



Health Resources and Services Administration
**Equal Employment Opportunity Commission
Management Directive 715 Annual Report**
Fiscal Year 2021

Office of Civil Rights, Diversity and Inclusion
5600 Fishers Lane, 14N162
Rockville, Maryland 20857

EEOC FORM 715-01 PART A - D		U.S. Equal Employment Opportunity Commission FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT			
For period covering October 1, 2020 to September 30, 2021					
PART A Department or Agency Identifying Information	1. Agency		1. Department of Health and Human Services		
	1.a. 2 nd level reporting component		Health Resources and Services Administration		
	1.b. 3 rd level reporting component				
	1.c. 4 th level reporting component				
	2. Address		2. 5600 Fishers Lane		
	3. City, State, Zip Code		3. Rockville, Maryland 20857		
	4. CPDF Code	5. FIPS code(s)	4. HE34	5. 1189	
PART B Total Employment	1. Enter total number of permanent full-time and part-time employees			1. 2,186	
	2. Enter total number of temporary employees			2. 55	
	3. Enter total number employees paid from non-appropriated funds			3. 0	
	4. TOTAL EMPLOYMENT [add lines B 1 through 3]			4. 2,241	
PART C Agency Official(s) Responsible For Oversight of EEO Program(s)	1. Head of Agency Official Title		1. Carole Johnson, HRSA Administrator		
	2. Agency Head Designee		2. Diana Espinosa, Deputy Administrator		
	3. Principal EEO Director/Official Title/series/grade		3. Anthony F. Archeval, EEO Director, Office of Civil Rights, Diversity and Inclusion, ES-260-00		
	4. Title VII Affirmative EEO Program Official		4. LaKaisha T. Yarber Jarrett		
	5. Section 501 Affirmative Action Program Official		5. Katherine A. Slye-Griffin		
	6. Complaint Processing Program Manager		6. Oscar Toledo		
	7. Other Responsible EEO Staff		LaKaisha T. Yarber Jarrett, Principal MD-715 Preparer		
			Yvonne Wills, Alternative Dispute Resolution Program Coordinator		
Mary Tom, Hispanic Employment Program Manager, Federal Women's Program Manager					
B. Robin Moore, Disability Employment Program Manager/Selective Placement Program Coordinator					

EXECUTIVE SUMMARY

MISSION

The mission of the U.S. Department of Health and Human Services (HHS or Department) is to enhance the health and well-being of Americans by providing effective health and human services and fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. The Department accomplishes its mission through established programs and initiatives that cover a broad spectrum of activities, while serving Americans in every stage of life. Eleven operating divisions – including eight agencies in the U.S. Public Health Service, three human services agencies, and the Office of Inspector General – administer initiatives and programs. In addition, 16 staff divisions provide leadership, direction, and policy management guidance to the Department.

As an HHS Operating Division (OpDiv), the Health Resources and Services Administration (HRSA) is the primary federal agency for improving access to health care for people who are geographically isolated or economically or medically vulnerable. HRSA programs support people with HIV, pregnant people, mothers and their families, those with low incomes, residents of rural areas, American Indians and Alaska Natives, and those otherwise unable to access high-quality health care. HRSA employs 2,241 civilian employees across seven bureaus, 11 offices, and 10 regional offices whose primary responsibility is to provide leadership and financial support to health care providers throughout the United States and its territories. HRSA’s mission is to improve health outcomes and achieve health equity through access to quality services; a skilled health workforce; and innovative, high-value programs. HRSA’s goals are to:

1. Take actionable steps to achieve health equity and improve public health
2. Improve access to quality health services
3. Foster a health workforce and health infrastructure able to address current and emerging needs
4. Optimize HRSA operations and strengthen program engagement

Through its efforts, HRSA envisions a nation of “Healthy Communities, Healthy People.”

The HRSA Office of Civil Rights, Diversity and Inclusion (OCRDI) provides a comprehensive range of products and services in the areas of civil rights and equal employment opportunity (EEO) to HRSA’s employees, applicants for employment, and recipients of federal funding. OCRDI provides these services to ensure compliance with federal civil rights laws and regulations, and federal directives from the U.S Equal Employment Opportunity Commission (EEOC). The mission of OCRDI is Together we build a culture of fairness, diversity, and inclusion to improve health and achieve health equity. OCRDI also supports HRSA’s senior leadership with strategic thinking, tactical planning, and creative problem-solving to enhance diversity, equity, inclusion, and accessibility in support of HRSA’s mission. OCRDI aims to:

1. Create and sustain an optimal EEO program where issues are fairly and equitably addressed through the application of federal civil rights laws, education, and outreach.
2. Integrate diversity and inclusion as a strategic priority throughout HRSA.
3. Promote equity in HRSA-funded programs in order to improve access to quality care for underserved populations.
4. Strengthen staff capacity to ensure equity, diversity, inclusion, and accessibility in HRSA programs and workforce.

ASSESSING THE AGENCY’S EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

In fiscal year (FY) 2021, HRSA, led by OCRDI and the Office of Human Resources (OHR), conducted its annual assessment of the agency’s EEO Program against the six essential elements of a model EEO program as defined by the EEOC. HRSA performed the assessment as part of its ongoing obligation to eliminate barriers that impede free and open competition in the workplace and prevent individuals of any racial or national origin group, color, sex (including gender identity and sexual orientation), religion, or disability status from realizing their full employment potential. Based on the self-assessment findings, HRSA met 89 percent (139 out of 156) of the program expectations associated with the six essential elements of a model EEO program. HRSA developed corrective action plans in response to the remaining unmet program expectations. As outlined in Part H of this report, HRSA will implement these plans in FY 2022 and report progress toward eliminating the EEO program deficiencies in subsequent annual reports.

Self-Assessment Findings

Essential Element A: Demonstrated Commitment From Agency Leadership

HRSA continues to meet the EEO program expectations of Essential Element A with no program deficiencies. Annually, the HRSA Administrator issues a joint EEO and anti-harassment policy statement and a statement pursuant to the Notice of Federal Anti-Discrimination and Retaliation Act of 2002 (No FEAR Act) to all employees. The FY 2021 joint policy statement was issued on July 27, 2021. HRSA also has a Reasonable Accommodations (RA) Policy and Procedures Manual to ensure an EEO-compliant, interactive process. Throughout the year, HRSA continued to use various outlets to communicate these EEO and RA policies and procedures to its employees including, but not limited to, new employee orientation, EEO and RA trainings, internet postings, and building signage. This information was also provided during diversity and inclusion consultations, as well as in responses to inquiries received through the general OCRDI and Diversity email inboxes.

In FY 2021, leaders continued to demonstrate a commitment to EEO and diversity, equity, inclusion, and accessibility (DEIA) through their ongoing efforts to collaborate with HRSA's employee resource groups (ERGs). HRSA senior leaders served as Executive Champions and worked closely with elected ERG leaders to develop and implement strategic plans that focused on strengthening the workforce demographic profile and enhancing the overall employment lifecycle of historically underrepresented groups. HRSA's senior leaders supported ERGs in increasing awareness of workforce, workplace, and public health challenges through special observances, town hall discussions, etc. Senior leaders participated on ERG panels and/or identified panelists for various programs, as well as demonstrated leadership in DEIA by promoting the ERGs and associated activities during the agency's weekly senior staff meetings. As a result of these efforts and as part of the annual HRSA Honor Awards, the Administrator's Award for Equal Opportunity Achievement is awarded to employees who provide leadership and service that significantly advances EEO in the workplace.

HRSA's Administrator continued to use the annual Federal Employee Viewpoint Survey (FEVS) to assess employees' perceptions and the overall climate pertaining to EEO, diversity, and inclusion matters. HRSA also used the survey findings to determine strategic priorities. Bureau and Office (B/O) leaders discussed FEVS initiatives with the Administrator.

HRSA ensured that all employees complied with mandatory EEO training requirements. New employees were required to complete EEO Awareness Training, inclusive of a No FEAR Act component, within 45 days of onboarding. HRSA's New Supervisor Orientation informed new supervisors of the EEO laws and policies. HRSA also provided anti-harassment training to its managers and supervisors as well as developed and launched a mandatory No FEAR Act online training that covers topics beyond the general EEO awareness training.

The HRSA Learning Institute offers informal training on emotional intelligence, difficult conversations, situational leadership, and conflict management. In addition, the formal career development programs contain modules focusing on diversity and inclusion topics.

Essential Element B: Integration of EEO into the Agency's Strategic Mission

The integration of EEO into HRSA's strategic mission continued in FY 2021 through the inclusion of OCRDI in activities pertaining to human capital management and succession planning initiatives, including:

- Implementing the 2019-2022 HRSA Strategic Plan which incorporated EEO/diversity and inclusion principles. HRSA issued an interim update to the FY 2019 – 2022 HRSA Strategic Plan to ensure alignment with Administration and HHS priorities that included an even stronger focus on DEIA.
- Maintaining funding for HRSA's Complaints Program, Alternative Dispute Resolution (ADR) Program, and RA Program so they are available to current and former employees and to job applicants.
- Ensuring the EEO Director has direct access to the Administrator and regularly consults and advises the Administrator on EEO and diversity matters. This includes holding standing meetings between the EEO Director, HRSA Administrator, Deputy Administrator, and Chief Operating Officer to discuss EEO matters such as compliance activity, workforce representation, and special emphasis programs.
- Maintaining ongoing communication and collaboration between the EEO Director and the HR Director through bi-weekly meetings to ensure that HRSA's policies, procedures, and practices do not negatively impact any workforce demographic. The EEO Director also actively participates in bi-weekly Executive Officers meetings to

further emphasize the importance of developing and maintaining processes that do not cause adverse impact to any one group of employees.

Additionally, HRSA's EEO Director is an active member of the HHS EEO/Diversity and Inclusion Strategy Council. Throughout the fiscal year, the HHS EEO directors continued to meet on a weekly basis to discuss and address various aspects of the EEO Program, including strategies for eliminating HHS-wide EEO program deficiencies. The Council works to develop and drive the HHS-wide strategy as well as highlight key focus areas and concerns for the OpDivs.

The HRSA ERG Program is comprised of six ERGs: the Council on Employees with Disabilities, Hispanic ERG, Asian American Pacific Islander ERG, Veterans Council, Returned Peace Corps Volunteers at HRSA ERG, and HRSA Pride. Each ERG supports the professional development, advancement, and retention of its members. Senior leaders who have direct contact with the Administrator serve as Executive Champions for each ERG and advise the ERGs and advocate on their behalf. Together, the ERGs help foster a diverse, equitable and inclusive environment and demonstrate HRSA leadership support of these principles.

OCRDI's Special Emphasis Program Managers lead barrier analysis efforts for HRSA. Complaints management staff, reasonable accommodations specialists, human resources personnel, and ERGs support the Special Emphasis Program Managers by timely responding to data calls, providing subject matter expertise, and participating in focus group discussions and/or key informant interviews. In late FY 2020, HRSA secured funding to support a HRSA-wide needs assessment to support the upcoming barrier analysis of senior level positions and the three most populous mission critical occupations; however, the assessment is postponed until FY 2022 due to budget constraints. As part of the barrier analysis process, the agency began reviewing workforce data for triggers to EEO in senior level positions and mission critical occupations in FY 2021. Preliminary findings indicated that persons with disabilities (PWD, 5.73 percent) as well as persons with targeted disabilities (PWTD, 0.38 percent), are hired at rates below the OPM target of 12 percent and 2 percent, respectively. With a focus on disability employment, trigger identification will continue through early FY 2022 and will be used to guide the remainder of the barrier analysis process as well as support the HRSA-wide needs assessment.

Timely Issuance of Final Agency Decisions

Final agency decisions (FADs) are issued by the Department and, due to staffing challenges, were often unable to process in a timely manner. In 2019, HHS changed the internal processing of FADs to remove contractor drafters and require only federal employees as drafters. Unfortunately, HHS did not have a cadre of employees skilled in drafting FADs on board before implementing this decision. Consequently, HHS developed a backlog of FADs.

To eliminate this backlog, in July of 2020, HHS hired a director to supervise the processing of FADs and stood up the Complaints Adjudication Division (CAD) in the Office of Equal Employment Opportunity, Diversity & Inclusion (EEODI). In FY 2021, the director hired four employees to write FADs. Additionally, the director posted the deputy director position, but was unsuccessful in finding a suitable candidate. In FY 2022, the director expects to hire a deputy director and the remaining four FAD writers.

In addition to hiring staff to draft the FADs, CAD has implemented a plan to eliminate the backlog of FADs by December 31, 2022. The backlog reduction plan has two parts. The first part requires the resolution of all new FADs within 60 days of the FAD election. This requirement ensures the backlog does not grow. The second part requires the resolution of the FADs in the backlog by priority levels based on whether the complaint has been remanded and when the FAD request was made. This requirement ensures HHS resolves remands and the oldest complaints first. *See HHS' MD-715 Report for more information.*

Reporting Structure

With the passage of the Elijah E. Cummings Federal Employee Antidiscrimination Act of 2020 (EECFEAA), the head of each federal agency's EEO program shall report directly to the head of the agency. With regard to HHS and its Operating Divisions (OpDivs), the head of each OpDiv EEO program and the mission-related programmatic offices previously reported to the same OpDiv head designee. However, pursuant to the EECFEAA, EEODI is exploring a process to change the reporting structures at HHS to ensure the OpDiv EEO Director will report directly to the OpDiv Head. Specifically, in FY 2021, EEODI began benchmarking the reporting structures of its OpDivs. In FY 2022, EEODI plans to present a comprehensive re-examination of the Department-wide EEO reporting structures to the HHS leadership. In the first quarter of 2025, EEODI projects HHS leadership will approve a plan to transition HHS OpDivs to the new reporting structure to comply with the EECFEAA. Finally, by the end of the second quarter of FY 2025, EEODI projects the OpDivs will transition to the new reporting structure to comply with the EECFEAA. *Refer to the HHS' MD-715 Report for additional details.*

Essential Element C: Management and Program Accountability

HRSA continues to strengthen its efforts to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the EEO program. While HRSA does not have EEO representation in its ten regional offices (this function is centralized at HRSA Headquarters as the staffing levels in the regional offices do not warrant dedicated EEO staff), it does conduct technical assistance (TA) visits to regional offices to assess EEO program deficiencies and address any triggers and/or barriers to EEO. One hundred percent of the agency's regional offices received TA visits over the past three fiscal years with the final four visits occurring virtually in early FY 2021. All components and regional offices make concerted efforts to comply with site visit recommendations. Furthermore, EEO updates are provided to management/supervisory officials by OCRDI on a regular basis via annual State of the Agency briefings, monthly senior staff meetings, and quarterly EEO trainings.

