NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development

NICHD Racial and Ethnic Equity Plan

2023

1. Agency Name:

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institutes of Health

2. Executive Summary:

In this Racial and Ethnic Equity Plan (REEP) our Institute (IC) team built on efforts already ongoing in the IC to address Diversity, Equity, Inclusion, and Accessibility (DEIA). We concentrated this REEP effort on racial and ethnic equity within our IC, with an emphasis on implementing the Racial and Ethnic Equity Lens (REEL) and setting specific actions with measurable goals. We examined all aspects of our IC's workforce, including the policies, programs, and practices within our IC, including but not limited to: recruitment, retention, recognition, career development and advancement, separation, the composition of leadership across the IC, and organizational culture. We did not specifically focus on discipline or mobility in this analysis, but plan to incorporate those aspects in future REEPs. In each area, we discussed the current state of the IC and set immediate, intermediate, and long-term goals that would advance racial and ethnic equity in our IC. We continue, as an IC, to ensure that all aspects of our personnel are included in our strategies and try to impact other areas of DEIA that are relevant, especially where there are opportunities to further racial and ethnic equity. Our REEP reflects the efforts of our leadership, numerous working groups, opportunities for internal input, and important inputs from the REEP consultants. It also relies on critical data from previous Federal Employee Viewpoint Surveys (FEVS), our first pulse survey on the climate in our IC related to diversity, equity, and inclusion, and a major analytic effort to examine our administrative data. The goals and activities set forth in this plan will require sustained effort from our IC, and we are looking at both the personnel and resources needed to make this a reality and provide a diverse, equitable, inclusive, and accessible workplace for all NICHD employees and candidates for employment moving forward.

3. REEP Implementation Team:

Our team consisted of staff from across the institute. They represented a diverse perspective in terms of roles and responsibilities.

The members, in alphabetical order by last name, included:
Dr. Alison Cernich, Deputy Director; **Sara King**, Chief of Staff, Office of the Scientific Director; **Kimberly Kober**, Section Chief; Management Analysis and Planning Section; Office of Administrative Management; **Giulia Mason**, Management Analyst, Workforce Development and Planning Section; Office of Administrative Management; **Dr. Brett Miller**, Deputy Director, Child Development and Behavior Branch, Division of Extramural Research; **Sybil Philip**, Deputy Executive Officer; **Dr. Yvette Pittman**, Deputy Director, Office of the Division of Population Health Research; **Dr. Amanda Alise Price**, Director and Chief Scientific Diversity Officer; Office of Health Equity; **Jemma Robinson**, Section Chief; Workforce Development and Planning Section; Office of Administrative Management; **Erin Walsh**, Director; Office of Education; Office of the Scientific Director; **Jessica Wu**, Branch Chief; Management Analysis and Workforce Branch; Office of Administrative Management; **Nichole Zivuku**, Budget Analyst, Financial Management Branch, Office of Administrative Management

4. Chief Diversity Officer:

Identify Chief Diversity Officer	Hired Dr. Amanda Alise Price in April 2023
Role description	The Chief Diversity Officer will direct the NICHD's Office of Health Equity and will have matrix management responsibilities across the IC, and a senior leadership role both within the IC and at NIH

5. IC Collaboration

In March of 2020, NICHD launched the STrategies to enRich Inclusion and achieVe Equity (STRIVE) Initiative to advance DEIA in the IC across the internal workforce, our scientific workforce (intramural and extramural trainees), and our health disparities research portfolio. The goal was to: 1) evaluate baseline efforts, identify gaps and revise policies and practices, 2) engage internal and external stakeholders to provide additional insights, develop action

plans with specific recommendations for leadership, and 3) monitor the progress and effectiveness of each action plan. This effort involved NICHD leadership at the Senior Executive level, and three committees were formed to address each area of concentration. These committees were co-chaired by NICHD staff and coordinated by our Office of Health Equity. The results of activities by the three groups were routinely communicated across the IC through Town Halls and staff meetings, and the NICHD Leadership meeting. The REEP Development Team was formed by bringing together the Director of the Office of Health Equity, the co-chairs of each of the working groups, two additional representatives from the DEIA committee, the Deputy Director, and her Presidential Management Fellow. This group incorporated activities and learning from across the STRIVE initiative and reviewed the available data and reports that informed our action items. The draft plan was presented at meetings across all IC divisions and opportunities to provide feedback were provided both in the meeting, via email to the STRIVE inbox, and through an anonymous feedback portal. This allowed us to incorporate a wide variety of perspectives, ideas, and concerns about the current state of NICHD with respect to racial and ethnic equity and informed the final plan that will advance equity in the future. The team received 67 responses to the request for feedback and incorporated suggestions into the document; a summary of feedback received, and changes made will be posted to the NICHD Intranet.

