

**U.S. Equal Employment Opportunity Commission
Federal Agency Annual EEO Program Status Report
EEOC New 2.0 Forms**

**Management Directive – 715
Fiscal Year 2023**

**Office of Equity, Diversity, and Inclusion
National Institutes of Health
U.S. Department of Health and Human Services**

Management Directive (MD) 715

Fiscal Year (FY) 2023

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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	15,353	2,781	18,134

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

Agency Leadership	Name	Title
Head of Agency	Monica Bertagnolli, M.D.	NIH Director
Head of Agency Designee	Lawrence A. Tabak, D.D.S., Ph.D.	Principal Deputy Director, NIH

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

EEO Program Staff	Name	Title	Occupational Series (xxxx)	Pay Plan and Grade (xx-xx)	Phone Number (xxx) xxx-xxxx	Email Address
Principal Equal Employment Opportunity Officer/Official	Kevin D. Williams, Esq.	Director, Office of Equity, Diversity, and	0260	SES	(301) 496-6301	kevin.williams4@nih.gov

EEO Program Staff	Name	Title	Occupational Series (xxxx)	Pay Plan and Grade (xx-xx)	Phone Number (xxx) xxx-xxxx	Email Address
		Inclusion (EDI)				
Affirmative Employment Program Manager	Danny Dickerson	Director, Diversity & Inclusion Division (DID), EDI	0260	GS-15	(301) 594-1720	danny.dickerson@nih.gov
Complaint Processing Program Manager	Kenrick Small, Esq.	Director, Formal Complaints Branch, Division of Resolutions and Equity (R&E), EDI	0260	GS-14	(301) 496-5604	kenrick.small@nih.gov
Diversity & Inclusion Officer	Danny Dickerson	Director, DID, EDI	0260	GS-15	(301) 594-1720	danny.dickerson@nih.gov
Hispanic Program Manager, Special Emphasis Program Manager (SEPM)	Patricia Saucedo Kramer	Hispanic Portfolio Strategist, DID, EDI	0260	GS-13	(301) 496-6301	patricia.kramer@nih.gov
Women's Program Manager, SEPM	Emma Kaufman	Women's Portfolio Strategist, DID, EDI	0260	GS-13	(301) 451-9662	emma.kaufman@nih.gov

EEO Program Staff	Name	Title	Occupational Series (xxxx)	Pay Plan and Grade (xx-xx)	Phone Number (xxx) xxx-xxxx	Email Address
Disability Program Manager, SEPM	Celine Daze	Disability Portfolio Strategist, DID, EDI	0260	GS-13	(301) 443-6650	celine.daze@nih.gov
Special Placement Program Coordinator (Individuals with Disabilities)	Frances Davis	Human Resources Specialist, Office of Human Resources, (OHR)	0201	GS-12	(301) 451-1785	frances.davis@nih.gov
Reasonable Accommodation Program Manager	Glenda Laventure, Esq.	Director, Access & Equity Branch, Guidance, Education, & Marketing Division, EDI	0260	GS-14	(301) 594-3282	glenda.laventure@nih.gov
Anti-Harassment Program Manager	Jessica Hawkins	Supervisor, NIH Civil Program	0201	GS-14	(301) 402-8006	jessica.hawkins@nih.gov
Alternative Dispute Resolution Program Manager	Vacant					
Compliance Manager	Karen Crump-Wilson, Esq.	Director, Division of R&E, EDI	0260	GS-15	(301) 496-6301	karen.crumpwilson@nih.gov

EEO Program Staff	Name	Title	Occupational Series (xxxx)	Pay Plan and Grade (xx-xx)	Phone Number (xxx) xxx-xxxx	Email Address
Principal MD-715 Preparer	Danny Housier	Strategist, DID, EDI	0343	GS-13	(301) 496-4547	danny.housier@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

Subordinate Component	City	State	Country (Optional)	Agency Code (xxxx)	FIPS Codes (xxxxx)
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
<i>Eunice Kennedy Shriver</i> 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)	Durham	NC		HE38	HNV
National Institute of General Medical Sciences (NIGMS)	Bethesda	MD		HE38	HNS

Subordinate Component	City	State	Country (Optional)	Agency Code (xxxx)	FIPS Codes (xxxxx)
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	No	
Disabled Veterans Affirmative Action Program (DVAAP) Report	No	
Operational Plan for Increasing Employment of Individuals with Disabilities under Executive Order 13548	No	
Diversity and Inclusion Plan under Executive Order 13583	No	
Diversity Policy Statement	Yes	
Human Capital Strategic Plan	No	
EEO Strategic Plan	No	
Results from most recent Federal Employee Viewpoint Survey or Annual Employee Survey	No	

Part E – Executive Summary

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

As our nation’s biomedical research agency, the National Institutes of Health (NIH) is devoted to driving innovation in science and technology to improve the health of all mankind. NIH is comprised of 27 Institutes and Centers (ICs), each with a specific research agenda focused on diseases or body functions. The agency seeks fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. The agency’s motto is *Turning Discovery into Health*. Fueling NIH’s engine of discovery requires diversity of thought, experience, and demographics. The NIH Mission Statement was updated to designate people with disabilities as a population with health disparities: <https://www.nih.gov/news-events/news-releases/nih-designates-people-disabilities-population-health-disparities>

NIH is committed to advancing diversity, equity, inclusion, and accessibility (DEIA) in the workplace, and has taken steps to dismantle structural inequities, promote a harassment-free culture, and foster inclusive employment opportunities. In 2022, NIH released its first DEIA strategic plan in line with Executive Order 14035 and congressional appropriations language. This initiative is led by Office of Equity, Diversity, and Inclusion (EDI), the Office of the Chief Officer for Scientific Workforce Diversity (COSWD), the Office of Human Resources (OHR), and the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in collaboration with representatives from the NIH ICs and other offices within the Office of the Director (OD).

- To learn more about the NIH’s mission and how we support diversity and inclusion visit: <https://www.edi.nih.gov/more/agency/nih-commitment>
- To learn more about NIH’s efforts to advance racial equity in the workplace visit: <https://www.edi.nih.gov/people/resources/advancing-racial-equity>
- To learn more about the UNITE effort to end structural racism visit: <https://www.nih.gov/ending-structural-racism/unite>
- To learn more about the NIH-wide DEIA Strategic Plan visit: <https://www.nih.gov/about-nih/nih-wide-strategic-plan-diversity-equity-inclusion-accessibility-deia>

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

EDI’s mission is to cultivate a culture of inclusion where diverse talent is leveraged to advance health discovery. In support of this mission, EDI provides consultancy, training, resolutions, data, policy, and guidance services to the 27 ICs and the OD that comprise the NIH. In addition, EDI serves as the focal point for NIH-wide policy formulation, implementation, consulting, and the strategic management of civil rights, equal employment opportunity (EEO), language access, reasonable accommodation, affirmative employment, and diversity and inclusion programs for NIH.

To learn more about the EDI's mission and how we support DEIA visit:
<https://www.edi.nih.gov/more>

To learn more about EDI's portfolio of services visit:
<https://www.edi.nih.gov/more/office/office-our-portfolio>

Part E.2 - Executive Summary: Essential Elements A - F

Essential Element A: Demonstrated Commitment from Agency Leadership

Leadership changes:

- Dr. Monica Bertagnolli was nominated to be the 17th NIH Director on May 15, 2023. She was sworn in on November 7, 2023.
- President Biden announced his intent to nominate W. Kimryn Rathmell, M.D., Ph.D., as the 17th Director of the National Cancer Institute.
- Dr. Jeanne Marrazzo was selected as the Director of National Institutes of Allergy and Infectious Diseases

This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.

Every federal agency must create and maintain a model EEO program. The MD-715 Report is mandated by Title VII of the Civil Rights Act of 1964 and the Rehabilitation Act of 1973. This report tracks an agency's progression towards being a model EEO employer. The data collected and presented provide a comprehensive demographic picture of an agency, determines workforce barriers to equality of opportunities, assists in the development of plans for removing these barriers, and provides ongoing insights on the agency's accomplishments as a model EEO employer. NIH updated its [Diversity, Equity, Inclusion, & Accessibility Policy Statement](#) on September 29, 2023. The policy statement contains all required elements. The policy statement was disseminated via email to the NIH workforce and is posted on the EDI website.

An example of continued success this year was the NIH UNITE Initiative. The NIH's former Director, Dr. Francis Collins, publicly committed to stand against structural racism in biomedical research by identifying and correcting NIH policies and practices that may have helped to perpetuate structural racism. The NIH-wide UNITE initiative was established to identify and address structural racism within the biomedical research enterprise. UNITE acts as a think tank to promote equity, generate bold ideas, and catalyze new actions. The initiative is guided by four focus areas represented from across all NIH ICs. The four focus areas and their objectives are listed below:

- **Focus Area 1 – Elevating health disparities and minority health research across institutes and centers:** To ensure ICs prioritize health disparities and minority health research across clinical trials and human subject research.

- **Focus Area 2 – Promoting equity in the NIH-supported biomedical research ecosystem:** As a result of ideas generated by UNITE, initiatives in this focus area were developed to promote diversity and inclusion in the NIH extramural research ecosystem.
- **Focus Area 3 – Promoting equity in the internal NIH workforce:** Efforts in Focus Area 3 concentrate on enhancing equity within the NIH internal workforce, role modeling expectations of the external biomedical system.
- **Focus Area 4 – Improving the accuracy and transparency of racial and ethnic equity data:** Greater data transparency and availability enhances stakeholder efforts to address structural racism and discrimination.

A major activity in addressing the charge of the UNITE I Committee was the creation and implementation of Racial and Ethnic Equity Plans (REEPs) by each IC. The plans identified and provided a framework to dismantle any racial and ethnic disparities and enhance the diversity of each IC’s workforce. Each REEP had full support of the IC senior leadership team and there are ongoing reporting requirements and systems in place to ensure the plans remain dynamic and sustainable. During this past year, the administration of the REEP program was transferred to the EDI office. Each IC submitted a progress report for their REEP, and EDI will provide feedback and support on an ongoing basis.

Fiscal Year (FY) 2023 NIH Institutes & Centers DEIA Themes

Note: The table features completed activities of a sampling of NIH ICs.

Common Themes	NIGMS	NHGRI	NHLBI	NIBIB	OD	NIDCD
Chief Diversity Officer or Scientific Diversity Officer	X			X	X	X
Psychological safety training & culture	X	X		X	X	
Recruiting efforts target underserved	X	X		X		X
Race ahead training		X	X		X	
Analyze the FEVS Survey results	X	X	X	X	X	X
Host Events for Special Emphasis groups			X		X	X
Use communications platforms to	X	X	X	X	X	X

reinforce DEIA principles						
Leverage the power of connectors and influence to spread the ideas of DEIA	X	X	X	X	X	X
Host speaker and lecture events around DEIA	X	X	X	X	X	X
Support Diverse Scientists	X	X	X	X		X
508 Compliance Practices	X	X	X	X	X	X
Employee lifecycle <ul style="list-style-type: none"> • HBCU recruiting. • Increased use of Schedule A. 	X	X	X	X	X	X

During each of the seven commemorative months, the Acting NIH Director emphasized his commitment to civil rights, and diversity and inclusion through messages sent to the entire workforce, which included links to events and blogs on topics of interest for each community. On May 18, 2023, the NIH held a Virtual Town Hall on DEIA. In addition, EDI crafted a comprehensive report that drew upon insights from the NIH’s DEIA Listening Session. Through these sessions, the NIH actively sought and gathered valuable feedback and recommendations from each community. The report serves as a roadmap for EDI’s five-year action plan, strategically designed to dismantle barriers faced by the seven special emphasis portfolios.

Additional accomplishments include:

- FY 2023 Presidential Rank Awards received by the following NIH employees:
 - [Presidential Rank Award Program \(PRA\) | HHS Intranet](#)
 - Distinguished Executives (Senior Executive Service (SES))
 - Camille Hoover (Executive Officer, National Institute of Diabetes and Digestive and Kidney Diseases)
 - Meritorious Executives (SES)
 - Keith Lamirande (Executive Officer, National Center for Advancing Translational Sciences)
 - Colleen A. McGowan (Director, Office of Research Services)
 - Jerry Sheehan (Deputy Director, National Library of Medicine)

- EDI launched a new initiative to rebrand the MD-715 with a MD-715 Dashboard.
- EDI launched a new “State of the IC” initiative to replace the IC Outreach briefings. The first State of the IC was conducted with the National Institute of Environmental Health Sciences in August 2023.
- The Health and Human Services (HHS) Gender Identity Non-Discrimination and Inclusion Policy was launched on October 11, 2023.
- HHS Section 508 Policy was revised in July of 2023: <https://ocio.nih.gov/ITGovPolicy/NIH508/Pages/default.aspx>
- NIH/EDI developed an Accessibility website that serves as a one-stop shop resource center that includes Section 508 resources, information on reasonable accommodations, and personal assistance services, Sign Language Interpreting, and Captioning Services. In addition, to these resources, the website serves as a hub for employees to request support, report issues, and make suggestions to achieve full inclusion for individuals with disabilities at NIH. <https://www.edi.nih.gov/people/sep/pwd/resources/accessibility>
- On September 26, 2023, NIH officially designated people with disabilities as a health disparity population.
- During FY 2023, EDI conducted ableism training for more than 38 offices, and ICs at NIH. This training aimed to establish a common understanding of ableism and how each individual can contribute to combating it within the organization. Additionally, EDI collaborated with the OHR to achieve a significant milestone. They worked together to streamline procedures for automatic notifications regarding new hires under Schedule A and 30% or more disabled veterans. As a result, all email notifications sent out for new hires selected under Schedule A and 30% or more disabled veterans now include crucial information related to reasonable accommodations.
- EDI and OHR have collaborated to elevate targeted outreach and recruitment efforts, which included attending several job fairs across the country as well as local universities and colleges.
- EDI developed a speed mentoring program for the Blacks in Government National Training Institute HHS Forum, as well as for the Federally Employed Women National Training Program.

Essential Element A: Demonstrated Commitment from Agency Leadership

The NIH’s Strategic Plan references the following diversity principle: “From NIH’s vantage point, racial and ethnic diversity are paramount. It is also important to pursue diversity in other areas, including sex and gender, socioeconomic status, geographic location, and disability status” <https://www.nih.gov/sites/default/files/about-nih/strategic-plan-fy2016-2020-508.pdf>. At NIH, we recognize that equality of opportunity is essential to attracting, developing, and retaining the most qualified workforce. To accomplish this, all managers and employees must view EEO as an integral part of the NIH’s strategic mission.

To support that goal, the EDI Director met with the Acting NIH Principal Deputy Director, and regularly informed her and other top management officials of the effectiveness, efficiency, and legal compliance of the NIH’s EEO, and diversity and inclusion efforts. The Director of EDI is responsible for the implementation of the affirmative employment program as well as the implementation of a comprehensive compliance program, ensuring timely compliance with the

Equal Employment Opportunity Commission's orders and recommending improvements to the NIH Director.

In addition, NIH's senior leadership issued an EEO statement, and actively supported EDI's commitment to creating a culture of inclusion where diverse talent is leveraged to advance health discovery. In FY 2023, EDI updated the current mandatory online Notification and Federal Employee Antidiscrimination and Retaliation and Prevention of Sexual Harassment trainings to include examples of disability-based harassment on NIH's anti-harassment training materials.

Essential Element B. Integration of EEO into the Agency's Strategic Mission – Budget and Staffing

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 met with the Acting NIH Principal Deputy Director regularly, and the EDI Director also has a direct line of communication with the Senior Official Performing the Duties of the NIH Director. This allowed the EDI Director to ensure he maintained control of all aspects of the agency's EEO program and can advocate for the budgetary needs of the office. EDI is an independent office and maintains its own budget. As the EEO and DEIA needs of the agency continue to expand, the EDI Director has communicated the office's need for additional funding to ensure the staff is able to continue implementing a comprehensive EEO program. The agency's EEO program includes conducting barrier analysis, processing EEO complaints, training on the EEO program for all agency staff, administering an effective special emphasis program, administering, and implementing an effective reasonable accommodation program, and the maintenance of data collection and analysis systems.

Opportunities for Improvement/Challenges in Essential Element Essential Element B: Integration of EEO into the Agency's Strategic Mission

In line with HHS's efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDivs) have been working together to assess the strengths and weaknesses of our EEO and DEIA programs. This enhanced partnership began when HHS/Equal Employment Opportunity, Diversity and Inclusion formed an MD-715 and Barrier Analysis Community of Practice joint working group. Through this collaborative headquarters/OpDivs' effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS' recent transition to a new human resources system, the Enterprise Human Capital Management (EHCM), and by the EEOC's changes to the required 2.0 data tables.

During this rating period, EDI continued to focus on improving its data systems, data collection methods, reporting mechanisms and use of the data. **EDI completed Parts E, I, and J for this report utilizing the FY 2022 4th quarter data downloaded from the HHS Business Information Intelligence System (BIIS).**

We proceeded with the revised estimates for FY 2023 4th quarter data, but we have concerns about its integrity. EDI expects to improve the integrity of HHS' data significantly based upon the NIH's Part H Plan. If you have any questions, please feel free to contact Julie Murphy, Deputy EEO Officer, EEODI, HHS, or Karen Comfort, Director, EEODI, HHS.

In FY 2023, supervisors received training on reasonable accommodations, alternative dispute resolutions (ADR), communication, and interpersonal skills. These trainings provided skills on how to supervise most effectively in a workplace with diverse employees, and to avoid disputes arising from ineffective communications. In addition, senior managers have not yet been able to assist in the barrier analysis process or in developing the implementation of agency EEO action plans.

Other deficiencies under this element include the allocation of sufficient resources to create and maintain Title VII and Rehabilitation Act programs that do the following: 1) identify and eliminate barriers that impair the ability of individuals to compete in the workplace because of race, national origin, sex, or disability; 2) timely, thoroughly, and fairly process EEO complaints including investigations and final agency decisions; 3) establish and maintain training and education programs designed to provide maximum opportunity for all employees to advance; and 4) to maintain accurate data collection and tracking systems for workforce demographics, training and development programs, and applicant flow.

During FY 2024, EDI will lead the following projects to assist the agency in further integrating EEO into its strategic mission.

- EDI leadership plans to work with OHR and the IC training officers to implement updated, mandatory training on No FEAR and anti-harassment; inclusive of religious accommodations, disability accommodations, and ADR. Target Date: 9/30/2024
- All managers and supervisors will be trained on their responsibilities related to the reasonable accommodation procedures, ADR, and supervisory, managerial, communication and interpersonal skills to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications. Target Date: 9/30/2024

Essential Element C: Management and Program Accountability

This element requires the agency head to hold all managers, supervisors, and EEO Officials responsible for the effective implementation of the agency's EEO Program and Plan, including:

- *Evaluating managers and supervisors on their efforts to ensure EEO.*
- *Ensuring effective coordination between its EEO programs and Human Resources (HR) program.*
- *EEO Office advises managers/supervisors on EEO matters.*

The HHS Culture Transformation workstream is finalizing updates to strengthen the EEO and DEIA standards of the Leadership critical element in General Schedule (GS) supervisor performance plans. The proposed element was circulated to HHS EEO and Human Resources (HR) Directors during the fourth quarter of FY 2023. The HHS Culture Transformation Workstream is adjudicating the comments and recommendations, making final edits to the standards for the last review by the EEO and HR Center Directors before approval by the HHS Chief Diversity Officer. We expect the element to go into effect by at the start of the CY 2025 Performance Cycle.

At NIH, all managers, supervisors, and EEO officials are held accountable for the implementation of policies and procedures that have been established to prevent discrimination. In FY 2023, NIH demonstrated their ability to promote EEO, civility, and equity for underserved groups. This included, but was not limited to, racial and ethnic minorities, sexual and gender minorities, individuals with disabilities, women at NIH, and the extramural research community. These strategies, developed by IC leadership and specified in their respective REEPs, were designed to promote and encourage employees' participation in IC and NIH DEIA initiatives. They also utilized NIH resources to actively identify and dismantle any policies and practices that cause or enable inequities in the NIH workforce or the NIH-funded biomedical research community. A major boost to accountability regarding EEO rights and responsibilities for NIH's managers will be incorporated into the newly created NIH EEO Policy, which will be issued by the NIH Director in FY 2024. This EEO policy will promote the full realization of equality of opportunity at NIH by establishing uniform procedures that advise managers of the way EEO violations and discriminatory conduct will be addressed.

Opportunities for Improvement/Challenges in Essential Element C: Management and Program Accountability

Although there is an element in all managers and supervisors' performance appraisals that evaluates their demonstrated support for EEO/diversity and employee work life quality, fostering a cooperative work environment where diverse opinions are solicited and respected, and seeking resolution of workplace conflicts at the earliest stage, it does not cover the specific requirements as set out in the MD-715 G checklist.

When there is a finding of discrimination or a settlement agreement is entered into due to management's inappropriate action, the EDI Director provides guidance to senior leadership of the agency.

- EDI is developing EEO Policy guidance that will provide rating officials with an instrument to evaluate the performance of managers and supervisors on their efforts to ensure EEO, including their efforts to:
 - a. Resolve EEO disputes, including cooperation with EEO counselors and investigators, and participation in ADR proceedings;
 - b. Ensure that employees under their supervision, fully cooperate with EEO officials, such as counselors and investigators;

- c. Ensure a workplace free from all forms of discrimination, including harassment and retaliation;
- d. Ensure subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise diverse employees;
- e. Provide religious and disability accommodations when such accommodations do not cause an undue hardship; and
- f. Support the EEO program by working with EDI to remove any barriers to equality of opportunity at NIH.

Essential Element D.1. Proactive Prevention of Unlawful Discrimination

In FY 2022, EDI launched a new initiative, “NIH State of the IC” as an ongoing strategy to prevent discrimination on the basis of race, color, national origin, religion, sex, age, reprisal, or disability, and to eliminate any barriers that impede free and open competition in the workplace. As part of this ongoing obligation, all ICs will conduct a self-assessment to monitor their progress toward achieving a model EEO program. When barriers have been found that exclude certain groups, the IC will establish action plans to eliminate any identified barriers.

Two examples of procedures in place NIH to eliminate barriers that impede free and open competition in the workplace include, the NIH Exit Survey Reporting Dashboard and the development of Standard Operating Procedures (SOPs) for Schedule A Hiring.

- In November 2022, the OHR Workforce Support and Development Division launched the NIH Exit Survey Reporting Dashboard. The new dashboard is powered through the People Insight Analytics Portal (PIAP) which provides a new, coherent, visually immersive, and interactive platform for data analysis. The NIH Exit Survey Reporting Dashboard seeks to modernize the NIH Exit Survey response data analysis to identify reasons why employees leave their current position, identify workforce trends, and facilitate action planning. The existing reporting platform in SMARTHR was sunset on December 31, 2022. Historical data were transferred from the data system of record to allow for trend analysis.
- EDI is working closely with the new NIH Selective Placement Coordinator to develop more streamlined plans and to implement SOPs for Schedule A hiring.

Opportunities for Improvement/Challenges in Essential Element D.1: Proactive Prevention of Unlawful Discrimination

NIH does not have established procedures for the following requirements:

- NIH has not yet established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups.
- Conducting barrier analysis
- Resurveying the NIH Workforce

- EDI provided technical input into the new OHR-led Civility and Equity survey (released in January 2023)
- EDI developed a draft analysis plan with OHR/Civil and with OHR/NIH Training Center (NIHTC) to consider more efficient means for synchronizing respective training calendars.
- Conducted in-house barrier analysis with focus groups in collaboration with EconSys for trigger identification and barrier analysis.
- Coordinated with HHS contacts to promote agency awareness and participation in the HHS Workforce Demographic Survey launched on August 1, 2022. Initially designated to end on September 30, 2022, EDI leadership joined other HHS agencies to successfully lobby for an extension of the data collection period to October 14, 2022, to promote increased data accuracy. To further gain efficiencies and support accurate and reliable reporting, with the support of NIH leadership, EDI leadership was granted permission from HHS to conduct an internal NIH-wide workforce resurvey every two years.

Essential Element E. Efficiency

NIH maintains an efficient, fair, and impartial EEO complaint resolution process, including issuing acceptance letters or dismissal decisions with an average processing time of 30 calendar days after receipt of an EEO complaint.

Our EEO process is neutral, with a clear firewall that prevents the NIH's legal defense activity from negatively influencing the process for determining whether discrimination has occurred. ADR for EEO complaints is available and encouraged. The Resolutions and Equity (R&E) Division in EDI has now enhanced its ability to resolve complaints earlier by establishing an internal EEO ADR program, where appropriate. R&E presents individuals who have filed a pre-complaint with an opportunity to mediate their disputes early with an on-staff mediator, expanding NIH's capacity to resolve disputes before they become formal complaints.

In 2019, NIH developed a Part H plan to reduce untimeliness by monitoring the framing of the claims in the Letters of Acceptance, providing greater quality review of the Reports of Investigation to avoid supplemental investigations, and increasing scrutiny of intake decisions to avoid remands. EDI also took this opportunity to re-examine operations' processes and institute modifications to enhance case processing. While examining these processes is within EDI's control, the execution of certain elements of the process is not. As an OpDiv within HHS, NIH's EEO investigations and Final Agency Decisions (FADs) have been largely handled by DHHS, and are subject to decisions, budgetary constraints, and work stoppages that are outside of NIH's control.

In May of 2019, HHS announced that the contract for EEO investigations, EEO Counselings, and FADs would be eliminated to bring those processes in-house, and thus processed by federal employees. Accordingly, EDI pivoted and appealed to NIH leadership to approve resources to support the increased amount of work at this level of work. EDI developed a business case for resources to conduct the EEO investigations and draft FADs internally. That request was approved, and the resources were provided. As a contingency plan, external contracting capacity remains in place, but contract instability continues to impact the timeliness of our work products.

