



DIVERSITY & INCLUSION AT HHS


“One Department — One Mission — One HHS”

FALL/WINTER 2016 ISSUE

IN THIS ISSUE

- [Diversity & Inclusion \(D&I\) Snapshot](#) 1
- [HHS Secretary’s Tribute to Veterans](#) 3
- [Day-to-Day D&I “Lunch & Learn” Series](#)..... 4
- [Sexual and Gender Minorities Formally Designated as a Health Disparity Population](#) 5
- [Creating a Leadership Library](#) 6
- [2016 HHS Hispanic Heritage Month Celebration](#) .. 7
- [NIH Observes National Employment Disability Awareness Month](#) 8
- [Native American Pride at 5600 Fishers Lane](#) 9
- [Strengthening Our Investment in Working Families and Child Care](#) 10
- [HHS ERG Leading Practices Roundtables](#)..... 11
- [ACL Releases Final Rule for Independent Living](#).. 12
- [DREAM Summer Internship](#)..... 13
- [Summary Calendar of Upcoming Events](#) 14

The HHS/OHR D&I Division thanks all authors, reviewers, and especially you, the reader, for making this Newsletter possible. If you wish to make comments, and/or contribute an article, contact Duilio Correa, HHS D&I Communications Lead, at: Diversity@hhs.gov.

For more information about the Division, visit us on: HHS.GOV | MAX.GOV | YOUTUBE. 

D&I SNAPSHOT

Duilio Correa, Communications Lead, D&I Division, HHS



The U.S. Department of Health and Human Services (HHS), Office of Human Resources (OHR), Diversity & Inclusion (D&I) Division proudly presents the 2016 Fall/Winter Issue of Diversity & Inclusion at HHS — a quarterly newsletter that showcases efforts to promote D&I across HHS. We sincerely hope that you find this publication informative, educational and enjoyable.

HHS HISPANIC EMPLOYEE ORGANIZATION (HEO)

Formed in 1981, the HHS Hispanic Employee Organization (HEO) serves as an independent resource, analyst, facilitator, and advocate for U.S. ethnic Hispanic populations and Hispanic employees in the Department. The HHS-HEO is sanctioned by the HHS Office of the Secretary as an Employee Resource Group (ERG) with all of the entitlements and responsibilities of such organizations, and is governed by established organizational by-laws.

President's Vision

A dynamic, diverse and results-driven ERG that, first and foremost, serves the HHS-HEO community through leadership, advocacy, engagement, information dissemination, mentoring, career development and innovation; and offers a safe and open forum for positive and respectful dialog and strategic planning.

Long-Term Goals

- Enhance multi-channel communication platforms
- Increase Department-wide awareness of the Organization's initiatives and activities
- Promote member engagement
- Disseminate clear and concise information about employment, mentoring, networking, and training opportunities
- Strengthen strategic partnerships, and internal and external collaborations
- Expand external outreach to increase visibility and marketability of the HHS-HEO

Contact [Duilio Correa](#), HHS-HEO President, for more information.

REPORT: SUBSTANCE USE AND MENTAL HEALTH PROFILE FROM THE 2015 NATIONAL SURVEY ON DRUG USE AND HEALTH

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center proudly supports states and territories in their efforts to address the behavioral health needs of military families. SAMHSA has released its first set of findings from the National Survey on Drug Use and Health for substance use and mental health issues among military spouses and military children. The Report demonstrates an ongoing need to provide behavioral health support to the 1.1 million military spouses and the 1.9 million military children who have sacrificed so much for our country. The report is available on SAMHSA's [website](#).

HHS UNIVERSITY

The mission of HHS University (HHSU) is to foster a Department-wide continuous learning environment by providing cost-effective quality services, and competency-based learning and career development activities, using innovative training solutions aligned with the Department's strategic goals.

Established in 2003, HHS University provides employees within the Department of Health and Human Services with high-quality training and developmental opportunities.

The services offered at HHS University align with the Department's core, leadership, and technical competencies. These services can be incorporated into employees' Individual Development Plans (IDP) to ascertain and develop an individual's knowledge, skills, or abilities.

Visit the [HHS University Portal](#), for more information.