In FY 2021, HRSA focused on improving three facets of management and program accountability: comprehensively rating leaders on their commitment to EEO; processing RA requests within the established timeframes; and having access to accurate and reliable workforce data. HRSA recognized that the administrative requirements contained in managers'/supervisors' performance appraisal plans across HHS did not cover the full scope of ensuring EEO as outlined in MD 715 Essential Element C. Therefore, the agency committed to actively participating in the development of a new set of performance standards for all of HHS that addresses the critical aspects of EEO, diversity, and inclusion. HRSA added HHS-wide diversity, equity, inclusion, and accessibility (DEIA) standards to the Leading People element within the SES' performance appraisals as well as developed a HRSA-specific compendium. Starting with the SES, full implementation will begin with the FY 2022 rating period – thus eliminating this program deficiency.

The agency improved its RA case processing time in this reporting period and in FY 2021, HRSA processed 88 percent of RA requests within the 45-day timeframe set forth in the agency's RA Policy and Procedures Manual. This represents a 9 percent increase in timely-processed requests from FY 2020 in which HRSA timely processed 81 percent of the requests. The primary challenges related to processing 100 percent of the RA cases within the established timeframes included (1) COVID-19 vaccine exemption case-processing under Executive Order 14043 in accordance with guidance from HHS, Office of the Secretary; (2) return-to-work-based request case processing in accordance with guidance from HHS, Office of the Secretary; and (3) supervisory response times (non-COVID-19 vaccine cases and non-return to work cases). Therefore, as indicated in Part H, the agency will continue to take proactive, targeted steps to eliminate this program deficiency.

Lastly, the continued use of multiple data systems has created HHS-wide data challenges that impede OCRDI's ability to timely access accurate and complete data required to prepare the MD-715 workforce data tables. In line with HHS's efforts to develop a model EEO program, EEODI along with the OpDivs have continued working together to assess the strengths and weaknesses of our EEO and diversity programs. Through this collaborative Department/OpDiv effort, and through the full implementation of the Enterprise Human Capital Management (EHCM) system we have addressed some of the data-related issues and workforce numerical differences between the internal data warehouse, Business Intelligence Information System (BIIS), and the Federal Sector EEO Portal (FEDSEP). HHS is still in the process of addressing differences in programming logic that cause differences in the staffing totals between the HHS data and FEDSEP. Therefore, Parts E, I, and J were completed for the FY 2021 report using the Department BIIS current data as HHS works to address the numerical differences and other data and implementation issues listed above with full support from HRSA. See HHS' MD-715 report for details on how this program deficiency is being addressed at the Departmental level.

Essential Element D: Proactive Prevention

There are no program deficiencies associated with Essential Element D. HRSA continues to make early efforts to prevent discrimination and to identify and eliminate barriers to EEO. The agency conducts an assessment to monitor progress towards achieving EEO throughout the year. The agency identifies triggers in the workplace by examining multiple data sources including but not limited to workforce data, complaints data, and employee climate survey results. In collaboration with OHR and applicable B/Os, OCRDI leads the agency in examining management/personnel policies, procedures, and practices when changes are made to existing guidance or new guidance is developed. The agency not only considers whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments, but also plans to develop and/or implement additional EEO-focused measures to enhance the agency's ability to ensure equitable organizational changes .

The agency has sufficient budget and staffing to conduct barrier analyses. When undergoing barrier analysis, the agency has used data taken from complaints, exit surveys, focus groups, FEVS, RA Program, Special Emphasis Programs, and

the ERGs to uncover and eliminate barriers to EEO. Moreover, the agency plans to conduct an agency-wide diversity and inclusion needs assessment in FY 2022 to identify and strategically address any gaps and barriers to EEO.

The agency has dedicated resources to ensure it makes reasonable efforts to increase the number of people with disabilities in the HRSA workforce. The Selective Placement Program Coordinator works closely with OHR recruitment specialists to fill job vacancies with qualified Schedule A candidates. The agency also maintains a resume repository of individuals who qualify for the Schedule A Hiring Authority. The agency's hiring managers use the repository as a means for filling job vacancies at a faster rate than traditional methods. In addition, the agency has developed a diversity recruitment checklist to assist hiring officials with diversifying applicant pools, expanding the use of special hiring authorities, and ensuring EEO-compliant interviewing and selection processes. HRSA piloted and fully integrated the checklist into the agency's recruitment and hiring process in FY 2021.

Essential Element E: Efficiency

HRSA has a neutral EEO process with clear separation between its EEO complaint program and the Office of the General Counsel's defensive function. HRSA ensures that actions taken by the agency to protect itself from legal liability do not negatively influence or effect the agency's process for determining whether discrimination has occurred. HRSA conducts legal sufficiency reviews.

HRSA continues to process 100 percent of its investigations within the established regulatory timeframe; however, FADs are not timely issued when the complainant does not request a hearing or following receipt of the hearing file and the administrative judge's decision. The Department issues FADs and has devised a plan to eliminate these HHS-wide deficiencies, as indicated in this report. Additionally, while HRSA has systems in place to accurately collect, monitor, and analyze complaint activity, the agency does not have a system to reliably and accurately collect and manage applicant flow data nor data related to workforce demographics (i.e., race, national origin, sex, and disability status of its employees). Moreover, HRSA does not have a system in place to resurvey the workforce since it relies on HHS to collect workforce demographics information of all HHS employees. The HHS data collection is currently delayed at the enterprise level. The Department is addressing these HHS-wide deficiencies with full support of HRSA. See HHS' MD-715 Report for details.

Essential Element F: Responsiveness and Legal Compliance

HRSA has no program deficiencies associated with Essential Element F and continues to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions. HRSA maintains an effective system of management controls to ensure that its officials comply with EEOC orders/directives and final agency actions timely and accurately and comply with resolutions/settlement agreements. Note, HRSA's Complaints Manager monitors and tracks compliance with settlement agreements and other EEOC orders. To ensure full implementation of any settlement, the Complaints Manager also coordinates the efforts of senior leadership, responsible management officials, OHR, and the Office of the General Counsel. In FY 2021, HRSA experienced an 86 percent increase in the number of employees who contacted OCRDI for EEO complaint-related matters, from 22 people in FY 2020 (reflecting an unusually low case count) to 41 people in FY 2021. Despite the increase, HRSA had seven new formal cases—the same number of formal cases that were filed in FY 2020. HRSA successfully uses ADR and EEO counseling, which contribute to the low number of formal EEO complaints filed. The most alleged basis of discrimination remains disability followed by reprisal and race; the most common issues are performance appraisal ratings, assignment of duties, and harassment.

WORKFORCE ANALYSES

Data in this section is self-reported and is usually gathered when the employee was initially hired. The data is stored and retrieved from Business Intelligence Information System (BIIS).

Total Permanent Workforce

Gender, Race and National Origin

As of September 30, 2021, HRSA maintained a permanent workforce of 2,186 full-time and part-time employees, up 6.17 percent from the 2,059 employees reported in FY 2020. Of the 2,186 employees, 613 (28.04 percent) were males and 1,573 (71.96 percent) were females. The percentage of males (28.04 percent) was significantly below the Civilian Labor Force (CLF) of 51.80 percent, while the percentage of females (71.96 percent) was significantly above the CLF of 48.20 percent.

In addition to a review of the gender distribution, the distribution of the FY 2021 HRSA workforce by race, national origin, and gender was as follows:

- Hispanic or Latino males represented 1.42 percent or 31 employees; Hispanic or Latina females represented 3.52 percent or 77 employees;
- White males represented 13.82 percent or 302 employees; White females represented 29.78 percent or 651 employees;
- Black or African American males represented 8.51 percent or 186 employees; Black or African American females represented 30.65 percent or 670 employees;
- Asian males represented 3.93 percent or 86 employees; Asian females represented 7.32 percent or 160 employees;
- American Indian or Alaska Native males represented 0.27 percent or 6 employees; American Indian or Alaska Native females represented 0.37 percent or 8 employees; and
- Two or More Race males represented 0.09 percent or 2 employees; Two or More Race females represented 0.23 percent or 5 employees.

A review of the race, national origin, and gender of HRSA employees showed the following groups were below their respective CLF rates: Hispanic or Latino males and females; White males and females; American Indian or Alaska Native males; and, Two or More Race males and females. However, the participation rates of Black or African American males and females, Asian males and females, and American Indian or Alaska Native females exceed their respective CLF rates.

Persons with Disabilities and Persons with Targeted Disabilities

For the permanent workforce, the percentage of PWDs increased from 9.13 percent in FY 2020 to 9.38 percent in FY 2021, and the percentage of PWTs also increased from 1.31 percent to 2.65 percent. The EEOC requires federal agencies to adopt employment goals for PWDs and PWT.

Therefore, in accordance with section 1614.203(d)(7) of the CFR, HRSA is taking steps to gradually increase the number of PWDs and PWTs to meet the following goals:

- No less than 12 percent of employees at the GS-11 level and above are individuals with disabilities;
- No less than 2 percent of employees at the GS-11 level and above are individuals with targeted disabilities;
- No less than 12 percent of employees at the GS-10 level and below are individuals with disabilities; and
- No less than 2 percent of employees at the GS-10 level and below are individuals with targeted disabilities.

Grade Levels

Gender, Race and National Origin

In FY 2021, HRSA had 29 permanent employees at the SES grade, 270 at the GS-15 grade, 426 at the GS-14 grade, and 989 at the GS-13 grade. For the SES grade, the participation rates of Black or African American males (0 percent) and females (24.14 percent), Asian males (0 percent) and females (3.45 percent), American Indian or Alaska Native males (0 percent) and females (0 percent), and Two or More Race males (0 percent) and females (0 percent) were below their respective permanent workforce participation rates. However, the SES participation rates of Hispanic or Latino males (6.90 percent) and females (6.90 percent) and White males (17.24 percent) and females (41.38 percent) exceeded their respective permanent workforce participation rates.

For the GS-15 grade, the participation rates of Hispanic or Latino males (1.11 percent) and females (2.22 percent), Black or African or American males (4.81 percent) and females (18.52 percent), Asian females (5.93 percent), and Two or More Race males (0 percent) were below their respective permanent workforce participation rates. However, the GS-15 participation rates of White males (19.63 percent) and females (40 percent), Asian males (5.93 percent), American Indian or Alaska Native males (0.37 percent), and Two or More Race females (0.37 percent) exceeded their respective permanent workforce participation rates, while the GS-15 participation rate of American Indian or Alaska Native females (0.37 percent) was comparable to their permanent workforce participation rate.

For the GS-14 grade, the participation rates of Hispanic or Latino males (0.94 percent) and females (2.11 percent), Black or African American males (8.22 percent) and females (27.23 percent), Asian females (6.10 percent), American Indian or Alaska Native males (0.23 percent) and females (0 percent), and Two or More Race males (0 percent) and females (0 percent) were below their respective permanent workforce participation rates. However, the GS-14 participation rates of White males (16.67 percent) and females (33.33 percent) and Asian males (5.16 percent) exceeded their respective permanent workforce participation rates.

For the GS-13 grade, the participation rates of White males (12.03 percent) and females (26.79 percent), Asian males (3.34 percent), and American Indian or Alaska Native males (0.10 percent) and females (0.20 percent) were below their respective permanent workforce participation rates. However, the GS-13 participation rates of Hispanic or Latino males (2.02 percent) and females (4.25 percent), Black or African American males (9.40 percent) and females (33.27 percent), Asian females (8.09 percent), and Two or More Race males (0.10 percent) and females (0.40 percent) exceeded their respective permanent workforce participation rates.

Persons with Disabilities and Persons with Targeted Disabilities

As noted previously, HRSA is striving to increase its participation rate for PWDs and PWTDs. As our goals are to increase participation in two grade ranges for both PWDs and PWTDs, we assess our progress for employees in the GS-10 and below range and the GS-11 and above (including SES) range. For FY 2021, in the GS-10 and below grades, HRSA's participation rate for PWDs was 9.28 percent and 2.58 percent for PWTDs. In the GS-11 and above grades, HRSA's participation rate for PWDs was 9.34 percent and 2.66 PWTDs. HRSA fell below HHS' 12 percent with disabilities goal in both the GS-10 and below and the GS-11 and above grade ranges, but surpassed HHS' 2 percent targeted disabilities goal in both grade ranges.

New Hires

Gender, Race and National Origin

In FY 2021, HRSA hired 262 new permanent employees. Of that number, HRSA hired 67 (25.57 percent) males and 195 (74.43 percent) females. During this period, the hiring of males was significantly below the CLF, while the hiring of females was significantly above the CLF. Additionally, the hiring of Hispanic or Latino males and females, White males and females, American Indian or Alaska Native males and females, and Two or More Race males and females was below the CLF, while the hiring of Black or African American males and females, and Asian males and females was above the CLF.

Persons with Disabilities and Persons with Targeted Disabilities

As noted above, in FY 2021, HRSA hired 262 new permanent employees. Of that number, 5.73 percent identified as having a disability and 0.38 percent identified as having a targeted disability. As both of these new hire percentages are lower than the respective participation rates for PWDs (9.48 percent) and PWTDs (2.65 percent) in the permanent workforce, and are also lower than HHS' 12 percent disability and 2 percent targeted disability goals, HRSA will continue striving to meet our hiring goals for PWDs and PWTDs.

Mission Critical Occupations (MCOs)

HRSA has 11 Mission Critical Occupations (MCOs) in its permanent workforce – General Health Scientist (series 0601; 32 employees), Secretary (series 0318; 4 employees), Management and Program Analyst (series 0343; 423 employees), Information Technology Specialist (series 2210; 123 employees), Public Health Program Specialist (series 0685; 843 employees), Nurse (series 0610; 33 employees), Microbiologist (series 0403; 4 employees), Biological Technician (series 0404; 5 employees), Medical Officer (series 0602; 25 employees), General Business/Industry Worker (series 1101; 9 employees), and Accounting (series 0510; 3 employees). These MCOs comprise 1,504 (68.80 percent) of the permanent workforce. This section analyzes MCO employment by gender, race, national origin, and disability.

Public Health Program Specialist

Gender, Race and National Origin

In FY 2021, the participation rate of males was below their Occupational CLF (OCLF) while the participation rate of females was above their OCLF - as males comprised 20.05 percent of the MCO with an OCLF of 23.30 percent, while females comprised 79.95 percent of the MCO with an OCLF of 76.70 percent. Additionally, the participation rates of Black or African American males and females, Asian males and females, and American Indian or Alaska Native males were above their respective OCLF rates, while the participation rates of Hispanic or Latino males and females, White males and females, American Indian or Alaska Native females, and Two or More Race males and females were below their respective OCLF rates.

