

**Fiscal Year 2022**  
**Management Directive 715 Report**

Centers for Disease Control and Prevention (CDC)  
Agency for Toxic Substances and Disease Registry (ATSDR)  
U.S. Department of Health and Human Services (HHS)

For period covering October 1, 2021 – September 30, 2022

## **PART E: Executive Summary - Mission**

The Centers for Disease Control and Prevention (CDC) is one of 11 major operating divisions of the Department of Health and Human Services (DHHS) and is the nation's leading public health agency. For over 75 years, CDC's mission has been to work 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish our mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats and responds when these arise.

In April 2022, CDC launched an effort to refine and modernize its structures, systems, and processes to strengthen the agency's ability to deliver CDC's science and program activities to the American people. Subject matter experts reviewed key workflows, with a particular focus on ensuring CDC's science reaches the public in an understandable, accessible, and implementable manner as quickly as possible. Subsequently, CDC's [organizational structure](#) was updated to reflect the following:

CDC's Immediate Office of the Director (IOD), which includes the following positions:

- CDC Director
- Principal Deputy Director
- Deputy Director for Science and Program/Chief Medical Officer
- Deputy Director for Policy, Communications, and Legislative Affairs/Chief Strategy Officer
- Deputy Director of Global Health
- Chief Operating Officer
- Chief of Staff

There are 11 offices that report directly to the IOD, these include:

- CDC Washington Office
- Office of Communications
- Office of the Chief Operating Officer
- Office of the Chief of Staff
- Office of Equal Employment Opportunity and Workplace Equity
- Office of Health Equity
- Office of Laboratory Science and Safety
- Office of Policy, Performance, and Evaluation
- Office of Public Health Data, Surveillance, and Technology
- Office of Readiness and Response
- Office of Science

There are also 11 centers and 1 institute directly report to the IOD:

- Center for Forecasting and Outbreak Analytics
- Global Health Center
- National Center on Birth Defects and Developmental Disabilities
- National Center for Chronic Disease Prevention and Health Promotion
- National Center for Emerging and Zoonotic Infectious Diseases
- National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

- National Center for Health Statistics
- National Center for HIV, Viral Hepatitis, STD, and TB Prevention
- National Center for Immunization and Respiratory Disease
- National Center for Injury Prevention and Control
- National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce
- National Institute for Occupational Safety and Health

The Director of CDC is also the Administrator for the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a separate operating division under DHHS but is managed within CDC.

These Centers, Institute, and Offices (CIOs) implements CDC’s public health programs within their areas of expertise.

During the reporting period, CDC published its [2022 – 2027 Strategic Plan](#) which advances science and health equity and affirms the agency’s commitment to one unified vision— equitably protecting health, safety, and security. The plan continues to leverage five core capabilities of the agency, reflecting its commitment to equity and diversity and lifting up where CDC has invested through the COVID-19 pandemic.

In fiscal Year (FY) 2022, CDC continued to lead the global response to the COVID-19 pandemic, the reemergence of Monkeypox cases, and other global humanitarian and public health threats. Since CDC Director’s declaration of racism being a serious public health threat in April 2021, the agency prioritized and embedded Diversity, Equity, Inclusion, Accessibility, and Belonging (DEIAB) into the fabric of the agency. As part of that commitment, CDC developed the agency’s [CDC CORE Health Equity Science and Intervention Strategy](#), resolving to create a comprehensive health equity science, optimizing interventions, creating and reinforcing existing partnerships, and enhancing workforce engagement. This CORE strategy was developed to include:

- Cultivate comprehensive health equity science
- Optimize interventions
- Reinforce and expand robust partnerships
- Enhance capacity and workplace diversity, inclusion, and engagement

CDC’s subject matter experts played a key role in the “E” for CORE strategy by working to advance DEIAB across CDC and have a workforce that is representative of the populations we serve. An important component of the agency’s work has been to look at the policies and practices (identified in CORE) across CDC and within CIO’s.

## **PART E: Executive Summary - Maintaining a Model EEO Program**

Management Directive 715 is the policy guidance that the U.S. Equal Employment Opportunity Commission’s (EEOC) provides to all federal agencies for their use in establishing and maintaining effective programs of equal employee opportunity (EEO). Additionally, the directive also requires regular evaluation of employment practices within the employee life cycle (i.e., recruitment, hiring, separation, etc.) to identify and eliminate barriers that hamper the advancement of any [protected classes](#) against six

essential elements. Highlights of CDC’s accomplishments, deficiencies, and areas for improvement for FY 2022 are as follows:

### Essential Element A: Demonstrated Commitment from Agency Leadership

- On April 22, 2022, CDC Director and ATSDR Administrator Rochelle P. Walensky, MD, MPH issued eight [EEO Policy Statements](#) and encouraged each manager and supervisor to share and discuss the statements with their staff. These statements highlighted the agency’s commitment to creating a diverse and inclusive work environment that fosters appreciation and mutual respect for each employee and a workplace free of harassment or reprisal. The policy statements included:
  - Alternative Dispute Resolution (ADR)
  - Reasonable Accommodations for Persons with Disabilities (RA)
  - Equal Employment Opportunity (EEO)
  - Religious Accommodation in the Workplace
  - Reprisal
  - Federal Equal Opportunity Recruitment Program (FEORP)
  - Disabled Veteran’s Affirmative Action Program (DVAAP)
  - Diversity and Inclusion (D&I)

CDC’s Anti-Harassment Policy, which replaced the policy statement, provides guidance on preventing, identifying, and responding to acts of harassment by employees. It is intended to ensure that CDC is taking all necessary steps to prevent harassing conduct in the workplace, and to correct harassing conduct that does occur before it becomes severe or pervasive.

- In August 2022, the Office of Equal Employment Opportunity was renamed the Office of Equal Employment Opportunity and Workplace Equity (OEEOWE). The addition of Workplace Equity to its name emphasizes CDC’s commitment to promoting equal employment opportunity and ensuring its workplace is an equitable place for all. With this name change, OEEOWE also updated its mission to ensure an environment that promotes equal employment opportunity for all individuals, eradicates discrimination and harassment in all forms, and promotes an inclusive environment that empowers employees to participate and support CDC’s public health mission through a workforce that reflects the communities it serves.
- The 2021 Federal Employee Viewpoint Survey (FEVS) was available between November 8 and December 10, 2021. A total of 2,490 surveys out of 4,754 were completed, resulting in a 52.5% response rate. The 2021 results revealed increases in positive responses (agree or strongly agree) for three key indicators when compared to 2020:
  - Employee Engagement Index increased from 76.5% to 78.9%
  - Global Satisfaction Index increased from 72.4% to 72.8%
  - Belief in Action Indicator increased from 52.7% to 53.7%
  - Overall, 9 in 10 CDC employees would recommend the organization as a good place to work and believe the people they work with cooperate to get the job done. However, only 6 of 10 employees believed their workload was reasonable. This question decreased from 67.2% in 2020 to 60% in 2021.

- It should be noted that the FY 2022 FEVS was launched June 6, 2022 and closed July 22, 2022. All CDC federal and Public Health Service (PHS) Commissioned Corp Officers onboarded as of November 2021 received an email invitation for the survey. Results are scheduled for publishing during FY 2023.
- From August 8 until October 14, 2022, CDC employees, in partnership with HHS, were invited to complete the Workforce Demographic Survey. During this time, full time equivalents (FTEs) and PHS Commissioned Corp Officers were encouraged to self-identify their ethnicity, race, sex, disability status, sexual orientation, gender identity, and Veteran status. Furthermore, 35% of all eligible participants completed the survey.
- In FY 2022, CDC established a governance model for the newly created CIO DEIAB Councils, which included the agency's first DEIAB Council Charter and platform for councils to share best practices, resources, events, and updates.
- The agency hosted a three-day *Mediation for Workplace Disputes* training by the Justice Center of Atlanta (JCA) in which 34 managers and supervisors were trained. This intensive training provides an in-depth overview of workplace disputes such as EEO grievances and complaints. Each participant left the training understanding the mediation process, resolution, with an increase in communication and negotiation skills.
- On June 29, 2022, CDC published its first agency-wide [CDC Diversity, Equity, and Inclusion Strategic Action Plan 2022-2024](#). This plan captures CDC's commitments to enhancing capacity and fostering a culture of diversity, equity, inclusion, belonging, and accessibility. It also further articulates CDC's commitment to developing a workforce and workplace that represents equity principles and accelerates efforts to achieve our public health mission. This plan cascades the HHS DEIA Strategic Plan, which was published March 23, 2022 in accordance with the Government-wide DEIA Strategic Plan and Executive Order 14035. Additionally, the strategy focuses on six core principles:
  - Increasing Diversity at CDC
  - Improving Retention and Opportunities for Employees
  - Enhancing a Climate of Equity, Inclusion, and Accessibility
  - Driving DEIAB Cultural Reforms
  - Strengthening DEIAB Insights Through Improved Data
  - Strengthening Institutional Subject Matter Expertise and Equity Infrastructure
- CDC updated an operational policy, *Use of CDC Information Technology Resources*, to include a section on signatures and tag lines, which now explicitly includes "pronouns" as allowable in email signatures. This new policy provides greater clarity on how to display one's pronouns, which should reduce confusion and exclusionary practices. This updated policy is the result of years of work promoting inclusive communication for the equitable respect of non-binary and other gender minority colleagues.
- The Disability Inclusion and Accessibility Workgroup was developed in FY 2022 to provide opportunities for subject matter experts across CDC to regularly connect, exchange scientific

information, and collaborate on public health activities that address health inequities and related barriers for people with disabilities. The workgroup's objectives are as follows:

- Foster interdisciplinary collaboration across CIOs to advance the science of disability inclusion and accessibility in public health.
  - Promote and support disability inclusion and accessibility activities that identify and address health disparities experienced by people with disabilities.
  - Share best practices, resources, tools, and information on disability inclusion and accessibility.
  - Facilitate and share an annual assessment of CDC projects that address disability and disabling conditions.
- The OEEOWE Director utilized multiple channels of communication to maintain engagement with managers, supervisors, and employees through a monthly OEEOWE Insider and weekly OEEOWE Journal newsletters, internal communications site *CDC Today*, and other forms of direct messaging to provide information on trainings, Special Emphasis Programs (SEP), and other OEEOWE efforts, initiatives, and outcomes.
  - CDC reinforced efforts to maintain manager and supervisor compliance with new a series of mandatory training released in prior years: *Workforce Awareness: Diversity, and Inclusion, Unconscious Bias, and Microaggressions*, and maintained three mandatory trainings released in prior years: *No FEAR Act, The Federal EEO Administrative Compliant Process, Harassment Prevention: A Commonsense Approach for Managers*.
    - 62% of all managers/supervisors have completed the mandatory *Harassment Prevention: A Commonsense Approach for Managers* training
    - 87% of all managers/supervisors have completed *The Federal EEO Administrative Complaint Process* training
    - 71% of all employees completed *The No Fear Act* training
    - 91% of all managers/supervisors have completed *Workforce Awareness, Diversity and Inclusion, Unconscious Bias, and Microaggressions* training

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

- CDC continued to drive the implementation of the CDC/ATSDR 2020-2024 EEO Strategic Plan, which was published on June 9, 2020. OEEOWE issued guidance and provided tools and resources to support achievement of objectives and strategies during year three of the five-year plan. This included a focus on recruitment, hiring, retention, and enhanced communication with all employees to build trust and enhance belonging.
- On November 9, 2021, CDC held a special event for students and recent graduates of HBCUs as part of the agency's efforts to improve outreach and recruit diverse talent. The event, *Noted: Building on the Legacy of HCBUs in Public Health*, gave students and potential applicants the opportunity to engage with HBCU alumni leaders at CDC and learn more about the agency's fellowship and training programs.
- The OEEOWE Affirmative Employment Program Team (AEPT) was launched in December 2021 and consists of one AEP Manager, four AEP Specialists, one Diversity Specialist, and one Program

Specialist. AEPT is charged with partnering with CIOs directly to track and analyze workforce data and conduct assessments to identify disparities, inequities, or barriers that may impede equal employment opportunities, and develop strategies to eliminate the identified disparities, inequities, or barriers. Each AEP Specialist also provides support and guidance to CDC Diversity and Inclusion Councils. Additionally, the AEPT developed an assessment process that will allow for more insight into the policies, programs, and practices of CIOs to leverage best practices and assist in making improvements where needed.

In FY 2022, the AEPT assisted CIOs to improve outreach and recruitment efforts and hiring practices, developed recruitment process, hiring process, and EEO and DEIAB trainings, and current and separating employee job aids.