In FY 2020, NIH leadership authorized EDI to hire two internal investigators, and two additional investigators were hired in FY 2021. In May 2022, EDI rounded out the team by hiring a Branch Director to manage this portion of the complaint process. To address the quality and the timeliness of the FADs, EDI hired an internal FAD writer. Under the new structure, EDI began to gradually shift the investigations' work from HHS and contractors to the internal staff. As of this date, EEO investigations are assigned to internal investigators first, with the overflow assigned to external contractors. FADs are handled differently. Under previously established policies, given that the NIH is an HHS OpDiv, HHS completes all FADs ordered by the EEOC or requested by a complainant, with NIH's internal staff completing a small number of default and Merit Systems Protection Board FADs each year. These program developments are building efficiencies within EDI, but much remains to be accomplished.

One of EEODI's major accomplishments in FY 2023 has been the reduction of the FAD backlog by 81%. EEODI is working towards the elimination of the remaining 19% of cases on or before December 31, 2023.

Through the efficient and thorough processing of the FAD backlog, EEODI issued over 162 FADs during FY 2023. EEODI has continued to address and remove internal barriers hindering the issuance of FADs by eliminating processing redundancies, fully staffing its adjudication specialist positions, and leveraging alternative staffing resources, to manage FAD writing and issuance in a more timely and efficient manner.

EEODI has continued to increase its FAD issuances each year. In the past three years, EEODI has issued over 300 FADs. This has included 162 merit FADs issued in FY 2023, 138 merit FADs issued in FY 2022; and 26 Merit FADs issued in FY 2021.

In FY 2023, EDI made positive strides to ramp up the Investigations Branch and recover from staff losses. Because federal EEO investigators have a unique skill set, filling vacancies has been challenging. Currently, the team consists of one investigator and one Branch Director, however, hiring is underway for additional investigators. Notwithstanding, the team has shown strong progress. In FY 2022, EDI completed a total of 45 investigations, with 34 investigations completed through contractors. HHS experienced complications with the contract for investigations, creating a delay in investigation processing. This type of resource uncertainty continues to motivate NIH to further develop EDI's internal investigations' capacity. In FY 2023, EDI completed a total of 49 investigations, with 31 completed through contractors and 18 completed internally, notwithstanding staff shortages. Twelve of these matters were completed within 180 days or less, and five were completed within 181 to 360 days due to amendments initiated by complainants. Similarly, timeliness of EDI's FADs has also been affected by outside factors. In FY 2023, NIH issued 17 total FADs, of which 10 FADs were untimely.

Opportunities for Improvement/Challenges in Essential Element E: Efficiency

EEODI Complaints Adjudication Division (CAD) implemented a backlog reduction plan to eliminate cases identified as exceeding the statutory timeframes under 29 C.F.R Section 1614.

The backlog reduction plan has been a two-step process. The first part required CAD to address all new cases ripe for adjudication within their statutory timeframes of 60 or 45 days of election/notice to CAD. The second part required the resolution of the FADs in the backlog by priority levels.

EDI will continue to work with NIH leadership to acquire sufficient resources to ensure timely completion of EEO investigations and issuance of FADs. EDI is diligently working to fill the investigator vacancies through new hires. EDI will continue to evaluate each of the EEO program areas to assess processes for efficiencies. EDI is taking steps to increase capacity within the office with respect to FAD drafting. In addition, to ensure timely processing of FADs, NIH will continue to look for ways to assist HHS. To the extent EDI discovers any impediments to the timely processing of EEO cases, corrective action will be taken. Target Date: 10/30/2024.

Essential Element F: Responsiveness and Legal Compliance

EDI adheres to EEO statutes and regulations and proactively streamlines processes to ensure compliance. In addition to making improvements to quality and timeliness, EDI remains committed to raising the level of customer service.

Opportunities for Improvement/Challenges in Essential Element F: Responsive and Legal Compliance

HHS/EEODI is currently engaged in the process of achieving compliance with the Elijah E. Cummings Act of Federal Employee Anti-Discrimination Act through the development of a plan to ensure the heads of each OpDiv's EEO Office reports directly to the head of OpDiv. It is anticipated that this plan will be developed by the end of the third quarter FY 2024 and vetted through the Office of the Assistant Secretary for Administration, Office of General Counsel, Office of Human Resources, National Employee and Labor Relations Office, and other HHS Components.

During FY 2023, the NIH EEO Director reported to the NIH Head of Agency Designee, Acting NIH Principal Deputy Director, Tara Schwetz, Ph.D.

HHS/EEODI is following the guidance implemented by the U.S. Equal Employment Opportunity Commission (EEOC), Research, Evaluation & Applied Data Division/Office of Federal Operations URL: <https://www.eeoc.gov/federal-sector/reports/status-and-impact-direct-reporting-structures-federal-agencies>.

Part E.3 - Executive Summary: Workforce Analyses

Executive Summary/Possible Triggers: Overall, the NIH has a lower-than-expected participation of males when compared to the Civilian Labor Force. NIH also has lower than expected participation rates of Hispanic or Latino, White, Native Hawaiian or Other Pacific

Islander, and employees of two or more races of both sexes. The NIH has met the federal employment goal of 12.0% participation of individuals with disabilities.

Program Deficiencies:

As noted previously, NIH has identified historical deficiencies specifically related to the integrity of data and data systems. As a result, this impacts NIH's ability to provide data and analyze trends. Over the past year, EDI has continued to coordinate with HHS and NIH staff to implement changes to promote and improve data accuracy and integrity. There remain opportunities during the next fiscal year to improve EDI's data systems, data collection methods, reporting mechanisms, and use of the data with the goal of ensuring that HHS' data are accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. Accordingly, evaluations of whether barriers or triggers exist could be limited until FY 2023 or later, when enough accurate data has been compiled to establish trends to make informed assessments.

Action Plan: NIH will be working over the next year to improve data systems, as well as data collection methods.

- In line with HHS's efforts to develop a model EEO program, EEODI, along with the OpDivs, has continued working together to assess the strengths and weaknesses of our EEO and diversity programs. Through this collaborative headquarters/OpDiv effort, and through the full implementation of the EHCM system, NIH has addressed some of the data-related issues and workforce numerical differences between the internal data warehouse (BIIS) and the EEOC Federal Sector Portal (FedSEP).
- NIH will also address programming logic that causes differences in the staffing totals between HHS data and FedSEP. Therefore, Parts E, I, and J have been completed for the FY 2023 report using the HHS' BIIS current data as we work to address the numerical differences and other data and implementation issues listed above.

Data Background: Reported data uses the multiracial allocation method. Employees classified in the five racial groups and Two or more races are all non-Hispanic or Latino. Those who self-identify as Hispanic or Latino are included in that category regardless of their race selection(s). These data were extracted by NIH staff, from BIIS, between October 20, 2023, and October 25, 2023, for the pay period that included September 30, 2023, for the purposes of these descriptive analyses. Due to the differences in these extraction dates and reporting criteria in the BIIS and FedSEP systems, small numeric differences may be observed between the MD-715 narrative portion and the accompanying FedSEP data tables. Applicant Flow Raw Data were downloaded by NIH staff on October 31, 2023, from Cognos, for the pay period that included September 30, 2023. Additional Applicant Flow Data were extracted by NIH staff on December 14, 2023, from Cognos for the same pay period criteria. Non-U.S. citizens, individuals missing sex designation, Contractors, Fellows, Trainees, Commissioned Corps (CC), and volunteer employees in Advisory Council (EI) pay plans are not included.

Included in overall NIH totals are those staff currently employed by the Advanced Research Projects Agency for Health (ARPA-H) as they are included in BIIS reporting for NIH. On March 15, 2022, the FY 2022 Consolidated Appropriations Act (Public Law 117-103) was

signed into law authorizing the establishment of ARPA-H within HHS. The director of ARPA-H reports to the HHS Secretary.

Data Source: Part E data source is the NIH modified DHHS BIIS A & B Tables with updated 2018 Civilian Labor Force (CLF) and 2018 Occupational Civilian Labor Force (OCLF) benchmarks.

Applicant Flow Data

HHS and NIH worked with the Office of Personnel Management (OPM) to obtain applicant flow data from USA Staffing. Applicant Flow Analyses were conducted on closed vacancy announcements with audited certificates. The analysis focused on applicants who voluntarily identified their race/ethnicity and/or sex during the application process. There were NIH applicants who were not captured in USA Staffing (e.g., Title 42 applicants).

Analyses were conducted on NIH’s Mission Critical Occupational (MCO) and Most Populous occupational series¹ by race/ethnicity and/or sex, compared to the respective onboard population at the NIH and to the 2018 OCLF benchmarks. The occupational series reviewed are as follows²:

- 0301 – Miscellaneous Administration and Program
- 0341 – Administrative Officer
- 0343 – Management and Program Analysis
- 0401 – General Natural Resources Management and Biological Sciences
- 0601 – General Medical and Healthcare
- 0602 – Physician
- 0610 – Nursing
- 1102 – Contracting
- 1109 – Grants Management
- 2210 – Information Technology Management

Females account for a greater proportion of the permanent on-board workforce for these occupations except for the 2210 series. Female representation at NIH was also higher than the 2018 OCLF for these occupations except for the 0601 series. While this pattern generally holds true when examining the combined permanent and temporary workforce, the 0602 series is an exception with overall males having a higher combined proportion. Applicant flow data for new hires, internal competitive promotions, and merit promotions reflect a similar pattern.

¹ The definition for “mission critical occupations” is provided in MD-715 guidance as occupations that are mission-related with career advancement potential and heavily populated; these are singled out for special analysis. See: [Instructions to Federal Agencies for EEO MD-715: Barrier Identification and Elimination](#). These are not necessarily the same “major” or “mission critical occupations” identified by human resources for personnel-management purposes and definitions unrelated to barrier analysis.

² BIIS reporting series descriptors differ from the official OPM series descriptors. OPM descriptors are used in this reporting. Further details can be found in the [2018 OPM Handbook of Occupational Groups and Families](#).

NIH continued to use the USA staffing data to assess the demographics of applicants through the application process (e.g., applied, qualified, referred, and selected). NIH has been able to resolve the issue of applicant flow discrepancies by working with OPM to obtain the applicant data directly from the Cognos system. EDI staff have been leaders in analyzing these data and have shared best practices for analyzing and displaying the data with HHS and OPM.

NIH continued to pursue applicant tracking for all applicants not captured in USA staffing applicant flow, including Title 42 applicants. Title 42 applicants are a population of senior scientific applicants who are hired outside of USA Jobs; hence, they are not automatically captured in the USA Staffing applicant flow.

A. The NIH Total Workforce

Employees classified in the five racial groups and Two or more races are all non-Hispanic or Latino. Those who self-identify as Hispanic, or Latino are included in the Hispanic category regardless of their race selection(s). Those who self-identify as two races - White and one minority group, are allocated to the minority group (OMB Directive 15).

The analysis provided below excluded the following workforce groups: Commissioned Corps, Foreign Nationals (non-citizens), Experts (ED, EE), Consultants (EF, EG), Advisory Committee Members (EH, EI, ZZ), and employees with a missing race/ethnicity code.

1. Ethnicity, Race and Sex Indicators

Overall Workforce: As of September 30, 2023, the NIH maintained a total (permanent and temporary) workforce of 18,134 full-time and part-time employees, up 3.5% from the 17,526 employees reported in FY 2022.

Overall Sex: Of the 18,134 employees, 6,887 (38.0%) were males and 11,247 (62.0%) were females. When compared to the CLF, the NIH had a smaller proportion of males and a larger proportion of females.

Ethnicity and Race by Sex: Employees identifying as Hispanic or Latino, White, Native Hawaiian or Other Pacific Islander, and Two or more races for both sexes had lower participation rates than their corresponding CLF participation rates. Black or African American, American Indian or Alaska Native, and Asian employees of both sexes had higher participation rates than their corresponding CLF participation rates.

Data Source: BIIS Table A1

2. Persons with Disabilities and Persons with Targeted Disabilities

Overall Workforce: For the NIH total workforce, the percentage of persons with disabilities increased from 9.1% to 13.2%, while the percentage of persons with targeted disabilities increased from 2.4% to 2.5%.

Section 501 of the Rehabilitation Act Disability Goals: The Rehabilitation Act requires federal agencies to adopt employment goals for persons with disabilities and persons with targeted disabilities. Therefore, in accordance with EEOC regulation 29 C.F.R. § 1614.203(d)(7), the NIH is taking steps to increase the number of persons with disabilities and persons with targeted disabilities to meet the goals of:

- No less than 12.0% of NIH employees at the GS-11 level and above³ are individuals with disabilities (NIH met this standard for permanent employees as 13.6% were individuals with disabilities).
- No less than 2.0% of NIH employees at the GS-11 level and above are individuals with targeted disabilities (NIH met this standard for permanent employees as 2.4% were individuals with targeted disabilities).
- No less than 12.0% of NIH employees at the GS-10 level and below are individuals with disabilities (NIH met this standard for permanent employees as 21.0% were individuals with disabilities); and
- No less than 2.0% of NIH employees at the GS-10 level and below are individuals with targeted disabilities (NIH met this standard for permanent employees as 5.7% were individuals with targeted disabilities).

Data Source: BIIS Table B1-1, B1-2, and B4P

B. SES and other Senior NIH Grade Levels

2. Ethnicity, Race, and Sex Indicators

SES: For permanent employees in the SES, there was no representation of Hispanic or Latino females and Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Two or more races males or females. The participation rates of White females, Black or African American males and females, and Asian males and females were above their respective CLF participation rates. All other groups were below their respective CLF participation rates.

G-15 Grades: For permanent GS-15 employees, there was no representation of Two or more races males. The participation rates of White females, Black or African American females, and Asian males and females were above their respective CLF participation rates. All other groups were below their respective CLF participation rates.

G-14 Grades: For permanent GS-14 employees, there was no representation of Native Hawaiian or Other Pacific Islander males. White females, Black or African American females, Asian males and females, Native Hawaiian or Other Pacific Islander females, and American Indian or Alaska Native males and females were above their respective CLF participation rates. All other groups were below their respective CLF participation rates.

G-13 Grades: For permanent GS-13 employees, the participation rates of White females, Black or African American males and females, Asian males and females, and American

³ All non-GS pay plans are included at equivalent levels. Wage grade is included in lower level grades and all other pay plans are included in the higher level grades.

Indian or Alaska Native females were above their respective CLF participation rates. All other groups were below their respective CLF participation rates.

Data Source: BIIS Table A4P

2. Persons with Disabilities and Persons with Targeted Disabilities

SES: For permanent employees in the SES, 13.0% identified as individuals with disabilities and 2.2% identified as individuals with targeted disabilities.

G-15 Grades: For permanent GS-15 employees, 10.2% identified as individuals with disabilities and 1.5% identified as individuals with targeted disabilities.

G-14 Grades: For permanent GS-14 employees, 12.6% identified as individuals with disabilities and 2.5% identified as individuals with targeted disabilities.

G-13 Grades: For permanent GS-13 employees, 13.9% identified as individuals with disabilities and 2.3% identified as individuals with targeted disabilities.

Data Source: BIIS Table B4P

C. New Hires

1. Ethnicity, Race, and Sex Indicators

Overall Sex: Of the 1,723 permanent and temporary new hires, 583 (33.8%) were males and 1,140 (66.2%) were females. When compared to the NIH total workforce or the CLF, new hires who were males represented a smaller proportion of males and new hires who were females represented a larger proportion of females.

Ethnicity and Race by Sex: The proportions of permanent and temporary new hire Hispanic or Latino females, White females, Black or African American females, Asian males and females, and Native Hawaiian or Other Pacific Islander males and females, and American Indian and Alaskan Native males were above their respective representation in the NIH total workforce. The percentage of all other groups hired was below their representation in the NIH total workforce, except for Two or more races males who were at parity.

The proportions of permanent and temporary new hire Black or African American males and females, Asian males and females, Native Hawaiian or Other Pacific Islander females, and American Indian or Alaskan Native males and females were above their respective representation in the CLF. The percentage of all other groups hired was below their representation in the CLF, except for Native Hawaiian or Other Pacific Islander males who were at parity.

Data Source: BIIS Table A1

2. Persons with Disabilities and Persons with Targeted Disabilities

Regarding the participation rates of the 1,723 new permanent and temporary employees, 15.1% identified as having a disability, and 1.6% identified as having a targeted disability. When compared to the NIH total workforce, new hires had a larger proportion identifying as having a disability but a smaller proportion identifying as having a targeted disability.

Data Source: BIIS Table B1-1

D. Separations

1. Ethnicity, Race, and Sex Indicators

Overall Sex: In FY 2023, 1,093 permanent and temporary employees separated from NIH. Of that number 471 (43.1%) were males and 622 (56.9%) were females. When compared to the NIH total workforce, males who separated represented a larger proportion of males and a smaller proportion of females. When compared to the CLF, males who separated represented a smaller proportion of males, but females who separated represented a larger proportion of females.

Ethnicity and Race by Sex: For permanent and temporary employee separations, there was no representation of Native Hawaiian or Other Pacific Islander females and Two or more races of males. The participation rates for separations of Hispanic or Latino, White, and Native Hawaiian or Other Pacific Islander males and American Indian or Alaska Native and Two or more races females were above their respective representation in the NIH total workforce. The percentage of all other groups who separated was below their representation in the NIH total workforce.

The participation rates for separations of Black or African American and Asian males and females, and American Indian or Alaskan Native females were above their respective representation in the CLF. The percentage of all other groups who separated was below their representation in the CLF, except for Native Hawaiian or Other Pacific Islander and American Indian or Alaskan Native males who were at parity.

Data Source: BIIS Table A1

2. Persons with Disabilities and Persons with Targeted Disabilities

For the permanent and temporary individuals with a disability who separated, the participation rate of 1,093 was 125 (11.4%). For the permanent and temporary individuals with a targeted disability who separated, of the 1,093 who separated, 29 (2.7%) identified as having a targeted disability. When compared to the NIH total workforce, separations had a smaller proportion who identified as having a disability and a larger proportion who identified as having a targeted disability.

Data Source: BIIS Table B1-1

E. Selected Mission Critical & Most Populous Occupations

The following selected Mission Critical and Most Populous Occupations are presented here: Miscellaneous Administration and Program (series 0301); Management and Program Analysis (series 0343); General Natural Resources Management and Biological Sciences (series 0401); General Medical and Healthcare (series 0601); and Nursing (series 0610).

A. Miscellaneous Administration and Program (Occupational Series 0301)

1. Ethnicity, Race, and Sex Indicators

Overall Sex: When comparing employees in the Miscellaneous Administration and Program Series (0301) permanent workforce at NIH to the 2018 OCLF, the percentage of males (19.6%) at NIH was below their representation in the OCLF while the percentage of females (80.4%) exceeded the OCLF.

Ethnicity and Race by Sex:

When comparing employees in the Miscellaneous Administration and Program Series (0301) permanent workforce at NIH to the 2018 OCLF, the proportions of Black or African American males and females and Asian and American Indian or Alaska Native females were above their representation in the OCLF. There was no representation in this series for Native Hawaiian or Other Pacific Islander males and females, or Two or more races of males. The representation of all other groups in this series at NIH was below their representation in the OCLF, except for American Indian or Alaska Native males who were at parity.

Data Source: BIIS Table A6P

2. Persons with Disabilities and Persons with Targeted Disabilities

In this series, 24.4% of all Miscellaneous Administration and Program employees in the NIH permanent workforce identified as individuals with disabilities, and 4.0% identified as having a targeted disability, both above the federal goals of 12.0% and 2.0% respectively.

Data Source: BIIS Table B6P

B. Management and Program Analysis (Occupational Series 0343)

1. Ethnicity, Race, and Sex Indicators

Overall Sex:

When comparing employees in the Management and Program Analysis Series (0343) permanent workforce at NIH to the 2018 OCLF, the percentage of males

(22.6%) at NIH was below the OCLF while the percentage of females (77.4%) exceeded the OCLF.

Ethnicity and Race by Sex:

When comparing employees in the Management and Program Analysis Series (0343) permanent workforce at NIH to the 2018 OCLF, the proportions of Hispanic or Latino, White, Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native females and Black or African American males and females were above their representation in the OCLF. There was no representation in this series for Native Hawaiian or Other Pacific Islander males or American Indian or Alaska Native males. The representation of all other groups in this series at NIH was below their representation in the OCLF.

Data Source: BIIS Table A6P

2. Persons with Disabilities and Persons with Targeted Disabilities

In this series, 24.3% of all Management and Program Analysis employees in the NIH permanent workforce identified as individuals with disabilities, and 4.0% identified as having a targeted disability, both above the federal goals of 12.0% and 2.0% respectively.

Data Source: BIIS Table B6P

C. General Natural Resources Management and Biological Sciences (Occupational Series 0401)

1. Ethnicity, Race, and Sex Indicators

Overall Sex:

When comparing employees in the General Natural Resources Management and Biological Sciences Series (0401) permanent workforce at NIH to the 2018 OCLF, the percentage of males (40.1%) at NIH was below the OCLF while the percentage of females (59.9%) was above the OCLF.

Ethnicity and Race by Sex:

When comparing employees in the General Natural Resources Management and Biological Sciences Series (0401) permanent workforce at NIH to the 2018 OCLF, the proportions of Black or African American and Asian males and females were above their representation in the OCLF. There was no representation in this series for Native Hawaiian or Other Pacific Islander males and females, American Indian or Alaska Native females, or Two or more races females. The representation of all other groups in this series at NIH was below their representation in the OCLF, except for American Indian or Alaskan Native males who were at parity.

Data Source: BIIS Table A6P

2. Persons with Disabilities and Persons with Targeted Disabilities

In this series, 5.6% of all General Natural Resources Management and Biological Sciences employees in the NIH permanent workforce identified as individuals with disabilities, and 1.2% identified as having a targeted disability, both below the federal goals of 12.0% and 2.0% respectively.

Data Source: BIIS Table B6P

D. General Medical and Healthcare (Occupational Series 0601)

1. Ethnicity, Race, and Sex Indicators

Overall Sex: When comparing employees in the General Medical and Healthcare Series (0601) permanent workforce at NIH to the 2018 Occupational Civilian Labor Force (OCLF), the percentage of males (34.9%) at NIH was above the OCLF, while the percentage of females (65.1%) was below the OCLF.

Ethnicity and Race by Sex:

When comparing employees in the General Medical and Healthcare Series (0601) permanent workforce at NIH to the 2018 OCLF, the proportions of Hispanic or Latino and White males and Black or African American, Asian, and American Indian or Alaska Native males and females were above their representation in the OCLF. There was no representation in this series for Native Hawaiian or Other Pacific Islander males. The representation of all other groups in this series at NIH was below their representation in the OCLF, except for Hawaiian or Other Pacific Islander females who were at parity.

Data Source: BIIS Table A6P

2. Persons with Disabilities and Persons with Targeted Disabilities

In this series, 11.5% of all General Medical and Healthcare employees in the NIH permanent workforce identified as individuals with disabilities, and 1.9% identified as having a targeted disability. These are both just under the federal goals of 12.0% and 2.0% respectively.

Data Source: BIIS Table B6P

E. Nursing (Occupational Series 0610)

1. Ethnicity, Race, and Sex Indicators

Overall Sex:

When comparing employees in the Nursing Series (0610) permanent workforce at NIH to the 2018 OCLF, the percentage of males (8.4%) at NIH was below the OCLF while the percentage of females (91.6%) exceeded the OCLF.

Ethnicity and Race by Sex:

When comparing employees in the Nursing Series (0610) permanent workforce at NIH to the 2018 OCLF, the proportions of Black or African American and Asian males and females and American Indian or Alaska Native females were above their representation in the OCLF. There was no representation in this series for Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Two or more races males. The representation of all other groups in this series at NIH was below their representation in the OCLF, except for Native Hawaiian or Other Pacific Islander females who were at parity.

Data Source: BIIS Table A6P

2. Persons with Disabilities and Persons with Targeted Disabilities

In this series, 6.7% of all Nursing employees in the NIH permanent workforce identified as individuals with disabilities, and 1.2% identified as having a targeted disability, both below the federal goals of 12.0% and 2.0% respectively.

Data Source: BIIS Table B6P

U.S. Equal Employment Opportunity Commission
FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

Part F

**CERTIFICATION of ESTABLISHMENT of CONTINUING EQUAL
EMPLOYMENT PROGRAMS**

I, **Kevin D. Williams Esq., Director, Office of Equity, Diversity, and Inclusion**, am the Principal EEO Director/Official for: **National Institutes of Health, Department of Health and Human Services**.

