



Health Resources and Services Administration
Equal Employment Opportunity Commission
Management Directive 715 Annual Report
Fiscal Year 2022

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, 2021 to September 30, 2022					
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 Civilian Employment	1. Enter total number of permanent full-time and part-time employees			1. 2,333	
	2. Enter total number of temporary employees			2. 39	
	3. Enter total number employees paid from non-appropriated funds			3. 0	
	4. TOTAL EMPLOYMENT [add lines B 1 through 3]			4. 2,372	
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, Principal 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					
Mary Tom, Disability Employment Program Manager/Selective Placement Program Coordinator					

EEOC FORM 715-01 PART A - D	U.S. Equal Employment Opportunity Commission FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT
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PART D List of Subordinate Components Covered in This Report	Subordinate Component and Location (City/State)	CPDF and FIPS codes

EEOC FORMS and Documents Included With This Report

*Executive Summary [FORM 715-01 PART E], which includes:	X	*Optional Annual Self-Assessment Checklist Against Essential Elements [FORM 715-01 PART G]
Brief paragraph describing the agency's mission and mission-related functions	X	*EEO Plan to Attain the Essential Elements of a Model EEO Program [FORM 715-01 PART H] for each programmatic essential element requiring improvement
Summary of results of agency's annual self-assessment against MD-715 "Essential Elements"	X	*EEO Plan to Eliminate Identified Barrier [FORM 715-01 PART I] for each identified barrier
Summary of Analysis of Workforce Profiles including net change analysis and comparison to RCLF	X	*Special Program Plan for the Recruitment, Hiring, and Advancement of Individuals with Targeted Disabilities for agencies with 1,000 or more employees [FORM 715-01 PART J]
Summary of EEO Plan objectives planned to eliminate identified barriers or correct program deficiencies	X	*Copy of Workforce Data Tables as necessary to support Executive Summary and/or EEO Plans
Summary of EEO Plan action items implemented or accomplished	X	*Copy of data from 462 Report as necessary to support action items related to Complaint Processing Program deficiencies, ADR effectiveness, or other compliance issues
*Statement of Establishment of Continuing Equal Employment Opportunity Programs [FORM 715-01 PART F]	X	*Copy of Facility Accessibility Survey results as necessary to support EEO Action Plan for building renovation projects (not included)
*Copies of relevant EEO Policy Statement(s) and/or excerpts from revisions made to EEO Policy Statements	X	*Organizational Chart

Health Resources and Services Administration

For the period October 1, 2021 to September 30, 2022

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. Twelve operating divisions—including nine agencies in the U.S. Public Health Service and three human services agencies—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 2,372 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:

- Take actionable steps to achieve health equity and improve public health,
- Improve access to quality health services,
- Foster a health workforce and health infrastructure able to address current and emerging needs, and
- 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 services and products 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). OCRDI’s mission statement 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:

- 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.
- Integrate diversity and inclusion as a strategic priority throughout HRSA.
- Promote equity in HRSA-funded programs to improve access to quality care for underserved populations.
- 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) 2022, 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 for employment, development and advancement opportunities 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 96 percent (149 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 action plans 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 2022 joint policy statement was issued on September 30, 2022, and included the agency's stance on diversity, equity, inclusion, and accessibility (DEIA) in the workforce. 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 trainings, internet postings, and building signage. This information was also provided during diversity and inclusion consultations with Hiring Managers and/or their designees, i.e., Executive Officers, Admin. Officers, etc. within the Bureaus and Offices as well as in responses to inquiries received through the general OCRDI and Diversity email inboxes.

In FY 2022, leaders continued to demonstrate a commitment to EEO and DEIA through their ongoing efforts to collaborate with HRSA's employee resource groups (ERG). The HRSA Administrator championed the increase in the number of formally recognized ERGs from six to seven with the establishment of Black Leaders Advancing Quality, Unity, and Equity. The additional six ERGs include the Council on Employees with Disabilities, Veterans Council, Hispanic ERG, Returned Peace Corps Volunteers at HRSA, HRSA Pride, and Asian American Native Hawaiian Pacific Islander ERG. 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 participation of historically underrepresented groups in all parts of the employment lifecycle. HRSA's senior leaders supported ERGs in increasing awareness of workforce, workplace, and public health challenges through special observances, town hall discussions, public health awareness sessions, 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 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) as a reliable tool for assessing employees' perceptions and the overall climate pertaining to EEO, diversity, and inclusion matters. With an overall participation rate of 82 percent of HRSA staff, the HRSA 2022 FEVS results found an 82 percent positive response rate to the DEIA Index items. 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 and 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 core operations remains an agency priority. In FY 2022, HRSA ensured the inclusion of EEO in human capital activities, including:

- Involving OCRDI in activities pertaining to human capital management and succession planning initiatives.
- 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 the Administration and HHS' priorities that included an even stronger focus on DEIA as evidenced in Objective 4.5 (*Enhance and Leverage DEIA for HRSA Employees*).

- 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 meetings of HRSA's Executive Officers 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 year, the HHS EEO directors met 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 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. HRSA leverages the ERGs to promote initiatives and activities such as FEVS and Combined Federal Campaign participation, special observances and cultural exchanges, and the widespread dissemination of job postings. 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, RA 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. At the end of FY 2022, HRSA engaged a contractor to conduct a HRSA-wide needs assessment to examine the agency's DEIA profile and make recommendations for advancement. The information obtained from the needs assessment will be used, in part, to support the barrier analysis of senior level positions and the three most populous mission critical occupations.

As part of the barrier analysis process and in direct response to employees completing the HHS Workforce Demographics Survey—the survey findings were used to update employee demographic profiles—the agency revisited the workforce data for triggers to EEO in senior level positions and mission critical occupations in late FY 2022. Preliminary findings indicated that persons with disabilities (PWD, 13.2 percent) as well as persons with targeted disabilities (PWTD, 2.1 percent), are present in the agency's new hire workforce at rates slightly above the OPM target of 12 percent and 2 percent, respectively. HRSA's overall permanent and temporary workforce representation of persons with disabilities (PWD, 10.4 percent) is below the OPM target of 12 percent, while persons with targeted disabilities (PWTD, 2.6 percent) is above the OPM target of 2 percent. With a focus on disability employment, trigger identification will continue through early FY 2023 and will be used to guide the remainder of the barrier analysis process as well as support the HRSA-wide needs assessment.

To fully integrate EEO into the core operations, the agency focused on three areas for improvement: training on interpersonal skills for managers and supervisors, the timely issuance of Final Agency Decisions (FAD), and establishing an EEO-compliant reporting structure. A preliminary review of the agency's mandatory supervisory trainings and resources indicated learning materials on interpersonal skills needed to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications were absent from the training portfolio. In FY 2023, HRSA will develop content on these interpersonal skills to include in existing mandatory trainings such as the New Supervisor Orientation. *See Part H.2 for details.*

Timely Issuance of Final Agency Decisions

FADs are issued by HHS and, due to staffing challenges, were often unable to process in a timely manner. Specifically, in 2019, HHS changed the internal processing of FADs to remove contractor drafters from the process 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

2020, HHS hired a director to supervise the processing of FADs. In 2021, the director hired four employees to write FADs.

In addition to hiring staff to draft the FADs, HHS has implemented a backlog reduction plan to eliminate the backlog of FADs. 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. The priorities are remands and then age of request. This requirement ensures HHS resolves remands and the oldest complaints first.

One of the Office of Equal Employment Opportunity, Diversity and Inclusion's (EEODI) major accomplishments in FY 2022 includes continuation of the project to address the Department's FAD backlog. Through efficient and thorough processing of the FAD backlog, EEODI issued over 100 FADs in less than 9 months. EEODI removed internal barriers hindering the issuance of FADs by eliminating processing redundancies and leveraging alternative staffing resources to address the pending backlog, resulting in the elimination of 50 percent of the pending inventory. EEODI issued 138 merit FADs in FY 2022; more than tripling its efforts from FY 2021 and expects to eliminate the backlog of FADs by the end of calendar year 2023. *Refer to the HHS' MD-715 Report for additional details.*

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. Previously, in most cases, the head of each agency's EEO program and the mission-related programmatic offices reported to the same agency head designee. This includes HRSA's EEO Director. However, pursuant to the EECFEAA, EEODI has been exploring a process to change the reporting structures at HHS and comply with the EECFAA. Specifically, in 2021, EEODI began benchmarking the reporting structures of other Department-level agencies. In 2022, EEODI drafted a proposal to present a comprehensive re-examination of the Departmentwide EEO reporting structures to the HHS leadership. As of December 5, 2022, HHS acquired a Deputy Assistant Secretary for Equity, Diversity and Inclusion and Chief Diversity Officer (CDO), as required by the EECFEAA. The CDO also serves as the Director of EEODI. The appointment of the CDO position by the Assistant Secretary for Administration represents preliminary actions toward HHS EEO Reporting Restructuring. In the third quarter of 2024, EEODI projects HHS leadership will approve a plan to transition HHS OpDivs to the new reporting structure to comply with the EECFEAA. Finally, by December 2024, EEODI projects 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 has no program deficiencies in Essential Element C. The agency continues to strengthen its efforts to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the EEO program. The agency rates 100 percent of the SES on their commitment to EEO and DEIA, as well as conducts 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 3 FYs. 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, ad-hoc B/O level meetings, and quarterly EEO trainings.

