ACTION PLAN
to Achieve a Diverse Workforce

A Report Prepared by a Panel of the

**NATIONAL ACADEMY OF
PUBLIC ADMINISTRATION**

*for the Centers for Disease Control and Prevention/Agency
 for Toxic Substances and Disease Registry*

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ACTION PLAN TO ACHIEVE A DIVERSE WORKFORCE

PANEL

Brad Huther, *Chair**
LaVarne A. Burton*
Robert T. Golembiewski*
Robert M. Tobias*
Walter W. Williams
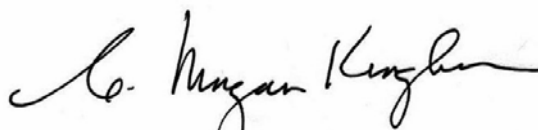Mary Ann Wyrsch*

* *Academy Fellow*

FOREWORD

For more than half a century, the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC) has been at the forefront of the fight against disease. Dedicated to protecting the public, CDC serves "as the sentinel for the health of people in the United States and throughout the world."

To prepare itself for the challenges of 21st century health threats, CDC embarked on the "Futures Initiative," a multi-year effort begun in 2002 to break down stovepipes among its scientific centers, eliminate redundancies and strengthen collaboration with partners. These efforts culminated in an organization realignment announced in April 2005. To ensure that the realignment leveraged employee talents and expertise to the fullest extent, CDC enlisted the assistance of the National Academy of Public Administration to provide trusted advice and counsel on issues of leadership development, succession planning and diversity strategies.

This report focuses exclusively on the critical issue of workforce diversity. It provides an agency-specific business case for diversity, four strategic recommendations based on the case and detailed activity plans to implement the recommendations. The Panel overseeing this effort views the strategic recommendations as fundamental to the agency's cultural transformation into a truly inclusive organization widely perceived as culturally competent and an employer of choice. Both are critical to facilitate CDC's continued achievement of research and program excellence.

I want to thank the Panel overseeing this study for its leadership, expertise and significant contributions. My thanks also go to the project staff for their research and analysis. Finally, I want to extend my appreciation to CDC leadership and staff who worked interactively and constructively with the Panel and staff to tailor a diversity strategy that meets the agency's mission needs and is organizationally synchronized with its new, more flexible structure. We hope that the Panel's recommendations will have practical application during the implementation phase and will become an integral part of CDC's institutional framework for decades to come.

C. Morgan Kinghorn
President
National Academy of Public Administration

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ACRONYMS

AHRC	Atlanta Human Resources Center
ALECA	Association of Latino Employees at CDC and ATSDR
ATSDR	Agency for Toxic Substances and Disease Registry
CAMICC	CDC/ATSDR Minority Initiatives Coordinating Committee
CDC	Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry
CIO	Centers, Institutes and Offices
CMO	Chief Management Official
EEO	Equal Employment Opportunity
EEOAC	Equal Employment Opportunity Advisory Committee
EHRP	Enterprise Human Resources and Payroll
EIS	Epidemic Intelligence Service
ELT	Executive Leadership Team
ELB	Executive Leadership Board
ELC	Excellence in Learning Council
ESC	Executive Steering Committee
HACU	Hispanic Association of Colleges and Universities
HEP	Hispanic Employment Program
HEPM	Hispanic Employment Program Manager
HHS	U.S. Department of Health and Human Services
HSI	Hispanic-Serving Institutions
IDP	Individual Development Plan
MISO	Management Information Services Office
NASA	National Aeronautics and Space Administration
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCHS	National Center for Health Statistics
NCID	National Center for Infectious Diseases
NCIPC	National Center for Injury Prevention and Control
NIOSH	National Institute of Occupational Safety and Health
OCOO	Office of the Chief Operating Officer
OD	Office of the Director
OEEO	Office of Equal Employment Opportunity
OMH	Office of Minority Health
OPM	Office of Personnel Management
OSI	Office of Strategy and Innovation
OWCD	Office of Workforce and Career Development
SBRS	Senior Biomedical Research Service
SEP	Special Emphasis Program
SEPM	Special Emphasis Program Manager
SCEP	Student Career Experiences Program
WCDO	Workforce and Career Development Officer

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Everything we know about decision-making suggests that the more diverse the available perspectives on a problem, the more likely it is that the final decision will be smart.

— James Surowiecki, The Wisdom of Crowds*, 2004*

Strengthen and diversify the pool of qualified health and behavioral science researchers.

—from "One HHS" 10 Department-wide Program Objectives

CDC is an extraordinary agency, capable of doing extraordinary work to protect people's health. The key to our success is our extraordinary workforce—the men and women who protect health around the globe. We must do everything we can to ensure that each person on the CDC team is valued—and that we applaud the uniqueness that each one of us brings. We must do more at CDC to recognize, encourage, and grow diversity. And we need to learn more about where we are falling short. Is CDC's environment fair and equitable for all employees? Are CDC policies, practices, and procedures objective, transparent and consistent across the organization? Do we have a non-discriminatory work environment? Do we have an inclusive work environment that supports the development and retention of all employees? Do we have an inclusive work environment that reflects the communities we serve? Does our work environment recognize and embrace diversity in its broadest sense and support our core values of Respect, Integrity, and Accountability?

— Dr. Julie Gerberding, November 12, 2004

CHAPTER 1
BACKGROUND AND INTRODUCTION

The Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC) reorganized in April 2005. Its leaders requested that the National Academy of Public Administration (the Academy) conduct a two-phased examination of its leadership development, succession planning and diversity strategies and programs to include assessing their operations, recommending improvements and outlining steps to strengthen the agency's ability to attain its mission-related goals "as the sentinel for the health of people in the United States and throughout the world."[1] The agency's request reflects its motivation to be proactive and preemptive in pursuing human capital improvements and to do so in a coordinated, enterprise-wide manner.

In describing CDC's intentions for its recent organizational realignment, agency officials noted the desire to amplify the agency's health impact while "leveraging employee talents and

expertise."[2] Amplifying the agency's health impact requires that CDC rely on networks and bilateral relationships which extend beyond organizational boundaries.[3] CDC also increasingly relies on teamwork to achieve its mission objectives. It follows that responding nationally and abroad to different cultures and situations, CDC teams that maximize their diversity potential are better equipped to perform their work. In the words of CDC Director Dr. Julie Gerberding, "We must do more at CDC to recognize, encourage and grow diversity. And we need to learn more about where we are falling short."[4]

Phase I: Assessment

In Phase I, the Academy Study Team, directed by the Academy Project Panel (see Appendix A), did a comprehensive literature review, conducted a workforce analysis, collected related data and analyzed activities to identify leadership development, succession planning and diversity issues. Phase I involved compiling baseline diversity data, conducting in-depth interviews with senior leadership and holding focus group meetings with key stakeholders. Phase I also included a March 30, 2005 conference, held in Atlanta, entitled, *A CDC Senior Leadership Symposium on Diversity, Leadership Development, Succession Planning: "Where We Are, Where We Need to Be."* The conference included officials from the National Aeronautics and Space Administration (NASA), the Department of Commerce, Emory University and General Electric, who shared their diversity best practices with senior CDC leaders.

What Were the Academy's Key Findings and Recommendations from Phase I?

Key findings from Phase I impacting Phase II's focus on diversity include:

- CDC's managers and employees want to be involved to make diversity efforts work.

- Efforts need to be adequately resourced to be successful.

- Existing mechanisms, such as Individual Development Plans (IDPs), internships, fellowships and rotational assignments may be helpful tools that support CDC diversity efforts.

- CDC and its component Centers, Institutes and Offices (CIOs) have, through the years, initiated various diversity efforts. However, their overall institutional legacy has been limited in part by a lack of an enterprise-wide approach, continuing leadership and management ownership, systematic data collection and analysis and CDC-wide communication of information about diversity successes. This, in turn, has hampered the agency's ability to spot early warning signs of problems, replicate its own best practices or the best practices of other federal entities and achieve the full benefits of a diverse workforce which include internalizing differences among employees so that the agency learns and grows because of them.

- In various information-gathering interviews and focus groups, a limited number of CDC managers and employees (see Appendix B for a list of all contacts) believed that agency hiring practices may not leverage best practices or consistently reflect CDC as an

employer of choice for the broad range of highly qualified candidates it needs to attract. Although not supported by statistically significant and validated survey data or independent evaluation, this is a finding that bears further investigation. It is also consistent with CDC's own 2005 Pulse Check survey results (see Chapter 4 for discussion).

Recommendations from Phase I are that leaders should:

- Agree on a vision for diversity, define a compelling business case for a diverse workforce and agree on time-specific goals and an accountability framework for diversity goals.

- Use enterprise-wide strategies to accomplish diversity goals; strategies should be sufficiently flexible to accommodate local conditions and leverage best practices.

- Establish a diversity curriculum for all employees.

- Set a bold objective to become an "employer of choice" for populations that meet the legal definition of underrepresentation and identify highly visible "quick-wins" to demonstrate commitment to action.

- Build an index to measure success and regularly communicate progress.

Phase II: The CDC Foundation for Diversity

In Phase II, the Academy Study Team focused on the critical issue of workforce diversity and developed a supporting business case, strategic recommendations based on the business case and activity plans to implement the strategic recommendations. The results of the Academy Panel's Phase II efforts are presented in this comprehensive *Action Plan to Achieve a Diverse Workforce.* The key Panel recommendation in this action plan is that CDC implement Phase II's four strategic recommendations, which the Panel believes will enhance the agency's ability to achieve a diverse workforce.

The action plan development process, described in Chapter 3, occurred at a critical organizational crossroads. CDC is completing its multi-year strategic planning process, called the Futures Initiative, including internal reorganization and establishment of new CIOs. The agency established a set of design principles and guidelines for the new organizational structure to enhance operational effectiveness and named "champions" for its various strategic imperatives including diversity. An Executive Steering Committee (ESC), with leadership responsibility for the agency's diversity efforts, and an Excellence in Learning Council (ELC), which provides guidance and operational direction to workforce and career development programs across CDC, was also established under the coordination of the agency's Office of Workforce and Career Development (OWCD). As of October 2, 2005, a newly hired Director of the Office of Equal Employment Opportunity (OEEO) will further strengthen CDC's management team.

This transitional stage, described in more detail in Chapter 2, presents the agency with optimal timing to consider how best to further involve managers and employees at all levels in the new

infrastructure. Diversity initiatives are a critical part of this transition, and an agency leadership committee has recommended vesting responsibility for coordination and implementation of the action plan with the new OEEO Director. Chapter 2 relates the organization's previous diversity accomplishments and identifies the relevant leadership groups of the newly established infrastructure.

Implicit in the Phase II strategic recommendations is that during this critical transitional phase, CDC must lay a solid enterprise-wide foundation for achieving a diverse workforce, promote a diversity message and design effective accountability and information systems. The agency must next achieve fully operational accountability and information systems, remove any barriers, achieve diversity goals and reward its successes. In its final and sustaining phase, the diversity vision becomes institutionalized and CDC is viewed as a role model for others. The agency's operating mode then exemplifies continuous improvement.

The Panel views implementing the action plan strategic recommendations, based on Chapter 4's business case, as the foundational phase of the agency's cultural transformation over time into a truly inclusive organization—an organization that will be widely perceived as culturally competent and a federal employer of choice. Both are necessary to facilitate the agency's continued research achievements and program excellence.

Briefly, the four strategic recommendations based on the business case and discussed in greater detail in Chapter 5, *Strategic Recommendations,* are as follows:

1. Develop and distribute to all employees a policy statement from the Director that commits to a fair and equitable work environment for all, encourages openness and innovation and expects high standards of performance. Follow the policy statement with diversity training for all CDC employees.

2. Develop an agency-wide system to collect and analyze data related to recruitment, placement and retention and create a system to communicate the data to varying audiences and stakeholders.

3. Create a framework that sets expectations and provides motivation for (a) CDC leaders and managers to manage diversity effectively and achieve diversity objectives, and (b) all CDC employees to demonstrate behaviors that support CDC's diversity values, objectives and activities. The framework will include performance measures that develop and maintain a diverse and culturally competent workforce and means by which leaders and managers will be held accountable for implementing the strategic recommendations for diversity as well as continuing to revise and augment diversity goals and initiatives to meet the agency's needs.

4. Starting with an initial focus on one aspect of diversity, develop a replicable program to facilitate the recruitment and employment of a diverse and high-quality staff to fill mission-critical positions at all levels. This will include the development and implementation of short-term recruitment, placement and retention strategies to increase the representation of underrepresented groups. In support of the Department's national

Hispanic Employment Initiative (HEI), the initial focus of attention will be on Hispanics, and the lessons learned from this program will be transferred to strategies addressing other groups that may be underrepresented, tailored to the group's history and concerns. These groups may include, but are not limited to, American Indians, African Americans, Asian-Pacific Islanders, women and persons with disabilities.

Following the implementation of the Phase II strategic recommendations, CDC will, as elaborated in Chapter 7, *Moving from Planning to Action: Next Steps,* need to build on the strategic recommendations. In other words, this *Action Plan to Achieve a Diverse Workforce* must be a living document. CDC management has made clear its intent to move forward on all these elements at the level of full implementation in order to enable management to bring its vision of CDC diversity to fruition.

Organization of the Document

The *Action Plan to Achieve a Diverse Workforce* consists of the following nine chapters:

Chapter 1, Background and Introduction, provides a brief history of the Academy study including information on Phase I, its key findings and recommendations and the link to Phase II and current mission drivers.

Chapter 2, CDC's Efforts to Achieve a Diverse Workforce, provides organizational context including an outline of responsibilities under the new infrastructure, what agency and departmental leadership has to say on the subject, a summary and analysis of past enterprise-wide and component efforts and related comparative data.

Chapter 3, Action Plan Development Process, outlines the organizational structure and the key players and processes that CDC and the Academy Project Panel used to develop the action plan.

Chapter 4, Business Case, presents the business needs or rationale for a diverse workforce and sets forth the larger context and definitions. The rationale includes current and future workforce demographics, the importance of an inclusive work environment and the need to develop the CDC workforce's cultural competencies. Throughout the chapter are CDC-specific data that drive home the business case. The last portion of this chapter weighs and summarizes the estimated costs associated with the strategic recommendations based on the business case.

Chapter 5, Strategic Recommendations, outlines in more detail the repertoire of skills and implementation efforts required as well as the Academy Panel's four strategic recommendations.

Chapter 6, Assessing Results, discusses key issues for CDC to consider as it determines how best to measure progress and proposes eight categories of diversity indicators that the agency might use in the development of its own diversity scorecard. The chapter also discusses possible outcome measures.

Chapter 7, Moving From Planning to Action: Next Steps, specifies a proposed leadership structure in which the OEEO Director plays a critical coordinating role, discusses the need for

resource commitment for diversity efforts, proposes a "Diversity Forum" and provides additional suggestions related to implementation of the strategic recommendations.

Chapter 8, CDC Diversity Communications Strategy, discusses the need for such a strategy and the value to the effort, key audiences, best practices, roles and responsibilities, vehicles and desired messages.

Chapter 9, Concluding Remarks, presents the concluding remarks by the Academy Project Panel.

In addition, there are twelve appendices, including Appendix C, *Strategic Recommendation Activity Plans*. The activity plans, one for each of the four strategic recommendations, provide CDC with a narrative description of the plan as well as a table presenting the specific action steps required to implement the strategic recommendation. The table includes the responsible parties and completion due dates. Each of the activity plans also includes suggested sources and examples from other organizations. This information should assist CDC's responsible parties designated in the activity plans as they move forward to implement and tailor the strategic recommendations to CDC's needs and culture. The document concludes with a brief annotated bibliography (Appendix L).

CHAPTER 2
CDC'S EFFORTS TO ACHIEVE A DIVERSE WORKFORCE

The Panel believes that the effectiveness of future progress in achieving workforce diversity will rely on the commitment and ownership of these efforts by the CDC Director. If workforce diversity is not her priority and she is not a credible and involved spokesperson, the efforts are not likely to succeed. EEO officials cannot wear the mantle of change alone; instead their role is to aid and support the organizational head. Business reengineering literature substantiates the recommendation that a champion must be at the highest level to effect meaningful change. While the capacity of mid-level managers to encourage change is important, the "capacity at the top of each agency to identify and promote alternative organizational models" remains primary.[5] Without such strong executive leadership, "a constant force from start to finish," the Government Accountability Office cautions that even the "best process design may fail to be accepted and implemented."[6]

The ESC has recently recommended that the CDC Director designate the OEEO Director as the coordinator and implementation lead for this diversity action plan. The Panel believes that this appointment and the delegation of responsibility are consistent with its recommendation as long as the reporting relationship is clear, with the OEEO Director directly accountable to the CDC Director, and as long as the CDC Director continues to be the leader of the diversity charge. The CDC Director must also hold other key organizational entities, such as the Office of the Chief Operating Officer (OCOO), OWCD and Atlanta Human Resources Center (AHRC), accountable for their essential contributions. Absent this scenario, organizational change is not likely. The organizational chart below depicts the placement of the OEEO within CDC.