STAFF PICKS

If you want to know more about diversity and inclusion, following are examples of free online training opportunities available via the [HHS Learning Management System](#).

- **Workplace Management: Global HR, Diversity, and Inclusion**
(Module: *HR_20_A01_BS_ENUS, 2.2*)
This course provides an overview of global HR trends and strategies, as well as legal systems and practices. HR's role in globalization is explored, along with approaches for enhancing D&I.
- **Diversity on the Job: Importance of Diversity and the Changing Workplace**
(Module: *LCHR_01_A52_LC_ENUS, 2.2*)
This course provides an overview of the Americans with Disabilities Act (as amended), the Family and Medical Leave Act, and other legislations that affect employers' responsibilities in these areas.

HHS Secretary's Tribute to Veterans

Sylvia M. Burwell, Secretary, HHS

Dear HHS Colleagues:

This week, we celebrate Veterans Day. This day gives us the chance to recognize the work our veterans have done and the sacrifices they have made. Here at HHS, it's an honor that we get to work with many of these outstanding individuals – men and women who have worn the uniform and solemnly pledged to put our nation's needs above their own.

At this Department, we have worked hard to engage and support the veteran workforce – both the members of our Armed Services, and the many members of the Public Health Service Commissioned Corps. Today, I wanted to share one of their stories with you.

Commander Christine Collins has served our nation in uniform for 22 years. She spent 15 years in the Air Force, first as an enlisted Security Forces member and then as an officer. Never taking a step away from the men and women on the front lines, CDR Collins spent the end of her Air Force career saving the lives of her fellow service members and our coalition forces, as a trauma critical care nurse.

In 2009, CDR Collins left the Air Force and joined the United States Public Health Service Commissioned Corps. She brought her commitment to health care to Tuba City, Arizona, where she was stationed to support the Indian Health Service. In Tuba City, CDR Collins worked as the lead clinical nurse to the adult urgent care clinic, serving more than 15,000 patients every year. Today, we're fortunate to have CDR Collins as a colleague, as Director of Operations in the Immediate Office of the Surgeon General.

This Veterans Day is our opportunity to thank all of the men and women who have put service before self. And you can start right here at HHS, by thanking the more than 5,700 veterans in our Department, like CDR Collins.

We have been fortunate that our Department's progress on veteran hiring has brought so many of these men and women to HHS, and there is always more work to be done.

So today, I want to send a personal thank you to all of the veterans here at HHS and the families who have supported a loved one in uniform. Our nation, and this Department, is better off because you chose to serve.

Thank you,

Sylvia M. Burwell
Secretary

Reprint from HHSNEWS, November 10, 2016

HHS/OHR D&I DIVISION

PRESENTS

DAY-TO-DAY D&I

SPECIAL “LUNCH & LEARN” SERIES

The Day-to-Day D&I “Lunch & Learn” Series, is an initiative sponsored by the HHS/OHR Diversity and Inclusion (D&I) Division to help create a more inclusive environment at HHS.

The objectives of this special series are to:

- Provide opportunity for discussion of day-to-day common interests, issues, and/or best practices;
- Increase interactive employee engagement throughout the Department; and
- Enhance HHS’ diversity & inclusion efforts.

The series format consists of presentations by subject matter experts, participants’ roundtable and extended Q&A. We continuously elicit topics for discussion from employees, using a human-centered design approach, in order to help us schedule future sessions.

SAVE-THE-DATES

Humphrey Building, Rm. 405-A • 1-800-857-0127 (PASSCODE: 7682500) • 12:00 p.m. – 1:00 p.m.

Wednesday, January 18, 2017

RECOMMENDATIONS FOR D&I TRAINING/HHSU

Presenters: Len Gerald, Diversity Program Manager Diversity & Inclusion (D&I) Division, HHS and Joan Bernal, Learning Management System (LMS) Administrator, HHS University, HHS

Wednesday, February 15, 2017

THE ABCs OF ERGs (EMPLOYEE RESOURCE GROUPS)

Presenter: Bonita V. White, Director, Diversity & Inclusion Division and ERG Program Manager, HHS

Wednesday, March 15, 2017

WOMEN’S HEALTH ISSUES

Designated Representative from the Office on Women’s Health, HHS

For further information or to request reasonable accommodation call 202-260-6675 or e-mail: diversity@hhs.gov. Please be alert to location and remote access updates via HHS News E-blasts.