In FY 2022, HRSA focused on improving two aspects of management and program accountability: processing RA requests within the established timeframes and having access to accurate and reliable workforce data. Overall, the agency showed continued improvements in its RA case processing time. During this reporting period, HRSA processed 93 percent of RA requests within the 45-day timeframe set forth in the agency's RA Policy and Procedures Manual. This represents a 6 percent increase in timely-processed requests from FY 2021 in which HRSA timely processed 88 percent of the requests; 81 percent of RA requests were timely processed in FY 2020. As outlined in past MD-715 reports, over the years, the agency took proactive, targeted steps to address the primary challenges that prevented the agency from processing over 90 percent of the RA cases within the established timeframes. The agency's actions significantly increased the timely processing of RA requests, from less than 50 percent timely-processed in FY 2015 to 93 percent timely processed in FY 2022—thus, eliminating this longstanding program deficiency.

Lastly, the continued use of multiple data systems 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 system, some of the data-related issues and workforce numerical differences among the internal data warehouse, Business Intelligence Information System, and the Federal Sector EEO Portal were reasonably addressed. *See HHS' MD-715 report for details on how this program deficiency was 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 considers whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments, and plans to develop and/or implement additional EEO-focused measures to enhance the agency's ability to ensure equitable organizational changes.

The agency has a 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 began conducting its agency-wide DEIA needs assessment in late FY 2022 to identify and strategically address any gaps and barriers to EEO. The assessment is scheduled to conclude by the end of FY 2023.

The agency has dedicated resources to ensure it makes concerted 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, as a standard part of the hiring process, the agency uses 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.

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 impact the agency's process for determining whether discrimination has occurred. HRSA conducts legal sufficiency reviews. However, the agency identified three EEO program deficiencies associated with Essential Element E: the untimely issuance of FADs, as noted in previous sections, as well as the lack of a system to resurvey the workforce and a system to track all recruitment activities.

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, 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 to improve the accuracy of demographic data stored in HHS personnel systems, especially for race, ethnicity, sex, and disability status. HHS resurveyed the workforce during the reporting period. Twenty-seven percent of all HHS employees and 26 percent of HRSA employees participated in the FY 2022 HHS Workforce Demographics Survey. The Department is addressing these HHS-wide deficiencies with full support by HRSA. *See HHS' MD-715 Report for details.*

Lastly, the HRSA tracks recruitment activities of OHR and OCRDI; however, the HRSA does not have a universal system in place to capture, monitor and analyze the recruitment activities that occur with the agency's B/Os and regional offices. In FY 2023, the HRSA will explore options to track recruitment activities at the B/O level. *See Part H.4 action plan 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, 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 2022, 22 individuals contacted OCRDI for EEO complaint-related matters; nine filed formal cases. Although this reflects an increase of two formal cases from the previous FY, HRSA's overall formal case count (nine) remains low. HRSA successfully uses ADR and EEO counseling, which contribute to the low number of formal EEO complaints filed. The most alleged basis of discrimination is reprisal followed by disability and sex. Additionally, the most common issues are harassment, performance appraisal ratings, and non-selection.

WORKFORCE ANALYSES

Data in this section is self-reported and usually gathered when the employee is initially hired. The data is stored and retrieved from Business Intelligence Information System. Commissioned Corps officers (185, or 7 percent of the permanent workforce) are not included.

Total Permanent Workforce

Ethnicity, Race, and Sex

As of September 30, 2022, HRSA maintained a permanent workforce of 2,333 full-time and part-time civilian employees, up 7.4 percent from the 2,173 employees reported in FY 2021. Of the 2,333 employees, 637 (27.3 percent) were males and 1,696 (72.7 percent) were females. The percentage of males (27.3 percent) was significantly below the Civilian Labor Force (CLF) of 51.8 percent, while the percentage of females (72.7 percent) was significantly above the CLF of 48.2 percent.

In addition to a review of the sex distribution, the distribution of the FY 2022 HRSA workforce by race, ethnicity, and sex was as follows:

- Hispanic or Latino males represented 1.4 percent or 32 employees; Hispanic or Latina females represented 3.09 percent or 72 employees;
- White males represented 13 percent or 303 employees; White females represented 30 percent or 700 employees;
- Black or African American males represented 8.6 percent or 201 employees; Black or African American females represented 31.6 percent or 736 employees;
- Asian males represented 4 percent or 93 employees; Asian females represented 7.4 percent or 172 employees;
- American Indian or Alaska Native males represented 0.2 percent or five employees; American Indian or Alaska Native females represented 0.4 percent or nine employees; and
- Two or More Race males represented 0.1 percent or three employees; Two or More Race females represented 0.2 percent or five employees.

A review of the race, ethnicity, and sex 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. 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

The percentage of PWDs employed at HRSA increased from 9.4 percent in FY 2021 to 10.1 percent in FY 2022; however, the percentage of PWTs employed at HRSA marginally decreased from 2.7 percent to 2.6 percent while remaining above HHS' 2-percent benchmark for targeted disabilities. The EEOC requires federal agencies to adopt employment goals for PWDs and PWTs.

Therefore, in accordance with 29 CFR § 1614.203(d)(7), HRSA is taking steps to 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 PWDs;
- No less than 2 percent of employees at the GS-11 level and above are PWTs;
- No less than 12 percent of employees at the GS-10 level and below are PWDs; and
- No less than 2 percent of employees at the GS-10 level and below are PWTs.

Grade Levels

Ethnicity, Race, and Sex

In FY 2022, HRSA had 31 permanent employees at the SES level, 286 at the GS-15 grade, 492 at the GS-14 grade, and 989 at the GS-13 grade. For the SES level, the participation rates of Black or African American males (0 percent) and females (19.4 percent), Asian males (0 percent) and females (3.2 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 (6.5 percent) and females (6.5 percent) and White males (19.4 percent) and females (45.2 percent) exceeded their respective permanent workforce participation rates.

For the GS-15 grade, the participation rates of Hispanic or Latino males (1.1 percent) and females (1.8 percent), Black or African or American males (5.2 percent) and females (20.6 percent), Asian females (5.6 percent), American Indian or Alaska Native females (0.4 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 (19.6 percent) and females (38.8 percent), Asian males (5.6 percent), American Indian or Alaska Native males (0.4 percent), and Two or More Race females (0.4 percent) exceeded their respective permanent workforce participation rates.

For the GS-14 grade, the participation rates of Hispanic or Latino females (2.4 percent), Black or African American males (6.7 percent) and females (27.4 percent), Asian females (6.7 percent), American Indian or Alaska Native males (0.2 percent) and females (0 percent), and Two or More Race females (0 percent) were below their respective permanent workforce participation rates. However, the GS-14 participation rates of Hispanic or Latino males (1.4 percent), White males (15.0 percent) and females (35.2 percent), Asian males (4.7 percent), and Two or More Race males (0.2 percent) exceeded their respective permanent workforce participation rates.

For the GS-13 grade, the participation rates of White males (11.7 percent) and females (25.9 percent), American Indian or Alaska Native males (0.2 percent) and females (0.2 percent), Two or More Race males (0.1 percent) were below their respective permanent workforce participation rates. However, the GS-13 participation rates of Hispanic or Latino males (1.7 percent) and females (3.4 percent), Black or African American males (10.3 percent) and females (34 percent), Asian males (4.4 percent) and females (8 percent), and Two or More Race females (0.4 percent) exceeded their respective permanent workforce participation rates.

Persons with Disabilities and Persons with Targeted Disabilities

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 2022, in the GS-10 and below grades, HRSA's participation rate for PWDs was 13.4 percent and 3.4 percent for PWTDs. In the GS-11 and above grades, HRSA's participation rate for PWDs was 9.8 percent and 2.5 percent for PWTDs. HRSA fell below HHS' 12-percent-with-disabilities goal in the GS-11 and above grade range but exceeded that goal in GS-10 and below range, while surpassing HHS' 2 percent targeted disabilities goal in both grade ranges.