Figure 1. CDC Organizational Chart
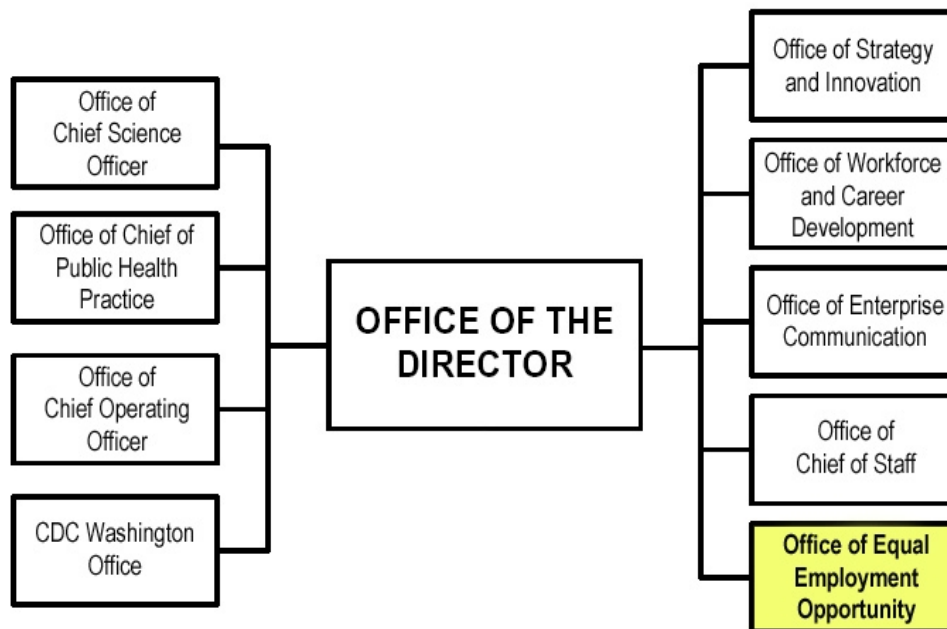
While CDC has already made significant efforts to achieve a diverse workforce, the agency is clearly now in transition, with shifts in resources, accountability, emphasis and organizational structure either recently effected or contemplated. The agency envisions building on OWCD's infrastructure to guide CDC diversity efforts. In establishing the ELC,[7] the agency sought to further involve Center directors and others throughout the organization in diversity efforts. The exact roles of the ESC and ELC and their relationship with the Executive Leadership Board (ELB), the Executive Leadership Team (ELT), OEEO, the two diversity champions, the Management Council, the OEEO Special Emphasis Program Manager (SEPM) and program-level SEPMs (described in Chapter 5), the Office of Strategy and Innovation (OSI), the OCOO and the Workforce and Career Development Officers (WCDOs) need to be determined. The agency is committed to moving forward and will rely on these internal resources, coordinated by the new OEEO Director, to achieve the broader and deeper involvement needed for long-term change.

In FY 2005, as part of its reorganization, the agency created a road map for its strategic imperatives and named champions, objectives and target dates for completion. The agency listed the following goals related to diversity:

- Leadership—Forecast future public health workforce needs and develop and implement a strategy for succession planning and for *targeted recruitment*—Champions: Dr. Ed Thompson and Dr. Stephen Thacker, ELB.

- Global Health Impact—Develop and implement strategies to improve *global workforce career development*—Champions: Dr. Stephen Blount and Dr. Stephen Thacker, ELB.

- Accountability—Execute a diversity improvement action plan based on recommendations from the Academy's review—Champion: Dr. Stephen Thacker, ELB.

Subsequently, the agency designated Mr. Reggie Mebane as the Chief Management Official (CMO) Champion for Diversity to work closely with OWCD Director, Dr. Thacker, the ELB's Diversity Champion.

From a historical perspective, diversity responsibility has been shared among various organizational levels and structures. In the summer of 2004, the OCOO initiated the Academy Phase I study. During the spring of 2005, the agency's newly launched ELC began to look at the effect of national workforce shortages and turnover on the agency. It brought together a diverse membership from across the agency to examine related agency goals and what was working to achieve those goals. The intention was to help establish communication among the coordinating centers and the CIO divisions and branches and to promote knowledge sharing.

With regard to specific diversity initiatives over the last dozen years, the agency initiated significant enterprise-wide efforts to improve workforce diversity in 1993 and again in 2001. These efforts primarily focused on:

- Recruitment

- Human resource development

- Retention

Agency-provided statistics (see Appendix D) comparing September 2005 data with that from 1993 reflect significant progress including:

- A 15-percentage point increase in minority employees in the GS-1 to GS-12 grade range, up from 31 percent to 46 percent

- A 14-percentage point increase in the number of minority employees at the GS-13 to GS-15 level, up from 12 percent to 26 percent

- A 19-percentage point increase in the number of female employees at the GS-13 to GS-15 level, up from 35 percent to 54 percent

- The correction of a 1993 conspicuous absence of females at the GS-15 level, up from 0 percent to 13 percent

- A 10 percentage point increase in the number of females (up from 20 percent to 30 percent) and a 15 percentage point increase in the number of African Americans (up from 5 percent to 20 percent) at the Senior Executive Service (SES) level including six African American and nine female representatives among the agency's total of 30 SES employees

- A 260 percent increase in the number of employees with targeted disabilities at grades 9 through 12, up from 20 to 52

The 1993 effort produced a set of recommendations that included high-level goals, objectives and timetables. The 2001 effort resulted in a report in 2003 that included examples of best practices that the agency might adopt.

These agency-wide efforts provided very general recommendations or examples for improved performance. The 1993 report included recommendations on the need for a philosophy, values, training and accountability for diversity efforts. Other recommendations included: selecting and promoting women and members of racial and ethnic groups into upper level management; assessing career development needs and developing career development programs; hiring and accommodating persons with disabilities; assessing employee job satisfaction on an ongoing basis; and working more effectively with employee groups. The 2003 framework provided a set of examples of best practices and existing mechanisms for recruitment, retention, diversity training and goal setting and progress tracking. The framework also included a *Hispanic Agenda for Action*.

Both efforts noted that, although CDC had made progress toward improving representation for some groups, significant underrepresentation issues still remained. For example, the 1993 report

described underrepresentation of Hispanics and American Indians, particularly at higher grade levels, as a continuing priority, while the report produced in 2003 noted that all minority populations were underrepresented in the majority of positions in grades 13-15.

Both efforts lacked an accountability framework and the management tools to ensure success including:

- Sustained high-level leadership involvement

- Goals, objectives and timelines (the 2001 effort did not include this)

- Implementation plans

- Delineation of roles and responsibilities for implementation accountability

- Performance measures (e.g., a diversity scorecard as proposed in Appendix E)

- Evaluation processes to monitor and assess progress

- Communication strategies to ensure buy-in and keep employees informed of progress

The absence of these critical components can be explained in part because each of these efforts, the first a blueprint and the second a framework, required additional work and resources to implement the general recommendations or best practices noted in the documents. While some actions resulted from the 1993 effort, they fell far short of the recommendations. The 1993 report remained a draft document because CDC never formally accepted or revised it.

It is unclear what resulted from the brief framework report produced in 2003. (The report is on the agency's intranet site.) The lack of follow-through on these earlier initiatives has resulted in disappointment and skepticism for some managers and employees who provided input during the Academy staff's Phase I interviews and employee focus group sessions.

The agency also created a workgroup in 2000 to address underrepresentation of Hispanics. This group was a follow-up to the Health and Human Services (HHS) Working Group on Hispanic Issues that produced a report in 1996 concerning Hispanic underrepresentation throughout HHS. That report required that HHS agencies develop implementation plans. In response, in 1997 CDC developed the *Hispanic Agenda for Action* implementation plan. That plan recommended that Hispanic representation be increased by 1.1 percent each year until it reached 11.1 percent by 2005. In 2000, the Hispanic Steering Committee and the Outreach and Marketing Branch of the CDC Human Resources Management Office did its own analysis and developed a set of goals and recommendations for recruitment, retention and accountability. The recommendations included output measures—CDC units would develop recruitment plans—and identified offices that should have accountability for each recommendation. The goals outlined in this plan have not yet been realized. As of September 2005, Hispanic employees represent 3.2 percent of the CDC workforce—almost 8 percentage points below the goal HHS set forth in 1997.

Efforts at the Centers, Institutes and Offices Level

In addition to these enterprise-wide diversity programs, between 1992 and 2003, four CDC CIOs initiated diversity efforts that focused primarily on recruitment, development and retention because they believed that having and maintaining a diverse workforce was critical to their mission. The CIO efforts were initiated by the CIO directors. In three instances, they used consultants to investigate, analyze and make recommendations. In one instance, staff developed goals and recommendations. Two of these coordinating centers have had or currently have diversity coordinators—Chronic Diseases and the National Institute for Occupational Safety and Health (NIOSH).

NIOSH is now in its fourth year of its diversity initiative and working on completion of a five-year strategic plan. Among its accomplishments are:

- An established diversity council

- A monthly diversity newsletter

- A new employee website

- An accessibility committee

- An outreach to elementary schools program

- A tactical team looking at ways the organization can address barriers to diversity

- Pilots in mentoring and new employee advising

Most recently, the Environmental Health and Injury Prevention Coordinating Center has established its own Workforce Career Development and Diversity Council. The establishment of such a complementary body may well be a viable model for other segments of CDC as they strive to bring agency-level workforce diversity initiatives into the daily fabric of their own organizations. See Appendix F for a further summary of CIO-level efforts. Chapter 3 details how the various organizational components of the agency have been working together on diversity issues in recent months and particularly during Phase II in their work with the Academy Panel and staff.

Diversity Initiatives Focused on the Commissioned Corps

In addition to efforts focused on the civil service workforce, during the 1980's, CDC embarked on an initiative focused on improving the diversity of the Epidemic Intelligence Service (EIS), a primary feeder group for the U.S. Public Health Service Commissioned Corps—then a predominantly white male enclave. Many of the some 900 CDC members of this uniformed service portion of the workforce enter the agency through the EIS program or other time-limited appointment following graduate-level education and medical fellowships. The agency recruits these highly sought-after candidates and encourages them to join the Commissioned Corps so

that they may serve without the civil service workday restrictions of, for example, an eight-hour day or 40-hour workweek. Like many who serve at CDC, these EIS Officers—Public Health Specialists and Medical Officers—who serve at the agency in some of CDC's most critical positions, frequently do field and laboratory work that requires flexibility beyond the civil service norm. Historically, this Commissioned Corps cadre has served as the preeminent feeder group for agency leadership positions including CIO directorships. Chapter 4 and Appendix J provide additional detail on progress made as a result of these initiatives.

CHAPTER 3
ACTION PLAN DEVELOPMENT PROCESS

Using the findings and recommendations from Phase I as a departure point, the Academy Study Team, under the direction of the Academy Project Panel, developed this *Action Plan to Achieve a Diverse Workforce* to implement the Phase II strategic recommendations. As previously stated, the ESC had assumed leadership for oversight of the agency's diversity activities and for implementing the strategic recommendations in the action plan. The ESC has recently recommended that the newly hired OEEO Director assume the enterprise-wide responsibility for action plan coordination and implementation with the ESC or some other designated body, serving in an advisory capacity to the OEEO Director (see Chapter 5 for further discussion of roles and responsibilities related to the strategic recommendations).

As mentioned earlier, the ESC has been chaired by Dr. Stephen Thacker, Director of OWCD and the ELB Diversity Champion. Dr. Thacker's role has been to provide vision and overall leadership and ensure accountability, working with critical others such as the CMO Champion for Diversity, Mr. Reggie Mebane. The ELB Diversity Champion is also responsible for periodically reporting progress to the CDC Director. With the ESC's current proposal to assign implementation responsibility to the new OEEO Director, this management official would coordinate the activities described in the activity plans presented in Appendix C.

Members of the ESC include:

- Karen Groux, Director, AHRC

- Avis Dickey, CMO Champion for Succession Planning

- Reggie Mebane, CMO Champion for Diversity

The action plan development process, shown below in Figure 2, also included input from an ESC Working Group, an ad hoc group primarily composed of members of the ELC and others selected by the ESC. The Working Group participants, listed in Appendix G, met in late August 2005, in Atlanta, to review and provide input to the activities required to implement the four strategic recommendations approved by the ESC.

Figure 2. Timeframe for Action Plan Development and Process
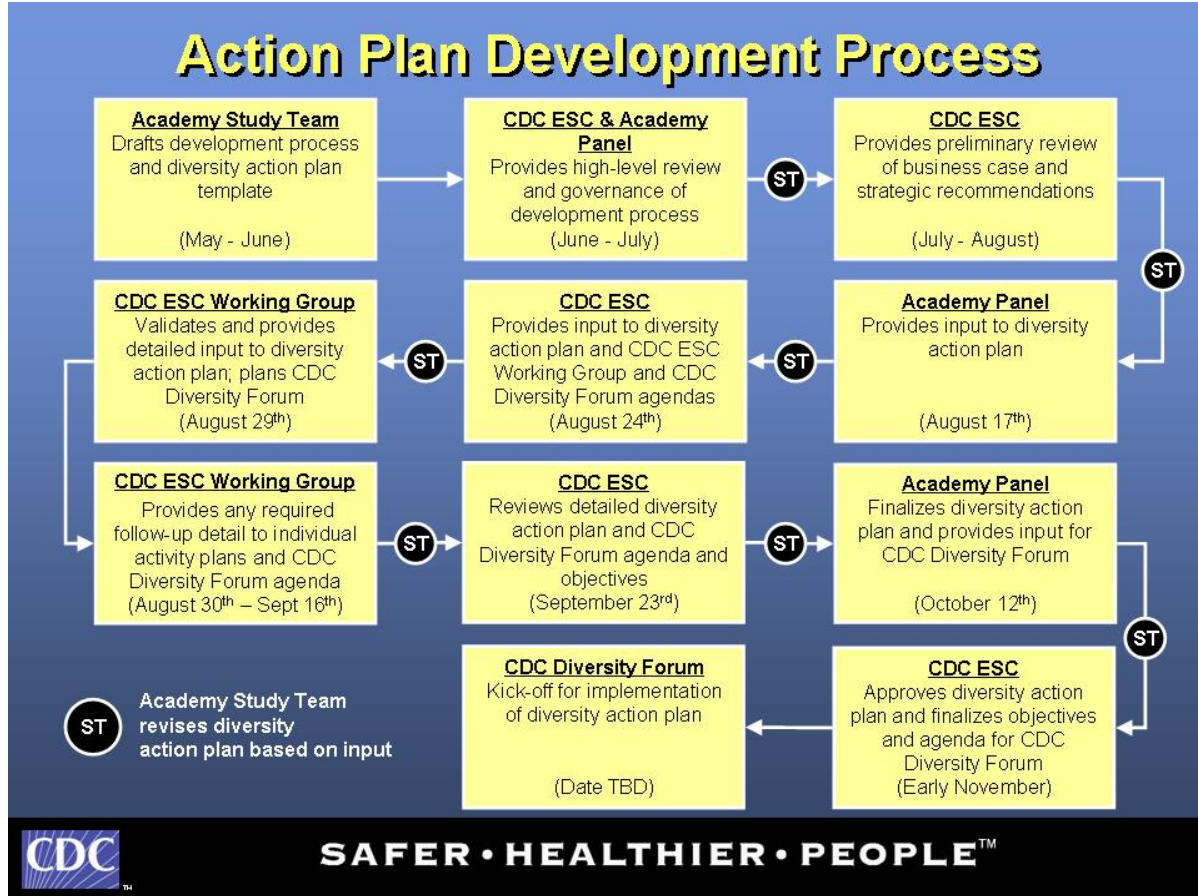
In the next few months, CDC, with support from the Academy, will sponsor a "Diversity Forum" to publicly launch the *Action Plan to Achieve a Diverse Workforce* and present the roles and responsibilities within CDC. The forum will include a representative cross-section of CDC executives, managers and employees working together to gain a common understanding of the action plan and its strategic recommendations. Participants will hear from CDC senior leadership about agency expectations and upcoming actions, meet the new OEEO Director who is the proposed coordinator of enterprise-wide diversity activities and have an opportunity to engage in dialogue with management officials responsible for the various elements of the action plan.

Chapter 7, *Moving from Planning to Action: Next Steps,* recommends specific actions to advance CDC's progress, reflect its long-term commitment, ensure activities that are replicable over time and help business unit leaders understand how the activities will be implemented within their units.

CHAPTER 4
BUSINESS CASE

The business case presented below substantiates CDC's need to achieve a diverse workforce, to be culturally competent and a federal "employer of choice" and to facilitate its continued achievement of research and program excellence. These goals are consistent with the results-orientation of the President's Management Agenda and particularly with its stated goal of making the most of the knowledge, skills and abilities of the workforce.

To achieve its mission of preventing and conquering disease, CDC must focus and use best practices to succeed in three key areas:

- Recruitment

- Work environment

- Culturally competent teams

When presented with the business case, key internal and external stakeholders, leaders and employees will more likely appreciate the need to pay attention to diversity issues beyond those required for legal compliance. CDC leaders will more convincingly deliver a bold message; one that provides compelling mission-driven reasons to attract and retain a diverse and highly-skilled workforce. Without a sense of urgency—if diversity is a "back-burner" issue—then diversity efforts will stagnate through lack of interest.

This chapter broadly defines diversity in the context of CDC, clarifies what managing diversity means and sets forth and discusses three primary business needs for achieving a diverse workforce. The chapter describes where CDC is relative to its federal counterparts based on survey data analyzed by the Partnership for Public Service and American University's Institute for the Study of Public Policy Implementation and CDC's own Pulse Check survey data. The chapter also presents some implications of the financial and non-financial components of equity. Recognizing that within the federal budget process cost is always an issue and drives priority-setting, this chapter also looks at the estimated costs of implementing the strategic recommendations to make significant progress toward achieving a diverse workforce.