- CDC established the Diversity and Inclusion Recruitment Activity (DIRA) Team in FY 2021. Since then, it has continued its committed to conducting recruitment and outreach to external organizations including, but not limited to, Historically Black Colleges and Universities, Hispanic Serving Institutions, and organizations and institutions serving persons with disabilities, including disabled veterans. The DIRA Team has diversified the CDC Recruiter Cadre by expanding membership to all employees.
- To continue building a more diverse, inclusive, equitable and accessible workplace that embraces, supports, and infuses DEIAB principles into CDC culture, CDC celebrated its first Hispanic-Serving Institutions (HSIs) Alumni Week During FY 2022. Over the years, CDC has forged relationships with Hispanic-Serving Health Professions Schools, the Hispanic Association of Colleges and Universities (HACU), and the Association of State Public Health Nutritionists to bring students from HSIs to aid in expanding educational exposure to public health jobs. Through these programs, over 85 students from HSIs are currently employed at CDC.
- On April 28, 2022, CDC held a virtual career expo for Hispanic serving institutions (HSIs), undergraduate and graduate students, and Hispanic and Latino professionals to learn about the CDC employment process, receive resume guidance, and engage with CDC leaders concerning career opportunities within the organization. Over 1,000 registrants learned about career opportunities at CDC.
- In April 2022, CDC held its inaugural EEO and DEIAB Forum as part of Celebrate Diversity Month. During the forum, CDC provided opportunities for DEIAB councils, advisory groups and employee organizations to engage in interactive discussions with attendees. The Diversity Councils and EEO Advisory Group Panel shared their success stories and how leadership's support and buy-in is imperative to the councils' success.

The second panel engaged leaders from the Organization of African Public Health Professionals, the Association for Professional Women, the American Indian, Alaska Native, Native Hawaiian Coalition, Disabilities Interest Group, Young Professionals Network, UNIDOS, CDC Chapter for Blacks in Government, and GLOBE EOs, who discussed their missions, successes, and how they are advancing DEIAB within CDC and through employee engagement.

The final session was an update on the MD 715 and Workforce Analysis that presented workforce data and how CDC is expanding its data collection and analysis beyond the HR systems of record, incorporating qualitative data, filling gaps in data across the employment lifecycle, and increasing transparency.

- In April 2022, CDC launched the Workforce Diversity Profile Dashboard. This Power BI-generated tool highlights CDC's commitment to create a workplace that is transparent and fosters equity, fairness, accessibility, openness, and inclusion for all employees. Additionally, the dashboard is an interactive tool that allows CIOs to view their workforce demographics by groups, utilizes benchmarks to identify disparities, and includes trend data to allow for year-to-year comparison and progress. It is sourced from the system of record (the Enterprise Human Capital Management System – EHCM) and is aligned with federal reporting requirements.
- Because CDC is committed to improving outreach to diverse communities to highlight its programs, fellowships, and initiatives that help CDC remain a pinnacle in public health, the agency held its first National HBCU Week recognition program in August 2022. A Commitment to Excellence in Public Health provided an agency-wide platform to celebrate the legacy of HBCUs and promote current and future partnerships with public health.
- On October 4, 2022, the OEEOWE Director presented the mandatory annual State of the Agency address to CDC executive leaders. The briefing was structured as an opportunity for the OEEOWE Director to provide information and to facilitate discussion about CDC's progress towards being an employer of choice and serving as a model EEO program. The OEEOWE Director and Program Managers continued quarterly meetings with agency employee organizations, associations, and unions to share information, facilitate collaboration, and address questions and concerns directly.
- Throughout FY 2022, the OEEOWE Director continued to meet monthly with the EEO Advisory Group, which is comprised of leaders and staff representing each component within the agency, to advise and recommend management actions, new initiatives, and areas for improvement of equal employment practices, conditions, and policies within the agency.
- CDC leaders, including the Diversity and Inclusion Executive Steering Committee (DIESC), continue to utilize *Better Together* as a primary communication channel reinforcing CDC's commitment to maintaining a diverse, equitable, inclusive, and accessible work workplace. *Better Together* is on the CDC intranet and highlights agency DEIAB initiatives, Special Emphasis Programs, promising practices, and employee highlights, and it has become one of the most visited pages within the agency.

#### Essential Element C: Management and Program Accountability

- During FY 2022, CDC developed and launched its first Affirmative Employment Program (AEP) Scorecard to assess EEO and DEIAB within each CIO. Moreover, this mechanism is used to track



and monitor CIO efforts towards identifying gaps in EEO across the employment lifecycle. The scorecard is in alignment with affirmative employment, the EEOC's six essential elements of a model EEO program, and CDC's EEO/DEIAB strategic plans. This will assist in making recommendations for continued improvements.

- To increase workforce knowledge on critical DEIAB and EEO policies and principles, CDC announced four new E-learning offerings during FY 2022. These trainings focus on important topics related to DEIAB. While these trainings are not considered mandatory, we strongly encourage all staff to take these trainings.
  - *Americans with Disabilities Act (ADA) for Managers* – This course helps ensure CDC complies with ADA regulations and displays leader commitment to creating a diverse and inclusive workplace where individuals with disabilities can thrive. This training reviews key ADA protections and benefits; including the requirement for employers to provide reasonable accommodations to qualified applicants and employees with disabilities. The course also reviews examples of discrimination in different employment practices and activities; including recruiting, hiring, termination, pay, benefits, training, job assignments, promotions, and lay-offs.
  - *Avoiding Retaliation*: Retaliation training is one of several positive steps that organizations can take to prevent workplace discrimination and harassment and reduce the risk of retaliation incidents and claims. This course reinforces the importance of keeping all forms of retaliation out of the workplace and responding promptly and effectively to complaints.
  - *Bystander Intervention*: Bystander intervention training is one of the most effective ways to empower employees to address and prevent harassment and discrimination in the workplace. By encouraging and preparing employees to take action when they witness harassing and discriminating behavior, bystander intervention training helps remove the uncertainty of not knowing when or how to intervene, especially in uncomfortable work situations. Employees will gain a deeper understanding of how bystander intervention can protect targets of discrimination and harassment, discourage harassing behavior, and help prevent future incidents.
  - *Cultural Competency and Humility*: Cultural humility is the lifelong process of learning about one's own and different cultures and respecting each person's unique experiences. Everyone can benefit from greater awareness and empathy for the experiences and cultures of coworkers, customers, and others they engage with, inside and outside of the workplace. This course will help employees understand and interact effectively with people from different cultures, backgrounds, and experiences.
- CDC trained over 2,414 non-supervisory and supervisory employees in EEO/DEIAB topics via live virtual (Zoom/Microsoft Teams) and self-paced e-learning delivery methods
- In FY 2022, CDC maintained engagement with managers and supervisors to enhance awareness and fulfillment of their roles and responsibilities for equal employment opportunity and DEIAB, including the following:
  - Conducting 12 additional trainings for managers and supervisors throughout the year on conflict management, EEO complaints process, mediation, team building, effective communication, and statutory and legal authorities regarding reasonable

accommodations. Over 850 managers and supervisors participated in these learning opportunities during the year.

- OEEOWE and the Human Resources Office (HRO) continued its participation in DHHS deliberations to establish EEO and DEIAB performance measures for managers and supervisors, with final performance elements and standards anticipated in FY 2023.

#### Essential Element D: Proactive Prevention of Unlawful Discrimination

- In FY 2022, CDC's Internal Work Groups Policy was revised to include Employee Organizations (EO). CDC recognizes that EOs provide a significant value in maintaining and strengthening a culture of inclusion. Groups seeking recognition as an EO must complete the EO Establishment Package, which includes the EO Application, EO Supplemental Application and EO Charter.
- CDC partnered with EOs throughout FY 2022 to advance the needs of underserved populations within its workforce and developed programs and events to advance and celebrate the many diverse cultures represented across the agency through Special Emphasis Programs. These celebrations enhance over 4,690 attendees' awareness about the historical and organization contributions of various genders, ethnic, and cultural groups, and serve to improve the workplace environment by promoting and fostering diversity, sensitivity, and awareness.
  - Rev. Dr. Martin Luther King, Jr. Commemorative Celebration (January 2022): Shifting Priorities to Create the Beloved Community – The Honorable Jon Ossoff, U.S. Senator for Georgia
  - African American History Month (February 2022): Black Health and Wellness: A Conversation with The Honorable Rev. Raphael Warnock, U.S. Senator for Georgia
  - Women's History Month (March 2022): Promoting Health and Healing
    - CDC Women in Health and Science: Blazing New Trails for the Next Generation
    - Recognizing Women's Care Work in the Aviation and Space History
    - Stress Management and Women's Health
  - Asian American, Native Hawaiian, and Pacific Islander Heritage Month (May 2022): Advancing Leaders Through Collaboration
  - Sexual and Gender Minority (often known as LGBTQ+) Pride Month (June 2022): Honor the Past, Inspire the Present, and Change the Future of the LGBTQ+ Community in Federal Employment
  - Hispanic Heritage Month (September 15 – October 15): UNIDOS: Together for a Stronger Nation
    - Barriers to Hispanic Advancement in Professions and Government Positions
    - Café con Leche: Our Story as Hispanics/Latinos at CDC
    - CDC in Action: Improving Public Health in the U.S. Hispanic/Latino Community
    - Celebrating All of Us and The Honorable Lucille Roybal-Allard, U.S. Congresswoman for California
- CDC's DEIAB subject matter experts launched a quarterly *DEIA Difficult Conversations* series. The series builds employees' capacity to understand and communicate the relevance of DEIAB efforts within the organization and has included conversations about mental health and resilience and the impact of neurodiversity on the workforce. The *Art, Tea, and Diversity* (ATD) Discussion Group uses social and emotional learning strategies to facilitate dialogue around sensitive workplace topics. ATD helps individuals understand

emotions, set and achieve goals, establish and maintain positive dialogue and relationships, and make responsible decisions. ATD is a non-traditional vehicle to facilitate DEIAB and health equity conversations. To date, more than 100 employees from across CPR have registered to participate in ATD.

- During this reporting period, OEEOWE, in collaboration with the Strategic Business Initiatives Unit, became an approver of all CDC operational policies within the agency-wide workflow portal to ensure inclusive language for all populations of our workforce.

### Essential Element E: Efficiency

CDC EEO programs maintained a focus on efficiency, effectiveness, and innovation throughout FY 2022 with most services provided using virtual platforms.

- The EEO Complaints Team managed 49 counseling sessions at the pre-complaints stage, with the top three bases for complaints were race, reprisal, and sex. The EEO Complaints Team achieved 100% compliance with pre-compliant counseling requirements and completed 100% of formal investigations within the required 180 or 360 days.
  - Presented two Ask the EEO Manager training sessions. During this training, the presenters provided information to employees about the EEO complaints process and addressed questions from training participants.
  - Increased resolutions at pre-complaint stage
  - Over 600 employees were trained on the EEO complaint process.
  - Partnered to deliver training with HRO and ADR on multiple occasions in support of Performance Management and Basic Employee Relations Training.
  - 462 Report was submitted before the deadline.
- The Reasonable Accommodation (RA) Team managed 747<sup>1</sup> requests in FY 2022, with 88% closed within 60 days of receiving qualifying information. The top three accommodations provided were general equipment, modified work schedules, and other (i.e., change in supervisory methods, job coach, etc.). The RA Team, in partnership with the Office of Safety, Security, and Asset Management (OSSAM), streamlined assessments for ergonomic chairs. Additionally, the RA Team developed two e-Learning ADA training videos for employees, supervisors, and managers, developed job aids, Frequently Asked Questions, and Do's and Don'ts for religious accommodations and collaborated with the agency 508 Office in providing assistive software and equipment.
- The Alternative Dispute Resolution (ADR) Team received 218 ADR cases which included 148 consultations and 70 mediations to managers, supervisors, and employees in FY 2022. The consults ranged from a one-time contact to explain the ADR process, to multiple contacts over weeks or months to support managers and employees on a wide variety of issues and conflict resolution techniques.

### Essential Element F: Responsiveness and Legal Compliance

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<sup>1</sup> Reasonable Accommodation requests include medical and religious COVID-19 exemption requests.

- During FY 2022, CDC established a process for Trigger Identification and a SOP for conducting Barrier Analysis. The agency also convened a cross-agency Barrier Analysis Sprint Team to develop a systematic, systemic, and measurable action plan to correct barriers to equal employment opportunity for Hispanics and Latinos that were identified in a 2018 barrier investigation. Additionally, CDC established a Barrier Analysis contract and began collecting both quantitative and qualitative data in support and preparation of enterprise-wide barrier analysis in which the action plan implementation will begin in FY 2023.
- In FY 2022, CDC experienced a 25% decrease in new formal EEO Complaints and a 1% decrease in ADR cases over 2021. The number of requests for RA increased 211% compared to FY 2021. All programs exceeded benchmarks for timely and full compliance with EEOC regulations, settlement agreements, and other orders for processes and procedures managed at CDC.
- On September 9, 2021, President Biden issued an [Executive Order on Requiring Coronavirus Disease 2019 Vaccination for Federal Employees](#), which required COVID-19 vaccination for all federal employees, subject to such exceptions as required by law. In response to the Executive Order and in accordance with guidance from DHHS, CDC quickly established processes and procedures to verify vaccination status and to receive requests for legally entitled accommodation, such as medical or religious exception. CDC received 267 requests for medical and religious exception by September 30, 2022.
- CDC complied with all reporting requirements, including timely submission of the annual Disabled Veterans Affirmative Action Program (DVAAP) report, the annual Federal Equal Opportunity Recruitment Program (FEORP) report, and quarterly publication of Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) data.
- The DHHS EEODI Director is responsible for issuance of final agency decisions (FADs) for all Operating Divisions within DHHS. In the past, DHHS experienced significant delays in timely issuance of FADs and in FY 2019 established a corrective action plan to address the deficiency. DHHS implemented several steps in the corrective action plan in FY 2020, including transitioning duties associated with drafting FADs from contractors to federal employees, hiring a Director of Complaints and Adjudication to supervise processing, and streamlining the process to issue FADs. The Department made additional progress in FY 2021, including filling four (of eight) positions to write FADs and collaborating with the EEOC to provide necessary training to new staff, resulting in a substantial decrease in the longstanding backlog. DHHS anticipates continued progress on correcting the remaining backlog of FADs in FY 2022 and on completing all new FADs within sixty days of FAD election to ensure that the backlog does not grow.