New Hires

Ethnicity, Race, and Sex

In FY 2022, HRSA hired 270 new permanent employees. Of that number, HRSA hired 77 (28.5 percent) males and 193 (71.5 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 Two or More Race males and females was below the CLF, while the hiring of Black or African American males and females, Asian males and females, and American Indian or Alaska Native females was above the CLF.

Persons with Disabilities and Persons with Targeted Disabilities

As noted above, in FY 2022, HRSA hired 270 new permanent employees. Of that number, 13 percent identified as having a disability and 1.9 percent identified as having a targeted disability. PWD new-hire percentage is higher than both the permanent-workforce participation rate for PWDs (10.1 percent) and HHS' 12 percent disability goal, while the PWTD

percentage is lower than both the permanent-workforce participation rate for PWTDS (2.6 percent) and HHS' 2 percent targeted disability goal.

Mission Critical Occupations

HRSA has 12 Mission Critical Occupations (MCOs) in its permanent workforce – Public Health Program Specialist (series 0685; 874 employees), Management and Program Analysts (series 0343; 464 employees), Information Technology Specialist (series 2210; 128 employees), Nurse (series 0610; 45 employees), General Health Scientist (series 0601; 33 employees), Medical Officer (series 0602; 29 employees), General Business/Industry Worker (series 1101; 10 employees), Accounting (series 0510; seven employees), Microbiologist (series 0403; four employees), Secretary (series 0318; four employees), Biological Technician (series 0404; four employees), and General Biological Scientist (series 0401; one employee). While these MCOs comprise 1,603 (68.7 percent) of the permanent workforce, this section analyzes MCO employment by sex, race, ethnicity, and disability for the top three most populous MCOs: Public Health Program Specialist, Management and Program Analyst, and Information Technology Specialist. These MCOs comprise 62.8 percent of the agency's permanent workforce.

Public Health Program Specialist

Ethnicity, Race, and Sex

In FY 2022, the participation rate of males was below their Occupational CLF (OCLF) while the participation rate of females was above their OCLF - as males comprised 19 percent of the MCO with an OCLF of 23.2 percent, while females comprised 81.0 percent of the MCO with an OCLF of 76.8 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 2022, the permanent workforce participation rate in the Public Health Program Specialist MCO for PWDs was 8.2 percent (which is below HHS' 12 percent Disability Goal) and for PWTDS was 2 percent (which is below HHS' 2 percent Targeted Disability Goal).

Management and Program Analyst

Ethnicity, Race, and Sex

In FY 2022, the participation rate of males was below their OCLF while the participation rate of females was above their OCLF - as males comprised 29.5 percent of the MCO with an OCLF of 57.6 percent, while females comprised 70.5 percent of the MCO with an OCLF of 42.4 percent. The participation rate of Hispanic or Latina females was equal to their OCLF rate. Additionally, the participation rates of 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 2022, the permanent workforce participation rate in the Management and Program Analyst MCO for PWDs was 12.5 percent (which is above HHS' 12 percent Disability Goal) and for PWTDS was 3.2 percent (which is above HHS' 2 percent Targeted Disability Goal).

Information Technology Specialist

Ethnicity, Race, and Sex

In FY 2022, the participation rate of males was above their OCLF while the participation rate of females was below their OCLF - as males comprised 71.1 percent of the Information Technology Specialist MCO with an OCLF of 70.9 percent, while females comprised 28.9 percent of Information Technology Specialist MCO with an OCLF of 29.1 percent. Additionally, the participation rates of Hispanic or Latino males, 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 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 2022, the permanent workforce participation rate in the Information Technology Specialist MCO for PWDs was 11.7 percent (which is below HHS' 12 percent Disability Goal) and for PWTs was 2.3 percent (which is above HHS' 2 percent Targeted Disability Goal).

ACCOMPLISHMENTS

HRSA made the following notable accomplishments throughout FY 2022:

- Continued to process 100 percent of its EEO complaints within the established regulatory timeframe. Significantly reduced the average number of days to close a complaint after the filing of the formal complaint from over 300 calendar days in previous years to 207 calendar days in FY 2022.
- 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 88 percent in FY 2021 to 93 percent in FY 2022, reflecting a 6 percent increase in timeliness, thus successfully eliminating this long-standing program deficiency.
- Supported the Department's workforce demographic resurvey efforts to improve the accuracy of demographic data stored in HHS personnel systems, especially for race, ethnicity, sex, and disability status. Twenty-six percent of HRSA employees participated in the FY 2022 HHS Workforce Demographics Survey.
- Advised, consulted, and provided DEIA resources to six B/Os in the following areas: (1) diversifying hiring pool; (2) providing diversity and inclusion overview; (3) elements of diversity – adaptive versus authentic self; (4) demographic data; and (5) health equity.
- Developed more specific DEIA performance measures to rate Senior Executives on their commitment to EEO as required by the EEOC as well as supported under the government-wide DEIA strategic plan.
- Increased the number of ERGs from six to seven to support the agency's DEIA initiatives, including barrier identification and elimination, to ensure that HRSA is a model EEO employer.
- 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 Juneteenth Observance) featuring presentations by HRSA senior leaders and other experts in public health, diversity and inclusion, and EEO. A total of 1,316 viewers attended these observances up from 761 viewers in FY 2021.
- Continued to strengthen 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.
- Continued to 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. Twenty-nine percent (seven out of 24) of new hires of PWDs were supported through the efforts of the Selective Placement Program Coordinator and use of the Resume Bank.
- Held a "State of the Agency" briefing to inform the Administrator on the agency's EEO program including workforce demographics, program deficiencies, and triggers to EEO.
- Recognized individual and group accomplishments in DEIA by awarding the Administrator's Award for Equal Opportunity.
- 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* using a train-the-trainer model approach. 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. Ninety-six percent of senior-level leaders were trained. Of the total participants, 96 percent rated the training as outstanding and 91 percent rated the information as useful.
- Fully implemented 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.

- Completed the groundwork to conduct a HRSA-wide DEIA needs assessment and barrier analysis beginning in FY 2023.

PLANNED ACTIVITIES FOR FY 2023

Highlights of HRSA's FY 2023 planned activities include:

- Complete the agency's DEIA needs assessment, prioritizing the agency's EEO and DEIA advancement efforts for FY 2023 and beyond.
- Finalize and pilot *Building an Inclusive Work Environment for LGBTQ+ Employees Part II Training*.
- Strengthen the agency's DEIA training portfolio to provide targeted EEO and DEIA trainings to managers, supervisors, and employees as an essential means for fostering a diverse and inclusive workforce that is free of discrimination.
- 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.
- Fully implement the agency's policy assessment tool to use when reviewing existing policies to ensure inclusivity and equity throughout our internal and external programs.
- Support EEOI efforts to present a comprehensive re-examination of the Department-wide EEO reporting structures to the HHS leadership.
- Provide interpersonal skills training to managers and supervisors.
- Explore options for agency-wide recruitment tracking.
- Expand data/statistics capacity within OCRDI to enhance the Office's ability to analyze and convey DEIA data.

**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/	2023.03.10
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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/	2023.05.18
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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  Measures		Measure Met? (Yes/No/NA)	Comments
A.1.a	A.1 – The agency issues an effective, up to date EEO policy statement.	Yes	September 30, 2022
	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	
	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  Measures		Measure Met? (Yes/No/NA)	Comments
A.2.a	A.2.a		
	Does the agency disseminate the following policies and procedures to all employees:		
A.2.a.1	Anti-harassment policy? [see MD 715, II(A)]	Yes	
A.2.a.2	Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)]	Yes	
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	
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.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/hrsa/eo/ra-manual.pdf
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 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.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 process several times throughout the 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.
A.2.c.3	Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often.	Yes	HRSA informs employees about the RA Program several times throughout the 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.



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	HRSA informs employees about the Anti-harassment Program several times throughout the 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.
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	HRSA informs employees about inappropriate workplace behaviors several times throughout the 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 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
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.
A.3.b	Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250]	Yes	



Essential Element B: INTEGRATION OF EEO INTO THE AGENCY'S STRATEGIC MISSION





This element requires that the agency's EEO programs are structured to maintain a workplace that is free from discrimination and support the agency's strategic mission.