BUSINESS NEEDS

This business case is based on the rationale that CDC must address the following three key components to facilitate its continued achievement of research and program excellence:

1. Leverage efforts to better access and recruit from an increasingly multicultural talent pool.

2. Create and sustain a fair and nurturing working environment for all employees that fosters informal networks, team cohesiveness, motivation, innovation and effective results.

3. Ensure a change receptive, culturally competent workforce to continue to achieve research and program excellence.

Diversity and cultural competency are often used interchangeably. In this business case, the latter refers more specifically to obtaining practical knowledge about how to understand culture and establish relationships with people from different cultures. At the organizational level, culturally competent organizations:

- Have a defined set of values and principles and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.

- Have the capacity to 1) manage diversity, 2) conduct self-assessments, 3) manage the dynamics of difference, 4) acquire and institutionalize cultural knowledge and 5) adapt to diversity and the cultural contexts of the communities they serve.

- Incorporate the above in all aspects of policy-making, administration and practice/service delivery.

- Systematically involve its customers,[8] in a culturally proficient manner, in providing input on critical policy and program issues.

An agency that successfully addresses these key components incorporates employees' perspectives into the main work of the organization, enhances work by rethinking primary tasks and redefining strategies, mission, business practices and even cultures. It builds on the similarities and an appreciation of the differences of those in the workplace who may have different professional disciplines, social backgrounds or geographic origins. Such an organization taps into the real benefit of workforce diversity.

CDC's Definition and Vision for Diversity

Today's workforce is and the future's will be enriched by people from all walks of life, backgrounds, values and ways of perceiving the world. In its narrowest sense, dimensions of diversity are:

- Age

- Ethnicity

- Gender

- Mental/physical abilities and characteristics

- Race

- Sexual orientation

Managers who view diversity narrowly often perceive affirmative action and equal employment opportunity as beneficial to minorities and women alone, with very little value to white males. For many, however, a narrow definition centered on a few characteristics is not only too exclusive, but it is also too closely linked to affirmative action.[9]

Participants at the ESC Working Group meeting (August 2005) broadly defined diversity in the context of CDC as follows:

Diversity acknowledges, appreciates and respects the many differences we recognize in each other—including the varied perspectives, approaches and competencies of those with whom we work and of the world population we serve. As a management philosophy, diversity emphasizes (a) the importance of recognizing, respecting and appreciating individual differences in order to achieve a positive work environment where all employees have the opportunity to reach their potential and maximize their contributions to the mission of the CDC, and (b) the responsibility of CDC employees to demonstrate cultural proficiency in their relationships with CDC constituents and customers.

From this broader perspective, diversity includes the above dimensions of diversity in addition to others that play an important role in shaping values, expectations and experiences. These include:

- Communications style

- Education

- Family status

- Military experience

- Organizational role and level

- Religion

- First language

- Geographic location

- Income

- Work experience

- Work style

These dimensions do not represent an exhaustive list. For example, in some organizations, diversity dimensions might also include participation in management or union roles, functional level and classification and/or proximity/distance to headquarters. Some of the more inclusive diversity dimensions listed above may seem less important than race or sexual orientation, for example. Over time, however, they do matter a great deal. Factors associated with education, socioeconomics and work experience are among those that frequently impact an organization or work group negatively. Such factors are relevant to the assumptions that people make about one another and the collaboration, openness and trust (or lack thereof) felt when working together.

Organizations that choose to define diversity broadly must ensure that their definitions of diversity—as well as the systems, policies and practices that they develop based on these definitions—do not advantage any one group over another. They also face the challenge of ensuring that the differences each employee brings to the organization are respected and used to enhance the organization's capacity, strength and adaptability. In both public and private leading organizations, such as the Social Security Administration and Cisco, the trend favors a broader definition of diversity, one that goes beyond such visible differences as race, ethnicity, age and gender. Their definition goes toward a heterogeneous culture involving everyone.

Based on the high level strategic recommendations of the business case, the Working Group also developed the following diversity vision statement:

> *CDC will build on its current strengths and improve its policies, procedures and practices to continue to ensure that it treats all employees with respect and fairness and supports them to reach their full potential to better accomplish the agency's mission as an effective guardian of public health.*

High performing organizations manage diversity. They use *strategic processes to create and maintain an equitable and positive work environment where the similarities and differences of individuals are valued so that all can reach their full potential and maximize their contributions to an organization's strategic goals and objectives.*[10] For these organizations, diversity is a guiding principle.

Based on CDC's broad definition of workforce diversity and vision for diversity, managing diversity includes considering the unique perspectives and experiences that result from all of the above dimensions of diversity. Managed well, these differences, combined with basic professional and technical work competencies, are essential to good decision-making in that they expand a group's set of possible solutions and allow the group to conceptualize problems in novel ways.[11]

In summary, workforce diversity provides the impetus and rationale for organizations to align, integrate and leverage initiatives designed to ensure their success in the 21st century.[12] An organization that does not capitalize on workforce diversity, broadly defined, and remains structured for the "workforce of the past," is likely to be left behind in the global marketplace because a traditional and rigid organizational model diminishes the ability to be effective.

BUSINESS NEED: ACCESS AND RECRUIT FROM AN INCREASINGLY MULTICULTURAL TALENT POOL

Current and future changing workforce demographics are influencing the labor pool in turbulent ways. Declining workforce growth, workforce aging, changing gender balance and increasing ethnic diversity are among the forces driving change. CDC will need to recruit from an increasingly multicultural talent pool and retain employees with multilingual and culturally competent skills if it is to continue to sustain research and program excellence, serve its customers and remain an employer of choice.

Declining Workforce Growth

Labor-force growth rates have been declining in the United States for the past 20 years. This decline is expected to continue into the 2020s.[13] After peaking at nearly 30 percent in the 1970s, growth held relatively steady at 12 percent during the 1990s. Since the U.S. labor-force growth rate is projected to drop or level off at two to three percent per decade in the future, this translates into an annual growth rate of less than one percent today and 0.2 percent by 2020.[14]

Increasing Age of the Workforce

Over the next two decades, the U.S. population aged 55 or older will increase 73 percent, while the number of younger workers will grow by only five percent. As a result, the proportion of working-age people to retired people will be about half what it was in 1950.[15] During the next decade, the percentage of individuals aged 65 to 74 in the active workforce is projected to increase from 14.8 percent to 17.3 percent.[16]

The labor pool is aging, as is the general population. People are living longer, healthier lives and the birthrate is at a historic low. While the ranks of the youngest workers (ages 16 to 24) are growing 15 percent this decade as baby boomers' children enter the workforce, the 25 to 34-year old segment is growing at just half that rate, while the workforce population between the ages of 35 and 44—the prime executive-development years—is actually declining.[17]

As baby-boomers—the 76 million people born between 1946 and 1964, more than one-quarter of all Americans—start hitting their 60s and contemplating retirement, there will not be nearly enough young people entering the workforce to compensate for their exodus. Indeed, the Bureau of Labor Statistics projects a shortfall of 10 million U.S. workers in 2010.[18] Many analysts believe that there may be 20 million jobs unfilled by the end of 2008. This is approximately twice the number of unfilled positions today. Some analysts project a shortfall of up to 30 million employees.[19]

Changing Gender Balance

Since 1950, men's workforce participation rates have steadily declined, while women aged 16 to 64 increased their workforce participation from 34 to 60 percent.[20] Knowledge work—work that requires formal and advanced schooling—is "unisex" because it can be done equally well by

both sexes.[21] If performance in academic and extracurricular leadership experiences is indicative of future success, women are likely to continue to achieve and prosper in senior management jobs.[22]

Increasing Ethnic Diversity

According to demographic projections, whites will continue to be the largest segment of the U.S. population through the first half of the 21st century. However, that situation will change dramatically toward the middle of the century. Between now and 2050, whites will increase 7.4 percent. Ninety percent of the population growth will be among groups of color. The Asian/Pacific Islander population will increase 212.9 percent, the Hispanic population (Cubans, Mexicans, Puerto Ricans, Dominicans, Salvadorans and others) will increase 187.9 percent, the African-American population will increase 71.3 percent and those of mixed race will increase 255 percent.[23]

Where is CDC Relative to Current and Future Workforce Demographics?

CDC has not typically analyzed its workforce in terms of multiculturalism, evident imbalances or conspicuous absences related to the broader dimensions of diversity or even the narrower dimensions of diversity such as race, sex and/or occupation. Nor has it set goals for legally underrepresented groups. The agency does have extensive professional discipline data, by virtue of the government's job classification system, but it does not collect data on "more private" diversity dimensions such as one's perceived social class or geographic origin. At the CIO level, CDC does not require that its directors/senior managers include in their semi-annual or annual accomplishment reports a description of diversity initiatives or personal managerial contributions. The agency also does not track awards recognizing contributions to diversity.

As of August 2005, the total number of CDC employees was 8,456 civil service employees and 906 Commissioned Corps officers. As shown in Appendix H, CDC's civil service workforce is at or close to parity when compared with the federal and Atlanta metropolitan area workforces for African Americans and Asian-Pacific Islanders; however, Hispanic and Native Americans are underrepresented.

Persons with disabilities also appear to be underrepresented. According to the 2000 United States Census, of the 49.7 million disabled in this country, 30.6 million were between the ages of 21 and 64, and of this working-age population, 57 percent were employed. Eleven percent of those with work disabilities have college degrees. Although the total number of CDC employees reporting themselves as disabled represents approximately 7 percent of their total workforce, CDC managers have noted a reluctance, particularly at higher grade levels, to identify oneself as being "disabled." Such reluctance, not unique to CDC, but common across the government, may therefore skew the data.

Persons with targeted disabilities—defined as physical or mental impairments that substantially limit one or more major life activities—number 77. From 1993 to 2005, those CDC employees reporting themselves as having a targeted disability dropped in all grade ranges except grades 9 through 12. The current representation equals 0.9 percent of the CDC workforce—or 1.1

percentage points lower than the goal for federal agencies. Thus, in order to reach the federal goal, CDC would need roughly 90 additional employees who identify themselves as having targeted disabilities, such as blind or deaf individuals (see Appendix I for additional details on the employment of those with disabilities at CDC).

A closer inspection focused on ethnicity and gender within professional and leadership positions at the GS-9 level and above, shows, with the exception of whites and Asian-Pacific Islanders, further underrepresentation in the CDC civil service workforce. [Note: The Commissioned Corps workforce at CDC provides substantial expertise to the agency, but this report deals with these 906 members separately because of the unique nature of their employment as members of the uniformed services. See Appendix J for more detailed information on Commissioned Corps representation.]

Consistent with national trends, women in civil service positions at CDC outnumber men overall, 59.4 percent to 40.6 percent, as well as in the targeted occupations of biologist and public health specialist (including all individuals working in the GS-685 and GS-401 series). Males and females are essentially evenly represented in the field of microbiology, while males outnumber females 58 percent to 42 percent in the occupation of medical officer. Within the Commissioned Corps, women represent not quite 45 percent of the workforce, but only 34.5 percent at the most populous pay level of CC-06. The female population at the various pay levels is presented in Table 1.

Table 1: Female Members of the Commissioned Corps at CDC

GRADE	# Females	Percentage of Total CC Workforce at CDC
CC-02	4	50%
CC-03	48	57%
CC-04	108	55%
CC-05	109	47%
CC-06	119	34.5%
CC-07	0	NA*

* Total population at the CC-07 level is 2.

As shown in Appendix H, within four targeted occupations—biologists, microbiologists, medical officers and public health specialists—minorities (Hispanics, American Indians, Asian Pacific Islanders and African Americans) represent almost 35 percent of the CDC civilian workforce (2,960 employees). Within the Commissioned Corps, minorities represent 19.2 percent of the population, with African Americans representing just under eight percent, Asian Pacific Islanders just over seven percent, Hispanics slightly over three percent and American Indians representing just under one percent. As in the General Schedule, minority representation at the higher pay levels is lower than at the entry and mid-levels; specifically, at the most populous CC-06 level, minority representation is just over 13 percent and no minority officers are found among the two CC-07 members at the agency.

Recruitment for these Commissioned Corps officers and targeted civil service occupations tends to be national in scope due to the degree of specialization and education required. According to the Association of Schools of Public Health, in 2004, 38.2 percent of public health school graduates were people of color. This reflects an increase of over 16 percentage points from 1980, when 21.8 percent of these graduates were people of color. Among medical school graduates, the American Association of Medical Colleges estimates that, as of 2004, 34.4 percent were minorities, up more than 22 percentage points from 1980. Looking at the broader workforce population, overall minority representation in HHS compares at 41.3 percent, while the federal workforce has 30.8 percent minority representation and the Atlanta metropolitan area has 38.7 percent.

CDC, like other federal agencies, also faces the drain of attrition—typically 6 percent across the federal government. While HHS has developed and made available a voluntary Exit Interview Survey, usage and resultant data have been minimal. CDC does have a formal workgroup, led by its Security Office, developing its own CDC entrance and exit program.

While CDC has not conducted an in-depth attrition analysis recently, the threat of attrition may be slightly higher than for the federal government overall. Commissioned Corps attrition has been impacted by the federal decision to invoke the right to order geographic deployment of these officers as needed. In addition, in calendar year 2002, when CDC lost 657 of its 8,254 civil service employees, or almost eight percent, it spent valuable resources and staff time to recruit and train 657 replacements and 96 additional staff. During calendar year 2002, the agency recruited 753 new employees, including 18 biologists, 25 microbiologists, 40 medical officers and 69 public health officers, for a net workforce increase of 1.2 percent.

Attrition is expensive for a highly specialized technical workforce for whom recruiting and training costs are high. In terms of costs, estimates vary considerably, but most studies put the cost of replacing skilled employees at six to twenty times their monthly salary.[24] Costs increase as work level complexity rises and as the scarcity of workers with the right skills increases. Conservatively estimating the average monthly salary of a CDC professional at $5,000, applying the generally agreed upon minimum cost of employee replacement at six months' salary, or $30,000 per employee, CDC would have spent almost $20 million dollars in calendar year 2002 to replace departing staff. Using the upper end of the estimated range of 20 months' salary for replacement, CDC would have spent $100,000 to replace the average employee, or more than $65 million to backfill the 657 vacancies. Attrition also contributes to lost productivity and reduces the agency's ability to meet mission goals. Investments in retention of valued employees and in a healthy work climate are therefore likely a good resource trade-off.

In addition, 40 percent of CDC's workforce is approaching retirement, with many already eligible. In calendar year 2002, more than 20 percent of those who left CDC retired. Thus, in addition to those who may choose to leave for other positions or personal reasons, CDC has the potential to lose retirement-eligible, mission-critical and senior leadership resources at escalating rates. This situation is further exacerbated by record low unemployment rates, schools not producing sufficient public healthcare professionals to replace those leaving the workforce and more use of knowledge workers who, with little organizational loyalty, view themselves as professional "free agents" who are highly mobile within their specialties.[25]

Given this situation, the Panel believes it is urgent for CDC to prepare for these potential losses of talent and knowledge by attracting new employees to replace those who leave while, to the extent possible, also retaining its mission-critical employees. A practical approach for doing so is to ensure that management practices encourage equal opportunity, inclusiveness, innovation, high performance and a learning culture that embraces all employees regardless of their cultural similarity with their leaders.[26] Finally, workers and leaders will need to develop multicultural awareness, knowledge and skills to respond appropriately to the problems and opportunities of current and future workforce demographics.[27]

CDC's broad definition of diversity and vision statement are about inclusiveness, not about legal requirements and concerns of protected groups. Taken together, they articulate a new way of thinking about maximizing the potential of everyone within the organization. As explained in Chapter 7, *Moving from Planning to Action: Next Steps,* CDC should focus on conducting an augmented Pulse Check survey to begin to further identify those employee characteristics and experiences that can be applied in pursuit of organizational objectives.

BUSINESS NEED: CREATE AND SUSTAIN A FAIR AND NURTURING WORKING ENVIRONMENT

Employees' attitudes about work and employers can directly influence informal networks, team cohesiveness, motivation, innovation and, ultimately, an organization's ability to achieve and maintain a competitive edge in the global marketplace for talent. Therefore, how people are treated increasingly determines whether an organization will thrive or even survive.[28] If employees do not experience the nurturing environment they want and need, they will likely move to another organization where they can find it.[29]

Knowledge workers, in particular, think nothing of moving from one organization, one university, one country, etc., to another, as long as they stay within the same field of knowledge.[30] To exacerbate matters, knowledge workers consider every impediment to mobility a form of discrimination. If dissatisfied employees do not leave, they may become passive, biding their time while getting pay increases, or become disgruntled and possibly seek to change their current situation by engaging in actions such as filing complaints and grievances which they think will improve their situation. These behaviors require management to focus agency resources on either managing employee performance or processing employee complaints; they are of necessity less focused on addressing business issues.[31]

Even if complaints and grievances are relatively low (or are resolved or withdrawn, as they are in roughly half the cases at CDC), dissatisfied employees can have a serious impact on absenteeism and turnover, which can be a particularly costly item for organizations.[32] For example, while it is relatively inexpensive to replace unskilled labor, it can, as previously stated, be costly to replace experienced and highly skilled employees, particularly when qualified replacements are scarce. Another impact is loss of institutional memory, with resources necessarily redirected toward building a reusable knowledge base.[33]

The health of the working environment at CDC appears to be at a critical juncture. CDC management representatives acknowledge that, over the last two years, the working environment has suffered. The Pulse Check survey and government-wide surveys cited later in this chapter substantiate this perception. Among the posited reasons is the increased pressure on the roughly 900 Commissioned Corps Officers to be deployment-ready—just as are other members of the uniformed services. Attrition among this critical cadre of highly trained experts has increased. Given that the Commissioned Corps is one of the primary feeder groups for senior management positions within the agency, the Panel believes that CDC must work quickly to stem this attrition or lose institutional memory and critical esprit de corps.