### Planned Activities

In FY 2023, CDC will continue initiatives started in previous years and expand efforts to:

- Enhance the CIO assessment questionnaire and scorecard process and use findings to inform the barrier analysis process and assist CIO's in identifying gaps in their policies, processes and procedure that create barriers to equal employment and DEIAB.
- Implement enhanced barrier analysis procedures and action plans to correct barriers impacting Hispanic and Latino applicants and employees.

- Collaborate with DHHS EEO/ODI to address deficiencies related to data integrity, FADs, and manager and supervisor accountability through annual performance management processes.
- Following the certification of the DHHS Workforce Demographic Survey findings, CDC will utilize the data to create recruitment and retention strategies for underrepresented demographics.
- Finalize and publish the ADR, RA and EEO operational policies.

## PART E: Executive Summary - Workforce Data Highlights

In accordance with Section 717 of Title VII, federal agencies must take proactive steps to ensure equal employment opportunity for all their employees and applicants for employment. To satisfy this requirement, CDC analyzed data in the DHHS Enterprise Human Capital Management (EHCM) system and used the National Civilian Labor Force (CLF) standards<sup>2</sup> as the primary external benchmark.

As reported in FY 2019 and FY 2020, DHHS identified deficiencies related to the integrity of the department’s data and data systems, which CDC utilizes to meet MD-715 requirements. Before CDC can provide data and analyze trends with confidence, DHHS must implement changes to ensure the integrity of the data. In FY 2021, DHHS continued to improve data systems, data collection methods, reporting mechanisms, and use of the data with the goal of ensuring that DHHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. This work is continuing in FY 2022. Accordingly, DHHS, including CDC, will not assess whether triggers exist until after FY 2022, when DHHS has compiled enough accurate data to establish trends to make informed assessments.

### 1. TOTAL WORKFORCE

#### a. Gender, Race, and National Origin

As of September 30, 2022, CDC maintained a permanent workforce of 10,178 full-time and part-time employees, up approximately 2.6% from FY 2021. Of the 10,178 employees, 3,371 (33.1%) were males and 6,807 (66.9%) were females. The percentage of males at 33.1% was significantly below the CLF of 51.8% (-18.7%), while the percentage of females at 66.9% was significantly above the CLF of 48.3% (+18.6%).

The distribution of the FY 2022 CDC workforce by race, national origin, and gender was as follows:

Race/Ethnicity	Number of Employees	%
White females represented	3,226	31.7%
White males represented	1,951	19.2%
Black or African American females represented	2,520	24.8%

<sup>2</sup> CLF figures taken from the [2014-2018 American Community Survey Equal Employment Opportunity Tabulation](#) (Citizens)

Black or African American males represented	875	8.6%
Asian females represented	647	6.4%
Asian males represented	345	3.4%
Hispanic or Latina females represented	323	3.2%
Hispanic or Latino males represented	169	1.7%
Two or More Races females represented	51	0.5%
Two or More Races males represented	9	0.1%
American Indian and Alaska Native females represented	32	0.3%
American Indian and Alaska Native males represented	15	0.1%
Native Hawaiian or Other Pacific Islander females represented	8	0.1%
Native Hawaiian or Other Pacific Islander males represented	7	0.1%

**A review of the race, national origin, and gender of CDC employees when compared against the relevant CLF shows the following distribution:**

<b>Exceeds CLF Participation Rates</b>	<b>Comparable to CLF Participation Rates</b>	<b>Below CLF Participation Rates</b>
Asian Females and Males	American Indian and Alaska Native Females and Males	Hispanic or Latino Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
	White Females	White Males

**b. Persons with Disabilities and Persons with Targeted Disabilities**

The Equal Employment Opportunity Commission (EEOC) provides federal agencies certain standards as the benchmark for assessing whether any triggers exist regarding persons with disabilities and persons with targeted disabilities. For the total workforce, the percentage of persons with disabilities reflected the following:

<b>Disability Status</b>	<b>Number of Employees (FY 2022)</b>	<b>%</b>	<b>EEOC Benchmark</b>	<b>Diff. w/Target %pts</b>
No Disability	8,390	82.4%		
Persons with a Disability (PWD)	1,788	17.6%	12.0%	5.6%
Persons with a Targeted Disability (PWTD)	326	3.2%	2.0%	1.2%

The EEOC requires federal agencies to adopt employment goals for persons with disabilities and persons with targeted disabilities.

**2. Grade Levels**

**a. Gender, Race, and National Origin**

<b>Pay Grade</b>	<b>Number of Employees (FY 2022)</b>	<b>Percentage of Employees (FY2022)</b>
GS-13	3,478	34.2%

GS-14	2,514	24.7%
GS-15	882	8.7%
SES/Senior Pay Grades	84	0.8%

For the GS-13 grade, the FY 2022 participation rates distribution is as follows:

<b>Exceeds CLF Participation Rates</b>	<b>Comparable to CLF Participation Rates</b>	<b>Below CLF Participation Rates</b>
Asian Females and Males	American Indian and Alaska Native Females and Males	Hispanic or Latino Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
		White Females and Males

For the GS-14 grade, the FY 2022 participation rates distribution is as follows:

<b>Exceeds CLF Participation Rates</b>	<b>Comparable to CLF Participation Rates</b>	<b>Below CLF Participation Rates</b>
Asian Females and Males	American Indian and Alaska Native Females and Males	Hispanic or Latino Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
White Females		White Males

For the GS-15 grade, the FY 2022 participation rates distribution is as follows:

<b>Exceeds CLF Participation Rates</b>	<b>Comparable to CLF Participation Rates</b>	<b>Below CLF Participation Rates</b>
Asian Females and Males	American Indian and Alaska Native Females and Males	Hispanic or Latino Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
White Females		White Males

For the SES and other senior pay grades, the FY 2022 participation rates distribution is as follows:

<b>Exceeds CLF Participation Rates</b>	<b>Comparable to CLF Participation Rates</b>	<b>Below CLF Participation Rates</b>
Asian Males	American Indian and Alaska Native Females and Males	Hispanic or Latino Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females
White Females	Asian Females	White Males
	Two or More Races Males	

### 3. New Hires

#### a. Gender, Race and National Origin

Sex	New Hires (FY 2022)	% New Hires (FY 2022)	CLF	Diff. w/CLF (%)
Male	222	30.4%	51.8%	-21.4%
Female	509	69.6%	48.3%	21.3%
<b>Total</b>	<b>731</b>	<b>100.0%</b>	<b>100.0%</b>	

The FY 2022 new hire participation rate distribution is as follows:

Exceeds CLF Participation Rates	Comparable to CLF Participation Rates	Below CLF Participation Rates
Asian Females and Males	American Indian and Alaska Native Females and Males	Hispanic or Latino Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
White Females		White Males

**b. Persons with Disabilities and Persons with Targeted Disabilities**

Disability Status	New Hires (FY 2022)	% New Hires (FY 2022)	EEOC Target	Diff. w/Target %pts
No Disability	595	81.4%		
Persons with a Disability (PWD)	136	18.6%	12.0%	6.6%
Persons with a Targeted Disability (PWTD)	15	2.1%	2.0%	0.1%

See Part J, Special Program Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities, for additional data and information.

**4. Mission Critical Occupations**

CDC has 10 Mission Critical Occupations (MCOs):

- Miscellaneous Administration and Program (Series 0301)
- Management and Program Analysis (Series 0343)
- General Biological Science (Series 0401)
- Microbiology (Series 0403)
- General Health Science (Series 0601)
- Medical Officer (Series 0602)
- Public Health Program Specialist (Series 0685)
- Chemistry (Series 1320)
- Statistician (Series 1530)
- Information Technology Management (Series 2210)



These MCOs comprise 70.6% of the CDC workforce. This section analyzes MCO employment by gender, race, national origin, and disability in comparison to its respective Occupational CLFs (OCLF)<sup>3</sup>.

**a. Miscellaneous Administration and Program (Series 0301)**

These employees comprise 6.7% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

**i. Gender, Race and National Origin**

In FY 2022, the participation rates were as follows:

Sex	Total Participation Rate (FY 2022)	OCLF	Diff. w/OCLF (% pts)
Male	20.1%	45.5%	-25.4%
Female	79.9%	54.5%	25.4%

Exceeds OCLF Participation Rates	Comparable to OCLF Participation Rates	Below OCLF Participation Rates
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	White Females and Males
	American Indian or Alaska Native Females and Males	Hispanic or Latino Females and Males
		Asian Females and Males
		Two or More Races Females and Males

**ii. Persons with Disabilities and Persons with Targeted Disabilities**

In FY 2022, the participation rates in the Miscellaneous Administration and Program MCO reflected the following:

Disability Status	Total Participation Rate (FY 2022)	EEOC Benchmark	Diff. w/Benchmark (% pts)
Persons with a Disability (PWD)	36.5%	12.0%	24.5%
Persons with a Targeted Disability (PWTD)	5.9%	2.0%	3.9%

<sup>3</sup> The OCLF is the CLF data that is directly comparable (or relevant) to the occupational population under consideration in the workforce. Occupational CLF (OCLF) figures are derived from [EEO 2014-2018 Occupation Crosswalk to Other Occupation Groups](#)

**b. Management and Program Analysis (Series 0343)**

These employees comprise 3.8% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

**i. Gender, Race and National Origin**

In FY 2022, the participation rates were as follows:

Sex	Total Participation Rate (FY 2022)	OCLF	Diff. w/OCLF (% pts)
Male	17.9%	57.7%	-39.8%
Female	82.1%	42.3%	39.8%

Exceeds OCLF Participation Rates	Comparable to OCLF Participation Rates	Below OCLF Participation Rates
Black or African American Females and Males	American Indian or Alaska Native Males	Asian Females and Males
American Indian or Alaska Native Female	Native Hawaiian or Other Pacific Islander Females and Males	Hispanic or Latino Females and Males
	Two or More Races Females	Two or More Races Males
		White Females and Males

**ii. Persons with Disabilities and Persons with Targeted Disabilities**

In FY 2022, the participation rates in the Management and Program Analysis MCO for persons with disabilities reflected the following:

Disability Status	Total Participation Rate (FY 2022)	EEOC Benchmark	Diff. W/Benchmark (% pts)
Persons with a Disability (PWD)	34.7%	12.0%	22.7%
Persons with a Targeted Disability (PWTD)	7.0%	2.0%	5.0%

**c. General Biological Science (Series 0401)**

These employees comprise 4.2% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

**i. Gender, Race and National Origin**

In FY 2022, the participation rates were as follows:

Sex	Total Participation Rate (FY 2022)	OCLF	Diff. w/OCLF (% pts)
Male	34.0%	51.5%	-17.5%
Female	66.0%	48.5%	17.5%

Exceeds OCLF Participation Rates	Comparable to OCLF Participation Rates	Below OCLF Participation Rates
Asian Females and Males	American Indian or Alaska Native Females and Males	Hispanic or Latino Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
Hispanic and Latina Females		White Females and Males

ii. **Persons with Disabilities and Persons with Targeted Disabilities**

In FY 2022, the participation rates in the General Biological Science MCO for persons with disabilities were as follows:

Disability Status	Total Participation Rate (FY 2022)	EEOC Benchmark	Diff. w/Benchmark (% pts)
Persons with a Disability (PWD)	5.1%	12.0%	-6.9%
Persons with a Targeted Disability (PWTD)	1.6%	2.0%	-0.4%

d. **Microbiology (Series 0403)**

These employees comprise 3.2% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. **Gender, Race and National Origin**

In FY 2022, the participation rates were as follows:

Sex	Total Participation Rate (FY 2022)	OCLF	Diff. w/OCLF (% pts)
Male	44.2%	51.5%	-7.3%
Female	55.8%	48.5%	7.3%

<b>Exceeds OCLF Participation Rates</b>	<b>Comparable to OCLF Participation Rates</b>	<b>Below OCLF Participation Rates</b>
American Indian or Alaska Native Females	American Indian or Alaska Native Males	Two or More Races Females and Males
Asian Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	White Females and Males
Black or African American Females and Males		
Hispanic and Latino Females and Males		

ii. **Persons with Disabilities and Persons with Targeted Disabilities**

In FY 2022, the participation rates in the Microbiology MCO for persons with disabilities were as follows:

<b>Disability Status</b>	<b>Total Participation Rate (FY 2022)</b>	<b>EEOC Benchmark</b>	<b>Diff. w/Benchmark (% pts)</b>
Persons with a Disability (PWD)	5.5%	12.0%	-6.5%
Persons with a Targeted Disability (PWTD)	0.9%	2.0%	-1.1%

e. **General Health Science (Series 0601)**

These employees comprise 19.6% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. **Gender, Race and National Origin**

In FY 2022, the participation rates were as follows:

<b>Sex</b>	<b>Total Participation Rate (FY 2022)</b>	<b>OCLF</b>	<b>Diff. w/OCLF (% pts)</b>
Male	28.3%	7.6%	20.7%
Female	71.7%	94.4%	-20.7%