 Compliance Indicator  Measures	B.1 - The reporting structure for the EEO program provides the principal EEO official with appropriate authority and resources to effectively carry out a successful EEO program.	Measure Met? (Yes/No/NA)	Comments
B.1.a	Is the agency head the immediate supervisor of the person ("EEO Director") who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)]	No	The HRSA Administrator only serves as the first line supervisor of the HRSA Principal Deputy Administrator (career), Deputy Administrator (Schedule C), and Chief of Staff (Schedule C). 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. 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>
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	Principal Deputy Administrator
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.b	Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency's EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	Yes	
B.1.c	During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I)] If "yes", please provide the date of the briefing in the comments column.	Yes	October 17, 2022

B.1.d	Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)]	Yes	
 Compliance Indicator  Measures	B.2 – The EEO Director controls all aspects of the EEO program.	Measure Met? (Yes/No/NA)	Comments
B.2.a	Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)]	Yes	
B.2.b	Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)]	Yes	
B.2.c	Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	Yes	
B.2.d	Is the EEO Director responsible for overseeing the timely 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.
B.2.e	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]	Yes	
B.2.f	Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)]	Yes	
B.2.g	If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)]	Yes	
 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	Yes	



	planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)]		
B.3.b	Does the agency's current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If "yes", please identify the EEO principles in the strategic plan in the comments column.	Yes	Objective 4.5 Enhance and leverage diversity, equity, inclusion and accessibility for HRSA employees
 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.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.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 has sufficient budget and staffing to timely, thoroughly, and fairly process EEO complaints. However, the Department issues FADs and is oftentimes untimely due to limited staffing. The Department is taking corrective actions to address this Department-wide program deficiency. <i>Refer to HHS' MD-715 Report for Part H action plan details.</i>
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	
B.4.a.5	to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)]	N/A	Field offices are relatively small and do not have individual EEO offices.
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.a.7	to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section.	Yes	
B.4.a.8	to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]	Yes	
B.4.a.9	to effectively manage its anti-harassment program? [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes	
B.4.a.10	to effectively manage its reasonable accommodation program? [see 29 CFR § 1614.203(d)(4)(ii)]	Yes	
B.4.a.11	to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]	Yes	
B.4.b	Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)]	Yes	
B.4.c	Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)]	Yes	
B.4.d	Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110?	Yes	
B.4.e	Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110?	Yes	
 Compliance Indicator  Measures	B.5 – The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.	Measure Met? (Yes/No/NA)	Comments
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	





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. <i>See Part H.1 action plan for details.</i>
B.5.a.3	Anti-Harassment Policy? [see MD-715(II)(B)]	Yes	
B.5.a.4	Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)]	No	HRSA will incorporate content on interpersonal skills into existing mandatory trainings such as the New Supervisors Orientation. <i>See Part H.2 action plan for details.</i>
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	
 Compliance Indicator  Measures	B.6 – The agency involves managers in the implementation of its EEO program.	Measure Met? (Yes/No/NA)	Comments
B.6.a	Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I]	Yes	
B.6.b	Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]	Yes	
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	
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	
Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY			
This element requires the agency head to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the agency's EEO Program and Plan.			
 Compliance Indicator  Measures	C.1 – The agency conducts regular internal audits of its component and field offices.	Measure Met? (Yes/No/NA)	Comments

C.1.a	Does the agency regularly assess its component and field offices for possible EEO program deficiencies? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	N/A	
C.1.b	Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	N/A	
C.1.c	Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)]	N/A	
 Compliance Indicator  Measures	C.2 – The agency has established procedures to prevent all forms of EEO discrimination.	Measure Met? (Yes/No/NA)	Comments
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	
C.2.a.1	Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes	
C.2.a.2	Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006)]	Yes	
C.2.a.3	Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	Yes	
C.2.a.4	Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [see Enforcement Guidance, V.C.]	Yes	
C.2.a.5	Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see <u>Complainant v. Dep't of Veterans</u>	Yes	

	Affairs, EEOC Appeal No. 0120123232 (May 21, 2015); Complainant v. Dep't of Defense (Defense Commissary Agency), EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.		
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	
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	
C.2.b.1	Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR 1614.203(d)(3)(D)]	Yes	
C.2.b.2	Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)]	Yes	
C.2.b.3	Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)]	Yes	
C.2.b.4	Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)]	Yes	
C.2.b.5	Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests in the comments column.	Yes	93%; HRSA has consistently improved its timeliness rate over the past years and no longer considers this a program deficiency. The remaining 7% of the requests are usually untimely due to unforeseen circumstances that are beyond the agency's control. <i>See Part H.3 action plan for 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	
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/nofear_act/forms/ramanual.pdf





 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
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	
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]	Yes	
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)]	Yes	
C.3.b.3	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]	Yes	
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]	Yes	
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]	Yes	
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]	Yes	
C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]	Yes	
C.3.b.8	Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2]	Yes	
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	
C.3.c	Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]	N/A	Mechanisms are in place to address such issues at a lower level 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. Additionally, if higher level staff are involved and/or trends are observed, the EEO Director will recommend improvements/corrections to 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.
 Compliance Indicator  Measures	C.4 – The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.	Measure Met? (Yes/No/NA)	Comments
C.4.a	Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]	Yes	
C.4.b	Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I]	Yes	
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)]	Yes	
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	
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	
C.4.e.2	Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]	Yes	



C.4.e.3	Develop and/or provide training for managers and employees? [see MD-715, II(C)]	Yes	
C.4.e.4	Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]	Yes	
C.4.e.5	Assist in preparing the MD-715 report? [see MD-715, II(C)]	Yes	
 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 <u>Douglas v. Veterans Administration</u> , 5 MSPR 280 (1981)]	Yes	HRSA adopted the HHS table of penalties.
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.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	
 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, regular senior staff meetings (as warranted), B/O meetings, year-round EEO Trainings, and bi-weekly executive officers’ meetings.
C.6.b	Are EEO officials readily available to answer managers’ and supervisors’ questions or concerns? [see MD-715 Instructions, Sec. I]	Yes	



Essential Element D: PROACTIVE PREVENTION





This element requires that the agency head make early efforts to prevent discrimination and to identify and eliminate barriers to equal employment opportunity.



 Compliance Indicator  Measures		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	
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	
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	
 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
D.2.a	Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]	Yes	
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	
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	

D.2.d	Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] If “yes”, please identify the data sources in the comments column.	Yes	Complaint data, exit surveys, 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
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	
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 year and adjusts as necessary.
D.3.c	Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	Yes	
 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
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
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	
D.4.c	Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR 1614.203(d)(1)(ii)(A)]	Yes	
D.4.d	Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities	Yes	

	employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)]		
Essential Element E: EFFICIENCY			
This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency's EEO programs and an efficient and fair dispute resolution process.			
 Compliance Indicator	E.1 - The agency maintains an efficient, fair, and impartial complaint resolution process.	Measure Met? (Yes/No/NA)	Comments
 Measures			
E.1.a	Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105?	Yes	
E.1.b	Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session, pursuant to 29 CFR §1614.105(b)(1)?	Yes	
E.1.c	Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(l)?	Yes	
E.1.d	Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO Counselor report, pursuant to MD-110, Ch. 5(l)? If so, please provide the average processing time in the comments.	Yes	15 days
E.1.e	Does the agency ensure all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to 29 CFR §1614.102(b)(6)?	Yes	
E.1.f	Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?	Yes	
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)?	N/A	
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)?	N/A	The Department issues FADs and has implemented a Part H action plan to eliminate this HHS-wide deficiency. Preliminary data indicates that the backlogged cases have improved, but 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)?	Yes	
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.1.k	If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays during performance review? [See MD-110, Ch. 5(V)(A)]	Yes	
E.1.l	Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)]	Yes	
 Compliance Indicator  Measures	E.2 – The agency has a neutral EEO process.	Measure Met? (Yes/No/NA)	Comments
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.
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.	N/A	HRSA conducts legal sufficiency reviews internally.
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.
E.2.d	Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions? [see MD-110, Ch. 1(IV)(D)]	Yes	
E.2.e	If applicable, are processing time frames incorporated for the legal counsel's sufficiency review for timely processing of complaints? [see	N/A	



	EEOC Report, <i>Attaining a Model Agency Program: Efficiency</i> (Dec. 1, 2004)]		
 Compliance Indicator  Measures	E.3 - The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.	Measure Met? (Yes/No/NA)	Comments
E.3.a	Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process? [see 29 CFR §1614.102(b)(2)]	Yes	
E.3.b	Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)]	Yes	
E.3.c	Does the agency encourage all employees to use ADR, where ADR is appropriate? [see MD-110, Ch. 3(IV)(C)]	Yes	
E.3.d	Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)]	Yes	
E.3.e	Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)]	Yes	
E.3.f	Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	Yes	
 Compliance Indicator  Measures	E.4 – The agency has effective and accurate data collection systems in place to evaluate its EEO program.	Measure Met? (Yes/No/NA)	Comments
E.4.a	Does the agency have systems in place to accurately collect, monitor, and analyze the following data:		
E.4.a.1	Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)]	Yes	
E.4.a.2	The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]	Yes	
E.4.a.3	Recruitment activities? [see MD-715, II(E)]	No	Currently, HRSA tracks recruitment activities from OHR and OCRDI but not activities of bureaus and offices. The agency is considering

			options for a centralized reporting process. See <i>Part H.4 action plan for details.</i>
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)]	Yes	
E.4.a.5	The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)]	Yes	
E.4.a.6	The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2]	Yes	
E.4.b	Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]	No	HRSA participates in the re-survey efforts of the Department. Refer to HHS' MD-715 Report for <i>Part H action plan details.</i>
 Compliance Indicator  Measures	E.5 – The agency identifies and disseminates significant trends and best practices in its EEO program.	Measure Met? (Yes/No/NA)	Comments
E.5.a	Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If “yes”, provide an example in the comments.	Yes	Annual EEO reports and tracking tools to monitor trends, community of practices, self-assessments, and comparative analyses with similarity situated organizations.
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 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	

Essential Element F: Responsiveness and Legal Compliance

This element requires federal agencies to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions.