Persons with Disabilities and Persons with Targeted Disabilities

In FY 2021, the permanent workforce participation rate in the Public Health Program Specialist MCO for PWDs was 8.42 percent (which is below HHS' 12 percent Disability Goal) and for PWTDs was 2.49 percent (which is above HHS' 2 percent Targeted Disability Goal).

Management and Program Analyst

Gender, Race and National Origin

In FY 2021, the participation rate of males was below their OCLF while the participation rate of females was above their OCLF - as males comprised 28.61 percent of the MCO with an OCLF of 57.70 percent, while females comprised 71.39 percent of the MCO with an OCLF of 42.30 percent. Additionally, the participation rates of Hispanic or Latina females, Black or African American males and females, Asian females, and American Indian or Alaska Native males and females were above their respective OCLF rates, while the participation rates of Hispanic or Latino males, White males and females, Asian males, and Two or More Race males and females were below their respective OCLF rates.

Persons with Disabilities and Persons with Targeted Disabilities

In FY 2021, the permanent workforce participation rate in the Management and Program Analyst MCO for PWDs was 11.11 percent (which is slightly below HHS' 12 percent Disability Goal) and for PWTDs was 3.31 percent (which is above HHS' 2 percent Targeted Disability Goal).

Information Technology Specialist

Gender, Race and National Origin

In FY 2021, the participation rate of males was below their OCLF while the participation rate of females was above their OCLF - as males comprised 69.92 percent of the MCO with an OCLF of 70.70 percent, while females comprised 30.08 percent of the MCO with an OCLF of 29.30 percent. Additionally, the participation rates of Black or African American males and females, Asian males and females, and American Indian or Alaska Native males were above their respective OCLF rates, while the participation rates of Hispanic or Latino males and females, White males and females, American Indian or Alaska Native females, and Two or More Race males and females were below their respective OCLF rates.

Persons with Disabilities and Persons with Targeted Disabilities

In FY 2021, the permanent workforce participation rate in the Information Technology Specialist MCO for PWDs was 12.20 percent and for PWTDs was 3.25 percent - both of which surpassed the HHS Disability Goals.

ACCOMPLISHMENTS

HRSA made the following notable accomplishments throughout FY 2021:

- Made significant progress toward the elimination of EEO program deficiencies as identified in the FY 2020 report:
 - Supported the HHS-wide initiative to improve the timely issuance of FADs by using HRSA Complaints Management staff to draft FADs on behalf of the Department. To eliminate the current backlog and prevent future backlogs, the Department hired four FAD writers in FY 2021 and will hire an additional four writers in FY 2022. Moreover, HRSA continued to process 100 percent of its EEO complaints within the established regulatory timeframe.
 - Increased the percentage of RA requests that HRSA processed within the 45-day timeframe set forth in HRSA's RA Policy and Procedures Manual from 81 percent in FY 2020 to 88 percent in FY 2021, reflecting a 9 percent increase in timeliness.
 - Adopted and included the HHS-wide DEIA performance element as well as a HRSA-developed compendium in 100 percent of the agency's SES' FY 2022 performance appraisal plans.
 - Began benchmarking the reporting structures of other Department-level agencies as initial steps towards changing the reporting structure of the EEO Director.
- Ensured that 100 percent of HRSA's ERGs had Executive Champions and were formally oriented on the key responsibilities and duties to the ERG Program.
- Collaborated with the agency for Healthcare Research and Quality and the HRSA ERGs to use special observances to increase awareness on matters impacting historically underrepresented workforce demographic groups. As a result of these strategic partnerships, HRSA commemorated seven special observances (including the agency's first Pride Month Observance) featuring presentations by HRSA Senior Leaders and other experts in public health, diversity and inclusion, and EEO. A total of 761 viewers attended these observances. .

- Strengthened the efforts of HRSA B/Os to identify, hire, retain, and develop a diverse HRSA workforce through targeted briefings to senior leadership and hiring officials on how to incorporate considerations of diversity and inclusion within all stages of the hiring process.
- Expanded and leveraged the use of the Special Hiring Authority Resume Bank to provide recruitment assistance to B/Os in the identification of Schedule A and veteran candidates to fill vacancies. Whereas in FY 2020, 29 percent (2 out of 7) of new hires of PWDs were supported through the efforts of the Selective Placement Program Coordinator and use of the Resume Bank, 58 percent (14 out of 24) of the FY 2021 new hires of PWDs were supported.
- To ensure HRSA can meet current and anticipated workforce requirements, implemented a human capital operating plan that reinforces principles of EEO and leverages the talents of a diverse workforce.
- Held a “State of the Agency” briefing to inform the Administrator on the overall critical action plan for HRSA in FY 2021.
- Awarded the Administrator’s Award for Equal Opportunity Achievement to an employee who demonstrated superior accomplishment in EEO.
- Continued to provide EEO, diversity and inclusion trainings to HRSA staff inclusive of Language Access and Disability Access for Project Officers, Preventing Sexual Harassment in the Federal Workplace, Reasonable Accommodations for Managers and Supervisors, and Religious Accommodations for Employees. Created and piloted *Building an Inclusive Environment for LGBTQ+ Employees: Part I: Vocabulary and Pronoun Use*. The course was launched on January 13, 2022, with the agency’s Senior Executives and their respective leadership teams being the first group of employees trained.
- Piloted a redesigned EEO Complaints Process training as well as continued to train managers and supervisors in key diversity, RA, and EEO areas as a best practice for fostering a diverse and inclusive workforce that is discrimination-free. This includes training and facilitations on various aspects of diversity and inclusion, religious accommodations, and the prevention of sexual harassment. The EEO complaints process training will be available to all employees in FY 2022.
- Developed and piloted a diversity recruitment checklist to provide hiring managers with a strategic approach to diversifying applicant pools with special attention given to recruiting and hiring PWDs.
- Initiated the groundwork to conduct a HRSA-wide diversity and inclusion needs assessment and barrier analysis.
- Conducted four EEO technical assistance visits to complete the first cycle of regional offices. The TA visits were used to inform regional offices about available EEO services and resources as well as provide EEO training, including a module regarding the prevention of sexual harassment in the federal workplace.
- Redesigned and launched an annually mandatory No FEAR Act training for HRSA employees.

PLANNED ACTIVITIES FOR FY 2022

Highlights of HRSA’s FY 2022 planned activities include:

- Continue to train managers and supervisors in key diversity, accessibility, and EEO areas as a best practice for fostering a diverse and inclusive workforce that is discrimination-free.
- With a goal of reaching 10 percent of the HRSA workforce, collaborate with the HRSA Pride ERG to facilitate routine training on pronoun use as a leading practice for creating an inclusive workplace for LGBTQ+ employees.
- Continue efforts to conduct a HRSA-wide DEIA needs assessment.
- Expand and leverage the HRSA ERGs to support the agency’s DEIA initiatives, including barrier identification and elimination, to ensure that HRSA is a model EEO employer.
- Develop a policy assessment tool to use when reviewing existing policies to ensure inclusivity and equity throughout our internal and external programs.
- Support EEO efforts to present a comprehensive re-examination of the Department-wide EEO reporting structures to the HHS leadership.
- Evaluate 100 percent of Senior Executives on their commitment to EEO as required by the EEOC as well as supported under the government-wide DEIA strategic plan.

**CERTIFICATION OF ESTABLISHMENT OF CONTINUING
EQUAL EMPLOYMENT OPPORTUNITY PROGRAMS**

I, Anthony F. Archeval, EEO Director, Office of Civil Rights, Diversity and Inclusion ES-260-00 am the

(Insert name above) (Insert official title/series/grade above)

Principal EEO Director/Official for Health Resources and Services Administration

(Insert Agency/Component Name above)

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.

/Anthony F. Archeval/	2022.05.18
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Signature of Principal EEO Director/Official
Certifies that this Federal Agency Annual EEO Program Status Report is in compliance with EEO MD-715.

Date





/Carole A. Johnson/	2022.06.29
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Signature of Agency Head or Agency Head Designee

Date

MD-715 - PART G





Agency Self-Assessment Checklist

Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP				
This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.				
 Compliance Indicator		Measure Met? (Yes/No/NA)	Comments	Current Part G Questions
 Measures				
A.1.a	A.1 – The agency issues an effective, up to date EEO policy statement.	Yes	June 1, 2021	A.1.a.2
	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 comments column. [see MD-715, II(A)]			
A.1.b	A.2 – The agency has communicated EEO policies and procedures to all employees.	Yes		New
	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)]			
 Compliance Indicator		Measure Met? (Yes/No/NA)	Comments	
 Measures				
A.2.a	A.2.a			
	Does the agency disseminate the following policies and procedures to all employees:			
A.2.a.1	A.2.a.1	Yes		New
	Anti-harassment policy? [see MD 715, II(A)]			
A.2.a.2	A.2.a.2	Yes		New
	Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)]			
A.2.b	A.2.b			
	Does the agency prominently post the following information throughout the workplace and on its public website:			



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		New
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		A.2.c
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 comments column.	Yes	https://www.hrsa.gov/sites/default/files/hr/nofearact/forms/rmanual.pdf	A.3.c
A.2.c	Does the agency inform its employees about the following topics:			
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	HRSA informs employees about the EEO complaint process several times throughout the fiscal year, including but not limited to, during new employee orientation; ongoing EEO Complaints Process/ADR trainings; routine TA visits and EEO training with regional offices; and at the time of the annual issuance of the EEO policy statement. Information is also posted throughout the building and on the internet and intranet as well as provided as requested and needed.	A.2.a
A.2.c.2	ADR process? [see MD-110, Ch. 3(II)(C)] If “yes”, please provide how often.	Yes	HRSA informs employees about the ADR complaints	New



			<p>process several times throughout the fiscal year, including but not limited to, during new employee orientation, year-round EEO Complaints Process/ADR training, EEO intake, and at the time of the annual issuance of the EEO policy statement. HRSA also informs employees who engage the EEO complaints process of the ADR process and provides information as requested and needed.</p>	
A.2.c.3	Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often.	Yes	<p>HRSA informs employees about the RA Program several times throughout the fiscal year. This includes during new employee orientations, year-round RA trainings, and TA visits with regional offices. HRSA also provides information as requested and needed and is available on the agency’s intranet and internet.</p>	New
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	<p>HRSA informs employees about the Anti-harassment</p>	New



			<p>Program several times throughout the fiscal year, including but not limited to, during new employee orientations; TA visits and EEO trainings with regional offices; year-round EEO trainings; and at the time of the annual issuance of the EEO policy statement. HRSA also provides information as requested and needed.</p>	
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	<p>HRSA informs employees about inappropriate workplace behaviors several times throughout the fiscal year, including but not limited to, during new employee orientation, year-round EEO trainings, and at the time of the annual issuance of the EEO policy statement. HRSA also provides information as requested and needed. Additionally, HRSA offers a training for managers on performance accountability that also</p>	A.3.b

			reviews the employee code of conduct.	
 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	As part of the annual HRSA Honor Awards, the Administrator presents the Administrator’s Award for Equal Opportunity Achievement to employees or groups of employees who actively and effectively provide leadership and service to achieve significant advancement in equal opportunities and/or diversity in the workplace or workforce.	New
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		New
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	<p>The HRSA Administrator only serves as the first line supervisor of the HRSA Deputy Administrator (career) and Chief of Staff (Sch C). However, the EEO Director, like all HRSA senior leaders, meets with the Administrator on a regular basis and receives direction. The HRSA Deputy Administrator is the supervisor of record for all the B/O directors.</p> <p>Efforts to eliminate this deficiency are led by HHS with support from HRSA. <i>Refer to HHS’ MD-715 Report for Part H action plan details.</i></p>	B.1.a
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	HRSA Deputy Administrator	New
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		B.1.d
B.1.b	Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency’s EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	Yes		B.2.a
B.1.c	During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO	Yes	September 2, 2021	B.2.b



	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 comments 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		New
 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.3.a
B.2.b	Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)]	Yes		New
B.2.c	Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	Yes		New
B.2.d	Is the EEO Director responsible for overseeing the timely issuance of final agency decisions? [see 29 CFR §1614.102(c)(5)]. [This question may not be applicable for certain subordinate level components.]	N/A	The Department issues FADs.	New
B.2.e	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]	Yes		F.3.b
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		New
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		New

 Compliance Indicator  Measures	B.3 - The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.	Measure Met? (Yes/No/NA)	Comments	
B.3.a	Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)]	Yes	EEO program officials are consulted regarding workforce changes that might impact EEO issues such as strategic planning and recruitment strategies. EEO program officials use bi-weekly meetings with OHR and HRSA's Executive Officers to discuss vacancy projections and their EEO impact on a more consistent basis. Furthermore, the EEO Director has monthly meetings with the Chief Operating Officer to consult and discuss workforce changes that might impact EEO. To mitigate any unforeseen EEO issues in a timely fashion, the agency will focus on ensuring that EEO program officials have an active, consistent role in 100 percent of the agency's	B.2.c & B.2.d





			reorganizations and are consulted and participate in reorganizational efforts from the onset rather than during the final stages of the process.	
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 comments column.	Yes	Objective 4.5 Enhance and leverage diversity, equity, inclusion and accessibility for HRSA employees	New
 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:			
B.4.a.1	to conduct a self-assessment of the agency for possible program deficiencies? [see MD-715, II(D)]	Yes		B.3.b
B.4.a.2	to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]	Yes		B.4.a
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	HRSA conducts EEO counseling, investigations, and legal sufficiency reviews in-house, and HRSA has sufficient budget and staffing to timely, thoroughly, and fairly process EEO complaints. However, the Department issues FADs and is	E.5.b



			oftentimes untimely due to limited staffing. The Department is taking corrective actions to address this Department-wide program deficiency. Refer to HHS' MD-715 Report for Part H action plan details.	
B.4.a.4	to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comments column.	Yes	HRSA has sufficient funding to provide all supervisors and employees with training on the EEO program. Training is currently available on retaliation, harassment, RA, religious accommodations, unconscious bias, and the complaint process which includes information on ADR. In addition, HRSA developed the No FEAR Act training which will be available to all HRSA employees in FY 2022.	B.4.f & B.4.g
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)]	Yes		E.1.c
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		B.4.c
B.4.a.7	to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and	Yes		New

	applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section.			
B.4.a.8	to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]	Yes		B.3.c, B.3.c.1, B.3.c.2, & B.3.c.3
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		New
B.4.a.10	to effectively manage its reasonable accommodation program? [see 29 CFR § 1614.203(d)(4)(ii)]	Yes		B.4.d
B.4.a.11	to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]	Yes		New
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		New
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.1.b
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		E.2.d
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		E.2.e