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

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

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

**Kevin D.
Williams -S**

Digitally signed by Kevin D.
Williams -S
Date: 2024.03.18 12:14:56
-04'00'

Kevin D. Williams, Esq., Director, EDI
Signature of Principal EEO Director/Official

Date

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

**Bertagnolli,
Monica (NIH/
OD) [E]**





Digitally signed by
Bertagnolli, Monica
(NIH/OD) [E]
Date: 2024.03.28
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Monica M. Bertagnolli, M.D., Director, NIH
Signature of Agency Head or Agency Head Designee Date



Date



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	01/28/2022 https://www.edi.nih.gov/sites/default/files/policy/nih-deia-statement01-2022.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?		
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 5/15/2020. This is available on the NIH website at the following address, https://policymanual.nih.gov/2204 . The H Plan closed on 5/15/2020. The RA Policy and Procedures are also published on the EDI website.
A.2.b	Does the agency prominently post the following information throughout the workplace and on its public website?	N/A	
A.2.b.1	The business contact information for its EEO Counselors, EEO Officers, Special Emphasis Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)]	Yes	EDI posts printed posters throughout the workplace and makes written materials available to all employees and applicants via our public-facing EDI website: https://www.edi.nih.gov/resolutions/specialists/Informal-formal-complaints
A.2.b.2	Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 C.F.R § 1614.102(b)(5)]	Yes	EDI posts printed posters throughout the workplace and makes written materials available to all employees and applicants via our public-facing EDI website: https://www.edi.nih.gov/resolutions/resources-faqs . https://www.edi.nih.gov/policy
A.2.b.3	Reasonable accommodation procedures? [see 29 C.F.R. § 1614.203(d)(3)(i)] If so, please provide the internet address in the comment's column.	Yes	NIH's RA Policy and Procedures were published in NIH's Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address: https://policymanual.nih.gov/2204 . The H Plan closed on 5/15/2020. The RA Policy and Procedures are also published on the EDI website.
A.2.c	Does the agency inform its employees about the following topics?	N/A	
A.2.c.1	EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If "yes", please provide how often.	Yes	Yes, via the agency's website and via the annual mandatory anti-harassment training: https://www.edi.nih.gov/resolutions/about
A.2.c.2	ADR process? [see MD-110, Ch. 3(II)(C)] If "yes", please provide how often.	Yes	Yes, via the agency's website and via the annual mandatory anti-harassment training: https://www.edi.nih.gov/resolutions/about
A.2.c.3	Reasonable accommodation program? [see 29 CFR §	Yes	Yes, via the agency's website and via the annual mandatory anti-harassment training: https://www.edi.nih.gov/consulting/reasonable-accommodation/about

	1614.203(d)(7)(ii)(C)] If “yes”, please provide how often.		
A.2.c.4	Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If “yes”, please provide how often.	Yes	Yes, via the agency’s website and via the annual mandatory antiharassment training: https://hr.nih.gov/working-nih/civil
A.2.c.5	Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR § 2635.101(b)] If “yes”, please provide how often.	Yes	Yes, via the agency’s website and via the annual mandatory antiharassment training: https://hr.nih.gov/working-nih/civil
 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 are examples of NIH recognizing employees 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)]	No	The EDI Director reports to the NIH Acting Principal Deputy Director (Agency Head Designee). This is a new H Plan assigned to all OPDIVs by the DHHS EEODI Director because the Elijah Cummings Act requires EEO Directors to report to the Agency Head.
B.1.a.1	If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If “yes,” please provide the title of the agency head designee in the comments.	Yes	The EEO Director reports to Tara A. Schwetz, the NIH Acting Principal Deputy Director (Agency Head Designee).
B.1.a.2	Does the agency’s organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)]	Yes	https://oma.od.nih.gov/IC_Organization_Chart/OD%20Organizational%20Chart.pdf
B.1.b	Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency, and legal compliance of the agency’s EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	Yes	The EEO Director meets with the Acting Principal Deputy Director biweekly.
B.1.c	During this reporting period, did the EEO Director present to the head of the agency, and other senior management	Yes	The EEO Director delivered the fiscal year 2021 briefing in August 2022.



	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.		
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	Yes	





	not be applicable for certain subordinate level components.]		
B.2.d	Is the EEO Director responsible for overseeing the timely issuing final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	N/A	Handled at the DHHS level.
B.2.e	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]	Yes	
B.2.f	Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)]	Yes	
B.2.g	If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)]	Yes	The EEO Director and office staff provide guidance for each of NIH's ICs.
 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,	Yes	



	and selections for training/career development opportunities? [see MD-715, II(B)]		
B.3.b	Does the agency's current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If "yes", please identify the EEO principles in the strategic plan in the comment's column.	Yes	NIH believes the increasingly complex scientific questions that our society will face in the future will require not only diversity of scientific disciplines, but also diversity of thought, experience, and demographics. https://www.nih.gov/sites/default/files/about-nih/strategic-plan-fy2021-2025-508.pdf
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 closed as of 5/27/21. NIH entered a contract with EconSys to conduct a thorough barrier analysis of the NIH workforce.
B.4.a.3	to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)]	No	DHHS handles all elected FADs and NIH handles default FADs. DHHS has hired staff to draft elected FADs and implemented a backlog reduction plan to eliminate the backlog of FADs by December 31, 2022.
B.4.a.4	to provide all supervisors and	Yes	This plan is closed as of 2021. All FTEs currently receive training on retaliation, harassment, religious

	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.		accommodations, disability accommodation, the complaint process, and ADR. In addition, modifications were made to the No FEAR and anti-harassment training. Examples: Case studies on religious accommodations and disability were added. – This was accomplished on 11/30/2021. Over 97.9% of the NIH workforce has been trained. Total Number of Trainings Completed: 37298.
B.4.a.5	to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)]	N/A	
B.4.a.6	to publish and distribute EEO materials (e.g., harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)]	Yes	We provide digital and/or print posters NIH-wide, including training materials, web materials, and 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	There is a new plan regarding accurate data collection and tracking systems for workforce demographics and applicant flow.
B.4.a.8	to effectively administer its special emphasis programs (such as, Federal Women's Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR §	Yes	

	720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]		
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	This plan is closed as of 2019. All FTEs currently receive training on the EEO complaints' process—accomplished on 11/15/2019.
B.5.a.2	Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)]	Yes	NIH has developed a mechanism to include sufficient training on this topic for all managers and supervisors.
B.5.a.3	Anti-Harassment Policy? [see MD-715(II)(B)]	Yes	This plan is closed as of 2019. All FTEs currently receive training on anti-harassment— this was accomplished on 11/15/2019. Over 99.5% of the NIH workforce has been trained. Total Number of Trainings Completed: 35488.
B.5.a.4	Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)]	No	NIH must develop a mechanism to provide this content to managers and supervisors.
B.5.a.5	ADR, with emphasis on the federal government's interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)]	No	Our current mandatory training does not include ADR; however, it is included in the EEO compliance training (not mandatory).

 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 plan was closed on 9/30/2021.
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]	Yes	Plans are being developed to engage senior managers to address barriers.
B.6.d	Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR § 1614.102(a)(5)]	No	Plans are being developed to engage senior managers in the development of incorporating the EEO Action Plan Objectives into NIH and ICO strategic plans.
Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY This element requires the agency head to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the agency’s EEO Program and Plan.			
 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 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 <u>Complainant v. Dep't of Veterans Affairs</u> , EEOC Appeal No. 0120123232 (May 21, 2015); <u>Complainant v. Dep't of Defense</u> (Defense Commissary Agency), EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comment's column.	Yes	Civil enhanced the automatic tracking system (WiTS) in FY 2020 to add a new data field. Civil has since tracked 390 cases and processed them within the 10-day timeframe 96.6% of the time. This plan is being closed.



C.2.a.6	Do the agency's training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)]	Yes	The FY 2020 version of the anti-harassment training includes a scenario on disability-based harassment. The training rolled out 9/14/2020. The recommendation is to close this plan.
C.2.b	Has the agency established disability reasonable accommodation procedures that comply with EEOC's regulations and guidance? [see 29 CFR 1614.203(d)(3)]	Yes	NIH's RA Policy and Procedures were published in NIH's Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address: https://policymanual.nih.gov/2204 . It has also been published on the EDI website.
C.2.b.1	Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR 1614.203(d)(3)(D)]	Yes	
C.2.b.2	Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)]	Yes	
C.2.b.3	Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)]	Yes	
C.2.b.4	Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR	Yes	





	1614.203(d)(3)(i)(M)]		
C.2.b.5	Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If “no”, please provide the percentage of timely-processed requests in the comment’s column.	No	NIH’s RA Policy and Procedures were published in NIH’s Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. This is available on the NIH website at the following address, https://policymanual.nih.gov/2204 , however it has not yet been fully disseminated throughout NIH, including posting on the EDI website. In FY 2021 (79%) of RA requests were processed within the required timeframe. Not every RA request comes through EDI.
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)]	Yes	Although NIH is working with the DHHS on an inter-agency agreement to utilize DHHS’s established PAS contract, NIH is developing SOP procedures for processing personal assistance services in a stand-alone contract. This plan was closed in FY 2023.
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.	Yes	Detailed SOPs will be developed in accordance with applicable contract specifics, and posted on the NIH public website, and cross linked to EDI’s Reasonable Accommodations and “Disability-People” pages. This plan was closed in FY 2023.
 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	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.



	and principles and their participation in the EEO program?		
C.3.b	Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities?	N/A	
C.3.b.1	Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I]	No	
C.3.b.2	Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)]	No	Working with DHHS to develop a department-wide element.
C.3.b.3	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]	No	Working with DHHS to develop a department-wide element.
C.3.b.4	Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I]	No	Working with DHHS to develop a department-wide element.
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]	No	Working with DHHS to develop a department-wide element.
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]	No	Working with DHHS to develop a department-wide element.



C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]	No	Working with DHHS to develop a department-wide element.
C.3.b.8	Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2]	No	Working with DHHS to develop a department-wide element.
C.3.b.9	Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)]	No	Working with DHHS to develop a department-wide element.
C.3.c	Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]	Yes	When there is a finding or a settlement due to management's inaction or inappropriate action, the EDI Director provides guidance.
C.3.d	When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)]	No	When there is a finding or a settlement due to management's inaction or inappropriate action, the EDI Director provides guidance.
 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	Yes	



	personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]		
C.4.b	Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I]	No	
C.4.c	Does the EEO office have timely access to accurate and complete data (e.g., demographic data for workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]	No	Working with DHHS to make the required changes to achieve accurate data collection and complete data reporting.
C.4.d	Does the HR office timely provide the EEO office with access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)]	Yes	EDI has been successful and able to access OHR data in a timely manner. Exit interview survey data are available, as are other centralized data. The recommendation is to close this plan as of 9/30/21.
C.4.e	Pursuant to Section 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	Yes	OHR and EDI have developed new partnerships to implement the Affirmative Action Plan for people with disabilities (Part J).



	29 CFR §1614.203(d); MD-715, II(C)]		
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)]	Yes	
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.
 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 <u>Douglas v. Veterans Administration</u> , 5 MSPR 280 (1981)	Yes	
C.5.b	When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct? [see 29 CFR §1614.102(a)(6)] If “yes”, please state the number of disciplined/sanctioned individuals during this reporting period in the comments.	No	EDI is establishing a tracking system of discipline or sanctioning for discriminatory conduct.
C.5.c	If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the	Yes	We inform the Responsible Management Official and the Executive Officer for the Institute or Center.

	discriminatory conduct? [see MD-715, II(C)]		
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	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	
 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 plan is now closed. In FY 2020 NIH procured a 5-Year Barrier Analysis Contract.



D.1.b	Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I]	Yes	This plan is now closed. In FY 2020 NIH procured a 5-Year Barrier Analysis Contract.
D.1.c	Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities? [see 29 CFR 1614.203(d)(1)(iii)(C)]	No	
 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	EconSys completed their year one trigger analysis that will lead to a full barrier analysis. The expected completion date is November 2022.
D.2.b	Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability? [see 29 CFR §1614.102(a)(3)]	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, 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.	Yes	The agency has developed multiple mechanisms to track current data sources. NIH is now compliant with a new NIH Exit Interview Survey Platform.
 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 are still in progress.
D.3.b	If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I,	No	Part I plans have not yet been identified because trigger and barrier analysis are still in progress.



	including meeting the target dates for the planned activities? [see MD-715, II(D)]		
D.3.c	Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	Yes	
 Compliance Indicator 	D.4 – The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities	Measure Met? (Yes/No/NA)	Comments New Indicator
D.4.a	Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)] Please provide the internet address in the comments.	Yes	https://www.edi.nih.gov/sites/default/files/downloads/md-715/2020/nih-aap-pwd-2020.pdf
D.4.b	Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR 1614.203(d)(1)(i)]	Yes	The Special Emphasis Program Manager circulates announcements to the disability community, search committees are provided with information for advertising vacancies with organizations serving individuals with disabilities, the schedule A hiring authority is utilized, and the Workforce Recruitment Program is used as a source for filling vacancies.
D.4.c	Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR 1614.203(d)(1)(ii)(A)]	Yes	
D.4.d	Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)]	Yes	EDI and HR are partnering to identify and implement strategies to increase the number of individuals with disabilities in the workforce. NIH is looking at additional ways to strategically address accessibility issues across NIH (e.g., website updates, revisions to contracting language). <ul style="list-style-type: none"> • NIH has a robust Schedule A program. • Use of Workforce Recruitment Program • ERGs with disability component





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 to 29 CFR §1614.105(b)(1)?	Yes	
E.1.c	Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-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 to 29 CFR §1614.102(b)(6)?	Yes	
E.1.f	Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?	Yes	Overall, NIH completed 100% of investigations timely. The recommendation is to close this H plan.



E.1.g	If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)?	Yes	
E.1.h	When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?	No	NIH hired an FTE FAD writer as of 9/30/2021, who bears responsibility for writing non-election FADs on behalf of NIH within the 60-day legal required timeframe. Leave open
E.1.i	Does the agency timely issue final actions following receipt of the hearing file and the administrative judge's decision, pursuant to 29 CFR §1614.110(a)?	N/A	Handled at the DHHS Level.
E.1.j	If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If "yes", please describe how in the comments column.	N/A	NIH uses an DHHS 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	Yes	



	Portal (FedSEP)? [See 29 CFR § 1614.403(g)]		
 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	
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	N/A	

	timely processing of complaints? EEOC Report, <i>Attaining a Model Agency Program: Efficiency</i> (Dec. 1, 2004)		
 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	This plan is closed as of 2019. We do not see any gap in services with regards to mediation at this time. We have an Interagency Agreement with FMCS for mediation and utilize Shared Neutrals. The agency will hire a mediator in FY 2022.
E.3.b	Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)]	Yes	
E.3.c	Does the agency encourage all employees to use ADR, where ADR is appropriate? [see MD-110, Ch. 3(IV)(C)]	Yes	
E.3.d	Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)]	Yes	
E.3.e	Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)]	Yes	
E.3.f	Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	Yes	

 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?	N/A	
E.4.a.1	Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, IIE]	Yes	
E.4.a.2	The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]	Yes	DHHS resurveyed the workforce in fiscal year 2022 to ensure we have accurate data.
E.4.a.3	Recruitment activities? [see MD-715, IIE]	No	
E.4.a.4	External and internal applicant flow data concerning the applicants' race, national origin, sex, and disability status? [see MD-715, IIE]	No	The agency has access to some applicant flow data but not all.
E.4.a.5	The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)]	Yes	
E.4.a.6	The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2]	Yes	
E.4.b	Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-	No	This is a New H Plan.

	715 Instructions, Sec. I]		
 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	Yes	

	§1614.102(e); MD-715, II(F)]		
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	
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 the 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	F.3 - The agency reports to EEOC its program efforts and accomplishments.	Measure Met? (Yes/No/NA)	Comments
 Measures			
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

FY 2023 National Institutes of Health Plan B.1.a	
Type of Program Deficiency	Brief Description of Program Deficiency
INTEGRATION OF EEO INTO THE AGENCY’S STRATEGIC MISSION	Is the agency head the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office? [see 29 C.F.R. §1614.102(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)
09/30/2021	Align EEO reporting structure with statutory requirements	09/30/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
NIH Legal Advisor, Office of the General Counsel	David Lankford, Esq.	No
Director, Office of Human Resources	Julie Berko	No

Planned Activities Toward Completion of Objective:

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2024	To align the NIH EEO Director reporting			

	<p>structure with the NIH agency head to be compliant with EEOC regulation 29 C.F.R. Part 1614 and the Elijah E. Cummings Federal Employee Antidiscrimination Act of 2020 (EECFEAA).</p> <p>Establish Communication Plan/Training on the EE CFE AA with GEM.</p>			
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Report of Accomplishments

Fiscal Year	Accomplishments
2021	This is a new H plan.
2022	<p>The NIH EEO Director reported to the NIH Agency Head Designee from October 1, 2021 – September 30, 2022 (i.e., NIH Principal Deputy Director, Tara Schwetz, Ph.D.)</p> <p>The DHHS/EEODI has developed a comprehensive Department-wide EEO reporting structure. In the third quarter of 2024, EEODI projects DHHS leadership will approve a plan to transition DHHS OpDivs to the new reporting structure to comply with 29 C.F.R. Part 1614 and the EECFEAA. (See DDHHS/EEODI H Plan)</p> <p>The NIH will follow the guidance from the DHHS/EEODI level.</p>
2023	No accomplishments to report.

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 2023 National Institutes of Health Plan B.4.a.3**

Type of Program Deficiency	Brief Description of Program Deficiency
INTEGRATION OF EEO INTO THE AGENCY’S STRATEGIC MISSION	DHHS/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.

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)
04/30/2019	EDI/NIH seeks to increase the budget and staffing to fully support the success of its EEO program,	04/30/2020	09/30/2022	
09/30/2021	DHHS seeks to eliminate the backlog of FADs.	09/30/2023	9/30/2024	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, 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 continue to work with NIH leadership to ensure an appropriate level of funding and staffing for legal sufficiency reviews.	No	10/30/2024	

Report of Accomplishments

Fiscal Year	Accomplishments
2018	<p>These services were previously provided for a fee through a central contract through DHHS. On April 26, 2019, DHHS informed all DHHS 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, DHHS, held a conference call with the EEO Directors of the DHHS 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.</p>
2019	<p>Budget submission was completed. Request was still in the budget process as of 12/12/2019.</p> <p>Dates for planned activities have been modified as needed.</p>

<p>2020</p>	<p>Budget submission was completed. Request was still in the budget process as of 11/6/2020.</p> <p>Received approval to hire two investigators in April 2020. Onboarded two new Investigators in September and October 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).</p> <p>Dates for planned activities have been modified as needed.</p>
<p>2021</p>	<p>DHHS handles all elected FADs and NIH handles default FADs.</p> <p>R&E received approval to fill positions for investigators and FAD writers. We have hired a total of four investigators and a FAD writer, and we are waiting to hire a Branch Director for the Investigators. NIH anticipates having the Investigations Branch fully staffed in FY 2022.</p> <p>DHHS continues to work on eliminating the backlog.</p>
<p>2022</p>	<p>NIH has hired an Investigations Branch Director. Therefore, the Investigations Branch has its full complement of FTEs.</p> <p>DHHS continues to process all elected FADs, while the NIH processes default FADs.</p> <p>DHHS continues to work on eliminating the backlog.</p>
<p>2023</p>	<p>EDI has made significant strides to resolve this deficiency. From FY 2021 through FY 2023, EDI management has succeeded in acquiring additional funding for EDI: EDI’s funding increased from 5.9 million in FY 2021, to 7 million in FY 2022, and 7.410 million in FY 2023. Additionally, this year, the EDI Director will be reporting increases in FTE figures for the upcoming Fiscal Year. In addition, EDI has made progress regarding completing EEO investigations, though current staff shortages in the Investigations Branch prevent the branch from handling all EDI investigations internally.</p>

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 2023 National Institutes of Health Plan B.4.a.7	
Type of Program Deficiency	Brief Description of Program Deficiency
INTEGRATION OF EEO INTO THE AGENCY'S STRATEGIC MISSION	Pursuant to 29 C.F.R. § 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)].

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)
01/30/2020	NIH to allocate sufficient resources to achieve and maintain accurate data collection for complaint tracking, workforce demographics and applicant flow.	09/30/2021	09/30/2025	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Data Analytics and Customer Outreach Division, Office of Equity, Diversity, and Inclusion	Zamiul Haque	Yes
Acting Director, Resolutions and Equity Division, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Data Analytics Branch, Office of Equity, Diversity, and Inclusion	Tamara Bruce	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)
09/30/2021	Allocate sufficient resources for information systems to achieve and maintain accurate data collection for complaint tracking, workforce demographics and applicant flow.	Yes	09/30/2025	
09/30/2021	Allocate sufficient resources to fill staff openings to attain to achieve and maintain accurate data collection for complaint tracking, workforce demographics and applicant flow.	Yes	09/30/2025	

Report of Accomplishments

Fiscal Year	Accomplishments
2019	<p>FY 2019 Disclaimer: In line with DHHS's efforts to develop a model EEO program, the headquarters along with the OpDivs have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new DHHS Deputy EEO Officer and Director, Office of EEODI, was appointed in 2019. Through this collaborative headquarters/OpDivs effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by DHHS' recent transition to a new human resources system, the EHCM, and by the EEOC's changes to the required 2.0 data tables.</p> <p>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 Parts 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 DHHS' data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, DHHS Deputy EEO Officer / Director, Office of EEODI.</p>
2020	<p>FY 2020 Disclaimer: In FY 2019, DHHS conducted workforce data analysis using National CLF standards, as identified in the 2010 U.S.</p>

	<p>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 DHHS’ recent transition to a new human resources system, the 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 DHHS data are 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.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, DHHS Acting Director, Office of EEODI.</p>
<p style="text-align: center;">2021</p>	<p>NIH’s EDI Office has allocated budgetary funding for full-time equivalent staffing sufficient to support the data collection and tracking systems for workforce data. EDI is in the process of filling two vacant positions (statistician and data analyst) available within the current budget allocation.</p> <p>In late 2021, NIH staff from EDI took the following actions to uncover, address, and assist in resolving data integrity issues supporting DHHS transitioned the MD-715 BIIS tables to meet the EEOC instruction.</p> <ul style="list-style-type: none"> • Explored and confirmed the volume of non-citizens working at NIH who are excluded from MD-715 workforce data tables. • Provided troubleshooting and support for DHHS to update leadership definitions for BIIS tables A/B 3 and 8 based on EEOC guidance issued in January 2020. • Responded quickly with a plan and supporting tool to enable using revised CLF estimates from the EEO Tabulation received from EEOC on 12/20/21. • Provided full documentation and analysis of data in Part J on persons with disability. • Expanded analysis of Applicant Flow Data for temporary and permanent appointment types of jobs posted in USAJobs

	<ul style="list-style-type: none"> • Coordinated across EDI on definitions for the NIH’s mission critical occupations. • Completed Part H to replace the standard language about data integrity on a variety of topics non-overlapping with the specific Part H where data are at issue. • Reviewed and documented the calculation of Inclusion Rates for Persons without Targeted Disability in Table B 9 -2. • Provided feedback in writing and through meetings with DHHS Data programmers to understand, troubleshoot, and resolved a number of needed updates as the BIIS tables were posted. <p>Dates for planned activities have been modified as needed. Note: Due to submission deadline extensions, some of the items included for 2021 occurred in the beginning of FY 2022.</p>
2022	<p>NIH’s EDI Office has allocated budgetary funding for FTE staffing sufficient to current known requirements to support the data collection and tracking systems for complaints and workforce data. EDI is in the process of filling vacant positions available within the current budget allocation.</p> <p>EDI has launched an internal office-wide needs assessment effort to identify key knowledge, skills, and analytic abilities for supporting workforce data collection and tracking systems. This effort aims to promote effective capacity building, ensure alignment of staffing needs and requirements with budgetary allocations, and promote overall efficiency of operations and reporting.</p> <p>Additional funding was allocated for FY 2022 and FY 2023 to support ongoing development of a QlikSense data dashboard. Dashboard upgrades and enhancements aim to allow multiple access levels and serve as a tool for both EDI internal staff as well as NIH-wide staff to gain insight into agency level data. These data include current and historical staff demographics, benchmark populations, and snapshots across the employee lifecycle.</p> <p>Funding was also allocated for FY 2022 and FY 2023 to support ongoing development to the complaints tracking systems. In FY 2022 a transition was initiated from the existing iComplaints system to the newer Entellitrak system. The full transition is expected to be completed in FY 2023 with optional upgrades being evaluated for efficiency and accuracy in complaint tracking. EDI will request more funding in FY 2023 for the next budget cycle.</p>
2023	<p>During FY 2023, NIH’s EDI Office has worked to secure additional budgetary funding for FTE and contractor staffing sufficient to current known requirements to support the data collection and tracking systems for complaints and workforce data. Included in this are provisions for funding for two additional FTE Data Scientists. EDI is</p>

	<p>in the process of filling vacant positions available within the current and anticipated budget allocations.</p> <p>EDI continues to collect and evaluate data for its internal office-wide needs assessment effort which identifies key knowledge, skills, and analytic abilities for supporting workforce data collection and tracking systems. This effort aims to promote effective capacity building, ensure alignment of staffing needs and requirements with budgetary allocations, and promote overall efficiency of operations and reporting.</p> <p>Additional funding was allocated in FY 2023 to support ongoing development of a QlikSense data dashboard. Dashboard upgrades and enhancements aim to allow multiple access levels and serve as a tool for both EDI internal staff as well as NIH-wide staff to gain insight into agency level data, including workforce profiles required for complaint investigations. These data include current and historical staff demographics, benchmark populations, and snapshots across the employee lifecycle. The internal dashboard has entered a validation and testing phase while the external dashboard has started its development phase. Progress has been made to establish the criteria, guidelines, and policies around data visualizations, access and privacy protections, and governance for both applications. EDI anticipates both projects to be launched into production by the end of FY 2024. EDI also continues to work with HHS workgroups and offices to identify best practices and efficiencies for collecting updated demographic information in a regular basis. These mechanisms may include the ability for NIH staff to update their information on a rolling basis as needed as well as opportunities and initiatives to have the entire workforce review and update on a regular interval.</p> <p>In FY 2023 the transition continues from the existing iComplaints system to the newer Entellitrak system. The full transition is expected to be completed by December 2023 with optional upgrades being evaluated for efficiency and accuracy in complaint tracking.</p>
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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 2023 National Institutes of Health Plan B.5.a.4	
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.

