

**National Institutes of Health (NIH)  
Office of Equal Opportunity and  
Diversity Management (OEODM)  
Restructuring Team**

**NIH EEO Community All Hands Retreat**

**May 25, 2004**

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## **I. Welcome and Introductions**

Lawrence N. Self, Director, NIH OEODM  
Dr. Cynthia Pace, Retreat Facilitator

Mr. Lawrence Self began by thanking all of the participants for attending. He noted that this meeting is one of many that will be conducted to keep all parties informed about what changes are coming about and to solicit thoughts.

The NIH OEODM restructuring is based on clear mandates including the President's Management Agenda (PMA), NIH Administrative Restructuring Advisory Committee (ARAC) process, and directives from the Secretary of the U.S. Department of Health and Human Services (HHS). Mr. Self acknowledged that the process of change is disconcerting and can be difficult, but the staff will get through it together.

The restructuring committee is aiming to put together a plan for a model OEODM program. Some of the questions Mr. Self has been hearing are: Where will I work? What about office space and work schedules? How will this restructuring affect me? Not all of these questions can be answered immediately, but Mr. Self said he is committed to continuing open communication. This may mean holding more meetings such as this one. A follow-up retreat is being planned for this fall.

Mr. Self acknowledged the transition team members who have been working hard on the OEODM planning: Evans Aine, Karen Basnight, Charles Best, Vi Black, Joan Brogan, Christina Bruce, Sharrell Butler, Michyelle Croom, Hilda Dixon, Ann Goode, Marcella Haines, Selina Lee, Pedro Morales, Kathy Odenwald, Pat Porter, Patti Ruben, Hyden Shen, and Rebecca Tudisco.

In a round of introductions, all the participants stated their names and affiliations. The participant list is included in Appendix A.

## II. Meeting Purpose, Background, and Update on the Restructuring Process

Presenter: Lawrence Self

Mr. Self provided an overview of the meeting's purpose and background.

The meeting purpose is to:

- Share information to date
- Be responsive to EEO Community's concerns
- Receive input from EEO Community on ideas, issues, and concerns for remainder of restructuring process
- Introduce NIH OEODM Restructuring Transition Team
- Share next steps on how the EEO community can continue to be involved

Guiding Principles: All restructuring efforts will be:

- Based on an assessment of what is required for a model program
- Inclusive and involve customer input at every stage
- Transparent and provide regular communication
- Thoughtful and include an evaluation component for each critical part of the process
- Informal; make this a discussion so everyone can leave feeling like they understand where this is going

Reasons for restructuring include:

- Respond to PMA
- Meet Dr. Zerhouni's mandate for the ARAC process
- Achieve agency goal of "One HHS"
- Increase consistency and efficiency
- Better utilize resources
- Provide more focus on team and attaining common objectives
- Standardize operating procedures
- Streamline operations

### Chronology of progress:

In June 2003 NIH submitted a one-page restructuring plan, required as one of the seven components of the ARAC plan. The plan was approved in July 2003. In October 2003 a transition workgroup was formed, which included senior OEODM staff, representatives from Human Resources (HR), Budget, Diversity Council, and the National Academy of Public Administration (NAPA). A steering committee was also formed. Since October 2003 the transition workgroup has met weekly and has:

- Drafted a proposed full-time equivalent (FTE) distribution chart and organizational chart;
- Discussed outreach;
- Requested office space;
- Investigated Early Out/Buyout proposals;
- Identified best practices (NAPA is heading); and
- Developed a time line.

Multiple briefings have been held on the progress of the Plan. At the time of the initial briefings, the functional statements were not ready for release. Since those briefings, the Team has developed a Web site containing the most recent organizational charts, functional statements, and a working timeline:

<http://www5.od.nih.gov/oeodm/cic/plan/index.html>

Community concerns that have already been expressed about the restructuring include:

- Concerns about the reasons for the restructuring and the pace
- Quality of life issues
- FTE and grade allocation
- Promotion potential
- Office space
- Allocation of resources (computer equipment, etc.)
- Feasibility of the October restructuring deadline
- Communication strategies

Mr. Self turned the meeting over to the facilitators—Dr. Cynthia Pace and Dr. Jerome Paige.

### III. Review of Agenda and Ground Rules

Dr. Pace asked the group to begin by reflecting on the words “commitment, competency, and coordination”—three things needed to accomplish a change agenda. She acknowledged the considerable work the team has done to prepare for this meeting.

Going over the ground rules and agenda, Dr. Pace noted that each presentation would include time for questions and comments.

During the rest of the meeting, participants submitted their questions aloud and/or on paper. Mr. Self and the planning team provided the responses, as documented below.

At the end of each presentation, Dr. Paige provided a recap.

### IV. Organizational Structure and FTE Distribution

Presenter: Hilda Dixon

Ms. Dixon discussed the proposed organizational structure and FTE distribution (refer to meeting packet for illustration).

The Restructuring Team is determined to create the model office or organization that Mr. Self spoke about - not only to meet mandates, but also to provide better and more efficient customer service. The proposed structure has a few important benefits:

- It allows a position for every person.
- Functional statements include everything EEO staff do in the Institutes and Centers (ICs), and everything that is in a model program.

Total proposed staff is 75 FTEs.

- The **Office of the Director** (6 staff) includes the director, special assistant, program/management analyst, EEO specialist, secretary, and staff assistant.
- The **Diversity Management Division** (7 staff) provides overall leadership, incorporating many programs that are done in ICs now, but with a broader mandate.
- The **Policy, Planning and Programs Division** (13 staff) is the group that will be looking at planning, programs, and policy. This was an area the Team wanted to improve to ensure policies are written, stated, and followed.
- The **Operational Division** is the largest in terms of staff. This is where the IC Liaisons and Complaints Teams are located.
- The **Program Evaluation Division** (5 staff) is a separate unit to ensure programs are not assessing themselves; set-aside funds will be used.

