

***U. S. Department of Health and Human
Services***

***Diversity, Equity, Inclusion, and
Accessibility strategic plan 2022***

Background

Executive Order 14035, Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce

President Biden signed [Executive Order 14035](#), Diversity, Equity, Inclusion, and Accessibility in the Federal Workplace on June 25, 2021 (DEIA EO). DEIA EO establishes a government-wide initiative to advance diversity, equity, inclusion, and accessibility (DEIA) in all parts of the Federal workforce. DEIA EO is one of at least 8 executive orders (EOs) related to diversity and equity signed by President Biden; unlike the other EOs, DEIA EO focuses internally on the workforce rather than on public-facing programs and it seeks to ensure every federal entity provides a diverse, equitable, inclusive, and accessible workplace for its employees.

Though DEIA EO calls for an “Agency DEIA Strategic Plan”, the U.S. Department of Health and Human Services (HHS) is a Department, not an Agency, so Department/Agency will be referred to as “Department” or “HHS” for the remainder of this document. DEIA EO establishes that it is the policy of the Administration to cultivate a workforce that draws from the full diversity of the Nation. The Executive Order outlines seven aims for Federal Departments:

1. Build and maintain a diverse pipeline
2. Achieve pay equity
3. Ensure equity for LGBTQ+ employees
4. Ensure equity for individuals with disabilities
5. Provide equity focused training, development, and opportunities for guaranteed advancement
6. Maintain a safe workplace
7. Support efforts with a data driven approach

The U.S. Department of Health and Human Services (HHS or Department) DEIA Strategic Plan seeks to establish a foundational infrastructure to guide both the Department and all Operating Divisions and Staff Divisions (collectively OpDiv/StaffDiv or Divisions) with regards to DEIA. This includes policy guidance on DEIA and Equal Employment Opportunity (EEO), data supporting DEIA and EEO (e.g., workforce data, climate assessment data, etc.), and a common method to report progress/metrics. The framework will address unique and discrete enterprise-wide challenges and opportunities for the Department. The HHS DEIA Strategic Plan is not intended to replace any individual OpDiv or StaffDiv DEIA strategy; rather, it is intended to enhance the common DEIA elements across the Department while highlighting Department-wide principles, strategies, and actions.

The HHS DEIA Strategic Plan is due within 120 days of the issuance of the Government-wide DEIA Strategic Plan (or March 23, 2022). Thereafter, the Department must establish quarterly goals and report annually on goal progress.

DEIA EO establishes an ambitious, whole-of-government initiative that will take a systematic approach to embedding DEIA in Federal recruitment; hiring, developing, promoting, and retaining talent; and removing barriers to equal opportunity.

HHS DEIA Strategic Plan will apply the same terms and definitions associated with the published EO as they relate to the following:

1. **Underserved Communities:** refers to populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. In the context of the Federal workforce, this term includes individuals who belong to communities of color, such as Black and African American, Hispanic, and Latino, Native American, Alaska Native, and Indigenous, Asian American, Native Hawaiian and Pacific Islander, Middle Eastern, and North African persons. It also includes individuals who belong to communities that face discrimination based on sex, sexual orientation, and gender identity (including lesbian, gay, bisexual, transgender, questioning, intersex, queer, gender non-conforming, non-binary (LGBTQ+) persons; persons who face discrimination based on pregnancy or pregnancy related conditions; parents; and caregivers. It also includes individuals who belong to communities that face discrimination based on their religion or disability; first-generation professionals or first-generation college students; individuals with limited English proficiency; immigrants; individuals who belong to communities that may face employment barriers based on older age or former incarceration; persons who live in rural areas; veterans and military spouses; and persons otherwise adversely affected by persistent poverty, discrimination, or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.
2. **Diversity:** means the practice of including the many communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs of a society, including underserved communities.
3. **Equity:** means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.
4. **Inclusion:** means the recognition, appreciation, and use of the talents and skills of employees of all backgrounds.
5. **Accessibility:** means the design, construction, development, and maintenance of facilities, information and communication technology, programs, and services so that all people, including people with disabilities, can fully and independently use them. Accessibility includes the provisions of reasonable accommodations and program modifications to ensure equal access to employment, including workplace personal assistance services, and participation in activities for people with disabilities, the reduction or elimination of physical and attitudinal barriers to equitable opportunities, a commitment to ensuring that people with disabilities can independently access every outward-facing and internal activity or electronic space, and the pursuit of best practices such as universal design.

Introduction

As the Secretary of the U.S. Department of Health and Human Services, as a Latino, and as an American who appreciates the strengths of this nation – I am committed to ensuring our work and our workforce at HHS reflect the full and growing diversity of our nation.

The HHS mission is to enhance the health and well-being of all Americans. To achieve this noble and ambitious mission, we need a diverse workforce committed to advancing equity and accessibility. Such a workforce not only embodies our value of advancing opportunity for everyone but strengthens our Department’s ability to effectively serve our increasingly diverse population and tackle disparities in who gets access to health care and human services. It also helps ignite innovation in policies, programs, and services to the benefit of the American people. Our Department serves America best when it looks like America.

In response to Executive Order 14035, our HHS Diversity, Equity, Inclusion, and Accessibility Team presents the HHS DEIA Strategic Plan. Below we summarize the status of HHS’s commitment to embedding DEIA into the fabric of HHS. We include an overview of our Operating and Staff Divisions’ Departmental programs based on these principles, and the results of a strategic review of our strengths and opportunity areas.

This initiative is incredibly important to our Department’s continued success and to our ability to meet our commitment of building a healthier nation. By identifying barriers and ways to overcome them and engaging underrepresented and underserved employees and future employees, HHS will be in a better position to serve the American public.