Sexual and Gender Minorities Formally Designated as a Health Disparity Population for Research Purposes

Eliseo J. Pérez-Stable, M.D., Director, National Institute on Minority Health and Health Disparities (NIMHD), NIH



Eliseo J. Pérez-Stable, M.D.

On behalf of many colleagues who have worked together to make today possible, I am proud to announce the formal designation of sexual and gender minorities (SGMs) as a health disparity population for research at the National Institutes of Health (NIH). The term SGM encompasses lesbian, gay, bisexual, and transgender populations, as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms.

Mounting evidence indicates that SGM populations have less access to health care and higher burdens of certain diseases, such as depression, cancer, and HIV/AIDS. But the extent and causes of health disparities are not fully understood, and research on how to close these gaps is lacking. In addition, SGM populations have unique health challenges. More research is needed to understand these challenges, such as transgender people taking exogenous hormones.

Progress has been made in recent years, with gains in legal rights and changing social attitudes. However, stigmatization, hate-violence, and discrimination are still major barriers to the health and well-being of SGM populations. Research shows that sexual and gender minorities who live in communities with high

levels of anti-SGM prejudice die sooner—12 years on average—than those living in more accepting communities.

The Minority Health and Health Disparities Research and Education Act of 2000 authorizes the Director of the National Institute on Minority Health and Health Disparities (NIMHD), in consultation with the director of the Agency for Healthcare Research and Quality (AHRQ) at the U.S. Department of Health and Human Services, to define health disparity populations. This month, with strong support from AHRQ Director Andrew Bindman, M.D., I formally designate sexual and gender minorities as a disparity population for research purposes.

The designation builds on previous steps by NIH to advance SGM health research. In 2011, the Institute of Medicine (now The National Academies of Sciences, Engineering, and Medicine) published an NIH-commissioned report on LGBT health issues. In response to the report recommendations, NIH extended its research portfolio and created the Sexual and Gender Minority Research Office (SGMRO). The SGMRO, within the Office of the Director, coordinates NIH-supported activities on SGM health issues and provides guidance to researchers within and outside of NIH.

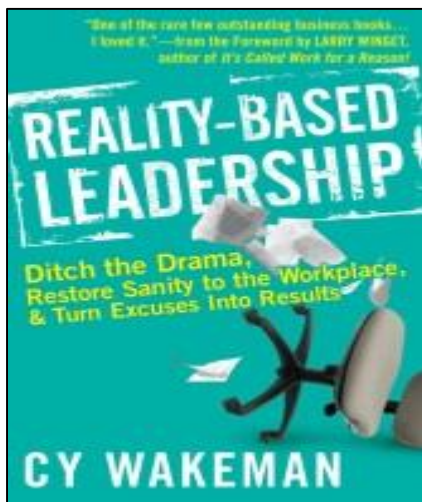
I offer my gratitude to inaugural SGMRO Director Karen L. Parker, Ph.D., M.S.W., and NIH Principal Deputy Director Lawrence A. Tabak, D.D.S., Ph.D., who led the proposal for designation. I also offer my gratitude to colleagues across NIH who served on the NIH-established working group for their careful consideration on this matter.

This designation marks an important and necessary step in realizing NIH's mission to advance the health of all Americans.

Creating a Leadership Library

Len Gerald, Diversity Program Manager, D&I Division, HHS

A few weeks ago, I had the pleasure of attending a workshop conducted by Cy Wakeman, a super engaging national keynote speaker, business consultant, and New York Times bestselling author of "Reality-Based Leadership."



Book Cover: Reality-Based Leadership

During the session, Ms. Wakeman made the case to be a leader who changes the way people think and perceive their circumstances; a leader who deals with the facts, clarifies roles, gives clear and direct feedback, and insists that everyone do the same—without drama or defensiveness. I really enjoyed her humor and ability to engage with each person in the workshop.