**Question:** What grade level are the Division Chiefs?

**Answer:** Grade 15.

**Question:** What is the OEODM plan for people with disabilities?

**Answer:** There does need to be a stronger and more efficient plan for people with disabilities. The restructuring plan will allow OEODM to have a stronger focus in that area—to put teeth into the program.

**Question:** What criteria were used to establish the FTE count for each division?

**Answer:** The functional statements were used as the guide. The team determined that it would take approximately these numbers to perform these duties in a model program. In part, it was also necessary to have 75 slots because that is the current staffing level. However, the FTEs were based more on what a model program would look like, rather than what staff currently does. The Team also tried to achieve an employee-to-client ratio in keeping with the rest of NIH.

**Question:** Does this plan take into account buyout options?

(This question was deferred until later.)

**Question:** What duties will contractors perform?

**Answer:** The only duties contractors will perform are those that they currently perform—logistics, presentations, Web site development, the complaints process, etc. Little internal work would be performed by contractors, except possibly in the evaluation area.

**Question:** When would outside evaluators be used?

**Answer:** Outside evaluators would be used to evaluate the larger picture of OEODM work using set-aside funds provided by NIH. OEODM would evaluate issues within the ICs. The key issue in contracting is management flexibility. Using contractors is another way of accomplishing the work of the division. The division will be as flexible in using contractors for evaluation as in other areas. The Team has also talked about using contractors for training. There needs to be a consistent, corporate approach to training that looks at training across OEODM. The training team might consist of contractors and NIH OEODM employees. Training is within the scope of the functional statements for each group. Who does the training will be up to each division.

**Question:** Within the proposed structure, where would training fall?

**Answer:** The Division of Policy, Planning and Programs will look at overall training strategies. Other divisions will look at it from their perspectives. Who will perform the training has not yet been determined.

- Question:** What will be accomplished in the program evaluation division? What is the ultimate outcome?
- Answer:** Few EEO offices have a self-evaluation unit. But to be effective, an organization needs a way to evaluate its efforts on a regular basis and adjust their direction as necessary. An outside evaluator may occasionally need to be used. The program evaluation unit is one of the most innovative things in the proposed OEODM organization. It is also consistent with what other organizations are doing.
- Question:** Where will minority outreach and recruitment reside?
- Answer:** Some recruitment and some outreach will be done in the IC Service Teams by the Liaisons. Some will be planned in the program planning area. The outreach part may include people from various divisions in an integrated approach. There may be changes to this plan; this is only a starting point.
- Question:** It is important to have a concentrated effort to diversify NIH, especially in the scientific area. What is the rationale for not having a separate Recruitment and Outreach (R&O) Division?
- Answer:** The Team agrees that R&O is an important part of EEO, and it is covered in two boxes. Recruitment might be a responsibility of HR, but OEODM will make it happen. This is the corporate approach to recruitment. For example, the HHS Secretary is now trying to increase representation of Hispanics. Mr. Salazar and Mr. Morales have briefed the Executive Officers on this.
- Comment:** The issue is what it communicates to leadership—not only to NIH but other agencies—when they see an organizational structure that does not have a separate entity for R&O. The structure sends a message as to what is and what is not a priority.
- Response:** R&O is important to Dr. Zerhouni, and it will be a priority for the new organization. The Team could have gone with a structure that had more boxes, but decided to put the concepts of strategic planning and long-term planning into one box. The goal will be to look at areas of under-representation and barriers, then build it into the big picture and AEPs.
- Question:** Will position series change?
- Answer:** Not immediately. This will be a fluid organization.
- Question:** If I could find a position in the Clinical Center outside OEODM, can I move my FTE?
- Answer:** No.

- Comment:** Liaisons will be left with no authority, no budget and no accountability because they are not working with the same Executive Director.
- Response:** Liaisons will be held accountable. They will work for the IC but will be reporting to OEODM. This is currently how it is done in three Institutes and has been tested for 2 years, so it will work.
- Question:** Can you clarify in which Division the disability program will be housed?
- Answer:** In Policy, Planning and Program Division.
- Question:** In Diversity Management, there is no mention of disability. Where will that be located? All I see is the reactive side. Where is the proactive side?
- Answer:** All of the Special Emphasis Programs, including disabilities, are in the SEP. For the purposes of this meeting, SEP encompasses all of them.
- Question:** Will we be placed in one space?  
(This question was deferred until later.)
- Question:** On May 5 we got an e-mail with minutes from a restructuring meeting that indicated Mr. Self had met with Mr. Sontag and both Ms. Whites. The e-mail said that regardless of our restructuring at NIH, HHS is going to restructure EEO department-wide. Why are we moving to restructure now, when we are going to be restructuring in 6 months or a year from now?
- Answer:** Mr. Self did attend an Operating Division (OPDIV) Directors' meeting where restructuring was discussed. The two Ms. Whites were there along with the senior managers of the OPDIVs, but not Mr. Sontag. At that meeting, they began to lay out what a restructuring effort looks like at the Department. It is not clear what their timeline is, but any change is probably not imminent. Mr. Self had asked why OEODM would go through this effort if the Department is going to do it anyway. Ultimately this is Dr. Zerhouni's decision. The Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) have both restructured. OEODM is the only one that has not restructured. OEODM needs to consolidate to save itself; if it is not done internally, the Department will do it for us.
- Comment:** In Dr. Zerhouni's recent appearance on the Hill, he mentioned specifically that he was reorganizing NIH OEODM into one office.
- Question:** How will the upcoming election play into this restructuring?
- Answer:** No one knows. OEODM has been given a direction. Unless someone gives it a new direction, OEODM is staying on course. OEODM was told that the agreement was made that they would restructure along with FDA and CDC. Some of the other administrative services are doing the same thing. OEODM will make this work.