Where is CDC Relative to Its Federal Counterparts?

Given that employee attitudes are a barometer of an organization's ability to attract and retain critical workers, employee surveys provide needed insight. In evaluating CDC workplace strengths and challenges, it is perhaps most useful to look at the agency's federal cohorts. In 2003, the Partnership for Public Service and the American University Institute for the Study of Public Policy Implementation released results of their first survey of the Best Places to Work in the Federal Government and followed up in 2005 with updated rankings to provide benchmarks of the progress made for departments and sub-agencies (organizations below the department level). At the departmental level, the parent HHS ranked 11th out of 28 agencies in 2003 and 17th in 2005. CDC ranked 68th overall among 189 sub-agencies in 2003 and tied for 129th out of 218 in 2005. Its parallel sub-agencies within HHS, the National Institutes of Health came in at 31 in 2003 and tied for 122nd in 2005, while Indian Health Services ranked 88th in 2003 and 71st in 2005. Below is a summary of CDC's relative rankings and percentile standings for 2003 and 2005 for the categories most relevant to this report. In 2005, the number of sub-agencies responding to the survey increased from the 2003 level of 189 to 218, with one sub-agency included only in the overall 2005 rankings.

Table 2: Partnership for Public Service Survey Results for CDC

Category	2003 Total # of Agencies	2003 CDC Ranking	2005 Total # of Agencies	2005 CDC Ranking
Overall	189	68 (36%)	218	129 (59%)
Support for Diversity	189	108 (57%)	217	101 (47%)
Teamwork	189	N/A *	217	138 (64%)
Training and Development	189	78 (41%)	217	140 (65%)

*Rankings were provided only for those agencies that had a score at or above the average mean score. CDC did not reach that level for this category in 2003.

While most government-wide scores in this survey rose in 2005 from the 2003 baseline, two of the ten workplace dimensions experienced significant decreases. Support for diversity decreased at the highest rate, three percent. The index for this category included three questions covering commitment to a representative workforce, diversity promotion programs and managers' ability to work with employees from different backgrounds. The Partnership for Public Service

concludes that "a renewed level of commitment and energy may be needed if the federal government is to maintain its traditional role as a leader in workplace diversity."[34]

The survey also provided, for each sub-agency, the ranking assigned by various demographic groups within that agency. With the lowest number reflecting the best assessment of an organization's work climate, the information below shows the best assessment of CDC by Asian/Pacific Islander employees and the lowest by Hispanic employees. American Indian participation in the survey was too low to be statistically valid for such analysis.

Table 3: Partnership for Public Service Demographic Rankings*

Demographic Rankings by CDC Employees	Rank
Asian/Pacific Islander	30
Men	96
Black	102
Under 40	104
White	108
40 and over	116
Women	122
Hispanic	154

* http://www.usnews.com/usnews/biztech/best-places-to-work/sub-agencies/he39_at-a-glance.

The survey also reviewed such categories as Employee Skills/Mission Match, Strategic Management, Effective Leadership, Performance-based Rewards and Advancement, Pay and Benefits and Family Friendly Culture and Benefits (see the Partnership's website, www.bestplacestowork.org, for the full set of rankings and scores). In mid-November 2005, survey administrators were to provide each participating agency with an individualized report and identify how improvement in critical categories might affect overall employee perceptions, which these future survey rankings are designed to reflect.

What Do Internal Attitude Surveys Show?

To assess its organizational climate, CDC administered its own Pulse Check survey to all of its employees in April 2005. While CDC management urges caution in drawing broad conclusions based on this somewhat unscientific, attitudinal survey, the agency found the results provided insights into current employee perceptions. The survey also mirrored the findings of the cultural audit administered by the Academy in December 2004. The survey included general questions about CDC's strengths and opportunities, current effectiveness and future direction. The response rate was 48 percent. Survey analysis was based on the roughly 37 percent of employees who completed the survey; partially completed surveys were not included in the survey results. The data in the 2005 Pulse Check survey were compared to the 2003 Pulse Check survey results. Responses to all questions were on a five-point scale: 1, Not at all; 2, Little

Extent; 3, Some Extent; 4, Great Extent; and 5, Very Great Extent. Some of the responses are highlighted below.

To what extent do people feel motivated to contribute their best effort? 53.8 percent responded "Great/Very Great," 19.8 percent responded "Not at all/Little Extent" and 26.4 percent responded "Some Extent." With a possible range of 1 to 5, the average score stayed the same from 3.50 in 2003 to 3.50 in 2005.

To what extent are you confident that there will be increased opportunities in the future for people at CDC? 19.6 percent responded "Great/Very Great," 48.1 percent responded "Not at all/Little Extent" and 32.3 percent responded "Some Extent."

On this question, the average score decreased from 2.93 in 2003 to 2.55 in 2005. There are several possible reasons for this decline. It may reflect a sense that the CDC budget will limit future growth. Alternatively, it may reflect a lack of employee understanding about advancement opportunities at the agency or a lack of confidence in the integrity, fairness or efficiency of the selection process for either employment or training. Some respondents may also be signaling recognition of the disparity between current employee skills and the skills the agency will need to meet future mission needs.

What is the greatest threat to CDC's future? 68 percent of employees cited "Losing Key Staff" as the greatest threat to CDC's future—up 1 percent from 2003.

While employee turnover is not a new issue, the Panel believes it is more relevant today and its importance will be even greater given declining workforce growth and the tendency of knowledge workers who view themselves as free agents. In a related finding, 56 percent of respondents found the hiring process to be either "Not at all/Little Extent" effective. The survey did not define the "hiring process." Thus, employees/managers may have been focusing on any part of the recruitment/placement continuum, such as lack of budget and/or positions to recruit, hiring freezes and/or agency reorganization. Respondents may have had a particular concern in mind, such as non-selection or failure to qualify for a specific position. Even without clear information on why respondents had little confidence in the hiring process, the survey does provide insights for the agency to consider. Coupled with the concern about losing staff, the Panel believes the agency should conduct more refined surveys in the future to ascertain the specific nature and extent of the concerns with the hiring process. Based on those results, the agency can then construct issue-oriented studies to determine what aspects of the hiring process may warrant senior CDC leadership and management action such as adopting the best practices of other organizations.

An Employer of Choice

Increasingly, in our mobile society, employees seek out the best employers—those who offer the best compensation and benefits, most flexibility and most positive work climate. Organizations strive to be an employer of choice, or the best organization for which to work, because this translates directly into lower rates of turnover.[35] In organizations like CDC, where work is

interdependent and reliant on informal networks and teamwork, such high turnover destroys the social fabric that enables people to effectively work together, with costs particularly high.[36]

In the last decade, managers have, of necessity, intensified their focus on acquiring the best talent, motivating employees to improve performance, keeping them satisfied and loyal, developing them so they can grow and contribute skills and retaining them. Because CDC, like other federal agencies, is experiencing a human capital crisis and war for talent, remaining an employer of choice has become a business necessity. Toward this end, CDC has built several partnerships with academic institutions, but it has not collected or analyzed data to determine if these sustained relationships have netted positive results in terms of recruitment or retention (see Appendix K for additional details on these partnerships).

CDC works in 48 countries.[37] Similar to other organizations that operate globally, CDC will face increasing competition for top employees. To be successful in the global marketplace requires that the standards of a leader's performance change, from the old functional model to a model with a personal dimension. That is, increasingly, premiere leaders will lead not by virtue of power alone, but by excelling in the art of relationship, the singular expertise that the changing organizational climate renders indispensable.[38] Not surprisingly, the "virtuoso" in interpersonal skills has become the corporate "superstar" of the future.[39]

The NASA leadership model, well known in government and industry and considered a benchmark for such models, contains six performance dimensions.[40] Of these, three relate to this important personal aspect of leadership critical to CDC and other organizations competing to be a global employer of choice:

- Personal effectiveness including:

    o Relating to others
    o Building trust
    o Supportive relationships
    o Cross-cultural relationships
    o Personal capabilities and characteristics such as integrity, honesty and self-development

- Working internationally including:

    o Cross-cultural relationships
    o International partnerships and alliances

- Managing people and organizations including:

    o Leading/managing people
    o Leading/managing diversity

See NASA's website at http://leadership.nasa.gov/lmd/home.htm for detailed information about their model and possible applicability to CDC accountability systems, as recommended in strategic recommendation 3 (Chapter 5).

Creating a fair and nurturing work environment is a necessary and practical first step for meeting the universal human need for inclusion and respect. As mentioned, it is also a necessary condition for becoming or remaining an employer of choice, reducing voluntary turnover and fostering the growth of informal networks critical to work accomplishment by knowledge workers. According to Peter Drucker, with knowledge work, teams are the work unit rather than the individual.[41] Skills that help people harmonize and remain satisfied will become increasingly valued as a workplace asset.[42]

The kind of respect that has implications for employee morale does not come from deference to power or the expectation of reward, but from a sense of the intrinsic worth of human beings—all human beings. *Respect is the treatment of people as unique and important.[43] Equity is the desire to be treated justly in relation to the basic conditions of employment.[44]* These conditions are expected simply by virtue of being employed and derive from generally accepted ethical and community standards.

In such a nurturing work environment, strong, cohesive teams, both ad hoc and standing, deliver work products and are critical to an organization's mission success. Increasingly, strong, cohesive teams find their strength in loose networks of colleagues; different tasks can mean calling on different members of the network. The extent that workers feel included and respected contributes to their willingness to call on different members of the network. If people believe they can do so, this creates the chance for ad hoc groups, each with a membership tailored to offer an optimal array of talents, expertise and placement. Just how well people can "work" a network—in effect, make it into a temporary, ad hoc team—is a crucial factor in on-the-job success.[45]

For example, the "stars" were studied in one division at Bell Labs, a unit that creates and designs the electronic switches that control telephone systems—a highly sophisticated and demanding piece of electronic engineering. Because the work is beyond the capacity of any one person to tackle, it is done in teams that can range from just five engineers to 150. No single engineer knows enough to do the job alone; getting things done demands tapping into other people's expertise.

To find out what made the difference between those who were highly productive and those who were only average, Robert Kelley and Janet Caplan had managers and peers nominate the 10 to 15 percent of engineers who stood out as stars. When they compared the exemplary contributors with everyone else, initially the most dramatic finding was the paucity of differences between the two groups. But after detailed interviews, the critical differences emerged in the internal and interpersonal strategies the exemplary contributors used to get their work done. One of the most important differences turned out to be a rapport with a network of key people.[46] Such a skill is essential in effective teamwork.

Beyond these interpersonal elements are the two major financial components of equity: job security and pay. Pay at CDC does not appear to be the major reason people stay at the agency. Several years ago, an internal agency task force determined that, in spite of the fact that salaries were deemed non-competitive, student loan repayment authority was not warranted to recruit and retain desired expertise. According to well-known management expert Peter Drucker, "Money is as important to knowledge workers as to anybody else, but they do not accept it as the ultimate yardstick, nor do they consider money as a substitute for professional performance and achievement. Indeed, most knowledge workers see their work as tantamount to their life."[47]

The *Best Places to Work in the Federal Government Surveys* reinforce this notion. The 2003 survey ranked CDC 110th among 189 sub-agencies for pay and benefits and 40th among 189 sub-agencies in the category of performance-based rewards and advancement. Employee dissatisfaction with pay and benefits and concurrent satisfaction with agency awards and advancement in 2003 are consistent with the literature on knowledge workers and may also relate to the major non-financial component of equity. By 2005, however, the survey rated CDC as 135th among 217 agencies in the category of performance-based reward and advancement—a ranking more consistent with the dissatisfaction with pay and benefits.

The major non-financial component of equity is respect.[48] Within the federal sector, employees value honor awards, letters of commendation, public celebration of contributions and opportunities for high visibility assignments; these are yardsticks of organizational respect. Treating people as unique and important means an employee is not just being tolerated (as in a "necessary cost"), but is made to feel welcome and genuinely included. Feeling welcome is a tremendous morale booster for every person.[49] Equality is at the heart of respect—the treatment of each individual as important and unique without regard to any other characteristics, such as gender, race, income, or even perceived performance or contribution to the organization.[50]

In summary, leaders and managers who create an inclusive work environment also create added value for organizational performance.[51] Staff members who feel valued are encouraged in their pursuit of innovation and do their best. If the organizational culture makes employees feel valued *and* the precondition of a fair and equitable work environment is met, employees will usually take the initiative to apply their skills and experiences in new ways to enhance their job performance.[52] Finally, as the labor pool shrinks in the years to come, being able to provide a work environment in which all kinds of employees can thrive (regardless of age, gender, discipline, social class, geographic origin, etc.) will be a competitive edge for organizations.

BUSINESS NEED: ENSURE A CULTURALLY COMPETENT WORKFORCE

In addition to the need to access and recruit from an increasingly multilingual labor pool and create an inclusive working environment for all employees, there is an increasing need to develop the cultural competencies of workers and leaders—particularly given CDC's strategic transformation process, the Futures Initiative. As stated, CDC also needs a culturally competent workforce to continue to achieve research and program excellence. The organization also needs to be "change ready."

The Need to Be Change Ready

In June 2003, CDC initiated an agency-wide, multi-year strategic planning process called the Futures Initiative, which was intended, in part, to maximize health service and further the goals of the President's Management Agenda. The driving force behind the Futures Initiative is the need to promote the exchange of ideas to achieve greater health impact and be more responsive to customers. Customers are at the top of the organizational chart and health information at the "front door." This enables CDC to deal with a whole set of network sectors, including public health, business and workers, education, healthcare delivery and other federal agencies critical to success.[53]

The Futures Initiative effort continues to present challenges as well as stimulate synergistic change throughout CDC. These changes are being made to ensure not only that the agency's goals are being met effectively, efficiently and equitably, but also that the agency is change ready, i.e., capable of altering its strategies and capabilities rapidly to better meet the demands of today's unpredictable environment, be it avian flu virus or anthrax threats.

Becoming change ready is especially urgent for CDC as the agency focuses on the critical concerns related to public healthcare, quality of life and protection from bioterrorist threats. While it is unlikely that CDC will be able to predict the next big health threat, it must, nevertheless, be ready to quickly and effectively respond to it—whatever, whenever and wherever it may happen to occur. Informal networks, discussed earlier, are especially critical for handling unanticipated problems and are an important component of an agency's ability to be change ready. Among CDC examples are the highly adaptive, informal networks of information and communications specialists, lab scientists, occupational health staff and environmental health staff, all working together, or the network of laboratories that collaborated during the SARS outbreak to find the virus and determine its genetic sequence and develop diagnostic tests. The latter moved diagonally and elliptically, skipping entire functions to get things done.[54]

Creating an inclusive environment promotes the exchange of ideas. Additionally, the exchange of ideas is enhanced if employees are encouraged to tap their differences for creative ideas. In the words of CDC Director, Dr. Julie Gerberding, "[P]art of this (Futures Initiative effort) is a recognition that we are one very important player in the health protection network and that we have some leadership responsibilities to bring to bear in assuring that we do our job, not just for health protection from emerging threats, but also for the other chronic diseases and injuries and disabilities that we have responsibility for."[55] For example, two centers and one program focus on infectious disease, but they work together in a cluster to attain efficiencies of shared business services and identify synergies and innovations.

In response to the 2005 Pulse Check survey question, "To what extent are you confident that the Futures Initiative will result in real positive changes for CDC?," 11.0 percent responded "Great/Very Great," 65.2 percent responded "Not at all/Little Extent" and 23.7 percent responded "Some Extent." The average score on this question decreased from 2.67 in 2003 to 2.10 in 2005. These results suggest, consistent with many large-scale change efforts, that implementation of the Futures Initiative has been and continues to be difficult for many CDC employees. As with all parts of the Pulse Check survey, there are many possible interpretations.

Responses to this query may reflect an employee cynicism relating to the "management flavor of the month," a disconnect between individual and organizational goals and/or a lack of a sense of inclusion in the larger organizational scheme.

Encouraging diversity to maximize the benefits of the April 2005 reorganization also requires that CDC leadership focus on creating an inclusive atmosphere that encourages teamwork and the development of informal networks—including non-traditional, cross-sector partnerships. CDC has been making steady progress in this area. For example, CDC began enhanced collaboration with the FBI following the anthrax attacks. They trained thousands of law enforcement and public health officials in a new science called forensic epidemiology. Individuals on the front line, who ordinarily work from an FBI or CDC culture, now understand each other and can investigate more effectively. This instance reflects CDC's ability to share many new ideas and leverage internal and external collaboration.[56]

The Importance of Diversity to Research and Program Excellence

Though there have been tremendous improvements in the health status of Americans due in part to advances in technology, research, health promotion and disease prevention, the improvements have not benefited every population, age group or social class equally. A long-standing and well-documented pattern of disparity continues to plague the disabled as well as racially and ethnically diverse populations in terms of incidence of illness, disease and death. This pattern is evident in healthcare outcomes and utilization.[57] To deal with this disparity requires new protocols, approaches and interventions, as well as a new research agenda encompassing design, conduct, dissemination and collaboration with diverse racial and ethnic communities.[58]

A research organization with a diverse workforce is likely to be better equipped to understand these health disparities, community trends and historical patterns and reactions.[59] It is also likely to be better prepared to accomplish its goals for mission outreach and education. A more diverse workforce and the concomitant keener understanding of potential scientific impacts put CDC in a better position to examine such areas as ethno-medicine, ethno-pharmacogenetics and ethnically transferred and influenced diseases. For example:

- Different cultures have different pain styles and reactions, religious beliefs and customs, dietary practices, ways of dealing with death, gender roles and family constructs.