This commitment needs to start from the top. My team and I are here to be held accountable on all dimensions of DEIA—from taking the lead in setting the tone to making measurable progress (including policy changes, key performance metrics, incentives, and disincentives) on all dimensions of DEIA. In addition to planning for and overseeing immediate progress in the Office of the Secretary, my team will work hand-in-hand with each Operating Division and each Staff Division engaging members of underserved communities to ensure tight collaboration, partnership, accountability, and ultimately, progress toward our DEIA-related ambitions.

The Department’s leadership team and I are committed to building a better, more diverse, equitable, inclusive, and accessible workplace for the HHS workforce. Our goal at HHS and throughout the Administration is to embed DEIA into the fabric of our work and ensure our leaders reflect the people they serve.

Sincerely,



Xavier Becerra

HHS overview

About HHS

The U.S. Department of Health and Human Services is comprised of 11 Operating Divisions¹, including the Office of the Secretary, which is comprised of 16 Staff Divisions (See Appendix 1). Collectively, these Divisions are responsible for accomplishing HHS's mission through several hundred programs and initiatives that cover a wide spectrum of activities, serving the American public at every stage of life. HHS is responsible for almost a quarter of all Federal expenditures and administers more grant dollars than all other Federal agencies combined. Through its programming and other activities, HHS works closely with state, local, tribal, and U.S. territorial governments as well as nongovernmental organizations. Grantees in the private sector, such as academic institutions and faith-based and neighborhood partnerships, provide many HHS-funded services at the local level. HHS also works closely with other Federal departments and international partners to coordinate its efforts to ensure the maximum impact for the public.

How DEIA is structured within HHS

The Department's DEIA program is largely decentralized and implemented through a hub and spoke model, with both a central office and eight OpDiv/StaffDiv level Equal Employment Opportunity and Diversity and Inclusion (D&I) (collectively EEO/D&I) offices with separate chains of command (See Figure 1).

The Office of Equal Employment Opportunity, Diversity & Inclusion (EEODI) is within the Assistant Secretary for Administration's (ASA) office and its mission is to promote, encourage, develop, and maintain a culture of equality, fairness, and objectivity throughout HHS.

EEODI's goals include:

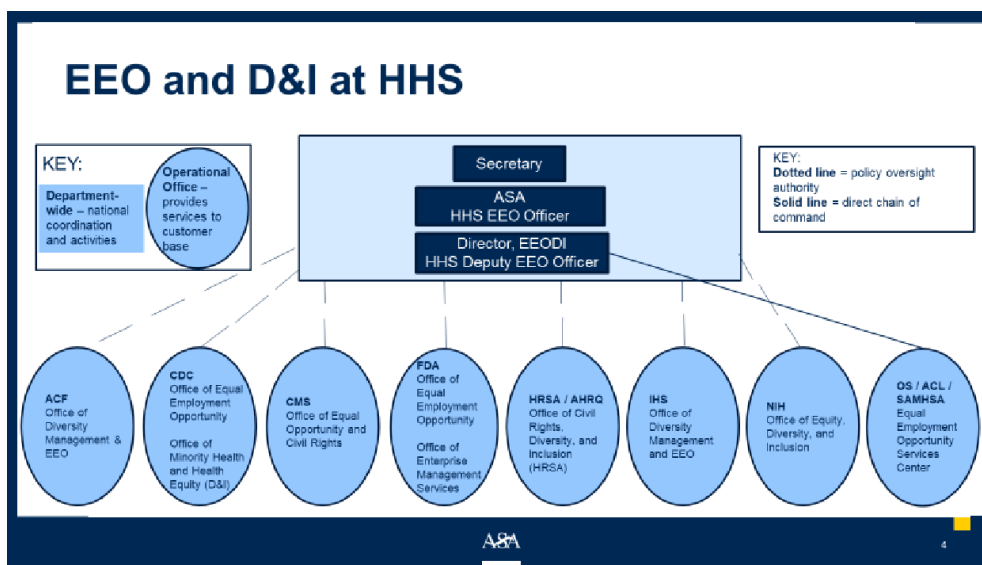
- Integrating equal employment opportunity (EEO) and inclusion concepts into all aspects of the workplace.
- Maintaining a workforce that reflects the diversity of the United States.
- Providing fair, neutral, timely and effective complaint processing.
- Improving HHS' workforce knowledge on anti-discrimination and anti-harassment matters.
- Establishing and sustaining a robust barrier identification and elimination program.

EEODI is responsible for administering and overseeing the Department-level DEIA program. In addition to establishing new programs, EEODI also collaborates with the eight EEO and D&I offices within OpDivs to ensure DEIA is centered at all levels within the Department (StaffDivs do not have their own independent EEO/D&I offices). Each EEO/D&I office reports directly to their OpDiv leadership. The DEIA programs within each OpDiv/StaffDiv are similar in many respects. Most of the OpDiv/StaffDivs manage EEO

¹The Agency for Toxic Substances and Disease Registry (ATSDR) is typically considered a part of the Centers for Disease Control and Prevention.

complaint processing, Special Emphasis Programs, D&I programs, Accessibility Services, supervisory and workforce training, and data analytics through their EEO Offices. Moreover, most of the OpDiv/StaffDivs use their Information Technology or Chief Information office to manage the Section 508 Accessibility program, while most of the Human Resources offices administer the anti-harassment programs.

Figure 1: OpDiv/StaffDiv level EEO/D&I Offices Reporting Structure



The human resources (HR) function also supports the DEIA mission; it is overseen and administered by the Office of Human Resources (OHR) and it is implemented through seven decentralized Division-level offices. The HR offices are responsible for creating a dynamic HHS workplace that assists with all aspects of employee development, from recruitment and training to mentoring and leadership development.

State of the Department:

Being a large, decentralized Department, HHS has some strong and successful areas and other areas where additional efforts should be focused. While DEIA has consistently been a focus for many of our Divisions, it was not a high priority over the last few years at the Department-level. In an effort to renew DEIA at the enterprise-level, a number of actions have been taken since 2019, when EEODI was established. For example:

- A Barrier Analysis Working Group was initiated to develop a Department-wide program with the goal of using this information to create D&I goals.