For the FY23 revision process, a team consisting of representatives across the IC was assembled. The team investigated the progress that has been made in achieving the outlined goals described in our REEP through the assessment of individual measures

6. State of the IC

"As the institute pursues its mission to optimize health for all, we must also STRIVE to improve and enhance Equity, Diversity, and Inclusion and do our best for our workforce, for those who conduct our research, and for those who take part in and benefit from our research. Mrs. Shriver would accept nothing less."
- Diana Bianchi, M.D, NICHD Director, Director's Corner, June 2021

Upon identification and review of potential barriers to racial and ethnic equity and the promising practices we can implement to address them, the following were identified as the potential focus areas of greatest impact:

REEP Goal One: Apply the Racial and Ethnic Equity Lens (REEL) Framework to the IC's workforce, structures, and systems

Focus Area: Train leadership, supervisors, key change agents and staff at all levels to be advocates for diversity, equity, inclusion, accessibility, respect, and civility within the institute

- Develop an IC level curriculum to implement evidence-based trainings for staff at all career levels and tracks (This focus area is measured as development, resourcing, and implementation of training)

REEP Goal Two: Identify and address any racial and ethnic disparities in the IC workforce

Focus Area: Retain, recognize performance, and foster development of a diverse workforce

- Develop data and metrics for promotion decisions, laboratory budgets, training and support opportunities, and awards by fiscal year, including trend data to establish baseline and ensure data is available to all staff (This focus area is measured as establishment of a baseline and transparent sharing of data with personnel)

REEP Goal Three: Enhance the diversity of the IC workforce

Focus Area: Build an NICHD workforce that reflects diversity at all levels of the institute, including leadership and supervisors

- Conduct an analysis of historical hiring data to understand how candidates from different backgrounds proceed through the process from the applicant pool and inform future actions (This focus area is measured as completion of analysis and development of an action plan)

Our IC believes that concentrating on the three Focus Areas identified above will advance racial and ethnic equity. In some cases, understanding the problem is the first step in developing key action items or areas of intervention that we can target to advance change. In others, transparently acknowledging our current state and gaining training and best practices to transform our IC will help us to increase trust in our stated desire to change with specific, evidence-based strategies to drive that change.

Continuing barriers and challenges to achieving our goals will remain. The IC needs better access to personnel data and the ability to perform analyses; an ability to compare NICHD trends either to NIH overall or other similarly sized ICs; more transparency related to processes and data controlled by the NIH Office of Human Resources related to selection; increased data in particular occupations or job series (e.g., Title 42); the ability to gather demographic information for trainees and fellows as part of exit surveys to examine trends or differential experiences; and additional guidance on the practices that will be used to assess the progress of the IC toward the goals identified by the NIH

7. IC REEP Development Process

The Racial and Ethnic Equity Plan (REEP) for NICHD was developed through a collaboration between the leadership team with primary oversight by the IC Deputy Director and Executive Officer (EO), our Office of Health Equity, and co-chairs and members of the STRIVE committees. This working group of senior management and scientific and administrative personnel shared a commitment to advancing racial equity across all levels of the IC and provided deep knowledge of personnel policies, budget allocations, practices, and in some cases, personal experiences of racism or injustice that informed our deliberations.

Plan development began in February of 2020 and included a review of the NICHD pulse survey, information and goals from the standing DEIA committee, IC workforce demographic data, a review of scholarly and industry research on best practices to advance racial equity in the public sector, and incorporation of these inputs into concrete actions that the IC can take to advance racial and ethnic equity, particularly those delineated in the NICHD REEP.

Our namesake, Eunice Kennedy Shriver, believed that inclusion was a basic tenet of humanity and that how we treat the powerless reflects who we are as a society. She also demanded action over words—not just any action, but the best that a person could do. NICHD is committed to actions that cultivate a respectful and inclusive environment, where our employees feel valued, recognized, and supported in their work to advance the mission of NICHD and NIH. With the adoption of this REEP, NICHD commits to advancing racial and ethnic equity in our IC through the specific actions detailed in the plan. We commit to receiving feedback on our approach, reviewing our progress at least quarterly, and revisiting and revising the overall actions in the REEP annually. We will celebrate our progress and acknowledge our shortfalls, transparently reporting these to our NICHD team and other

stakeholders as we implement our plan. **The revision process for FY 23 was achieved through honoring the commitments outlined above.**

8. **Establish Infrastructure**

- Established the STrategies to enRich Inclusion and achieVe Equity (STRIVE) Initiative to advance DEIA in the IC. Involved 60 staff from across the IC with leadership from our Office of Health Equity and executive support from the IC Deputy Director.