**Dr. Paige's recap:**

- Rationale for reorganizing OEODM - it is necessary, but also makes sense.
- FTE rationale was given.
- Gained an understanding of the functional statements.
- Discussed the criteria for the ratio of employees to different kinds of services.
- Discussed what the organizational boxes indicate.
- Discussed strategic emphasis in recruitment: special needs/special populations will not be singled out, but rather will be treated comprehensively.
- Gained an appreciation for/understanding of what is happening to EEO structure.
- Additional questions will be answered on Web site as part of feedback process.

## V. Accessibility and Customer Service

Presenter: Rebecca Tudisco

Ms. Tudisco discussed some of the concerns that have been raised about the reorganization, as well the indicators that will show the new organization is successful—for example:

- Operating within guidelines
- Effective in problem solving and resolving EEO complaints
- Readily accessible to NIH staff
- People seek us out for advice
- Quality customer service
- Quality feedback on service

To meet these goals, the organization will need to:

1. **Clearly define OEODM's role.** Informal problem solving and the EEO process are separate. OEODM will serve as a sounding board. People do not necessarily have to file a complaint. CIVIL and the Office of the Ombudsman are our partners. Focus groups have suggested that the Office of Ombudsman could not keep up with need. The Office of the Ombudsman will be briefed on the Restructuring Plan and its potential impact.
2. **Clearly define the IC liaison's role.** Liaisons will be assigned to a specific IC. Some of the larger ICs may have more than one Liaison. The Liaison will serve as the single point of contact. The liaison will facilitate the service process—not as a substitute for the EEO Officer. Unlike before, the Liaison will work for OEODM, not the IC, and will not be doing unrelated work such as HR.

3. **Ensure the liaisons maintain a physical presence in the Institute.** They will attend all-hands meetings and participate in key decision-making meetings. IC management will be asked to include the liaisons in key decision-making meetings, such as search committees.
4. **Make sure liaisons have backup** so they can be elsewhere.
5. **Have a transition process** especially if the liaison is new to the institute. Liaisons will not necessarily be those who are currently in the ICs. Introductions need to be made if the liaisons are new.
6. **Establish customer service standards for liaisons** to make sure they are working to meet the IC's needs. The liaisons also need to know whom to communicate with, when it is appropriate to communicate, who their backup is, and how to get in touch with them.
7. **Consider the physical location of liaison:** Physical location was a concern when the team did its briefings and focus groups. There were some concerns about locating the liaisons in OEODM and not the institute.

**Question:** Where are you maintaining the OEODM office?

**Answer:** The current plan is to have all OEODM housed together. The team has requested more space in Building 2 and has requested the North Carolina office to be maintained. One of the 6006 Executive Boulevard residents is moving out, so OEODM may be able to move to the Executive Boulevard office. The Baltimore office is also being maintained. The team is trying to get space at Rockledge. The goal is to request space close to where primary populations are located. The second handout shows where offices are currently located—mostly Building 31. The third handout shows that current EEO officers are already serving people in other locations. This would likely still be the norm in the new organization. A Liaison serving people in multiple locations could do what many EEO Officers currently do – meet the person at an agreed upon location, talk by phone, and/or by email.

**Question:** How many employees will the liaisons service—one per 500 employees?

**Answer:** That is more a question about FTE allocation. In general, the restructuring team was sensitive to not overloading the Liaisons. For the larger Institutes (>1,000 employees) some consideration was made to avoid that. The team also needs to look at contractual employees to see if the numbers will change. But it is anticipated that there will be only one Liaison per Institute, and the liaison will have support.

**Question:** What about customer service between EEO offices—e.g., phones not answered, calls not returned, or worse? No one knows what is going on at headquarters.

**Answer:** If there is a problem, we need to work on it. The OEODM Director will hold the division chiefs accountable just as he is held accountable. Customer service is all OEODM brings to the table. Their credibility is based on that. So the new organization will have to work on it. These kinds of staffing issues will be addressed in the new organization.

**Question:** What EEO-related activities will **not** be done by the IC Liaison and left to the IC's to handle?

**Answer:** There will be **no** EEO-related activities that will not be done by OEODM.

**Question:** Has there been any discussion about which division is considered inherent to campus and which, if any could be off campus?

**Answer:** Mr. Self said he is not aware of any discussion of which Divisions will remain on or off campus.

**Question:** Can the OEODM replace the intimacy that has been established between the EEO office and the ICs?

**Answer:** OEODM has to try to provide the best customer service possible. In the beginning there will be an adjustment and learning curve. The goal will be to work toward that level of intimacy and expertise.

**Question:** Will OEODM be evaluating programs based on efficiency—i.e. dollar figures—or on effectiveness—i.e., improved representation of all underrepresented constituencies and improved accessibility?

**Answer:** OEODM will be evaluating all of those things. Both make sense relative to ascertaining whether the program is effective. There may be other criteria that have not been thought of yet. The goals may change over time. As we approach meeting those goals, the objectives will change. Efficiency is something different. We don't have experience measuring efficiency.