- Varying metabolic rates among ethnic groups may indicate lower drug dosages. Some groups are more likely than others to have low levels of certain enzymes required to metabolize various pharmaceuticals.

- Some drugs may be more effective in one group than another.

- Diseases such as Tay-Sachs, cystic fibrosis, sickle cell anemia, tuberculosis and asthma all have ethnic links or influences of which a research organization, such as CDC, must be fully cognizant to maximize its research efforts.

CDC must also position itself to fully confront the impacts of racial and ethnic disparities in healthcare as well as disparities related to age. Disparities in infant mortality, immunization rates and obesity are among the best documented.

There are numerous reasons to substantiate the need for greater cultural competence in primary healthcare research. There is a strong and well-documented history of mistrust of research within diverse disenfranchised communities, particularly among communities of color and non-ethnic cultural groups.[60] Culturally competent methodologies are essential to effectively address this history of mistrust of research.[61] Research likely will have greater validity, relevance and receptivity for the groups studied if the projects or proposals are culturally based and reflect the cultural competence of the practitioner, researcher or research team.[62]

Culturally-conscious research strengthens the effectiveness of professionals, organizations and service systems by providing them with accurate information to improve the efficacy of their work. In addition, it empowers diverse communities by equipping them with the knowledge and skills to understand healthcare issues and intervene on their own behalf. Finally, it incorporates the value of reciprocity, which is demonstrated by benefits derived from the allocation of fiscal and other resources to individuals and diverse communities studied.

Costs of Implementation vs. Costs of Complaints

Included in this business case are the estimated costs associated with the various strategic recommendations. The business case also points out the potential benefits that accrue to an organization that invests in building a healthy organization, e.g., reduced attrition and reduction in the volume of complaints.

As noted earlier in this chapter, dissatisfied employees are more likely to leave the organization's employment or find outlets for their grievances. Attrition is expensive. The resources spent on hiring (e.g., recruitment, pre-employment interview travel, review of applications, orientation, security background checks, move costs, training) are ineffective if the new hires do not stay with the agency. Likewise, federal entities such as the Department of Veterans Affairs have established that, for each complaint or grievance preempted, an organization saves at least $50,000—attributable to costs for counseling, investigation, reporting, mediation, etc., not to mention time lost in support of the mission.[63] The Equal Employment Opportunity Commission estimated the total cost to process an EEO complaint, from pre-complaint counseling to litigation, at between $162,390 and $310,390; the agency based this estimate on costs from 1996.[64]

From FY 2000 through FY 2004, CDC has had:

- 383 informal complaints

- 198 formal complaints

- 243 resolved or withdrawn complaints (out of the total of 581 formal and informal)

- 90 grievances

While CDC has not compared its complaint levels with those of other federal agencies, CDC management officials see some positive signs, with roughly half the complaints withdrawn or resolved and in a decreasing number of grievances. In FY 2005, employees filed five grievances, or about half the number of grievances filed in FY 2004 and 80 percent less than in FY 2003. However, during FY 2005, CDC employees filed 88 additional informal complaints and 42 formal complaints.

Assuming that only formal complaints cost the full $50,000 estimated by the Department of Veterans Affairs, CDC has likely spent almost $9.9 million for the 198 formal EEO complaints filed against the agency from FY 2000 through FY 2004. Averaging not quite 40 complaints each fiscal year, the average annual cost of formal complaints would be roughly $2 million. While diversity initiatives will not likely eliminate all of these complaints, continued agency focus on diversity issues will promote a healthier workplace and could reduce the complaint volume and associated costs over time. In weighing the appropriate level of investment in a healthier workplace, this estimated alternative cost is a valuable yardstick.

Estimated Direct Start-Up Costs

The Academy staff has estimated, with input from CDC staff, the first year (Table 4) and second year activity costs (Table 5) of implementing the four strategic recommendations. These estimates are a rough order of magnitude (ROM)—meaning that they are preliminary and must be validated by conducting detailed activity planning, resource allocation and budgetary cost estimating. CDC should consider these ROM cost estimates as the estimated direct infrastructure start-up costs and weigh additional costs and factors normally associated with any strategic initiative. Additional costs should include the indirect costs of staff time unavailable for use on other CDC initiatives as well as governance and administrative support required to support implementation of this action plan. As the diversity effort evolves and expands, additional costs will likely emerge. Many of these additional costs will, however, be costs already included in the budgets of other daily agency activities associated with normal workforce lifecycle costs such as recruitment, placement, professional development and various other human capital events.

Second year costs do not address costs associated with advancing the diversity curriculum past the initial, primer, computer-based training, as there are numerous training options and price-points possible. Training options include incorporating a blended learning approach (using computer-based and instructor-led training) as well as lecture series, guest speakers, forums and case study presentations. A robust curriculum varies delivery methods, content and context to multiple levels of audiences to ensure the widest possible acceptance of and growth from the curriculum. The agency can reduce the cost of a robust diversity curriculum by using in-house staff, such as the OEEO Director, to deliver training or expanding CDC's instructor base by taking the "train the trainer" approach. As with any initiative, the agency must clearly define the goals and objectives for each piece of the curriculum, assess its impact and actively measure performance.

Table 6 provides grant and internship cost estimates related to partnerships with academic and professional organizations, as outlined in the activity plan for strategic recommendation 4 (see Appendix C). CDC has many established partnerships (see Appendix G) that offer grants and internships. The agency should therefore assess and benchmark these partnerships' activities, impacts and associated costs prior to creating additional partnerships, grants and/or internships.

				Table 4. Estimated First Year Start-Up Costs			
SR	Activity	Primary Org Unit(s)	Existing Staff Utilization Cost	Existing Staff Utilization Cost in dollars (Assumes $100/hr to include cost of benefits)	New Cost	Total
1	Develop a policy statement	OEEO OD	180 hours	$18,000		$18,000
1	Deliver a two-hour, commercial off-the-shelf (COTS) computer-based diversity training primer to all CDC employees; costs do not include employee time to take course	OEEO MISO*	160 hours	$16,000	$200,000	$216,000
1	Update and maintain the CDC diversity intranet website and develop a CDC diversity Internet website	OEEO	280 hours	$28,000		$28,000
2	Design and scope a system/process to collect, analyze and report diversity workforce data related to recruitment, placement and retention	OEEO OWCD AHRC MISO	960 hours	$96,000		$96,000
3	Establish an accountability framework	OEEO OWCD AHRC OCOO	960 hours	$96,000		$96,000
4	Enhance the Special Emphasis Program (SEP) initially for the recruitment of Hispanics that will include developing methods that are replicable for other SEPs	OEEO OWCD AHRC	480 hours	$48,000		$48,000
	TOTALS		3020 hours	$302,000	$200,000	$502,000
These cost estimates are preliminary and only consider the projected direct infrastructure start-up costs of implementing the activities delineated in Appendix C. CDC must validate these estimates by conducting detailed task planning, resource allocation and budgetary cost estimating as well as weighing additional costs and factors normally associated with any strategic initiative (e.g., indirect costs of leadership governance, management review and various staff and administrative support activities).						

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* Management Information Services Office

				Table 5. Estimated Second Year Costs			

SR	Activity	Primary Org Unit(s)	Existing Staff Utilization Cost	Existing Staff Utilization Cost in dollars (Assumes $100/hr to include cost of benefits)	New Cost	Total
1	Maintenance of computer-based new employee primer or refresher training	OEEO	80 hours	$8,000	$10,000	$18,000
1	Maintenance of CDC diversity intranet and Internet websites	OEEO	140 hours	$14,000		$14,000
2	Implement and maintain a system/process to collect, analyze and report diversity workforce data related to recruitment, placement and retention	OEEO OWCD AHRC MISO	TBD	TBD	TBD	TBD
4	Maintain and expand the SEP for the targeted recruitment of underrepresented groups	OEEO OWCD AHRC	480 hours	$48,000		$48,000
	TOTALS (excludes TBD costs)		700 hours	$70,000	$10,000	$80,000

Additional second year costs are expected as CDC's diversity initiatives evolve and expand. The costs associated with implementing and maintaining a workforce diversity analytics system/process are unknown (TBD) due to the uncertainty as to what data are needed, if that data are located within existing systems, ease of data extraction, formats, etc.

			Table 6. Estimated Costs Associated With Partnership Grants and Internships			

SR	Activity	Primary Org Unit(s)	Existing Staff Utilization Cost	Existing Staff Utilization Cost in dollars (Assumes $100/hr to include cost of benefits)	New Cost	Total
4	Grants and internships for academic institutions serving underrepresented groups	OMH	160 hours per institution	$16,000	$200,000 per institution	$216,000 per institution
5	Grants for professional organizations serving underrepresented groups	OMH	80 hours per organization	$8,000	$50,000 per organization	$58,000 per organization

Existing CDC grants and internships with academic institutions and professional organizations must be assessed for structure, cost and impact to ensure maximum use of resources and funds prior to creating additional partnerships. This assessment should delineate which existing partnerships should be augmented and/or restructured or provide invaluable benchmarks for developing additional partnerships.

CHAPTER 5
STRATEGIC RECOMMENDATIONS

Achieving a diverse workforce enables an organization to take advantage of the creative and entrepreneurial possibilities that such a workforce can offer[65] and can enhance an organization's performance. It can also create the synergy to be better able to attract and retain the needed people and skills necessary for CDC to maintain its research and program excellence. Attaining such a workforce entails more than complying with legal diversity requirements to include the broader dimensions of diversity. Therefore, the organization must manage its diversity policies as directly as it manages a research program. Drivers may change, but the basic premise of managing diversity and creating cultural competency remains the same—the full engagement of talent and respect for all.[66]

Given the many and changing priorities CDC faces, the ESC has told Academy project staff that it cannot afford to establish single-purpose positions for diversity activities throughout the organization. Instead, it recommends assigning diversity coordination responsibilities at the enterprise-level to the OEEO Director, utilizing an OEEO SEPM and leveraging the efforts of a number of other staff to achieve a diverse workforce.

The Panel believes the efforts to achieve a diverse workforce must equal CDC's efforts to achieve professional and technical competencies at every level of the organization. In this regard, CDC must integrate a repertoire of skills into its mission and primary business processes including:

- <u>Teamwork and interpersonal skills</u>. Unlike a strictly hierarchical structure, teamwork entails making a number of shared decisions. Staff need to learn collaborative work and decision skills and communication abilities become more important.

- <u>Strategic international understanding</u>. Leaders need to have a strategic vision of where the organization is going, place it in a global context and understand the customer implications of operating in different localities.

- <u>Multicultural sensitivity</u>. Multicultural sensitivity *cannot* be gained readily through academic instruction alone, such as learning a new language. With 20 percent of Americans speaking a language other than English at home,[67] efforts to learn a second language demonstrate interest in other cultures, but are *not* a substitute for cross-cultural training and work experience.[68]

Beyond creating a more diverse workforce, CDC's diversity efforts need to mitigate linguistic, cultural and technical barriers to communication. Some of these efforts are relatively easy to achieve, such as having portions of a web page available in Spanish. Others require openness to see things differently. For example, some cultures attribute sacred characteristics to given animal or bird species and might object to the mass-killing of avian populations to prevent the spread of avian flu. Rural Vietnamese women often purposefully avoid their newborn children. While an outsider might perceive this as neglect, it stems instead from a cultural belief that

spirits attracted to infants may "steal" them.[69] Because antibiotics are accessible over the counter in Mexico, many newly arrived Hispanics of Mexican heritage are dissatisfied with their medical care if they are not given these drugs when they are sick. These individuals have a substantially different perspective on the growing problem of antibiotic-resistant infections.[70] Cross-cultural training can address such issues.

Additionally, CDC needs to build its leadership development processes on active, participatory work—action learning and coaching. In such settings, participants use what they are learning to diagnose and solve real problems in their organizations.[71] Through such programs, participants observe problem-solving approaches that are different than their own and can discuss the varied approaches in a neutral setting.

The Panel believes, and as previously discussed, that an important component of developing a diverse workforce is increasing informal networks, particularly among the various coordinating centers. Cross-fertilization among these networks has the potential to accelerate mission accomplishment and lead to medical breakthroughs. As colleagues communicate across organizational boundaries, whether they meet during brown bag lunches or playing on CDC softball teams, they enhance the abilities and effectiveness of the standing teams and ad hoc teams on which they work. The enhanced variety of viewpoints and perspectives can have a direct impact on work. Ironically, some of the best examples of this are on TV medical dramas. For example, team members may have similar medical capabilities, but one team member may know that a patient from another culture may drink a lot of one kind of tea that interacts poorly with a drug that another team member wants to prescribe.

CDC has used formal networks to break down old stove-pipes and build bridges to accomplish its mission. For example, CDC's BioSense network gathers data from clinical laboratories, hospital systems, ambulatory care sites, health plans, pharmacy chains and U.S. Department of Defense and Veterans Administration medical treatment facilities to establish near real-time data to rapidly detect, quantify and localize public health emergencies.[72] The agency also established a Trailblazer Team of staff from across 18 divisions to curb confusion surrounding obesity and overweight and its adverse effects on health and to help it bolster its ability to pinpoint the number of deaths resulting from obesity—typically not listed as a cause of death on death certificates. As a result of this networking effort, people across the organization whose work is tied to obesity are coming together to work on this problem in a manner similar to that used to deal with other emergency health issues such as infectious diseases.[73] This type of informal networking will likely help the agency to identify further opportunities for other such cross-agency initiatives.

CDC will gain strength as it continues to evolve and welcome those of varying backgrounds, disciplines, social class and geographic origin. A diverse and culturally competent workforce now can help to produce successful, change ready leadership in the future. In today's increasing competition for talent, an organization with strong, culturally competent leaders can have a competitive advantage in the global marketplace for talent.

Finally, CDC must embrace the challenge implicit in the questions Dr. Julie Gerberding posed on November 12, 2004 when she declared that CDC must "ensure that each person on the CDC

team is valued" and that the agency "must do more…to recognize, encourage, and grow diversity" (see full quote in Chapter 1). It must go beyond meeting legal requirements for representation and affirmative action. Not doing so would put the agency out of touch with demographic realities and the health needs of the nation and the world. For this reason, the Panel recommends that CDC implement the four strategic recommendations presented below. Implementation efforts will:

- Involve managers and employees in efforts.

- Create an infrastructure to design and drive strategies.

- Provide needed quantitative and trend analysis data to identify diversity elements needing improvement and guide efforts to manage diversity.

- Make better use of existing mechanisms such as hiring flexibilities, IDPs, internships, fellowships and mentoring programs.

- Provide detailed estimates of needed resources.

Taken together, the implementation of these strategic recommendations should result in the significant elimination of the barriers of past diversity implementation efforts, especially the lack of leadership accountability and inadequate data.

STRATEGIC RECOMMENDATIONS

Based upon the demonstrated business needs presented, the Academy Panel recommends that CDC implement the four specific strategic recommendations presented in this *Action Plan to Achieve a Diverse Workforce*. The activity plans, which suggest guidelines for implementing the strategic recommendations (Appendix C) provide further detail. Each activity plan, developed in concert with CDC including the ESC Working Group that met in late August 2005, is a suggested guide for CDC to use as specific implementation plans and activities are undertaken. CDC should tailor the activity plans to align with its objectives, timetables and resources. Discussion following each recommendation presented below provides some of the detailed steps required.

Strategic Recommendation 1: Develop and distribute to all employees a policy statement from the Director that commits to a fair and equitable work environment for all, encourages openness and innovation and expects high standards of performance. Follow the policy statement with diversity training for all CDC employees.

This policy statement is particularly important as the agency transitions to its new organizational structure, with new delegations of authority and a new OEEO Director who is proposed to coordinate and implement this action plan. The policy statement will spell out the goals to be accomplished through the implementation of the strategic recommendations and set a tone of accountability for an organization that has been in a state of flux. The policy statement will be

based on CDC's broad definition and enterprise vision of diversity, as well as its core values of accountability, respect and integrity and its commitment to a non-discriminatory work environment.

CDC should use a two-pronged approach to develop the policy statement. First, as reflected in the activity plan for strategic recommendation 1, the agency should develop the policy statement in time to present and discuss it at the proposed Diversity Forum. Second, immediately following the Diversity Forum, the agency should obtain employee feedback on the policy statement prior to issuing it in final form.

The policy statement will establish direction and a sense of urgency and understanding of the importance of diversity with respect to achieving mission. Equally important, when followed by CDC-wide training and implementation of planned actions, people should be further energized and move forward on the diversity continuum to become part of a values-based culture providing the foundation for even greater collaboration, coordination and synergy for diversity efforts.

Leadership, management and employees must also understand that a diverse workforce will embody different perspectives and approaches to work and must value varied insight and opinion.[74] Towards this end, an initial standardized diversity training module will give agency employees a common understanding of CDC needs, plans and accomplishments; roles and responsibilities of CDC leaders, managers and staff; and elements of cross-cultural understanding.