- Mandated a DEIA performance element in all Senior Executive Service performance plans.
- Increased employee participation in FEVS and other climate surveys to gauge employee satisfaction at HHS, shared results broadly, and fostered conversations on actions to take in response to results across the Department.
- Executed extensive Special Emphasis programming to increase employee awareness and cultural sensitivity.
- Established the Strategic Plans and Initiatives Division in EEODI to ensure the Department integrated improving its EEO, D&I, and reasonable accommodations, into its everyday culture.
- Created the Enterprise Data Analytics Division in EEODI to focus on the Department's workforce demographic data challenges and improve access to this critical data.

The Department also has a very robust Employee Resource Group (ERG) program with over 70 active Employee Resource Groups, which improves inclusion within the Department as well as recruitment of a more diverse population. In addition to these Departmental programs, the Divisions have implemented a number of successful programs to enhance DEIA including:

- Extensively used social media platforms to broadly promote vacancies to increase the diversity of the applicant pool and to promote HHS as an employer of a diverse workforce.
- Partnered with various colleges, organizations, societies, etc. that focus on underrepresented communities to expand the diversity of HHS' applicant pool.
- Required DEIA training for all hiring managers and provided additional training on how to conduct an inclusive interview.
- Proactively encouraged employees who are members of underserved or underrepresented communities to apply for promotions and/or career development opportunities.
- Utilized "Open Opportunities Powered By USAJOBS" and "HHS Detail Now" to advertise HHS agency and component detail assignments Department-wide to provide employees with cross-training and opportunities to enhance their qualifications for promotion.
- Increased employee recruitment and retention through the Federal Student Loan Repayment Program (SLRP), including but not limited to the NIH Student Loan Repayment Program.
- Supported workgroups that focus on employee experience and culture, empowering employees to "Lead from their seats."
- Conspicuously posted reasonable accommodation processes and regularly audited the provision of services to ensure accountability and timeliness.

These initiatives have increased the awareness and attention on D&I programs, measures, and goals at the Department level.

While the Department has begun to address and correct its demographic data integrity issues, the Department continues to struggle in this area. As a result of the lack of good data, the Department's barrier analysis efforts are not sufficiently robust, which impacts the Department's ability to effectively eliminate barriers and improve DEIA at HHS. In addition, the Department has made progress on the longstanding challenges of insufficient funding and staffing for DEIA programs, though challenges persist across the Department.

DEIA Budget:

HHS demonstrates its dedication to enhancing diversity, equity, inclusion, and accessibility in its workforce by dedicating substantial funds towards DEIA efforts. HHS has dedicated over \$57.4 million in FY2022 funding for DEIA activities and has dedicated at least 303 full-time equivalents (FTEs) to these efforts. In the President's FY2023 budget, HHS already plans to dedicate over \$54.2 million in FY2023 funding for these activities and will likely increase proposed funding as funds are further allocated. HHS also plans to dedicate 313 FTEs to these efforts.

HHS used this funding for a broad range of activities in FY2022 that they plan to continue in FY2023. Many divisions have put funding towards identifying and implementing strategies to recruit more diverse candidates, conducting DEI needs assessments and strategic plans, funding employee resource groups, and conducting training series on DEIA-related topics. For example, CDC is holding an FY2022 DEIA forum and expo, and NIH has an anti-racism steering committee. Divisions also use funds to enhance accessibility for the workforce through reasonable accommodations or federal relay services.

Through the President's Budget, many divisions within HHS have planned for ongoing or increased funding to these initiatives. Some divisions have also proposed additional innovative activities to enhance DEIA workforce initiatives. For example, FDA plans to increase the number of dedicated staff within their Office of Equal Employment Opportunity and AHRQ will bring in a contractor to help them develop and implement a Diversity, Equity and Inclusion plan for the division.

DEIA Principles, Priorities, and Initiatives:

HHS has aligned on the following five principles for the HHS DEIA Strategic Plan:

- Principal 1 - Demonstrated Focus on Increasing Diversity within HHS
- Principal 2 - Improved Retention and Opportunity Creation
- Principal 3 - Enhanced climate for Equity, Inclusion, and Accessibility
- Principal 4 - Leadership-Driven DEIA Cultural Reform
- Principal 5 - Strengthened DEIA Insights Through Improved Data

The HHS DEIA Strategic Plan builds on and is now the centerpiece of the HHS DEIA Framework. The Framework was initiated in FY2021 to fully integrate diversity and inclusion into the strategic decision making of the Department.

As a large department, HHS implemented a collaborative process for developing this strategic plan. The team met with leadership from each of the 26 Divisions, the EEO/D&I Directors, and Human Resources Directors to obtain an understanding of the current DEIA stage at HHS as well as to identify best practices to be shared across the Divisions.

In considering the priorities and strategies to be included in this plan, the team reviewed a variety of common instruments to develop its baseline assessment and understand the current state of DEIA, including but not limited to:

- Management Directives, including MD-715 report
- Federal Employee Viewpoint Survey
- Federal Equal Opportunity Recruitment Program (FEORP)
- EEOC Form 462 Report
- President's Management Agenda
- DEIA Promising Practices, Preliminary Assessments, and DEIA Maturity Models
- Government-Wide Strategic Plan to Advance DEIA in the Federal Workforce – November 2021
- HHS' Human Capital Operating Plan 2020-2022
- HHS' Strategic Plan 2018-2022

The team also reviewed the following resources:

- DEIA data provided by the Office of Personnel Management (OPM)
- Data from other sources, including HHS's human capital system
- Prior year's HHS trainings and initiatives

In order to establish DEIA principles with the corresponding strategies outlined below, HHS prioritized a few features and components of our DEIA initiatives throughout the strategic planning process:

- *Collaboration* – with our Operating Divisions’ EEO and D&I offices and across the federal government.
- *Stakeholder Engagement* – with our Employee Resource Groups and external affinity groups to learn about their perspective and experiences.
- *Data-driven approach – including benchmarking* with other federal agencies of similar size and structure and with industry to identify best practices and solutions to common problems and pursuing high data integrity to perform intersectional analysis for targeting problem areas.
- *Leadership conviction* – demonstrated commitment of senior HHS leadership through active participation in DEIA programs, initiatives, etc., coupled with regular communications with the workforce about our commitment to DEIA principles and on DEIA progress.
- *Improved programming* – e.g., revitalizing trainings to be more interactive and to incorporate the most current and evidence-informed practices, with a focus on raising the individual and overall DEIA consciousness level at HHS, thereby creating a more open, supportive, and inclusive environment.
- *Alignment with other diversity and equity-related executive orders:* At least eight executive orders (EO 13988, EO 13994, EO 14031, EO 14020, EO 14045, EO 14049, EO 14050, EO 14053) contain language requiring the creation of work groups or initiatives to make recommendations to the federal government regarding improving their diversity, equity, and inclusion internally (within agencies) as well as externally. Known recommendations to date were taken into consideration here, e.g., the COVID-19 health equity task force recommendations on data disaggregation informed our views on improving data drilldown capabilities for HHS.

DEIA Roadmap:

An effective workplace empowers people at all levels to contribute the best of their talents towards a department’s mission. The federal government should be a model employer where all employees, including employees from underserved communities are treated fairly and thrive in an inclusive work environment. The following roadmap of suggested Departmental actions is designed to improve policies and practices that advance DEIA across the employee experience. When federal employees reflect the communities they serve, the government is more effective in serving the public.

For each principle, the corresponding challenges, strategies, planned actions, timeline, and key metrics are articulated below.

Principle 1: Demonstrated focus on increasing diversity within HHS

OVERVIEW: HHS has expanded its efforts in recruitment and outreach pertaining to DEIA over the past several years. However, there is a lack of a central recruitment and outreach strategy, resulting in inconsistent application of ‘best practice’ approaches to expand the diversity of the HHS new employee applicant pool.

Specific challenges identified:

- Highly variable recruitment of and outreach to underrepresented groups across the Department, with similarly variable staffing in outreach and recruitment operations, with particular difficulty in attracting veterans and individuals with targeted disabilities
- Lack of clear or consistent recruitment or outreach strategy
- While partnerships persist in some areas, there are significant opportunities to increase the number and strength of partnerships both within the U.S. Government (e.g., with Veterans Affairs for veterans, with Administration for Community Living and their network to reach individuals with targeted disabilities) and externally (e.g., Historically Black Colleges and Universities; Hispanic-Serving Institutions; Native American-Serving Institutions; Asian American and Pacific Islander-Serving Institutions; Alaska Native-Serving and Native Hawaiian-Serving Institutions; women’s colleges and universities; State vocational rehabilitation agencies that serve individuals with disabilities; disability services offices at colleges and universities; disability rights organizations; colleges and universities serving a high percentage of economically disadvantaged students or first-generation college students; community colleges; and community-based organizations serving underrepresented communities, including programs serving formerly incarcerated individuals, and organizations serving LGBTQ+ individuals.)
- Serving institutions like historically Black Inconsistently and insufficiently leverage of all HHS employees (e.g., ERGS) in outreach and recruitment efforts

<p>Strategy 1.1: Improve Recruitment of Underrepresented Individuals (including people with disabilities)</p> <p>Operational Measure (Quarterly): Number of applicants within each underrepresented group by grade level. (Applicant Flow Data and HHS internal data)</p> <p>Outcome Measure: Increase diversity of HHS’ recruiting pools within underrepresented groups by X percent. (Percent will be determined by DEIA Executive Council and informed based on data.)</p> <p>Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, OpDiv/StaffDiv Human Resource Centers, and OpDiv/StaffDiv EEO and Diversity and Inclusion offices.</p> <p>Lead Officials: DAS for Human Resources, OpDiv/StaffDiv HR Directors, DAS for Equity, Diversity, and Inclusion, Human Resources Directors and staff, EEO/D&I Directors, and staff, and hiring managers.</p>	
Actions	Timeframes (End date)
Develop Departmental recruitment plan including, identifying targeted strategies for recruitment of underrepresented groups, expanding use of special hiring authorities.	Q3 FY22
Reexamine internal recruitment and hiring practices.	Q2 FY23
Leverage Special Emphasis Program speakers and representatives to support outreach and recruitment efforts.	Q4 FY22
Improve supervisory knowledge of Special Hiring authorities such as, Schedule A, Veteran’s appointments, military spouses, etc.	Q1 FY23

Strategy 1.2: Enhance outreach efforts	
<p>Operational Measure (Quarterly): Number of outreach activities initiated to underrepresented groups and numbers of partners engaged in supporting outreach efforts.</p> <p>Outcome Measure: Increase diversity of HHS’ recruiting pools within underrepresented groups by X percent. (Percent will be determined by DEIA Executive Council and informed based on data.)</p> <p>Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, OpDiv/StaffDiv Human Resources offices, and OpDiv/StaffDiv EEO and Diversity and Inclusion offices.</p> <p>Lead Officials: DAS for Human Resources, OpDiv/StaffDiv HR Directors, DAS for Equity, Diversity, and Inclusion, Human Resources Directors and staff, EEO/D&I Directors, and staff, and hiring managers.</p>	
Actions	Timeframes
Improve outreach capabilities and corresponding marketing materials (e.g., taglines, logos, brochures, social media, websites, posters, and videos) to synchronize with Departmental recruitment plan.	Q2 FY23
Leverage and expand relationships with external and internal stakeholders including affinity groups, to maximize outreach and recruitment efforts.	Q4 FY22
Establish central HHS-only Job Fair program focused on underserved and underrepresented communities and schools, in addition to Veteran, disability, employment centers, etc.	Q2 FY23
Implement a <i>Fundamentals of the Federal Application Process</i> workshop to provide students in underserved and underrepresented communities and schools with assistance in writing resumes, explaining the key elements of a vacancy announcement, etc.	Q1 FY23

Principle 2: Improved retention and opportunity creation

OVERVIEW: While some underrepresented groups are increasingly joining HHS (e.g., Black or African American, Asian American), HHS is committed to ensuring that all employees have access to employment and advancement opportunities. Better understanding of retention challenges is needed. In the interim, some strategies can be enacted immediately to improve retention and create more opportunity for these groups, such as dedicated programming to expand opportunities, professional development, and strengthening mentorship for these groups.