<b>Exceeds OCLF Participation Rates</b>	<b>Comparable to OCLF Participation Rates</b>	<b>Below OCLF Participation Rates</b>
Asian Females and Males	American Indian or Alaska Native Females and Males	Hispanic or Latina Females
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two Or More Races Females
Hispanic or Latino Males	Two or More Races Males	White Females
White Males		

ii. Persons with Disabilities and Persons with Targeted Disabilities

In FY 2022, the participation rates in the General Health Science MCO for persons with disabilities were as follows:

Disability Status	Total Participation Rate (FY 2022)	EEOC Benchmark	Diff. w/Benchmark (% pts)
Persons with a Disability (PWD)	9.3%	12.0%	-2.7%
Persons with a Targeted Disability (PWTD)	1.5%	2.0%	-0.5%

f. Medical Officer (Series 0602)

These employees comprise 2.9% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. Gender, Race and National Origin

In FY 2022, the participation rates were as follows:

Sex	Total Participation Rate (FY 2022)	OCLF	Diff. w/OCLF (% pts)
Male	42.5%	63.7%	-21.3%
Female	57.5%	36.3%	21.3%

Exceeds OCLF Participation Rates	Comparable to OCLF Participation Rates	Below OCLF Participation Rates
Asian Females	American Indian or Alaska Native	Asian Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Hispanic or Latino Females and Males
White Females		Two or More Races Females and Males
		White Males

ii. Persons with Disabilities and Persons with Targeted Disabilities

In FY 2022, the participation rates in the Medical Officer MCO for persons with disabilities were as follows:

Disability Status	Total Participation Rate (FY 2022)	EEOC Benchmark	Diff. w/Benchmark (% pts)
Persons with a Disability (PWD)	5.8%	12.0%	-6.2%
Persons with a Targeted Disability (PWTD)	0.7%	2.0%	-1.3%

**g. Public Health Program Specialist (Series 0685)**

These employees comprise 21.6% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

**i. Gender, Race and National Origin**

In FY 2022, the participation rates were as follows:

<b>Sex</b>	<b>Total Participation Rate (FY 2022)</b>	<b>OCLF</b>	<b>Diff. w/OCLF (% pts)</b>
Male	24.3%	23.3%	1.0%
Female	75.7%	76.7%	-1.0%

<b>Exceeds OCLF Participation Rates</b>	<b>Comparable to OCLF Participation Rates</b>	<b>Below OCLF Participation Rates</b>
Asian Females and Males	American Indian or Alaska Native Females and Males	Hispanic or Latino Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
		White Females and Males

**ii. Persons with Disabilities and Persons with Targeted Disabilities**

In FY 2022, the participation rates in the Public Health Program Specialist MCO for persons with disabilities were as follows:

<b>Disability Status</b>	<b>Total Participation Rate (FY 2022)</b>	<b>EEOC Benchmark</b>	<b>Diff. w/Benchmark (% pts)</b>
Persons with a Disability (PWD)	15.8%	12.0%	3.8%
Persons with a Targeted Disability (PWTD)	3.0%	2.0%	1.0%

**h. Chemistry (Series 1320)**

These employees comprise 1.1% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. Gender, Race and National Origin

In FY 2022, the participation rates were as follows:

Sex	Total Participation Rate (FY 2022)	OCLF	Diff. w/OCLF (% pts)
Male	41.9%	62.2%	-20.3%
Female	58.1%	37.8%	20.3%

Exceeds OCLF Participation Rates	Comparable to OCLF Participation Rates	Below OCLF Participation Rates
Asian Females	American Indian or Alaska Native Females and Males	Asian Males
Hispanic or Latina Females	Hispanic or Latino Males	Black or African American Females and Males
White Females	Native Hawaiian or Other Pacific Islander Females and Males	Two or More Races Females and Males
		White Males

ii. Persons with Disabilities and Persons with Targeted Disabilities

In FY 2022, the participation rates in the Chemistry MCO for persons with disabilities were as follows:

Disability Status	Total Participation Rate (FY 2022)	EEOC Benchmark	Diff. w/Benchmark (% pts)
Persons with a Disability (PWD)	11.1%	12.0%	-0.9%
Persons with a Targeted Disability (PWTD)	1.7%	2.0%	-0.3%

i. Statistician (Series 1530)

These employees comprise 2.0% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. Gender, Race and National Origin

In FY 2022, the participation rates were as follows:

Sex	Total Participation Rate (FY 2022)	OCLF	Diff. w/OCLF (% pts)
Male	36.1%	53.8%	-17.7%
Female	63.9%	46.2%	17.7%

<b>Exceeds OCLF Participation Rates</b>	<b>Comparable to OCLF Participation Rates</b>	<b>Below OCLF Participation Rates</b>
American Indian or Alaska Native Males	American Indian or Alaska Native Females	Asian Males
Asian Females	Hispanic or Latino Females and Males	Two or More Races Females and Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females	White Males
Native Hawaiian or Other Pacific Islander Males		
White Females		

ii. **Persons with Disabilities and Persons with Targeted Disabilities**

In FY 2022, the participation rates in the Statistician MCO for persons with disabilities were as follows:

<b>Disability Status</b>	<b>Total Participation Rate (FY 2022)</b>	<b>EEOC Benchmark</b>	<b>Diff. w/Benchmark (% pts)</b>
Persons with a Disability (PWD)	8.7%	12.0%	-3.3%
Persons with a Targeted Disability (PWTD)	3.4%	2.0%	1.4%

j. **Information Technology Management (Series 2210)**

These employees comprise 5.4% of the workforce. In FY 2022, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. **Gender, Race and National Origin**

In FY 2022, the participation rates were as follows:

<b>Sex</b>	<b>Total Participation Rate (FY 2022)</b>	<b>OCLF</b>	<b>Diff. w/OCLF (% pts)</b>
Male	68.9%	70.7%	-1.8%
Female	31.1%	29.3%	1.8%



<b>Exceeds OCLF Participation Rates</b>	<b>Comparable to OCLF Participation Rates</b>	<b>Below OCLF Participation Rates</b>
Asian Females	American Indian or Alaska Native Females and Males	Asian Males
Black or African American Females and Males	Native Hawaiian or Other Pacific Islander Females and Males	Hispanic or Latino Females and Males
	Two or More Races Females	Two or More Races Males
		White Females and Males

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2022, the participation rates in the Information Technology Management MCO for persons with disabilities were as follows:

<b>Disability Status</b>	<b>Total Participation Rate (FY 2022)</b>	<b>EEOC Benchmark</b>	<b>Diff. w/Benchmark (% pts)</b>
Persons with a Disability (PWD)	21.3%	12.0%	9.3%
Persons with a Targeted Disability (PWTD)	4.7%	2.0%	2.7%

## **MD-715 - PART G**

### **Agency Self-Assessment Checklist**

The Part G Self-Assessment Checklist is a series of questions designed to provide federal agencies with an effective means for conducting the annual self-assessment required in Part F of MD-715. This self-assessment permits EEO Directors to recognize, and to highlight for their senior staff, deficiencies in their EEO program that the agency must address to comply with MD-715's requirements. Nothing in Part G prevents agencies from establishing additional practices that exceed the requirements set forth in this checklist.

All agencies will be required to submit Part G to EEOC. Although agencies need not submit documentation to support their Part G responses, they must maintain such documentation on file and make it available to EEOC upon request.

The Part G checklist is organized to track the MD-715 essential elements. As a result, a single substantive matter may appear in several different sections, but in different contexts. For example, questions about establishing an anti-harassment policy fall within Element C (Management and Program Accountability), while questions about providing training under the anti-harassment policy are found in Element A (Demonstrated Commitment from Agency Leadership).

For each MD-715 essential element, the Part G checklist provides a series of "compliance indicators." Each compliance indicator, in turn, contains a series of "yes/no" questions, called "measures." To the right of the measures, there are two columns, one for the agency to answer the measure with "Yes", "No", or "NA;" and the second column for the agency to provide "comments", if necessary. Agencies should briefly explain any "N/A" answer in the comments. For example, many of the sub-component agencies are not responsible for issuing final agency decisions (FADs) in the EEO complaint process, so it may answer questions about FAD timeliness with "NA" and explain in the comments column that the parent agency drafts all FADs.



A "No" response to any measure in Part G is a program deficiency. For each such "No" response, an agency will be required in Part H to identify a plan for correcting the identified deficiency. If one or more sub-components answer "No" to a particular question, the agency-wide/parent agency's report should also include that "No" response.



## MD-715 - PART G

### Agency Self-Assessment Checklist

#### Essential Element A: DEMONSTRATED COMMITMENT FROM AGENCY LEADERSHIP



**This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.**

 <b>Compliance Indicator</b>  <b>Measures</b>		<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>A.1.a</b>	Does the agency annually issue a signed and dated EEO policy statement on agency letterhead that clearly communicates the agency's commitment to EEO for all employees and applicants? If "yes", please provide the annual issuance date in the comments column. [see MD-715, II(A)]	Yes	April 22, 2022
<b>A.1.b</b>	Does the EEO policy statement address all protected bases (age, color, disability, sex (including pregnancy, sexual orientation and gender identity), genetic information, national origin, race, religion, and reprisal) contained in the laws EEOC enforces? [see 29 CFR § 1614.101(a)]	Yes	

 <b>Compliance Indicator</b>  <b>Measures</b>		<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>A.2.a</b>	Does the agency disseminate the following policies and procedures to all employees:		
<b>A.2.a.1</b>	Anti-harassment policy? [see MD 715, II(A)]	Yes	
<b>A.2.a.2</b>	Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)]	Yes	
<b>A.2.b</b>	Does the agency prominently post the following information throughout the workplace and on its public website:		
<b>A.2.b.1</b>	The business contact information for its EEO Counselors, EEO Officers, Special Emphasis	Yes	



	Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)]		
<b>A.2.b.2</b>	Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 C.F.R § 1614.102(b)(5)]	Yes	
<b>A.2.b.3</b>	Reasonable accommodation procedures? [see 29 C.F.R. § 1614.203(d)(3)(i)] If so, please provide the internet address in the comments column.	Yes	
<b>A.2.c</b>	Does the agency inform its employees about the following topics:		
<b>A.2.c.1</b>	EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If "yes", please provide how often.	Yes	Posted on Intranet (continually); New Employee Orientation (bi-weekly); Supervisory Basic Employee Relations training (quarterly); training for employees throughout the year
<b>A.2.c.2</b>	ADR process? [see MD-110, Ch. 3(II)(C)] If "yes", please provide how often.	Yes	New Employee Orientation (bi-weekly); Supervisory Basic Employee Relations training (quarterly); training for employees throughout the year
<b>A.2.c.3</b>	Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If "yes", please provide how often.	Yes	Posted on Intranet (continually); New Employee Orientation (bi-weekly); Supervisory Basic



			Employee Relations training (quarterly); training for all employees throughout the year
<b>A.2.c.4</b>	Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If “yes”, please provide how often.	Yes	Posted on Intranet (continually) and required for all managers and supervisors every two years
<b>A.2.c.5</b>	Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR § 2635.101(b)] If “yes”, please provide how often.	Yes	Posted on Intranet (continually); New Employee Orientation (bi-weekly); Supervisory Basic Employee Relations training (quarterly); training for all employees throughout the year

 Compliance Indicator	<b>A.3 – The agency assesses and ensures EEO principles are part of its culture.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 Measures			
<b>A.3.a</b>	Does the agency provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a) (9)] If “yes”, provide one or two examples in the comments section.	Yes	The Better Together website is an internal platform for sharing DEI work, individual and group accomplishments, and best



			practices across CDC. The CDC Honor Award for Excellence in Human Capital Management – Workforce Diversity recognizes and highlights notable and significant achievements each calendar year.
<b>A.3.b</b>	Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250]	Yes	

**Essential Element B: INTEGRATION OF EEO INTO THE AGENCY’S STRATEGIC MISSION**  
**This element requires that the agency’s EEO programs are structured to maintain a workplace that is free from discrimination and support the agency’s strategic mission.**

 <b>Compliance Indicator</b>  <b>Measures</b>	<b>B.1 - The reporting structure for the EEO program provides the principal EEO official with appropriate authority and resources to effectively carry out a successful EEO program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>B.1.a</b>	Is the agency head the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)]	Yes	
<b>B.1.a.1</b>	If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If “yes,” please provide the title of the agency head designee in the comments.	N/A	
<b>B.1.a.2</b>	Does the agency’s organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)]	Yes	
<b>B.1.b</b>	Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency’s EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	Yes	
<b>B.1.c</b>	During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I] If “yes”, please provide the date of the briefing in the comments column.	Yes	October 4, 2022
<b>B.1.d</b>	Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)]	Yes	



 <b>Compliance Indicator</b>  <b>Measures</b>	<b>B.2 – The EEO Director controls all aspects of the EEO program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>B.2.a</b>	Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify	Yes	

	and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)]		
<b>B.2.b</b>	Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)]	<b>Yes</b>	
<b>B.2.c</b>	Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	<b>Yes</b>	
<b>B.2.d</b>	Is the EEO Director responsible for overseeing the timely issuance of final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	<b>N/A</b>	HHS issues Final Agency Decisions for the Department
<b>B.2.e</b>	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]	<b>Yes</b>	
<b>B.2.f</b>	Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)]	<b>Yes</b>	
<b>B.2.g</b>	If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)]	<b>N/A</b>	No subordinate level components



