 14.0%

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 one findings of discrimination in FY 2020 involving the failure to provide a reasonable accommodation.  Compensatory Damages; Leave Compensation, Training for the Responsible Management Officials; Attorney’s Fees; Posting of Order – Status: The Agency is in Full Compliance and received the Case release on 12/18/2020 from OFO.  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 2020.)** |

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 2020 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 7.06% in FY 2020, which falls below the goal of 12.0%. |
| **Barrier(s)** | We have not completed the barrier analysis yet. |
| **Additional Information Available at this Time** | **Responsible Official(s):** David Rice, Disability Portfolio Strategist  **Barrier Analysis Process Completed?** No  **Performance Standards Address the Plan?** Yes  **Barrier(s) Identified?** No  **Sources of Data: Workforce Data** Table B-1, B-4, B-7, B-13; and Cognos Applicant flow data from OPM & nVISION data  **NOTE: The Applicant Flow data was not available at this time.** |

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

The NIH has initiating a plan to conduct the barrier analysis involving PWD and/or PWTD.