 Compliance Indicator  Measures	F.1 – The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.	Measure Met? (Yes/No/NA)	Comments
F.1.a	Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]	Yes	
F.1.b	Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)]	Yes	
F.1.c	Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)]	Yes	
F.1.d	Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]	Yes	
F.1.e	When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)]	Yes	
 Compliance Indicator  Measures	F.2 – The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.	Measure Met? (Yes/No/NA)	Comments
F.2.a	Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]	Yes	
F.2.a.1	When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate EEOC hearing office? [see 29 CFR §1614.108(g)]	Yes	
F.2.a.2	When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501]	Yes	

F.2.a.3	When a complainant files an appeal, does the agency timely forward the investigative file to EEOC's Office of Federal Operations? [see 29 CFR §1614.403(e)]	Yes	
F.2.a.4	Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?	Yes	
 Compliance Indicator  Measures	F.3 - The agency reports to EEOC its program efforts and accomplishments.	Measure Met? (Yes/No/NA)	Comments
F.3.a	Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)]	Yes	
F.3.b	Does the agency timely post on its public webpage its quarterly No FEAR Act data? [see 29 CFR §1614.703(d)]	Yes	

MD-715 – PART H.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 RA.

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	09/30/2024	

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director, OCRDI	Anthony Archeval	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
09/30/2022	Determine feasibility and implications of establishing an RA training mandate for managers and supervisors.	Yes		01/04/2023

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	Hold a briefing on the importance of RA training for managers/supervisors with the HRSA Administrator.	Yes	05/31/2023	
04/30/2022	Seek HRSA Administrator authorization to mandate RA training for managers/supervisors.	Yes	06/30/2023	
05/31/2022	Adjust the RA Training Strategic Plan based on feedback from the HRSA Administrator.	Yes	07/31/2023	

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.
2022	In accordance with the action plan, HRSA updated the RA Training Strategic Plan and held discussions with key OCRDI stakeholders to determine the feasibility and implications of mandating RA training for managers and supervisors. Through these actions, it was determined that advantages exist to ensuring agency leaders are equipped with RA training as an essential aspect of (1) maintaining RA request processing timeliness, (2) reducing related complaints of discrimination, and (3) ensuring leaders are familiar with the process and their roles and responsibilities. In FY 2023, the EEO Director will brief the HRSA Administrator and other key stakeholders on the proposed RA training mandate and seek approval. If approval is granted, the remaining planned activities will commence in FY 2023. Meanwhile, the agency will continue to offer RA training as an elective course until a final decision is rendered by the HRSA Administrator. HRSA will provide accomplishments and/or plan modifications in the FY 2023 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
B.4.a.3	While HRSA does offer supervisory training on interpersonal skills needed to supervise effectively in a diverse workplace and avoid disputes due to ineffective communication, it is not mandatory. [see MD-715, II(B)]

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
01/04/2023	Provide interpersonal skills training as a standard part of mandatory supervisory training.	09/30/2023		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director, OCRDI	Anthony Archeval	Yes
Title VII Affirmative EEO Program Official, OCRDI	LaKaisha Yarber Jarrett	Yes
Alternative Dispute Resolution Program Coordinator, OCRDI	Yvonne Wills	Yes
Complaints Manager, OCRDI	Oscar Toledo	Yes
HRSA Learning Institute Director, OHR Division of Workforce Development	Jeanelle Hines	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)
02/01/2023	Review existing training materials to determine whether they address supervisory, managerial, communication, and interpersonal skills needed to supervise most effectively in a diverse workplace and avoid disputes due to ineffective communication.	Yes		
02/28/2023	Based on review, devise plan to develop content on interpersonal skills for supervisors.	Yes		
05/31/2023	Develop content.	Yes		
08/31/2023	Pilot and finalize content.	Yes		
09/30/2023	Fully incorporate content in the New Supervisor Orientation.	Yes		
12/31/2023	Provide resource to existing supervisors on interpersonal skills.	Yes		

Report of Accomplishments

Fiscal Year	Accomplishments
2022	This is a newly identified program deficiency. HRSA will provide accomplishments and/or plan modifications in the FY 2023 MD-715 Report.

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
C.2.b.5	The agency does not process all accommodation requests within the time frame set forth in its RA procedures.

Objective(s) and Dates for EEO Plan

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

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director, OCRDI	Anthony Archeval	Yes
Deputy Director, OCRDI	Shelma Middleton Little	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 RA 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% of its RA requests within the 45-day timeframe set forth in the RA Policy and Procedures Manual. This represents a 9% increase in requests processed timely from FY 2020 in which HRSA processed 81% 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>
<p style="text-align: center;">2022</p>	<p>When this deficiency was first identified in FY 2014, fewer than 50% of accommodation requests were processed within the time frame set forth in the agency’s procedures for RA. Since then, HRSA employed a number of strategies to improve the agency’s RA request processing timeliness. These actions included but were not limited to:</p> <ul style="list-style-type: none"> • Deploying the RAPT System, a web-based RA processing system for use by HRSA employees and management (FY 2017). • Developing a robust RA Policy and Procedures Manual (FY 2018). • Addressing timely decision making among managers through (1) continued RA training, (2) the implementation of an escalation plan outlining the steps to take to address unresponsive managers/supervisors, (3) targeted briefings (FY 2019). • Establishing targeted internal benchmarks for areas which were identified as needing improvement. These areas include (1) denials where no medical documentation nor responses have been submitted by the requestor in 15 business days/21 calendar days, (2) quality assurance checks on “findings” and Decision Letters in 2 business days, and (3) supervisor response times (and numbers of reminders the Accessibility Specialist or Accessibility Section Chief provide) in 3 business days with one reminder (FY 2020). • Providing increased RA training opportunities to supervisors (FY 2021). <p>These actions and others were instrumental in the agency’s successful improvement in the overall timeliness of RA case processing. The agency has experienced consistent improvements in accommodation request processing timeliness despite increases in RA requests/caseload. At the end of FY 2022, 93% of accommodation requests were processed timely, thus eliminating this longstanding program deficiency.</p>

MD-715 – PART H.4
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
E.4.a.3	The agency does not have an approach in place to accurately collect, monitor, and analyze all recruitment activities.

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
04/01/2023	Establish an agency-wide approach to accurately collect, monitor, and analyze recruitment activities across all B/Os.	09/30/2024		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
HR Director	Catherine Ganey	No
EEO Director	Anthony F. Archeval	No

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
06/30/2023	Discuss recruitment tracking with the HRSA Administrator and seek approval for devising an approach.			
08/31/2023	Based on the Administrator's decision, devise a work plan for effectively capturing recruitment activities for all B/Os.			

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
12/31/2023	Develop an approach per the work plan.			
03/31/2024	Pilot the new approach with two to three B/Os.			
06/30/2024	Finalize the approach based on pilot feedback.			
08/31/2024	Brief senior leaders on the approach inclusive of roles, responsibilities, and tracking and reporting capabilities.			

Report of Accomplishments

Fiscal Year	Accomplishments
2022	This is a newly identified program deficiency. HRSA will provide accomplishments and/or plan modifications in the FY 2023 MD-715 Report.