- Leveraged the expertise of our STRIVE co-chairs and working group members, expertise from our EO, Deputy EO, and management analysis team to shape the development and implementation of the REEP.

- Established a program management team with dedicated staff for each STRIVE committee to support the development and implementation of action plans; included resources for REEP development and implementation.

- Obtained resources from the Department of Health and Human Services through their Equity Technical Assistance Center to examine our outreach strategies to external stakeholders and to identify groups underrepresented in our current work.

- **Hired a Chief Diversity Officer at NICHD who will serve as the Director of the Office of Health Equity including developing and staffing the office. OHE will oversee the new internal advisory committee and implement the REEP and STRIVE action plan.**

Racial and Ethnic Equity Plan (REEP)

IC: *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

Date: August 15, 2023

Contact: Name: Dr. Amanda Alise Price, Director and Chief Scientific Diversity Officer; OHE

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REEP Goal One: Apply the Racial and Ethnic Equity Lens (REEL) Framework to the IC's workforce, structures, and systems

Focus Area: Train leadership, supervisors, key change agents and staff at all levels to be advocates for diversity, equity, inclusion, accessibility, respect, and civility within the Institute

How are we doing?

NICHD has used several tools to assess our baseline diversity, equity, inclusion, and accessibility (DEIA) culture:

PULSE Survey:

The PULSE Survey was fielded by the NICHD STRIVE Initiative in February 2021 to seek staff's perspectives on the topic of diversity, equity, and inclusion. All permanent, full-time employees at NICHD were invited to participate in the survey; contractors and trainees were not included. The effective response rate for the PULSE Survey was 55%, representing all NICHD divisions. The PULSE Survey findings reveal favorable staff sentiments regarding most of the diversity, equity, and inclusion items, including large shares of respondents saying they feel valued and that they are treated with respect. There are a few exceptions, including perceptions of having to work harder than others to be valued equally, and impressions that NICHD is not doing enough to foster career development. Feelings of belonging at NICHD are mixed: the question on whether respondents *feel they belong at NICHD* received high levels of agreement, while the question on *having found one or more communities or groups to belong to at NICHD* received low levels of agreement. On several questions, responses differed substantially by division, race/ethnicity, gender, and disability status.

NICHD will conduct a PULSE survey in the interim years between the NIH's civility and equity survey. The results of the most recent iteration of the NIH-wide survey have not yet been released for analyzation.

Federal Employee Viewpoint Survey **(Updated for 2022):**

NICHD conducted several analyses of the 2022 Federal Employee Viewpoint Survey (FEVS). In 2022, NICHD had a 63.4% response rate, compared to 66.3% at the NIH overall. NICHD received 73% on the Global Satisfaction Index, 82% on the Employee Engagement Index, 89% in the Performance Confidence Index, and 79% overall on the Diversity, Equity, Inclusion, and Accessibility index.

NICHD saw the largest increase of score between 2020 and 2022 in the following areas:

- Supervisors are committed to a workforce representative of all segments of society
- Supervisors treat staff with respect
- How work relates to the agency's goals
- The ability to disclose a suspected violation of any law, rule, or regulation without reprisal
- Supervisors support the need to balance work and other life issues

NICHD saw the largest reduction in positive scores from 2020 to 2022 in the following areas:

- Satisfaction with the information received from management on what's happening in the organization
- Employee satisfaction with involvement in decisions that affect their work
- Senior leader's ability to generate high levels of motivation and commitment in the workforce
- Recognizing differences in performance within a work unit in a meaningful way
- Reasonable workload

Training data:

All staff are compliant with mandatory trainings, such as the NO FEAR Act. NICHD also implemented Bystander Training that was tailored for supervisory staff and another tailored for non-supervisory staff that was completed by all full-time employees at NICHD. Bystander training is required at on-boarding and then every three years following the initial training. All

NICHD Top leadership also completed the Racial Equity Institute's (REI) Groundwater Training through the opportunity offered by the NIH's Office of the Director.

In 2022 we had 98% implicit bias completion, and to-date we have had 1328 staff complete the bystander training.