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)
01/30/2019	Ensure that all NIH managers and supervisors receive training related to interpersonal skills needed to manage a diverse workforce.	06/30/2022	09/30/2025	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No

Director of Workforce Support and Development Division, Office of Human Resources	Kristen Dunn-Thomason	No
Acting Director, Data Analytics and Customer Outreach Division, Office of Equity, Diversity, and Inclusion	Zamiul Haque	Yes
Director, Customer Outreach and Employee Development Branch, Office of Equity, Diversity, and Inclusion	Nicole Ray	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 Center to identify ways to provide training on managing a diverse workforce in its Supervisor Training.	Yes	12/30/2024	
06/30/2020	Include content related to interpersonal skills needed to	Yes	09/30/2024	09/30/2022

manage a diverse workforce in EDI's in-person trainings.			
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Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan and therefore NIH has no accomplishments to report.
2019	Dates for planned activities have been modified as needed.
2020	Dates for planned activities have been modified as needed.
2021	<p>All NIH managers and supervisors are required to complete formal training in the initial twelve months of their new roles as supervisors. In addition, retraining is required every three years. The NIH Training Center oversees this training program. The NIH Supervisory Essentials Training equips NIH supervisors and managers with the knowledge, skills and techniques needed to grow their performance as leaders, as well as ways to effectively manage and support their staff's performance and development.</p> <p>In addition, the NIH Training Center offers several courses designed to equip our organization's leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications. These trainings include:</p> <ul style="list-style-type: none"> • Building Effective Teams • Customer Service at NIH • Effective Communications and Leadership Presence • Emotional Intelligence • Executive Supervisory Essentials Training • Management and Coaching Skills for Leaders • Managing Up, Down and Across • Motivating and Engaging NIH Employees • Success Strategies for Introverted Leaders • SuperShort: Effective Feedback • SuperShort: Performance Conduct • Turning Obstacles into Opportunities • Virtual Engagement Techniques <p>EDI offers the following trainings designed to equip our organization's leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications:</p> <ul style="list-style-type: none"> • Building an Inclusive Workplace for Supervisors • Safe Zone Training • EEO Compliance for Managers and Supervisors

	<ul style="list-style-type: none"> • RA for Supervisors • Anti-Retaliation for Supervisors • Anti-Bullying • Prevention of Workplace Harassment for Managers and Supervisors <p>During the next year, we will be developing a plan to identify which managers have not completed one of our EEO focused trainings for supervisors and managers.</p> <p>Dates for planned activities have been modified as needed.</p>
2022	<p>In FY 2022, a total of 61 NIH supervisors and managers were trained in Building an Inclusive Workplace for Supervisors.</p> <p>Collaborating with Center for Information Technology to develop updated reports to track compliance, still under development.</p> <p>Dates for planned activities have been modified as needed.</p>
2023	<p>Working with the NIH Training Center, we will be utilizing the LMS system as managers and supervisors will be able to log in and select from a group of twenty (20) preapproved courses that EDI has identified to satisfy the Part H deficiency. Classes range in length from thirty (30) minutes to one (1) hour with most offering NIH Supervisor Continuous Learning Points (CLPs). There is no cost associated with any of the selected trainings.</p>

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 2023 National Institutes of Health Plan B.6.d	
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.

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	Involve senior managers in incorporating and implementing	09/30/2023		

	the EEO Action Plan Objectives into NIH and IC strategic plans.			
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Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, of the Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director of the Diversity and Inclusion Division, Office of Equity, Diversity, and Inclusion	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)
09/30/2023	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		05/18/2023
09/30/2023	Conduct “State of the IC” briefings with all ICs.	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 DHHS’s efforts to develop a model EEO program, the headquarters along with the OpDivs have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new DHHS Deputy EEO Officer and Director, Office of EEODI 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 DHHS’s recent transition to a new human

	<p>resources system, the EHCM, and by the EEOC’s changes to the required 2.0 data tables.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, DHHS Deputy EEO Officer / Director, Office of EEODI.</p> <p>Removed an activity to update the SOP for Executive Champions of the SEP engagement teams, including the responsibility to implement EEO Action Plans and Incorporate those plans into agency and IC strategic plans.</p>
<p style="text-align: center;">2020</p>	<p>FY 2020 Disclaimer: In FY 2019, DHHS conducted workforce data analysis using National CLF standards, as identified in the 2010 U.S. 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 DHHS’s recent transition to a new human resources system, the 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 DHHS 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.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, DHHS Director, Office of EEODI.</p> <p>EDI has expanded the definition of senior managers to be more inclusive, not just limited to SEP Champions.</p> <p>This H plan is still open while barriers are identified by the contractor and then senior managers will be engaged in the development of</p>

	<p>incorporating the EEO Action Plan Objectives into NIH and IC strategic plans.</p>
<p>2021</p>	<p>NIH has a one year, which includes a five-year option contract, in place with EconSys. The contract is currently funded for two years, but the anticipation is that the funding will be available for the life of the contract. The project involves a series of reviews and analyses that will aid the agency in becoming a more diverse and inclusive organization. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. These analyses will allow the EconSys Team to propose evidence-based plans of action or interventions to eliminate or reduce the barriers.</p> <p>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.</p> <p>In the meantime, examples of IC level action plans in DEIA that are aligned with objectives for barrier elimination include:</p> <ul style="list-style-type: none"> • CSR awarded a contract to Snowbird Consulting Group to conduct a top-to-bottom assessment of the organizational culture to assess recruitment, hiring, development policies, and procedures related to building a diverse workforce. • NCCIH assessed the entire staff in collaboration with the NIH Ombudsman Office to survey employees on the perceived organizational culture to determine pain points related to civility, diversity, and inclusion. • NCI assessed workforce demographic data and the Federal Employee Viewpoint Survey data to address barriers to diverse recruitment and retention as well as employee perceptions on performance management and employee recognition. • NIDDK conducted assessment on the Federal Employee Viewpoint Survey data to evaluate organizational culture and performance. Additionally, the NIDDK also created the Civility, Diversity, and Inclusion Committee to assess civility, diversity, and inclusion across the organization. • NIEHS assessed the Federal Employee Viewpoint data to lead an action plan for managers to strengthen inclusion initiatives.

	<ul style="list-style-type: none"> NIAID assessed the Federal Employee Viewpoint data to improve organizational culture and correct potential barriers.
2022	EDI laid the foundation for the successful implementation and incorporation of EEO action plan objectives with senior managers across the agency. This includes the development of an advisory group of seven executive officers who work collaboratively with the EDI Director.
2023	In response to Executive Order 14035, NIH hosted organizational-wide DEIA Town Halls from July 22, 2022, to December 13, 2022. NIH senior leadership in collaboration with the Office of Equity, Diversity, and Inclusion, Special Emphasis Portfolio Managers (SEPMs) held seven (7) listening sessions. Each session had over 70% participation from the overall workforce. The goal of these sessions was for NIH senior leaders to listen to specific workforce-related challenges each population faces and listen to their recommendations for effecting change. As a result of these listening sessions, the next steps are paramount that we endorse the inclusivity and collaboration of OHR, COSWOD, ICOs, Office of the Ombudsman, Civil, ER/LR, and CRU, along with special emphasis portfolio manager and their respective engagement committees forming focus groups to build strategies and develop EEO action plans that address the workforce issues. In February 2023, NIH issued its five-year strategic plan which incorporated.

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 2023 National Institutes of Health Plan C.2.b.5	
Type of Program Deficiency	Brief Description of Program Deficiency
Management and Program Accountability	NIH does not process all RA requests within the time frame set forth in its reasonable accommodation procedures.

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)

01/30/2018	Ensure 75% of all NIH reasonable accommodation requests are processed within 60 business days	12/31/2020	09/30/2023	
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Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Guidance, Education, and Marketing Division	Kimberly Kirkpatrick	Yes
Branch Director, Access & Equity Branch, Office of Equity, Diversity, and Inclusion	Glenda Laventure	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	Establish key performance measures in all RA Specialist PMAPs to ensure the timely processing of RA cases.	Yes	01/31/2023	
07/07/2022	Establish and produce weekly RA program metrics to track caseloads, workloads, and timeliness.	Yes		08/01/2022
09/01/2022	Launch enhanced RA tracking system to capture key performance indicators and ensure the prompt retrieval of RA data.	Yes		09/01/2022
07/07/2022	Establish bi-weekly case status meetings to monitor RA case progression and address any barriers to timely completion.	Yes		10/01/2022
09/30/2023	Streamline internal processes to improve program efficiencies impacting processing timelines.	Yes		ongoing
12/31/2024	Establish data points for tracking IC trends and impact	Yes	12/31/2024	

	on the RA process and provide feedback, training, and education accordingly.			
12/31/2023	Regularly monitor processing time and evaluate processes for efficiencies.	Yes	10/13/2022	ongoing

Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan. In FY 2018 NIH received approximately 327 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 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	<p>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.</p> <p>Out of 156 approved RA requests, 72.55% were processed within the required timeframe.</p> <p>Not every request comes through EDI’s process and timeframes.</p>
2021	<p>A new objective and planned activities were added. Dates for planned activities have been modified as needed.</p> <p>We utilize a central tracking system for RA (2018-present). We are in the process of launching an updated Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is “increased accuracy,” we will create success factors and a plan to measure them upon implementation of the new system.</p> <p>In FY 2021, 79% of RA requests were processed within the required timeframe.</p> <p>Note: The NIH RA policy provides that managers do not have to utilize EDI to process all requests. The data reflected above is based on the RA requests processed by EDI.</p>
2022	In FY 2022, NIH experienced an unprecedented increase in RA requests following return-to-work directives that ended the maximum telework posture implemented in response to the COVID-19 pandemic. In FY 2022,

	<p>450 RA requests were received and 48% were processed within the required timeframe of 45 days.</p> <p>In June 2022, EDI obtained a new Acting Division Director on a detail basis, with leadership over the RA program. The following enhancements were made to the RA program which EDI believes will continue to yield meaningful progression towards eliminating this deficiency:</p> <ul style="list-style-type: none"> • Established key performance indicators. • Developed weekly RA metrics. • Streamlined internal RA processes to eliminate internal delays that were impacting timeliness. • Reduced FY 2022 caseloads by 80%. • Instituted bi-weekly case status meetings. • Streamlined templates to reduce complexities in the RA process.
2023	<p>Yes, this part H plan was completed on 9/29/2023, 76% of reasonable accommodation requests are processed within 60 business days.</p> <p style="margin-left: 40px;">1. To promote timely processing of reasonable accommodations EDI launched a Reasonable Accommodation Consultant Guide - 9/29/2023. The guide serves to streamline internal processes to improve program efficiencies impacting processing timelines by providing RACs with boilerplate emails, internal processing time frames, requests for documentation time frames, checklist of documents to be included in the RA request tracking system, RA term updates, sub processes including but not limited to how to engage Employee Labor Relations, how to respond to Religious Accommodation Requests, and Trainee requests. Leadership evaluates timeliness through a biweekly metrics report to monitor circumstances of any delays in processing.</p>

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 2023 National Institutes of Health Plan C.2.c	
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.

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)

01/30/2018	Establish procedures for processing requests for personal assistance services.	04/30/2019	10/13/2023	11/08/2023
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Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Guidance, Education, and Marketing Division	Kimberly Kirkpatrick	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
12/31/2022	Draft procedures for processing Personal Assistance Services (PAS).	Yes		12/29/2022
04/30/2019	Develop SOPs to utilize the centralized PAS contract vehicle.	Yes	10/13/2023	10/26/2022
12/31/2023	Launch a PAS communications campaign to educate EDI Accessibility Consultants and the NIH workforce on PAS and PAS procedure to include FAQs and other resources.	Yes		11/8/2023

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	<p>NIH's RA Policy and Procedures were published in NIH's Manual Chapters—MC 2204 RA on May 15, 2020. The policy includes the use of PAS: https://policymanual.nih.gov/2204</p> <p>Specific provision of PAS via DHHS'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.</p> <p>Dates for planned activities have been modified as needed.</p>

2020	A PAS contract vehicle has been established for FY 2021 with DHHS. NIH is collaborating with DHHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs for NIH's utilization are forthcoming.
2021	<p>Dates for planned activities have been modified as needed.</p> <p>In FY 2021, EDI continued to work with DHHS on an inter-agency agreement (IAA) to utilize DHHS' established PAS contract. EDI is assessing whether a stand-alone NIH contract for PAS would be more effective in providing PAS as needed to NIH employees. Detailed SOPs for are still in development.</p> <p>In FY 2021, NIH received one new request for PAS that was ultimately approved, and provision is being coordinated. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location.</p>
2022	In FY 2022, DHHS obtained a PAS contract that all DHHS Components can utilize. NIH will use the DHHS PAS contract and is in the process of drafting its PAS procedures.
2023	PAS procedures were published on EDI's website on 12/29/23 and updated on 5/30/2023. EDI is launching a PAS resource campaign including examples of PAS and frequently asked questions on 11/8/2023.

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 2023 National Institutes of Health Plan C.2.c.1	
Type of Program Deficiency	Brief Description of Program Deficiency
Management and Program Accountability	NIH has not posted its procedures for processing PAS requests on its public website.

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)
01/30/2018	Post procedures for processing PAS requests on the NIH public website.	05/30/2019	12/31/2023	11/08/2023

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes

Director, Guidance, Education, and Marketing Division	Kimberly Kirkpatrick	Yes
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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 PAS requests for on the NIH public website, and cross-link to EDI's RAs and "Disability-People" Pages.	Yes	12/31/2023	12/29/2022
12//2023	Create an FAQ document for PAS procedures webpage.	Yes		11/08/2023

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 DHHS. NIH is collaborating with DHHS 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 RAs and "Disability-People" Pages.
2021	Dates for planned activities have been modified as needed. EDI is evaluating the PAS contract vehicle established for FY 2021 with DHHS. EDI is assessing whether NIH's PAS needs would be better addressed via a NIH contract vehicle. Detailed SOPs will be developed in accordance with applicable contract specifics, and posted on the NIH public website, and cross linked to EDI's Reasonable Accommodations and "Disability-People" Pages.
2022	In FY 2022, DHHS obtained a PAS contract that all DHHS Components can utilize. NIH will use the DHHS PAS contract and is in the process of drafting its PAS procedures.
2023	PAS posted on website December 29, 2022, and updated on May 30, 2023.

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 2023 National Institutes of Health Plan C.3.b.2	
Type of Program Deficiency	Brief Description of Program Deficiency
INTEGRATION OF EEO INTO THE AGENCY'S STRATEGIC MISSION	NIH does not have a policy that requires 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.

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)
01/30/2022	Coordinate the inclusion of an element/component in managers/supervisors' performance plans to ensure employees understand their responsibility to cooperate in the EEO process.	12/31/2024		
10/25/2023	Establish an NIH-wide EEO Policy that incorporates cooperation with EEO program staff into managers' performance plans.	06/30/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Workforce Relations Division, Office of Human Resources	Deb Coelho	No
Acting Division Director, Resolutions & Equity Division	Kevin D. Williams, 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)
12/31/2024	EDI will identify the appropriate administrative parties to ensure employees understand their responsibility to cooperate in the EEO process.	Yes		
10/25/2023	EDI is establishing an NIH wide policy that will incorporate language that addresses this requirement.	No		

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 DHHS to develop a Department-wide policy, new PMAP Elements, as well as new procedures.
2020	Dates for planned activities have been modified as needed.
2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.
2022	This objective and the planned activities have been reassessed and have been modified accordingly. During FY 2023, EDI will provide training to NIH managers on Federal workers obligations to cooperate with the EEO process.
2023	EDI has established a working group to develop an NIH EEO Policy that will incorporate this requirement. Projected completion and issue date is 06/30/24.

**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 2023 National Institutes of Health Plan C.3.b.4	
Type of Program Deficiency	Brief Description of Program Deficiency

INTEGRATION OF EEO INTO THE AGENCY'S STRATEGIC MISSION	All subordinate supervisors have not yet received training that equips them with effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees.
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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)
01/30/2019	Ensure that all NIH managers and supervisors receive training related to interpersonal skills needed to manage a diverse workforce.	06/30/2022	09/30/2025	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No
Director of Workforce Support and Development Division, Office of Human Resources	Kristen Dunn-Thomason	No
Acting Director, Data Analytics and Customer Outreach Division, Office of Equity, Diversity, and Inclusion	Zamiul Haque	Yes
Director, Customer Outreach and Employee Development Branch, Office of Equity, Diversity, and Inclusion	Nicole Ray	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	Yes	12/30/2022	09/30/2023

	skills training to manage a diverse workforce.			
06/30/2020	Include content related to interpersonal skills needed to manage a diverse workforce in EDI's in-person trainings.	Yes	09/30/2024	
09/30/2022	Collaborate with CIT to develop updated reports to track compliance with training requirement to identify all supervisors and managers who have not completed an EDI training during the preceding three years to align with the NIH's existing cycle for supervisory training.	Yes	12/31/2024	
09/30/2022	Collaborate with the NIHTC to create a list of equivalent courses supervisors can take outside of NIH to satisfy the required training.	Yes	09/30/2022	09/30/2022
12/31/2021	Collaborate with OHR and Executive Officers to ensure the following language is included on all performance plans for supervisors and managers: "Demonstrates support for EEO/DEIA and employee work life quality, fostering a cooperative work environment where diverse opinions are solicited and respected."	Yes	09/30/2024	
12/31/2022	Identify all supervisors and managers who have not completed and EDI training during the preceding three years to align with the NIH's existing cycle for supervisory training.	Yes	09/30/2024	

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.

<p>2020</p>	<p>Dates for planned activities have been modified as needed.</p>
<p>2021</p>	<p>All NIH managers and supervisors are required to complete formal training in the initial twelve months of their new roles as supervisors. In addition, retraining is required every three years. The NIH Training Center oversees this training program. The NIH Supervisory Essentials Training equips NIH supervisors and managers with the knowledge, skills and techniques needed to grow their performance as leaders, as well as ways to effectively manage and support their staff's performance and development.</p> <p>In addition, the NIH Training Center offers several courses designed to equip our organization's leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications. These trainings include:</p> <ul style="list-style-type: none"> • Building Effective Teams • Customer Service at NIH • Effective Communications and Leadership Presence • Emotional Intelligence • Executive Supervisory Essentials Training • Management and Coaching Skills for Leaders • Managing Up, Down and Across • Motivating and Engaging NIH Employees • Success Strategies for Introverted Leaders • Super Short: Effective Feedback • Super Short: Performance Conduct • Turning Obstacles into Opportunities • Virtual Engagement Techniques • The Office of Equity, Diversity and Inclusion offers the following trainings designed to equip our organization's leaders with interpersonal skills that will help them supervise diverse employees and avoid disputes arising from ineffective communications: <ul style="list-style-type: none"> • Building an Inclusive Workplace for Supervisors • Safe Zone Training • EEO Compliance for Managers and Supervisors • RA for Supervisors • Anti-Retaliation for Supervisors • Anti-Bullying • Prevention of Workplace Harassment for Managers and Supervisors

	<p>During the next year, we will be developing a plan to identify which managers have not completed one of our EEO focused trainings for supervisors and managers. We will also be encouraging Executive Officers to include a requirement for all managers and supervisors to complete one of these trainings in their annual PMAP.</p> <p>Dates for planned activities have been modified as needed.</p>
<p>2022</p>	<p>Current trainings offered by EDI include:</p> <ul style="list-style-type: none"> • Building an Inclusive Workplace for Supervisors • Safe Zone Training • EEO Compliance for Managers and Supervisors • Workplace Harassment for Employees • EEO Compliance for Employees • Reasonable Accommodations for Supervisors • Reasonable Accommodations for Employees • Anti-Retaliation for Supervisors • Anti-Retaliation for Employees • Anti-Bullying • Prevention of Workplace Harassment for Employees • Prevention of Workplace Harassment for Managers and Supervisors • Prevention of Workplace Harassment for Clinician • New Employee Orientation • No FEAR and POSH Training <p>Dates for planned activities have been modified as needed.</p>
<p>2023</p>	<p>Working with the NIH Training Center, we will be utilizing the LMS system as managers and supervisors will be able to log in and select from a group of twenty (20) preapproved courses that EDI has identified to satisfy the Part H deficiency. Classes range in length from thirty (30) minutes to one (1) hour with most offering NIH Supervisor Continuous Learning Points (CLPs). There is no cost associated with any of the selected trainings. NIH has an ombudsman’s office that conducts annual training on ADR. The EEO Compliance training has a section which introduces ADR as a part of the training module.</p>

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 2023 National Institutes of Health Plan C.3.b.5	
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.

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)
01/30/2022	Include measurements in performance plans for managers and supervisors to ensure religious accommodations are provided when appropriate.	12/31/2024	10/13/2024	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	Yes
Director, Workforce Relations Division, Office of Human Resources	Deborah Coelho	No
	Kimberly Kirkpatrick	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
12/31/2024	EDI and OHR will coordinate on the inclusion of an element in managers/supervisors' performance plans to ensure religious accommodations are provided when appropriate.	Yes	10/13/2024	

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 DHHS to develop a Department-wide policy, new PMAP Elements; as well as new procedures.
2020	Dates for planned activities have been modified as needed.
2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.
2022	There was no activity in FY 2022. Dates have been modified accordingly.
2023	EDI initiated discussions with OHR regarding performance metrics for religious accommodations.

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 2023 National Institutes of Health Plan C.3.b.6	
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.

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)
01/30/2022	Include measurements in performance plans for managers and supervisors to ensure disability accommodations are provided absent an undue hardship.	12/31/2024		01/30/2023

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	Yes
Director, Workforce Relations Division, Office of Human Resources	Deborah Coelho	Yes
	Kimberly Kirkpatrick	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
12/31/2024	EDI and OHR will coordinate on the inclusion of an element in managers/supervisor’s performance plans to ensure disability accommodations are provided when appropriate.	Yes	10/13/2023	01/30/2023

Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan and therefore, NIH has no accomplishments to report currently.
2019	EDI is working with DHHS to develop a Department-wide policy, new PMAP Elements; as well as new procedures.
2020	Dates for planned activities have been modified as needed.
2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.
2022	There was no activity in FY 2022. Dates have been modified accordingly.
2023	In January of 2023, NIH applied HHS policy and incorporated this new language into supervisory performance plans, “Complies with EEO, Reasonable Accommodation, and Anti-Harassment policies/procedures, communicates these policies and processes to employees at least once per year, and completes all required supervisory training within the first year, with refresher training every 3 years.”

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 2023 National Institutes of Health Plan C.3.b.7	
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 employment opportunity.

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)
01/30/2022	Include measurements in performance plans for managers and supervisors to support in identifying and removing employment barriers for equal opportunity.	12/31/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No
Director, Diversity, and Inclusion Division, Office of Equity, Diversity, and Inclusion	Danny Dickerson	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
12/31/2024	Coordinate the inclusion of an element in managers and supervisors' performance plans to support in identifying and removing employment barriers for equal opportunity.	Yes		
12/31/2024	Document the NIH practice for the Senior Executive Service PMAP plans in support of the EEO program in identifying and removing barriers to equal opportunity.	Yes		
12/31/2024	Develop a communication plan on MD-715 Part H requirement	Yes		

	to incorporate supervisors and managers' performance plans to support EEO in identifying and removing barriers for equal employment opportunity.			
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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 DHHS to develop a DHHS-wide policy, new PMAP elements, as well as new procedures.
2020	Dates for planned activities have been modified as needed.
2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.
2022	The NIH Calendar Year 2022 managers/supervisor's performance plans contained language specific to utilizing NIH resources to actively identify and dismantle any policies and practices that cause or enable inequities in the NIH workforce or the NIH-funded biomedical research community. DHHS issued a revised PMAP Policy November 22, 2022; effective January 1, 2023. NIH will comply with the revised policy. NIH is in the process of developing and communicating to employees on the goals, initiatives, and priorities to be used in developing 2023 performance plans.
2023	No accomplishments to report.

For Managers, Supervisors, and Team Leaders

** Promote EEO, civility, and equity for underserved groups, including but not limited to racial and ethnic minorities, sexual and gender minorities, individuals with disabilities, and women at NIH, which includes the Office of the Director, the Institutes and Centers, and in the Extramural Research Community* as evidenced by actions or outcomes that demonstrate support for diversity, equity, inclusion, and accessibility efforts at NIH and within the work unit by actively supporting the implementation of strategies to increase inclusivity and diversity within the NIH enterprise. Promote IC-specific Racial and Ethnic Equity Plans and encourage employee participation in IC and NIH DEIA initiatives. Utilize NIH resources to actively identify and dismantle any policies and practices that cause or enable inequities in the NIH workforce or the NIH-funded biomedical research community. Demonstrate support for and compliance with the updated Manual Chapter 1311: Preventing and Addressing Harassment and Inappropriate Conduct (<https://policymanual.nih.gov/1311>) by (1) consistently working to prevent and address harassment and inappropriate conduct in the workplace, promoting a safe and civil organizational culture, and creating an environment where all individuals are treated with respect

and dignity; (2) promptly reporting any alleged harassment to the Civil program; (3) actively supporting the implementation of IC-specific Anti-Harassment policy; and (4) consistently communicating in a manner that promotes and facilitates a safe and civil organizational culture. *where applicable Actively engages in the hiring process with their assigned human resources specialist(s) from start to finish of onboarding. This includes ensuring the established hiring process timelines are met. Communicates program and management goals to staff; identifies targeted results/outcomes, and timeframes. Allocates and adjusts resources in response to workload and priority changes. Plans, organizes, and assigns unit work. Establishes employee performance plans and completes required reviews and final ratings. Appropriately recognizes and rewards employee performance. Assesses employees' individual developmental needs and provides developmental opportunities to staff. Ensures employee awareness of, and compliance with, requirements relative to ethics, financial disclosure, avoiding conflicts of interest, standards of ethical conduct, political activity, and procurement integrity. Demonstrates support for EEO/diversity and employee work life quality, fostering a cooperative work environment where diverse opinions are solicited and respected. Seeks resolution of workplace conflicts at earliest stage. Where applicable, ensures that DHHS, OPDIV/STAFFDIV, and program goals and requirements for correcting grant, procurement, and finance system weaknesses are achieved or exceeded. Ensures that all staff satisfactorily and timely complete all training requirements related to Privacy Act, Personally Identifiable Information, Protected Health Information, Privacy Impact Assessments, Information Systems Security Awareness, and similar training obligations related to the access, use, and dissemination of work-related information. Mandate and enforce staff compliance with all laws, rules, regulations, and policies, with respect to maintaining the confidentiality, data management, and safeguarding requirements related to Privacy Act, official, non-public and personally identifiable information.