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, Merit Systems Protection Board (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
Deputy EEO Director	Shelma Little	Yes
OCRDI Senior Advisor	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 Program Lead	Elizabeth Pinkard-Adams	Yes
Civil Rights Coordination & Compliance Manager	Neelam Salman	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 DEIA 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	06/30/2022
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	07/27/2022
12/31/2021	Openly solicit and procure a third-party neutral contractor to conduct the needs assessment.	05/31/2022	09/28/2022
09/30/2022	Conduct a needs assessment.	04/30/2023	
12/31/2022	Brief key stakeholders on assessment findings and recommended priority focus areas.	05/31/2023	
05/31/2023	Develop and/or reimagine EEO program initiatives to address priority focus areas.	09/30/2023	
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 focus 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>
2022	<p>OCRDI is leading HRSA's efforts to integrate DEIA into all aspects of the agency's work. Strengthening and advancing DEIA is a cross-functional priority that begins with assessing and leveraging the efforts, capabilities, and resources of the whole agency. In late FY 2022, HRSA successfully procured a third-party neutral contractor to conduct the agency's DEIA needs assessment. This assessment illustrates and furthers HRSA's commitment and deliberate work to ensuring DEIA implementation in and across agency functions and culture.</p> <p>The purpose of this contract is to identify agency-level DEIA strengths, weaknesses, opportunities, threats, and gaps through an independent</p>

	<p>assessment of HRSA’s current organizational policies, procedures, and practices. The contract will also help identify and develop potential strategies and actions to enhance DEIA in the agency. In FY 2023, the contractor will:</p> <ul style="list-style-type: none">• Collect, receive, and review an inventory of relevant items (i.e., workforce demographic profile; most recent MD-715; 462 reports; and current personnel policies and practices related to recruitment, selection, promotions, separations, and succession planning) to ascertain a baseline understanding of the agency’s current DEIA landscape/profile.• Develop a DEIA assessment tool that will be used to review the agency’s policies, procedures, and practices for strength, weaknesses, opportunities, and threats to enhance DEIA throughout the workplace and workforce.• Conduct the assessment.• Provide findings and recommendations. <p>In addition to the needs assessment, the agency continued to leverage the HRSA ERG Program to enhance employee engagement and the overall employee lifecycle. The agency expanded the number of ERGs from six to seven with the establishment of Black Leaders Advancing Quality, Unity, and Equity. Moreover, 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 Native Hawaiian Pacific Islander Month, Black History Month, Veteran’s Day, Martin Luther King Jr. Day, and Juneteenth. Collectively, 1,316 employees attended these events. ERGs hosted discussions and trainings that focused on social justice, mental health, and wellness.</p>
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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 | No X |
| b. Cluster GS-11 to SES (PWD) | Yes X | No |

Using the goal of 12 percent as a benchmark, HRSA has a trigger in the permanent workforce involving PWD in the GS-11 to SES cluster which has a rate of 9.8 percent in FY 2022.

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 X |
| b. Cluster GS-11 to SES (PWTD) | Yes | No X |

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 RA.

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 **X** 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	Mary Tom, Special Emphasis Program Manager
Processing RA requests from applicants and employees with disabilities	EEO	1			Katherine Slye-Griffin, RA Manager
Section 508 Compliance	IT			1	Lauren Taylor, IT Specialist
Architectural Barriers Act Compliance	EEO	1			Katherine Slye-Griffin, RA Manager
Special Emphasis Program for PWD and PWTD	EEO			1	Mary Tom, 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 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 server of disability-serving institutions and uses that list server 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	No X
b. New Hires for Permanent Workforce (PWTD)	Yes X	No

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 1.9 percent in FY 2022.

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	No X
b. New Hires for MCO (PWTD)	Yes X	No

Using the qualified applicant pool of 6.8 percent PWD and 2.8 percent PWTD as a benchmark, triggers exist only among PWTDs, as no PWTDs were hired for the any of HRSA's three most populous MCOs (job series 0685, 0343, and 2210) in FY 2022.

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 | <input checked="" type="checkbox"/> | No |
| b. Qualified Applicants for MCO (PWTD) | Yes | <input checked="" type="checkbox"/> | No |

Using the relevant applicant pool of 6.9 percent PWD and 2.6 percent PWTD among all job series 0685 applicants, 7.7 percent PWD and 3.5 percent PWTD among all job series 0343 applicants, and 5.2 percent PWD and 2.8 percent PWTD among all job series 2210 applicants, triggers exist for both PWD (6.7 percent) and PWTD (2 percent) among the qualified internal applicants for internal competitive promotion within job series 0685; and for neither PWD (15.5 percent) nor PWTD (5.6 percent) among the qualified internal applicants for internal competitive promotion within job series 0343, nor PWD (6.9 percent) nor PWTD (4 percent) among the qualified internal applicants for internal competitive promotion within job series 2210.

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 | <input checked="" type="checkbox"/> | No |
| b. Promotions for MCO (PWTD) | Yes | <input checked="" type="checkbox"/> | No |

Using the qualified applicant pool of 6.8 percent PWD and 2.8 percent PWTD as a benchmark, triggers exist among PWTDs in all three of HRSA’s most populous MCOs (no PWTDs internally promoted within job series 0685 nor 2210; 2.2 percent promoted within job series 0343), while no PWDs were internally promoted within job series 2210.

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 its Mentoring Now Program in FY 2022. The Mentoring Program connects mentors and mentees from across the agency to provide opportunities for them to develop and build leadership, mission-critical knowledge and skills, and increase employee performance and retention. The Agency has two additional career development opportunities, the Mid-Level Leadership Development Program (MLDP) and the Team Lead Development Program, as

well as the Senior Leadership Fellowship Program (SLFP). MLDP was not offered in 2022, but typically the program is offered each year.

The MLDP 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.

SLFP gives GS-14/15, or CO-06 CO-04/05 who occupy a GS-14/15 equivalent position the opportunity to develop their leadership skills. SLFP fosters inspired front-line leadership development through tools and resources, such as in-person sessions, applied learning, and individualized consultation.

Team Lead Development Program provides Team Leads from various HRSA B/Os with competencies/knowledge, skills, and abilities to be effective in their role while assessing proficiency in HRSA core and leadership competencies. The Program gives participants an opportunity to facilitate peer learning and increase their proficiency in Team Lead competencies through seven modules over the course of seven months.

In addition to the two formal career development programs and HRSA’s Mentoring Now Program, HRSA implemented Individual Development Plans (IDP) 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	114	114	7.0%	7.0%	2.6	2.6%
Coaching Programs	N/A	N/A	N/A	N/A	N/A	N/A
Training Programs	109	40	9.2%	15.0%	1.8%	2.5%
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

Using the relevant applicant pool equivalents of 12.1 percent PWD within HRSA's GS-12/13 workforce for the MLDP; and 23.3 percent PWD within HRSA's Team Leader workforce for the Team Lead Development Program, triggers exist for the 11.3 percent PWD among the MLDP applicants and the 6.4 percent PWD among the Team Lead Development Program applicants.

Using the actual applicant pools of 11.3 percent PWD for the MLDP; 6.4 percent PWD for the Team Lead Development Program; and the relevant applicant pool equivalent of 10.4 percent PWD within HRSA's total permanent and temporary civilian workforce for the Mentoring Now Program, a trigger exists only for the 7 percent PWD among the Mentoring Now Program participants.

4. Do triggers exist for PWTB 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 (PWTB) | Yes | <input checked="" type="checkbox"/> | No |
| b. Selections (PWTB) | Yes | | No <input checked="" type="checkbox"/> |

Using the relevant applicant pool equivalents of 3.0 percent PWTB within HRSA's GS-12/13 workforce for the MLDP and 2.3 percent PWTB within HRSA's Team Leader workforce for the Team Lead Development Program, triggers exist only for the Team Lead Development Program, in which no PWTBs applied.

There were no triggers found for PWTB among any of the career development programs' selectees.

C. AWARDS

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

- | | | | |
|---|-----|-------------------------------------|----|
| a. Awards, Bonuses, & Incentives (PWD) | Yes | <input checked="" type="checkbox"/> | No |
| b. Awards, Bonuses, & Incentives (PWTB) | Yes | <input checked="" type="checkbox"/> | No |

- 13.6 percent of PWD and 8.3 percent of PWTB received 1 to 10-hour Time-Off Awards compared to 17.5 percent of persons without disabilities (PWOD).
- 13.3 percent of PWTB received 11 to 20-hour Time-Off Awards compared to 15.1 percent of PWOD.
- 9.4 percent of PWD and 8.3 percent of PWTB received 21 to 30-hour Time-Off Awards compared to 11.2 percent of PWOD.
- 17.0 percent of PWD and 15.0 percent of PWTB received 31 to 40-hour Time-Off Awards compared to 19.3 percent of PWOD.
- 8.5 percent of PWD and 6.7 percent of PWTB received \$500 and Under Cash Awards compared to 9.1 percent of PWOD.
- 17.9 percent of PWD and 13.3 percent of PWTB received \$501-\$999 Cash Awards compared to 21.4 percent of PWOD.
- 9.4 percent of PWD and 8.3 percent of PWTB received \$3,000-\$3,999 Cash Awards compared to 13.6 percent of PWOD.
- 1.7 percent of PWD and 0.00 percent of PWTB received \$5,000-\$5,999 Cash Awards compared to 2.2 percent of PWOD.