If NICHD does nothing in addition to existing plans, the institute will likely maintain a generally positive overall culture and environment but may harbor DEIA issues that will be left unaddressed. However, without a specific training program or efforts to increase staff knowledge and awareness of specific behaviors or approaches to enhance our workplace and to become advocates for DEIA, no positive trend will result from our efforts.

Given the current lack of data on specific training programs in advocacy and workplace environment, evaluation objective and metrics will need to be established to track progress. Once data are available, we will create a graph and trendline forecasting our predicted progress.

What is our analysis?

Positive Factors:

NICHD's prioritization of DEIA initiatives. Over the past two years, NICHD has demonstrated commitment to DEIA and racial and ethnic equity. In addition to including these themes in our strategic plan, NICHD also launched the STRIVE Initiative in 2020.

Leadership investment. NICHD's top five leadership have demonstrated commitment to DEIA through sponsorship of the STRIVE Initiative and dedication of specific resources to enhance staff engagement in addressing racial and ethnic equity in the institute. The Top 5 also participated in REI's Groundwater Training and gained an appreciation for the structural and systemic factors that contribute to underrepresentation of ethnic minorities in the biomedical research workforce.

NIH environment. NIH's commitment to addressing structural racism, through UNITE, the Chief Officer for Scientific Workforce Diversity, and the Equity, Diversity and Inclusion Office in the Office of the Director, helps to create both accountability and support for NICHD's efforts.

Negative Factors:

Structural racism in our society. Structural racism is present in our society and may play a role in the workplace culture of NICHD. The cumulative impact of this messaging over a lifetime establishes deeply engrained paradigms, often unconscious and/or implicit.

Culture and paradigms are change resistant. Organizational culture and the paradigms that inform culture are notoriously resistant to change, especially change employed through traditional top-down strategies. As Peter Drucker famously said, "Culture eats strategy for breakfast."

Uncomfortable. For many, race and racism are difficult and uncomfortable topics to discuss and, therefore, do not get discussed.

IC Culture and historic lack of transparency. While IC leadership and personnel are working to enable racial and ethnic equity, there is a history of top-down leadership, closed decision making, and lack of data sharing related to programs and policies that impact personnel in NICHD.

Changes in personnel surveys. NICHD conducts significant analyses in follow-up to the FEVS to track specific aspects of workplace culture. Given the change in the sampling plan and survey construction in 2021, results will not be easily integrated and there will be an impact to the IC in tracking trends.

What is our Action Plan?

Immediate actions:

- Hire a Chief Diversity Officer for the IC and fully staff the Office of Health Equity
  - **Measure:** Onboarding a Chief Diversity Officer for the entire IC and staffing the NICHD *Office of Health Equity*, which will include a Director, two Health Scientist Administrators - Program Officers, and a Staff Assistant **[Complete]**
    - ***Progress:*** *The Director of OHE was hired in April 2023; one Health Scientist Administrator and Staff Assistant will onboard in July 2023; and one additional Health Scientist Administrator needs to be identified*
- Develop a governance plan for sustainability of REEP
  - **Measure:** Complete and approve REEP governance plan for the IC **[Complete]**

- ▪ ***Progress: The newly staffed Office of Health Equity will oversee REEP continuation and updates***
- Understand baseline culture through holding listening sessions/focus groups (with an outside facilitator) and offer opportunities for staff to provide similar input anonymously
  - ○ **Measure:** Complete of up to 4 listening sessions and a finalized report summarizing the findings that is coordinated with the NIH Office of the Director (e.g., EDI, OHR) **[Complete]**
    - ▪ ***Progress: Four focus groups were conducted, and the results were presented to the Executive Committee***

Intermediate actions:

- Informed by listening sessions/focus groups, expand on the 2021 PULSE survey and conduct an institute-wide climate survey to seek the perspective of staff, trainees, and contractors
  - ○ **Measure:** Complete climate survey and share survey results with the IC (service provided by outside contractor)
    - ▪ ***Progress: Given the NIH wide civility and equity survey, NICHD opted not to conduct an independent climate survey this year. The IC is currently waiting on the results from the NIH-wide survey***
- Develop an IC level curriculum to implement evidence-based trainings for staff at all career levels and tracks. The curriculum will build on current offerings across NIH and will fill in gaps or be tailored to the NICHD workforce as necessary. The curriculum will include specific trainings targeted to supervisors and leadership
  - ○ **Measure:** Training plan developed through STRIVE initiative and approved and resourced by Top Five leadership
  - ○ **Measure:** Create avenues to consolidate and share information about DEIA seminars, trainings, and workshops across the NIH
    - ▪ ***Progress: OHE is working with the Workforce Development and Planning Section (WDPS) to improve information dissemination***
  - ○ **Measure:** Hold bi-monthly DEIA seminars, specific to NICHD's unique workforce and focus, with invited experts