- Question:** Do I have redress if I am placed in an IC I do not want to be placed in?  
(Question deferred until later)
- Question:** There are 75 FTEs needed. What about the FTEs not needed? Can we take this into account?  
(Question deferred until later.)
- Question:** The trust factor is important. Can we have “first refusal” on staying/serving in our current IC?  
(Question deferred until later)
- Question:** Whose responsibility will it be to communicate to the ICs, the role of the Liaison? And to communicate it not just one time, but to all the employees, and that it be known throughout the process?
- Answer:** This responsibility will lie with not only Mr. Self and the Team, but also with all of the EEO staff. There will be a formal approach to this. The Communications Strategy Subcommittee is looking at how to market this idea and inform people. Any suggestions are welcomed and can be given to Rebecca Tudisco.
- Question:** Speaking of customer service, a lot has been emphasized in the process arena when we look at diversity in the sciences. It is a tragedy that there is such a lack of African Americans, Hispanics, Indians, and other groups in the sciences. There are many in these groups who are qualified. We also do not do a good job of ensuring fairness in the workplace. What types of strategies are also under consideration in the consolidation to ensure there is full accountability for managers, supervisors, and employees? What has been done to ensure this is a model program? If you were to look from the outside, you would see 75 people in this organization. But what are the results? Where is the diversity in the sciences? Why do we have such underrepresentation? Has there been any thought as to how to get past some of the barriers and initiatives to ensure that we have more diversity in the sciences, both the administrative categories and upper level categories, and to ensure that employees are treated fairly in terms of employment practices?

**Answer:** Restructuring is only the first step in that direction. By coming together, this can only strengthen efforts to improve diversity. These issues will be addressed, and it will be addressed from a corporate position. OEODM is doing its job in terms of its own diversity. Now it needs to affect the people who are doing the hiring for the rest of NIH. This will happen, but it will take time. NAPA has been asked to assist each of the implementation groups with benchmarking—determining best practices for accountability or evaluation practices and policies that will deliver results. The divisions are being coordinated to allow for a strong evaluation piece to see how well NIH is doing. OEODM will look at the Institutes and NIH as a whole and will have a method to evaluate plans to address underrepresentation. Affirmative employment should be the responsibility of the managers who have hiring authority. Managers have to make it their plan. Mr. Self has raised this point to his bosses and they understand that. However, there are lots of systemic issues.

**Dr. Paige's recap:**

- Liaisons will be distributed based on the size of the institutes.
- EEO offices need coverage; good customer service is a priority, both now and after the restructuring. It was suggested that with the restructuring, coverage will not be as much of an issue.
- With new roles and new EEO structure, we need to work to achieve the same levels of intimacy with ICs.
- Liaison will be responsible for ALL EEO functions.
- Efficiency and effectiveness will both be used to measure success. A feedback loop will be incorporated for evaluation.
- Everyone will be responsible for communicating the new role of the IC liaisons to the ICs, both at first and over time, and to IC employees as well as higher levels of management.
- Discussed performance based vs. outcomes based assessment. Need to measure the tangible result of increased diversity across the ICs.

*The meeting was adjourned for lunch at 11:30 am and reconvened at 1:00 pm.*

## VI. Staffing Process

Presenter: Evans Aine

A copy of the restructuring staffing plan was handed out.

Mr. Aine provided some background information on what went into the staffing plan and summarized the proposed process:

**Panel selection**—The panel will decide how staff are transferred from one organization to another. There may be some uncertainties, but it will be a fair process for everyone. The Secretary's goal is that there will be no downgrades and everyone will have a job. There are some questions about lateral moves and promotions as a result of the consolidation. Any promotions will go through the merit system and open competition. Once the organization is functional, there may be some opportunities for career advancement. This is not unusual among other agencies.

**Placement process**—Placements will be done in rounds in a top-down approach, starting with the GS 15 Division Directors positions. The Steering Committee and IC Representatives will convene and make recommendations on the OEODM positions. Remaining rounds will be handled by a panel of the newly selected Division Directors.

Prior to each round, an e-mail will go out to announce the rounds. Employees have 1 week to submit documentation. If the documentation does not support a placement in that position, the panel will make a decision as to where the employee will be placed. Unexpected issues and circumstances will be handled on a case-by-case basis. (See handout for further details.)

**Question:** How will Directors be selected: competitive; "just because;" or based on ability?

**Answer:** Everyone gets treated the same way. A panel will be put together to review and make recommendations to the OEODM Director.

**Question:** What are the qualifications to become a Liaison?

**Answer:** This is not a merit system where we have a vacancy. The objective is to move people from one organization to a new one. Applicants can submit their resumes. The selection panel will review the documentations and make a decision as to where the applicants will be placed.

**Question:** What will the grade level of the IC liaison be?

**Answer:** This has yet to be determined. No promotion will occur due to the reorganization. Grade distribution has not been assigned except for the division directors (Grade 15). The steering committee will come up with some criteria for how to make the decision.

**Question:** How are the grades of Division Directors (DD) being determined—by what is necessary to be a Division Director or how many GS 15s exist and the need to place them? Will the positions be created to place them? Or are positions being created to accommodate the number of each grade?

**Answer:** A combination of both. The HHS Secretary said everyone will have a job; however, some people may decide to retire and vacate their positions. So the decision will be based on need—the need to place and the need to have specific skills. This will be taken into consideration down the line, not just at the GS 15 level.

**Comment:** Given that the ICs have exercised wide discretion in how they grade employees, some people, when thrown into the new organization, will have an advantage over others. In some ICs, people are graded on easier scales than others. Not all of us are graded on our competencies equally.

**Response:** The process will be as fair as possible. Not much can be done about discrepancies in grading at the ICs. But over a period of time some of this will work itself out. The mandate is that everyone is placed at the same pay grade.