As expressed in the business case, diversity training will help to create and sustain a positive and motivating environment and foster cohesive teams of culturally-competent and engaged employees. Training will also challenge people's assumptions that workplace diversity is only about increasing racial, national, gender, or class representation.[75] This training should be for all employees, as is, typically, annual ethics or information technology (IT) security training. CDC should view this training as an introductory curriculum for all of its employees, with more and varied offerings made available to meet the business needs of the organization and the learning styles and preferences of the workforce. Future curricula should include such options as movies, discussion groups, field trips, reading lists, distance-learning, and U.S. Office of Personnel Management (OPM) and the U.S. Department of Agriculture (USDA) offerings. Programs in which employees share their personal histories, such as growing up in a segregated city, or as the child of a Holocaust survivor or the son of a coal miner, may also provide added insight into the less concrete, more personal areas less amenable to data collection and analysis. Such programs are not for everyone and should be voluntary (see attachments to Appendix C for further information on training resources).

Strategic Recommendation 2: Develop an agency-wide system to collect and analyze data related to recruitment, placement and retention and create a system to communicate the data to varying audiences and stakeholders.

A robust system for collecting, analyzing and using data related to the strategic recommendations and future diversity initiatives is essential to being able to determine if the needs, issues and objectives in this *Action Plan to Achieve a Diverse Workforce* are being effectively addressed.

Measurement will transform the perception of diversity from a "touchy-feely" or "soft" issue into a practical business issue. The information will help management focus on the critical issues and the results will then justify the expense of collecting and analyzing the data.

An organization must first develop a diversity workforce profile to determine where it stands in terms of competencies and demographics at every level, within key occupations and among organizational components. Data will help to inform employees, some of who may have perceptions of inequity, and serve as a factual backdrop for managers as they work through the decision-making processes. Data can also identify critical competency needs for the future. AHRC will be an important partner as the organization analyzes the information on a consistent basis to determine how its employee population compares to the demographic dimensions of the community and/or customer base.

Critical to any efforts to manage diversity is leadership and management's consistent use of such reliable quantitative and trend analysis data. Recognizing that CDC has workforce analytic capabilities in several organizational locations, the Academy Panel recommends that CDC identify staff with such expertise and determine how best to harness and organize the capability to meet the mission needs. This may require establishing a full or part-time workforce analyst position dedicated to this critical function, or alternatively, CDC may be able to coordinate its analytical capabilities by task orders from the OEEO Director.

In its assessment of these options, CDC must also consider the need for the analyst to be able to understand the "jargon" of both human resource and OEEO specialists as well as the need for strong statistical and problem-solving skills. Likewise, if diversity indicators are to receive priority agency attention, the agency must channel its resources to address making diversity indicators a priority. Continuing to use workforce analysts who reside in different CDC "pockets" and who do not have functional responsibility to the management officials charged with accountability may relegate the analysis to a lower priority than best serves the agency.

Strategic Recommendation 3: Create a framework that sets expectations and provides motivation for (a) CDC leaders and managers to manage diversity effectively and achieve diversity objectives, and (b) all CDC employees to demonstrate behaviors that support CDC's diversity values, objectives and activities. The framework will include performance measures related to developing and maintaining a diverse and culturally competent workforce. It will also serve as the means by which leaders and managers will be held accountable for implementing these strategic recommendations as well as continuing to revise and augment diversity goals and initiatives to meet CDC's needs.

An accountability framework for diversity will ensure that managing diversity is an important part of the strategy. Establishing and effectively managing a diversity accountability framework also includes performance accountability, communication requirements including feedback loops (see also Chapter 8), measures (including a diversity scorecard or some other evaluation mechanism), desired outcomes and program and project management. This focus on accountability and on the measurement of performance is consistent with the President's Management Agenda. CDC's ability to assess the achievement of its diversity goals is crucial. Some benchmarks involve data that can be readily measured (such as number of employees

recruited), while others must be measured by proxy indicators. For example, "leadership commitment" is a goal, and to gauge it would entail examining such benchmarks as whether top leaders have issued appropriate policies or met with employee groups.

Chapter 6 discusses agency considerations in establishing a data collection and analysis framework. A proposed scorecard (Appendix E) offers sample indicators that CDC can use to measure progress. As the organization establishes its action plans, it will want to align the measurement process with goals so that the staff collects data throughout the year rather than trying to create it at the end of a year. It will also want to project what success will look like at various intervals and define specific outcomes that would reflect such success. With vigilant monitoring, when these markers are reached, CDC and its employees will know how far the organization has come and where it needs to focus efforts to improve.

The diversity workforce profile reflects a statistical summary of an organization's personnel (civil service and uniformed service) sorted by key demographic groups. It often includes an analysis of personnel by race, gender, ethnicity, length of service, organizational level and sometimes age and physical ability. Rather than examine only the onboard workforce over time, the profile would also look at voluntary/involuntary turnover to determine whether staff from some demographic groups are more likely to leave. Based on an analysis of the workforce profile, trends and projections, it is possible to determine the organization's skill gaps and needs. This, in turn, will help the organization determine where the recruitment or retention focus should lie and what other actions are needed to create a diverse, inclusive and respectful work environment. For example, workforce planning can surface opportunities for targeted recruitment.[76]

In addition to establishing individual accountability, CDC must determine organizational accountability for these diversity efforts. In its recent proposed assignment of responsibility for action plan coordination to the OEEO Director, the agency has taken an important step. The agency must next tackle the appropriate advisory roles for the ELB, ESC and ELC infrastructure and for the two diversity champions.

Over the last year, CDC has seen the positive energy surrounding diversity multiply. This is a very encouraging sign. The organization has taken to heart the concept that diversity is everyone's responsibility. The list of individuals and organizational components engaged has also swelled to include:

- Office of the Director

- Office of the Chief Operating Officer and the Chief Management Officials including the CMO Champion for Diversity

- Atlanta Human Resources Center

- Office of Equal Employment Opportunity including its Advisory Committee

- Office of Minority Health

- Executive Leadership Board including its Diversity Champion

- Office of Workforce and Career Development

- Executive Steering Committee

- Excellence in Learning Council

- Coordinating centers with their respective diversity staffs and related committees

- Office of Enterprise Communications

- Office of Strategy and Innovation

The Panel recommends that CDC reassess how the various organizational entities, starting with the ELB, ESC and ELC infrastructure, interrelate and determine how to optimally coordinate this work for the good of the agency and its employees. The primary goals should be to have clear designation of responsibility, close gaps and avoid overlap, while continually improving the work climate. The Panel details its recommendation for the process of assigning accountability in the Activity Plan for strategic recommendation 3, presented in Appendix C. To summarize, the Panel recommends that:

- The CDC Director should continue to lead the agency diversity efforts and personally and visibly express her commitment to diversity as an agency and mission priority.

- The Director should provide a clear charge to the OEEO Director as the responsible management official for oversight of the implementation of the strategic recommendations and make this reporting relationship and accountability clear throughout the organization.

- The Director should also hold other key organizational components, such as OCOO, OWCD and AHRC, accountable for their essential contributions.

- Given this proposed designation of the OEEO Director as agency-wide diversity coordinator, the agency should reassess/define the roles and responsibilities of the diversity champions, the ESC and the ELC and ensure a clear advisory body for diversity.

- Dr. Stephen Thacker should continue in his role as ELB Diversity Champion and Mr. Reggie Mebane should continue in his role as the CMO Champion for Diversity.

- Managers throughout CDC should play an active role in leveraging and engaging the workforce and understand that this is a critical element of their mission-based responsibility to enhance the CDC working environment.

- Coordinating centers should continue to provide staff resources to support diversity efforts.

While senior-level management attention to this issue is important, it is equally important to avoid unnecessary duplication of effort. Senior management may best serve workforce diversity by continuing to ensure that agency priorities are consistent with the agency's diversity vision, as model managers and spokespersons, meeting with employee groups and holding brown-bag lunches across the organization.

Strategic Recommendation 4: Starting with an initial focus on one aspect of diversity, develop a replicable program to facilitate the recruitment and employment of a diverse and high quality staff to fill mission-critical positions at all levels. This will include the development and implementation of short-term recruitment, placement and retention strategies to increase the representation of underrepresented groups. The initial focus of attention will be on Hispanics in support of the Department's new national Hispanic Employment Initiative (HEI) and will transfer lessons learned to strategies addressing other groups that may be underrepresented, tailored to the group's history and concerns. These groups may include (but not be limited to) American Indians, African Americans, Asian-Pacific Islanders, women and persons with disabilities.

A key strategic recommendation from Phase I was to set a bold objective to become an "employer of choice" for populations that meet the legal definition of underrepresentation such as Hispanics and those with disabilities. Phase I also encouraged CDC to link internal strategies to external mission regarding targeted populations and to identify highly visible "short-term wins" to demonstrate commitment to action.

HHS recommended that its sub-agency components have Hispanic Employment Program Managers (HEPMs). The ESC recommends that CDC use its existing SEPM within OEEO to focus on areas of underrepresentation throughout the agency. The Panel concurs with this initial management direction and recommends that the agency continue to utilize the OEEO and the Equal Employment Opportunity Advisory Committee (EEOAC) as a venue to empower employee affinity groups, e.g. the Association of Latino Employees at CDC (ALECA), to advise the CDC Director on matters relating to EEO and diversity.

In addition, the Academy Panel recommends that OEEO's SEPM work to ensure that a network of volunteer staff across CDC components represent the various underrepresented groups on a part-time, collateral duty basis. Throughout the government, SEPMs and their program-level colleagues work to represent, among others, Hispanics, American Indians, African Americans, Asian-Pacific Islanders, women and persons with disabilities.

The coordinating center or program level SEPMs should, similarly, and with their supervisors' permission, spend up to 20 percent of their time on assigned tasks, for which they would be rated

under agreed upon performance standards. Duties for these coordinating center Special Emphasis Program (SEP) representatives might include assistance to the agency in reaching out to professional associations, colleges and universities and constituent employees; helping to organize agency events celebrating constituent holidays/themes or accomplishments (e.g., Hispanic food festival, Martin Luther King speaker series, Asian-Pacific Heritage Day); or serving as a conduit for agency employees to voice their concerns to management and for management to share their perceptions and ideas with employees. The Academy Panel recommends that, after a period of one year, the agency evaluate the effectiveness of these special emphasis initiatives and determine if a full or part-time HEPM within OEEO is warranted.

CHAPTER 6
ASSESSING RESULTS

To determine the impact of an activity or program requires developing an evaluation strategy and a set of indicators to measure results. Action plan strategic recommendations 2 and 3 are consistent with such a strategy and encourage CDC to develop a robust system for collecting, analyzing and using historical workforce profile data and workforce planning estimates as part of an accountability framework. As noted in Chapter 5, one of the hallmarks of the President's Management Agenda is increased agency attention to the integration of performance measurement into performance management and program accountability at all levels. Appendix E provides a possible "scorecard" or sample set of diversity indicators the agency might want to consider as it weighs options for measurement and for communicating the data to varying audiences and stakeholders.

In addition to the need to report progress in becoming a more diverse organization in agency performance assessments, CDC would want to evaluate its progress because:

- Reliable, quantifiable data will help transform the perception of diversity from a "soft" issue into one that relates to CDC's direct mission activities.

- Information allows managers and employees to see progress or areas that have seen little change.

- Quantifiable results help justify the effort expended to address diversity issues and let the organization know that it needs to exert more effort or reduce the resources devoted to achieving specific diversity goals.[77]

- Quantifiable data permit leaders to compare their perceptions to reality.

Not all progress can be accounted for through performance measures. Determining if the composition of a work group has become more diverse, is, of course, a feasible and useful measurement. Assessing the "comfort levels" of employees as they work in more diverse work groups may, however, require a different approach. For example, some organizations use climate surveys and focus groups as indicators of employee comfort with other cultures. CDC has used its Pulse Check survey for this purpose, although not every year as the Panel recommends. Strategic recommendations 2 and 3 note the need to revise the Pulse Check survey and use it with regularity and increased frequency.

These Panel recommendations are consistent with OPM regulations proposed on September 16, 2005.[78] The regulations will add a new subpart (Section 1128) to the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108-136, 5U.S.C. 7101) and require agencies to conduct an annual survey of their employees. The regulations specify questions that must appear in each agency's employee survey and may require that CDC revise its own Pulse Check survey. Topics to be covered include:

- Leadership and management practices that contribute to agency performance

- Employee satisfaction with:

  - Leadership policies and practices
  - Work environment
  - Reward and recognition for professional accomplishment and personal contributions to achieving organizational mission
  - Opportunity for professional development and growth
  - Opportunity to contribute to achieving organizational mission

KEY POINTS TO CONSIDER

In developing an approach to assessing CDC's achievement of its diversity goals, the following are a range of initial questions to consider:

- What are the three (or five, or ten) pieces of information top leaders want to know or questions they want the data to answer?

- How will top leaders use the data when they receive it?

- How can CDC structure data collection so the organization has needed information with minimal time spent to collect it?

- Will CDC collect the same data in all of its coordinating centers or will it vary?

- Who will be the responsible person to assess CDC's achievement of diversity goals?

- Will CDC work alone to measure its goals or will it have a contractor do some of the work?

- How can leaders and managers get input from employees as they develop the assessment strategy?

These are not issues to be left to staff in a workforce analysis function or senior staff in human resources or information systems. Organizational leaders need to provide the guidance for developing the overall strategy for assessment before staff can consider specific indicators or forms measurement. The ESC has been considering these issues over the past several months and advised Academy staff in September 2005 that it recommends designating the OEEO Director as the enterprise level diversity coordinator. This decision is consistent with strategic recommendation 3.

GETTING STARTED

Once top leaders, and particularly the new OEEO Director, have provided broad guidance, the staff assigned accountability for assessment can begin to work with other colleagues to consider:

- What employee or organizational data are already collected that relate to diversity?

- How can CDC use existing data to create a baseline with which future data can be compared?

- Can existing data systems, e.g., Workforce Information Zone (WIZ), be used to measure progress, or should there be some new reporting requirements?

- What indicators will be measured and how often?

- How should the indicators be collected?

The most common tools used to measure diversity are:

1. Equal employment opportunity and affirmative action metrics

2. Employee attitude surveys, e.g., Pulse Check

3. Assessments of an organization's cultural competency

4. Focus groups

5. Customer surveys

6. Management and employee evaluations

7. Accountability and incentive assessments

8. Training and education evaluations[79]

CDC has used some of these tools (including the Pulse Check survey and focus groups) in the past. In creating an overall strategy to assess its diversity efforts, the organization will want to choose various mechanisms for various purposes. For example, to track whether its mid-level managers are comprised of a more diverse group of people than in previous years will entail correlating demographic data with information from human resources as to who is in which positions. To understand whether employees think diversity goals are being achieved could be measured through an augmented Pulse Check survey or focus groups. The key is to develop a deliberate strategy to measure outcomes.

ASSESSING PROGRESS IN MEASURING RESULTS

Appendix E (Diversity Scorecard Indicators) is essentially a sample of what CDC could measure. It groups the suggested indicators into eight categories:

1. Leadership commitment

2. Issue assessment

3. Communication

4. Recruitment

5. Employee selection

6. Employee orientation and training

7. Employee retention

8. Performance measurement and awards

CDC may use these categories or, more likely, will review these and make adjustments that managers and employees believe better suit the organization. They will use some of these indicators (many of which are fairly standard) and develop others. The agency will also need to determine whether it wants a diversity "scorecard" with assigned numerical values for each indicator's level of achievement and/or a non-quantifiable tool. Appendix E discusses options for these differing approaches.

A key part of the assessment strategy is to establish a time to reassess the indicators and measurement tools to determine if they are still appropriate. One approach would be to review them at the end of a full year of data collection and assimilation to determine if there were some approaches that were sufficiently unwieldy that they should be simplified before they are used again. It could take two or three data collection cycles—reviewing results over time—before the organization can determine if it wants to make major modifications to the assessment effort.

MEASUREMENT OF OUTPUTS vs. OUTCOMES

While Appendix E deals primarily with output measures, the agency may also want to consider using various outcome measures or metrics that will track change over time. For example, rather than measuring passive behavior, such as managers meeting defined training requirements or making a certain number of recruitment trips, the agency might want to define what success would look like at intervals of one, five, and ten years. The Panel believes that CDC must determine for itself which outcome measures are the most appropriate for the agency and consistent with its goals. Possible outcome measures might include:

- A higher ranking or improved index score in the Partnership for Public Service survey, either overall, in specific categories or for particular demographic groups

- Transparency of information, as reflected in publication and dissemination of the CDC scores for the federal survey or annual publication of EEO data, including barrier analysis

- Improved Pulse Check scores

- Increased representation in the civil service and Commissioned Corps workforce, particularly at the higher pay levels and in management positions, for currently underrepresented groups

- Reduced attrition in key occupations

- Reduced number of grievances and formal complaints

For each of these possible outcomes, agency senior management should establish goals consistent with the diversity vision of the future CDC. With clear goals in mind (e.g., a top ten ranking among sub-agencies in the federal survey), constant measurement and monitoring, all of CDC will know what to strive for and will recognize success.

As with most data collection and analysis efforts, the importance of this information lies in its application. As recommended in strategic recommendation 3, the agency must incorporate its assessments into an accountability framework and use the assessments to inform future management actions. Chapter 7 discusses several specific ways in which data collection and analysis can help the agency to optimize its performance and continually improve.