Specific challenges identified:

- Insufficient understanding of barriers to retention as it pertains to DEIA
- Lack of “true north”, or clear developmental priorities, for individual employees with regards to DEIA
- Potential for additional advancement including for underrepresented groups
- Insufficient mentorship, coaching, sponsorship, and overall opportunity creation
- Inconsistent participation levels in existing programs intended to strengthen internal networks for underrepresented groups (e.g., ERGs)

Strategy 2.1: Eliminate barriers to create equity in job opportunities and professional development	
Operational Measure (Yearly): Execute barrier analysis.	
Outcome Measure: Barrier analysis assessment shows incremental improvement on identified barriers over 2-year period.	
Lead Offices: Office of Equal Employment Opportunity, Diversity & Inclusion, and OpDiv/StaffDiv EEO and Diversity and Inclusion offices	
Lead Officials: DAS for Equity, Diversity, and Inclusion and EEO/D&I Directors, and staff, and designated OpDiv/StaffDiv liaisons	
Actions	Timeframes
Develop Department-level barrier analysis program that leverages (improved) data to identify barriers and creates solutions to address barriers.	Q2 FY23
Drive awareness of and participation in ERGs to increase employee engagement for underrepresented groups.	Q3 FY22

Strategy 2.2: Enhance retention and career development opportunities	
<p>Operational Measure (Quarterly): Increased number of proportional representation of underrepresented groups receiving promotions and/or other career development opportunities.</p> <p>Outcome Measure: Representation of underrepresented groups across grade levels relative to Relevant Civilian Labor Force (RCLF).</p> <p>Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, OpDiv/StaffDiv Human Resource Centers, and OpDiv/StaffDiv EEO and Diversity and Inclusion offices.</p> <p>Lead Officials: DAS for Human Resources, OpDiv/StaffDiv HR Directors, DAS for Equity, Diversity, and Inclusion, Human Resources Directors and staff, EEO/D&I Directors, and staff, and hiring managers.</p>	
Actions	Timeframes
Establish a Department-level onboarding framework to baseline the onboarding experience of new hires, including a mentorship and/or peer-to-peer component including, a mentor component.	Q3 FY23
Create career development program(s) to improve underrepresented groups participation based on barrier analysis assessment (albeit without limiting access to programs to any employees). Programs may be developed at the General Schedule (GS), Senior Level (SL), Administratively Determined (AD), and/or Senior Executive Service (SES) level to increase retention and ensure complete coverage of identified deficiencies.	Q2 FY24

Principle 3: Enhanced climate for equity, inclusion, and accessibility

OVERVIEW: HHS has significant activity pertaining to DEIA across the Department and progress has been made over the past several years to increase coordination and collaboration across these pockets of activity (e.g., establishment of EEODI). However, embedding DEIA into the fabric of HHS will require strengthened organizational structure, program management, and increased employee connectivity to HHS through DEIA.

Specific challenges identified:

- Weak and/or inconsistent connection between HHS leadership and those implementing DEIA within respective OpDivs/StaffDivs, in addition to inconsistent collaboration across OpDivs/StaffDivs with one another
- Lack of existing structure (e.g., program management office) to ensure coordination across Department-wide DEIA efforts
- Lack of consistent employee engagement on prioritized topics to ensure employee ideas are heard and reflected in DEIA-related planning and implementation
- Despite strong ties to HHS mission, inconsistent and/or weak strength of connection between workforce and the Department itself

Strategy: 3.1: Strengthen internal organization and governance to enhance equity, inclusiveness, and accessibility in the workplace.	
Operational Measure (Quarterly): Progress made to stand up and implement DEIA Council structure	
Outcome Measure: Percent of information technology (IT) and/or communications tools that meet or exceed all standards and technical requirements of Section 508 of the Rehabilitation Act of 1973.	
Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, OpDiv/StaffDiv Human Resource Centers, and OpDiv/StaffDiv EEO and Diversity and Inclusion offices.	
Lead Officials: DAS for Human Resources, OpDiv/StaffDiv HR Directors, DAS for Equity, Diversity, and Inclusion, Human Resources Directors and staff, EEO/D&I Directors, and staff.	
Actions	Timeframes
Establish DEIA Council structure to strengthen two-way connection between executive vision/direction and implementation.	Q3 FY22
Stand up program management office (PMO) within EEODI to support implementation of HHS DEIA Strategic Plan (e.g., development and/or coordination of Department-level DEIA priorities such as recruitment strategy or marketing / outreach materials).	Q3 FY22