Long term actions:

- Maintain awareness of and implement most current, evidence-based DEIA initiatives and trainings
  - ○ **Measure:** Monitor DEIA training offerings

- Develop a process to conduct 360-degree reviews of leadership and supervisors, including process to measure leadership/supervisors' effort to incorporate feedback
  - **Measure:** Require leadership and supervisors to participate in a 360-degree review, inclusive of DEIA components, every two years
    - ***Progress:** Engaged with NIH Training Center on obtaining 360-degree review with DEIA elements; available resources lack this aspect. Working on other potential methods to gain this input*

In addition to the measures listed above, we will review the additional data to gauge progress and change on this focus area. While culture change is difficult to measure, the following will capture our progress:

- Awareness and understanding of structural racism and its impact on biomedical research and health, using evidence-based tools and assessments from the NIH's REEP Consultant
- Aggregated scores from post-training assessments of knowledge and attitudes
- Aggregated responses to pulse surveys
- Aggregated assessments based on interviews and/or testing of a representative sampling of the workforce, inclusive of exit interviews
- Examine impact of workplace culture initiatives on complaints to the Office of Human Resources and Equal Employment Opportunity Commission (EEOC)
- Percentage of supervisors/leadership who participated in NICHD, NIH or externally sponsored DEIA and workplace culture trainings; and,
- Aggregated scores from 360-degree reviews of leadership and supervisors

FY23 Update:

Over the past year, NICHD has made significant progress in applying the Racial and Ethnic Equity Lens (REEL) Framework to the IC's workforce, structures, and systems, including the hiring of a Chief Diversity Officer, development and staffing of the Office of Health Equity, establishment of a governance plan, and expanding training activities.

REEP Goal Two: Identify and address any racial and ethnic disparities in the IC workforce

Focus Area: Retain, recognize performance, and foster development of a diverse workforce

How are we doing?

Based on available data, we have summarized rating and non-rating-based award data in FY 2021, promotion distribution by sex, race/ethnicity, and disability status, and quality step increases by sex, race/ethnicity, and disability status. While this plan focuses on racial and ethnic equity, we have included the additional demographic groups for a holistic view of our workforce.

Awards Snapshot: In FY 2021, group cash awards are as follows: 64.4% of awardees were women and 35.6% were men. The racial/ ethnic breakdown is as follows: 7.7% of awardees identified as Hispanic, 53.98% as Non-Hispanic White, 23% as African American, 0.8% as American Indian or Alaska Native, 13.5% as Asian. 89.1% of awardees reported not having a disability and 10.8% of employees who received an award did report a disability.

If NICHD does nothing to change the methods by which we recognize, retain, and develop the careers of our employees, the IC will either remain at a steady state or potentially decrease its award level for racial and ethnic minorities. However, without developing data to monitor our performance, advocating for monitoring and evaluating who receives awards, and developing best practices to encourage positive behaviors related to recognition, reward and career development, no positive trends will result from our efforts. These efforts will be focused on recognition of job performance and development of employees without regard to race/ethnicity, gender or disability status.

What is our analysis?

Positive Factors:

Increased data on workforce and workforce development. Efforts from the NIH OD Office of Equity, Diversity, and Inclusion to develop data to inform baseline workforce diversity and representation across training and award programs provide a strong infrastructure to monitor progress.

Increased access to evidence-based programs and initiatives. NIH's sponsorship of contract resources and other avenues for expert consultation to develop workplace programs

enhance the NICHD's ability to provide strong programs to retain, recognize, and develop a diverse workforce.

NICHD Leadership Investment. NICHD leadership committed resources to enhance personnel, not only to advance DEIA initiatives, but also to focus specifically on workforce retention, performance recognition, and career development across the institute. Active initiatives in the management and accountability section of the NICHD Strategic Plan focus on Recruitment and Retention Strategies (Initiative 1.1.2) and Succession Planning (Initiative 1.3).

NIH environment. NIH's commitment to identifying and addressing structural racism and enabling equity across the biomedical research enterprise provides institutional support for and recognition of the challenges in retention, recognition, and development of a diverse workforce within NICHD. Efforts from the Office of Human Resources, the NIH Training Center, EDI, and the Chief Officer for Scientific Workforce Diversity (COSWD) will complement NICHD's efforts in this area.