 Compliance Indicator	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	
 Measures			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:			
B.5.a.1	EEO Complaint Process? [see MD-715(II)(B)]	Yes	All managers and supervisors are required to take training on their rights and responsibilities	New

			during the EEO Complaints Process. In FY 2021, the agency launched a mandatory No FEAR Act training as well as began offering a newly revised EEO Complaints Process training for managers and supervisors.	
B.5.a.2	Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)]	No	HRSA offers RA training to employees on a quarterly basis as well as upon request; however, RA training is not mandatory. See <i>Part H.1 action plan for details.</i>	A.3.d
B.5.a.3	Anti-Harassment Policy? [see MD-715(II)(B)]	Yes	All managers and supervisors are required to take the No FEAR Act training on a biannual basis; additionally, HRSA offers anti-harassment training upon request.	New
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)]	Yes	All managers and supervisors are trained on these topics as part of the agency's mandatory new supervisor orientation/certification process. Additionally, HRSA offers targeted non-mandatory soft skills trainings to supervisors through	New

			the HRSA Learning Institute.	
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)]	Yes	All managers and supervisors are required to take the No FEAR Act training on a biannual basis; additionally, HRSA offers EEO Complaint Process Training that covers various aspects of ADR.	E.4.b
 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		New
B.6.b	Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]	Yes		D.1.a
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		D.1.b
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)]	Yes		D.1.c
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.	Yes	HRSA/OCRDI conducts biannual technical assistance visits to its 10 regional offices.	New
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.	Yes	HRSA/OCRDI conducts biannual technical assistance visits to its 10 regional offices.	New
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)]	Yes		New
 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		New
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		New
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		New
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		New
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		New

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 (Defense Commissary Agency)</u> , EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.	Yes		New
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		New
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		New
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		E.1.d
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		New
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		New
C.2.b.4	Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)]	Yes		New
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 comments column.	No	In FY 2021, HRSA processed 88 percent of RA requests within the 45-day timeframe set forth in HRSA's RA Policy and Procedures Manual. This represents a 9 percent increase in requests processed on time from FY 2020 in which 81 percent of the requests were	E.1.e

			processed timely. See <i>Part H.2 action plan for more details.</i>	
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		New
C.2.c.1	Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR § 1614.203(d)(5)(v)], if yes, please provide the internet address in the comments column.	Yes	https://www.hrsa.gov/sites/default/files/hr/nofearact/forms/ramanual.pdf	New
 Compliance Indicator  Measures	C.3 - The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.	Measure Met? (Yes/No/NA)	Comments	New Indicator
C.3.a	Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program?	Yes		New
C.3.b	Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities:			
C.3.b.1	Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I]	No	HRSA supported HHS' efforts to revise the existing performance standard to rate all HHS managers and supervisors on this performance measure. The Department devised an HHS-wide DEIA performance element and released it to all OpDivs. HRSA developed a compendium to support the full and successful execution	A.3.a.1

			<p>of key performance indicators that align with the DEIA element. HRSA included the element and compendium in the FY 2022 performance appraisal plans of 100 percent of HRSA's Senior Executive Service. Using a top-down approach to change management, the agency plans to rate the remaining managers, supervisors, and team leaders in subsequent years. HRSA will report on progress in future MD-715 reports. <i>See Part H.3 action plan for details.</i></p>	
C.3.b.2	<p>Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)]</p>	No	<p>HRSA supported HHS' efforts to revise the existing performance standard to rate all HHS managers and supervisors on this performance measure. The Department devised an HHS-wide DEIA performance element and released it to all OpDivs. HRSA developed a compendium to support the full and</p>	A.3.a.4

			<p>successful execution of key performance indicators that align with the DEIA element. HRSA included the element and compendium in the FY 2022 performance appraisal plans of 100 percent of HRSA's Senior Executive Service. Using a top-down approach to change management, the agency plans to rate the remaining managers, supervisors, and team leaders in subsequent years. HRSA will report on progress in future MD-715 reports. <i>See Part H.3 action plan for details.</i></p>	
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	<p>HRSA supported HHS' efforts to revise the existing performance standard to rate all HHS managers and supervisors on this performance measure. The Department devised an HHS-wide DEIA performance element and released to all OpDivs. HRSA developed a compendium to</p>	A.3.a.5



			<p>support the full and successful execution of key performance indicators that align with the DEIA element. HRSA included the element and compendium in the FY 2022 performance appraisal plans of 100 percent of HRSA's Senior Executive Service. Using a top-down approach to change management, the agency plans to rate the remaining managers, supervisors, and team leaders in subsequent years. HRSA will report on progress in future MD-715 reports. <i>See Part H.3 action plan for details.</i></p>	
C.3.b.4	<p>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]</p>	No	<p>HRSA supported HHS' efforts to revise the existing performance standard to rate all HHS managers and supervisors on this performance measure. The Department devised an HHS-wide DEIA performance element and released to all OpDivs. HRSA developed a</p>	A.3.a.6



			compendium to support the full and successful execution of key performance indicators that align with the DEIA element. HRSA included the element and compendium in the FY 2022 performance appraisal plans of 100 percent of HRSA's Senior Executive Service. Using a top-down approach to change management, the agency plans to rate the remaining managers, supervisors, and team leaders in subsequent years. HRSA will report on progress in future MD-715 reports. <i>See Part H.3 action plan for details.</i>	
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]	No	HRSA supported HHS' efforts to revise the existing performance standard to rate all HHS managers and supervisors on this performance measure. The Department devised an HHS-wide DEIA performance element and released to all OpDivs. HRSA	A.3.a.7





			<p>developed a compendium to support the full and successful execution of key performance indicators that align with the DEIA element. HRSA included the element and compendium in the FY 2022 performance appraisal plans of 100 percent of HRSA's Senior Executive Service. Using a top-down approach to change management, the agency plans to rate the remaining managers, supervisors, and team leaders in subsequent years. HRSA will report on progress in future MD-715 reports. <i>See Part H.3 action plan for details.</i></p>	
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]	No	<p>HRSA supported HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. The Department devised an HHS-wide DEIA performance element and released</p>	A.3.a.8



			to all OpDivs. HRSA developed a compendium to support the full and successful execution of key performance indicators that align with the DEIA element. HRSA included the element and compendium in the FY 2022 performance appraisal plans of 100 percent of HRSA's Senior Executive Service. Using a top-down approach to change management, the agency plans to rate the remaining managers, supervisors, and team leaders in subsequent years. HRSA will report on progress in future MD-715 reports. See <i>Part H.3 action plan</i> for details.	
C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]	No	HRSA supported HHS' efforts to revise the existing performance standard to better rate all HHS managers and supervisors on this performance measure. The Department devised an HHS-wide DEIA performance	New





			<p>element and released to all OpDivs. HRSA developed a compendium to support the full and successful execution of key performance indicators that align with the DEIA element. HRSA included the element and compendium in the FY 2022 performance appraisal plans of 100 percent of HRSA's Senior Executive Service. Using a top-down approach to change management, the agency plans to rate the remaining managers, supervisors, and team leaders in subsequent years. HRSA will report on progress in future MD-715 reports. <i>See Part H.3 action plan for details.</i></p>	
C.3.b.8	Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2]	Yes		A.3.a.2
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)]	Yes		New
C.3.c	Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers	N/A	Mechanisms are in place to address such issues at a lower level	New



	and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]		and have not warranted the Administrator's involvement. The EEO Director will recommend improvements or corrections for managers and supervisors who have failed in their EEO responsibilities, should the situation rise to the level of involving the HRSA Administrator.	
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)]	N/A	The EEO Director has not recommended remedial or disciplinary actions.	New
 Compliance Indicator  Measures	C.4 – The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.	Measure Met? (Yes/No/NA)	Comments	
C.4.a	Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]	Yes		New
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]	Yes		C.2.a, C.2.b, & C.2.c
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	The continued use of multiple data systems has created HHS-wide data challenges that	New

			are being addressed at the Department level with a plan that is fully supported by HRSA. Refer to HHS' MD-715 Report for Part H action plan details.	
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		New
C.4.e	Pursuant to Section II(C) of MD-715, does the EEO office collaborate with the HR office to:			
C.4.e.1	Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]	Yes		New
C.4.e.2	Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]	Yes		New
C.4.e.3	Develop and/or provide training for managers and employees? [see MD-715, II(C)]	Yes		New
C.4.e.4	Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]	Yes		New
C.4.e.5	Assist in preparing the MD-715 report? [see MD-715, II(C)]	Yes		New
 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? [see 29 CFR § 1614.102(a)(6); see also Douglas v. Veterans Administration, 5 MSPR 280 (1981)]	Yes	HRSA adopted the HHS table of penalties.	C.3.a.
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.	Yes	0 individuals	C.3.c
C.5.c	If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct? [see MD-715, II(C)]	Yes		New



 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 comments column.	Yes	Annual State of the Agency Briefings, weekly senior staff meetings (as warranted), year-round EEO Trainings, and Bi-weekly Executive Officers’ Meetings. Beginning in FY 2022, the EEO Director plans to hold routine meetings with B/O leadership to discuss EEO matters including pertinent EEO updates.	C.1.a
C.6.b	Are EEO officials readily available to answer managers’ and supervisors’ questions or concerns? [see MD-715 Instructions, Sec. I]	Yes		New
Essential Element D: PROACTIVE PREVENTION This element requires that the agency head make early efforts to prevent discrimination and to identify and eliminate barriers to equal employment opportunity.				
 Compliance Indicator  Measures	D.1 – The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.	Measure Met? (Yes/No/NA)	Comments	





D.1.a	Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I]	Yes		New
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		New
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)]	Yes		New
 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		New
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)]	Yes	HRSA examines management/ personnel policies, procedures, and practices when they change. HRSA will remind key stakeholders of the need to continue this level of assessment on a routine basis.	B.2.c.2
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		B.2.c.1
D.2.d	Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate	Yes	Complaint data, Exit surveys,	New



	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 comments column.		Focus groups, FEVS, RA Program Data, Special Emphasis Program Data, and ERGs.	
 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)]	Yes		New
D.3.b	If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)]	Yes	HRSA revisits targeted dates for planned activities throughout the fiscal year and adjusts as necessary.	New
D.3.c	Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	Yes		New
 Compliance Indicator  Measures	D.4 – The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities.	Measure Met? (Yes/No/NA)	Comments New Indicator	
D.4.a	Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)]. Please provide the internet address in the comments.	Yes	https://www.hrsa.gov/eo/policies-reports-resources/no-fear-act	New
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		New
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		New



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		New
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.3.a.1
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.3.a.2
E.1.c	Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(l)?	Yes		New
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(l)? If so, please provide the average processing time in the comments.	Yes	50 days	New
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		New
E.1.f	Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?	Yes		E.3.a.3
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		New
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	The Department issues FADs and has implemented a Part H action plan to	E.3.a.4





			eliminate this HHS-wide deficiency. Preliminary data indicates that the backlogged cases have improved, yet not all FADs are issued timely. <i>Refer to HHS' MD-715 Report for Part H action plan details.</i>	
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)?	No	The Department issues final agency actions and has implemented a Part H action plan to eliminate this HHS-wide deficiency. Preliminary data indicates that the backlogged cases have improved, yet not all final action are issued timely. <i>Refer to HHS' MD-715 Report for Part H action plan details.</i>	E.3.a.7
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	Standard language is in the contract; HHS handles all accountability issues.	E.2.c
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		New
E.1.l	Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)]	Yes		New

 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	HRSA ensures that actions taken to protect itself from legal liability do not negatively influence or affect the process for determining whether discrimination has occurred.	New
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 comments column.	Yes	HRSA conducts legal sufficiency reviews internally.	E.6.a
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	The EEO office does not rely on HRSA’s defensive function to conduct the legal sufficiency review.	New
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.6.b
E.2.e	If applicable, are processing time frames incorporated for the legal counsel’s sufficiency review for timely processing of complaints? [see EEOC Report, <i>Attaining a Model Agency Program: Efficiency</i> (Dec. 1, 2004)]	N/A		E.6.c

 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		E.4.a
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.4.c
E.3.c	Does the agency encourage all employees to use ADR, where ADR is appropriate? [see MD-110, Ch. 3(IV)(C)]	Yes		D.2.a
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		New
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.4.d
E.3.f	Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	Yes		New
 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:			
E.4.a.1	Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)]	Yes		E.5.a
E.4.a.2	The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]	No	The Department is addressing this HHS-wide deficiency with full support from HRSA. Refer to HHS' MD-715 Report for Part H action plan details.	E.5.c

E.4.a.3	Recruitment activities? [see MD-715, II(E)]	Yes		E.5.f
E.4.a.4	External and internal applicant flow data concerning the applicants' race, national origin, sex, and disability status? [see MD-715, II(E)]	No	The Department is addressing this HHS-wide deficiency with full support from HRSA. Refer to HHS' MD-715 Report for Part H action plan details.	New
E.4.a.5	The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)]	Yes		New
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		New
E.4.b	Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]	No	HRSA participates in the re-survey efforts of the Department. Refer to HHS' MD-715 Report for Part H action plan details.	New
 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	On an annual basis, HRSA assesses the EEO program in which trends related to RA, EEO complaint activity, and diversity are determined and compared to obligations.	E.5.e
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	HRSA adopted its biannual Diversity and Inclusion Profile from the U.S. Department	E.5.g

			of Agriculture when its activities associated with informing leadership of their workforce diversity profile were deemed best practices in ensuring EEO.	
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		E.3.a
Essential Element F: RESPONSIVENESS AND LEGAL COMPLIANCE				
This element requires federal agencies to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions.				
 Compliance Indicator  Measures	F.1 – The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.	Measure Met? (Yes/No/NA)	Comments	
F.1.a	Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]	Yes		F.1.a
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		E.3.a.6
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.2.a.1
F.1.d	Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]	Yes		F.2.a.2
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)]	N/A	HRSA has not had this issue; however, compliance officers will be held accountable for unsatisfactory work products in the event that this occurs.	F.3.a.

 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 Indicator moved from E-III Revised	
F.2.a	Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]	Yes		C.3.d
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		E.3.a.5
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		E.3.a.7
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)]	Yes		New
F.2.a.4	Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?	Yes		F.3.d (1 to 9)
 Compliance Indicator  Measures	F.3 - The agency reports to EEOC its program efforts and accomplishments.	Measure Met? (Yes/No/NA)	Comments	
F.3.a	Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)]	Yes		New
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		New

MD-715 – PART H.1
AGENCY EEO PLAN TO ATTAIN THE ESSENTIAL ELEMENTS OF A MODEL EEO PROGRAM

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
B.5.a.2	While HRSA offers RA training to all managers and supervisors, it is not mandatory. Therefore, pursuant to 29 CFR § 1614.102(a)(5), all managers and supervisors have not received training on their responsibilities under reasonable accommodations.