CONTINUED	
Strategy: 3.1: Strengthen internal organization and governance to enhance equity, inclusiveness, and accessibility in the workplace.	
Operational Measure (Quarterly): Progress made to stand up and implement DEIA Council structure	
Outcome Measure: Percent of information technology (IT) and/or communications tools that meet or exceed all standards and technical requirements of Section 508 of the Rehabilitation Act of 1973.	
Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, OpDiv/StaffDiv Human Resource Centers, and OpDiv/StaffDiv EEO and Diversity and Inclusion offices.	
Lead Officials: DAS for Human Resources, OpDiv/StaffDiv HR Directors, DAS for Equity, Diversity, and Inclusion, Human Resources Directors and staff, EEO/D&I Directors, and staff.	
Actions	Timeframes
Review internal policies and practices to expand inclusiveness and accessibility at the workplace such as improving provision of sign language interpreters, closed captioning, and 508 compliance activities.	Q4 FY22
Review internal policies and practices to increase equity in pay and compensation, including but not limited to performance awards, quality step increases, and payment for employee training outside of HHS.	Q4 FY22
Review/revise workplace harassment policies to create a respectful, inclusive, and safe environment where employees can thrive, develop their potential, and contribute to the workplace.	Q4 FY22 (July 23)

Strategy 3.2: Increase employee connection to HHS	
<p>Operational Measure (Quarterly): Number of participants in identified activities (i.e., Special Emphasis Programs and workforce councils).</p> <p>Outcome Measure: Score in FEVS Global Satisfaction Index</p> <p>Percent of participants in employee-based groups such as, Employee Resource Groups or other workforce councils e.g., LGBTQ+ Council, Accessibility Council.</p> <p>Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, OpDiv/StaffDiv Human Resource Centers, and OpDiv/StaffDiv EEO and Diversity and Inclusion offices.</p> <p>Lead Officials: DAS for Human Resources, OpDiv/StaffDiv HR Directors, DAS for Equity, Diversity, and Inclusion, Human Resources Directors and staff, EEO/D&I Directors, and staff.</p>	
Actions	Timeframes
Establish workforce councils, including but not limited to national level Employee Resource Groups, in focused areas to identify opportunities to improve or create a more accessible, equitable, and/or inclusive workplace.	Q3/Q4 FY22
Increase employee participation in sponsorship of Special Emphasis Program events to expand cross-cultural awareness.	Q1 FY23
Increase partnership with labor unions to foster enhanced confidence in HHS.	Q3 FY22

Principle 4: Leadership-driven DEIA cultural reform

OVERVIEW: The President of the United States and HHS leadership – led by Secretary Becerra – have clearly and consistently outlined DEIA as a significant priority, yet significant variation in the quality and consistency of DEIA-related efforts across HHS exists. Numerous actions can be taken to align messaging, increase leadership involvement pertaining to DEIA, and ensure leadership accountability.

Specific challenges identified:

- Unclear communications message on DEIA
- Whatever is communicated regarding DEIA is not shared broadly or consistently across the Department in tailored, relatable ways to employees
- Some supervisors are unclear on what they should actually be doing or how to lead their teams through DEIA-related topics
- Lack of accountability to embed DEIA into HHS culture for leaders

Strategy 4.1: Optimize leadership communication in support of DEIA	
Operational Measure (Quarterly): Progress against communications plan (as tracked by DEIA Program Management Office).	
Outcome Measure: Number of DEIA communications focused on improving DEIA within the workplace, connecting to personal and/or organizational mission.	
Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, Office of Assistant Secretary for Public Affairs, and OpDiv/StaffDiv Heads.	
Lead Officials: DAS for Human Resources, DAS for Equity, Diversity, and Inclusion, Assistant Secretary for Public Affairs.	
Actions	Timeframes
Develop “change story” or core message from HHS leadership intended for all employees for DEIA.	Q4 FY22 / Q1 FY23
Design a DEIA communications plan to effectively cascade core messages from senior leaders throughout entire Department.	Q4 FY22 / Q1 FY23
Infuse DEIA messaging in Department-wide communications.	Q3 FY22

<p>Strategy: 4.2 Empower Supervisory Excellence</p> <p>Operational Measure (Quarterly): Number of trainings updated to include DEIA</p> <p>Outcome Measure: Percent of leaders participating in DEIA trainings.</p> <p>Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion, Office of Assistant Secretary for Public Affairs, and OpDiv/StaffDiv Heads.</p> <p>Lead Officials: DAS for Human Resources, DAS for Equity, Diversity, and Inclusion, Assistant Secretary for Public Affairs.</p>	
Actions	Timeframes
Establish diverse peer mentoring communities of supervisors to support and provide coaching and support to other fellow supervisors.	Q2 FY23
Revise supervisory training and coaching programs to ensure DEIA principles are prominent and provide tools to support supervisors' implementation. These training programs should: cultivate allyship; teach upstanders (or active bystanders) to prevent racial and sexual harassment; and address inconsistencies in the workplace experience so that all HHS employees can bring their authentic selves to work..	Q2 FY23

Strategy 4.3: Hold leaders accountable for embedding DEIA into HHS	
<p>Operational Measure (Quarterly): Documented progress on DEIA communications plan and implementation.</p> <p>Outcome Measure: Percent of Leadership (by grade) with DEIA outcomes in their performance goals. Percent of SES/Leadership who execute the Special Emphasis Program requirement.</p> <p>Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion.</p> <p>Lead Officials: DAS for Human Resources, DAS for Equity, Diversity, and Inclusion, and OpDiv/StaffDiv Heads.</p>	
Actions	Timeframes
Scale preexisting SES-level performance measures pertaining to DEIA to GS-15 and other supervisory staff.	Q1 FY23
Implement DEIA communications plan for organization/office (e.g., regular messaging, trainings, events, internal workshops and/or summits).	Q4 FY22
Implement Special Emphasis Programming requirement participation/hosting for all senior leaders.	Q4 FY22

Principle 5: Strengthened DEIA insights through improved data

OVERVIEW: HHS DEIA data and analytics have significantly improved since the issuance of EO 14035. For instance, the Department has created an HHS-wide demographic survey to update current information and is the first agency to include sexual orientation and gender identity for the entire workforce. However, the quality, consistency, and availability of up-to-date demographic data remains a challenge. Additional effort is required to improve both data quality/integrity as well as data availability/accessibility to better understand barriers within DEIA and to generate insights on future strategies and actions.