 Compliance Indicator	<b>B.3 - The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 Measures			
<b>B.3.a</b>	Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)]	Yes	
<b>B.3.b</b>	Does the agency's current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If "yes", please identify the EEO principles in the strategic plan in the comments column.	Yes	The plan reflects CDC commitment to equity and diversity, including recognition that a diverse, multi-disciplinary workforce will create more inclusive and accessible climates, policies,





			and practices for broader public health impact.
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 <b>Compliance Indicator</b>  <b>Measures</b>	<b>B.4 - The agency has sufficient budget and staffing to support the success of its EEO program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>B.4.a</b>	Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas:		
<b>B.4.a.1</b>	to conduct a self-assessment of the agency for possible program deficiencies? [see MD-715, II(D)]	Yes	
<b>B.4.a.2</b>	to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]	Yes	
<b>B.4.a.3</b>	to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)]	Yes	HHS issues Final Agency Decisions for the Department
<b>B.4.a.4</b>	to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comments column.	Yes	
<b>B.4.a.5</b>	to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)]	N/A	No subordinate level components
<b>B.4.a.6</b>	to publish and distribute EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)]	Yes	
<b>B.4.a.7</b>	to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section.	Yes	
<b>B.4.a.8</b>	to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]	Yes	



<b>B.4.a.9</b>	to effectively manage its anti-harassment program? [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes	
<b>B.4.a.10</b>	to effectively manage its reasonable accommodation program? [see 29 CFR § 1614.203(d)(4)(ii)]	Yes	
<b>B.4.a.11</b>	to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]	Yes	
<b>B.4.b</b>	Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)]	Yes	
<b>B.4.c</b>	Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)]	Yes	
<b>B.4.d</b>	Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110?	Yes	
<b>B.4.e</b>	Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110?	Yes	



 Compliance Indicator	<b>B.5 – The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 Measures			
<b>B.5.a</b>	Pursuant to 29 CFR § 1614.102(a)(5), have all managers and supervisors received training on their responsibilities under the following areas under the agency EEO program:		
<b>B.5.a.1</b>	EEO Complaint Process? [see MD-715(II)(B)]	Yes	
<b>B.5.a.2</b>	Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)]	Yes	
<b>B.5.a.3</b>	Anti-Harassment Policy? [see MD-715(II)(B)]	Yes	
<b>B.5.a.4</b>	Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)]	Yes	
<b>B.5.a.5</b>	ADR, with emphasis on the federal government's interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)]	Yes	

 Compliance Indicator  Measures	<b>B.6 – The agency involves managers in the implementation of its EEO program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>B.6.a</b>	Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I]	Yes	
<b>B.6.b</b>	Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]	Yes	
<b>B.6.c</b>	When barriers are identified, do senior managers assist in developing agency EEO action plans (Part I, Part J, or the Executive Summary)? [see MD-715 Instructions, Sec. I]	Yes	
<b>B.6.d</b>	Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR § 1614.102(a)(5)]	N/A	The agency completed an investigation of Hispanics/Latinos employees and identified institutional and attitudinal barriers. An action plan was developed in FY 2022 for FY 2023 implementation.



**Essential Element C: MANAGEMENT AND PROGRAM ACCOUNTABILITY**

**This element requires the agency head to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the agency’s EEO Program and Plan.**

 <b>Compliance Indicator</b>  <b>Measures</b>	<b>C.1 – The agency conducts regular internal audits of its component and field offices.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>C.1.a</b>	Does the agency regularly assess its component and field offices for possible EEO program deficiencies? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	N/A	No subordinate level components
<b>C.1.b</b>	Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	N/A	No subordinate level components
<b>C.1.c</b>	Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)]	N/A	No subordinate level components

 <b>Compliance Indicator</b>  <b>Measures</b>	<b>C.2 – The agency has established procedures to prevent all forms of EEO discrimination.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>C.2.a</b>	Has the agency established comprehensive anti-harassment policy and procedures that comply with EEOC’s enforcement guidance? [see MD-715, II(C); Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	Yes	
<b>C.2.a.1</b>	Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes	
<b>C.2.a.2</b>	Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006)]	Yes	
<b>C.2.a.3</b>	Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by	Yes	



	Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]		
<b>C.2.a.4</b>	Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [see Enforcement Guidance, V.C.]	Yes	
<b>C.2.a.5</b>	Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see <u>Complainant v. Dep't of Veterans Affairs</u> , EEOC Appeal No. 0120123232 (May 21, 2015); <u>Complainant v. Dep't of Defense (Defense Commissary Agency)</u> , EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.	Yes	
<b>C.2.a.6</b>	Do the agency's training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)]	Yes	
<b>C.2.b</b>	Has the agency established disability reasonable accommodation procedures that comply with EEOC's regulations and guidance? [see 29 CFR 1614.203(d)(3)]	Yes	
<b>C.2.b.1</b>	Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR 1614.203(d)(3)(D)]	Yes	
<b>C.2.b.2</b>	Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)]	Yes	
<b>C.2.b.3</b>	Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)]	Yes	
<b>C.2.b.4</b>	Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)]	Yes	
<b>C.2.b.5</b>	Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests in the comments column.	Yes	
<b>C.2.c</b>	Has the agency established procedures for processing requests for personal assistance services that comply with EEOC's regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR 1614.203(d)(6)]	Yes	
<b>C.2.c.1</b>	Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR § 1614.203(d)(5)(v)] If "yes", please provide the internet address in the comments column.	Yes	<a href="#">Policy   Reasonable Accommodation Services   OEEOWE (cdc.gov)</a>



 <b>Compliance Indicator</b>  <b>Measures</b>	<b>C.3 - The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>C.3.a</b>	Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program?	Yes	CDC included an element related to commitment to EEO in all supervisor and manager performance plans; however, the agency recognized a need for a stronger element and evaluation process. HHS developed a new performance policy and leadership element for all managers and supervisors to be implemented in January 2023.
<b>C.3.b</b>	Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities:		
<b>C.3.b.1</b>	Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I]	No	Pending new HHS performance policy and leadership element.
<b>C.3.b.2</b>	Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)]	No	Pending new HHS performance policy and leadership element.

<b>C.3.b.3</b>	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]	No	Pending new HHS performance policy and leadership element.
<b>C.3.b.4</b>	Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I]	No	Pending new HHS performance policy and leadership element.
<b>C.3.b.5</b>	Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]	No	Pending new HHS performance policy and leadership element.
<b>C.3.b.6</b>	Provide disability accommodations when such accommodations do not cause an undue hardship? [ see 29 CFR §1614.102(a)(8)]	No	CDC ensures that accommodations are provided when they do not cause an undue hardship; however, there is currently no process to incorporate this into formal performance appraisals for managers and supervisors. HHS developed a new performance policy and leadership element for all managers and supervisors to be implemented in January 2023.
<b>C.3.b.7</b>	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]	No	Pending new HHS performance policy and



			leadership element.
<b>C.3.b.8</b>	Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2]	No	Pending new HHS performance policy and leadership element.
<b>C.3.b.9</b>	Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)]	No	CDC ensures compliance with settlement agreements and orders issues by the agency; however, there is currently no process to incorporate this into formal performance appraisals for managers and supervisors. HHS developed a new performance policy and leadership element for all managers and supervisors to be implemented in January 2023.
<b>C.3.c</b>	Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]	Yes	
<b>C.3.d</b>	When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)]	Yes	



 <b>Compliance Indicator</b>  <b>Measures</b>	<b>C.4 – The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>C.4.a</b>	Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]	Yes	
<b>C.4.b</b>	Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I]	Yes	
<b>C.4.c</b>	Does the EEO office have timely access to accurate and complete data (e.g., demographic data for workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]	Yes	
<b>C.4.d</b>	Does the HR office timely provide the EEO office with access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)]	Yes	
<b>C.4.e</b>	Pursuant to Section II(C) of MD-715, does the EEO office collaborate with the HR office to:		
<b>C.4.e.1</b>	Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]	Yes	
<b>C.4.e.2</b>	Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]	Yes	
<b>C.4.e.3</b>	Develop and/or provide training for managers and employees? [see MD-715, II(C)]	Yes	
<b>C.4.e.4</b>	Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]	Yes	
<b>C.4.e.5</b>	Assist in preparing the MD-715 report? [see MD-715, II(C)]	Yes	



 <b>Compliance Indicator</b>  <b>Measures</b>	<b>C.5 – Following a finding of discrimination, the agency explores whether it should take a disciplinary action.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>C.5.a</b>	Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? [see 29	Yes	



	CFR § 1614.102(a)(6); see also <u>Douglas v. Veterans Administration</u> , 5 MSPR 280 (1981)]		
<b>C.5.b</b>	When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct? [see 29 CFR §1614.102(a)(6)] If “yes”, please state the number of disciplined/sanctioned individuals during this reporting period in the comments.	Yes	There were two findings of discrimination in FY 2022. One case is currently being appealed. One manager was disciplined prior to the final decision issuance.
<b>C.5.c</b>	If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct? [see MD-715, II(C)]	Yes	

 <b>Compliance Indicator</b>	<b>C.6 – The EEO office advises managers/supervisors on EEO matters.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 <b>Measures</b>			
<b>C.6.a</b>	Does the EEO office provide management/supervisory officials with regular EEO updates on at least an annual basis, including EEO complaints, workforce demographics and data summaries, legal updates, barrier analysis plans, and special emphasis updates? [see MD-715 Instructions, Sec. I] If “yes”, please identify the frequency of the EEO updates in the comments column.	Yes	The EEO Director provides the Annual State of the Agency address, meets with senior leaders of CDC components periodically throughout the year, and provides quarterly written updates to each CDC Component.
<b>C.6.b</b>	Are EEO officials readily available to answer managers’ and supervisors’ questions or concerns? [see MD-715 Instructions, Sec. I]	Yes	



**Essential Element D: PROACTIVE PREVENTION**



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

 <b>Compliance Indicator</b>  <b>Measures</b>	<b>D.1 – The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>D.1.a</b>	Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I]	Yes	
<b>D.1.b</b>	Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I]	Yes	
<b>D.1.c</b>	Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR 1614.203(d)(1)(iii)(C)]	Yes	

 <b>Compliance Indicator</b>  <b>Measures</b>	<b>D.2 – The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>D.2.a</b>	Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]	Yes	
<b>D.2.b</b>	Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability? [see 29 CFR §1614.102(a)(3)]	Yes	
<b>D.2.c</b>	Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments? [see 29 CFR §1614.102(a)(3)]	Yes	
<b>D.2.d</b>	Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation	Yes	Sample data sources include: EEO program data, exit surveys,



	program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] If “yes”, please identify the data sources in the comments column.		employee climate surveys, focus groups, affinity groups, unions, anti-harassment program, anti-harassment program, HR program monitoring/evaluation, and workforce data.
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 Compliance Indicator		Measure Met? (Yes/No/NA)	Comments
 Measures	<b>D.3 – The agency establishes appropriate action plans to remove identified barriers.</b>		
<b>D.3.a.</b>	Does the agency effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices? [see 29 CFR §1614.102(a)(3)]	Yes	
<b>D.3.b</b>	If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)]	N/A	CDC did not identify one or more barriers during the reporting period.
<b>D.3.c</b>	Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	N/A	No plans implemented in FY 2022.