Additionally, I had the opportunity to learn new leadership techniques, and even discovered a new leadership book to help me invest in my personal and professional growth.

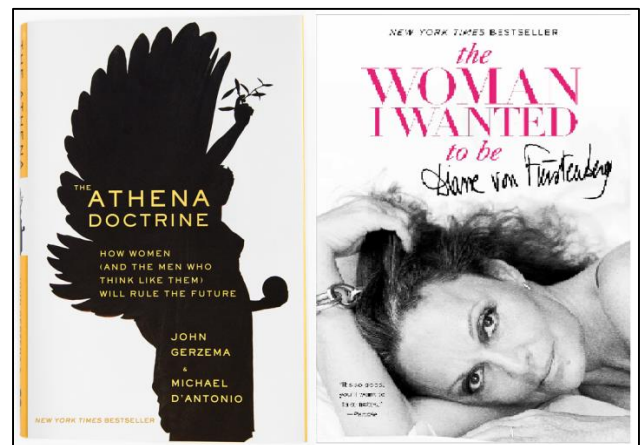
Typically, my reading lists are more non-fiction than fiction, and usually focus on topics like social justice, education, entrepreneurship, business start-ups, autobiographies, and world history. On average, I read four to six books per year. I also read a number of monthly and weekly periodicals including The Economist, Worth, Inc., Entrepreneur, Bloomberg BusinessWeek, as well as Architectural Digest and Modern Farmer.

If I was not working in the HHS/OHR Diversity and Inclusion (D&I) Division, I would be a librarian.

Favorite Quote(s): The Athena Doctrine -- Shimon Peres put it this way: "We are in a new season with many old minds, and the task is to adapt yourself...The modern leader is here to serve."

Needless to say, we live in a fast-paced world, and sometimes it can be very challenging to find one more thing to do. However, I have always scored a big return on my investment by creating a leadership library. I love libraries! Libraries are more than just books.

Further, libraries are socially vibrant communities overflowing with information and open access to vast resources. Therefore, for your professional development, I encourage you to take a moment to create your own leadership library. To help get things started, I highly recommend two of my favorite books:



- *The Athena Doctrine How Women (and Men Who Think Like Them) Will Rule the Future* by John Gerzema
- *The Woman I Wanted to Be* by Diane Von Furstenberg

2016 HHS Hispanic Heritage Month Celebration

Duilio Correa, Communications Lead, D&I Division, HHS

On Thursday, September 22nd, the 2016 HHS Hispanic Heritage Month (HHM) celebration took place at 5600 Fishers Lane, Rockville, MD, from 12:30 p.m. to 2:00 p.m. This year, the event was presented by the HHS Diversity & Inclusion (D&I) Division, in collaboration with the Health Resources and Services Administration (HRSA), Office of Civil Rights, Diversity & Inclusion, and the HHS HHM Planning Committee. The event was also live-streamed throughout the U.S., including a simulcast to the Hubert H. Humphrey Building in Washington DC.



Mary Wakefield Ph.D., R.N., Acting HHS Deputy Secretary and Victor Mendez, M.B.A., DOT Deputy Secretary

Each year we observe National Hispanic Heritage Month, from September 15 to October 15, in recognition of Hispanic/ Latino contributions, culture, traditions, and history in our great Nation. This tradition started in 1968 as Hispanic Heritage Week, under President Johnson. Thirty years later, the commemorative week was expanded by President Reagan to cover a 30-day period starting on September 15 and ending on October 15. It was enacted into law on August 17, 1988, on the approval of Public Law 100-402.

September 15 was chosen as the starting point of Hispanic Heritage Month due to its significance. It is the anniversary of independence of Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua. Moreover, on September 16 and September 18, Mexico and Chile celebrate their independence days, respectively. Further, Columbus Day or Día de la Raza, which celebrates the long and important presence of Hispanics in North America, also falls within this 30 day period.


This year's theme was "Embracing, Enriching, and Enabling America," and the goal was to bring together HHS leadership, employees and partners to observe and celebrate Hispanic/Latino contributions, culture, traditions, and history in our great Nation. Needless to say, the goal was accomplished. There were over 100 colleagues in attendance and many more participated remotely.