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 | <input checked="" type="checkbox"/> | No |
| b. Pay Increases (PWTD) | Yes | <input checked="" type="checkbox"/> | No |

- 6.3 percent of PWD and 8.3 percent of PWTD received quality step increases compared to 9.5 percent of PWOD.
- 0.4 percent of PWD received performance-based pay increases compared to 1.1 percent of PWOD.

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 <input checked="" type="checkbox"/> |
| b. Other Types of Recognition (PWTD) | Yes | No | N/A <input checked="" type="checkbox"/> |

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 | <input checked="" type="checkbox"/> |
| ii. Internal Selections (PWD) | Yes | No | <input checked="" type="checkbox"/> |
| b. Grade GS-15 | | | |
| i. Qualified Internal Applicants (PWD) | Yes | No | <input checked="" type="checkbox"/> |
| ii. Internal Selections (PWD) | Yes | <input checked="" type="checkbox"/> | No |
| c. Grade GS-14 | | | |
| i. Qualified Internal Applicants (PWD) | Yes | <input checked="" type="checkbox"/> | No |
| ii. Internal Selections (PWD) | Yes | <input checked="" type="checkbox"/> | No |
| d. Grade GS-13 | | | |
| i. Qualified Internal Applicants (PWD) | Yes | <input checked="" type="checkbox"/> | No |
| ii. Internal Selections (PWD) | Yes | <input checked="" type="checkbox"/> | No |

Using the relevant internal applicant pool of 5.2 percent PWD to GS-15, 6.8 percent PWD to GS-14, and 9.5 percent PWD to GS-13 as benchmarks (N/A to SES because USA Staffing showed no internal competitive promotions to SES), triggers exist among PWDs for qualified internal applicants to the GS-13 and GS-14 senior grade levels, as seen in comparison to the benchmarks that follow in the next paragraph.

Using the qualified internal applicant pool of 5.3 percent PWD to GS-15, 5.8 percent PWD to GS-14, and 9.3 percent PWD to GS-13 as benchmarks (N/A to SES because USA Staffing showed no internal competitive promotions to SES), triggers exist among PWDs for internal selections to the GS-13 through GS-15 senior grade levels, as no internal selections to the GS-14 and GS-15 levels were PWDs, and 5.8 percent of internal selections to the GS-13 level were PWDs.

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 **X** No
- c. Grade GS-14
 - i. Qualified Internal Applicants (PWTD) Yes **X** No
 - ii. Internal Selections (PWTD) Yes **X** No
- d. Grade GS-13
 - i. Qualified Internal Applicants (PWTD) Yes **X** No
 - ii. Internal Selections (PWTD) Yes **X** No

Using the relevant internal applicant pool of 2.5 percent PWTD to GS-15, 2.9 percent PWTD to GS-14, and 4.2 percent PWTD to GS-13 as benchmarks (N/A to SES because USA Staffing showed no internal competitive promotions to SES), triggers exist among PWTDs for qualified internal applicants to the GS-13 and GS-14 senior grade levels, as seen in comparison to the benchmarks that follow in the next paragraph.

Using the qualified internal applicant pool of 2.9 percent PWTD to GS-15, 1.6 percent PWTD to GS-14, and 2.8 percent PWTD to GS-13 as benchmarks (N/A to SES because USA Staffing showed no internal competitive promotions to SES), triggers exist among PWTDs for internal selections to the GS-13 through GS-15 senior grade levels, as no internal selections to the GS-14 and GS-15 levels were PWTDs, and 0.7 percent of internal selections to the GS-13 level were PWTDs.

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

Using the qualified applicant pool of 1.1 percent PWD to SES, 1.0 percent PWD to GS-15, 4.5 percent PWD to GS-14, and 6.5 percent PWD to GS-13 new hire announcements as benchmarks, triggers exist among PWDs for new hires to the SES and GS-14 senior grade levels, as no new hires to the SES and GS-14 levels were PWDs.

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 N/A **X**
- b. New Hires to GS-15 (PWTD) Yes No N/A **X**
- c. New Hires to GS-14 (PWTD) Yes **X** No
- d. New Hires to GS-13 (PWTD) Yes **X** No

Using the qualified applicant pool of 0.9 percent PWTD to GS-14 and 2.5 percent PWTD to GS-13 new hire announcements as benchmarks (N/A to both SES and GS-15 because USA Staffing showed no PWTD qualified applicants to SES nor GS-15 new hire announcements), triggers exist among PWTDs for new hires to the GS-13 and GS-14 senior grade levels, as no new hires to the GS-14 level were PWTDs, and 0.9 percent of new hires to the GS-13 level were PWTDs.

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 N/A **X**
- ii. Internal Selections (PWD) Yes **X** No **X**

b. Managers

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

c. Supervisors

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

Using the qualified applicant pool of 6.8 percent PWD as a benchmark, triggers exist involving PWD among internal selectees for promotion to Executive (0 percent; no PWDs were internally promoted) and Manager (4.6 percent) positions.

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 N/A **X**
- ii. Internal Selections (PWTD) Yes **X** No

b. Managers

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

c. Supervisors

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

Using the qualified applicant pool of 2.8 percent PWTD as a benchmark, triggers exist involving PWTD among internal selectees for promotion to executive and manager positions, as no PWTDs were internally promoted.

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 | <input checked="" type="checkbox"/> | No | |
| b. New Hires for Managers (PWD) | Yes | <input checked="" type="checkbox"/> | No | |
| c. New Hires for Supervisors (PWD) | Yes | | No | N/A <input checked="" type="checkbox"/> |

Using the qualified applicant pool of 6.8 percent PWD as a benchmark, triggers exist involving PWD among new hires to executive and manager positions, as no PWDs were hired to those positions.

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 | <input checked="" type="checkbox"/> | No | |
| b. New Hires for Managers (PWTD) | Yes | <input checked="" type="checkbox"/> | No | |
| c. New Hires for Supervisors (PWTD) | Yes | | No | N/A <input checked="" type="checkbox"/> |

Using the qualified applicant pool of 2.8 percent PWTD as a benchmark, triggers exist involving PWD among new hires to executive and manager positions, as no PWDs were hired to those positions.

SECTION V: PLAN TO IMPROVE RETENTION OF PERSONS WITH DISABILITIES

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

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 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 <input checked="" type="checkbox"/> |
| b. Involuntary Separations (PWD) | Yes | No <input checked="" type="checkbox"/> |

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 <input checked="" type="checkbox"/> |
| b. Involuntary Separations (PWTD) | Yes | No <input checked="" type="checkbox"/> |

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/eeo/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 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 year:

- a. Created compliant templates for Notices of Funding Opportunity for B/Os to improve accessibility outcomes of Notices posted on grants.gov. These are large complex documents.
- b. Created and delivered training to 72 HRSA staff on using the compliant templates.
- c. Creating and conducted several trainings titled “Using the PowerPoint Accessibility Checker.”
- d. Provided compliance assistance/training to HRSA staff on a weekly basis. HRSA performed these training sessions on a one-on-one basis and taught customers 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.
- e. Creating and conducted several trainings titled “PowerPoint Accessibility Basics, Using Compliant Templates.”

- f. Updated links to on-demand trainings on the HRSA SharePoint site. These include accessibility of:
 - 1) MS Word, PowerPoint, Excel and PDF
 - 2) Voluntary Product Accessibility Template Training

The HRSA's 508 Team continues to improve the accessibility of HRSA's Information and Communications Technology by:

- a. Updating the Section 508 SharePoint page to increase 508 awareness.
- b. 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 Contracting Officer Representatives in verifying the accessibility of deliverables.
- c. Continue to train customers on Section 508 to align with HHS' Policy.

Safety and Evacuations for PWDs

HRSA's Safety Team

This past year, new employees received orientation briefings 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. In addition, refresher trainings were held on Wednesdays and Thursdays starting at the beginning of the calendar year and lasting until the attendance and requests for training dropped to zero. These classes were advertised in the HRSA Insider and on the Division of Security Services' (DSS) SharePoint site.

Last year, several of HRSA DSS' functions were limited due to our new hybrid work environment. However, DSS was able to take the following steps to help increase accessibility:

- a. HRSA's safety and security staff modified its Occupant Emergency Plan to bring the responsibility for accountability back to the safety and security staff that have presence in the building every day.
- b. Newly created Evacuation Roster binders were developed to assist HRSA emergency coordinators with the accountability at the rally points.

In addition, HRSA is planning to continue to work towards the following goals/practices over the next year 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 with HRSA staff in the regions focused on both their unique security and safety requirements/constraints.