 <b>Compliance Indicator</b>  <b>Measures</b>	<b>D.4 – The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
<b>D.4.a</b>	Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)] Please provide the internet address in the comments.	Yes	<a href="#">FY2021 Affirmative Action Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities (cdc.gov)</a>
<b>D.4.b</b>	Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR 1614.203(d)(1)(i)]	Yes	
<b>D.4.c</b>	Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR 1614.203(d)(1)(ii)(A)]	Yes	
<b>D.4.d</b>	Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)]	Yes	



### Essential Element E: EFFICIENCY

**This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency’s EEO programs and an efficient and fair dispute resolution process.**



 <b>Compliance Indicator</b>	<b>E.1 - The agency maintains an efficient, fair, and impartial complaint resolution process.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 <b>Measures</b>			
<b>E.1.a</b>	Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105?	Yes	
<b>E.1.b</b>	Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session, pursuant to 29 CFR §1614.105(b)(1)?	Yes	
<b>E.1.c</b>	Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(I)?	Yes	
<b>E.1.d</b>	Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO Counselor report, pursuant to MD-110, Ch. 5(I)? If so, please provide the average processing time in the comments.	Yes	The agency averages 20 days to issue acceptance and dismissal decisions.
<b>E.1.e</b>	Does the agency ensure all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to 29 CFR §1614.102(b)(6)?	Yes	
<b>E.1.f</b>	Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?	Yes	
<b>E.1.g</b>	If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)?	Yes	
<b>E.1.h</b>	When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?	N/A	Final Agency Decisions are issued by HHS
<b>E.1.i</b>	Does the agency timely issue final actions following receipt of the hearing file and the administrative judge’s decision, pursuant to 29 CFR §1614.110(a)?	N/A	Final Agency Decisions are issued by HHS
<b>E.1.j</b>	If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If “yes”, please describe how in the comments column.	N/A	HHS manages a contract for the Department



<b>E.1.k</b>	If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays during performance review? [See MD-110, Ch. 5(V)(A)]	Yes	
<b>E.1.l</b>	Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)]	Yes	

 <b>Compliance Indicator</b>	<b>E.2 – The agency has a neutral EEO process.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 <b>Measures</b>			
<b>E.2.a</b>	Has the agency established a clear separation between its EEO complaint program and its defensive function? [see MD-110, Ch. 1(IV)(D)]	Yes	
<b>E.2.b</b>	When seeking legal sufficiency reviews, does the EEO office have access to sufficient legal resources separate from the agency representative? [see MD-110, Ch. 1(IV)(D)] If “yes”, please identify the source/location of the attorney who conducts the legal sufficiency review in the comments column.	Yes	The attorney who conducts legal sufficiency reviews is within OEEOWE.
<b>E.2.c</b>	If the EEO office relies on the agency’s defensive function to conduct the legal sufficiency review, is there a firewall between the reviewing attorney and the agency representative? [see MD-110, Ch. 1(IV)(D)]	N/A	The EEO office does not rely on the agency’s defensive function for sufficiency reviews.
<b>E.2.d</b>	Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions? [see MD-110, Ch. 1(IV)(D)]	Yes	
<b>E.2.e</b>	If applicable, are processing time frames incorporated for the legal counsel’s sufficiency review for timely processing of complaints? [see EEOC Report, <i>Attaining a Model Agency Program: Efficiency</i> (Dec. 1, 2004)]	Yes	

 <b>Compliance Indicator</b>	<b>E.3 - The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 <b>Measures</b>			
<b>E.3.a</b>	Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process? [see 29 CFR §1614.102(b)(2)]	Yes	



<b>E.3.b</b>	Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)]	Yes	
<b>E.3.c</b>	Does the agency encourage all employees to use ADR, where ADR is appropriate? [see MD-110, Ch. 3(IV)(C)]	Yes	
<b>E.3.d</b>	Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)]	Yes	
<b>E.3.e</b>	Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)]	Yes	
<b>E.3.f</b>	Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	Yes	

 Compliance Indicator	<b>E.4 – The agency has effective and accurate data collection systems in place to evaluate its EEO program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 Measures			
<b>E.4.a</b>	Does the agency have systems in place to accurately collect, monitor, and analyze the following data:		
<b>E.4.a.1</b>	Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)]	Yes	
<b>E.4.a.2</b>	The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]	Yes	
<b>E.4.a.3</b>	Recruitment activities? [see MD-715, II(E)]	Yes	
<b>E.4.a.4</b>	External and internal applicant flow data concerning the applicants' race, national origin, sex, and disability status? [see MD-715, II(E)]	Yes	
<b>E.4.a.5</b>	The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)]	Yes	
<b>E.4.a.6</b>	The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2]	Yes	
<b>E.4.b</b>	Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]	Yes	In FY 2022, HHS conducted a demographic resurvey of its employees.



 Compliance Indicator	<b>E.5 – The agency identifies and disseminates significant trends and best practices in its EEO program.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 Measures			





<b>E.5.a</b>	Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If “yes”, provide an example in the comments.	Yes	The agency monitors trends in workforce data, requested and provided accommodations, participation in EEO training, and participation in Special Emphasis Programs.
<b>E.5.b</b>	Does the agency review other agencies’ best practices and adopt them, where appropriate, to improve the effectiveness of its EEO program? [see MD-715, II(E)] If “yes”, provide an example in the comments.	Yes	The EEO Director, Deputy, and managers meet regularly with representatives from other HHS Operating Divisions, share CDC best practices, and consider best practices from other agencies for adoption at CDC.
<b>E.5.c</b>	Does the agency compare its performance in the EEO process to other federal agencies of similar size? [see MD-715, II(E)]	Yes	

<b>Essential Element F: RESPONSIVENESS AND LEGAL COMPLIANCE</b>			
<b>This element requires federal agencies to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions.</b>			
 <b>Compliance Indicator</b>		<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 <b>Measures</b>			
<b>F.1</b>	<b>F.1 – The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.</b>		
<b>F.1.a</b>	Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]	Yes	
<b>F.1.b</b>	Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)]	Yes	

<b>F.1.c</b>	Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)]	Yes	
<b>F.1.d</b>	Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]	Yes	
<b>F.1.e</b>	When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)]	Yes	

 Compliance Indicator	<b>F.2 – The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 Measures			
<b>F.2.a</b>	Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]	Yes	
<b>F.2.a.1</b>	When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate EEOC hearing office? [see 29 CFR §1614.108(g)]	Yes	
<b>F.2.a.2</b>	When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501]	Yes	
<b>F.2.a.3</b>	When a complainant files an appeal, does the agency timely forward the investigative file to EEOC's Office of Federal Operations? [see 29 CFR §1614.403(e)]	Yes	
<b>F.2.a.4</b>	Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?	Yes	

 Compliance Indicator	<b>F.3 - The agency reports to EEOC its program efforts and accomplishments.</b>	<b>Measure Met? (Yes/No/NA)</b>	<b>Comments</b>
 Measures			
<b>F.3.a</b>	Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)]	Yes	
<b>F.3.b</b>	Does the agency timely post on its public webpage its quarterly No FEAR Act data? [see 29 CFR §1614.703(d)]	Yes	

## MD-715 – Part I-1

### Agency EEO Plan to Eliminate Identified Barrier (FY 2022)

Please describe the status of each plan that the agency implemented to identify possible barriers in policies, procedures, or practices for employees and applicants by race, ethnicity, and gender.

If the agency did not conduct barrier analysis during the reporting period, please check the box.

#### Statement of Condition That Was a Trigger for a Potential Barrier:

Source of the Trigger	Specific Workforce Data Table	Narrative Description of Trigger
Workforce data	A1	The Agency continues to experience less than expected participation rates for both Hispanic males (1.29% vs. 5.17%) [1.28% in 2017] and Hispanic females (1.86% vs. 4.79%) [1.83% in 2017] when compared to their 2010 CLF benchmarks.

#### EEO Group(s) Affected by Trigger

EEO Group
All Men
All Women
<b>Hispanic or Latino Males</b>
<b>Hispanic or Latino Females</b>
White Males
White Females
Black or African American Males
Black or African American Females
Asian Males
Asian Females
Native Hawaiian or Other Pacific Islander Males
Native Hawaiian or Other Pacific Islander Females
American Indian or Alaska Native Males
American Indian or Alaska Native Females
Two or More Races Males
Two or More Races Females

Barrier Analysis Process

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Workforce Data Tables	Yes	<p>CDC conducted an analysis of workforce data for permanent employees in workforce data tables A8 and A14. The agency also analyzed Applicant Flow Data (AFD).</p> <p><b>Workforce Data</b> Both Hispanic males (1.30% vs. 5.17% CLF) and Hispanic females (1.95% vs. 4.79% CLF) were hired at rates lower than their benchmark rates.</p> <p>Hispanic males and females were voluntarily separated at lower rates than their participation in the workforce at the beginning of FY 2018 (1.07% vs. 1.28% PWF) and (1.25% vs. 1.83% PWF). There was one involuntary separation for Hispanic females (1.72%) during FY 2018.</p> <p>CDC's permanent workforce shrunk at a greater rate (-1.77%) than Hispanic males (-0.82%) and Hispanic females (-0.57%), resulting in a slight increase in their participation rates (0.01%) and (0.03%) respectively.</p> <p><b>Applicant Flow Data</b> When applying for MCOs, the percentage of Hispanics who self-identified exceeded their relevant Civilian Labor Force participation rate for all of the remaining mission critical series, with the exception of 2210 for Hispanic females (1.41% vs. 2.17% OCLF). In addition, there were no Hispanic women who self-identified for 0602 positions. The same held true for Hispanics who self-qualified.</p> <p>The pattern for referrals was slightly different. For Hispanic males, their percentages dropped below the OCLF benchmark for the 0401 series and no self-identified Hispanic males were referred for the 0602 series. For Hispanic</p>

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
		<p>females, their percentages dropped below the OCLF benchmark for the 0301, 0401, and 2210 series.</p> <p>No selections were made for 0602 positions. Hispanic males were only selected for 0601 positions (at a rate exceeding their OCLF benchmark) while Hispanic females were only selected for 0301, 0401 and 0601 positions (at rates exceeding their OCLF benchmarks).</p> <p>There was no AFD data for 0343 positions.</p>
Complaint Data (Trends)	No	
Grievance Data (Trends)	No	
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	No	
Climate Assessment Survey (e.g., FEVS)	No	
Exit Interview Data	No	
Focus Groups	No	
Interviews	No	
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)	Yes	<p>During FY 2018, CDC used data from the annual EEOC report to the President to support initiation of the Hispanic Working Group and initiate Hispanic Barrier Analysis process.</p>

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Other (Please Describe)	Yes	In FY 2019, the Latino/Hispanic Health Work Group (LHHWG), an official scientific work group within CDC comprised of CDC staff whose work involves science, policy, or programs related to Latino/Hispanic health, conducted a voluntary and anonymous survey of its members to inform the work of the Hispanic Working Group. The survey was administered to collect information about 1) perceived discrimination experienced by the survey respondent, 2) perceived discrimination experienced by staff known to the survey respondent, 3) recommendations to maximize opportunities for persons of Hispanic/Latino/Spanish origin at CDC. Of the 129 LHHWG members who were Full time equivalents (FTEs) or Commissioned Corps officers on January 31, 2019, 80 members responded (62% response rate).

Status of Barrier Analysis Process

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

Statement of Identified Barrier(s)

Description of Policy, Procedure, or Practice
<p style="text-align: center;"><b>BARRIER ANALYSIS RESULTS</b></p> <ul style="list-style-type: none"> <li>▪ The results of the analysis indicate that there are institutional barriers to hiring Hispanics. <ul style="list-style-type: none"> <li>– The Agency lacks a strategic and coordinated plan for hiring and promoting Hispanics.</li> <li>– There are limited funds for strategic recruitment and outreach, which further restricts targeted recruitment for Hispanics outside of the local commuting area.</li> <li>– There are limited entry level positions (GS-5 to GS-9) available and utilized.</li> <li>– The available hiring flexibilities are underutilized, and there is a lack of visibility and/or understanding of the potential use of career ladder positions to attract and retain candidates in mission critical occupational series.</li> </ul> </li> </ul>

- The analysis also indicates that there are attitudinal barriers to hiring Hispanics.
  - Some managers and supervisors have not received information about Executive Order 13171 instructing federal agencies to improve the representation of Hispanics in federal employment.
  - There is perceived cultural and language bias in the hiring and selection process, including selection for promotions, temporary details, and global assignment.

Objective(s) and Dates for EEO Plan

<b>Objective</b>	<b>Date Initiated (mm/dd/yyyy)</b>	<b>Target Date (mm/dd/yyyy)</b>	<b>Sufficient Funding &amp; Staffing? (Yes or No)</b>	<b>Modified Date (mm/dd/yyyy)</b>	<b>Date Completed (mm/dd/yyyy)</b>
1. Convene Hispanic Working Group to conduct barrier analysis.	04/01/2017	07/30/2018	Yes		08/02/2018
2) Appoint a Collateral Hispanic Employment Program Manager until funding is approved for a permanent position.	04/01/2017	07/30/2018	No		08/20/2018
3. Finalize Hispanic/Latino Barrier Analysis Report	04/01/2017	09/30/2017	Yes	09/30/2018	08/31/2019
4. Inform CDC workforce of the outcome of the barrier analysis and recommendations.	8/28/2019	10/30/2019	Yes		10/04/2019
5. Finalize Action Plan based on barrier analysis results and HWG recommendations	8/28/2019	9/30/2020	Yes		10/06/2020
6. Assess results and revise action plan, as necessary	03/01/2021	09/30/2023	Yes		

Responsible Official(s)

<b>Title</b>	<b>Name</b>	<b>Performance Standards Address the Plan? (Yes or No)</b>
EEO Director	Reginald Mebane	Yes
HR Director	Sylana A. Tramble	Yes



### Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
08/30/2021	Hire new Affirmative Employment Manager (AEM) after the departure of the prior AEM in FY 2020 (new activity)		09/15/2021
6/30/2020	Disseminate action plan, timelines, and key performance indicators to agency stakeholders.	08/31/2022	
9/30/2020	Initiate implementation of the Action Plan agency wide.	10/01/2022	

### Report of Accomplishments

Fiscal Year	Accomplishments
2022	<ul style="list-style-type: none"> <li>• In early FY 2022, CDC identified an issue resulting in the possible misclassification of employees by race and ethnicity. In response, the agency embarked on a six-week “Data Check” campaign (i.e., resurvey) to encourage employees to review their demographic data and report updates. The algorithm used to collapse data from employees who selected more than race or ethnicity on the SF 181 form was also revised and brought into alignment with OPM policy. Results indicated a 10% increase in individuals reporting Hispanic or Latino ethnicity following the resurvey. Later in the year, HHS fielded a department-wide resurvey, which concluded in FY 2023.</li> <li>• CDC coordinated and participated in a total of 51 recruitment and outreach events in FY 2022, many of which were conducted virtually. Several events specifically targeted Hispanic or Minority Serving Institutions (MSI). <ul style="list-style-type: none"> <li>A sample of events included: <ul style="list-style-type: none"> <li>○ Hispanic Association of Colleges and Universities 36th Annual Conference</li> <li>○ Prospanica Conference &amp; Career Expo</li> <li>○ Society for Advancement of Chicanos/Hispanics and Native Americans in Science (SACNAS) STEM Conference</li> <li>○ University of Texas El Paso Career Expo</li> </ul> </li> </ul> </li> <li>• CDC hosted 22 participants for the Hispanic Internship Program, which has been established in partnership with The Washington Center, InRoads Inc., and the Hispanic Association of Colleges and Universities. The 2022 interns completed their internships within CDC Components in STEM and other fields of study, such as policy and communications.</li> </ul>

## MD-715 – Part J

### Special Program Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities

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

#### Section I: Efforts to Reach Regulatory Goals

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

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

- |                                |     |      |
|--------------------------------|-----|------|
| a. Cluster GS-1 to GS-10 (PWD) | Yes | No X |
| b. Cluster GS-11 to SES (PWD)  | Yes | No X |

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

- |                                 |     |      |
|---------------------------------|-----|------|
| a. Cluster GS-1 to GS-10 (PWTD) | Yes | No X |
| b. Cluster GS-11 to SES (PWTD)  | Yes | No X |

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

The agency communicated numerical goals to CDC leaders, hiring managers, and recruiters through written communication with the CDC Management Official Team (MOT), Schedule A-related trainings, the annual State of the Agency briefing, the OEEOWE Annual Report, and other services and support for Persons with Disabilities.