Event Planning Committee (note: not all members are shown)

I sincerely thank all distinguished speakers, listed below in order of appearance, for taking time from their schedule to make this a memorable Celebration:

- Cecilia Rivera Casale, Ph.D., Senior Advisor for Minority Health, AHRQ – EMCEE
- Anthony Archeval J.D., Director, Office of Civil Rights, Diversity & Inclusion, HRSA – Welcoming Remarks
- Mary K. Wakefield, Ph.D., R.N., HHS Acting Deputy Secretary – Opening Remarks
- Victor Mendez, M.B.A., Deputy Secretary, Department of Transportation (DOT) – Keynote Speaker
- Glorimar Maldonado, M.S., Chief Recruitment Officer, HHS – Special Guest Speaker

Special thanks to Los Quetzales Mexican Dance Ensemble for a very entertaining and educational cultural performance. The event is available in its entirety [ON-DEMAND](#) .

NIH Observes National Disability Employment Awareness Month (NDEAM)

Eric Bock, Writer/Editor, Office of the Director, NIH

Focus on what people with disabilities can do, rather than their limitations. That was the takeaway message at the 2016 National Disability Employment Awareness Month Kick-off at the NIH Main Campus, Wilson Hall, on October 5, 2016.

Dr. Maureen Gormley, Deputy Director for Management, National Institute on Neurological Disorders and Stroke (NINDS), gave the keynote address. She spoke about her experience hiring employees with intellectual disabilities (IDs) at the Clinical Center (CC), where she served as Chief Operating Officer in recent years. The event also featured brief presentations from NIH employees with disabilities.

“People with disabilities have a 30 percent lower national employment rate,” Gormley said. It’s especially problematic for those who are 18 to 21 years old with IDs as they transition from school to the workforce.

Several years ago, Gormley, then at the CC, received an e-mail from Ivymount School, a Rockville education center for children with learning and intellectual disabilities, speech and language disorders and autism spectrum disorders.

The e-mail asked if the CC would be interested in hosting interns through Project SEARCH, “a school-to-work transition program that helps kids with ID.” The program is supported by Ivymount and SEEC, a Silver Spring nonprofit that provides community-based employment support to transitioning youth and adults. The project was first developed at Cincinnati Children’s Hospital Medical Center in 1996. Gormley said the project is now active in more than 300 sites across the United States and Canada, England, Scotland, Ireland and Australia.

After a presentation by Ivymount staff, Gormley and one of her colleagues, Denise Ford, agreed to partner

with Project SEARCH. They found CC Departments that needed help and matched interns with jobs based on their skills and abilities. She noted that the jobs are complex and require the ability to focus. “It took some convincing on our part,” she said. “However, once people agreed, they seemed to have this match made in heaven. We were seeing it over and over again.”



CIT’s Phil Cummings and Pixel, his service dog.

At the time, Gormley was obtaining her doctoral degree. She wrote her dissertation about workplace stigma toward employees with disability because of her experiences with the project. She interviewed individuals from 14 organizations around the country that implemented Project SEARCH and asked co-workers about their perceptions before, during and after the organizations hired interns.

Before the internships began, Gormley found many employers skeptical of their ability to mentor someone with an intellectual disability. Employers also had concerns about how long it would take to teach participants and their ability to communicate effectively.

“People don’t necessarily presume that people with ID are going to be successful in the workplace,” she noted. “And that leads to negative co-worker perceptions before they even meet the individuals.”

Native American Pride at 5600 Fishers Lane

Kathryn Cook, Public Affairs Specialist, Office of Communications, HRSA

On Monday, November 7, 2016, the Agency for Healthcare Research and Quality (AHRQ), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), and Substance Abuse and Mental Health Services Administration (SAMHSA), hosted a special observance in commemoration of Native American and Alaska Native Heritage Month, at 5600 Fishers Lane, Rockville, MD in the atrium and pavilion. The theme of this well-attended event was "Serving Our Nations: Health and Wellness Across the Generations." Those who were unable to attend on-site had the option to join remotely via Web-EX.