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 2023 National Institutes of Health Plan C.3.b.8	
Type of Program Deficiency	Brief Description of Program Deficiency
MANAGEMENT AND PROGRAM ACCOUNTABILITY	NIH does not have a policy that requires 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.

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)
01/30/2022	Develop a guidance document for rating officials to evaluate the performance of managers and	12/31/2024		

	supervisors on procedures for investigating and correcting harassing conduct.			
10/25/2023	Establish the NIH EEO Policy Directive that provides guidance and policies concerning how NIH managers should proceed when a harassment investigation is initiated.	10/25/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No
Director, Office of CIVIL, Office of Human Resources	Jessica Hawkins	No
Acting Division Director, Resolutions and Equity	Kevin D. Williams, 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)
12/31/2024	EDI will identify the appropriate administrative parties and processes to ensure that specific language is included in PMAPS for managers and SES managerial staff.	Yes		
10/25/2023	EDI will establish a new NIH wide policy			

	that provides guidance and policies regarding how managers' performance should be evaluated when a harassment investigation is initiated.			
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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 DHHS to develop a Department-wide policy, new PMAP elements, as well as new procedures.
2020	Dates for planned activities have been modified as needed.
2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.
2022	The NIH has no accomplishments to report currently.
2023	NIH has made progress concerning this requirement. In September 2023, NIH staff collaborated with OHR to confirm HHS' development of language that partially addresses this requirement via a PMAP element. In October 2023, EDI established a working group to develop the NIH EEO Policy which will reflect how NIH managers should proceed when a harassment investigation is initiated.

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 2023 National Institutes of Health Plan C.3.b.9	
Type of Program Deficiency	Brief Description of Program Deficiency
MANAGEMENT AND PROGRAM ACCOUNTABILITY	NIH does not have a policy that requires 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.
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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)
01/30/2022	Establish an NIH-wide policy that mandates manager's compliance with settlement agreements and other EEO-related orders, and incorporates measurements in performance plans for managers and supervisors to ensure compliance with settlement agreements and other EEO-related orders.	12/31/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams	Yes
Acting Division Director, Resolutions and Equity	Kevin D. Williams, Esq.	Yes
Formal Complaints Branch Director, Resolutions and Equity	Kenrick Small	Yes
Director of Human Resources	Julie Berko	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
12/31/2024	The NIH EEO Policy Working Group will develop an NIH-wide			

	policy that mandates manager's compliance with settlement agreements and other EEO-related orders. The policy will contain language that mandates appropriate language for inclusion in NIH managers' PMAPs.	Yes		
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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 DHHS to develop a department-wide policy, new PMAP elements, as well as new procedures.
2020	Dates for planned activities have been modified as needed.
2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.
2022	The NIH has no accomplishments to report currently.
2023	EDI continues to work collaboratively with OHR to advance this objective. In October 2023, EDI developed an NIH EEO Policy Working Group to develop NIH-wide EEO policies and procedures which will incorporate this requirement.

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 2023 National Institutes of Health Plan C.3.d	
Type of Program Deficiency	Brief Description of Program Deficiency
MANAGEMENT AND PROGRAM ACCOUNTABILITY	When, as a result of a finding of discrimination, the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency?

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)
03/01/2019	Develop policy and/or procedures to track and	11/30/2020	09/30/2022	

	monitor whether the EEO Director's disciplinary action recommendations were implemented.			
10/25/23	Incorporate language into EDI's newly established NIH EEO Policy which covers how NIH Officials should proceed in circumstances where there is evidence of discrimination in a final agency decision issued by the EEO Director.	6/30/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Acting Division Director, Resolutions & Equity	Kevin D. Williams, 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 a tracking mechanism to monitor whether actions are taken when cases are referred for consideration of remedial or disciplinary for managers and supervisors named in complaints when there is a finding of discrimination made in an agency issued final agency decision.	Yes	10/30/2024	

10/25/2023	Incorporate language into the NIH EEO Policy document with a policy that establishes how NH Officials will proceed if a finding of discrimination is issued that recommends disciplinary action for a management official.	Yes		
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Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan and therefore NIH has no accomplishments to report currently.
2019	The planned activities and target dates were modified to streamline the development of the strategic plan on tracking and monitoring whether the EEO Director's referred recommendations on remedial or disciplinary actions are implemented for managers and supervisors.
2020	Research benchmarking other Agency and Company EEO policies was conducted May-September 2020. Draft policy/procedures are being drafted. Next steps are to evaluate the Civil process of discipline and draft EDI/R&E process.
2021	R&E has developed procedures as an interim to track cases that are referred for remedial or discipline action consideration until the transition from iComplaints to Entellitrak (ETK) is completed. Dates for planned activities have been modified as needed.
2022	R&E has developed final procedures to track cases that are referred for remedial or disciplinary action. That draft document is under management review. The planned activity date has been modified as needed.
2023	HHS is set to transition from iComplaints to Entellitrak by December 2023; with this new system, a feature will be enabled to track the outcomes of disciplinary actions. On October 25, 2023, EDI established a working group to develop the NIH EEO Policy, which will incorporate the appropriate language to meet this requirement.

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 2023 National Institutes of Health Plan C.4.b	
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.

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)
06/30/2021	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.	06/30/2025		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	Yes
Acting Director, Data Analytics and Customer Outreach Division, Office of Equity, Diversity, and Inclusion	Zamiul Haque	Yes
Director, Data Analytics Branch, Office of Equity, Diversity, and Inclusion	Tamara Bruce	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)
06/30/2022	Working with the policy office in OHR, EDI will establish an analysis working group to determine all NIH policies and procedures that are related to merit promotion, employee recognition, and employee development/training programs that may contribute to systemic barriers that may be impeding full participation by all EEO groups.	Yes	06/30/2024	
06/30/2022	The working group will develop a reasonable timeline for periodic review of data and policies related to merit promotion, recognition, development, and training programs for barriers to various populations.	Yes	06/30/2025	

Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan and therefore NIH has no accomplishments to report.
2019	NIH has no accomplishments to report.
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 OHR have been

	<p>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, CHIEF OFFICER, SCIENTIFIC WORKFORCE DIVERSITY, IC leaders, NIH leaders, etc.).</p> <p>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 and training, and management and personnel actions.</p> <p>EDI will begin conducting disparity assessments on all new NIH policies to be reviewed for systemic barriers beginning in May of 2021.</p>
<p>2021</p>	<p>NIH has a one year, which includes a five-year option, contract in place with EconSys. The contract is currently funded for two years, but the anticipation is that the funding will be available for the life of the contract. The project involves a series of reviews and analyses that will aid the agency in becoming a more diverse and inclusive organization. The project requires quantitative statistical analysis to identify the scope and specifics of the underrepresentation of diverse groups. In addition, the EconSys Team is conducting several types of qualitative analyses to understand the barriers (such as policies, practices, and procedures) that contribute to a lack of equity, diversity, and inclusion. These analyses will allow the EconSys Team to propose evidence-based plans of action or interventions to eliminate or reduce the barriers.</p>
<p>2022</p>	<p>NIH has no accomplishments for this year.</p>
<p>2023</p>	<p>To address Management Directive 715 barrier analysis, the EDI Director and Division Director asked EconSys to establish a comprehensive approach to the barrier analysis process whereby it will conduct extensive demographic workforce analysis for the 27 Institutes, Centers, and Offices. Moreover, the strategy will provide data analysis on mission critical occupations in alignment with the State of the Agency initiative to give organizations an executive summary with data reporting on the current merit promotion status (e.g., hiring, promotions, separations, awards, career development).</p> <p>EconSys established a timeline and process to gather data from a small sample of hiring managers and created survey questions for the barrier analysis process.</p>

	<p>EconSys selected hiring managers to hold focus groups and to gather data for the barrier analysis process.</p> <p>The NIH leadership in collaboration with EDI, OHR and UNITE established a workgroup to address practices and policies regarding the NIH Director’s Awards. The Office of Human Resources, UNITE, and the working group examined the NIH Director’s Awards Program and made significant changes to increase equity. This included new categories, revised standards for existing categories, developed a more inclusive nominations process, and issued new guidelines for nominators and awards committee members.</p>
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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 2023 National Institutes of Health Plan C.4.e.4	
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.

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
01/01/2019	EDI will execute the contract with EconSys to conduct barrier analysis in collaboration with the OHR to identify and remove barriers to equal opportunity in the workplace.	09/30/2022		09/30/2023

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Diversity, and Inclusion Division	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)
08/15/2019	Implement a series of working group meetings, to include the contractor, EDI representatives, and other NIH employees as needed, to conduct barrier analysis. With the working group, formulate viable plans to identify barriers to equal opportunity in the workplace. Establish a process for identifying triggers, starting with the recruitment phase of the employee lifecycle.	Yes		09/28/2020
10/31/2019	Conduct data analysis on the recruitment phase of the employment lifecycle by using appropriate comparators and statistical methods, analyze and identify triggers to find possible barriers.	Yes	10/30/2023	09/30/2022
09/30/2019	Identify two triggers for further examination and develop a report of the contractor's progress.	Yes	10/30/2023	09/30/2022

10/31/2019	Share the contractor's progress with NIH Leadership.	Yes	10/30/23	10/30/2023
10/31/2021	Conduct root cause analyses to determine the causes of the identified triggers and pinpoint the causes of the discovered barriers.	Yes	10/30/2024	9/30/2023
09/30/2019	EDI leaders will work with the EconSys contractor to formulate viable plans for analyzing the identified triggers to find possible barriers. Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates.	Yes	10/30/2024	9/30/2023
09/30/2025	In collaboration with the workgroup, successfully incorporate EEO Action Plan Objectives into agency strategic plans.	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 DHHS's efforts to develop a model EEO program, the headquarters along with the OpDivs have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new DHHS Deputy EEO Officer and Director, Office of EEODI 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

	<p>further accentuated by DHHS’s recent transition to a new human resources system, the EHCM, and by the EEOC’s changes to the required 2.0 data tables.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, DHHS Deputy EEO Officer / Director, Office of EEODI.</p> <p>Modified to reflect recruitment as a central theme for barrier analysis. Dates for planned activities have been modified as needed.</p>
<p>2020</p>	<p>NIH led the DHHS 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 OMB regulations for the FY 2021 Management Directive 715 report. NIH also led the DHHS initiative to ensure access to applicant flow data for Management Directive 715 reports in FY 2021.</p> <p>At the end of FY 2020, the Office of EDI secured a contractor, EconSys, to perform Management Directive 715 Barrier Analysis. EconSys has been leading the formulation of questions for workgroup members around possible anomalies in recruitment and employment related policies, procedures, practices, and conditions. OHR has been interviewed and provided information around recruitment and retention at NIH.</p>
<p>2021</p>	<p>The NIH engaged EconSys in a five-year project to assess DEIA outcomes. A draft report of year one’s performance was comprised of a summary of qualitative and quantitative findings and recommendations. Year one report concluded that the underrepresentation of protected groups exists for African Americans, Hispanics, and Asians in leadership positions. Native Americans and People with Disabilities throughout the organization are underrepresented. There are Hispanics underrepresented throughout the whole Federal government, including the NIH. Additionally, the recommendations included: use a more efficient/alternative tool to analyze the MD-715 data, continue using the EDI Rubric and strengthen its use (build recruitment and selection outcomes and monitor promotions into the EDI Rubric), and increase the importance and use of MD-715 beyond a reporting mandate to a guide to strengthen DEIA activities within the NIH and Institutes and Centers by informing relevant stakeholders, focus on the highest priority</p>

	<p>topics, increase targeted outreach and recruitment to target groups where bias exists, expand centralized data system on applicant flow for Title 42, strengthen DEIA FEVS analysis or other climate surveys to enhance data outcomes (show demographic variables, disability, race, sexual orientation, gender identity and additional groups in EO 14035), provide transparency on MD-715 results to NIH stakeholders, conduct further analysis on pay equity, as well as change policy and practice pertaining to promotions.</p> <p>In early February 2022, the organization will brief leadership on the EconSys data findings, triggers, and initial recommendations to move the organization forward.</p> <p>Dates for planned activities have been modified as needed.</p>
<p>2022</p>	<p>NIH continues to work with EconSys to assess NIH’s DEIA outcomes. EDI will be sharing the results of the EconSys analysis with Senior leaders at NIH including OHR. In addition to this, EDI has been working closely with OHR in identifying NIH hiring managers to participate in a focus group to gather quantitative data on how hiring managers make their decisions to hire. The information collected in these focus groups will provide NIH a better understanding of how the hiring managers are making their hiring decisions. We will assess the gaps and work to develop action plans.</p>
<p>2023</p>	<p>NIH continues to work with EconSys to assess NIH’s DEIA outcomes. In FY2023, EDI’s leadership briefed NIH senior leadership on EconSys’s barrier analysis data findings, triggers, barriers, and recommendations to move the agency forward to a more inclusive workplace.</p> <p>EDI has also established strong communication strategies and relationships with major divisions within NIH OHR. These include the Office of the Director, the Client Services Division, the Compensation and Policy Division, the Office of Communications and Strategy, the HR Systems, Analytics, and Information Division, and the Workforce Support and Development Division. EDI staff including the EDI Director have regular meetings with these groups. The collaboration that has been established will serve as a foundation for future communications and efforts to identify and remove barriers to equal opportunity in the workplace.</p>

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 2023 National Institutes of Health Plan C.5.b	
Type of Program Deficiency	Brief Description of Program Deficiency
MANAGEMENT AND PROGRAM ACCOUNTABILITY	NIH does not have a policy that provides that appropriate discipline or sanctions be issued for managers and employees who exhibit discriminatory conduct.

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)
03/01/2019	Establish a system of tracking of discipline or sanctioning of managers and employees for discriminatory conduct.	11/30/2020	09/30/2024	
10/25/2023	Establish an NIH-wide policy that mandates appropriate discipline for managers and employees who exhibit discriminatory conduct.	09/30/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director of the Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Acting Division Director, Resolutions and Equity	Kevin D. Williams, 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	09/30/2024	
10/25/2023	Establish an NIH-wide EEO policy that mandates appropriate discipline for managers and employees who exhibit discriminatory conduct.	Yes	09/30/2024	

Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan and therefore NIH has no accomplishments to report currently.
2019	The target date was extended for the planned activity of developing a policy/process that establishes procedures to track and monitor whether NIH considers and implements disciplinary actions for discriminatory behavior at the request of the EEO Director.
2020	Dates for planned activities have been modified as needed.
2021	Dates for planned activities have been modified as needed.
2022	There are no updates on this plan for this year.
2023	HHS is set to transition from iComplaints to Entellitrak in mid-November 2023 where a feature will be enabled to track the disciplinary actions. In October 2023, EDI developed an NIH EEO Policy Working Group to develop NIH-wide EEO policies and procedures which will incorporate this requirement.

**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 2023 National Institutes of Health Plan D.1.c	
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.

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)
01/01/2020	EDI will work with OHR, the Chief Officer for Scientific Workforce Diversity, and other NIH stakeholders to establish and conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.	12/31/2025		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No
Director, Diversity, and Inclusion Division, Office of Equity, Diversity, and Inclusion	Danny Dickerson	Yes
Director, Workforce Support and Development Division, Office of Human Resources	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)
06/30/2024	EDI will work with OHR and the ICs to formulate viable plans to conduct exit interviews or surveys that include questions on	Yes		9/30/2023

	how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.			
09/30/2024	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, barriers as it relates to separations among PWD and PWTD.	No	09/30/2022	09/30/2022
06/30/2025	Recommend exit interview questions related to PWD and PWTD to be implemented across all 27 ICs and the NIH.	Yes	09/30/2022	09/30/2022
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	<p>This is a new H plan and therefore NIH has no accomplishments to report currently.</p> <p>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.</p> <p><u>Benchmarks for People with Disabilities and Targeted Disabilities</u></p> <ul style="list-style-type: none"> • People with disabilities 12% • People with targeted disabilities 2% <p><u>NIH's Barrier Analysis Process</u> Step 1: Identify Triggers</p>

	<p>Step 2: Investigate Barriers</p> <p>Step 3: Devise Action Plan</p> <p>Step 4: Assess Results</p>
2019	A new planned activity was added “Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request.” Dates for planned activities have been modified as needed.
2020	There are no accomplishments to report this year.
2021	There are no accomplishments to report this year.
2022	<p>The NIH OHR has made an exit survey available to federal separating employees who are leaving the agency, retiring, moving to another IC, or have an expired appointment (temporary and/or student appointments with a NTE or end date). The survey is conducted to assess reasons for turnover, to promotion retention, and to conduct workforce planning activities.</p> <p>In September 2022, EDI participated in the OHR Exit Survey pilot for the NIH Exit Survey Reporting Dashboard. We had overall success with the exit survey platform Dashboard, and OHR accepted our recommendations for the enhancement of the Dashboard platform to capture required data for PWD and PWTD. In November 2022, OHR’s Workforce Support and Development Division, launched the NIH Exit Survey Reporting Dashboard across the agency. The new dashboard is powered through the PIAP which provides a new, coherent, visually immersive, and interactive platform for data analysis. The NIH Exit Survey Reporting Dashboard seeks to modernize the NIH Exit Survey response data analysis to identify reasons why employees leave their current position, identify workforce trends, and to facilitate action planning. Historical data has been transferred from the data system of record to allow for trend analysis.</p>
2023	<p>There are several surveys that NIH utilizes to ensure that questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities are being address. Examples of these surveys are the following:</p> <p>1. NIH Exit Survey (Collaboration with OHR):</p> <ul style="list-style-type: none"> - Time Frame: July 18, 2023, to August 8, 2023. - Collaborators: EDI collaborated with OHR on the survey. - Focus: The survey addresses questions specifically aimed at the NIH workforce for employees who leave NIH. There are questions related to why individuals with disabilities may be exiting the

	<p>organization. It seeks insights into their experiences, challenges, and suggestions for improvement in recruitment, hiring, inclusion, retention, and advancement.</p> <p>2. Federal Employee Viewpoint Survey (FEVS):</p> <ul style="list-style-type: none"> - Release Date: Summer of 2023. - Focus: The FEVS includes questions related to the overall federal workforce, including those with disabilities. It provides a broad perspective on employees' perceptions of various aspects of their work environment, which can contribute to understanding and enhancing the experiences of individuals with disabilities. <p>3. Civility and Equity Survey (CES):</p> <ul style="list-style-type: none"> - Release Date: January to February 2023. - Focus: The CES aims to gauge the level of civility and equity within the NIH workplace. Questions related to individuals with disabilities likely offer valuable insights into the inclusivity and fairness they experience. Understanding their perspectives contributes to fostering a more equitable and respectful work environment. <p>4. HHS Pulse Survey:</p> <ul style="list-style-type: none"> - Release Date: April 3 to April 14, 2023 - Focus: The HHS Pulse Survey covers various aspects of the workplace environment, providing an opportunity to gather feedback on recruitment, hiring, inclusion, retention, and advancement for employees with disabilities. <p>Given that range of surveys above, NIH can adequately assess ways in which NIH can improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.</p>
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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 2023 National Institutes of Health Plan D.2.b	
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.

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	Examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability.	09/30/2023	12/30/2024	
01/01/2019	Assess reorganization management policy, procedure and practice to review for risk or no risk of disparate impact.	12/30/2024		
01/01/2019	A five-year contract was established with EconSys to contact a Barrier Analysis whereby a comprehensive analysis on demographic workforce data on merit promotion policies, procedures and practices.	12/30/2025		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	Yes
Director, Diversity, and Inclusion Division, Office of Equity, Diversity, and Inclusion	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)

07/30/2023	EDI will work with UNITE, COSWD and OHR to examine management/personnel policies related to merit promotion, employee recognition, employee development/training programs.	Yes	12/30/2024	
01/01/2019	EDI will continue to work with EconSys to conduct Management Directive 715 Barrier Analysis.	Yes	12/30/2025	
08/01/2023	Review, assess and update policy, procedure and practice on NIH Reorganization Management to discern disparate impact and/or promotion of equity		12/30/2024	

Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan and therefore NIH has no accomplishments to report currently.
2019	Dates for planned activities have been modified as needed.
2020	EDI will begin conducting disparity assessments on all new NIH policies to be reviewed for systemic barriers beginning in May of 2021.
2021	Dates for planned activities have been modified as needed.
2022	EDI has scheduled a working strategy meeting in January 2023 with OHR to develop strategic plans that will regularly examine management/personnel policies related to merit promotion, employee recognition, employee development/training programs.
2023	<p>EDI conducts disparate impact assessments on Institutes Centers and Offices' reorganization proposals. These assessments determine risk on disparate impact to change in function statements, abolishment of sections, offices, branches, divisions, change in supervisory status and/or establishments of new sections, offices, divisions, and branches as it relates to employees by race, national origin, sex, disability and age.</p> <p>EDI has created a tracking and monitoring system for processing the disparate impact assessments.</p>

	<p>To address Management Directive 715 barrier analysis, the EDI leadership asked EconSys to establish a comprehensive approach to the barrier analysis process whereby it will conduct extensive demographic workforce analysis for the 27 Institutes, Centers and Offices. Moreover, the strategy will provide trigger data analysis on mission critical occupations in alignment with the State of the Agency initiative to give organizations an executive summary with data reporting on the current merit promotion status (ex., hiring, promotions, separations, awards, career development)</p> <p>EconSys established a timeline and process to gather data from a small sample of hiring managers and created survey questions for the barrier analysis process.</p> <p>EconSys established random sampling selecting interviewees/hiring managers to hold focus groups and gather data for the barrier analysis process.</p> <p>The NIH leadership in collaboration with the EDI, Office of Human Resources (OHR) and UNITE established a workgroup to address practices and policies regarding the NIH Director’s Awards. OHR, UNITE, and the working group examined the NIH Director’s Awards Program and made significant changes to increase equity. This included new categories, revised standards for existing categories, development of the issuance of new guidelines for nominators and awards’ committee members.</p>
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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 2023 National Institutes of Health Plan D.3.a	
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.

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,	09/30/2025		

	procedures, and/or practices.			
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Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No
Selective Placement Coordinator, Corporate Recruitment Unit, Office of Human Resources	Frances Davis	No
Director, HR Systems, Analytics, and Information Division, Office of Human Resources	Phil Day	No
Director, Diversity, and Inclusion Division, Office of Equity, Diversity, and Inclusion	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)
09/30/2023	Develop tailored action plans for improvement, developing overall objectives for barrier elimination with corresponding action items, responsible personnel, and target dates.	Yes		

Report of Accomplishments

Fiscal Year	Accomplishments
2019	FY 2019 Disclaimer: In line with DHHS’s efforts to develop a model EEO program, the headquarters along with the OpDivs have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new DHHS Deputy EEO Officer and Director, Office of EEODI 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

	<p>further accentuated by DHHS’s recent transition to a new human resources system, the EHCM, and by the EEOC’s changes to the required 2.0 data tables.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, DHHS Deputy EEO Officer / Director, Office of EEODI.</p>
2020	<p>FY 2020 Disclaimer: In FY 2019, DHHS conducted workforce data analysis using National Civilian Labor Force (CLF) standards, as identified in the 2010 U.S. 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 DHHS’s recent transition to a new human resources system, the 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 DHHS 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.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, DHHS Acting Director, Office of EEODI.</p>
2021	There are no accomplishments to report this year.
2022	There are no accomplishments to report this year, likely to come 2023.
2023	No accomplishments to report.

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 2023 National Institutes of Health Plan D.3.b	
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?