**Question:** Has any consideration been given to giving help to employees who need resume assistance?

**Answer:** Yes, this is being considered.

**Question:** Will the career ladder remain in place?

**Answer:** If a person is coming to the organization, he or she will be placed based on skills and the needs of the organization. If the person had a career ladder, that will remain in effect. There will be a learning curve and adjustment period. A person's series will not change immediately on October 1. As far as possible, no one will be adversely affected, but mission comes first.

**Question:** As to the placement process, for the combined approach, would staff have the opportunity to decide what they want to apply for? What criteria will be given to make that decision?

**Answer:** The committee feels strongly about announcing the selection of the Division Directors as soon as it is known. The Team envisions having a Web system in which the specific Divisions and functions will be listed. This way, staff can see which Division matches their skills. It would go by rounds—so that staff will know who has been placed before them. If you were at the GS5 level, you would know who has been placed above you.

**Question:** Who will be the committee making the decisions?

**Answer:** For the GS – 15s, the Steering Committee would advise Mr. Self. Mr. Self will make the final decision. For the remaining people, staffing will be decided by the Division Directors.

- Question:** Are there going to be lateral transfers, and opportunities for promotion will come later?  
**Answer:** Yes.
- Question:** Will everyone be placed in one place?  
**Answer:** They will be placed in multiple locations.
- Question:** How many service teams will there be?  
**Answer:** Answer is forthcoming
- Question:** What EEO-related activities will not be done by IC liaison and will be left to the ICs?  
**Answer:** None. Everything related to EEO will be done by the people in this room.
- Question:** What about student recruitment, special observances, etc...the need to clarify the EEO definition?  
**Answer:** This is all related to EEO and the Special Emphasis Programs (SEP). OEODM provides the leadership. It is possible we can reach out and ask for people who happen to be of that ethnicity. You can draw them in but the responsibility will lie with us.
- Question:** Is the Adopt-a-School program EEO?  
**Answer:** That is part of the Special Emphasis Programs.
- Question:** There are 75 FTEs needed; what about FTEs not needed? Can we stay in our Institutes? Will you take people's wishes into consideration?  
**Answer:** Yes, we will to the extent possible take people's wishes into consideration. An inventory of FTEs was conducted, and overages are not anticipated. Everyone will have a job. If staff can talk their ICs into giving them another job, they are welcome to try.
- Question:** After or before the restructuring, will staff be trained for the professional series and be promoted to fit that position?  
**Answer:** Probably not, but the opportunity to "be all you can be" will be there. For support staff, promotions are competitive. Those who make an effort can be promoted.
- Question:** Will current staff at OEODM get first priority over the positions?  
**Answer:** Other than Mr. Self, everyone will compete.
- Question:** Will support staff be placed without options? If an employee has the potential to work at a higher level when applying, will that be considered in placement process?  
**Answer:** No. Everyone will be placed at current grade and salary levels.

- Question:** Will there be opportunities to work/volunteer outside one's assigned division? For example, if I am in complaints, can I volunteer for Special Emphasis or Outreach?
- Answer:** If you want to cross-train, to the extent possible, you will be given that opportunity.
- Question:** Who will be the Complaints Division Director?
- Answer:** To be determined.
- Question:** Will we get buy-outs?  
(Question deferred until later.)
- Question:** Do I have redress if placed in an IC I do not wish to be assigned to?
- Answer:** Employees' preferences will be taken into consideration, but the mission comes first. Everyone needs to be realistic. NIH has gone out of its way to keep everyone in the same jobs, so everyone will have a job and your career will be protected. Once the organizational is functional, that will not be the end of the opportunities.
- Question:** Where and when will competency take priority over politics and brownnosing?
- Answer:** Decisions will be based on the needs of the organization. It is not about brownnosing. It is about those who want to be part of a model EEO program.
- Comment:** It may be helpful to look at what Human Resources has developed for support staff, in allowing them to receive training on a formal basis so that people who have talent and skills can excel to the next level—more like succession planning. HR has a brand-new internship program specifically designed for this.
- Response:** Mr. Self said he absolutely agrees with doing an EEO intern program. Mr. Self came through the Army's intern program so he believes this is a way to go. In 1984 he was a GS-5; in 2000 he was a SES.
- Question:** Under "EEO Specialist," the positions will be announced in rounds—supervisory and nonsupervisory. You start with 12 and 13s. Can I honestly expect to get the position when my resume is going up against my supervisor's? I would expect the GS-12 to do more than me, so realistically I would probably fall under where it says "program assistant" or something like that.
- Answer:** If you are an EEO Specialist, you will transition into the new organization at that grade. Grade 13s and 14s will apply at that level unless there are too many, in which case it would be incumbent only.

**Question:** Where do I stand if I am a secretary?

**Answer:** Administrative Assistant/318 positions will be included in the new organization.

**Question:** What is the difference between a 318 secretary and program assistant?

**Answer:** 303 is the program assistant. You can get definitions from the Office of Personnel Management.

**Dr. Paige's recap:**

- Everyone who has a job will have a job.
- All movements will be lateral.
- In the first round, there will be no promotions.
- The first goal is to align skills with fulfilling the mission. There may be some technical issues with jobs and series.
- The competitive process will be an open one. Everyone will know ahead of time what happened in the previous round.
- The goal is to make this as efficient as possible, but it is a needs-based, mission-based process.

## **VII. Buyout/Early Out Plans**

Presenter: Joan Brogan

Ms. Brogan explained that there has been no clear “yes or no” answer on whether EEO staff will be offered a buyout. The restructuring team wanted to explore every opportunity that the EEO community is interested in, and assumed people would be interested in a buyout.