Chef Freddie Bitsoie at the cooking demonstration

Beginning at 11:30 a.m., there was an entertaining cooking demonstration at the 5600 Café led by world renowned Chef Freddie Bitsoie of the Mitsitam Café at the National Museum of the American Indian, highlighting Native American and Alaska Native cuisine.

A number of distinguished speakers were in attendance, including Diana Espinosa, HRSA Deputy Administrator, who reaffirmed the agency's decades-long commitment to the tribes and applauded the Department's decision to house multiple related agencies at 5600 to improve coordination. HRSA has more than 200 people on staff throughout the agency affiliated with a tribe or Urban Indian organization; and this year alone, HRSA awarded \$1.8 million to four tribal health centers and one Urban Indian health center.

Moreover, P. Benjamin Smith, Deputy Director for Intergovernmental Affairs, IHS, and a Navajo, said a long history of pacts between the U.S. Government and the tribes — more than 400 treaties by 1871 — includes the provision of health services. "When you look at the signature lines on those treaties, you see the names of the presidents of the United States, George Washington, or the Secretary of State, Thomas Jefferson. Those promises were at that level."

Attorney Morgan Rodman of the White House Council on Native American Affairs said the treaties — and the enactment of the Indian Self-Determination and Education Assistance Act of 1975 — create a "trust relationship" between federal agencies and tribal leaders that only recently has been revived. In 2013, the Administration created the council by Executive Order 13647, acknowledging "a government to government relationship, as well as a unique legal and political relationship, with federally recognized tribes."

RECOGNIZED LEADER

Mirtha Beadle of the Substance Abuse and Mental Health Services Administration (SAMHSA) gave a 5-minute primer on the meaning of "trans-generational trauma" -- and how historic episodes of extreme violence and deprivation can alter the health of populations for decades. "We're not talking about the kind of trauma you see in an emergency room that anybody can have," she said. "We're talking about what happens to people who have lived with it for a very long time."

This very successful observance also featured an educational musical performance that showcased the rich and diverse tradition of Native American culture.

Comments can be e-mailed to CAPT Jean Plaschke: jean.plaschke@samhsa.hhs.gov.

Strengthening Our Investment in Working Families and Child Care

Rachel Schumacher, Director, Office of Child Care, ACF

In the Administration for Children and Families (ACF), Office of Child Care, we know that investing in expanding access to affordable, high-quality child care supports not only the economic stability of low-income working families, but also growing our national economy overall.

We also know that it is difficult for many families to pay for high-quality child care.

Too many parents still struggle with a choice between the economic security of work and the security of knowing their children are in a safe and nurturing child care setting. While the median income for families in this country is just over \$55,000 a year, the average cost of infant child care is \$10,000 a year — a price that rivals in-state college tuition in the majority of states in the country. This is an equation that is not working for the future of families, employers, or our nation's economy as a whole.

We are excited to join the Department of Labor to kick off a national conversation about how we can further strengthen our investment in working families and child care. Our partnership is helping us highlight links between our national economic security, family employment, and affordable access to high-quality child care. We hope you will share your story and tell us what affordable child care means to you.

New data suggests how big the challenges around finding affordable, high-quality care really are. Recently, I spoke about this challenge with National Public Radio (NPR). We talked about a recent poll conducted by NPR, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health. Their findings highlight the challenges parents of young children face in finding and paying for high-quality child care.

Interestingly, although parents reported cost was the most significant hurdle in accessing high-quality care, they also overwhelmingly reported that they feel their children benefit once in care. Parents are backed up by decades of brain science research that also tells us how high-quality child care supports development.

Translating what we know from research and data into policies that support programs and providers in delivering high-quality care to children and their families is a priority here at ACF.

ABOUT THE ACF

The Administration for Children and Families (ACF) was created on April 15, 1991, following the merger of the Office of Human Development Services, the Family Support Administration, and the Maternal and Child Health Block Grant Program.

The ACF promotes families, children, individuals and communities with funding, strategic partnerships, guidance, training and technical assistance. Additionally, the Administration administers more than 60 programs with a budget of more than \$53 billion, making it the second largest agency at HHS.

To read about the ACF's Strategic Plan, visit the [Administration's website](#) .