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	Format the action plans to address the identified barriers in Part I or J, as appropriate	12/31/2022	12/31/2023	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No
Selective Placement Coordinator, Corporate Recruitment Unit, Office of Human Resources	Keith Newsome	No
Director, HR Systems, Analytics, and Information Division, Office of Human Resources	Phil Day	No
Director, Diversity, and Inclusion Division, Office of Equity, Diversity, and Inclusion	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		12/31/2024	

in Part I or J, including meeting the target dates for the planned activities.	Yes		
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Report of Accomplishments

Fiscal Year	Accomplishments
2019	<p>FY 2019 Disclaimer: In line with DHHS’s efforts to develop a model EEO program, the headquarters along with the OpDivs have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new DHHS Deputy EEO Officer and Director, Office of EEODI 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 DHHS’s recent transition to a new human resources system, the EHCM, and by the EEOC’s changes to the required 2.0 data tables.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, DHHS Deputy EEO Officer / Director, Office of EEODI.</p>
2020	<p>FY 2020 Disclaimer: In FY 2019, DHHS conducted workforce data analysis using National CLF standards, as identified in the 2010 U.S. 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 DHHS’s recent transition to a new human resources system, the 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 DHHS 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.</p> <p>Action Plan: We will be working over the next year to improve our data systems, data collection methods, reporting mechanisms and use of the</p>

	<p>data. We have completed Parts 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 DHHS' data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, DHHS Acting Director, Office of EEODI.</p> <p>There are no barriers that have yet been identified.</p>
2021	<p>Dates for planned activities have been modified.</p> <p>There are no accomplishments to report this year, as there are no barriers that have yet been identified.</p>
2022	<p>EDI has put forth strategic plans for the following populations: Blacks/African Americans, Asian American, Native Hawaiian, and Pacific Islanders, Hispanics, Women, People with Disabilities and Sexual and Gender Minorities. These action plans address the identified barriers within each population that includes target dates for the planned activities. These plans will be captured and within Part I of this year's report.</p> <p>Due to staffing, we will be working on developing and Strategic plan for the Native American Population in FY 2023.</p>
2023	<p>The SEPMs will develop one generic Part I plan for FY 2023 MD-715 report that is inclusive of the Listening Sessions triggers, themes, outcomes, and accomplishments for all the targeted communities.</p>

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 2023 National Institutes of Health Plan E.1.h

Type of Program Deficiency	Brief Description of Program Deficiency
DEFICIENCY	When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 C.F.R. § 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)
01/31/2019	NIH Seeks to improve the timeliness of final agency decisions.	10/30/2023	10/30/2024	

Responsible Official(s)

Title	Name	Performance Standards

		Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Acting Division Director, Resolutions & Equity	Kevin D. Williams, Esq.	Yes
Default FAD Writer, Resolutions and Equity Division, Office of Equity, Diversity, and Inclusion	Audrey Wilson	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	If appropriate, EDI will work with NIH leadership to establish a new source for Final Agency Decisions.	No		08/01/2021
10/30/2023	Develop and evaluate the operating procedures to determine where there are barriers to issuing FADs and take corrective action as necessary to improve timeliness.	No	10/30/2023	

Report of Accomplishments

Fiscal Year	Accomplishments
2018	Final Agency Decisions were previously provided for a fee through a central contract through DHHS. 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: DHHS handles all elected FADs and NIH handles default FADs. DHHS is evaluating if FADs are an inherently government function. However, as of 4/30/2020, OpDivs were told that we are not permitted to put contracts in place for Final Agency Decisions. OpDivs were advised to evaluate internal resources to assume future re-delegated authority of FAD writing. For the time being, NIH reviews the statistical data quarterly and uses this information to drive the conversation with DHHS who oversees the drafting and issuance of elected Final Agency Decisions. For

	<p>default FADs NIH is reviewing the timeliness quarterly and reviewing the process for efficiency.</p> <p>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 FADs.</p>
2020	<p>To improve the FADs, NIH has implemented regular monitoring of FADs and implemented quarterly reporting on the timeliness of FADs.</p> <p>NIH is striving to improving the timeliness of FADs and was affected by EEOC's guidance to hold FADs from April to August of 2020 due to COVID19.</p>
2021	<p>DHHS handles all elected FADs and NIH handles default FADs. As of 9/30/2021, NIH has implemented a process to improve the timeliness of non-election FADs, a FAD Writer has been hired to draft all non-election FADs within the 60-day timeframe.</p>
2022	<p>In FY 2022, EDI is making positive strides as it ramps up the Investigations Branch and recovers from staff losses. The team remains small with two investigators and one Branch Director. Hiring is underway for two additional investigators. In FY 2022, EDI completed a total of 45 investigations, with 34 investigations completed through contractors and 11 investigations completed internally. Of these investigations, eight were untimely. In late 2022, DHHS experienced complications with the contract for investigations, creating a delay in investigations processing. This type of resource uncertainty continues to motivate EDI to further develop its internal investigations' capacity. Similarly, the timeliness of EDI's FADs has also been affected. During this same timeframe, EDI processed 16 total FADs, of which 12 FADs were untimely due to similar circumstances.</p> <p>EDI will continue to work with NIH leadership to acquire sufficient resources to ensure timely completion of EEO investigations and issuance of FADs. EDI will continue to evaluate each of the EEO program areas to assess processes for efficiencies. EDI will train experienced staff in FAD drafting and acquire a new FAD writer. In addition, NIH will assist DHHS in any way that we can to ensure timely processing of the FADs. Where there are barriers, corrective action will be taken as necessary to improve timeliness. Target Date: 10/30/2023.</p>
2023	<p>Target date has been extended to reevaluate EDI's internal default FAD standard operating procedures.</p>

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 2023 National Institutes of Health Plan E.4.a.4	
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.

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 DHHS to populate BIIS Tables with internal and external Applicant Flow data.	09/30/2020	09/30/2022	09/30/2022
08/01/2018	Collaborate with OHR to collect applicant flow data for all title 42 scientific positions.	09/30/2021	09/30/2024	
09/30/2023	Collaborate with OHR to collect applicant flow data for all SES positions.	09/30/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Data Analytics and Customer Outreach Division, Office of Equity, Diversity, and Inclusion	Zamiul Haque	Yes
Director, Data Analytics Branch, Office of Equity, Diversity, and Inclusion	Tamara Bruce	Yes
Director, HR Systems, Analytics, and Information Division, Office of Human Resources	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)
03/31/2019	Provide the new data analyst access to USA staffing and training to conduct applicant flow data analysis.	Yes	08/30/2019	08/30/2019
06/30/2019	Provide end of Fiscal Year Applicant Flow analyses by race, ethnicity, and sex.	Yes	12/31/2019	11/30/2019
06/30/2019	Provide end of Fiscal Year Applicant Flow analyses by disability status.	Yes	12/31/2022	09/30/2022
09/30/2020	Assess the utility of conducting mid-year Applicant Flow Analyses and identify challenges for interpretation.	Yes	09/30/2022	09/30/2022
09/30/2020	Work with DHHS to populate BIIS Tables with internal and external Applicant Flow data.	Yes	09/30/2022	09/30/2022
09/30/2021	Participate in a working group for optimizing Title 42(f) hiring process to ensure the information and business systems incorporate demographic data collection and applicant flow tracking.	Yes	09/30/2023	09/30/2023
09/30/2023	Participate in a working group for optimizing Title 42(f) hiring process to expand collection to all Title 42, and SES level applicants.	Yes		
09/30/2023	Evaluate collection of applicant flow for Title 42 and SES level applicants for accuracy	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 DHHS.

<p style="text-align: center;">2019</p>	<p>FY 2019 Disclaimer: In line with DHHS’s efforts to develop a model EEO program, the headquarters along with the OpDivs have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new DHHS Deputy EEO Officer and Director, Office of EEODI 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 DHHS’s recent transition to a new human resources system, the EHCM, and by the EEOC’s changes to the required 2.0 data tables.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, DHHS Deputy EEO Officer / Director, Office of EEODI.</p> <p>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.</p> <p>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.</p> <p>As part of the Optimize NIH efforts, a set of working groups were formed to reduce Title 42(f) processing duplications between the ICs, the Office of Human Resources, and the Office of Extramural Research. The NIH Title 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.</p>
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	Dates for planned activities have been modified as needed.
2020	<p>FY 2020 Disclaimer: In FY 2019, DHHS conducted workforce data analysis using National 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 DHHS’s recent transition to a new human resources system, the 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 DHHS 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.</p> <p>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 Parts 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 DHHS’ data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Ramona Mann, DHHS Acting Director, Office of Equal Employment Opportunity, Diversity, and Inclusion.</p> <p>EDI continues to work with DHHS regarding all data deficiencies including applicant flow.</p> <p>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.</p> <p>Dates for planned activities have been modified as needed.</p>
2021	<p>For hiring into General Schedule positions (which represent more than 80% of the agency workforce), an effective system is available to capture accurate data. For example, improved reporting from the Office of Personnel Management’s USA Staffing Applicant Flow Data affords the ability to distinguish job announcements or postings for Permanent and Temporary appointment types, and to align with new hire and internal promotion sections of the MD-715 2.0 design.</p> <p>For the agency’s special hiring authorities, EDI is continuing to establish these systems and improve the collection of demographic information from applicants to executive, Title 42, and Commissioned Corps positions. EDI staff continue to serve on the NIH working</p>

	<p>group commissioned to identify a process for collecting Title 42 Applicant Flow Data, as well as harness, the overall title 42 application process. EDI served on this committee throughout 2021. Dates for planned activities have been modified.</p>
<p>2022</p>	<p>EDI leadership evaluated agency-level participation in DHHS DEIA workstreams to identify gaps in agency representation across the working groups. Consequently, EDI coordinated with DHHS to propose at least one EDI staff member for each workstream for better coordination, information dissemination, and efficiency.</p> <p>EDI continues to participate and coordinate with OHR on efforts to establish agency special hiring authority systems and improve the collection of applicants demographics from executive, Title 42, and Commissioned Corps positions. EDI has attended potential collection platform demonstrations held by IC-level collaborators to inform criteria for reporting requirements. EDI in conjunction with OHR assessed the utility of conducting mid-year Applicant Flow Analyses and determined year-end analyses are optimal.</p> <p>EDI leadership has confirmed Data Analytics branch member planned participation in an OPM-sponsored Joint Application Design (JAD) session on Applicant Flow. The purpose of the JAD Session is to gather requirements for new or updates to existing Applicant Flow Data reports and/or dashboards in light of additional data available through reporting via the Applicant Flow Data Warehouse. During this session participants will work together to identify and define the types of individuals that access AFD, discuss reporting needs and uses of AFD, document requirements for new and/or updated reports and/or dashboards, and prioritize these requirements.</p> <p>Dates for planned activities have been modified as needed.</p>
<p>2023</p>	<p>EDI leadership continues to participate in agency-level DHHS DEIA workstreams for better coordination, information dissemination, and efficiency. EDI's active engagement in the workstreams related to MD-715 data processing, and Title 42 and 21 hiring authorities and pay, has provided additional support for understanding the systems and reporting requirements for collecting, monitoring, and analyzing applicant flow data.</p> <p>EDI continues to participate and coordinate with OHR on efforts to establish agency special hiring authority systems and improve the collection of applicants demographics from executive, Title 42, and Commissioned Corps positions. EDI has led the requirements development for the system that allows for tracking of NIH applicant flow for those who do not apply through USAJOBS. Towards the end of FY 2023, a production version of the application was utilized to collect information on over 500 NIH Intramural Tenure-Track Investigator applicants. Testing and feedback on the usability and accuracy of the data and reporting is ongoing.</p>

	EDI also continues to collaborate with OHR to assess optimization of Applicant Flow analysis processing to best inform both DEIA and OHR regulatory and strategic planning goals. Dates for planned activities have been modified as needed.
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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 2023 National Institutes of Health Plan E.4.a.3	
Type of Program Deficiency	Brief Description of Program Deficiency
EFFICIENCY	NIH does not yet have systems in place to accurately collect, monitor, and analyze MD-715 and DEIA recruitment activities.

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	Align NIH's systems to accurately collect, monitor, and analyze recruitment activities.	04/30/2020	09/30/2024	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Chief Officer, Office of Scientific Workforce Diversity	Dr. Marie Bernard	No
Deputy Director, Officer of Intermural Research	Dr. Michael Gottesman	No
Director, Office of Human Resources	Julie Berko	No

Deputy Director, Office of Extramural Research	Dr. Michael Lauer	No
Director, Diversity, and Inclusion Division, Office of Equity, Diversity, and Inclusion	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)
08/15/2019	EDI will work with OHR to formulate viable plans to identify appropriate stakeholders in recruitment (OHR, Senior and Scientific Recruitments; Office of Intermural Research; the Office of Extramural Research; and, Chief Officer, COSWD, ICs.)	Yes		08/15/2019
03/15/2020	Clarify Office of Equity, Diversity, and Inclusion, Chief Officer, Scientific Workforce Diversity, and Office of Human Resources and other stakeholder roles in outreach and recruitment, and identify current systems that collect recruitment activities	Yes	09/30/2024	
04/30/2020	EDI will work with SWD, and DPCPSI to conduct an NIH-wide DEIA data call for recruitment activities covered by Executive Order 14035.	No	09/30/2024	

Report of Accomplishments

Fiscal Year	Accomplishments
2018	Identify Chief Officer for Scientific Workforce Diversity. EDI has provided tiger team searches upon request of the EDI Director with a 50% success rate of increasing the D&I applicant pool.
2019	<ul style="list-style-type: none"> DID prepared an initial outline of <u>Outreach and Recruitment Roles and Resources</u> with essential information about NIH's recruitment actions and the roles of stakeholders.

	<ul style="list-style-type: none"> • 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. <p>Dates of planned activities have been adjusted as needed.</p>
2020	HR Liaisons group and the Deputy EO group keeps a running list of upcoming recruitments and the status of those recruitments.
2021	EDI is working with COSWD, and Division of Program Coordination, Planning, and Strategic Initiatives to conduct an NIH-wide DEIA data call for recruitment activities covered by Executive Order 14035. The DEIA Inventory was built from previous MD-715 IC submissions as well as IC Race and Equity plans submitted to the NIH's UNITE U Committee.
	Dates for planned activities have been modified.
2022	EDI will continue working in collaboration with the DCPSI working group to enhance the DEIA Strategic Plan Tracking and Reporting Tool platform to accommodate all of the ICOs MD-715 reporting requirements. This tool allows ICs to report on recruitment activities.
2023	The SDI and DACO Branches are currently working in collaboration with DPCPSI to enhance the MD-715 and DEIA Strategic Plan Tracking and Reporting Tool. The NIH Racial and Ethnic Equity Plans (REEPs) from several ICs also contain information on recruitment activities.

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 2023 National Institutes of Health Plan E.4.b	
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.

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)
01/01/2020	Resurvey the workforce for disability and other demographic data updates, pending DHHS's system solution to permit individual	06/30/2022	09/30/2026	

	employees to check their identification and make change.			
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Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Director, Office of Human Resources	Julie Berko	No
Director, HR Systems, Analytics, and Information Division, Office of Human Resources	Phil Day	No
Director, Workforce Support and Development Division, Office of Human Resources	Kristen Dunn-Thomason	No
Director, Client Services Division, Office of Human Resources	Joe Martin	No
Director, Diversity, and Inclusion Division, Office of Equity, Diversity, and Inclusion	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)
06/30/2022	EDI will work with OHR to formulate viable plans on resurveying the workforce for disability and other demographic data updates, pending DHHS's system solution to permit individual employees to check their identification and make change.	No	06/30/2023	08/1/2022
06/10/2023	Determination of when the NIH Workforce Survey should occur; The length of time it should be open	Yes		
08/10/2023	A calendar of deliverables/deadlines for the NIH			

	Workforce Re-Survey (including presenting to the EOs and other principal customers);	Yes		
09/30/2023	Development of a communications strategy. Determination and identification of the platform that will be used to collect and store the data	Yes		
09/30/2023	Strategize with the Special Emphasis Program Managers (SEPM) on suggestions or best practices to maximize participation; and	Yes		
10/01/2023	Preparation of a page on our website that includes some FAQs.	Yes		

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, DHHS Office of EEODI is procuring a Service Now application to add to the DHHS 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 DHHS. Dates for planned activities have been adjusted as needed.
2020	EDI is working with DHHS to develop a process to resurvey of the workforce for demographic updates including disability status and Sexual and Gender Minority (SGM) status: <ul style="list-style-type: none"> The ability to self-update employee disability status updates through the SF-256 form as well as other demographic updates is anticipated soon. This feature will be incorporated into a future update of the DHHS 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 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 the Sexual and Gender Minority Research Office to obtain OMB approval to use the survey questions with the NIH workforce.
2021	The DHHS EEODI office will push out a resurvey of the workforce to all of DHHS in Spring of 2022. Dates for planned activities have been modified.
2022	The DHHS EEODI office resurvey occurred on August 1, 2022, and was distributed to all DHHS FTEs and PHS Commission Corps employees. The survey allowed employees to self-identify their ethnicity, race, disability status, sex, sexual orientation, gender identity, and Veteran status. The EDI Director has taken the lead to work with the NIH OHR counterparts to launch the NIH Workforce Re-Survey effort biannually effective FY 2024.
2023	The department is developing a tool to resurvey the workforce which will be leveraged by EDI to move the NIH to a biannual workforce resurvey.

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 2023 National Institutes of Health Plan F.2.a	
Type of Program Deficiency	Brief Description of Program Deficiency
Responsiveness and Legal Compliance	NIH does not timely respond and fully comply with EEOC orders.

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)
03/18/19	NIH seeks to improve the timeliness of responses and fully comply with EEOC Orders.	10/30/2023	10/30/2024	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director, Office of Equity, Diversity, and Inclusion	Kevin D. Williams, Esq.	Yes
Acting Division Director, Resolutions and Equity	Kevin D. Williams, Esq.	Yes
Branch Director for Complaints	Kenrick Small	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 ensure adequate resources are available to fully comply with EEOC orders.	No	12/30/2024	
10/30/2023	NIH will evaluate procedures to determine if there are barriers to complying with EEOC orders and adjust procedures as necessary.	Yes	10/30/2024	
10/25/2023	In October 2023, EDI developed an NIH EEO Policy Working Group to develop NIH-wide EEO policies and procedures which will incorporate this requirement.	Yes	10/30/2024	

Report of Accomplishments

Fiscal Year	Accomplishments
2018	This is a new H plan and therefore NIH has no accomplishments to report currently.
2019	Starting FY 2019 Quarter 1, we communicated with staff on the focus of timeliness, in Quarter 2 we implemented a quarterly internal reporting measurement of Orders. We are reviewing operating procedures to

	determine if there are procedural changes to ensure compliance with EEOC orders.
2020	EDI has implemented procedures to upload documents in FedSEP upon request of a hearing or an appeal. We have developed tracking mechanisms for EEOC Orders for all Findings issued.
2021	EDI continues to upload documents in FedSEP upon request of a hearing or an appeal and track mechanisms for EEOC Orders for all Findings issued. Dates for planned activities have been modified.
2022	EDI began planning a Cycle-Time Analysis, which will evaluate procedures to determine if there are barriers to complying with EEOC orders and adjust procedures as necessary.
2023	Continuing to EDI evaluate procedures to determine if there are barriers to complying with EEOC orders and adjust procedures as necessary. In October 2023, EDI developed an NIH EEO Policy Working Group to develop NIH-wide EEO policies and procedures which will incorporate this requirement.

**MD-715 – Part I
Agency EEO Plan to Eliminate Identified Barrier**

Please describe the status of each plan that the agency implemented to identify possible barriers in policies, procedures, or practices for employees and applicants by race, ethnicity, and gender.

If the agency did not conduct barrier analysis during the reporting period, please check the box.

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

Source of the Trigger	Specific Workforce Data Table	Narrative Description of Trigger
Workforce Data	BIIS Tables A1, A4P, A6P, B1-1, B1-2, B4P, B6P	Based on the data analysis conducted by EDI as mentioned in Part E, the identified barriers have been incorporated into a comprehensive, five-year DEIA Strategic Plan. This strategic plan delineates specific action plans for various special emphasis portfolios, including Asian American, Native Hawaiians, and Pacific Islanders, Blacks, Women, Sexual and Gender Minorities, People with Disabilities, Hispanic individuals, and Native Americans. Each of these action plans includes a set of strategies aimed at addressing and eliminating the barriers identified in the Part E data analysis.

EEO Group(s) Affected by Trigger

EEO Group	
All Men	
All Women	X
Hispanic or Latino Males	X
Hispanic or Latino Females	X
White Males	
White Females	X
Black or African American Males	X
Black or African American Females	X
Asian Males	X

EEO Group	
Asian Females	X
Native Hawaiian or Other Pacific Islander Males	X
Native Hawaiian or Other Pacific Islander Females	X
American Indian or Alaska Native Males	X
American Indian or Alaska Native Females	X
Two or More Races Males	X
Two or More Races Females	X

Barrier Analysis Process

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Workforce Data Tables	Yes	Employee and applicant data throughout the employment lifecycle, for FY20 through FY23.
Complaint Data (Trends)	Yes	Annual Federal EEO Statistical Reports of Discrimination Complaints for FY19 through FY23.
Grievance Data (Trends)	Yes	Grievance data are still being analyzed.
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	Yes	Anti-harassment data are still being analyzed.
Climate Assessment Survey (e.g., FEVS)	Yes	NIH FEVS results from FY21 through FY22.
Exit Interview Data	Yes	Exit interview data for FY 22 through FY23 were not available to support analyses.
Focus Groups	Yes	Collected themes across all the special emphasis portfolios at the DEIA NIH Community Listening sessions to develop the 2022-2027 DEIA Strategic Plan.

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Interviews	No	
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)	No	
Other (Special Emphasis Program Managers)	Yes	Meetings with Special Emphasis Program Managers to identify triggers and areas of interest for barrier analyses.

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
Examine policies, practices, and procedures that actively block the recruitment, career development, and advancement opportunities across all groups with lower-than-expected representation within the NIH workforce.

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 the five-year DEIA Strategic Plan.	7/30/2023	9/30/2027	Yes		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Branch Director, Special Emphasis Programs	David Rice	Yes

Title	Name	Performance Standards Address the Plan? (Yes or No)
Principal Strategist, Asian American, Native Hawaiian & Pacific Islander Employment Portfolio	Caroline Goon	Yes
Principal Strategist, Black Employment Portfolio	Kiana Atkins	Yes
Principal Strategist, Hispanic Employment Portfolio	Patricia Saucedo Kramer	Yes
Principal Strategist, Native American Employment Portfolio	Clarissa Alexander	Yes
Principal Strategist, People with Disabilities Employment Portfolio	Céline Dazé	Yes
Principal Strategist, Sexual & Gender Minority Employment Portfolio	Monique Robinson	Yes
Principal Strategist, Women Employment Portfolio	Emma Kaufman	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
03/30/2023	Develop a process and unified plan across all committees, working groups, and efforts around DEIA.		03/30/2023
02/28/2024	Efficiently convey the DEIA-Centered Activities plan to the NIH workforce, ensuring all employees are well-informed and engaged.		04/01/2023
04/30/2024	Review and develop targeted outreach initiatives, including recruitment efforts at job fairs and universities.		07/06/2023

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
02/28/2025	Establish an Employee Resource Group on Ageism.		
02/28/2025	Include content regarding the importance of belonging within the NIH Mandatory POSH/No Fear Training.		
06/30/2025	Develop an inclusive NIH-wide cultural competency training module.		
06/30/2027	Complete all the DEIA Listening Session Dashboard Action plans.		

Report of Accomplishments

Fiscal Year	Accomplishments
FY 2023	Review and analyze ICO Exit Survey, Federal Employment Viewpoint Survey, and Civility Survey data results for FY 2021 through FY 2024 to identify trends for targeted groups participation in the workforce.
FY 2023	NIH developed a five-year, NIH-wide strategic plan covering 2023-2027 that articulates the commitment to embracing, strengthening, and integrating DEIA across all of NIH activities to achieve the agency's mission.
FY 2023	The NIH Office of Equity, Diversity, and Inclusion (EDI) is currently going through a website refresh and rebranding to ensure that our resources are accessible and communicated to all NIH staff.
FY 2023	EDI has established its targeted outreach initiatives in collaboration with the NIH Corporate Recruitment Unit within the Office of Human Resources. EDI has participated in several recruitment events at military installations, colleges and universities, including job fairs at Rochester Institute of Technology and Gallaudet University, as well as various Historically Black Colleges and Universities (HBCUs).
FY 2023	EDI will add an Aging portfolio as part of our Special Emphasis Portfolio branch. This new position will be tasked with establishing an Employee Resource Group (ERG). In addition, EDI has created an online guide for all NIH ERGs seeking to obtain certification as an official NIH ERG, including steps toward ascertaining

	<p>certification. EDI has also created a full listing of all active NIH ERGs, which will be housed on the rebranded EDI website.</p>
<p>FY 2023</p>	<p>NIH, under the leadership of EDI, conducted an organization-wide diversity, equity, inclusion, and accessibility (DEIA) virtual town hall. During this event, members of special emphasis community groups presented challenges and recommendations to NIH leaders. Recognizing the value of these contributions, NIH senior leaders and EDI extended the listening sessions to encompass all employees at NIH within the special emphasis communities.</p> <p>As a result, seven distinct listening sessions were organized for employees from specific communities, including Asian American employees, Native Hawaiian and Pacific Islander employees, Black/African American employees, Native American employees, people with Disabilities, Hispanic/Latino employees, women, and Sexual and Gender Minority employees. Each one-hour listening session facilitated meaningful engagement between NIH senior leaders and community members, fostering discussions on workforce-related challenges and the exchange of recommendations. These sessions provided a secure platform for community members and allies to provide important insights and share lived experiences.</p> <p>With over one thousand attendees and nearly two hundred comments across all sessions, EDI developed a DEIA Listening Session Action Plan Report, which served to synthesize participants' suggestions and recommendations for future DEIA efforts at NIH. The Action Plan Report complements the individual listening session summaries and recordings that were made accessible to the NIH community.</p> <p>To provide the NIH community with continuous DEIA Action Plan progress updates, EDI has developed a DEIA Action Plan Dashboard on its internal facing website. This dashboard comprehensively outlines the concerns and themes identified during the listening sessions, along with corresponding action plans. The timeline of the plan aligns with the five-year NIH-wide DEIA Strategic Plan to ensure consistency in DEIA efforts across NIH.</p> <p>Each Portfolio Strategist within EDI is tasked with providing quarterly updates on their action plans via the DEIA Action Plan Dashboard. Strategists will continue to connect with the NIH community through ERGs and engagement committees. Strategists also utilize various data sources to assess the effectiveness of the DEIA Action Plans.</p>

NIH

MD-715 – Part J

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

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

Section I: Efforts to Reach Regulatory Goals

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

1. Using the goal of 12.00% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If “yes,” describe the trigger(s) in the text box.
 - a. Cluster GS-1 to GS-10 (PWD) No
 - b. Cluster GS-11 to SES (PWD) No

For employees below a GS-11, step 1, the Agency achieved the numerical goal for PWD participation; 23.21% of employees in this cluster were PWD compared to the 12.00% benchmark.