A handout on buyout/early out plans was provided summarizing the basic differences between VERA and VSIP. Voluntary Early Retirement Authority (VERA) requires HHS approval for positions affected by restructuring; it allows employees who are not fully eligible for retirement to retire early. Voluntary Separation Incentive Payments (VSIP) is a voluntary separation incentive payment (lump sum) to those who volunteer to retire during a downsizing period.

NIH positions currently do not have buyout authority. The OEODM Director has to request this authority. The committee can look into this option, but a decision is contingent on several factors—management analysis, cost savings, potential adverse impact, etc. (see handout for details).

**Dr. Paige's recap:**

- No definite program in place for the buy-outs.
- There is a mechanism for early retirement, but it expires in 2004.
- The committee is looking into other options.
- Even if buyout is available, the division may choose not to exercise it.

**Question:** If I am interested in a buyout, will that jeopardize my getting another position? I think it will be a problem keeping it neutral for people who say they might be interested in a buyout and might also be applying for positions.

**Answer:** Knowing they are interested in a buyout should not prejudice their chances of getting a position. First, it has to be determined how many positions there will be to staff the organization. Although there seems to be support for an EEO buyout, if the rules do not support it, OEODM cannot go down that road.

## VIII. Quality of Work Life and Administrative Concerns

Presenter: Sharrell Butler

**Question:** Will alternative work schedules/flexible work schedules be available?

**Answer:** Flexible work schedules will be offered, but specifics will not be addressed until the organization is set up.

**Question:** Will employees have the ability to work on campus or off?

**Answer:** The expectation is that preferences be tied to the work you want to do; that is yet to come.

**Question:** Will there be a satellite office?

**Answer:** Yes, but the sites are currently unknown.

**Question:** How will space be decided?

**Answer:** This has not yet been broached.

**Question:** Will there be cross-training opportunities?

**Answer:** Yes, as previously discussed, this is seen as beneficial for career development.

**Question:** Will there be additional resources to support employees?

**Answer:** The resources question is difficult to address at this point. OEODM supports staff training. While not all staff takes advantage of it, there should be a commitment to staff training. This has not been discussed in detail.

- Question:** Will employees have training development?  
**Answer:** Yes, training and staff development will be part of the new organization.
- Question:** Will IC staff be able to bring equipment? What will be provided?  
**Answer:** This has not been discussed yet; the team is waiting on the budget.
- Question:** What resources will be provided for employees?  
**Answer:** More retreats and training-related/team-building opportunities are expected. Participants are invited to give suggestions in this area.
- Question:** Will resources be provided if staff need counseling on coping techniques?  
**Answer:** Interpersonal skills training and off-site retreats will help address this.
- Question:** Will there be awards, either monetary or nonmonetary?  
**Answer:** It has been made it clear there will be awards, but no specific incentives have been discussed.
- Question:** OEODM is not a positive work environment. What will be done to change this?  
**Answer:** Some training and resources will assist with some of these issues. Senior staff will address morale issues.
- Question:** What will be done to build trust?  
**Answer:** Trust-building will be incorporated into the next retreat. It will take time to promote trust.
- Comment:** Starting over with a new supervisor will impact morale.  
**Response:** The benefit is that we know one another and have familiarity. Training for managers will address this issue. Staff will need to take time to learn different ways of communicating and managing. Division Directors and senior managers will bring issues to the forefront. We are not starting over.
- Question:** Will anyone be downgraded in the restructuring?  
**Answer:** No one will lose a grade as a result of this process.
- Question:** What happens if the administration changes?  
**Answer:** The time to get this done is now. It is better to do this now than be forced to do it later by HHS.

**Question:** What else can be done to improve morale?  
**Answer:** We can look at the evaluations function and incorporate into the thought process not only how effective we are in our jobs, but how good is the work environment, and so people can provide feedback safely and anonymously. It will help to have more data as opposed to general perceptions that “morale is bad.” Promoting a good workplace is the bottom line. OEODM can work toward that with team building exercises, seminars, etc. As Mr. Self pointed out, in his opinion, EEO provides the example for workforce behavior. (One of the participants read a quote on “optimism” and how it is something that one chooses to feel.)

**Comment:** To build morale, everyone has to participate. There is a downgrade in productivity when people feel left out. It is good to have a transition team, but to be fair, you have to get information from everyone and incorporate that into the planning process. If people perceive morale not to be up to par, there needs to be a mechanism to in which they can communicate their thoughts without fear of retaliation. All persons should be included in teambuilding.

**Response:** This is why the transition workgroup went out and tried to solicit information from everyone. It is also why the communications strategy includes having the Web site to take comments and provide answers.

**Dr. Paige’s recap:**

As we move into this process, division leaders are moving toward finding the right level of participation, right resources and facilities, policies, right attitudes and level of involvement.

## IX. Timeline

Presenter: Vi Black

Vi Black presented the timeline developed by a subcommittee including Charles Best, Mr. Self, Joan Brogan, and herself. The timeline starts on June 2003 and goes through June 2005. Much of what is on this timeline has already taken place. Ms. Black noted that she had been in an office for several years that was recently disbanded. From this she has learned that one has to embrace change; it can motivate one to do other things.

Looking at the May 2004 timeline, OEODM is on schedule for today’s retreat. The planning for this was long and painstaking and up to the last meeting because this day was set aside as very important. It has been an exercise in listening to others.