Negative Factors:

Segregation. Because our society is racially segregated to a great extent, most people lack opportunities to have the frequency of interpersonal interactions that can help to dismantle the racial stereotypes and prejudices built up over a lifetime.

Uncomfortable. For many, race and racism are difficult and uncomfortable topics to discuss and, therefore, do not get discussed. This becomes more sensitive in the discussion of this topic in the workplace.

Time and Effort Required. The development of a REEL requires a time and effort commitment. Many IC staff members are already pressed to find enough time for their other work and personal priorities. In addition, active recognition and development of career development plans are a new requirement for supervisors and leadership that will require additional effort.

Lack of Data. There are dependencies in the IC's ability to review data related to this area. While NICHD can track awards, training, and retention, the ability to associate those data with protected information, such as race/ethnicity is dependent on analysis by NIH EDI and in some cases, if EDI did not generate the data, they are not able to associate demographic

information with it. For example, we cannot associate IC awards with demographic data, nor can we measure opportunities to serve on committees or working groups by demographics because these data are not captured by EDI and cannot be associated with the demographic data they hold. This represents an institutional barrier that could delay analyses and scoping of programs and policies related to awards or career opportunities based on evidence.

What is our Action Plan?

Immediate actions:

- Develop data and metrics to establish baseline and ensure data are available to all staff
  - o **Measure:** Aggregate and internally monitor data on staff demographic information, promotion decisions, laboratory budgets, training and support opportunities, and awards data by fiscal year.
    - *Progress: Some data has been shared but demographic data is only available in aggregate; therefore, it cannot be analyzed directly against budget, awards, training, etc. NICHD still needs to collect data on lab budgets, training and support opportunities*

Intermediate actions

- To address the message conveyed in the pulse survey results (i.e. 22% of respondents disagreeing with sufficient opportunities for professional growth) we will develop Individualized Development Plans (IDPs) for employees who are interested in career advancement for mobility and growth, including training on IDPs for both staff and supervisors. All NICHD staff will have the ability to ask for an IDP and we will focus on staff who in the past were underrepresented in career development investments, particularly administrative staff and staff at the GS-level 12 and below
  - o **Measure:** Establish and approve IDPs for all NICHD staff that request one
    - *Progress: WDPS will develop and distribute IDP guidance*
  - o **Measure:** Increase in number of administrative-track and GS-7 through GS-12 staff who have established IDPs
    - *Progress: WDPS will develop and distribute IDP guidance*
  - o **Measure:** Include IDP training as part of Mandatory Supervisor training.
    - *Progress: WDPS will develop and distribute IDP guidance*

- Increase transparency regarding recognition, career advancement opportunities, and awards, so that all supervisors/staff understand these opportunities and recognition/advancement are equitably distributed consistent with law and NIH policy
  - **Measure:** Establish a method to share information pertaining to award/ recognition processes, career advancement, and professional development opportunities/resources
    - *Progress: WDPS has formed a review subcommittee for awards, with diverse staff representation. They have created a NICHD awards scoring rubric for consistency in evaluation. EPMO/EC reviews awards and leadership development program nominations.*
  - **Measure:** Provide resources to supervisors on methods to reward and recognize employees, including resources to facilitate conversations with employees about their preferences and goals
- Leadership accountability regarding REEP, DEIA goals and measures, leadership roles and expectations
  - **Measure:** Share data on personnel retention, recognition, and development in Town Halls and through the intranet annually
  - **Measure:** Include review of trends by division and continue to monitor frequency of awards at the individual and unit level for presentation at the annual awards meeting
  - **Measure:** Review trend data by division for IDP establishment; institute corrective action if IDP's are not established or clustered in certain divisions/ branches
- Increase outreach regarding opportunities for staff to serve on NICHD, Trans-NIH, and interagency committees, including transparency of committee selection. This will both allow for opportunities for more diverse perspectives on these committees and may provide career advancement opportunities for more junior employees who seek to participate.
  - **Measure:** Establish procedures for self-nomination
    - *Progress: Announcements are being sent directly to NICHD staff with nomination instructions in some sectors of the institute*
  - **Measure:** Establish methods to track committee assignment or participation for internal NICHD committees, NIH committees, and external committee or working group opportunities

> - *Progress: Collected information on who tracks committee membership across the IC. Will need to determine IC-wide coordination strategy and implement the approach*
>   - **Measure:** Review assignments for equity of opportunities, inclusion of staff, and assurance that no one employee is overburdened with service