#### Section II: Model Disability Program

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

**PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM**

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

Yes X                      No

**Responsible Staff Identify**

Disability Program Task	#of FTE Staff by Employment Status (Full Time)	#of FTE Staff by Employment Status (Part Time)	#of FTE Staff by Employment Status (Collateral Duty)	Responsible Official (Name, Title, Office, Email)
Processing applications from PWD and PWTB	1			Sandra Williams, Supervisory HR. Specialist, CDC/HRO Special Emphasis Program, Client Services Office, AVY6@cdc.gov
Answering questions from the public about hiring authorities that take disability into account	3			Sandra Williams, Supervisory HR Specialist, CDC/HRO Special Emphasis Program, Client Services Office, AVY6@cdc.gov  Nina Smith, Supervisory Workforce Development Advisor, CDC/HRO, Strategic Program Office  Davedra Pierce, Disability Program Manager, CDC/OEEOWE

Disability Program Task	#of FTE Staff by Employment Status (Full Time)	#of FTE Staff by Employment Status (Part Time)	#of FTE Staff by Employment Status (Collateral Duty)	Responsible Official (Name, Title, Office, Email)
Processing reasonable accommodation requests from applicants and employees	5			Anthony Stockton, EEO Manager, CDC/OEEOWE Laura Taylor, EEO Specialist, CDC/OEEOWE Michelle Williams, EEO Specialist CDC/OEEOWE Lucille Stevenson, EEO Specialist CDC/OEEOWE Rose Yelder, EEO Specialist CDC/OEEOWE
Section 508 Compliance	1			Mark Urban, CDC Section 508 Coordinator, CDC/OCOO
Architectural Barriers Act Compliance	1			Davedra Pierce, Disability Program Manager, CDC/OEEO
Special Emphasis Program for PWD and PWTD	2			Davedra Pierce, Disability Program Manager, CDC/OEEO

Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If “yes”, describe the training that disability program staff have received. If “no”, describe the training planned for the upcoming year.

Yes X

No

In FY 2022, CDC provided nine training sessions on the Americans with Disabilities Act as Amended (ADAAA) and Rehabilitation Act of 1973 as Amended to over 390 managers, supervisors, and employees, including the Disability Program Managers and Reasonable Accommodation (RA) staff. The training included a focus on statutory and legal authorities,

recent legal developments, and how to provide reasonable accommodations. Six of these interactive sessions were facilitated by the National Employment Law Institute (NELI). In addition, the Disability Program Manager and RA Staff attended the 2022 National ADA Symposium, Federal Dispute Resolution (FDR), EEOC's Examining Conflicts in Employment Law (EXCEL), ADR, and ADAAA training conferences.

**PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM**

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

Yes X                      No

**Section III: Plan to Recruit and Hire Individuals with Disabilities**

Pursuant to 29 C.F.R. § 1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency's recruitment program plan for PWD and PWTD.

**A. PLAN TO IDENTIFY JOB APPLICANTS WITH DISABILITIES**

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

In FY 2022, CDC coordinated and participated in a total of 51 recruitment and outreach events, many of which were conducted virtually that resulted in over 2,000 contacts. Of these 51 recruitment events, eight targeted Persons with Disabilities, including veterans with disabilities. Eight events targeted Persons with Disabilities, including veterans with disabilities, resulting in over 1,200 contacts.

CDC administers a Persons with Disability Internship Program to provide work experience in scientific, technical, and administrative career fields for individuals at various levels of education and skills. This program aims to reduce barriers and grow opportunities for PWDs interested in seeking federal employment. Additionally, the agency regularly promotes non-competitive hiring as a practice during Quarterly Enterprise Hiring Planning (EHP) meetings with hiring managers to discuss staffing plans and other HR-specific needs.

The agency utilizes the [USAJobs Agency Talent Portal](#) (ATP) to identify and review resumes of Schedule A and other candidates who could be hired non-competitively. All hiring officials can access information about Schedule A candidates within the ATP. Individuals applying to vacancies

through Schedule A are also placed on a non-competitive referral list that is shared with hiring managers for consideration.

CDC continues to distribute and promote vacancy announcements, training opportunities, and detail positions internally while encouraging employees, including those with disabilities, to participate in various mentorship programs.

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

CDC continues to utilize 5 CFR 213.3102(u) to hire persons under the Schedule A authority. In addition, the agency uses the [Veterans Recruitment Act \(VRA\)](#) and [30% or More Disabled Veterans Noncompetitive Appointment](#) as a recruitment tool to hire students and other applicants under the Workforce Recruitment Plan (WRP), Persons with Disabilities Internship Program, and the federal Non-Paid Work Experience Program for disabled veterans. Hiring flexibilities are discussed and encouraged during the pre-consultation phase of all hiring actions and during Quarterly Enterprise Hiring Planning meetings with CIOs.

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

CDC currently utilizes the ATP to identify and review resumes of Schedule A and other potential non-competitive eligible individuals. In addition, CDC accepts resumes from Schedule A applicants on numerous external and status announcements. To determine eligibility for appointment, HR Specialists conduct thorough reviews of applicant resumes and supporting documentation, which include but are not limited to a Schedule A letter, transcripts, and Department of Veterans Affairs documents.

Hiring managers have direct access to the ATP and are encouraged to use the tool; however, HR specialists provide a list of eligible candidates during the pre-consultation phase of hiring actions with an explanation of how and when the individual may be appointed. For external and status announcements, qualified individuals are referred to the hiring officials on the certificates of eligibles.

Upon determining an applicant's eligibility for the position and subsequent interview, the hiring official makes a selection. As part of the final review of hiring selections, HR Specialists conduct a Schedule A authenticity check to verify the submitted Schedule A letter by contacting the health care provider. Once verified, HRO extends a tentative offer letter to the selectee.

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

Yes X                      No                      N/A

Yes. Schedule A and other hiring flexibilities are discussed with agency hiring managers during Quarterly Enterprise Hiring Planning (EHP) meetings and during pre-consultations for all hiring actions. In June, the OEEOWE held a Disability Awareness Webinar for supervisors and managers, who received training on Schedule A and other hiring authorities.

**B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS**

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

CDC maintained and expanded its partnership with multiple organizations that assist PWD in securing and maintaining employment. In FY 2022, CDC participated in recruitment and outreach activities with DisABILITY Link, Disabled American Veterans, Department of Labor, and the U.S. Department of Veteran Affairs.

**C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)**

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

- a. New Hires for Permanent Workforce (PWD)
  - i. Cluster GS-1 to GS-10 (PWD)                      Yes X                      No
  - ii. Cluster GS-11 to SES (PWD)                      Yes                      No X
  
- b. New Hires for Permanent Workforce (PWTD)
  - i. Cluster GS-1 to GS-10 (PTWD)                      Yes X                      No
  - ii. Cluster GS-11 to SES (PTWD)                      Yes                      No X

The hiring rates for PWD and PWTDs in the grade clusters GS-1 to GS-10 were 5.7% and 1.5% respectively, which are below the targets of 12% and 2%.

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

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

Based on a review of applicant flow data (AFD), triggers exist for the following mission-critical occupations:

**Part J III, C.2: Triggers for New Hires for MCOs with Qualified Applicant Pool as Benchmark**

Occupational Series Code	% PWD Qualified Applicants	% PWD New Hires	PWD Trigger
0403 – Microbiology	4.6%	0.0%	Yes

**Part J III, C.2: Triggers for New Hires for MCOs with Qualified Applicant Pool as Benchmark**

Occupational Series Code	% PWTB Qualified Applicants	% PWTB New Hires	PWTB Trigger
0301 – Miscellaneous Administration and Program	5.2%	0.0%	Yes
0403 – Microbiology	2.8%	0.0%	Yes
0601 – General Health Science	1.6%	1.1%	Yes
0602 – Medical Officer	3.0%	0.0%	Yes
0685 – Public Health Program Specialist	2.4%	1.1%	Yes
1530 – Statistician	1.9%	0.0%	Yes

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

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

Based on a review of the AFD, triggers exist for the following mission-critical occupations:

**Part J III, C.3: Triggers Among Qualified Internal Applicants for Promotions for MCOs with Total Applicants as Benchmark**

Occupational Serie Code	% PWD (Total Eligible Applicants)	% PWTB (Total Eligible Applicants)	% PWD (Qualified)	% PWTB (Qualified)	PWD Trigger	PWTB Trigger
0401 – General Biological Science	3.5%	0.6%	2.9%	0.0%	Yes	Yes
0601 – General Health Science	7.8%	3.1%	8.9%	2.8%	No	Yes

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

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



Based on a review of the AFD, triggers exist for the following mission-critical occupations:

<b>Part J III, C.4: Triggers for Promotions for MCOs with Qualified Applicant Pool as Benchmark</b>						
<b>Occupational Series Code</b>	<b>% PWD (Qualified)</b>	<b>% PWTD (Qualified)</b>	<b>% PWD (Promoted)</b>	<b>% PWTD (Promoted)</b>	<b>PWD Trigger</b>	<b>PWTD Trigger</b>
0403 - Microbiology	10.9%	5.5%	2.4%	2.4%	Yes	Yes
0601 – General Health Science	8.9%	2.8%	9.4%	1.2%	No	Yes
0602 – Medical Officer	18.8%	6.3%	7.7%	0.0%	Yes	Yes
0685 – Public Health Program Specialist	10.7%	4.0%	13.2%	2.5%	No	Yes

#### **Section IV: Plan to Ensure Advancement Opportunities for Employees with Disabilities**

Pursuant to 29 C.F.R §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

**A. ADVANCEMENT PROGRAM PLAN**

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

CDC is committed to supporting the career advancement of Persons with Disabilities, Persons with Targeted Disabilities, and disabled veterans within the organization. Examples of such commitment in the past year include, but are not limited to:

- a. Distribution of vacancy announcements, training opportunities, and detail positions broadly throughout CDC.
- b. Training Hiring Officials about hiring, retaining, and converting qualified PWDs using the Special Hiring Authorities.
- c. Conducting data analyses to understand the representation of PWDs within the CDC workforce, to identify potential barriers to advancement, and to develop effective strategies to improve the advancement of PWDs within the workforce.
- d. Encouraging employees to participate in various mentorship programs, such as the Mentoring Circle for Employees and Veterans with Disabilities.
- e. Educating the workforce on available resources for disabled veterans via multiple communication channels within CDC and externally (e.g., Feds Hire Vets).
- f. Promoting participation in and support for disability and veteran-specific Employee Organizations, Associations, and Workgroups among employees, including the CDC/ATSDR Military Veterans Professional (MVP) Employee Association and Disability Interest Group (DIG).

**B. CAREER DEVELOPMENT OPPORTUNITIES**

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

CDC offers several programs, tools, resources, and opportunities to support and encourage professional growth and advancement for all employees. The cornerstone of the agency's efforts to support professional development is the Individual Development Plan (IDP). Development of the IDP facilitates two-way communication between employees and supervisors about short and long-term goals for advancement. Additional services, tools, and resources include:

- a. Instructor-led and self-guided trainings
- b. Competency modeling and gap assessments
- c. Career map development and individual development plans
- d. Formal and Informal Coaching and Mentorships
- e. Temporary details and other career development opportunities, such as the Long-Term Education Program, which allows federal employees to receive full-time training through non-government entities for up to two years.

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

<b>Career Development Opportunities</b>	<b>Total Participants Applicants</b>	<b>Total Participants Selectees</b>	<b>PWD Applicants (%)</b>	<b>PWD Selectees (%)</b>	<b>PWTD Applicants (%)</b>	<b>PWTD Selectees (%)</b>
Internship Programs (Pathways Program – Intern)	Unknown	6	Unknown	0 (0%)	Unknown	0 (0%)
Fellowship Programs (Pathways Program – Public Health Associate and Presidential Management Fellows)	Unknown	247	Unknown	6 (2.5%)	Unknown	2 (0.8%)
Mentoring Programs	35	35	11 (31.4%)	11 (31.4%)	1 (2.9%)	1 (2.9%)
Coaching Programs	495	495	88 (17.9%)	88 (17.9%)	9 (1.8%)	9 (1.8%)
Training Programs	unknown	271	unknown	71 (26.2%)	unknown	9 (3.3%)
Detail Programs	0	0	0	0	0	0

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

- a. Applicants (PWD) Yes No N/A x
- b. Selections (PWD) Yes No N/A x

Data are not available to complete a comprehensive assessment of participation by PWD.