CHAPTER 7
MOVING FROM PLANNING TO ACTION: NEXT STEPS

Developing and implementing the four strategic recommendations should be seen as the first, foundational phase in the implementation of this comprehensive diversity action plan. The following specific actions will advance CDC's progress, demonstrate its long-term commitment, and weave the efforts into the essential fabric of the organization.

1. **Leadership Structure:** With Dr. Gerberding as the primary driver of these efforts and the OEEO Director her direct report, as the designated lead coordinator for enterprise-wide diversity implementation, CDC should continue to rely on the ELB Champion for Diversity, Dr. Stephen Thacker and the CMO Champion for Diversity, Mr. Reggie Mebane, for executive program oversight. CDC should likewise continue to have an advisory board, such as the ESC. While the locus of the execution efforts will be OEEO, other organizational components should share their expertise. For example, the ELC should continue with its functional role, including collaboration on diversity training, diversity-related leadership development and coordination of efforts among the WCDOs. OWCD should also play a significant role in communicating with supervisors and managers about their responsibilities and in the design and implementation of a management accountability system. AHRC should continue to provide human resource expertise to program officials as they partner to expand the CDC recruitment network and attract the best and brightest to the agency. As called for in strategic recommendation 3, the agency will need to clearly differentiate functional responsibilities of the champions, desired advisory groups, collaborating organizations and OEEO Director to avoid overlap.

2. **Initial Resource Commitment:** With the advice and counsel of the leadership structure, the CDC Director should make an enterprise-wide announcement of the funds and resources to be dedicated to this effort (see strategic recommendation 1). Funding speaks volumes and will make the priorities clear.

3. **Diversity Forum:** CDC, supported by the Academy, should sponsor, in the near future, a Diversity Forum, in which a representative cross-section of CDC executives, managers and employees will:

   - Gain an understanding of CDC's *Action Plan to Achieve a Diverse Workforce*.

   - Commit themselves to effective and timely development and implementation of the strategic recommendations of CDC's *Action Plan to Achieve a Diverse Workforce*.

   - Hear from CDC senior leadership, including the CDC Director, the COO and the OEEO Director, about agency expectations, upcoming actions and have an opportunity to communicate with management officials responsible for the various actions in the soon to follow phases.

4. **Diversity Action Plan Continuum:** To advance beyond the initial strategic recommendations and keep the momentum and program credibility growing will require CDC action that builds on this sound foundation. The action plan will only succeed if it is a living document—one that responds to the needs of the organization and is in tune with evolving mission requirements. This *Action Plan to Achieve a Diverse Workforce* suggests some areas in which CDC should focus:

- Implement programs that will enhance the development of CDC employees with multilingual and culturally competent skills. The standardized primer diversity training for all employees, included in strategic recommendation 1, is an introductory awareness action, but this needs to be followed by various programs that address specific developmental needs related to diversity. Examples of specialized initiatives include training for supervisors and managers regarding how to create and sustain a workplace of inclusion and respect, training for human resource specialists to strengthen their specialized skills related to recruiting and retaining a diverse workforce and developmental experiences that enhance the cultural competencies of program managers and specialists.

- Undertake recruiting and retention efforts that address targeted diversity gaps with respect to higher grade levels, leadership positions, specific occupations and specific organizational elements of CDC. This additional work can be based on the replicable program of strategic recommendation 4.

- Systematically conduct exit interviews to evaluate the agency's ability to sustain a viable workforce and stop or prevent excessive attrition so that CDC is able to not only attract new employees to replace those who leave, but it can also retain its mission-critical employees. The analysis of data gathered as a result of strategic recommendation 2 will help make this assessment.

- Assess the strengths and weakness of its training and development programs to ensure that they are contributing to the performance and retention of employees and that employee participation in them reflects the organization's diversity. Monitoring the diversity dimension of training and development programs should be a key element of the accountability framework.

- Periodically assess the impact of various staffing components, such as publicity targets, interview methodology and competency requirements, to ensure they contribute to a diverse and qualified workforce. Increased analytical capability within CDC should facilitate the agency's ability to determine more quantitatively how various processes and strategies affect different occupations, pay levels, locations, etc.

- Evaluate other supporting infrastructure to determine if there is synergy. For example, after a period of one year, the agency should examine its special emphasis programs to determine if a full-time or part time HEPM within OEEO is warranted. The agency should monitor its outcome measures to determine if it can quantify

how successfully it has addressed the issues of Hispanic underrepresentation and a perception of declining morale.

- Annually conduct an augmented Pulse Check survey to examine the organization's culture and identify efforts needed to ensure that the CDC workplace environment contributes to CDC being an employer of choice and an organization in which employees believe they are valued and supported by their colleagues, supervisors and leaders. Regular application of a climate survey and systematic follow-up on the issues it identifies can make a major contribution to this effort. As noted in Chapter 6, the agency may want to establish a goal of improved Pulse Check survey scores and adopt this and other outcome measurements to chart progress at, for example, one, three, five and ten year marks.

CHAPTER 8
CDC DIVERSITY COMMUNICATIONS STRATEGY

Among the key components of the *Action Plan to Achieve a Diverse Workforce* is a communications strategy that uses a variety of methods to reach the various CDC audiences and transmit key messages. This chapter identifies suggested communication roles and responsibilities, alternative vehicles for CDC management consideration and the information/messages to be emphasized.

As discussed in Chapter 2, evaluations of previous agency diversity efforts noted a failure to keep employees fully informed of progress and a lack of employee buy-in for diversity efforts. The Academy Panel sees the creation and implementation of a communications strategy as critical to the continuing success of CDC diversity efforts and to the maintenance of a healthy organization. The directors of OEEO and the Office of Enterprise Communication should work closely to ensure the most effective design and timely implementation of a diversity communications strategy as well as the consistency of agency communications with CDC's definition and vision for diversity.

The purpose of the communications strategy is to ensure that there is a uniform and full understanding of:

- The goals of the organization

- This *Action Plan to Achieve a Diverse Workforce*

- CDC's definition of diversity

- CDC's vision of diversity

- CDC's plans for action

- Identification and prevention of workplace discrimination

- Diversity roles and responsibilities

- CDC's business case for achieving a diverse workforce

- Tools and resources to further diversity

- Advance knowledge of planned activities to facilitate broad participation

- Shared information of major milestones achieved—allowing the organization to take credit for its accomplishments

- Statistical information to promote a transparent organization and increase trust

- Areas presenting continuing challenges

The key audiences are:

- Senior leadership

- Management, including first and second-level supervisors

- Employees

- CDC labor unions

- External stakeholders

The success of any communications strategy depends on message development and the following best practices for communication:

- Simplicity—avoid jargon and "legalese"

- Use of verbal pictures, metaphors, analogies and examples

- Multiple forums to reach varying audiences and spread the word—big and small meetings, memos, newspaper articles, formal and informal interaction

- Repetition—ideas sink in deeply only after they have been heard many times

- Leadership by example—behavior from authority figures that is inconsistent with the agency diversity vision can overshadow other messages

- Explanation of seeming inconsistencies—left unaddressed these can undermine the credibility of the effort

- Two-way communications—always more powerful than one-way traffic

- Direct communications with affected stakeholders and constituents, e.g., all-hands meetings

- Admitting when desired information is not available, giving the most reliable information that is available and providing the date when the desired information will be released

- Audience sensitivity—the communication vehicle should be consistent with the importance and/or formality of the message; for example, announcement of a new policy

or practice may require the use of multiple, coordinated vehicles or supplemental instructions or reference materials provided electronically and in hard copy

SENIOR LEADERSHIP

Communication Roles and Responsibilities

- Issue policy statement to all employees (strategic recommendation 1).

- Ensure policy statement gets continuing high visibility and is institutionalized, with inclusion in new employee orientation, agency employee manual, posting on agency intranet and Internet website, employee newsletter, repeated mention in meetings at all levels and in all-employee written messages on a wide-range of topics.

- Make clear to budget staff that resources to support the effort are a priority.

- Reinforce accountability with senior management in communications about Senior Executive Service (SES) performance.

- Sponsor and promote celebrations of successes and role models.

- Annually share agency EEO report submission, summary data on EEO complaints and results of employee surveys with all staff.

- Work with the Office of Enterprise Communications to ensure that CDC's definition and vision of diversity are consistently communicated and that messages on other, seemingly unrelated topics, do not send conflicting signals.

Communication Vehicles

- Email

- Web page

- Senior-level management meetings

- All employee meetings

- Video conferences

- Skip-level meetings with employees (in which top leaders meet with groups of employees without having the people who manage those employees in the room)

- Meetings with community groups, stakeholders

- Awards ceremonies

Message

CDC has an enterprise-wide definition and vision of diversity and is committed to implementing the *Action Plan to Achieve a Diverse Workforce* in a uniform manner throughout the organization. It is a priority of the CDC Director and of the entire agency. Cultural competency and a diverse workforce are essential to mission accomplishment.

CDC is an organization that values and respects all of its employees and the organization must build upon the strengths of its workforce if it is to remain competitive in recruiting and retaining the finest staff.

Diversity is everyone's responsibility. The organization and its leaders are accountable for its success. CDC will share workforce data and analysis, as well as information about accomplishments and concerns with its employees, so that all of CDC can partner in the continual improvement of CDC as an employer of choice.

MANAGEMENT

Communication Roles and Responsibilities

- Hold meetings with employees on varied topics that integrate diversity.

- Provide opportunities for special emphasis program/affinity group representatives and union representatives to share their interests and concerns.

- Annually provide subordinate employees with a summary of a manager's personal contributions to diversity at CDC including recruiting, mentoring, hiring, training, personal development, awards, support for activities, etc.

- Reinforce the importance of diversity to mission accomplishment whenever it can be linked.

- Share compiled and analyzed data for the organizational component to compare against other CDC work units and identify areas of concern or trends.

- Publicly participate in training, mentoring, awards events, recruitment trips, celebratory programs and festivities honoring those of a particular heritage.

- Link the broad announcement of training opportunities, developmental assignments, promotions and awards to an open and transparent workplace where all employees are valued.

- Foster a spirit of inclusion by soliciting input on matters affecting employees.

Communication Vehicles

- Written or oral reports to subordinates

- Organizational intranet and Internet websites (see Appendix C, strategic recommendation 2) including latest accomplishments, organizational workforce data, award history, promotions, high visibility assignments, recruitment trips and training opportunities

- Establishment of a recruitment council to coordinate recruitment efforts and maximize effort as well as foster management involvement in the future of the organization and facilitate broader and more thoughtful networking

- Establishment of a workforce advisory board, as a two-way vehicle for communication—a sounding board for management and a way for employees to be sure management hears their viewpoints, concerns and questions

- Brown bag lunches, coffee with the management team and other informal get-togethers

- Posters

- Films

- Field trips

- Book readings/book clubs

- Open houses or fairs

- Magazine or newsletter articles

- All-employee voice mail announcements

- Electronic conferencing or bulletin boards

Message

CDC management supports a diverse workforce and is accountable not only for mission accomplishment but also for creating and sustaining an inclusive work environment. Being a successful manager includes active and personal participation in making CDC an employer of choice.

EMPLOYEES

Communication Roles and Responsibilities

- Be aware of and read email and other communications on this topic to ensure attendance at required training and knowledge of agency offerings, policies, practices and trends.

- Provide feedback to management and employee representatives so that concerns, viewpoints and questions can be addressed in a timely manner and shared with others who might have similar issues.

- Share knowledge of agency job opportunities as broadly as possible to expand the agency's reach in recruitment.

Communication Vehicles

- All-employee meetings

- Brown-bag lunches

- Mentoring programs

- Volunteer opportunities such as affinity groups, labor unions, workforce advisory boards and recruitment trip(s) at employee's alma mater

Message

Employees are accountable as well for their contributions to the workplace. Everyone is responsible for establishing a positive climate in which respect for others is the norm. Employees need to share their concerns and questions broadly and can expect management to answer questions. Management encourages employee participation and welcomes employee assistance in recruiting the workforce of tomorrow.

CDC LABOR UNIONS/AFFINITY GROUPS

Communication Roles and Responsibilities

- Gathering insights from constituents and sharing viewpoints, concerns and questions with management

- Sharing information, which includes data analysis and details of new procedures, policies and practices in order to ensure uniform and correct understanding across the organization

Communication Vehicles

- Meetings

- Surveys

- Email

- Focus groups

Message

CDC seeks and values the opinions of its employees and wants to have a transparent and open climate in which employees can get answers to their questions. CDC management sees employee groups as a valuable source of input into issues affecting the workplace and as partners in establishing a positive climate.

EXTERNAL STAKEHOLDERS

Communication Roles and Responsibilities

- Input to CDC management from community or other groups affected by CDC presence or mission.

- Communication by management of the impact of CDC actions or policies on these groups or their members

Communication Vehicles

- Town hall meetings

- Hearings

- Meetings with group leaders

- Press conferences

- Meeting with congressional delegations or other governmental representatives

Message

CDC does not operate in a vacuum and wants to consider impacts on stakeholders. CDC operates with transparency and openness and welcomes referrals of candidates for CDC job opportunities.

CHAPTER 9
CONCLUDING REMARKS

The Academy Panel believes that an organization that puts diversity management and cultural competency development on par with professional and technical knowledge will enhance its operations and ability to accomplish its mission. These are not stand-alone, ad hoc activities implemented solely by diversity professionals, e.g., by the OEEO Director. The CDC Director must establish workforce diversity as a priority and drive its importance home. For this legacy to live on from one administration to the next, diversity efforts need to be embedded in the very fabric of CDC business. All senior managers must be deeply involved. CDC must evaluate its line managers throughout the coordinating centers on their contributions to this enterprise-wide effort.[80] This quality of engagement will enable CDC to align its priorities and work processes and develop its brand as a culturally competent employer of choice.

The Panel views implementing the action plan's strategic recommendations as the first, foundational phase of the agency's transformation into a robust and inclusive organization. Because managing diversity to create a culturally competent and more equitable work environment is a new model for managing human resources, it requires transforming an organizational culture. There is no quick-fix approach. The longer-term horizon requires leadership and consistent CDC-wide implementation of diversity initiatives to achieve process and cultural transformation in order to become a "robust organization." As organizational scholar Paul C. Light said in his recent book, *The Four Pillars of High Performance*, a robust organization thinks in "future tense" and "sets just-beyond-possible goals."[81]

Implementing the Panel's four strategic recommendations will ensure that CDC achieves strategic focus and alignment on critical foundation pieces and areas of undisputed need. Perhaps more importantly, the effective and timely implementation of these recommendations—within an agreed upon window—will set a new stage for CDC as it moves from these foundational steps in a natural progression to the continued development and integration of this comprehensive diversity action plan—*a plan that will be a part of the CDC institutional framework now and in the decades to come.*

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PANEL AND STUDY TEAM

PANEL

Brad Huther, *Chair**—Chief Executive Officer, International Intellectual Property Institute. Distinguished Adjunct Professor, American University. Former Senior Advisor to the Assistant Secretary of Commerce and Chief Financial Officer, U.S. Department of Commerce. Former Senior Advisor to the Under Secretary, U.S. Patent and Trademark Office. Special Attaché and Consultant, World Intellectual Property Organization. Chief Operating Officer, Bureau of the Census. Former positions with the U.S. Patent and Trademark Office: Associate Commissioner and Chief Financial Officer; Assistant Commissioner for Finance and Planning; Deputy Assistant Commissioner for Administration; Assistant Commissioner for Operations.

LaVarne A. Burton*—Chief Executive Officer, American Kidney Fund; Senior Partner, Martin and Associates; Former President, Pharmaceutical Care Management Association. Former positions with the U.S. Department of Health and Human Services: Deputy Assistant Secretary for Budget Policy; Chief, Financial Management Branch, Bureau of Community Health Services; Director, Office of Financial Management, Health Resources and Services Administration. Former Senior Analyst, Health and Social Security, Budget Committee, U.S. House of Representatives.

Robert T. Golembiewski*—Distinguished Research Professor of Political Science and Management, Political Science Department, University of Georgia; Former Department Head and Associate Professor, Department of Political Science and Management, University of Georgia. Visiting Professor of Public Management, University of Calgary.

Robert M. Tobias*—Director and Distinguished Adjunct Professor, Institute for the Study of Public Policy Implementation, American University. Serves on IRS Oversight. Former positions with the National Treasury Employees Union: National President, Executive Vice President, and General Counsel. Served on Commercial Activities Panel.

Dr. Walter W. Williams—Associate Director for Minority Health, Office of the Director, Centers for Disease Control and Prevention (CDC) and Director of CDC's Office of Minority Health; Chairman, Advisory Committee for the Residency in Public Health.

Mary Ann Wyrsch*—Deputy High Commissioner, U.N. High Commission for Refugees. Former Acting Commissioner, Deputy Commissioner and Chief Operating Officer, Immigration and Naturalization Service, U.S. Department of Justice. Former positions with the U.S. Department of Labor: Chief of Operations, Employment and Training Administration. Director, Unemployment Insurance Service, Employment and Training Administration; Director, Office of the Budget; Special Assistant to the Secretary.

* Academy Fellow

STUDY TEAM

J. William Gadsby[*]—*Vice President of Academy Studies*. National Academy of Public Administration; project director on several recent Academy studies. Former Senior Executive Service; Director, Government Business Operations Issues, Federal Management Issues and Intergovernmental Issues, General Accounting Office.