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 2022.

Processing Standard	Internal Benchmark	HRSA FY 2022
Total cases processed.	None	215
Total cases approved.	None	27% (56)
Days to issue a decision to the client (measured from date of request).	15 business days	39 days on average 28% (59) issued within timelines.
Days to provide approved RAs (measured from date of issued decision).	30 business days	5.5 days on average 93% (52) 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	42 days on average 36% (75) 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 2022, even though HRSA saw a caseload increase, case processing timeliness improved over the FY 2021 data. All three of the “average day” metrics (decision, provision, and overall) declined (i.e., the average number of days increased), and so did the processing rates for all three metrics (i.e., issuance, implementation, and overall processing rates declined relative to their respective timelines).

RA requests were processed in accordance with agency policy, HHS and EEOC guidance during a year of significant change in guidance for RA programs across the federal sector due to E.O. 14043 (vaccine mandate) and the return-to-work process. Due to instruction from HHS' Assistant Secretary for Administration and the injunction related to COVID-19 requests, RA processing was inhibited from September 9, 2021, until early January 2022 impacting 125 cases. Then the injunction of January 21, 2022, prevented processing any COVID-19 vaccine related requests (20 disability-based, 61 religion-based). These 81 cases remain suspended. Of the remaining contacts and requests processed by the program in FY 2022 (283 without the COVID-19 cases), 139 related to returning to the workplace. Separately, 68 of the 283 were contacts whereas the other 215 were actionable requests. The information on case timeliness above relates to the 215 actionable requests.

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: <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: <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. The employee did not need nor request PAS services during FY 2022. However, the client reports being fully satisfied with program operations and the services received in the past.

Regarding 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 RA: <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: <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 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 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 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 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	<p>The representation of PWDs in the permanent GS-11 to SES workforce is less than the benchmark. HRSA’s new hire rate for PWTDs to the permanent workforce, as well as the PWTD permanent workforce representation within two of the most populous MCOs, are all less than their respective benchmarks. Triggers also exist for PWDs and PWTDs by MCO for new hires, qualified applicants, and promotions—and within the larger permanent workforce for awards, QSIs, and pay increases, as well as for career development programs.</p> <p>PWDs within the Permanent Workforce Cluster GS-11 to SES=9.8 percent versus 12 percent benchmark</p> <p>PWTD New Hires within the Permanent Workforce PWTDs=1.9 percent versus 2 percent benchmark</p> <p>PWTDs within Two of the Top Three Most Populous MCOs 0685 PWTDs=2.0 percent versus 2.8 percent qualified-applicant-pool benchmark 2210 PWTDs=2.3 percent versus 2.8 percent qualified-applicant-pool benchmark</p> <p>PWD and/or PWTD New Hires, Qualified Applicants, and Promotions for MCO See details in Part J, Section III, C.2, C.3, and C.4.</p> <p>PWD Applicants/Selectees and PWTD Applicants to Career Development Programs See details in Part J, Section IV, B.3 and B.4.</p> <p>PWD and/or PWTD for Time-Off Awards, Cash Awards, QSIs, and Performance-Based Pay Increases See details in Part J, Section IV, C.1 and C.2.</p>
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 Deputy EEO Director Diversity and Inclusion Manager Complaints Manager Accessibility Manager	Yes
Barrier Analysis Process Completed? (Yes or No) No	Barrier(s) Identified? (Yes or No) 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)	
03/30/2022	Perform comprehensive trigger identification targeting disability employment.	Yes	01/31/2023	01/27/2023	
06/30/2023	Review DEIA survey results for PWDs and determine whether additional triggers may exist.	Yes			
04/30/2022	Leverage the agency's partnership with the Council on Employees with Disabilities to ascertain a deeper understanding/insight into key findings.	Yes	07/31/2023		
07/31/2022	Analyze additional information for possible barriers.	Yes	08/31/2023		
09/30/2022	Report findings to leadership inclusive of remediation plan should barriers exist.	Yes	09/30/2023		
Fiscal Year	Accomplishments				
2021	This is a newly established plan. HRSA will report accomplishments and/or plan in subsequent MD-715 reports.				
2022	HRSA conducted trigger identification which led to the uncovering of the triggers identified in this action plan. As a next step, the agency will review the findings of the DEIA needs assessment as they pertain to disability employment; the agency is expecting a June 2023 release date as well as collaborate with the Council on Employees with Disabilities ERG to gain further insight into the key findings and determine whether barriers exist. 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				
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 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	01/31/2023	01/27/2023
06/30/2022	Review DEIA survey results for PWDs and determine whether additional triggers may exist.	Yes	06/30/2023	
07/31/2022	Collaborate with the Council on Employees with Disabilities to gather detailed information to gain insight into key findings.	Yes	08/30/2023	
10/31/2022	Analyze additional information for possible barriers.	Yes	10/31/2023	
12/31/2022	Report findings to leadership inclusive of remediation plan should barriers exist.	Yes	12/31/2023	
Fiscal Year	Accomplishments			
2021	This is a newly established plan. HRSA will report accomplishments and/or plan in subsequent MD-715 reports.			
2022	HRSA conducted trigger identification and identified triggers in recruitment and selection processes for new hires and promotions to senior grade levels and management positions. However, other planned activities were modified to reflect the impact that the HHS Workforce Demographic Survey and the DEIA needs assessment findings would have on the agency's trigger identification and barrier analysis process. Therefore, in FY 2023, the agency will			

continue to assess additional data sources such as the DEIA needs assessment findings and partner with the Council on Employees with Disabilities to determine whether additional triggers (and possible barriers) associated with disability recruitment and selections exist. HRSA will report accomplishments and/or plan modifications in subsequent MD-715 reports.

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

Aside from conducting the initial trigger identification process, other planned activities were modified to reflect the impact that the HHS Workforce Demographic Survey and the DEIA needs assessment findings would have on the agency's trigger identification and barrier analysis process. Target dates were changed to allow for both activities to conclude so that the newly obtained information could be used to further inform the barrier analysis process.

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

Conducting the initial trigger identification process allows the agency to have a clearer understanding of the conditions that exist in the Disability Employment Program that warrant further inquiry and provides a roadmap to determining whether barriers exist.

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

Health Resources and Services Administration



Last Updated: 11/30/2022



September 6, 2022

**HEALTH RESOURCES AND SERVICES ADMINISTRATION
POLICY STATEMENT ON EQUAL EMPLOYMENT OPPORTUNITY, AND
DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY**

As the Administrator, I am pleased to reaffirm the Health Resources and Services Administration's (HRSA) commitment to the principles of equity, diversity, inclusion and accessibility (DEIA). Embracing the ideals of DEIA creates a culture that fuels collaboration and innovation. At HRSA we foster a work environment free of discrimination and harassment, where every employee has an equal opportunity to reach their full employment potential. We prioritize these values within HRSA's work environment, and promote them in the communities we serve.

HRSA embraces federal laws designed to protect employees and applicants for employment from discrimination on the bases of race, color, religion, sex (including gender identity and sexual orientation), pregnancy, national origin (language/accents), age, disability (mental, physical, or sensory), genetic information (including family medical history), retaliation, or any other status protected by federal laws and regulations. These protections extend to all 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 that all employees have the opportunity to perform their job duties and compete for development and promotional opportunities on a fair and level playing field.

Everyone deserves to be treated with dignity and respect, and I urge all employees to be mindful of this as you perform your daily role in HRSA's mission. All HRSA employees have the right to work in an environment free from bullying, humiliation, intimidation, discrimination, and harassment where their unique voices are uplifted and diverse talents, skills, and perspectives are valued. HRSA will not tolerate [harassment](#) of any kind, including [sexual harassment](#).

If you wish to file an EEO complaint or would like more information about the EEO complaints process please contact the [Office of Civil Rights Diversity and Inclusion](#) (OCRDI) at (301) 443-5636 or eeocomplaints@hrsa.gov. The regulations governing the federal sector EEO process can be found in [Title 29 of the Code of Federal Regulations \(C.F.R.\) Part 1614.105\(1\)](#). Employees seeking to file an EEO complaint must contact an EEO counselor within **45 calendar days** of the date of the alleged incident. Employees may also raise issues via [collective bargaining grievance procedures](#).

Employees should immediately report harassment 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 \(LER\) Specialist](#). Within 10 calendar days of receiving the harassment claim, LER will initiate an investigation, and immediate and appropriate corrective action will be taken, as necessary. 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.

HRSA expresses its commitment to DEIA through this policy statement and actualizes it through the comprehensive review of policies, programs, and services to ensure alignment with these principles.

/Carole Johnson/

Carole Johnson
Administrator



**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.

- 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.

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