Specific challenges identified:

- Incomplete HHS workforce demographic and organizational culture data to inform decision-making.
- Data integrity issues preventing data accuracy.
- Insufficient data transparency and availability.

Strategy 5.1: Create data framework to obtain and sustain up-to-date workforce demographic information

- Operational Measure (Quarterly): Timely execution of actions described below.
- Outcome Measure: Percent of employees who update information.
- Lead Offices: Office of Human Resources, Office of Equal Employment Opportunity, Diversity & Inclusion.
- Lead Officials: DAS for Human Resources, DAS for Equity, Diversity, and Inclusion.

Actions	Timeframes
Survey workforce to obtain current demographic information.	Q3 FY22
Establish standing portal for employees to update their own demographic information year-round and develop yearly marketing campaign.	Q3 FY23
Consistent with OMB Directive No. 15 (Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity) and OMB Memorandum M-14-06 (Guidance for Providing and Using Administrative Data for Statistical Purposes), develop <i>HHS DEIA Dashboard</i> based on improved demographic information and create interactive dashboards for Divisions to drive decisions and target recruitment efforts.	Q4 FY22
Invest in HHS DEIA data infrastructure.	FY23 / FY24

How we will ensure execution – HHS’ DEIA Direction and Organizing Structure:

HHS seeks to advance DEIA for all 80,000+ employees and for the future of the Department in myriad ways. First and foremost, HHS will lead from the top. The HHS Secretary will clearly articulate his vision for DEIA and hold both his Office and each OpDiv/StaffDiv accountable for executing the DEIA Strategic Plan articulated herein. (See Appendix 2: HHS Equal Employment Opportunity and Anti-Harassment Policy.) The HHS DEIA Strategic Plan will be implemented through collaboration and interface between the HHS enterprise level Office of Equal Employment Opportunity, Diversity & Inclusion (EEODI) and the HHS OpDiv/StaffDiv Equal Employment Opportunity (EEO) Diversity and Inclusion (D&I) offices and engagement with stakeholders such as, members of underserved communities.

On behalf of the Secretary, EEODI will continuously engage the Department to implement the Strategic Plan and ensure accountability across three tiers, each of which will be connected with one another and supported in a program management capacity by EEODI:

- **DEIA EXECUTIVE COUNCIL:** The Department will establish a “DEIA Executive Council”. The DEIA Executive Council will be led by the HHS Secretary and include HHS Deputy Secretary, OPDIV/STAFFDIV leaders, the ASA, and the Chief Diversity Officer (CDO) as members. The Council’s role is to provide strategic guidance and direction to ensure successful implementation of HHS’s DEIA Strategic Plan. In addition, the Council will amplify the Secretary’s DEIA message and ensure accountability. The Council will meet semi-annually.
- **DEIA ACTION COMMITTEE:** The Department will establish a “DEIA Action Committee”, chaired by the HHS Deputy Secretary, ensuring a direct linkage with the Executive Council. Members will be Chief Operating Officers or Executive Officers from the Divisions, Division DEIA Chairs, the ASA, the Chief Diversity Officer, and a National Employee Resource Group (ERG) Council Representative. This Committee will meet quarterly to direct and oversee the implementation of the diversity strategies and policies established by the executive council; and will be responsible for advising HHS Executive DEIA Council on diversity and inclusion needs and the progress of DEIA initiatives throughout HHS.
- **DIVISION DEIA COUNCILS:** Each OpDiv/StaffDivs will establish a Division level “DEIA Council”. In general, Divisions will designate a chair(s), and include their Advisory Committee members, workforce representatives, ERG designees, and other stakeholders, as appropriate. These Councils will execute DEIA strategies at the Division level and be a conduit and champion for DEIA Executive Council goals and priorities. The Council will report up to the EEO/CDO Officer level any gaps for consideration and correction and ensuring the top down / bottom up working groups are continuous and connected.

EEODI will function as the PMO supporting HHS's DEIA structure, including direct support of the Executive Council and the Action Committees with both messaging and with the tools to collaborate most effectively (e.g., data) to ensure execution of the DEIA Strategic plan. Servicing EEO / D&I Offices will work more closely with their Divisions and collaborate across Divisions to ensure the workforce has a voice and that, as a Department, we embark on this ambitious path to embedding DEIA into our Departmental culture.

The Department is reviewing its options to identify resources to establish the Chief Diversity Officer position.

Taken together, we believe these actions will enable HHS to become an exemplar with regards to DEIA in the federal landscape.

Reviewed and Approved by:

A handwritten signature in blue ink, appearing to read "Hannan", is positioned above the title of the Secretary.

Secretary
Department of Health and Human Services

APPENDICES

Appendix 1: Department Components

Office of the Secretary (Staff Divisions)	Operating Divisions
Office of the Assistant Secretary for Administration (ASA)	Administration for Children and Families (ACF)
Assistant Secretary for Financial Resources (ASFR)	Administration for Community Living (ACL)
Office of the Assistant Secretary for Health (OASH)	Agency for Healthcare Research and Quality (AHRQ)
Office of the Assistant Secretary for Legislation (ASL)	Agency for Toxic Substances and Disease Registry (ATSDR)
Assistant Secretary for Public Affairs (ASPA)	Centers for Disease Control and Prevention (CDC)
Assistant Secretary for Planning and Evaluation (ASPE)	Centers for Medicare and Medicaid Services (CMS)
Assistant Secretary for Preparedness and Response (ASPR)	Food and Drug Administration (FDA)
Assistant Secretary for Public Affairs (ASPA)	Health Resources and Services Administration (HRSA)
Office for Civil Rights (OCR)	Indian Health Services (IHS)
Departmental Appeals Board (DAB)	National Institutes of Health (NIH)
Immediate Office of the Secretary (IOS) / Office of Intergovernmental Affairs (IEA)	Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of the General Counsel (OGC)	
Office of Global Affairs (OGA)	
Office of Inspector General (OIG)	
Office of the National Coordinator for Health and Information Technology (ONC)	
Office of Medicare Hearings & Appeals (OMHA)	

Appendix 2: HHS Equal Employment Opportunity and Anti-Harassment Policy – September 2021

The mission of the Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans by providing essential human services, especially for underserved communities. Fundamental to this mission is the obligation to honor the diversity of the HHS workforce and treat all employees with respect and dignity.