The foundation of a quality program is health and safety standards, including those recommended by ACF's Caring for Our Children guidelines. Once that is established, we know the most powerful impact on child development and learning is the quality of the teachers and caregivers.

We know that it is not easy to create a qualified, trained, and professionally supported early childhood workforce when our overall national investment in high-quality, affordable child care is still too low.

Currently, there is little incentive to go into early childhood teaching. On average, the pay for early childhood professionals is lower than for K-12 teachers, and the median income for child care professionals in every state would make them eligible for food stamps or the Supplemental Nutrition Assistance Program (SNAP).

This is one of many issues addressed when the final Child Care and Development Fund regulations were released in September. They strengthen the program's commitment to quality improvement, and help ensure that children get high quality early learning opportunities, no matter the setting in which they receive care.

This is just one small step. ACF and the Department of Labor will work together to push this national conversation on how to realize this vision to increase access to high-quality affordable child care, and we ask that you join us. This is a conversation to be held at family gatherings, in communities, and with policymakers everywhere.

It is time for this country to help all children realize their full potential, and all parents to have peace of mind knowing they can work or attend school knowing their children are safe, healthy, and learning.

HHS Employee Resource Group (ERG) Engagement/Leading Practices Roundtables

Sonya Keeve, Diversity Specialist, D&I Division, HHS

The HHS Employee Resource Group (ERG) Program stood up in March 2013, under the Office of Human Resources, Strategic Programs Directorate, as a vehicle to facilitate HHS' improved engagement with ERGs, and to work in conjunction with the Diversity and Inclusion Division to enhance HHS recruitment, retention and representation efforts. Bonita V. White, M.A., J.D., who had served as HHS' Director, EEO Compliance and Operations since 1992, was appointed ERG Program Manager to lead this vital Secretarial initiative.

In September 2016, the HHS/OHR D&I Division launched the ERG Engagement/Leading Practices Roundtables to connect ERGs with the same purpose/mission across HHS Operating Divisions in information-sharing, networking, mentoring, barrier analysis, strategic planning and other activities in order to enhance engagement and exchange best/leading practices related to their constituencies. The format of the Roundtable includes the use of a facilitator, open discussions/feedback and round-robins.

The first HHS ERG Engagement/Leading Practices Roundtable was held for cross-OPDIV Hispanic ERGs to coincide with HHS' Hispanic Heritage Month Observance on Thursday, September 29, 2016.

D&I hosted ERG Engagement/Leading Practices Roundtables in October for Disability ERGs, in November for Veterans and Native Americans ERGs, and in December for Faith-Based ERGs.

SAVE-THE-DATE

African American ERGs Roundtable

Thursday, February 9, 2017

Humphrey Building, Room 325-A

1:00 p.m. – 3:00 p.m.

1-800-857-0127 (PASSCODE: 7682500)

Administration for Community Living (ACL) Releases Final Rule for Independent Living (IL) Programs

ACL Office of External Affairs

On Wednesday, October 26, 2016, the [Final Rule for Independent Living \(IL\) Programs](#) went on display in the Federal Register. The rule was developed in close coordination with the independent living network and addresses the requirements of the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA). Specifically, the final rule:

Clarifies requirements surrounding WIOA's addition of new core services to:

- Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based settings.
- Provide assistance to individuals with significant disabilities who self-identify as being at risk of entering institutions so that the individuals may remain in the community.
- Facilitate the transition of youth with significant disabilities who are no longer in school and no longer receiving services under section 614(d) of IDEA.

Clarifies several key definitions. For example:

- "Consumer control" adds specificity to definition in the context of individuals to mean that the person with a disability has control over his or her personal life choices, independent living plan and has the right to make informed choices about content, goals and implementation. Prior to the final rule, "consumer" was sometimes interpreted to include the parents or caregivers of the person with a disability
- "Personal assistance services" is now defined to explicitly include assistance with activities outside of employment, such as social activities and parenting.

Addresses the roles and responsibilities of the State Independent Living Council, as defined by WIOA. For example, the final rule:

- Includes additional details of what must be a part of the SILC Resource Plan to carry out the functions of the SILC.
- Addresses the SILC's authority to conduct resource development activities to support the provision of services by Centers for Independent Living.
- Clarifies the expanded role of the SILC in the development of the State Plan for Independent Living.