For employees GS-11 and above, the Agency achieved the numerical goal involving PWD; 13.66% of employees in this cluster were PWD compared to the 12.00% benchmark.

As of 2023, the NIH now meets the goal of the 12% benchmark for PWD.

See BIIS Table B4P.

2. Using the goal of 2.00% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If “yes,” describe the trigger(s) in the text box.
 - a. Cluster GS-1 to GS-10 (PWTD) No
 - b. Cluster GS-11 to SES (PWTD) No

Applying the same grade clusters to PWTD as previously described, the NIH achieved the numerical goal established for PWTD of 2.00% in both lower and higher grade clusters during FY 2023. In the lower grade cluster there are 6.18% PWTD. In the higher grade cluster, there are 3.16%.

As of 2023, the NIH now meet the goals of the 12% benchmark for PWTD.

See BHS Table B4P.

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

Through various presentations and discussions made by the Equity, Diversity, and Inclusion (EDI) Director, Disability Program Manager, and other EDI staff, the NIH has made clear its commitment to meeting the numerical goals set forth under Section 501; 12.00% and 2.00% for PWD and PWTD, respectively. This information was provided in the NIH State of the Agency report and EDI will continue to provide the information to all our institutes and centers (ICs) during their state of the IC briefings. HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG), HR Liaison Group, and Employee Resource Groups (ERGs). 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. EDI has delivered more than 30 "Ableism" presentations to various ICs within the NIH. While these efforts represent ongoing initiatives, EDI is committed to ensuring the continuity and maintenance of this work.

EDI continues to unitize our barrier analysis contract contractor to assist in identifying these barriers and triggers that employees with disabilities face at NIH.

Section II: Model Disability Program

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

Plan to Provide Sufficient & Competent Staffing for the Disability Program

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

Yes X

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

Disability Program Task	# FTE Full Time	# FTE Part Time	# FTE Collateral Duty	Responsible Official (Name, Title, Office, Email)
Processing applications from PWD and PWTD	1	0	0	Frances Davis, NIH Selective Placement Coordinator, Office of Human Resources, frances.davis@nih.gov
Answering questions from the public about hiring authorities that take disability into account	0	0	2	(Primary contact) Frances Davis, NIH Selective Placement Coordinator, Office of Human Resources, frances.davis@nih.gov (Secondary contact) Céline Dazé, NIH Disability Portfolio Strategist, Office of Equity, Diversity, and Inclusion, Celine.Daze@nih.gov
Processing reasonable accommodation requests from applicants and employees	4	0	0	Glenda Laventure, Branch Director Chikeia Boyin, Davian Morrell, and Ilycia Schwartz, Accessibility Consultants Office of Equity, Diversity, and Inclusion, edi.ra@mail.nih.gov
Section 508 Compliance	0	0	2	Antonio Haileselassie, Section 508 Program Manager, Office of the Chief Information Officer, Antonio.haileselassie@nih.gov
Architectural Barriers Act Compliance	1	1	0	Moshfeq Raman, NIH Architect, Office of Research Facilities, moshfeq.rahman@nih.gov

				Soussan Afsharfar, NIH Senior Architect, Office of Research Facilities, Soussan.afsharfar@nih.gov
Special Emphasis Program for PWD and PWTD	1	0	0	Céline Dazé, NIH Disability Portfolio Strategist, Office of Equity, Diversity, and Inclusion, Celine.Daze@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

FY 2023

NIH disability program staff attended the following training:

- National Employment Law Institute Employment Law Conference – this is an annual requirement for all EDI Reasonable Accommodations Staff
- Americans with Disabilities Act (ADA) and Family Medical Leave Act compliance training
- NIH EEO Compliance Training for Managers, Supervisors and Employees
- 32-hour EEO Counselor Training
- 8 hour-Refresher Training for staff who successfully completed 32-hour training
- New Entellitrak User Training
- American Institute of Architects 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 Architectural Barriers Act (ABA) of 1968 (42 U.S.C. § 4151-4157) Standards updates for Building & Sites
- Green Building Council Institute – Addressing Reasonable Accommodation Issues in the Workplace Webinar
- Other events (e.g., seminars, exhibitions, and presentations from building industry professionals on accessibility)
- The Special Emphasis Portfolio Strategist attended the Society for Human Resource Management inclusion conference
- Attended the M-Enabling summit that showcases the global initiative for inclusive information and communications technologies
- Federal Trainings & Workshops: Active participation in U.S. Access Board Section 508 webinars and GSA’s Accessibility Community Meetings, focusing on legislative updates and best practices in digital accessibility
- NIH Internal Training: Regular NIH webinars and advisory meetings by various ICs, emphasizing Section 508 and digital accessibility

- California State University, Northridge, Assistive Technology Conference: Engagement with the latest assistive technologies
- Inter-Agency Accessibility Forum: Collaborative learning with other federal agencies on digital accessibility
- Information and Communication Technology (ICT) Accessibility Testing Symposium: Advanced training in ICT accessibility testing methodologies
- Trusted Tester Training Program: Comprehensive program for evaluating web content and software accessibility

PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

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

Yes X

Section III: Plan to Recruit and Hire Individuals with Disabilities

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

Plan to Identify Job Applicants with Disabilities

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

The Agency uses several hiring authorities to recruit PWD and PWTD for positions in the permanent workforce, including the hiring authority for individuals with intellectual disabilities, severe physical disabilities, or psychiatric disabilities, as set forth at 5 C.F.R. 213.3102(u); the Veterans’ Recruitment Appointment authority, as set forth at 5 C.F.R. Part 307; and the 30% or More Disabled Veteran authority, as set forth at 5 C.F.R. 316.302(b)(4), 316.402(b)(4).

The Agency includes language in vacancy announcements encouraging individuals with disabilities to apply for jobs using the Schedule A excepted service hiring authority. Personnel strategies and practices also include rules related to hiring veterans with disabilities. The Agency has developed comprehensive policies governing Schedule A and promotes the use of Schedule A via monthly Trans Recruitment Forum meetings, which consist of IC representatives. Recently, Schedule A training was made part of the mandatory “new supervisor training.” Office of Human Resources (OHR) and EDI also delivered presentations to HR Liaisons and other administrative staff to convey information on identifying job applicants with disabilities to managers, as staff leverage those groups to inform Agency managers.

During fiscal year (FY) 2023, 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
- 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
- Referred parties to the Jobseekers with Disabilities Applicant Information web page available at <https://hr.nih.gov/jobs>

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.

OHR continued to regularly engage in recruitment and outreach activities with job seekers with disabilities and hiring managers seeking talent sourcing for candidates. OHR determined qualifications based on the individual’s resume and confirmed their Schedule A certification letter was drafted and signed by a medical professional or state-sponsored agency.

OHR encouraged applicants to make their USAJOBS resumes searchable and to continue to upload their Schedule A letters to vacancy announcements. Additionally, OHR recommended that the applicants use the OPM Resume Builder to ensure that their resume is in a federal format. Furthermore, OHR encourages applicants to make their resumes searchable, so that other agencies can review their resume and increase the opportunity of selection.

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

FY 2023

HR Specialists inform hiring managers of the benefits of using the Schedule A Hiring Authority during their pre-recruitment planning meetings. We provided training to the hiring

managers contingent upon requests by the servicing HR Specialists and Administrative Officers.

OHR provided Agency Talent Sourcing Portal (ATP) training to OHR/CSD Branch Team Leads, IC HR Liaisons and Intramural Administrative Management Committee. ATP allows for sourcing candidates who have made their resumes visible in the USAJOBS system.

Source: Corporate Recruitment Unit

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.

In FY 2023, OHR re-established relationships with disability organizations such as: Gallaudet University and Rochester Institute of Technology.

Progression Towards Goals (Recruitment and Hiring)

Using the goals of 12.00% for PWD and 2.00% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If "yes", please describe the triggers below.

- | | | |
|---|----|---|
| a. New Hires for Permanent Workforce (PWD) | No | X |
| b. New Hires for Permanent Workforce (PWTD) | No | X |

Data from FY 2023 presented in Table B1 were reviewed for evidence of differences in hiring into the permanent workforce. The Agency did achieve the numerical goals for both 12.00% participation rate for PWD among new hires in the permanent workforce and 2.00% participation rate of PWTD among permanent new hires. In FY 2023, the Agency hired 1,356 permanent employees, among them were 242 (17.85%) employees who are PWD and 28 (2.06%) PWTD.

Source: BIIS Table B1-1

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

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

In FY 2023, BIIS data and Cognos applicant flow data (AFD) were reviewed for evidence of triggers in the hiring of permanent employees into Mission Critical Occupation (MCO) positions. The table below shows permanent New Hires for PWD/PWTD compared to the qualified applicant pool benchmark for the top ten MCOs. In FY 2023, the NIH hired and onboarded a total of 1,356 new permanent staff employees. Among these newly hired staff members were 851 persons in the ten MCO positions, including 162 (19.04%) PWD and 15 (1.76%) PWTD.

To assess these differences, the percentage of PWD and PWTD in the permanent new hires for each occupation was compared to the qualified applicant pool (QAP). As described above (*see Part E*), AFD summarizes the phases of the hiring process through selection or vacancies that were posted and closed through USAJOBS during the fiscal year. The data in the table below reflect the pool of qualified applications for permanent vacancies announced through USAJOBS during FY 2023. The QAP is defined as the proportion of applicants with the criteria in question. As an example, the QAP for PWTD who applied to a 0301 – Miscellaneous Administration and Program position are those who received a Qualified Indicator of 1 (Yes), out of the entire number of qualified applicants for the same position, regardless of disability status.

The table also presents data on permanent new hires onboarded during the course of the fiscal year. Some newly hired staff applied for a vacancy posted in a prior fiscal year or may have elected not to volunteer demographic information. Differences may be observed in comparing the demographic statistics of the QAP and that of new hires on boarded. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind.

Triggers were observed for PWD in the hiring of permanent General Natural Resources Management and Biological Sciences (0401), Physician (0602), and Nursing (0610) occupations. For PWTD, triggers were found for Management and Program Analysis (0343), Physician (0602), Nursing (0610), Grants Management (1109), and Information Technology Management (2210) occupations.

Of the permanent Physicians (0602) hired in FY 2023, none identified as PWD or PWTD. Additionally, of the permanent Nursing (0610) or Grants Management (1109) occupations new hires, none identified as PWTD.

As shown in the table below, PWD participation among new hires in ten MCOs exceeds that of the QAP, and PWTD in five MCOs also exceeded their participation among new hires as compared to the QAP.

MCOs	Qualified Applicant Pool Benchmark		New Hires Comparison			Trigger PWD (Y/N)	Trigger PWTD (Y/N)
	PWD % in QAP	PWTD % in QAP	PWD % in New Hires	PWTD % in New Hires	Total # New Hires		
0301 Misc Admin. and Program	6.68%	1.31%	41.27%	4.76%	126	No	No
0341 Admin. Officer	9.27%	2.42%	50.00%	3.85%	26	No	No
0343 Mgmt. Analysis	6.75%	1.23%	32.69%	0.96%	104	No	Yes
0401 Gen. Biology Sci.	3.70%	0.52%	1.54%	1.54%	65	Yes	No

0601 Gen. Medical and Healthcare	4.13%	0.71%	12.25%	1.19%	253	No	No
0602 Physician	1.90%	0.95%	0.00%	0.00%	19	Yes	Yes
0610 Nursing	3.77%	0.56%	2.30%	0.00%	87	Yes	Yes
1102 Contracting	5.95%	0.89%	12.50%	2.78%	72	No	No
1109 Grants Management	6.78%	3.54%	9.38%	0.00%	32	No	Yes
2210 Information Technology	5.68%	1.55%	25.37%	1.49%	67	No	Yes

Source: BIIS Table B1-1, BIIS Table B6P, and Cognos MD-715 B Tables – MCOs by Disability

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.

- a. Qualified Applicants for MCO (PWD) Yes X
- b. Qualified Applicants for MCO (PWTD) Yes X

In FY 2023, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the qualified internal applicants for competitive promotions as compared to the relevant applicant pool (RAP) within six of the NIH’s MCOs. As shown in the table below, differences were observed in the following occupational series between the RAP and QAP for PWD: Miscellaneous Administration and Program (0301), Administrative Officer (0341), Management and Program Analysis (0343), General Medical and Healthcare (0601), Grants Management (1109), and Information Technology Management (2210). Differences were also observed between the RAP and QAP for PWTD in the Management and Program Analysis (0343) occupation.

The RAP is defined as the proportion of potential applicants with the criteria in question. As an example, the RAP for PWTD for internal applicants to a 0301 – Miscellaneous Administration and Program position are those who were reported as PWTD present in the permanent workforce as of the end of the fiscal year, who held that position, out of the entire number of internal staff who held the same position, regardless of disability status.

For Physicians (0602) and Nursing (0610), no vacancies were processed for permanent promotion through USAJOBS. As such, no PWD or PWTD were found in the qualified internal applicant pool; therefore, no comparison could be made with the QAP for these occupations.

	Benchmark	Qualified Internal Applicants Comparison		
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MCOs	PWD % in RAP	PWTD % in RAP	PWD % in QAP	PWTD % in QAP	Total # Qualified Applicants	Trigger PWD (Y/N)	Trigger PWTD (Y/N)
0301 Misc Admin. and Program	24.37%	4.04%	14.03%	4.52%	221	Yes	No
0341 Admin. Officer	19.68%	2.93%	9.01%	3.43%	233	Yes	No
0343 Mgmt. Analysis	24.27%	4.03%	11.24%	2.01%	498	Yes	Yes
0401 Gen. Biology Sci.	5.57%	1.21%	12.50%	12.50%	32	No	No
0601 Gen. Medical and Healthcare	11.52%	1.94%	3.65%	2.15%	466	Yes	No
0602 Physician	6.15%	1.34%	0.00%	0.00%	0	N/A	N/A
0610 Nursing	6.72%	1.17%	0.00%	0.00%	0	N/A	N/A
1102 Contracting	10.38%	2.12%	13.33%	11.67%	60	No	No
1109 Grants Management	12.69%	2.88%	9.38%	4.69%	128	Yes	No
2210 Information Technology	16.95%	2.32%	8.81%	3.14%	159	Yes	No

Source: BIIS Table B6P and Cognos MD-715 B Tables – MCOs by Disability

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.

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

In FY 2023, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the tentatively selected applicants for competitive promotions as compared to the QAP within six of NIH’s MCOs. As shown in the table below, differences were observed in the following occupational series between the QAP and tentatively selected for PWD: Miscellaneous Administration and Program (0301), Administrative Officer (0341), Management and Program Analysis (0343), General Medical and Healthcare (0601),

Contracting (1102), and Information Technology Management (series 2210). Differences were observed in the six following occupational series between the QAP and tentatively selected for PWTB: Miscellaneous Administration and Program (0301), Administrative Officer (0341), General Medical and Healthcare (0601), Contracting (1102), Grants Management (1109), and Information Technology Management (2210).

For General Natural Resources Management and Biological Sciences (0401), Physicians (0602), and Nursing (0610) no tentative selections were processed for permanent promotion through USAJOBS. As such, no PWD or PWTB were found in the qualified internal applicant pool; therefore, no comparison could be made with the QAP for these occupations.

MCOs	Qualified Applicant Pool Benchmark		Promoted Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion)			Trigger PWD (Y/N)	TriggerPWTB (Y/N)
	PWD % in QAP	PWTB % in QAP	PWD % Tentatively Selected for Promotion	PWTB % Tentatively Selected for Promotion	Total # Tentatively Selected for Promotion		
0301 Misc Admin. and Program	14.03%	4.52%	11.11%	0.00%	36	Yes	Yes
0341 Admin. Officer	9.01%	3.43%	0.00%	0.00%	10	Yes	Yes
0343 Mgmt. Analysis	11.24%	2.01%	8.33%	2.70%	36	Yes	No
0401 Gen. Biology Sci.	12.50%	12.50%	0.00%	0.00%	0	N/A	N/A
0601 Gen. Medical and Healthcare	3.65%	2.15%	1.01%	0.00%	99	Yes	Yes
0602 Physician	0.00%	0.00%	0.00%	0.00%	0	N/A	N/A
0610 Nursing	0.00%	0.00%	0.00%	0.00%	0	N/A	N/A
1102 Contracting	13.33%	11.67%	0.00%	0.00%	1	Yes	Yes
1109 Grants Management	9.38%	4.69%	10.00%	0.00%	10	No	Yes
2210 Information Technology	8.81%	3.14%	5.88%	0.00%	17	Yes	Yes

Source: BIIS Table B6P and Cognos MD-715 B Tables – MCOs by Disability

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

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

Advancement Program Plan

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

The NIH is committed to providing opportunities for advancement among all employees, including people with disabilities and people with targeted disabilities. We currently offer a wide range of career development and training opportunities through the NIH Training Center, the Department of Health and Human Services (HHS) Learning Management System, and the individual ICs, which comprise the NIH. 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 (PMF) Program. 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 generally exit with positions that hold full performance levels of GS-12 (MI) and GS-12 or GS-13 (PMF). 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.

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 ICs. 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 such as the NIH Management Seminar Series (MSS), the NIH MI Program, the NIH Mid-Level Leadership

Program (MLP), the NIH Senior Leadership Program (SLP), and the NIH Executive Leadership Program (ExLP).

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

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Other Career Development Programs	N/A	242	N/A	18.60%	N/A	2.07%
Fellowship Programs	N/A	47	N/A	27.66%	N/A	4.26%
Training Programs	N/A	446	N/A	15.92%	N/A	3.14%
Detail Programs	N/A	9	N/A	55.56%	N/A	11.11%

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

- Specific program criteria
 - **Other Career Development Programs:** *Management Seminar Series (MSS)* participants
 - **Fellowship Programs:** *Presidential Management Fellowship (PMF)* participants
 - **Training Programs:** *Executive, Senior and Mid-Level Leadership (ExLP, SLP, MLP)* participants
 - **Detail Programs:** *Management Intern (MI)* participants

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

- a. Applicants (PWD) N/A
- b. Selections (PWD) No

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.

- a. Applicants (PWTD) N/A
- b. Selections (PWTD) Yes

For purposes of this analysis, as noted above, data on applications for career development programs are not captured at the NIH-wide level. Comparisons between the relevant applicant pool and applicants are then not available. In lieu of this analysis, data comparing the selections to these programs and the relevant applicant pool were made. The relevant applicant pool includes NIH employees eligible to participate in each career development program based on their grade and occupational series. Triggers were found for PWTB in Training Programs.

Career Development Opportunities	Relevant Applicant Pool Benchmark		Selectees Comparison			Trigger PWD (Y/N)	Trigger PWTB (Y/N)
	PWD % in RAP	PWTB % in RAP	PWD % Selected	PWTB % Selected	Total # Selected		
Other Career Development Programs	15.74%	3.00%	18.60%	2.07%	242	No	Yes
Fellowship Programs	17.05%	3.54%	27.66%	4.26%	47	No	No
Training Programs	12.80%	2.27%	15.92%	3.14%	446	No	No
Detail Programs	17.05%	3.54%	55.56%	11.11%	9	No	No

Source: NIHTC and BHS Table B4P

Awards

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

Time Off Awards for PWD:

- Time off awards from 1 to 10 hours: 5.48% compared to 5.18% for people without disabilities – No Trigger exists
- Time off awards from 11 to 20 hours: 7.59% compared to 7.73% for people without disabilities – **Trigger exists**

- Time off award from 21 to 30 hours: 3.37% compared to 3.53% for people without disabilities – **Trigger exists**
- Time off awards from 31 to 40 hours: 9.61% compared to 9.33% for people without disabilities – No Trigger exists

Cash Awards for PWD:

- Cash awards under \$500: 25.00% compared to 19.95% for people without disabilities – No Trigger exists
- Cash awards from \$501 to \$999: 23.88% compared to 22.55% for people without disabilities – No Trigger exists
- Cash awards from \$1,000 to \$1,999: 45.47% compared to 40.85% for people without disabilities – No Trigger exists
- Cash awards from \$2,000 to \$2,999: 25.13% compared to 26.45% for people without disabilities – **Trigger exists**
- Cash award from \$3,000 to \$3,999: 10.01% compared to 13.35% for people without disabilities – **Trigger exists**
- Cash awards from \$4,000 to \$4,999: 7.94% compared to 9.97% for people without disabilities – **Trigger exists**
- Cash awards from \$5,000 or more: 10.32% compared to 14.83% for people without disabilities – **Trigger exists**

Time Off Awards for PWTD:

- Time off awards from 1 to 10 hours: 6.03% compared to 5.20% for people without targeted disabilities – No Trigger exists
- Time off awards from 11 to 20 hours: 7.19% compared to 7.73% for people without targeted disabilities – **Trigger exists**
- Time off award from 21 to 30 hours: 3.94% compared to 3.49% for people without targeted disabilities – No Trigger exists
- Time off awards from 31 to 40 hours: 8.58% compared to 9.40% for people without targeted disabilities – **Trigger exists**

Cash Awards for PWTD:

- Cash awards under \$500: 32.02% compared to 20.35% for people without targeted disabilities – No Trigger exists
- Cash awards from \$501 to \$999: 23.67% compared to 22.72% for people without targeted disabilities – No Trigger exists
- Cash awards from \$1,000 to \$1,999: 45.48% compared to 41.41% for people without targeted disabilities – No Trigger exists
- Cash awards from \$2,000 to \$2,999: 23.43% compared to 26.34% for people without targeted disabilities – **Trigger exists**
- Cash award from \$3,000 to \$3,999: 7.89% compared to 13.01% for people without targeted disabilities – **Trigger exists**

- Cash awards from \$4,000 to \$4,999: 5.57% compared to 9.79% for people without targeted disabilities – **Trigger exists**
- Cash awards from \$5,000 or more: 9.28% compared to 14.18% for people without targeted disabilities – **Trigger exists**

Source: BIIS Table B9-2P 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.

- a. Pay Increases (PWD) No
- b. Pay Increases (PWTD) Yes

Inclusion rate for PWD:

- QSI: 13.20% compared to 12.02% for people without disabilities - No Trigger exists

Inclusion rate for PWTD:

- QSI: 10.44% compared to 12.24% for people without targeted disabilities- **Trigger exists**

The inclusion rate was calculated by comparing the number of employees who received a quality step increase among PWD to the number of employees with no disability (this group includes those who did not identify as having a disability).

The inclusion rate for PWD was 13.20%, and for people without disabilities and those who did not self-identify with a disability, it was 12.02%. No trigger was found in these data.

The inclusion rate for PWTD was calculated by comparing the number and percent of PWTD who received a quality step increase (QSI) to the number and percent of employees without a targeted disability (i.e., the combined total of persons with no disability, those who do not identify as having a disability, and those with a disability that is not targeted) who received a QSI.

A difference was found in QSIs for PWTD. The inclusion rate for PWTD was 10.44%, and for people without targeted disabilities (including those with no disability, those who did not self-identify as having a disability, and those with a disability that is not targeted), it was 12.24%.

Source: BIIS Table B9-2P Inclusion Rate

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

- a. Other Types of Recognition (PWD) N/A X
- b. Other Types of Recognition (PWTD) N/A X

The NIH does have other types of employee recognition programs, such as the NIH Director’s Awards, and individual IC Director’s Awards. In FY 2023, to be more inclusive and in compliance with Executive Order 14035, NIH now offers the accessibility award during the NIH-wide Directors Awards ceremony. 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.

- a. SES
 - i. Qualified Internal Applicants (PWD) N/A X
 - ii. Internal Selections (PWD) N/A X
- b. Grade GS-15
 - i. Qualified Internal Applicants (PWD) Yes X
 - ii. Internal Selections (PWD) Yes X
- c. Grade GS-14
 - i. Qualified Internal Applicants (PWD) Yes X
 - ii. Internal Selections (PWD) Yes X
- d. Grade GS-13
 - i. Qualified Internal Applicants (PWD) Yes X
 - ii. Internal Selections (PWD) Yes X

In FY 2023, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the qualified internal applicants and/or selectees for promotions to the senior grade levels as compared to the RAP. As shown in the tables below, differences were observed for GS-13, GS-14, and GS-15 equivalent positions.

Additionally, differences were identified in the participation of PWD in the promoted internal applicants tentatively selected for promotions to the senior grade levels as compared to the

QAP. As shown in the tables below, differences were observed for GS-13, GS-14, and GS-15 equivalent positions.

At the SES equivalent level, no job vacancy postings were processed through USAJOBS for internal applicants in FY 2023, and as such there were no qualified internal applicants nor selections made, thus there was no opportunity to observe triggers.