Long-term actions

- **Create a culture of transparency** regarding organizational goals, opportunities for employees, awards, and performance ratings. While culture change is difficult to measure, the following will capture our progress:
  - Staff are aware of organizational goals, their team's/Division's goals, and opportunities that are available to them
  - Supervisors foster an open dialogue with employees about career aspirations and institutionalize this information as part of optimized performance management process
  - Communications/central website is established to promote information and resources on Diversity and Inclusion efforts, affinity groups, etc.
  - Demographic data on the workforce are available to staff
  - Leadership revisits REEP Plan/Diversity and Inclusion goals and measures regularly
  - Leadership defines roles and expectations
  - REEP/Diversity and Inclusion is a standing topic at regular Leadership meetings
    - *Progress: Some demographic data has been shared with staff, when appropriate. REEP/Diversity and Inclusion is brought up often at Leadership meetings, but needs to be formalized*

FY23 Update:

NICHD has made strides towards identifying and addressing racial and ethnic disparities in the IC workforce by examining and sharing demographic data with staff, identifying appropriate institutional partners to move REEP activities forward, and by better understanding needs.

REEP Goal Three: Enhance the diversity of the IC workforce

Focus Area: Build an NICHD workforce that reflects diversity at all levels of the institute, including supervisors and leadership, consistent with our legal and policy obligations.

How are we doing?

While new tools are in the process of implementation, more needs to be done to reach communities who have not sought employment at NICHD but whose expertise or professional skills would benefit the IC.

Our lack of data on certain hiring mechanisms (e.g., Title 42) and our lack of data on those moving through the selection process are key pieces of information that will be needed to shape our plan to enhance diversity in hiring.

What is our analysis?

Positive Factors:

Increased data on workforce and workforce development. Efforts from the NIH OD Office of Equity, Diversity, and Inclusion to develop data to inform baseline workforce diversity and representation in new hires provide a strong infrastructure to monitor progress.

Increased access to evidence-based programs and initiatives. NIH's sponsorship of contract resources and other avenues for expert consultation to develop workplace programs enhance the NICHD's ability to provide strong programs to recruit a diverse workforce.

NICHD Leadership Investment. NICHD leadership is committed to advancing diversity in the personnel whom we recruit and the equity of the hiring process. Through analysis and review of panels constituted for executive searches, increased use of the COSWD tool through executive search and training within our Office of Administrative Management, and additional efforts to standardize our interview process, NICHD is invested in advancing our efforts to recruit a diverse workforce.

NIH environment. NIH's commitment to identifying and addressing structural racism and enabling equity across the biomedical research enterprise provides institutional support for and recognition of the challenges in recruitment of a diverse workforce within NICHD. Efforts

from the Office of Human Resources, the NIH Training Center, EDI, and COSWD will complement NICHD's efforts in this area.

Negative Factors:

Unconscious Bias. While training and education should benefit selection officials, the scope of its impact remains unclear. In addition, selection officials often rely on existing networks for recruitment and the tendency to affiliate with individuals like themselves can contribute to suboptimal recruiting efforts.

Time and Effort Required. The development of a REEL requires a time and effort commitment. When vacancies arise, there is a push to recruit quickly as workload management is a major area of concern for supervisors in the IC. Taking time to ensure adequate recruitment, strong advertisement, and wider networking will increase time and effort required for each hire.

Uncomfortable. For many, race and racism are difficult and uncomfortable topics to discuss and, therefore, do not get discussed. This becomes more sensitive as it is discussed in the workplace.

Use of Global Certificates. The method for recruitment for many positions relies on the global certificate. The short time frame, lack of targeted recruitment, and inability to specifically advertise restrict the IC's ability to encourage potential applicants to apply for and actively seek our positions. In addition, the frequency of postings for specific job series are not standard so the IC's ability to predict and promote the opportunities are limited. This can also create difficulties if certain types of opportunities are offered less frequently (e.g., 601 versus 101 series for health science administrators versus social and behavioral science administrators).

Lack of Data. There are dependencies on the IC's ability to review data related to this area. While NICHD can track who is hired, the IC does not have access to data on those who did not qualify for the position, nor do we track the full selection process from interview to selection. We may also lack the ability to associate those data with protected information, such as race or ethnicity. This represents an institutional barrier that could delay analyses and scoping of programs and policies based on evidence.

What is our Action Plan?