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)
10/01/2022	Train HRSA managers/supervisors on RA responsibilities and requirements.	09/30/2023		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director, OCRDI	Anthony Archeval	Yes
Manager, Accessibility Program	Katherine Slye-Griffin	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
03/31/2022	Update the existing RA Training Strategic Plan.	Yes		
03/31/2022	Hold a briefing on the importance of RA training for managers/supervisors with the HRSA Administrator.	Yes		

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
04/30/2022	Seek HRSA Administrator authorization to mandate RA training for managers/supervisors.	Yes		
05/31/2022	Adjust the RA Training Strategic Plan based on feedback from the HRSA Administrator.	Yes		
06/30/2022	Upon approval from HRSA Administrator, implement RA Training Strategic Plan.	Yes		
09/30/2022	Focus training on new managers/supervisors for FY 2022.	Yes		
09/30/2023	Train 100% of managers/supervisors by the end of FY 2023.	Yes		
09/30/2023	Provide updates to the HRSA Administrator on the progress of the implementation on a quarterly basis.	Yes		

Report of Accomplishments

Fiscal Year	Accomplishments
2021	This is a newly identified program deficiency. HRSA will provide accomplishments and/or plan modifications in the FY 2022 MD-715 Report.

MD-715 – PART H.2

AGENCY EEO PLAN TO ATTAIN THE ESSENTIAL ELEMENTS OF A MODEL EEO PROGRAM

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
C.2.b.5	The agency does not process all accommodation requests within the time frame set forth in its reasonable accommodation procedures. [see MD-715, II(C)]

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
09/10/2014	Ensure HRSA processes all RA requests within the timeframe set forth in the agency's procedures for RA.	09/30/2018	9/30/2022	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director, OCRDI	Anthony Archeval	Yes
Acting Deputy Director, OCRDI	Beth Perrine	Yes
Manager, Accessibility Program	Katherine Slye-Griffin	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)
02/28/2016	Recruit and hire a qualified manager to lead and oversee the activities of HRSA's Accessibility Team.	Yes		12/31/2016

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2017	Deploy the web-based RA processing system for use by HRSA employees and management.	Yes		09/30/2017
09/30/2017	Finalize the RA Policy and Procedures Manual.	Yes		09/30/2017
10/31/2017	Disseminate the finalized RA Policy and Procedures Manual.	Yes		09/30/2017
09/30/2017	Develop "RA Refresher Training for Managers and Supervisors" to acclimate HRSA management to the Reasonable Accommodation Processing and Tracking (RAPT) System.	Yes		09/30/2017
09/30/2018	Provide "RA Refresher Training for Managers and Supervisors" to acclimate HRSA management to the RAPT System and educate leaders on the revised RA policy and procedures.	Yes		09/30/2018
09/30/2018	Perform quarterly RA processing audits to assess improvements in RA request processing times.	Yes		09/30/2018
09/30/2018	Report findings and key steps to be taken to address any barriers to improving processing times to leadership.	Yes		09/30/2018
09/30/2019	Continue to provide "RA Refresher Training for Managers and Supervisors" to HRSA management to discuss the RAPT System and educate leaders on the RA policy and procedures.	Yes		09/30/2019
09/30/2019	Continue to perform quarterly RA processing audits to assess improvements in RA request processing times.	Yes		09/30/2019
09/30/2019	Continue to report findings and key steps to be taken to address any barriers to improving processing times to leadership.	Yes		09/30/2019
01/31/2020	Appoint a team lead to provide mentorship, coaching, and support in	Yes		01/31/2020

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
	escalating cases to the Accessibility Manager.			
03/31/2020	Cross train employees on the RA request processing protocol and redirect resources to the HRSA RA Program to process new RA requests.	Yes	07/31/2021	
09/30/2020	Expand benchmarking within RAPT System to track the effect of non-responsiveness among supervisors.	Yes		09/30/2020
09/30/2020	Conduct a comprehensive assessment using RAPT System benchmarking of the supervisory non-responsiveness to identify additional barriers and improve processing times.	Yes		09/30/2020
09/30/2020	Report findings and recommendations for corrective actions to leadership for agency-wide implementation.	Yes		09/30/2020
01/31/2021	Use HRSA intranet to report key aggregate RA data including RA processing timeframes and responsiveness	Yes	09/30/2022	01/31/2021
03/30/2021	Determine the feasibility of requiring all managers and supervisors, including supervisory team leaders, to undergo routine RA training, and make necessary recommendations to the Agency Head.	Yes	09/30/2022	03/30/2021
09/30/2021	Implement stated recommendation(s) per the direction of the Agency Head.	Yes	09/30/2022	09/30/2021

Report of Accomplishments

Fiscal Year	Accomplishments
2021	<p>In FY 2021, HRSA processed 88 percent of its RA requests within the 45-day timeframe set forth in the RA Policy and Procedures Manual. This represents a 9 percent increase in requests processed timely from FY 2020 in which HRSA processed 81 percent of the requests timely. Importantly, for FY 2021, improvements in case processing occurred in all areas when compared to the FY 2020 data.</p> <p>However, Executive Order 14043 impacted case processing as instructions from HHS was issued stating that all processing was to</p>

	<p>cease until the Department was able to issue guidance related to the vaccine mandate and requests related to “return to work.” Accordingly, the data presented here only accounts for the cases that were processed through the reporting period (October 1, 2020, to September 30, 2021). A majority of the agency’s cases remains incomplete – first as guidance from HHS was issued on December 21, 2021, with a final Department-wide meeting on processing held on January 6, 2022, authorizing processing, and now due to the nationwide injunction issued on January 21, 2022.</p> <p>HRSA continuously revisits the cases to see which cases, if any, can be processed during the extended delays. Until such a time as cases can be processed, this caseload will remain in a separate batch to allow for analysis of the impact of the delays and reporting, which will occur in the FY 2022 MD-715.</p>
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MD-715 – PART H.3
AGENCY EEO PLAN TO ATTAIN THE ESSENTIAL ELEMENTS OF A MODEL EEO PROGRAM

Please describe the status of each plan that the agency has implemented to correct deficiencies in the EEO program.

If the agency did not address any deficiencies during the reporting period, please check the box.

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
	To ensure equal employment opportunity, the Agency does not evaluate managers and supervisors on specific efforts to:
C.3.b.1	Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings. [see MD-110, Ch. 3.I]
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)]
C.3.b.3	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation. [see MD-715, II(C)]
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]
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship. [see 29 CFR §1614.102(a)(7)]
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship. [see 29 CFR §1614.102(a)(8)]
C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
07/01/2019	Establish a method to better rate managers and supervisors on their efforts to ensure EEO.	09/30/2020	12/31/2021	08/31/2021
09/30/2020	Ensure managers and supervisors are fully rated on their commitment to EEO.	01/31/2021	01/31/2022	09/30/2021

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director; HRSA Diversity and Inclusion Council Co-chair	Anthony F. Archeval	No
HR Director; HRSA Diversity and Inclusion Council Co-chair	Catherine Ganey	No
Chief Operating Officer	Wendy Ponton	No
Acting HRSA Administrator	Diana Espinosa	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)
09/30/2019	Explore the feasibility of revising existing performance standards to rate managers and supervisors on their efforts to ensure EEO.	Yes		09/30/2019
04/01/2020	Fully support HHS' efforts to devise a detailed set of standards to replace the existing measures.	Yes	12/31/2022	
09/30/2020	Ensure HRSA rating officials participate in the HHS briefing on the new EEO performance standards.	Yes	01/31/2022	
12/31/2020	Remind rating officials of the EEO rating requirement during the establishment of FY 2021 performance plans.	Yes	12/31/2021	
01/31/2021	Rate 100 percent of managers and supervisors on their commitment to EEO as prescribed in MD-715.	Yes	1/31/2022	
03/31/2021	Reconvene the OCRDI MD-715 Workgroup.	Yes		03/31/2021
05/31/2021	OCRDI MD-715 Workgroup develops recommended EEO performance element for the agency's SES performance appraisals.	Yes		05/31/2021
07/31/2021	Recommended EEO performance element is reviewed by the EEO Director and HR Director.	Yes		07/31/2021

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
8/31/2021	EEO Performance element is approved by Acting HRSA Administrator.	Yes		11/23/2021
09/30/2021	SES is briefed on the newly established performance element.	Yes		12/09/2021
09/30/2021	Performance Element is added to the FY 2022 performance appraisals.	Yes		12/09/2021
10/1/2021	All SES are rated on their commitment to EEO per MD-715 requirements.	Yes		12/09/2021

Report of Accomplishments

Fiscal Year	Accomplishments
2021	HRSA, led by OCRDI, convened an MD-715 Workgroup to develop a set of DEIA performance standards for the agency's SES. The Workgroup successfully developed the standards. However, within the days leading up to implementation, HHS provided a set of standards that were reviewed and adopted by HRSA. OCRDI developed a compendium to aid raters and performers in the identification and application of key activities that embody a commitment to DEIA. The EEO Director briefed the SES staff on the standards and compendium. With full support from the Acting Administrator, 100 percent of the SES staff will be rated on their commitment to DEIA beginning in FY 2022. Furthermore, using a top-down approach, the remaining managers and supervisors, including non-supervisory team leaders, will be evaluated in upcoming rating periods – thus eliminating this long standing program deficiency.

MD-715 – PART I.1
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
		In response to a combination of (1) workforce data integrity challenges, (2) a lack of a recent and routine workforce-demographics-resurvey initiative to adequately and accurately capture key demographics, and (3) the 2020 U.S. Census civilian labor force statistics updates, the agency should take steps in the upcoming years to reassess its policies, practices, and procedures for barriers to EEO for employees in senior level positions and mission critical occupations, and to devise corrective action plans, should barriers exist.

EEO Group(s) Affected by Trigger

EEO Group	
All Men	X
All Women	X
Hispanic or Latino Males	X
Hispanic or Latino Females	X
White Males	X
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	N/A	N/A
Complaint Data (Trends)	N/A	N/A
Grievance Data (Trends)	N/A	N/A
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	N/A	N/A
Climate Assessment Survey (e.g., FEVS)	N/A	N/A
Exit Interview Data	N/A	N/A
Focus Groups	N/A	N/A
Interviews	N/A	N/A
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)	N/A	N/A
Other (Please Describe): HRSA has not undergone barrier analysis; however, it reviewed various sources of information as part of a robust needs assessment and barrier analysis process. The specific data sources and information collected will be provided in subsequent MD-715 reports.		

Status of Barrier Analysis Process

Barrier Analysis Process Completed? (Yes or No)	Barrier(s) Identified? (Yes or No)
No	N/A

Statement of Identified Barrier(s)

Description of Policy, Procedure, or Practice
N/A as initial steps in conducting the needs assessment and barrier analysis are underway.

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)
Conduct an agency-wide needs assessment to ascertain the immediate and future DEIA needs of HRSA staff and programs, and devise initiatives accordingly.	10/01/2020	09/30/2023	Yes		
Reassess the agency's policies, practices, and procedures for barriers to EEO in senior level positions and in the two most populous mission critical occupations.	10/01/2020	09/30/2023	Yes		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director	Anthony F. Archeval	Yes
Acting Deputy EEO Director	Beth Perrine	Yes
Diversity and Inclusion Manager	LaKaisha T. Yarber Jarrett	Yes
Complaints Manager	Oscar Toledo	Yes

Title	Name	Performance Standards Address the Plan? (Yes or No)
Accessibility Manager	Katherine Slye-Griffin	Yes
Acting Civil Rights Manager	Neelam Salam	Yes

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2020	Establish the diversity and inclusion needs assessment as a strategic priority for assessing the agency's diversity, equity, inclusion, and accessibility needs as well as informing barrier analysis.		06/23/2020
09/30/2020	Secure appropriate funding to obtain a third party neutral to perform a diversity and inclusion needs assessment.		06/23/2020
09/30/2021	Review the agency's workforce data and sources for possible triggers and other information to inform barrier analysis and/or needs assessment planning and scope.	3/31/2022	
09/30/2021	Based on a review of the agency's workforce data and sources, devise a scope of work and project plan.	09/30/2022	
12/31/2021	Openly solicit and procure a third party neutral.	05/31/2022	
09/30/2022	Conduct a needs assessment.		
12/31/2022	Brief key stakeholders on assessment findings and recommended priority focus areas.		
05/31/2023	Develop and/or reimagine EEO program initiatives to address priority focus areas.		
09/30/2021	As an immediate measure, develop a recruitment checklist focusing on enhancing the agency's diversity recruitment efforts through the increased use of special hiring authorities and best practices that yield diversity amongst applicant pools.		01/29/2021

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2021	Enhance employee engagement opportunities through ERG Program expansion and special observances.		09/30/2021

Report of Accomplishments

Fiscal Year	Accomplishments
2021	<p>In FY 2021, HRSA engaged in a series of activities in support of the upcoming HRSA-wide needs assessment and barrier analysis. Specifically, the agency began the trigger identification process to determine whether triggers exist for workforce demographic groups in mission critical and senior level positions. HRSA halted this activity to address workforce data challenges as noted in Part G and Part H of this report. While activity did resume in late 2021, HRSA changed the to the agency's disability workforce, in response to the EEOC audit letter that suggested HRSA should determine whether PWDs face any barriers to EEO within the HRSA workplace. In FY 2022, HRSA will complete the trigger identification process and leverage the results to guide focus group discussions and key informant interviews as part of the barrier analysis process. The findings will be made available to key stakeholders and used for strategic planning, needs assessment, and other initiatives that focus on strengthening the disability workforce.</p> <p>The agency has drafted the scope of work for the needs assessment and will procure a contractor in early FY 2022.</p> <p>To enhance employee engagement, the agency continued to collaborate with ERGs to host special observances to highlight, celebrate, and reflect upon the differences and contributions that racial/ethnic and cultural groups have made and continue to make on the workforce and the nation. These observances included National Disability Employment Awareness Month, Hispanic Heritage Month, Pride Month, Asian American Pacific Islander Month, Black History Month, Veteran's Day and Martin Luther King Jr. Day. Collectively, 761 employees attended these events. ERGs hosted discussions and trainings that focused on social justice, mental health, and wellness.</p> <p>The agency developed and piloted a checklist to assist hiring managers in diversifying applicant pools. Specifically, the checklist list is designed to fill job vacancies with qualified Schedule A and Veterans Preference eligible candidates utilizing an in-house resume repository.</p>

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

SECTION I: EFFORTS TO REACH REGULATORY GOALS

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

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

- | | | |
|--------------------------------|---|----|
| a. Cluster GS-1 to GS-10 (PWD) | Yes <input checked="" type="checkbox"/> | No |
| b. Cluster GS-11 to SES (PWD) | Yes <input checked="" type="checkbox"/> | No |

Utilizing the goal of 12 percent as a benchmark, HRSA has a trigger in the permanent workforce involving PWD in cluster GS-1 to GS-10 which has a rate of 9.28 percent in FY2021. HRSA also has a trigger in the GS-11 to SES cluster which has a rate of 9.34 percent in FY2021.