Senior Grade Levels	Relevant Applicant Pool Benchmark		Qualified Internal Applicants Comparison (Internal Competitive Promotion + Merit Promotion)			Trigger PWD (Y/N)	Trigger PWTD (Y/N)
	PWD % in RAP	PWTD % in RAP	PWD % QAP	PWTD % QAP	Total # QAP		
GS-13	13.87%	2.33%	9.48%	5.26%	970	Yes	No
GS-14	12.61%	2.50%	7.13%	6.05%	645	Yes	No
GS-15	10.16%	1.51%	1.43%	1.71%	350	Yes	No
SES	7.27%	0.91%	0.00%	0.00%	0	N/A	N/A

Senior Grade Levels	Qualified Applicant Pool Benchmark		Promoted Internal Applicants Comparison (Selected Internal Competitive Promotion + Merit Promotion)			Trigger PWD (Y/N)	Trigger PWTD (Y/N)
	PWD % in QAP	PWTD % in QAP	PWD % Selected	PWTD % Selected	Total # Selected		
GS-13	9.48%	5.26%	5.00%	1.00%	100	Yes	Yes
GS-14	7.13%	6.05%	6.33%	3.80%	79	Yes	Yes
GS-15	1.43%	1.71%	0.00%	0.00%	64	Yes	Yes
SES	0.00%	0.00%	0.00%	0.00%	0	N/A	N/A

Source: BIIS Table B4P and Cognos MD-715 B Tables – MCOs by Disability by grade level

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) No X
- Internal Selections (PWTD) Yes X

Grade GS-14

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

Grade GS-13

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

See tables above from previous question.

Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to senior grade levels.

As shown in the tables above, no differences were observed for PWTD in qualified internal applicants. However, differences were observed in tentative selectees for promotions in the GS-13, GS-14, and GS-15 equivalent positions.

At the SES equivalent level, no job vacancy postings were processed through in FY 2023 for internal applicants, and as such there were no qualified internal applicants nor selections made, thus there was no opportunity to observe triggers.

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

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

In FY 2023, using BIIS and Cognos AFD data, differences were identified in the participation of PWD in the qualified new hire applicants to the senior grade levels as compared to the QAP. As shown in the tables below, differences were observed for GS-13, GS-14, and GS-15 equivalent positions.

At the SES equivalent level in FY 2023, no qualified PWD or PWTD new hire applicants were processed through USAJOBS, thus there was no opportunity to observe triggers.

Senior Grade Levels	Qualified Applicant Pool Benchmark		New Hires Comparison			Trigger PWD (Y/N)	Trigger PWTD (Y/N)
	PWD % in QAP	PWTD % in QAP	PWD % New Hires	PWTD % New Hires	Total # New Hires		
GS-13	4.30%	1.46%	3.11%	1.96%	415	Yes	No
GS-14	4.59%	1.95%	2.30%	16.13%	144	Yes	No
GS-15	2.44%	1.89%	0.00%	0.00%	49	Yes	Yes
SES	N/A	N/A	0.00%	0.00%	7	N/A	N/A

Source: BIIS Table B7P, Cognos MD-715 B Tables – MCOs by Disability by grade level, Cognos AFD Detail by Customer

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

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

See table above from previous question.

Applying the same comparisons to PWTDD as described above for PWD, the Agency presents information on trigger identification for PWTDD in promotions to senior grade levels.

As shown in the table above, differences were observed for PWTDD in qualified new hire applicants for GS-15 equivalent positions.

At the SES equivalent level in FY 2023, no qualified PWD or PWTDD new hire applicants were processed through USAJOBS, thus there was no opportunity to observe triggers.

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.

- a. Executives
 - i. Qualified Internal Applicants (PWD) Yes X
 - ii. Internal Selections (PWD) Yes X
- b. Managers
 - i. Qualified Internal Applicants (PWD) Yes X
 - ii. Internal Selections (PWD) No X
- c. Supervisors
 - i. Qualified Internal Applicants (PWD) Yes X
 - ii. Internal Selections (PWD) No X

In FY 2023, using BIIS and Cognos AFD data, differences were identified in the participation of PWD for qualified internal applicants and/or selectees for promotions to supervisory positions as compared to the RAP. As shown in the tables below, differences for PWD were observed for Executive, Manager, and Supervisor equivalent positions.

Additionally, differences were identified in the participation of PWD in the applicants tentatively selected to the supervisory positions as compared to the QAP. As shown in the tables below, differences were observed for Executive equivalent positions.

For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indicator of 1 (Yes).

	Relevant Applicant Pool Benchmark	Qualified Internal Applicants Comparison		
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Supervisory Positions	PWD % in RAP	PWTD % in RAP	PWD % QAP	PWTD % QAP	Total # QAP	Trigger PWD (Y/N)	Trigger PWTD (Y/N)
Executives	10.93%	1.63%	2.78%	1.39%	72	Yes	Yes
Managers	14.07%	3.57%	6.90%	3.45%	261	Yes	Yes
Supervisors	12.87%	1.98%	3.03%	3.03%	33	Yes	No
	Qualified Applicant Pool Benchmark		Tentatively Selected Applicants Comparison				
Supervisory Positions	PWD % in QAP	PWTD % in QAP	PWD % Tentatively Selected	PWTD % Tentatively Selected	Total # Tentatively Selected	Trigger PWD (Y/N)	Trigger PWTD (Y/N)
Executives	2.78%	1.39%	0.00%	0.00%	97	Yes	Yes
Managers	6.90%	3.45%	10.71%	3.57%	139	No	No
Supervisors	3.03%	3.03%	16.67%	16.67%	9	No	No

Source: BIIS Table B8P, Cognos MD-715 B Tables – MCOs by Disability by grade level, Cognos AFD Detail by Customer

2. 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.
- a. Executives
 - i. Qualified Internal Applicants (PWTD) Yes X
 - ii. Internal Selections (PWTD) Yes X
 - b. Managers
 - i. Qualified Internal Applicants (PWTD) Yes X
 - ii. Internal Selections (PWTD) No X
 - c. Supervisors
 - i. Qualified Internal Applicants (PWTD) No X
 - ii. Internal Selections (PWTD) No X

See tables above from previous question.

Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to supervisory positions.

As shown in the table above, differences for PWTD were observed for qualified internal applicants to promotions to Executive and Manager equivalent positions. Differences were also observed for PWTD for selected internal applicants to the Executive equivalent positions.

For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indicator of 1 (Yes).

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) Yes X
- New Hires for Managers (PWD) Yes X
- New Hires for Supervisors (PWD) Yes X

In FY 2023, using BIIS and Cognos AFD data, differences were identified in the participation of PWD for qualified new hires tentatively selected for promotions to supervisory positions as compared to the QAP. As shown in the table below, differences for PWD were observed for Executive, Managers, and Supervisor equivalent positions.

For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indicator of 1 (Yes).

Supervisory Positions	Qualified Applicant Pool Benchmark		Tentatively Selected New Hires Comparison			Trigger PWD (Y/N)	Trigger PWTD (Y/N)
	PWD % in QAP	PWTD % in QAP	PWD % Tentatively Selected	PWTD % Tentatively Selected	Total # Tentatively Selected		
Executives	3.57%	1.19%	0.00%	0.00%	24	Yes	Yes
Managers	5.87%	2.05%	0.00%	0.00%	33	Yes	Yes
Supervisors	5.00%	0.00%	0.00%	0.00%	7	Yes	No

Source: BIIS Table B8P, Cognos MD-715 B Tables – MCOs by Disability by grade level, Cognos AFD Detail by Customer

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

- New Hires for Executives (PWTD) Yes X
- New Hires for Managers (PWTD) Yes X
- New Hires for Supervisors (PWTD) No X

See table above from previous question.

Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to supervisory positions.

As shown in the table above, differences for PWTD were observed for qualified new hire applicants tentatively selected for promotions to Executive and Manager equivalent positions.

For this trigger analysis, the RAP was defined to include all employees holding positions at the next lower level who hold supervisory status. The QAP was defined to include all applicants to positions at the next lower level who had a Qualified Indicator of 1 (Yes).

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.

Yes X

FY 2023

The NIH maintains discretion on conversions to a career or career-conditional appointment among employees on Schedule A appointments. As a general practice, those Schedule A

employees who were not converted voluntarily accepted a new Schedule A appointment within the Agency.

During FY 2023, there were a total of 537 employees on new or existing Schedule A appointments. Of those, 27 separated (5%), 99 (18%) converted to the competitive service under the Schedule A hiring authority and 411 (77%) stayed onboard in this appointment authority. A review of records for other Schedule A employees, who were hired or transferred to the NIH and remain on rolls at the close of FY 2023, confirms that all were converted to competitive service within two years of appointment.

*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

Among total workforce permanent separations, the following was found.

Data on voluntary separations:

- Resignation: 1.21% for people with disabilities compared to 0.98% for people without disabilities – **Trigger exists**
- Retirement: 1.80% for people with disabilities compared to 2.67% for people without disabilities – No Trigger exists
- Other Separations: 1.30% for people with disabilities compared to 1.17% for people without disabilities – **Trigger exists**

Data on involuntary separations:

- Removal: 0.22% for people with disabilities compared to 0.11% for people without disabilities – **Trigger exists**
- The Agency had no Reductions in Force recorded during FY 2023.

Source: BIIS BI-2P 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

Among total workforce permanent separations, the following was found.

Data on voluntary separations:

- Resignation: 1.62% for people with targeted disabilities compared to 1.00% for people without targeted disabilities – **Trigger exists**
- Retirement: 2.55% for people with targeted disabilities compared to 2.54% for people without targeted disabilities – **Trigger exists**
- Other Separations: 0.93% for people with targeted disabilities compared to 1.19% for people without targeted disabilities – No trigger exists

Data on involuntary separations:

- Removal: 0.70% for people with targeted disabilities compared to 0.11% for people without targeted disabilities – **Trigger exists**
- The Agency had no Reductions in Force recorded during FY 2023.

Source: BIIS BI-2P Inclusion Rate

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

The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Among 501 employees who completed the disability questions on the exit survey in FY 2023, 11 respondents self-identified as having a disability (2.4%) and 27 respondents stated that they did not wish to identify disability status (6.0%).

Among total exit survey respondents, the top three most commonly selected reasons for separation in FY 2023 were: 1.) “Retirement” (56.10% of respondents; down 5.96% from last year), 2.) “Dissatisfaction of work duties or responsibilities” (7.14%), and 3.) “Organizational Culture” (6.25%). Among the respondents who stated “Retirement” as their reason for separation, two self-identified as having a disability (0.4%) and five stated that they did not wish to identify disability status (1.1%). Among the respondents who self-identified as having a disability, the top three most commonly selected reasons for separation after “Retirement” (50.91%), were “Promotion Higher Salary Advancement Potential” (12.48%), “Career Change” (9.45%), and “Dissatisfaction of work duties or responsibilities” (7.64%).

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 ABA 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.

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

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

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

The process established for reporting any ABA-related physical accessibility issues, to be addressed on the NIH Bethesda Campus, is pursuant to the following:

- Use EDI complaint SharePoint site to ask for accommodations.
- The ABA complaint regarding physical accessibility will go to the appropriate EDI personnel.
- The responsible EDI personnel will contact the Office of Research Facilities (ORF) ABA Compliance Personnel/Subject Matter Expert (SME) through the link above, if the issue requires a project with ORF R&I funding.
- ORF ABA SME will arrange for a site visit survey with the person requesting the service.
- At times the ORF ABA SME is contacted directly through the link telephone number and email addressed on ORF website (shared above) or referrals through other colleagues. In that case, the SME will arrange the site visit survey as well.
- SME will write a Deficiency Report after studying the site conditions, specifications, and possibilities for remediation of the space to address the accessibility request.
- SME will submit the Deficiency Report with estimated funding request to the ORF Fiscal Authority for R&I funding approval.
- A project will be given a project number if the R&I funding is approved by the B&F Board or, if there is an immediate need for speedy remediation, by the B&F Ad-hoc Group.

- The project will be submitted to the ORF Division of Design and Construction Management (DDCM) PPPB Team for assigning a PO (DDCM Project Officer) and a Contracting Officer.
- SME works with the person requesting the service and the project DDCM Project Officer to make sure that project is being followed and implemented to the requester's satisfaction.

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 Office of the Chief Information Officer (OCIO) continues its commitment to improving the accessibility of agency facilities and technology. Key developments in FY 2023 included:

1. **Onboarding of a New Section 508 Program Manager:** Strengthening the leadership and strategic direction of our Section 508 compliance efforts.
2. **Developing a New Roadmap for Section 508 Program:** Outlining a comprehensive plan for enhancing accessibility across NIH, including detailed program assessments and targeted improvement strategies.
3. **Awareness Training Across NIH:** Developing and delivering training programs to raise awareness about digital accessibility. This initiative aims to foster a culture of inclusivity and ensure that all NIH staff understand the importance of accessible digital content.
4. **Training Program on Accessible Documents:** Providing specialized training to empower NIH staff in creating and maintaining accessible documents, ensuring compliance with Section 508 standards.
5. **Implementation of Collaboration Tools for Section 508 Coordinators:** Introducing new tools to facilitate effective communication and collaboration among Section 508 Coordinators across various NIH Institutes and Centers.

NIH ABA/ADA Related Projects Practices:

NIH's 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 addressed accessibility 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 2021. We are making an effort to include Braille in our new related projects, as much as possible (i.e., in the sallyport project at the Bethesda campus, we had included Braille in the three sallyports signages). There are 10 sallyports to enter the campus. We are in process to install automatic operators to three main sallyports in order to gates open by touching the card readers and keypads. This project was completed in 2023.
- C105070 - Bldg. 31B H/C Lift at B1 Level: This project was to install an H/C lift to accommodate an elderly employee's ability to conduct her work in a safe manner, which includes transporting boxes of paper records from storage to her office. The project was assigned to a project officer, and the project went 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 2021, contract finalized, and after going through a complete design phase, project construction was completed successfully in 2022.
- C102788 - Mid-Block Crosswalks: This project's focus was on improving safety measures for pedestrians on the Bethesda Campus. The project included adding a few HC curb cuts and detectable warning surfaces. The design was completed. A construction contract was awarded in 2017. Project scope covered twenty (20) crosswalks. There were eight crosswalks in operating condition and in different stages of full completion with minor Q/A items to address. During FY 2019, the contractor completed most of the remaining items. Pre-final inspection for project Substantial Inspection was scheduled for late October. The project continued to have issues with the installed fixtures and concrete trenches at several locations. Punchlist items and warranty issues were discussed with the contractor to fix many items in need of repair in FY 2020. Repairs by the contractor were ongoing in FY 2021 and continued in FY 2022. The project has been completed.
- C102246, Bldg. 66 Gateway Center Sallyports Wheelchair Access: This project provides automatic door openers for three locations in the Bethesda Campus Sallyports for employees and visitors entries and exits. Due to security requirements, implementation of this project went through many revisions. The project started in 2015 and went through final phases of the design and construction documentation due to stringent security requirements that required custom-made stands. Construction permits were issued. The project started construction contract bidding in early FY 2019. Due to lack of R&I funding in the FY 2019, the project officer was informed by the ORF Fiscal Authority that this project was funded in FY 2020. The ORF project architect responsible for the construction documents had left and a new PA was assigned. Due to custom-made access poles and security requirements, the project required not only architectural design but also industrial design of the custom pole that was an object, which required 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 DPSM (Division of Physical Security Management). This was reducing the project costs and future maintenance. The project was successfully completed and opened for public.

- C105241 Bldg. 31C Restrooms' Renovation: Full renovation of Bldg. 31C remaining restrooms at B1, B2, B3, 1st, and 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 FY 2019. Due to lack of R&I funding in FY 2019, the project officer was informed by the ORF Fiscal Authority that this project would be funded in FY 2020. Unfortunately, the project is on-hold due to a lack of funding.
- 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 was funded in FY 2019 fiscal. This Design/Build contract went through full design review process. The project started construction in FY 2021 and it is still active.
- C106591 Convert Bldg. 15E1 to Offices, this is a historic residential structure. The project includes enlargement of the existing 1st floor restrooms to make them accessible. The project was funded in FY 2019. This Design/Build went through full design review process. The project started construction in FY 2021 and it is still active.
- C109507 Bldg. 31A Toilet Renovations Floors 3, 10, and 11, This project was initiated in FY 2020 to upgrade bathrooms and bring them to ABA standards compliance. Currently, project went through design review process and design was completed in FY 2021. The project was completed under a different contract (C108521).
- C108449 Bldgs. 15G1 + G2 Quarters Renovation, this project is to convert existing residential 2 story with basement historic bldgs. into offices for the National Cancer Institute and the National Heart, Lung, and Blood Institute. The renovation included converting the kitchen to a kitchenette/pantry, making the 1st floor ABA accessible, including bathrooms. This project was funded in FY 2020 and went through a design review process. Construction was halted due to remediations and, ultimately it was cancelled.
- C105885 Bldg. 49 Public Areas Kitchenettes and Public Bathrooms Renovation. The 1st phase of this project was to renovate the Public Areas Kitchenettes, which design was funded in FY 2020 and the design review was completed in FY 2021. All kitchenettes will be renovated to be accessible per ABA standards requirements. The

project construction is on hold due to lack of funding in FY 2022. The project is still active.

- C104607 Bldg. 15B1 & B2 Officers Quarters Renovation. The historic buildings went through a Utility Feasibility Study and design to renovate them for Children's Inn use and provide the center with additional capacity. The renovated facility will be in full compliance with the ABA standards. The project went through full design review process. Project remediation is in process and MDE approval was pending in FY 2022. The project is still active.
- C106564 Bldg. 31C Upgrade Showers and Dehumidify Shower Rooms, this project renovated the bathrooms, showers, and locker room pursuant to ABA standards. The project went through full design review process. Remediation and construction were completed. The project has been completed.
- C112930 Bldg. 10 - Clinical Center: There was request for reasonable accommodation for an incoming employee who will require conversion of one of the 12th floor lab doors into an accessible door. The work was completed in FY 2022 and awaiting final inspection. The project has been completed.
- C111200. ORS.31B. Gender Neutral Restroom: Conduct feasibility study of renovating restrooms. At least three concepts should be explored: 1) minor renovation (replace partitions, toilet, urinal, sinks, and lighting), keeping them as separate women's and men's restrooms; 2) full-scale renovation, ABA-compliant, maintaining them as separate women's and men's restrooms; and 3) full-scale renovation, ABA-compliant, but gender-neutral. The concept has been explored numerous times and the project is at the end of design (DTR) review.
- C115169: Bldg. 6 ABA Lift replacement. The project is active status now.
- C116088 Bldg. 14 Sidewalk and Walkway Repair: The covered walkways provide access to the entrance of Bldg. 14 complex and exits, and to transport small animals and their food/supplies from the loading dock. The scope includes repair/restore walkways as identified pursuant to survey reports. All walkway cracks and entryway settlement issues are to comply with all applicable codes for safety hazard remedies and accessibility compliances. If necessary, any deteriorated walkway sections will be removed. New poured-in-place concrete will be finished to match surrounding paving-either standard poured-in-place concrete, or colored and stamped concrete. Repair concrete curb as needed. The project is in construction phase after completed deficiency report in FY 2022.
- C116281 - Bldg. 35 Accessible Accommodation/Door Project: This project was requested by the National Institute of Neurological Disorders and Stroke (NINDS) to provide accessible entries for a new NIH employee with disabilities so that the person would be able to perform assigned tasks. After the site visit with the NINDS

Emergency Management & Operations Support Manager and the Employee, we identified a total of two (2) doors that are needed to be equipped with the automatic door openers combined with the card readers. The project is in construction phase.

- C115514 - Sally Port 6, South Drive Railing: There is no reasonable acceptable sidewalk to accommodate sallyport 6 access for people with disabilities to and from campus due to the steep sidewalk slope. The sidewalk pathway slope is not as steep as a ramp, but steeper than an ABA sidewalk slope for a person with disability. The project has been identified and was executed quickly using emergency fund.
- C115299 – Bldg. 38 National Library of Medicine (NLM) Wheelchair Access at Main Entrance: NLM, housed in Bldg. 38 on the NIH campus, Bethesda, MD, is the largest biomedical library in the world and on the National Register of Historic Places. The NLM strategic plan calls out a critical need to improve the building infrastructure by making the building's main entrance accessible for staff, visitors, and patrons, to sustain the rapidly evolving NLM mission. The project involves Design and Construction of the NLM Bldg. 38 Main Entrance area to incorporate an accessible path and means for wheelchair access from the roadway drop off and parking through the main entrance vestibule and lobby up to the rotunda area. The project may involve demolition and new construction of exterior existing construction, including entrance plaza, roadway, walkway, parking, landscape, lighting, drainage, and all related work as well as exterior and interior doors from the vestibule up to the rotunda area, to provide wheelchair access. The project in this Task Order used a Design-Bid-Build procurement and delivery method. The Architectural and Engineering services included Pre-Design, Design, and Post Design services. The Architect/Engineer has been selected and the project is in the design phase.
- C105112 Provide and install new filtered water fountains/bottle fillers in Bldg. 37. Moving from a centralized system chiller to individual units, which require some engineering. The project is at the end of design (DTR) review.
- C105112 BLDG 35 Renovate Public Restrooms in Bldg. 35: Replacement of supply water equipment in the MER of Bldg. 35. The project is active.
- C112490-C109897 Renovate 5 bathrooms in the ACRF and old Bldg. 10. Rooms 2C-120, 2C-122, B2-A18, B2-A16 and B-2 loading dock. The project is on-hold.
- C116486 NIH Campus Wheelchair Friendly Sidewalk: Many sidewalks across the Bethesda campus are not ABA wheelchair compliant. Conduct a design to identify which sidewalks are not compliant and develop construction. Project initiated.
- The DFS/Specialty Branch/Accessibility Team received numerous inquiries and complaints throughout the year top of the projects listed above. We processed and answered all accessibility/ABA inquiries, went to investigate, did physical walkthroughs, prepared deficiency reports, and provided design assistance to the IC's and OD. The Accessibility Team prepared deficiency reports for Bldg.14-Walkway, Bldg. 35-

Accessible Entrance, and Bldg. 37-Hallways and Loading Dock. ABA projects have been initiated based on those reports.

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.)

In FY 2023, NIH received 187 requests for reasonable accommodation and processed 75% of them within 60 business days.

In January of 2023, the Access & Equity Branch, which houses the NIH Reasonable Accommodation program, selected a new Branch Director. The following process changes were made to the NIH Reasonable Accommodation program to facilitate effective use of the interactive process which EDI believes will address this deficiency:

- Bi-weekly case log submissions.
- Required intake meetings.
- Case rotation assignments.
- Provided institute/center tailored training.
- Website update to reflect current case rotation assignments.
- Development of a simplified online intake form.

Established a Reasonable Accommodation Consultant Guide to create uniformity of processing.

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.

Personal Assistance Services Allowing Employees to Participate in the Workplace

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

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

FY 2023

In FY 2022, the NIH drafted its PAS procedures and posted them on its website. NIH continued to use the HHS PAS contract to facilitate PAS requests.

NIH created an education and resource campaign to educate the NIH community on PAS including a link to PAS procedures, links to PAS video/content (Job Accommodation Network and EEOC), an inaugural article on the EDI blog page, and a list of frequently asked questions, and answers.

Section VI: EEO Complaint and Findings Data

EEO Complaint data involving Harassment

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment (26%), as compared to the government-wide average?

Government-wide average for Harassment = 23.12%

Yes X

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

Yes X

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

FY 2023 The NIH did not have any findings of discrimination alleging harassment based on disability; however, there were six (6) settlement agreements.

1. Reassignment
2. Lump Sum Payment; Removal Rescinded/Voluntary Resignation; eOPF purged; Neutral Reference
3. Lump Sum Payment
4. Leave Restored
5. Lump Sum Payment; Disciplinary Action Rescinded; PMAP Modified
6. Lump Sum Payment

EEO Complaint Data involving Reasonable Accommodation

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation (12%), as compared to the government-wide average?

No X

Government-wide average for Reasonable Accommodation = 13.79%

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

Yes X

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

FY 2023

The NIH did not have any findings of discrimination involving the failure to provide a reasonable accommodation; however, there were three (3) settlement agreements.

1. Reassignment
2. Lump Sum Payment
3. Lump Sum Payment

Section VII: Identification and Removal of Barriers

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

1. Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?
Yes X
2. Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?
Yes X
3. Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments.

Triggers	Considering instructions from the EEOC, EDI will continue conducting a more focused barrier analysis in FY 2023 to identify triggers and potential barriers at the GS-11 through GS-15, and SES pay scales, as compared to the goal of 12.00% for employees with reportable disabilities and 2.00% for employees with targeted disabilities. The percentage of PWD in the GS-11 to SES cluster was 13.66% in FY 2023, which exceeded the goal of 12.00%.
Barrier(s)	We have not completed the barrier analysis. Multi-year Barrier Analysis project is on-going.
Additional Information Available at this Time	Responsible Official(s): Céline Dazé, Disability Employment Portfolio Strategist Barrier Analysis Process Completed? No-Ongoing Performance Standards Address the Plan? Yes Barrier(s) Identified? No Sources of Data: Workforce Data Table B1-2, B1-2 Inclusion Rate, B-4P, B6P, B7, B8, B9-2, B9-2 Inclusion Rate; and Cognos Applicant flow data from OPM

Triggers	In accordance with guidance from EEOC, the Office of Equity, Diversity, and Inclusion (EDI) is committed to conducting a thorough and targeted barrier analysis during FY 2024. This analysis aims to identify any potential obstacles or challenges that may exist in the promotion process for qualified internal applicants with disabilities and individuals with targeted disabilities, especially as they strive to attain senior, grade level positions.
Barrier(s)	We have not completed the barrier analysis. The multi-year Barrier Analysis project is on-going.
Additional Information Available at this Time	Responsible Official(s): Céline Dazé, Disability Employment Portfolio Strategist Barrier Analysis Process Completed? No-Ongoing Performance Standards Address the Plan? Yes Barrier(s) Identified? No Sources of Data: Workforce Data Table B1-2, B1-2 Inclusion Rate, B-4P, B6P, B7, B8, B9-2, B9-2 Inclusion Rate; and Cognos Applicant flow data from OPM

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

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

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