**Question:** How can people make suggestions about the timeline?  
**Answer:** Approach the subcommittee.

**Question:** Is October realistic?

**Answer:** October 1 is the date Mr. Self decided on, and it remains the goal.

**Comment:** The restructuring team has worked very hard, but there are still several gaps with things not coming to full closure yet, such as physical locations of the offices. We need to slow down and think about how this will stand up so it will stand up as successfully as possible. The position descriptions are doable. If people have concerns, they should not be afraid to bring them forward to the committee. However, there are things that have not been covered yet. We should put the brakes on a little bit and think about what is truly best for EEO. The Institutes are in for a major shock with the Liaisons. The way EEO is currently carried out will be no more, and we need to think about how to get the Institutes ready for this new reality and this new organization,

**Response:** The comment was noted.

**Comment:** Many people are feeling concerns about these practical issues in the transition. It is like going to Baghdad without a plan: you will face a disaster. While the process is fleshed out, details need to be fleshed out at the same time—even as minor as where desks will be. We need to think about a transition of activities to make sure there are limited gaps in activities and services. What kinds of activities will we carry out during the transition? We have talked about the process but not the program. Unless your goal is simply to get everyone sitting at a desk in another location with a job description under OEODM, it is not a complete plan. The example was given of the massive effort that takes place at NIH, typically in the fall, to reach out to people of color at meetings and conferences. NIH staff typically attends these functions and disseminate information to recruit people of color. EEO offices are usually represented at these meetings. A pause has been put on these activities because of the lack of information about what will happen after October.

**Response:** The comment was noted.

**Question:** On the page 3 of 3 of the timeline, it says by July 4 we will close out the '04 budget and submit the '05 budget. If there is any money in the ICs, does it transfer over?

**Answer:** There is a placeholder budget until this takes place. Certain timelines have to be followed. Most of the money has to be off the books by July 2004. There is however a placeholder for current and future organizations.

**Question:** What does the placeholder mean?

**Answer:** The current OEODM is funded through the appropriated budget mechanism. The new organization will have a management budget, which is capped. The CSAC budget was due April 5. That gives the committee time to review each organization's budget submissions and present to the ICs. In that budget we have to indicate personnel, grades, training, equipment, etc.

**Question:** Do we have a new deadline for the development of new position descriptions?

**Answer:** A new contractor has just been identified to develop them. OEODM is working to get that done.

**Dr Paige's recap:**

- Timeline was presented.
- Concerns about speed: make sure to take this at the right pace.
- As we go through the restructuring process, we need to be sensitive to making ICs ready for the transition.
- Make sure the activities are all accounted for and thought through.
- Reaching out and communicating with clients.

## **X. Wrap-up**

Mr. Self

Mr. Self again thanked everyone for coming to the retreat. He noted there is a lot of work left to do. For staff that have ongoing projects or longer-term priorities they are working on, he urged not losing those contacts and continuing with their efforts.

Mr. Self again urged participants to share suggestions and ideas online at <http://www5.od.nih.gov/oeodm/cic/plan/index.html>. Every question will be answered by Mr. Self and with the consensus of the workgroup committee. In closing, Mr. Self asked for everyone's assistance in trying to meet the October 1 deadline.

Mr. Self thanked Drs. Paige and Pace for facilitating the meeting.

Evaluation forms were circulated before adjourning.

*The meeting adjourned at approximately 3:40 pm.*

## Appendix A: Sign-In Sheet

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>IC</i>	<i>POSITION TITLE</i>	<i>SERIES</i>	<i>BLDG/RM</i>	<i>PHONE</i>
Aine	Evans	OD/OHR	HR Advisor	201	Bldg 31/IC39	301-594-1463
Basnight	Karen M.	NIGMS	EEO Manager	260	45 Natcher, 3AS 55	301-594-2751
Bellamy	Carolyn	OD/OEODM	Management Support Assistant	318	2/3E24A	301-496-8920
Best	Charles L.	NIH				301-451-6729
Bey	Janet	NIAID	EEO Assistant	318	6610 Rockledge	301-496-1013
Black	Vi	NCI Diversity Council	Chair, Diversity Council	343	31/4A48	301-594-5363
Brogan	Joan	OD/OEODM	Deputy Director, OEODM	260	2/3E04	301-402-6583
Bruce	Christina	NCI	Director, Workforce Development		6116	435-8524
Butler	Sharrell	NIDCR	Diversity Program Manager	301	31/2C21	301-496-3046
Callahanhenson	Jayne	OD/OEODM	EEO Specialist	260	2/3W05	301-402-3687
Canino	Victor	OD/OEODM	EEO Specialist	260	2/3W11	301-402-7049
Chew	Michael A.	OEODM/NCCAM	EEO Officer/Specialist	260	2/3W05	301-402-3681
Coleman	Carlton	OD/OEODM	Diversity Program Manager	260	2/3E14	301-496-2906
Croom	Mishyelle	NHLBI	EEO Officer	301	31/5A28	301-496-1763
Curtis Farrell	Marguerite	CSR	EEO Manager	260	RKL2/6152	301-435-1279