Immediate actions:

- Recruit HHS Minority Leadership Development Program Fellows (MLDP) for 1-year placement at NICHD
    - **Measure:** Host 2-3 Fellows from MLF program starting June 2022
        - ***Progress:*** *Efforts have been made, but there hasn't been an appropriate candidate*
- Enhance outreach efforts for searches at the leadership and supervisory level for scientific positions
    - **Measure:** Host 2-3 training events on methods to enhance outreach with selecting officials
        - ***Progress:*** *Training events have not been hosted yet; however, some internal staff took the COSWD Recruitment Search Protocol training directly. WDPS is considering developing a central pool of potential candidates and supporting ad-hoc searches rather than training hiring managers individually*
    - **Measure**: Document methods used to enhance outreach in 50% of searches for scientific positions and document number of resulting individuals who made the certification list from human resources
        - ***Progress:*** *Some NICHD staff have taken the COSWD Recruitment Search Protocol training; however, the team needs to reach out to people that were trained to see if we can capture how many searches incorporated this tool*
- Conduct an analysis of the hiring process to inform future actions
    - **Measure:** Conduct a hiring data analysis and share report with the IC, including concrete steps to address any areas of potential improvement in the hiring process.
    - **Measure:** Incorporate action steps in 2023 REEP with specific metrics

Intermediate actions:

- Enhance strategies for candidate identification including establishing best practices for advertising, expanding outreach to new job boards, contacts with professional organizations, and identification of groups representing underrepresented groups in biomedical and public health research
    - **Measure**: Establish a more robust employment opportunities page on the NICHD website with links to global certificates in which NICHD is participating

- - - *Progress*: The Intramural Office of Education has been collaborating with the Office of Communications on trainee opportunities (SOP developed for collecting and posting trainee openings on social media, NICHD webpage, and Nature Jobs). Faculty level searches (Tenure-Track, Senior Scientist, Senior Clinician) now utilize the COSWD Recruitment Search Protocol to try to reach a broader pool of candidates. This has been used for the animal program director search, now planning for a clinical tenure-track search.
  - **Measure**: Establish an outreach and engagement capacity to identify groups with whom the NICHD should interact
    - *Progress*: The Intramural Office of Education is filling a vacancy for an outreach coordinator/manager
- Develop a candidate identification tool for searches for Title 42, administrative staff, and trainees
  - **Measure**: Tool or strategy identified for use in searches in areas where the COSWD tool is not best fit
  - **Measure**: Determine method to identify individuals who made certification list for advertised positions
    - *Progress*: The NIH Enterprise Content Management (ECM) team is developing a tool for the Title 42 application process and NICHD may pilot the tool
- Establish a requirement for diversity statements for executive and supervisory positions at NICHD
  - **Measure:** Number of executive and supervisory positions that include a requirement for diversity statements either at application or during the selection process
- Develop and include a statement about NICHD culture, including emphasis on DEIA, in job announcements
  - **Measure:** Diversity statement created and vetted by internal NICHD selection officials
  - **Measure:** Number of job announcements that include a statement on NICHD's commitment to DEIA

Long-term actions

- Pilot the candidate identification tool for Title 42, administrative staff, and trainees

- o **Measure:** Document use of NICHD tool in 15% of searches for positions in each category if possible and document number of resulting individuals who made the certification list from human resources. We will increase the proportion of searches using the tool as we build capacity.
- Establish best practices for interviews with feedback from branch chiefs, lab directors, and other hiring managers, to promote fairness of interview process, including standardized questions, interview panels, and establishment of criteria to guide selection
  - o **Measure:** Establishment and Implementation of SOPs regarding interviews
    - ▪ ***Progress:** WDPS is working on creating guidance/toolkits for hiring managers*
- Identify additional areas for action based on the results of the hiring data analysis
  - o **Measure:** Adoption of steps included in 2023 REEP (specific measures pending completed analysis)

Measures:

In addition to the measures listed above, we will review the additional data to gauge progress and change on this focus area. While culture change is difficult to measure, the following will capture our progress:

- Measure strategy creation for identification of key partner organizations, engagement with key stakeholder groups, wider dissemination of employment opportunities both internal and external with view metrics
- Development of key relationships with trusted partners including use of Memorandums of Understanding or partnership agreements
- Measure candidates identified, candidates hired, candidates retained
- Measure fellows recruited, fellows retained, fellows career progression over time

FY23 Update:

NICHD has been working towards enhancing the diversity of the IC workforce through staff training and incorporation of candidate identification tools, including the COSWD Recruitment Search Protocol and the Title 42 tool that is under development, improving communications around job and trainee openings, and the development of standard operating procedures for conducting interviews.