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

- | | | |
|---------------------------------|-----|--|
| a. Cluster GS-1 to GS-10 (PWTD) | Yes | No <input checked="" type="checkbox"/> |
| b. Cluster GS-11 to SES (PWTD) | Yes | No <input checked="" type="checkbox"/> |

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

HRSA communicated numerical goals to hiring managers at (1) senior staff meetings, (2) Council on Employees with Disabilities meetings, (3) pre-hiring consultations with the Selective Placement Program Coordinator, and (4) relevant trainings to include reasonable accommodations.

SECTION II: MODEL DISABILITY PROGRAM

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

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

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

Yes No

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

Disability Program Task	Office/Division Responsible (EEO/ HR/ IT/ Facilities)	# of FTE Staff by Employment Status			Primary Point of Contact (Name, Title)
		Full Time	Part Time	Collateral Duty	
Processing applications from PWD and PWTD	HR			1	Chris Parker, Director, OHR Operations Division
Answering questions from the public about hiring authorities that take disability into account	EEO and HR			2	Robin Moore, Special Emphasis Program Manager
Processing RA requests from applicants and employees with disabilities	EEO	1			Katherine Slye-Griffin, RA Manager
Section 508 Compliance	OIT			1	Lauren Taylor, IT Specialist
Architectural Barriers Act Compliance	EEO	1			Katherine Slye-Griffin, Reasonable Accommodations Manager
Special Emphasis Program for PWD and PWTD	EEO			1	Robin Moore, Special Emphasis Program Manager

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** No

- ADA Mid-Atlantic Conference
- Barrier Analysis
- COR Training
- Disability Program Manager Training
- Job Accommodation Network webinars
- Federal Exchange on Employment and Disability

B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

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

Yes **X** No

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.

A. PLAN TO IDENTIFY JOB APPLICANTS WITH DISABILITIES

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

HRSA has a Disability Employment Program Manager who also serves as the Agency’s Selective Placement Program Coordinator. This individual is primarily responsible for recruiting individuals with a disability through direct and indirect contact. Additionally, OHR personnel are available to consult with PWDs at various career fairs.

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

HRSA uses special hiring authorities to fill open positions and educate potential applicants on the process. Information is available from (1) HRSA’s website, (2) OHR personnel, and (3) the Selective Placement Program Coordinator.

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

HRSA follows the OPM guidance on appropriate Schedule A letters to determine applicants’ eligibility. When eligible Schedule A applicants apply to HRSA’s government-wide job vacancy announcements, qualified applicants are forwarded to hiring officials via a USA Staffing Certificate of non-competitive eligible applicants. Additionally, HRSA accepts potential candidates who supply their Schedule A certificate and a letter of interest. HRSA’s OHR personnel determines eligibility and notifies the Selective Placement Program Coordinator who will alert the hiring officials of eligibility.

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

Yes No **X** N/A

While HRSA offered training on special hiring authorities, it is not mandatory for hiring officials to participate as most hiring officials receive training one-on-one or in a group as appropriate. Additionally, OHR holds pre-hire consultations with all hiring managers in which the use of special hiring authorities is discussed.

B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS

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

HRSA has a list-serv of disability-serving institutions and uses that list-serv to communicate job opportunities. Each year, HRSA reaffirms its relationship with these institutions as well as establishes partnerships with others.

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

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

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

Using the goal of 12 percent as a benchmark, HRSA has a trigger involving PWDs among new hires in the permanent workforce which had a new hire rate of 5.73 percent in FY 2021. Additionally, using the goal of 2 percent as a benchmark, HRSA has a trigger involving PWTDs among new hires in the permanent workforce which had a new hire rate of 0.38 percent in FY 2021.

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

- a. New Hires for MCO (PWD) Yes **X** No
- b. New Hires for MCO (PWTD) Yes **X** No

Using the qualified applicant pool of 4.58 percent as a benchmark, triggers exist among PWDs in job series 0685 and 2210 positions, two of HRSA’s most populous MCOs. HRSA hired PWDs at a rate of 2.41 percent in MCO 0685 for FY 2021; no PWDs were hired for MCO 2210. Further, there were no new hires for PWTDs for MCO 0685, 0343, or 2210 in FY 2021.

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

- a. Qualified Applicants for MCO (PWD) Yes No **X**
- b. Qualified Applicants for MCO (PWTD) Yes No **X**

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

- | | | | |
|------------------------------|-----|----|----------|
| a. Promotions for MCO (PWD) | Yes | No | X |
| b. Promotions for MCO (PWTD) | Yes | No | X |

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.

A. ADVANCEMENT PROGRAM PLAN

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

To ensure PWDs have sufficient opportunities for advancement, HRSA:

- fosters strategic partnerships among the HRSA Learning Institute and HRSA’s Disability Employment Program Manager to assess the applicant flow data associated with career development programs and provides recommendations for improving participation rates among PWDs as necessary,
- communicates advancement opportunities to HRSA’s Council on Employees with Disabilities to ensure broad dissemination, and
- posts detail opportunities on HRSA’s intranet for easy access among PWDs.

B. CAREER DEVELOPMENT OPPORTUNITIES

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

HRSA offered two formal career development programs in FY 2021: Mid-Level Development Program and the Senior Leadership Fellows Program.

The Mid-Level Development Program is a capacity-building initiative targeting HRSA employees at the GS-12 and GS-13 levels who have expressed an interest in leadership development and have a desire to become part of a pool of highly skilled and qualified employees who HRSA can call upon to step into leadership roles as needs arise. Graduates of the program increase their knowledge and skills in leadership; gain interdepartmental project experience; have exposure to HRSA leaders; and gain an increased understanding of HRSA’s mission, challenges, and opportunities. As the largest population of employees at HRSA, developing leaders at this level is crucial to HRSA’s future success.

The Senior Leader Fellowship Program ensures HRSA leaders are among the best in the federal government. Participants experience a broad spectrum of development opportunities based on best practices of renowned leadership programs in the public and private sector. The program includes self-reflection, industry and federal speakers, networking, outside study and activities, executive coaching, and engaging discussions focused on the Office of Personnel Management’s Executive Core Qualifications, and HRSA leadership competencies.

In addition to the two formal career development programs, HRSA implemented Individual Development Plans (IDPs) during the reporting period. HRSA employees seek guidance from their supervisors in the development of IDPs. IDPs usually consist of a wide array of development opportunities that span the scope of the formal career development programs. IDPs are individually tailored action plans that develop specific competencies (knowledge and skills) needed to improve current performance or to prepare for new responsibilities. Individuals use these plans to invest in long-term self-development while accomplishing important day-to-day work.

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

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Internship Programs	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Fellowship Programs	N/A	N/A	N/A	N/A	N/A	N/A
Mentoring Programs	N/A	N/A	N/A	N/A	N/A	N/A
Coaching Programs	N/A	N/A	N/A	N/A	N/A	N/A
Training Programs	98	35	6%	6%	2%	3%
Detail Programs	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Other Career Development Programs	N/A	N/A	N/A	N/A	N/A	N/A

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

- a. Applicants (PWD) Yes No
- b. Selections (PWD) Yes No

4. 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) Yes No
- b. Selections (PWTD) Yes No

C. AWARDS

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

- a. Awards, Bonuses, & Incentives (PWD) Yes No
- b. Awards, Bonuses, & Incentives (PWTD) Yes No

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

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

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

- | | | | |
|--------------------------------------|-----|----|--------------|
| a. Other Types of Recognition (PWD) | Yes | No | N/A X |
| b. Other Types of Recognition (PWTD) | Yes | No | N/A X |

D. PROMOTIONS

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

- | | | |
|--|-----|-------------|
| a. SES | | |
| i. Qualified Internal Applicants (PWD) | Yes | No X |
| ii. Internal Selections (PWD) | Yes | No X |
| b. Grade GS-15 | | |
| i. Qualified Internal Applicants (PWD) | Yes | No X |
| ii. Internal Selections (PWD) | Yes | No X |
| c. Grade GS-14 | | |
| i. Qualified Internal Applicants (PWD) | Yes | No X |
| ii. Internal Selections (PWD) | Yes | No X |
| d. Grade GS-13 | | |
| i. Qualified Internal Applicants (PWD) | Yes | No X |
| ii. Internal Selections (PWD) | Yes | No X |

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

- a. SES
 - i. Qualified Internal Applicants (PWTD) Yes No N/A **X**
 - ii. Internal Selections (PWTD) Yes No N/A **X**
- b. Grade GS-15
 - i. Qualified Internal Applicants (PWTD) Yes No **X**
 - ii. Internal Selections (PWTD) Yes No **X**
- c. Grade GS-14
 - i. Qualified Internal Applicants (PWTD) Yes No **X**
 - ii. Internal Selections (PWTD) Yes **X** No
- d. Grade GS-13
 - i. Qualified Internal Applicants (PWTD) Yes No **X**
 - ii. Internal Selections (PWTD) Yes No **X**

Using the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees as a benchmark, triggers exist among PWTDs for Internal selections for the GS-14 senior grade level as 1 percent of PWTDs were qualified but none were selected.

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

- a. New Hires to SES (PWD) Yes No **X**
- b. New Hires to GS-15 (PWD) Yes No **X**
- c. New Hires to GS-14 (PWD) Yes No **X**
- d. New Hires to GS-13 (PWD) Yes No **X**

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

- a. New Hires to SES (PWTD) Yes No **X**
- b. New Hires to GS-15 (PWTD) Yes No **X**
- c. New Hires to GS-14 (PWTD) Yes **X** No
- d. New Hires to GS-13 (PWTD) Yes No **X**

Using the qualified applicant pool of 4.58 percent as a benchmark, triggers exist among PWTDs for new hires to GS-14 (0.77 percent qualified but not selected).

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

a. Executives

- i. Qualified Internal Applicants (PWD) Yes No **X**
- ii. Internal Selections (PWD) Yes No **X**

b. Managers

- i. Qualified Internal Applicants (PWD) Yes No **X**
- ii. Internal Selections (PWD) Yes No **X**

c. Supervisors

- i. Qualified Internal Applicants (PWD) Yes No **X**
- ii. Internal Selections (PWD) Yes No **X**

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

a. Executives

- i. Qualified Internal Applicants (PWTD) Yes No **X**
- ii. Internal Selections (PWTD) Yes No **X**

b. Managers

- i. Qualified Internal Applicants (PWTD) Yes No **X**
- ii. Internal Selections (PWTD) Yes No **X**

c. Supervisors

- i. Qualified Internal Applicants (PWTD) Yes No **X**
- ii. Internal Selections (PWTD) Yes No **X**

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

- | | | |
|------------------------------------|-----|-------------|
| a. New Hires for Executives (PWD) | Yes | No X |
| b. New Hires for Managers (PWD) | Yes | No X |
| c. New Hires for Supervisors (PWD) | Yes | No X |

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

- | | | |
|-------------------------------------|-----|-------------|
| a. New Hires for Executives (PWTD) | Yes | No X |
| b. New Hires for Managers (PWTD) | Yes | No X |
| c. New Hires for Supervisors (PWTD) | Yes | No X |

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.

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

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

Yes **X** No N/A

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

- | | | |
|----------------------------------|-----|-------------|
| a. Voluntary Separations (PWD) | Yes | No X |
| b. Involuntary Separations (PWD) | Yes | No X |

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

- | | | |
|-----------------------------------|-----|-------------|
| a. Voluntary Separations (PWTD) | Yes | No X |
| b. Involuntary Separations (PWTD) | Yes | No X |

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

N/A

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

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

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

Public website: <https://www.hrsa.gov/about/508-resources.html>
File a complaint: HRSAAccessibility@hrsa.gov

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

Public website: <https://www.hrsa.gov/eoo/no-fear-act/lawsandprotections>

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

508 Accessibility

OCRDI continues to include Section 508 requirements in its RA Training for Managers and Supervisors, RA Refresher Training for Managers and Supervisors, RA Training for Employees, and New Employee Orientation in an effort to increase accessibility awareness throughout the agency.

OCRDI has also maintained its practice of providing TA to HRSA B/Os to ensure equal access for PWDs.

In addition, HRSA's 508 Team conducted the following accessibility focused trainings, programs, and activities this past fiscal year:

- Conducted PowerPoint Accessibility training for six participants for the Office of Intergovernmental and External Affairs Region 5.
- Provided compliance assistance/training to HRSA staff on a weekly basis. HRSA performed these training sessions on a one-on-one basis and enabled customers to learn how to remediate their own documents. Customers can also request compliance assistance through the Section 508 Ticketing System to get help with a specific file.
- Provided Section 508 (Accessibility) Training to Contracting Officer Representatives (CORs), Contracting Officers, and Contract Specialists.
- Modified Section 508 language to include the HHS Accessibility Compliance Checklists as a deliverable, and collaborated with the Office of Acquisitions Management and Policy to socialize this with the COR community.
- Updated and posted the new Section 508 language to the SharePoint site and reviewed all acquisitions to ensure the correct Section 508 language was included in the Statement of Work, when needed.
- Developed and launched a new ticketing system specifically to streamline the existing process for remediation, compliance review, and compliance assistance. HRSA provided training on the system and raised awareness for the need to have all documentation 508-compliant to align with HHS Policy.
- Added links to on-demand trainings on the HRSA SharePoint site. These include accessibility of:
 - MS Word, PowerPoint, Excel and PDF
 - Voluntary Product Accessibility Template (VPAT) Training

This past fiscal year, the Section 508 Team received training on CommonLook PDF, a tool that streamlines the remediation process. The team also performed a number of remediations. Due to COVID-19, there was an increase in the number of remediations needed to post information to external facing web pages. In addition, HRSA's Section 508 Team experienced an increase in acquisition reviews because HRSA had to modify all contracts that included in-person events to include virtual events.

Moving forward, the HRSA's 508 Team plans on undertaking the following practices to improve accessibility of HRSA's technology:

- Continue to update the Section 508 SharePoint page to increase 508 awareness.
- Ensure all HRSA acquisition requests are reviewed to add the appropriate Section 508 language that requires vendors to submit an HHS Accessibility checklist with every document deliverable. Having the 508 language added will assist CORs in verifying the accessibility of deliverables.
- Create B/O dashboards to display monthly view of the number of documents remediated and additional metrics, as needed.
- Continue to train customers on Section 508 to align with HHS' Policy.