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>IC</i>	<i>POSITION TITLE</i>	<i>SERIES</i>	<i>BLDG/RM</i>	<i>PHONE</i>
Davis	Sherrie	NICHD	EEO Officer and Diversity Program Manager	260	31/2A-31	301-496-2153
Dixon	Hilda	OD	EEO Manager, OD	301	30 Bldg B135	301-402-4157
Dobson	Jackie	NIDDK	Program Analyst	345	31/9A28	301-496-3671
Durden Branyon	Marguaree	NIEHS	EEO Specialist	260	101/A012	919-541-3675
Duvall	Noah	OEODM	EEO Counselor		2/3W5	301-496-5089
Gabriel	Janette	NIAMS	EEO Officer	260	31	
Garmany	Jerry	CC EEO	EEO Specialist	260	10/IC292	301-496-9100
Gimperling	John	OD	Sup EO Specialist	260	2/3rd	594-3282
Gleeson	Molly	OD/OEODM	Management Analyst	343	2/3E29C	301-451-9692
Graham	Deborah	ORS/EEO	EEO Officer	260	31-2B37	301-496-1988
Grant	Dianne	NIMH	Admin Assistant	361	6001/6101	301-663-2697
Haley	Jennifer	OD	EEO Assistant	260	31/BIC35	301-402-4157
Haynes	Marcella	OD/OEODM	EEO Manager	260	2/3E28	301-496-2689
Hefley	Yvonne	NIAID	Acting EEO Officer/Specialist	260	6610 Rockledge Dr 5061	301-496-2938
Henderson	Dawn	NIDCR/ODM	Diversity Program Analyst	361	31/2C21	301-495-1749
Hicks	Doreen	CC	Secretary	318	10/IC292	301-496-1584
Hunter	Carolyn	OEODM/NIA/NIBI B	Management Analyst/EEO Officer	343	2/3W05 31/2B11	301-402-3313 or 3652
Ivanoff	Virginia	NIEHS	EEO Specialist	260	101/A007	919-541-2475
Jackson	Arlene	NIA	EEO Specialist	260	Baltimore NIA/IRP GRC 121	410-558-8121
Johnson	June	ORS/EEO	EEO Specialist	260	31-2B37	301-496-1988

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>IC</i>	<i>POSITION TITLE</i>	<i>SERIES</i>	<i>BLDG/RM</i>	<i>PHONE</i>
Johnson Graham	Kay	NIDCD/NINR	EEO Officer and Student Program Director	260	31/3C-08	301-496-5403
Keen	Glenda	OD/OEODM	EEO Specialist	301	2/3W05	301-496-6301
Kerschner	Maggie	NIAID	EEO Specialist	260	6610 Rklg Rm 5059	301-435-2028
King	Sandra	NIDCR/ODM	EEO Assistant	361	31/2C21	301-435-2524
Lancaster	Tina M.	NIGMS/EEO	EEO Specialist	260	45/3AS 53	301-594-2751
Layne	Freda	CIT	EEO Specialist	260	Fernwood	301-435-6260
Lee	Joan	NEI	EEO Manager	260	31/6A-49	301-496-8990
Lee	Selina	OD/OEODM	EEO Manager	260	2/3 <sup>rd</sup>	301-496-9013
Louis	Sharon	NIAMS	EEO Assistant	301	31/4C-09	301-496-0801
Lucas	Carl	CC	EEO Manager	301	10/IC292	301-496-1584
McKune	Alma	OD/OEODM	Program Assistant/Counselor	303	2/3W05	301-496-7071
Middleton Grant	Shelma	NIDCD	Program Analyst	343	31/3C-08	301-594-1745
Miers	John	NIMH	EEO Director	301	6001/6101	301-663-2697
Morales	Pedro J.	OEODM	Assistant Director, MCORP	260		
Morin	Gary	OD/OEODM	Program Analyst	343	2/3E16	301-496-9755
Ngo	Tammy	CSR	EEO Assistant	303	RKL2/6152A	301-451-8487
Odenwald	Kathy	NIEHS	EEO Manager	260	RTP, NC	919-541-2475
Okwaro	Mary	OD	EEO Specialist	260	31/BIC35	301-402-4157
Oliver	Pamela	NIDA	EEO Specialist	260	NSC/3180	301-443-7968
Pettis	Rosemary	NIDA	EEO Officer	260	NSC/3180	301-443-7968
Pruitt	Rose	OEODM	Program Manager		6006 Exec	301-594-5757
Ricks	LaTonya	OD/OEODM	Help Desk Support	Contractor	2/3W05	301-496-6301

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>IC</i>	<i>POSITION TITLE</i>	<i>SERIES</i>	<i>BLDG/RM</i>	<i>PHONE</i>
Roman	Gerard	NIEHS	EEO Specialist	260	RTP, NC	919-541-3430
Ruben	Patricia	OD/OEODM	AO	343	2/3E18	301-402-3680
Salazar	Cyrus	OD/OEODM	HEPM	260	2/3E13	301-496-1416
Self	Lawrence	OD/OEODM	OEODM Director	340	2	301-4966-6301
Shen	Hyden	OD/OEODM	Special Assistant	343	2/3E14	301-496-9281
Shevock	Frank	NIAAA	EEO Officer (Acting)	301	5635 Fishers 3001	301-443-4032
Smith	Andre	OD	Associate Ombudsman	301	2/3 <sup>rd</sup>	301- 402-7048
Thomas	Sandra	NCI		361	6116	301-425-8524
Tudisco	Becky	NIDDK	EEO Manager	260	31/9A28	301-496-3482
Vasquez	Aurelio E.	Clinical Center	EEO Assistant/Counselor	318	10/IC292	301-496-1584
Wells	Charles	OD/OEODM	Diversity Program Manager	260	3W09/Bldg 2	301-496-4627
Williams	Sha	OD/OEODM	Program Assistant	303	2/3W05	301-496-0517
Wright	Rose	NINDS	EEO Specialist	260	31/8A31	301- 496-5332

## **Appendix B: Handouts**

NIH OEODM Restructuring Team NIH EEO Community All Hands Retreat (May 25, 2004)—meeting packet

OEODM Restructuring—Pre-Retreat Briefings: Final Report as of May 12, 2004

NIH OEODM Restructuring Staffing Plan (PowerPoint)

Functional Statements, Final Drafts

Where NIH Orgs Are Located (Source: NIH Directory)

Buy-Out (VISP)/Early Out Update (VERA) (May 25, 2004)

NIH Equal Opportunity and Diversity Management Restructuring Timeline (Working Draft, May 21, 2004)