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

- a. Applicants (PWTD) Yes No N/A X
- b. Selections (PWTD) Yes No N/A X



No data available.

**D. PROMOTIONS**

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

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

**Part J IV, D.1 & D.2: Triggers Among Qualified Internal Applicants for Promotions to Senior Grade Levels with Total Applicants as Benchmark**

Grade	% PWD (Total Eligible Applicants)	% PWTB (Total Eligible Applicants)	% PWD (Qualified)	% PWTB (Qualified)	PWD Trigger	PWTB Trigger
Grade 13	9.0%	3.80%	11.80%	4.80%	No	No
Grade 14	7.90%	2.80%	8.10%	2.50%	No	Yes
Grade 15	7.60%	3.70%	7.30%	3.20%	Yes	Yes
SES/Executive	3.70%	1.30%	1.70%	0.60%	Yes	Yes

**Part J IV, D.1 & D.2: Triggers Among Internal Selections for Promotions to Senior Grade Levels with Qualified Applicants as Benchmark**

Grade	%PWTB (Qualified)	%PWTB (Qualified)	%PWTB (Promoted)	% PWTB (Promoted)	PWD Trigger	PWTB Trigger
Grade 13	11.80%	4.80%	27.80%	5.60%	No	No
Grade 14	8.10%	2.50%	15.50%	0.70%	No	Yes
Grade 15	7.30%	3.20%	12.90%	2.00%	No	Yes
SES/Executive	1.70%	0.60%	15.40%	7.70%	No	No



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

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

**Part J IV, D.3 & D.4: Triggers Among New Hires for Senior Grade Levels with Qualified Applicants as Benchmark**

Grade	% PWD (Qualified)	% PWTB (Qualified)	% PWD (New Hires)	% PWTB (New Hire)	PWD Trigger	PWTB Trigger
Grade 13	5.70%	1.80%	24.80%	2.60%	No	No
Grade 14	5.30%	1.80%	20.80%	2.10%	No	No
Grade 15	4.80%	2.10%	25.00%	0.00%	No	Yes
SES/Executive	3.70%	2.80%	16.70%	16.70%	No	No

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

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

**Part J IV, D.3 & D.4: Triggers Among New Hires for Senior Grade Levels with Qualified Applicants as Benchmark**

Grade	% PWD (Qualified)	% PWTB (Qualified)	% PWD (New Hire)	% PWTB (New Hired)	PWD Trigger	PWTB Trigger
Grade 13	5.70%	1.80%	24.80%	2.60%	No	No
Grade 14	5.30%	1.80%	20.80%	2.10%	No	NO
Grade 15	4.80%	2.10%	25.00%	0.00%	No	Yes
SES/Executive	3.70%	2.80%	16.70%	16.70%	No	No

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

- a. Executives
  - i. Qualified Internal Applicants (PWD) Yes X No
  - ii. Internal Selections (PWD) Yes No X
- b. Managers
  - i. Qualified Internal Applicants (PWD) Yes No X
  - ii. Internal Selections (PWD) Yes X No
- c. Supervisors
  - i. Qualified Internal Applicants (PWD) Yes No X
  - ii. Internal Selections (PWD) Yes No X

**Part J IV, D.5 & D.6: Triggers Among Qualified Internal Applicants for Promotions to Supervisory Positions with Total Applicants as Benchmark**

Supervisory Status	% PWD (Total Eligible Applicants)	% PWTD (Total Eligible Applicants)	% PWD (Qualified)	% PWTD (Qualified)	PWD Trigger	PWTD Trigger
Executive	6.80%	3.10%	6.20%	2.60%	Yes	Yes
Manager	7.90%	2.90%	8.70%	2.70%	No	Yes
Supervisor	0.0%	0.00%	0.00%	0.00%	No	No

**Part J IV, D.5 & D.6: Triggers Among Internal Selections for Promotions to Supervisory Positions With Qualified Applicants as Benchmark**

Supervisory Status	% PWD (Qualified)	% PWTD (Qualified)	% PWD (Promoted)	% PWTD (Promoted)	PWD Trigger	PWTD Trigger
Executive	6.20%	2.60%	13.50%	2.60%	No	Yes
Manager	8.70%	2.70%	4.80%	0.00%	Yes	Yes
Supervisor	0.00	0.00	0.00	0.00	No	No



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

- a. Executives
  - i. Qualified Internal Applicants (PWTD) Yes X No
  - ii. Internal Selections (PWTD) Yes X No
- b. Managers
  - i. Qualified Internal Applicants (PWTD) Yes X No
  - ii. Internal Selections (PWTD) Yes X No
- c. Supervisors
  - i. Qualified Internal Applicants (PWTD) Yes No X
  - ii. Internal Selections (PWTD) Yes No X

**Part J IV, D.5 & D.6: Triggers Among Qualified Internal Applicants for Promotions to Supervisory Positions with Total Applicants as Benchmark**

Supervisory Status	% PWD (Total Eligible Applicants)	% PWTD (Total Eligible Applicants)	% PWD (Qualified)	% PWTD (Qualified)	PWD Trigger	PWTD Trigger
Executive	6.80%	3.10%	6.20%	2.60%	Yes	Yes
Manager	7.90%	2.90%	8.70%	2.70%	No	Yes
Supervisor	0.00%	0.00%	0.00%	0.00%	No	No

**Part J IV, D.5 & D.6: Triggers Among Internal Selections for Promotions to Supervisory Positions with Qualified Applicants as Benchmark**

Supervisory Status	% PWD (Qualified)	% PWTD (Qualified)	% PWD (Promoted)	% PWTD (Promoted)	PWD Trigger	PWTD Trigger
Executive	6.20%	2.60%	13.50%	2.60%	No	Yes
Manager	8.70%	2.70%	4.80%	0.00%	Yes	Yes
Supervisor	0.00%	0.00%	0.00%	0.00%	No	No

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

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

**Part J IV, D.7 & D.8: Triggers Among New Hires to Supervisory Positions with Total Applicants as Benchmark**

Supervisory Status	% PWD (Total Eligible Applicants)	% PWTB (Total Eligible Applicants)	% PWD (Qualified)	% PWTB (Qualified)	PWD Trigger	PWTB Trigger
Executive	5.30%	3.10%	4.50%	2.30%	Yes	Yes
Manager	5.40%	2.00%	5.20%	1.80%	Yes	Yes
Supervisor	0.00%	0.00%	0.00%	0.00%	No	No

Using the **total applicant pool** as the benchmark, does your agency have a trigger involving PWTB among the selectees for **new hires** to supervisory positions? If “yes”, describe the trigger(s) below:

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

**Part J IV, D.7 & D.8: Triggers Among New Hires to Supervisory Positions with Total Applicants as Benchmark**

Supervisory Status	% PWD (Total Eligible Applicants)	% PWTB (Total Eligible Applicants)	% PWD (Qualified)	% PWTB (Qualified)	PWD Trigger	PWTB Trigger
Executive	5.30%	3.10%	4.50%	2.30%	Yes	Yes
Manager	5.40%	2.00%	5.20%	1.80%	Yes	Yes
Supervisor	0.00%	0.00%	0.00%	0.00%	No	No

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

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

**Part J IV, D.7 & D.8: Triggers Among New Hires to Supervisory Positions with Qualified Applicants as Benchmark**

Supervisory Status	% PWD (Qualified)	% PWTB (Qualified)	% PWD (New Hire)	% PWTB (New Hired)	PWD Trigger	PWTB Trigger
Executive	4.50%	2.30%	23.50%	5.90%	No	No
Manager	5.20%	1.80%	25.00%	0.00%	No	Yes
Supervisor	0.00%	0.00%	0.00%	0.00%	No	No

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

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

**Part J IV, D.7 & D.8: Triggers Among New Hires to Supervisory Positions with Qualified Applicants as Benchmark**

Supervisory Status	% PWD (Qualified)	% PWTD (Qualified)	% PWD (New Hire)	% PWTD (New Hire)	PWD Trigger	PWTD Trigger
Executive	4.50%	2.30%	23.35%	5.90%	No	No
Manager	5.20%	1.80%	25.00%	0.00%	No	Yes
Supervisor	0.00%	0.00%	0.00%	0.00%	No	No

**Section V: Plan to Improve Retention of Persons with Disabilities**

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

**A. VOLUNTARY AND INVOLUNTARY SEPARATIONS**

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

Yes                      No X                      N/A

Over 79% of eligible Schedule A employees that successfully completed the two-year trial were converted to a career-conditional appointment. Most of remaining eligible Schedule A employees were converted to another Schedule A appointment while the others resigned or were terminated

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

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

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

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

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

**B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES**

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

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

An individual that desires to file a complaint can go to <https://www.cdc.gov/contact/accessibility.html>.

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

The information on Architectural Barriers Act is found at

[Regulations, Guidance and Policy | Equal Opportunity Guidance | OEEOWE \(cdc.gov\)](#)

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

CDC is committed to complying with federal regulations to improve and advance accessibility of its facilities and technology. Agency leaders from OEEOWE; the Office of Safety, Security, and Asset Management; and the Office of the Chief Information Officer (OCIO) collaborate to proactively identify and improve accessibility of agency facilities and/or technology. Some of the practices, programs, and plans to create an accessible workplace includes the following:

- Establishment of a reserve for most requested accessibility technology equipment.
- Briefings on upcoming building and facility projects to employees with disabilities.

- Use of the Deque University Accessibility Training program to implement long-term system, application, and infrastructure solutions.
- Upgrades to MS Teams and Zoom platforms to provide captioning and transcription features in a virtual setting.
- Video Remote Interpreting to allows person who are deaf or hard of hearing to communicate with a hearing person at the same site via videoconferencing instead of live, on-site interpreting.

### **C. REASONABLE ACCOMMODATION PROGRAM**

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

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

The RA program managed 750 requests for reasonable accommodations in FY 2022, with 88% closed within 60 days of receiving qualifying information.

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

### **FY 2022 Reasonable Accommodations Accomplishments/New Initiatives Report**

The top three accommodations provided were related to:

- Modified Work Schedules
- General Equipment (e.g., chairs, sit/stand workstations)
- Other (e.g., change in supervisory methods, job coach)

Accomplishments:

- Developed two e-Learning ADA training videos on Reasonable Accommodation for employees, supervisors, and managers.
- Developed Religious Accommodation process, job aid, training, and flow diagrams for supervisors, managers, and employees to track all requests for religious accommodations in accordance the Title VII.
- Developed customer service surveys for the Accommodation Tracking System (ATS).
- Provided the National Employment Law Institute (NELI) Training for Supervisors/Managers and Employees by conducting 6 training sessions for CDC employees, managers, and supervisors.
- Processed a total of 32 Other than coach class travel requests with a 100% efficiency rating.
- Processed a total of 747 reasonable accommodation requests, a 211% increase from previous year.

- g. Provided Personal Assistant Services (PAS) and collaborated with HHS and Precision HealthCare Consultants that resulted in accommodations for Persons with Targeted Disabilities.
- h. Collaborated with outside organizations such as the Job Accommodation Network (JAN), GA State Rehabilitation Agency, Bobby Dodd Institute which resulted in the acquisition of assistive technology devices and services for providing reasonable accommodations.
- i. Developed new enhancements for the Accommodation Tracking System (ATS) by working with the Management Information Systems Office (MISO) for more efficiency to process reasonable accommodation requests.
- j. Collaborated with the 508 Coordinator for RA solutions by providing approved IT solutions for equipment such as monitors, software (Dragon Naturally Speaking Software).
- k. Provided RA training for the HRO Workers Compensation staff to address the cross-over of RA issues which resulted in the inclusion of reasonable accommodation training in the quarterly briefings to employees and supervisors and developed the training materials for presentation.
- l. Coordinated with the CDC HRO Selective Placement Coordinator for 6 HHS-Wide reassignment searches because of reasonable accommodations.

**PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE**

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

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

The PAS Policy was approved in August 2019. There was one request for PAS in FY 2022.

**Section VI: EEO Complaint and Findings Data**

**A. EEO COMPLAINT DATA INVOLVING HARASSMENT**

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

Yes                      No X                      N/A

During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

Yes X                      No                      N/A

If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency.

There was one finding of discrimination in FY 2022. One manager was disciplined, and one case is currently being appealed. In accordance with the Elijah E. Cummings Federal Employee

Antidiscrimination Act of 2020, CDC posted a [Notification of Equal Employment Opportunity Violation](#) on its Internet and intranet sites.

**B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION**

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

Yes                      No X                      N/A

During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?

Yes                      No X                      N/A

If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

**Section VII: Identification and Removal of Barriers**

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

Yes                      No X                      N/A

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

Yes                      No                      N/A X

Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), Responsible official(s), planned activities, and, where applicable, accomplishment(s).

**Current Identified Trigger(s)**

Please explain the factor(s) that prevented the agency from timely completing any of the planned activities. **N/A**

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

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