Safety and Evacuations for PWDs

This past fiscal year, all new employees received an orientation briefing (virtual due to COVID-19) that reviewed the Occupant Emergency Program for 5600 Fishers Lane and included information on how to request an individualized evacuation plan for those individuals who self-identify as requiring assistance. A considerable number of the HRSA Division of Security Services' (DSS) functions were limited due to COVID-19 which resulted in maximum telework. However, as part of the Return to the Workplace protocol/guidance, DSS will take the following steps to welcome all staff back to the office environment:

- a. Provide a review/refresher for all staff hired since March 13, 2020, of the current Occupant Emergency Plan, evacuation routes, and assembly points.
- b. Increase safety awareness. DSS is currently updating/redesigning information pertaining to Security, Safety, Occupant Emergency Plan, and continuity of operations available on their SharePoint site. Once this update is finalized, DSS will have regular inserts in the HRSA Insider (HRSA's weekly employee newsletter) to draw attention and increase awareness to a variety of topics.
- c. Evaluate performance. HRSA will perform an evaluation of the new operating requirements to assess what improvements to existing Occupant Emergency Plans are required.

HRSA is planning the following practices over the next fiscal year in order to help increase accessibility:

- a. Monitor and assess the workplace to ensure a safe environment for all employees. Through this effort, HRSA hopes to see a continual decrease in unauthorized appliances, prohibited items, and potential unhealthy/unsanitary conditions created by employees.
- b. In partnership with the Program Support Center and the other tenants of the building, perform a functional and comprehensive review of the Occupant Emergency Plan, focused on identifying areas of improvement.
- c. Develop deeper relationships and supporting roles to HRSA staff in the regions focused on both their unique security and safety requirements/constraints.

In addition, the Program Support Center's Building Operations is using a contractor to conduct annual fire alarm systems testing at the 5600 Fisher Lane building.

C. REASONABLE ACCOMMODATION PROGRAM

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

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

The table below shows key metrics for RA processing during FY 2021.

Processing Standard	Internal Benchmark	HRSA FY 2021
Total cases processed.	None	37
Total cases approved.	None	50% (18)
Days to issue a decision to the client (measured from date of request).	15 business days	15 days on average 50% (18) issued within timelines.
Days to provide approved RAs (measured from date of issued decision).	30 business days	2 days on average 100% (18) issued within timelines.
Total case processing time (measured from date of request to the date of the final action for the case e.g., denial or RA provision).	45 business days	17 days on average 88% (33) issued within timelines.

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

In FY 2021, HRSA saw case processing improve in all areas over the FY 2020 data. All three of the “average day” metrics (decision, provision, and overall) improved (i.e., the number of days decreased) as well as the processing rates for all three metrics (issuance, implementation, and overall processing). This is due to (1) OCRDI’s targeted approach to case processing, (2) the COVID-19 pandemic which reduced the caseload as compared to previous years, and (3) the impact of instructions from HHS regarding Executive Order 14043 (COVID-19 vaccine mandate for Federal employees).

Executive Order 14043 impacted case processing as instruction from HHS was issued stating that all processing was to cease until the Department was able to issue guidance related to the vaccine mandate and requests related to “return to work.” Accordingly, the data presented here only accounts for the cases that were processed through the reporting period (October 1, 2020, to September 30, 2021). A majority of the agency’s cases remain incomplete – first as guidance from HHS was issued on December 21, 2021, with a final department-wide meeting on processing held on January 6, 2022, authorizing processing, and now due to the nationwide injunction issued on January 21, 2022.

HRSA continuously revisits the cases to see which cases, if any, can be processed during the extended delays. Until such a time as cases can be processed, this caseload will remain in a separate batch to allow for analysis of the impact of the delays and reporting, which will occur in the FY 2022 MD-715.

Public Website: Please note that HRSA made the RA policy and procedures publicly available on the HRSA website since it modified and updated the policy. The document link has remained public since its posting on September 28, 2017, and the link to the posting is as follows:

<https://www.hrsa.gov/sites/default/files/hr/nofearact/forms/ramanual.pdf>. As of January 2021, OCRDI has extended its public-facing web presence, and the manual is now prominently featured, and the link to the posting is as follows: <https://www.hrsa.gov/about/organization/bureaus/ocrdi#reasonable-accommodations>.

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

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

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

HRSA has one employee who is eligible for PAS services. Due to the COVID-19 pandemic, the employee did not need nor request PAS services during FY 2021. However, the client reports being fully satisfied with program operations and the services received in the past.

In regard to training, HRSA’s RA Training for Managers/Supervisors and the subsequent course, RA Refresher for Managers/Supervisors, review the similarities and differences between PAS and other service types (sign language interpreting, readers, escorts, etc.) as well as the process used to make a request for such services.

Public Website: Please note HRSA made the PAS policy and procedures publicly available on the HRSA website on September 28, 2017. The PAS procedures begin on page 31 of the HRSA Policy on Reasonable Accommodation, and the link to the posting is as follows:

<https://www.hrsa.gov/sites/default/files/hr/nofearact/forms/ramanual.pdf>. As of January 2021, OCRDI has extended its public-facing web presence, and the manual is now prominently featured. The link to the posting is as follows: <https://www.hrsa.gov/about/organization/bureaus/ocrdi#reasonable-accommodations>.

SECTION VI: EEO COMPLAINT AND FINDINGS DATA

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

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

Yes No **X** N/A

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 No **X** N/A

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.*

N/A; there were no findings of discrimination.

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

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

Yes No **X** N/A

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 No **X** N/A

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.*

N/A

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 No **X**

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

Yes No N/A **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.

Trigger 1	The representation of PWDs in the permanent workforce is less than the benchmarks. HRSA’s new permanent hire rates for PWDs and PWTDs in the overall workforce and within the most populous MCOs are less than their respective benchmarks. PWDs within the Permanent Workforce Cluster GS-1 to GS-10=9.28 percent vs. 12 percent benchmark Cluster GS-11 to SES=9.34 percent vs. 12 percent benchmark New Hires within the Permanent Workforce PWDs=5.73 percent vs. 12 percent benchmark PWTDs=0.38 percent vs. 2 percent benchmark Top Three Most Populous MCOs 0685 PWDs=2.41 percent vs. 4.58 percent benchmark PWTDs=0 percent vs. 4.58 percent benchmark 0343 PWTDs=0 percent vs. 4.58 percent benchmark 2210 PWDs=0 percent vs. 4.58 percent benchmark PWTDs=0 percent vs 4.58 percent benchmark	
Barrier(s)	N/A	
Objective(s)	Conduct barrier analysis to determine whether barriers cause the identified triggers. Establish remedial action plan if barrier(s) exist.	
Responsible Official(s)		Performance Standards Address the Plan? (Yes or No)
EEO Director Acting Deputy EEO Director Diversity and Inclusion Manager Complaints Manager Accessibility Manager Acting Civil Rights Manager		Yes
Barrier Analysis Process Completed? (Yes or No)		Barrier(s) Identified? (Yes or No)
No		No; barrier analysis is underway.
Sources of Data	Sources Reviewed? (Yes or No)	Identify Information Collected
Workforce Data Tables	Yes	Applicant flow data; separations; promotions
Complaint Data (Trends)	Yes	Bases and issues
Grievance Data (Trends)	No	

Trigger 1	The representation of PWDs in the permanent workforce is less than the benchmarks. HRSA's new permanent hire rates for PWDs and PWTDs in the overall workforce and within the most populous MCOs are less than their respective benchmarks.			
	PWDs within the Permanent Workforce Cluster GS-1 to GS-10=9.28 percent vs. 12 percent benchmark Cluster GS-11 to SES=9.34 percent vs. 12 percent benchmark			
	New Hires within the Permanent Workforce PWDs=5.73 percent vs. 12 percent benchmark PWTDs=0.38 percent vs. 2 percent benchmark			
	Top Three Most Populous MCOs <i>0685</i> PWDs=2.41 percent vs. 4.58 percent benchmark PWTDs=0 percent vs. 4.58 percent benchmark <i>0343</i> PWTDs=0 percent vs. 4.58 percent benchmark <i>2210</i> PWDs=0 percent vs. 4.58 percent benchmark PWTDs=0 percent vs 4.58 percent benchmark			
	Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	No		
	Climate Assessment Survey (e.g., FEVS)	Yes	DEIA-related data	
	Exit Interview Data	Yes	Reasons for separations	
	Focus Groups	No		
Interviews	No			
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)	No			
Other (Please Describe)				
Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Staffing & Funding (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
03/30/2022	Perform comprehensive trigger identification targeting disability employment.	Yes		
04/30/2022	Devise a plan to gather detailed information to gain insight into key findings.	Yes		
05/01/2022	Execute plan.	Yes		
07/31/2022	Analyze additional information for possible barriers.	Yes		
09/30/2022	Report findings to leadership inclusive of remediation plan should barriers exist.	Yes		
Fiscal Year	Accomplishments			
2021	This is a newly established plan. HRSA will report accomplishments and/or plan modifications in subsequent MD-715 reports.			

Trigger 2	PWDs and PWTDs continue to have triggers in the recruitment and selection processes for new hires and promotions to senior grade levels and management positions.
Barrier(s)	N/A

Trigger 2	PWDs and PWTDs continue to have triggers in the recruitment and selection processes for new hires and promotions to senior grade levels and management positions.			
Objective(s)	Conduct barrier analysis to determine whether barriers cause the identified triggers. Establish remedial action plan if barrier(s) exist.			
Responsible Official(s)		Performance Standards Address the Plan? (Yes or No)		
EEO Director Acting Deputy EEO Director Diversity and Inclusion Manager Complaints Manager Accessibility Manager Acting Civil Rights Manager		Yes		
Barrier Analysis Process Completed? (Yes or No)		Barrier(s) Identified? (Yes or No)		
No		No; barrier analysis is underway.		
Sources of Data	Sources Reviewed? (Yes or No)	Identify Information Collected		
Workforce Data Tables	Yes	Applicant flow data; separations; promotions		
Complaint Data (Trends)	Yes	Bases and issues		
Grievance Data (Trends)	No			
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	No			
Climate Assessment Survey (e.g., FEVS)	Yes	DEIA-related data		
Exit Interview Data	Yes	Reasons for separations		
Focus Groups	No			
Interviews	No			
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)	No			
Other (Please Describe)				
Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Staffing & Funding (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
06/30/2022	Perform comprehensive trigger identification targeting disability employment.	Yes		
07/31/2022	Devise a plan to gather detailed information to gain insight into key findings.	Yes		
08/01/2022	Execute plan.	Yes		
10/31/2022	Analyze additional information for possible barriers.	Yes		
12/31/2022	Report findings to leadership inclusive of remediation plan should barriers exist.	Yes		
Fiscal Year	Accomplishments			
2021	This is a newly established plan. HRSA will report accomplishments and/or plan in subsequent MD-715 reports.			

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

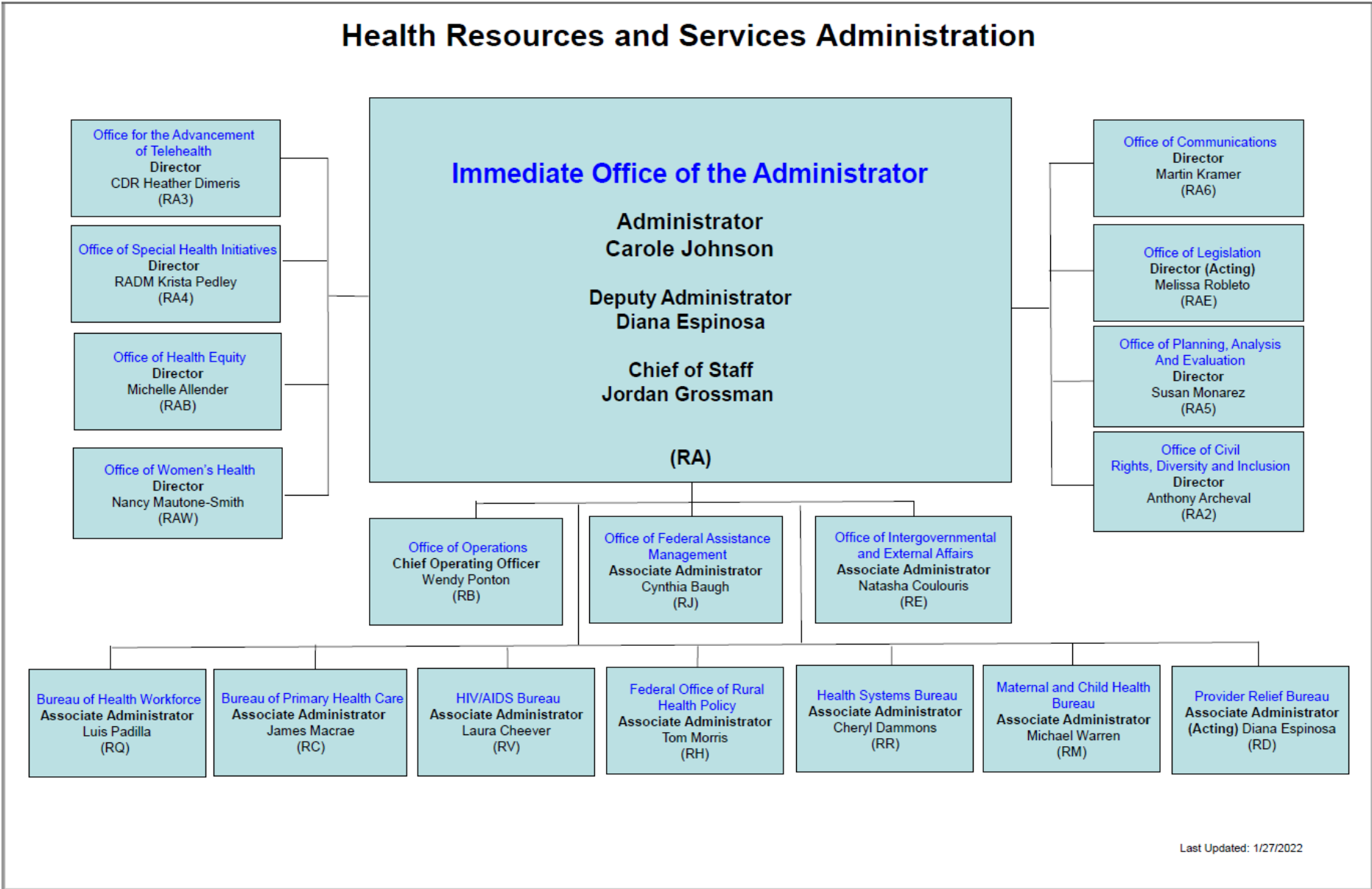
N/A

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

N/A

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

N/A



APPENDIX B: HRSA POLICY STATEMENTS ON EEO AND ANTI-HARASSMENT, NOTIFICATION AND FEDERAL EMPLOYEE ANTIDISCRIMINATION AND RETALIATION ACT OF 2002, AND ON WORKFORCE DIVERSITY AND INCLUSION



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857

**HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
POLICY STATEMENTS ON EQUAL EMPLOYMENT OPPORTUNITY (EEO) AND
PROHIBITED DISCRIMINATION AND ANTI-HARASSMENT**

HRSA's EEO and Prohibited Discrimination Policy

As HRSA strives to improve community health and achieve health equity, HRSA will continue to foster a work environment free from unlawful discrimination. HRSA will not tolerate employment discrimination on the bases of age, disability (mental, physical or sensory), genetic information (including family medical history), national origin, pregnancy, race or color, religion, retaliation, sex (including gender identity and sexual orientation), or any other status protected by federal laws and regulations.