HHS promotes Equal Employment Opportunity (EEO), diversity, equity, inclusion, and accessibility to encourage a climate of innovation and success that capitalizes on the diversity and professionalism of the HHS workforce. As one of the largest federal agencies, HHS must be a leader in treating employees with dignity and respect. Discriminatory or harassing behavior will not be tolerated at HHS.

Pursuant to the anti-discrimination statutes, including (but not limited to) Title VII of the Civil Rights Act of 1964, as amended, (“Title VII”) and the Rehabilitation Act of 1973, employment decisions at HHS are based on equal employment opportunity for all employees and applicants for employment, regardless of their race, religion, color, sex (including pregnancy, gender identity and sexual orientation), national origin, age, genetic information, disability, retaliation, or any other status protected by federal laws and regulations. Accordingly, these protections extend to all management practices and decisions, including, but not limited to, recruitment and hiring practices, transfers, reassignments, benefits, separations, appraisal systems, merit promotions, training and career development programs. All employees will have the freedom to compete on a fair and level playing field with equal opportunity for competition.

To this end, in accordance with the anti-discrimination statutes, and EEOC guidance, HHS promotes an environment free of discrimination and any form of harassment, where all employees may work without fear of reprisal; where all employees and applicants with qualified disabilities and targeted disabilities receive reasonable accommodations, so they can be successful at their work; and where all employees are recognized for their individual performance and contributions to HHS. To promote an environment that is free of discrimination and harassment, every employee (including supervisors and managers), will receive training about the rights and remedies available under the anti-discrimination statutes and Whistleblower Protection statutes consistent with the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002.

Additionally, HHS remains equally committed to the full and meaningful implementation of EEO policies for all HHS employees and applicants consistent with applicable federal civil rights laws. Keeping this commitment will ensure HHS prevents, stops, and remedies all forms of discrimination or harassment that may occur within HHS. Examples of prohibited conduct include: making abusive, derisive, profane, or harassing statements; using epithets or slurs; engaging in stereotyping or intimidating acts; making or sharing racially derisive

social media posts; and circulating or posting of written or graphic materials that show hostility toward individuals regardless of their protected status.

Managers and supervisors are expected to respond appropriately to allegations of discrimination or harassment and are required to uphold governing laws, regulations, and this policy. They must ensure that workplace discrimination or harassment is not tolerated and is corrected before it becomes severe or pervasive. Therefore, managers and supervisors will complete periodic required training to ensure they clearly understand their roles and responsibilities in addressing and eliminating all forms of discrimination or harassment.

Employees who believe they are experiencing unlawful discrimination or harassment should bring their concerns to the attention of their supervisor, a member of their management team, or to their servicing EEO office. Additionally, retaliation in any form against an employee who reports unlawful discrimination or harassment is strictly prohibited as HHS will not tolerate workplace harassment or reprisal against anyone who engages in protected activity.

All employees and applicants must be able to exercise their right to elect the EEO process, to oppose discriminatory practices, and to engage in whistleblowing or exercise any other right provided by law, without fear of retaliation. Employees may obtain further information to report harassment at <https://www.hhs.gov/about/agencies/asa/eo/about-eeo/programs-offices/anti-harassment/index.html>. Additionally, employees may report allegations of reprisal for whistleblowing to the Office of Special Counsel at <https://osc.gov/> or 1-800-872-9855. Employees may also raise such allegations to the Department of Health and Human Service's Office of the Inspector General at www.oig.hhs.gov or 1-800-447-8477.

All employees, including managers and supervisors, must abide by this policy and strive to meet HHS' overarching goal to be a model organization committed to innovation, opportunity, and success. Through this policy, HHS will be at the forefront of EEO, diversity, equity, inclusion, and accessibility in the federal government.

Xavier Becerra
Secretary

Appendix 3: HHS DEIA Implementation Team

NAME	DEIA TEAM TITLE	CURRENT TITLE	ORGANIZATION
Syed Mohiuddin	Senior Leader	Counselor to the Deputy Secretary	Office of the Deputy Secretary
Julie Murphy	Team Lead	Senior Advisor to the Assistant Secretary for Administration	Assistant Secretary for Administration (ASA)
TBD	Chief Diversity Officer		
Ramona Mann	Equal Employment Opportunity Representative	Acting Director EEODI	Assistant Secretary for Administration/EEODI
William Leavitt	Chief Human Capital Officer	Chief Human Capital Officer	Assistant Secretary for Administration/Office of Human Resources (OHR)
Johnathan Gardner	Chief Learning Officer	Director of Human Capital Programs/Chief Learning Officer	Assistant Secretary for Administration/Office of Human Resources (OHR)
Norris Cochran	Chief Financial Officer/Performance Improvement Officer	Deputy Assistant Secretary for Budget	Assistant Secretary for Financial Resources (ASFR)
Miranda Lynch-Smith	Agency Equity Council	Deputy Assistant Secretary for Human Services Policy	Assistant Secretary for Planning and Evaluation (ASPE)
Jennifer Smith	Office of the General Counsel	Deputy Associate General Counsel, General Law Division	Office of the General Counsel
Karuna Seshasai	Advisory Team Member	Executive Secretary	Immediate Office of the Secretary
Kristin Avery	Advisory Team Member	White House Liaison	Immediate Office of the Secretary