ABOUT THE ACL

All Americans—including people with disabilities and older adults—should be able to live at home with the supports they need, participating in communities that value their contributions. To help meet these needs, the U.S. Department of Health and Human Services (HHS) created a new organization, the Administration for Community Living (ACL). The Administration brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan. To learn more, visit [ACL's portal](#).

Over the coming months, ACL will be working with grantees and stakeholders as needed to answer questions and support CILs and SILCs as they implement the rule. Please send questions to ILFinalRuleFeedback@acl.hhs.gov.

National Institutes of Child Health and Human Development (NICHD) DREAM Summer Internship

Sheila Monroe, Selective Placement Coordinator, Office of Equity, Diversity & Inclusion (EDI), NIH

In response to Executive Order 13548, Increasing Federal Employment of Individuals with Disabilities, the NIH Eunice Kennedy Shriver National Institutes of Child Health and Human Development (NICHD) piloted a summer internship program targeting post-secondary students and recent graduates with disabilities interested in pursuing research or administrative careers at the NIH.

This Internship program is referred to as “DREAM” (Diversity in Research, Executive, and Administrative Management), and began in the spring of 2013. NICHD initiated a partnership with the Office of Human Resources (OHR), Client Services Division (CSD), Branch H and Corporate Recruitment Unit (CRU), to develop an internship program that would expose students with disabilities to a variety of opportunities in both administration and research within their Institute. The objective of the program is to expose these young people to the federal work place environment and provide valuable work experience. NICHD conducted a survey of interest and, based on the hiring needs of their management officials, it was determined that five interns were needed.

The internship is structured as a paid, summer program utilizing the Schedule A Hiring Authority. Candidates for the DREAM Program are identified through a variety of candidate sources such as the Workforce Recruitment Program (WRP), Gallaudet University, and an applicant pool maintained by CRU. These candidates are shared with the NICHD DREAM Program Manager who matches manager’s needs with intern skills sets and interests.

The CSD HR Branch reviews and confirms candidate qualifications, and extends the final offer. Interns are hired at GS-4 thru 7 levels into the following career fields: Office Automation Clerk, Program Support Clerk and Program Analyst.



Summer DREAM Interns

In response to an Intern Program Evaluation, in 2015 the Human Resources staff from Branch H and CRU conducted the first presentation on “How to Write a Federal Resume and Apply to USAJOBS”, to encourage the pursuit of federal agency employment at the end of their summer internship.

Furthermore in 2016, CRU expanded its sourcing for candidates by establishing a new partnership with Next Level Transition Consulting (NLTC) which provided interns. This resulted in a greater number of available student interns. The Program continues to be highly successful as demonstrated by the increase in the number of student intern slots requested from its initial pilot of five to nine interns hired for the summer of 2016.

As a result, two DREAM Interns have accepted permanent positions: one accepted a permanent position within NICHD, and another one accepted a student trainee position in the Social Work Department within the NIH Clinical Center. If you are interested in learning how your agency or organization can develop a DREAM Internship Program, please contact Sheila Monroe, NIH Selective Placement Coordinator on (301) 496-6504 or Monroes@od.nih.gov.

Summary Calendar of Upcoming Events

DAY-TO-DAY D&I: “Lunch & Learn” Series, 12:00 p.m. – 1:00 p.m. EST.

- Wednesday, January 18, 2017: Recommendations for D&I Training/HHSU
- Wednesday, February 15, 2017: The ABCs of ERGs
- Wednesday, March 15, 2017: Women’s Health Issues

Thursday, January 12, 2017:

The Southwest Interagency Commemorative Committee will hold its Martin Luther King, Jr. Holiday Observance in the Hubert H. Humphrey Building, Great Hall, from 1:00 p.m. to 3:00 p.m. EST, featuring “The Meeting” by Pin Points Theatre.

Thursday, February 9, 2017:

The HHS African American ERGs Engagement/Leading Practices Roundtable takes place at the Humphrey Building, Room 325-A, from 1:00 p.m. to 3:00 p.m. EST.