In addition, HRSA is committed to ensuring a workplace free of discrimination and harassment based on: family or parental status, marital, civil union or domestic partnership status, past or present military service and political affiliation. These protections extend to all personnel and employment programs, management practices and decisions, including, but not limited to appraisal systems, merit promotions, recruitment and hiring practices (including transfers and reassignments), training and career development programs, benefits, and separations. These protections ensure all employees have the freedom to perform their job duties and compete for development and promotional opportunities on a fair and level playing field with equal opportunity. HRSA will also provide reasonable accommodations to qualified individuals with disabilities and accommodations for religious practices in accordance with applicable laws and procedures.

HRSA's Office of Civil Rights, Diversity and Inclusion (OCRDI) is responsible for administering an impartial and effective [EEO complaint program](#) to address and resolve complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to OCRDI at 5600 Fishers Lane, 14N152, Rockville, MD, (301) 443-5636, or eeocomplaints@hrsa.gov. The regulations governing the federal sector EEO complaint process are found in [Title 29 of the Code of federal regulations](#) (C.F.R.) Part 1614.

Employees seeking redress under this process must contact an EEO counselor in person, by phone, email, or in writing within *45 calendar days* of the date of the alleged incident, or they may raise discrimination issues through the [administrative or negotiated grievance procedures](#), as appropriate. Employees may also report allegations to their immediate supervisor or a management official in their chain of command. While an employee may raise a discrimination allegation through these additional avenues, doing so does not constitute initiation of an EEO complaint with an EEO counselor through the federal sector EEO complaint process, and does not extend the 45-day time limit to initiate an EEO complaint with OCRDI. Managers and supervisors are responsible for adhering to this policy.

APPENDIX B: HRSA POLICY STATEMENTS ON EEO AND ANTI-HARASSMENT, NOTIFICATION AND FEDERAL EMPLOYEE ANTIDISCRIMINATION AND RETALIATION ACT OF 2002, AND ON WORKFORCE DIVERSITY AND INCLUSION

HRSA Policy Statements on EEO and
Prohibited Discrimination and Anti-Harassment
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HRSA's Anti-Harassment Policy

Harassment by or against employees, applicants for employment, contract employees, clients, customers, and anyone conducting business with HRSA is strictly prohibited. This prohibition extends to any form of workplace harassment, including sexual harassment, based on age, disability (mental, physical or sensory), genetic information (including family medical history), national origin, pregnancy, race or color, religion, retaliation, sex (including gender identity and sexual orientation), or any other status protected by federal laws and regulations. The primary goal of this policy is to ensure HRSA provides a work environment free from harassment by ensuring that unwelcome conduct is timely addressed before it rises to the level of illegal harassment.

Sexual harassment involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment, (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Offensive conduct may include, but is not limited to, verbal conduct that could include sexual epithets, unwanted flirtations, improper touching or assault, sexually explicit or derogatory posters, cartoons or drawings, obscene gestures, sexually offensive jokes, and making sexual comments or jokes about someone's sexual orientation or gender reassignment.

Workplace non-sexual harassment is defined as any unwelcome, hostile, or offensive conduct that interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Non-sexual harassment becomes illegal when: (1) enduring the offensive conduct becomes a condition of continued employment or (2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name-calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, and offensive objects or pictures.

Both supervisors and employees bear responsibility in maintaining a work environment free from workplace and sexual harassment. Employees should immediately report such conduct to their supervisor, another management official, Office of Human Resources (OHR), or OCRDI. Harassment claims will be handled confidentially to the greatest extent possible. If an employee brings an issue of harassment to a supervisor's attention, the supervisor must promptly consult with an OHR labor and employee relations specialist who will conduct a prompt, thorough, and fair investigation into the matter within 10 calendar days of receiving the harassment claims, and take immediate and appropriate corrective action, as necessary, within 60 calendar days of receiving notice of a harassment allegation. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action, up to and including termination will be taken, if allegations are substantiated.

**APPENDIX B: HRSA POLICY STATEMENTS ON EEO AND ANTI-HARASSMENT, NOTIFICATION
AND FEDERAL EMPLOYEE ANTIDISCRIMINATION AND RETALIATION ACT OF 2002,
AND ON WORKFORCE DIVERSITY AND INCLUSION**

HRSA Policy Statements on EEO and
Prohibited Discrimination and Anti-Harassment
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HRSA will not tolerate retaliation against any employee for reporting matters under this policy or procedure, or for assisting in any inquiry about such a report. Supervisors are strongly encouraged to seek guidance from OCRDI staff, OHR staff, or the Office of the General Counsel when addressing issues of discrimination, retaliation, or harassment.

July 27, 2021

/Diana Espinosa/

Date

Diana Espinosa, Acting Administrator

APPENDIX B: HRSA POLICY STATEMENTS ON EEO AND ANTI-HARASSMENT, NOTIFICATION AND FEDERAL EMPLOYEE ANTIDISCRIMINATION AND RETALIATION ACT OF 2002, AND ON WORKFORCE DIVERSITY AND INCLUSION

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APPENDIX

Related Laws, Executive Orders, and Resources:

Title VII of the Civil Rights Act of 1964: <https://www.eeoc.gov/laws/statutes/titlevii.cfm>

Rehabilitation Act of 1973, as amended: <http://www.eeoc.gov/laws/statutes/rehab.cfm>

Age Discrimination in Employment Act of 1967, as amended:
<http://www.eeoc.gov/laws/types/age.cfm>

Equal Pay Act of 1963, as amended: <http://www.eeoc.gov/laws/statutes/epa.cfm>

Guidelines on Religious Exercise and Religious Expression in the Federal Workplace:
<http://www.eeoc.gov/laws/types/religion.cfm>

Pregnancy Discrimination Act of 1978: <http://www.eeoc.gov/laws/statutes/pregnancy.cfm>

Genetic Information Nondiscrimination Act of 2008:
<http://www.eeoc.gov/laws/statutes/gina.cfm>

Executive Order 13152, as amended by Executive Order 11478:
<http://www.archives.gov/federal-register/codification/executive-order/11478.html>

Executive Order 11478, as amended by Executive Order 13087:
<http://www.eeoc.gov/federal/otherprotections.cfm>

U.S. Office of Special Counsel: <http://www.osc.gov>

Processing Complaints of Discrimination by Lesbian, Gay, Bisexual, and Transgender (LGBT)
Federal Employees: https://www.eeoc.gov/federal/directives/lgbt_complaint_processing.cfm

U.S. Supreme Court's Decision on LGBTQ+ confirming Title VII of the Civil Rights Act of
1964, which prohibits sex discrimination, applies to discrimination based on sexual orientation
and gender identity.
https://www.supremecourt.gov/opinions/19pdf/17-1618_hfc1.pdf

HRSA's Handling Workplace Harassment Policy:
<https://sharepoint.hrsa.gov/oo/chr/SitePages/Work%20Place%20Issues.aspx>

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
ANTIDISCRIMINATION AND RETALIATION ACT OF 2002,
AND ON WORKFORCE DIVERSITY AND INCLUSION**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857

**HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
POLICY STATEMENT ON NOTIFICATION AND FEDERAL EMPLOYEE
ANTIDISCRIMINATION AND RETALIATION ACT OF 2002 (NO FEAR ACT)**

No FEAR Act Notice

On May 15, 2002, Congress enacted the "Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002," which is now known as the No FEAR Act. One purpose of the Act is to "require that Federal agencies be accountable for violations of antidiscrimination and whistleblower protection laws." Click on the following link for more information about the Act: <http://www.opm.gov/information-management/no-fear-act>.

Antidiscrimination Laws

A federal agency cannot discriminate against an employee or applicant with respect to the terms, conditions or privileges of employment on the bases of age, disability (mental, physical, or sensory), genetic information (including family medical history), national origin, pregnancy, race or color, religion, retaliation, sex (including gender identity and sexual orientation), or any other status protected by federal laws and regulations.

In addition, HRSA is committed to ensuring a workplace free of discrimination and harassment based on family or parental status, marital, civil union or domestic partnership status, past or present military service and political affiliation. Discrimination on these bases is prohibited by one or more of the following statutes: 5 U.S.C. 2302(b) (1), 29 U.S.C. 206(d), 29 U.S.C. 631, 42 U.S.C. 2000ff-1(a)(1), 29 U.S.C. 633a, 29 U.S.C. 791, and 42 U.S.C. 2000e-16.

- If you believe that you have been the victim of unlawful discrimination on the bases of age, disability (mental, physical, or sensory), genetic information (including family medical history), national origin, pregnancy, race or color, religion, sex (including gender identity and sexual orientation), or retaliation for opposing discriminatory practices or participating in the discrimination complaint process, you must contact an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the alleged discriminatory action, or, in the case of a personnel action, within 45 calendar days of the effective date of the action, before you can file a formal complaint of discrimination with your agency. See [Title 29 of the Code of Federal Regulations \(C.F.R.\) Part 1614](#).
- If you believe that you have been the victim of unlawful discrimination based on age, you must either contact an EEO counselor as noted above or provide notice of intent to sue to the Equal Employment Opportunity Commission within 180 days of the alleged discriminatory action.

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
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- If you are alleging discrimination based on marital status or political affiliation, you may file a written complaint with the U.S. Office of Special Counsel (OSC) (*see* contact information below).
- In the alternative (or in some cases, in addition), you may pursue a discrimination complaint by filing a grievance through [HRSA's administrative or negotiated grievance procedures](#), if such procedures apply and are available.

Whistleblower Protection Laws

A federal employee with authority to take, direct others to take, recommend, or approve any personnel action must not use that authority to take or fail to take, or threaten to take or fail to take, a personnel action against an employee or applicant because of disclosure of information by that individual that is reasonably believed to evidence violations of any law, rule or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety, unless disclosure of such information is specifically prohibited by law and such information is specifically required by Executive Order to be kept secret in the interest of national defense or the conduct of foreign affairs.

Retaliation against an employee or applicant for employment for making a protected disclosure is prohibited by 5 U.S.C. 2302(b)(8). If you believe that you have been the victim of whistleblower retaliation, you may file a written complaint (Form OSC-11) with OSC at 1730 M Street NW, Suite 218, Washington, DC 20036-4505 or online through the OSC website: <http://www.osc.gov>

Retaliation for Engaging in Protected Activity

A federal agency cannot retaliate against an employee or applicant because that individual exercises his or her rights under any of the Federal Antidiscrimination or Whistleblower Protection Laws listed above.

If you believe that you are a victim of retaliation for engaging in protected activity, you must follow, as appropriate, the procedures described in the Antidiscrimination Laws and Whistleblower Protection Laws sections or, if applicable, the administrative or negotiated grievance procedures in order to pursue any legal remedy.

Disciplinary Actions

Under the existing laws, each agency retains the right, where appropriate, to discipline a federal employee who has engaged in discriminatory or retaliatory conduct, up to and including removal. If OSC has initiated an investigation under 5 U.S.C. 1214, agencies must seek approval from the Special Counsel to discipline employees for engaging in prohibited retaliation.

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
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Nothing in the No FEAR Act alters existing laws or permits an agency to take unfounded disciplinary action against a federal employee or to violate the procedural rights of a federal employee who has been accused of discrimination.

Additional Information

For further information regarding the No FEAR Act regulations, refer to [5 C.F.R. Part 724](#), as well as HRSA's Office of Civil Rights, Diversity and Inclusion or the Office of Human Resources. Additional information regarding Federal Antidiscrimination, Whistleblower Protection and Retaliation Laws can be found at the Equal Employment Opportunity Commission website: <http://www.eeoc.gov> and the OSC website: <http://www.osc.gov>.

Existing Rights Unchanged

Pursuant to section 205 of the No FEAR Act, neither the Act nor this notice creates, expands, or reduces any rights otherwise available to any employees, former employees, or applicants for employment under the laws of the United States, including the provisions of law specified in 5 U.S.C. 2302(d).

July 27, 2021
Date

/Diana Espinosa/
Diana Espinosa, Acting Administrator

**APPENDIX B: HRSA POLICY STATEMENTS ON NOTIFICATION AND FEDERAL EMPLOYEE
ANTIDISCRIMINATION AND RETALIATION ACT OF 2002,
AND ON WORKFORCE DIVERSITY AND INCLUSION**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville MD 20857

**HEALTH RESOURCES AND SERVICES ADMINISTRATION
POLICY STATEMENT
ON
WORKFORCE DIVERSITY AND INCLUSION**

The Health Resources and Services Administration (HRSA) is committed to promoting diversity and inclusion in the workplace as it accomplishes its mission to improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.

We define diversity as all the ways in which people differ, including but not limited to age, race, ethnicity, national origin, gender, gender identity, sex, sexual orientation, mental or physical abilities, primary language, education, socioeconomic status, religion, work experience, cultural values, geographic location, family status, organizational level, work style, philosophical views, veteran status, and intellectual perspectives.

Inclusion is the process of enabling the full participation and contribution of all human resources in support of the mission of the organization by eliminating implicit and explicit barriers to engagement in every aspect of work-life and operations. Leveraging the diverse talents and attributes of the entire workforce will empower the full potential of all employees and contribute significantly to achieving the HRSA mission. This can be accomplished by ensuring fairness when configuring work opportunities, business processes, functional operations, rewards systems, work-life balance options, professional interactions, communications, information sharing, and decision-making.

We strive to attract, recruit, retain and develop a workforce that is expansive along many dimensions, and to leverage the diverse knowledge and experiences of all our employees. Managers, supervisors, and employees share HRSA's commitment to diversity and inclusion throughout the Agency. This includes increasing employment and advancement opportunities for groups that are underrepresented in the workforce by (1) actively incorporating innovative methods to improve our outreach efforts and (2) creating a workplace culture that ensures fairness in the selection of individuals for career development programs and promotional opportunities.

This policy statement aims to leverage a well-managed, diverse and inclusive workforce. Embracing this policy statement will improve our organizational efficiency and effectiveness and create a culture of innovation, opportunity, and success within HRSA that capitalizes on our diverse workforce, ultimately delivering value to our stakeholders.

10/10/2019

Date

/Thomas J. Engels/

Tom Engels, Acting Administrator