Ruth T. Zaplin—*Project Director*. Senior Advisor for the National Academy of Public Administration; lead on the Academy Global Leadership Consortium and prison initiatives. Former Senior Manager with BearingPoint's International Public Services specializing in organizational development, transformation management, strategic planning, human capital management and business process improvement.

Greg McConnell, PMP—*Senior Advisor.* Director, Kilda Group LLC. Lieutenant Commander, USNR. Former project manager and team leader with RWD Technologies. Surface Warfare Officer, U.S. Navy; former course coordinator and senior instructor at the U.S. Naval Academy; Main Propulsion Assistant and Damage Control Assistant onboard USS Camden.

Laurie J. May—*Senior Project Advisor*, on an Intergovernmental Personnel Act assignment from position of Director, Organizational Management and Integrity Staff, U.S. Environmental Protection Agency. At EPA, served as a Program Management Officer, with organizational leadership and policy direction responsibilities for a full range of management issues, including financial integrity, fraud prevention, human resources, and organizational management. Confidential management advisor to numerous presidential appointees. Recent Academy projects include work at the U.S. Patent and Trademark Office.

Allan Heuerman—*Senior Advisor*. Former Senior Executive Service; Associate Director for HR Systems Service, U.S. Office of Personnel Management; various executive and management positions, U.S. Office of Personnel Management and Civil Service Commission.

Maria Mercedes Olivieri—*Senior Advisor*. Trainer, speaker and consultant on Federal diversity and human resources issues. Former Assistant Director for Diversity, Office of Personnel Management. Led annual reporting to the U.S. Congress on the Federal Equal Opportunity Recruitment Program and Disabled Veterans Affirmative Action Program, and on Federal Hispanic Employment to the White House under Executive Order 13163.

Daniel B. Driscoll—*Research Associate*. National Academy of Public Administration. Former recipient of Mellon Foundation grant for socio-political research on air pollution in Mira Loma, CA. Bachelor of Arts in Politics and Environmental Analysis, Pomona College.

Martha S. Ditmeyer, *Senior Administrative Specialist*—Project staff on past Academy studies: Airport Security, Federal Bureau of Investigation, National Marine Fisheries Service, Patent and Trademark Office and Wildfire. Former staff positions at the Massachusetts Institute of Technology and the Communications Satellite Corporation.

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[*] *Academy Fellow*

INDIVIDUALS INTERVIEWED OR CONTACTED

Jeff Adair, Human Resources Specialist, Human Resources Management Office

Judith Aguilar, Acting Director, Bacterial & Mycotic Diseases, National Center for Infectious Disease

Cedric Andrews, President, Local 2883

Nancy Bagley, Program Manager, Office of Human Resources

Denise Beauvais, Executive Leadership Program Intern, Office of the Director, National Center for Injury Prevention and Control

Nairuby Beckles, Management and Program Analyst, Office of the Chief Operating Officer

Daryl Bible, Program Analyst, Office of Workforce and Career Development

Carolyn Black, Director SRP, National Center for Infectious Disease, Scientific Resources Program

Coleen Boyle, Director, National Center on Birth Defects & Developmental Disabilities

Kevin Brady, Supervisory Public Health Advisor, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion

Christine M. Branche, Director, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control

Marguaree Branyon, Equal Employment Specialist, Office of Equal Employment Opportunity

Jenise Brassell, President, Local 3840

Charles Brokopp, Director, Select Agent Program, Coordinating Office for Terrorism Preparedness and Emergency Response

Quanza Brooks-Griffin, Emerging Leader, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation

Bill Browning, Director, Office of Equal Employment Opportunity

Mary Bryant-Mason, Instructional Systems Specialist, Office of Workforce and Career Development

William Cibulas, Division Director, Agency for Toxic Substances and Disease Registry, Division of Health Assessment & Consultation

Joan Cioffi, Senior Service Fellow, Office of Workforce and Career Development

Linda Cockrill, Human Resources Specialist, Office of Workforce and Career Development

Alan Crawford, Project Director, Division of Health Assessment & Consultation, Agency for Toxic Substances and Disease Registry; Member, American Indian, Alaska Native, Native Hawaiian Coalition

Charles Croner, Survey Statistician, Office of Research and Methodology, National Center for Health Statistics

Sally Crudder, Acting Director, National Center on Birth Defects & Developmental Disabilities, Division of Hereditary Blood Disorders

Christopher T. De Rosa, Director, Division of Toxicology, Agency for Toxic Substances and Disease Registry

Avis Dickey, Chief Management Officer, Office of Workforce and Career Development

Susan Dietz, Strategic Communications Specialist, Office of Strategy and Innovation

John Douglas, Director, Division of STD Prevention, National Center for HIV, STD, and TB Prevention

Lourina Dudley, Program Operations Assistant, Office of the Chief Operating Officer

Mark Eberhard, Director, Division of Parasitic Diseases, Division of Parasitic Diseases, National Center for Infectious Disease

Mark Faul, Behavioral Scientist, Division of Injury and Disability Outcomes, National Center for Injury Prevention and Control

Janet Fong, Equal Employment Specialist, Office of Equal Employment Opportunity

Tina Forrester, Director, Division of Regional Operations, Agency for Toxic Substances and Disease Registry

Carol Green, Video Conference Project Manager, Information Technology Services Office, Office of Chief Operating Officer

Richard A. Goodman, Co-Director, Public Health Law Program, Office of the Chief of Public Health

Karen Groux, Director, Atlanta Human Resources Center

Alvin Hall, Director, Management Analysis and Services Offices, Office of Chief Operating Officer

Sharon Hall, Public Health Advisor, Office of Workforce and Career Development

Edith B. Hambie, Contractor (Fedsource), National Center for Infectious Disease

Rodney Hammond, Director, Division of Violence Prevention/Office of the Director

Constance Harrison, Program Analyst, National Institute for Occupational Safety and Health

Tonya Henderson-Freeman, Computer Specialist, Office of Workforce and Career Development

Dan Holcomb, Environmental Health Scientist, Division of Health Studies, Agency for Toxic Substances and Disease Registry

Elizabeth H. Howze, Director, Division of Health Education and Promotion, Agency for Toxic Substances and Disease Registry

Ned Humphreys, Information Technology Specialist, Office of Chief Operating Officer

Nancy Hunt, Orise Fellow, Office of Workforce and Career Development

Susan B. Hunter, Microbiologist, Bacterial & Mycotic Diseases, National Center for Infectious Disease

Portia A. Jackson, Emerging Leaders Program Intern, Office of the Director

Dennis Jarvis, Public Health Advisor, Office of Workforce and Career Development

Alison B. Johnson, Acting Director, Division of State and Local Readiness, Office of Terrorism Preparedness and Emergency Response

Clifford Johnson, Director, National Center for Health Statistics

Vicki Johnson, Program Management Officer, Information Technology Services Office

Peggy Jones, Equal Employment Specialist, Office of Equal Employment Opportunity

Richard Kauffman, Senior Regional Representative, Division of Regional Operations, Agency for Toxic Substances and Disease Registry

Robert "Bob" Keegan, Deputy Director, Global Immunization Division, National Immunization Program

Denise Koo, Director, Division of Applied Public Health Training, Office of Workforce and Career Development

A. Cheryl Lackey, Acting Director, Creative Services and Health Communications Specialist, National Center for Health Marketing

Marcella Law, Epidemiologist (Commissioned Corps), National Center for Chronic Disease Prevention and Health Promotion

James Leduc, Director, Division of Viral and Rickettsial Diseases, National Center for Infectious Disease

Rebecca Lee-Pethel, Public Health Advisor, Division of Violence Prevention, National Center for Injury Prevention and Control

John Lehnherr, Acting Director, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

Lillian Lin, Lead Mathematical Statistician, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention

Denise Little, President, Local 2923; Vital Statistics Cooperative Program Assistant, Division of Vital Statistics, National Center for Health Statistics

Bill Maas, Director, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion

Tom Madden, Chief, Information Security, Office of Chief Information Officer

Robert Martin, Director, Public Health Partnerships, National Center for Health Marketing

Ruth Martin, Chief Management Official, Office of the Director, Agency for Toxic Substances and Disease Registry

Eric Mast, Acting Director, Division of Viral Hepatitis, National Center for Infectious Disease

Marian McDonald, Associate Director, Office of Minority and Women's Health

Michael A. McGeehin, Director, Division of Environmental Hazards and Health Effects, National Center for Environmental Health

Reggie Mebane, Chief Management Official, Office of the Director

Toby Merlin, Director, Division of Public & Private Partnerships, Coordinating Center for Health Information Services

Gina Mootrey, Acting Director, Epidemiology and Surveillance Division, National Immunization Program

Gaylon Morris, Director, Office of the Executive Secretariat

Kaushik Mukhopadhaya, Orise Participant, Office of Workforce and Career Development

Albert E. Munson, Director, Health Effects Laboratory Division, National Institute for Occupational Safety and Health

Cindy Mytrysak, President, Local 1916; Logistics Management Specialist, Pittsburgh Research Laboratory, National Institute for Occupational Safety and Health

Kimberly Peabody, Diversity Coordinator, National Institute for Occupational Safety and Health

Judy Phillips, Deputy Chief, Outreach and Marketing, Office of the Chief Operating Officer

William "Bill" Porter, Emergency Preparedness Specialist, Office of the Chief Operating Officer

Sheila Rawls, Alternative Dispute Resolution and Prevention Specialist, Office of the Director

Larry Rhodes, Deputy Director, Office of the Director, Office of the Chief Operating Officer

Lance Rodewald, Director, Immunization Services Division, National Immunization Program

Chris Rosheim, Health Education Specialist, Office of Workforce and Career Development

Paul Schulte, Supervising Epidemiologist, Education and Information Division, National Institute for Occupational Safety & Health

Patricia "Pat" Schumacher, Health Communication Specialist, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion

Tricia Schwartz, Emerging Leader, Office of the Secretary, Department of Health and Human Services

Bryan K. Scott, President, Local 303; Animal Caretaker, Scientific Resources Program, National Center for Infectious Disease

Jim Seligman, Chief Information Officer, Office of the Director, Office of the Chief Operating Officer

Alia M. Shabazz, President's Management Agenda Coordinator, Office of the Director

Debbie Smith, Equal Employment Complaints Manager, Office of Equal Employment Opportunity

Dixie Snider, Chief Information Officer, Office of the Director

Shannon Souvinette, Public Health Analyst, Office of Workforce and Career Development

John Steward, Deputy Director, Office of the Chief Operating Officer

Tammy Stewart-Prather, President, NTEU Chapter 287; Health Communications Specialist, National Center for Health Statistics

Anthony B. Stockton, Equal Employment Specialist, Office of Equal Employment Opportunity

Jane Suen, Health Systems Analyst, Office of Chief Operating Officer

Oscar Tarrago, Senior Service Fellow, Office of the Director, Agency for Toxic Substances and Disease Registry

Stephen Thacker, Director, Office of Workforce and Career Development

Patricia Thomas, Health Scientist, Office of Workforce and Career Development

Cathy Tinney-Zara, President, Local 3430; Statistical Assistant, Health Effects Laboratory Division, National Institute for Occupational Safety & Health

Blanca Torres, Public Health Analyst, Office of the Director, National Center for Chronic Disease Prevention and Health Promotion; Member, Association of Latino Employees

Monica Torres, Emerging Leader, Office of the Director

Nicki Travers, Equal Employment Opportunity Specialist, National Center for Health Statistics

Carmen Villar, Public Health Advisor, Global AIDS Program, National Center for HIV, STD, and TB Prevention

Frank Vinicor, Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion

Pei-Chun Wan, Computer Specialist and Program Analyst, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention; Member, Association of Asian Pacific Islander Employees

Bill Watson, Member, National Association of Retired Federal Employees

Howell Wechsler, Acting Director, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion

David Weissman, Director, Division of Respiratory Disease Studies, National Institute for Occupational Safety & Health

Debra Wesolowski, Equal Employment Manager, Office of Equal Employment Opportunity

Thelma Williams, Health Education Specialist, Office of Workforce and Career Development

Walter Williams, Director, Office of Minority Health, Office of the Director

G. David Williamson, Director, Division of Health Studies, Agency for Toxic Substances and Disease Registry

Mary L. Woekenberg, Director, Division of Applied Research and Technology, National Institute for Occupational Safety & Health

Marie Young, Deputy Director, Office of Equal Employment Opportunity

Colette Zyrkowski, Disability Representative; Special Projects Advisor, Office of Workforce and Career Development

STRATEGIC RECOMMENDATION ACTIVITY PLANS

The activity plans provided for each of the four strategic recommendations are intended to assist CDC leadership and staff with their efforts to implement the strategic recommendations. To this end, each activity plan contains:

- A discussion of the purpose and basic features of the strategic recommendation

- A delineation of the basic activities required to implement the strategic recommendation including:

    o The responsible party for the activity
    o The estimated time for completion of the activity

- A list of relevant suggestions, sources and examples from other organizations for CDC to consider as they implement the strategic recommendation

Each activity plan is a suggested guide for CDC to use as specific implementation plans and activities are undertaken. CDC should tailor the plans as needed to align them with CDC's specific objectives, timetables and resources. Many activities associated with the various strategic recommendation activity plans are interconnected, with some running concurrently. Delay to one activity's completion may impact the start or completion of another activity. Some activities were tentatively scheduled to run concurrently to reduce redundancy and/or time for completion. Detailed work breakdown, scheduling and resource allocation will better determine what should be scheduled in parallel and which activities are better to run independently or in tandem with others. Changes may impact total time required to implement these strategic recommendations.

Throughout the activity plans are references to the Executive Steering Committee (ESC). As noted in Chapter 5 of the *Action Plan to Achieve a Diverse Workforce*, the Panel recommends that CDC reevaluate the roles and responsibilities of the existing entities and utilize an advisory body, such as the ESC. For the purpose of brevity, the activity plans use the term ESC to stand for the advisory body designated by CDC management.

ACTION PLAN TO ACHIEVE A DIVERSE WORKFORCE

Strategic Recommendation 1—Policy and Training Activity Plan

Strategic Recommendation 1: Develop and distribute to all employees a policy statement from the Director that commits to a fair and equitable work environment for all, encourages openness and innovation and expects high standards of performance. Follow policy statement with diversity training for all CDC employees.

The policy statement will be based on the following broad definition of diversity:

> *Diversity acknowledges, appreciates and respects the many differences we recognize in each other—including the varied perspectives, approaches and competencies of those with whom we work and of the world population we serve. As a management philosophy, diversity emphasizes (a) the importance of recognizing, respecting and appreciating individual differences in order to achieve a positive work environment where all employees have the opportunity to reach their potential and maximize their contributions to the mission of the CDC, and (b) the responsibility of CDC employees to demonstrate cultural proficiency in their relationships with CDC constituents and customers.*

CDC leadership will base the policy statement on:

- The agency's core values of accountability, respect and integrity

- Clear and unequivocal commitment to a non-discriminatory work environment

- The following diversity vision statement developed at the August 2005 Working Group meeting in Atlanta:

> *CDC will build on its current strengths and improve its policies, procedures, and practices to continue to ensure that it treats all employees with respect and fairness and supports them to reach their full potential to better accomplish the agency's mission as an effective guardian of public health.*

Leadership should communicate the agreed upon policy statement including a broad definition and vision for diversity and institutionalize its use, e.g., by including a copy in all new-hire packages.

The agency will also provide all employees with follow-on training within a relatively short timeframe to ensure a consistent understanding and appreciation of the agency's commitment among all staff. This will establish direction and a sense of urgency and reflect CDC's sense of the importance of diversity with respect to achieving mission. Equally important, it reinforces the values-based culture of CDC.

The following two-pronged approach will be used to develop the policy statement:

- As reflected in the activity plan, a draft policy statement will be developed in time for presentation and discussion at a Diversity Forum (date to be determined).

- Immediately following the Diversity Forum, the draft policy statement will be vetted throughout CDC.

In addition to including a broad definition and vision for diversity, some other suggested points for the draft policy statement include:

- The rationale for a diversity program is that a culturally competent workforce is essential in achieving CDC's mission, goals and objectives and achieving a diverse workforce is essential if CDC is to continue its tradition of research and program excellence.

- CDC's diversity objectives are based on CDC's core values of accountability, respect and integrity, its commitment to a non-discriminatory work environment and its objective to provide culturally proficient services to CDC customers.

- CDC's diversity policy will be implemented consistently across all CDC Centers, Institutes and Offices (CIOs).

- The CDC diversity efforts will be managed within an accountability framework under which individual leaders and managers are expected and encouraged to achieve diversity goals and objectives. In addition, there are two other strategic recommendations— developing a system to collect and analyze diversity data related to recruitment, placement and retention (strategic recommendation 2) and developing a replicable recruitment program to facilitate the recruitment and employment of a diverse and high quality staff to fill mission-critical positions (strategic recommendation 4).

- To ensure that the strategic recommendations in the *Action Plan to Achieve a Diverse Workforce* are implemented, the Director has:

  o Appointed the Office of Equal Employment Opportunity (OEEO) Director, a direct report to the CDC Director, as the enterprise-wide diversity coordinator and locus for execution of the strategic recommendations of the business case. The OEEO Director will provide policy advice to the CDC Director, the Chief Operating Officer (COO), the Executive Leadership Board (ELB), Executive Leadership Team (ELT) and senior management on CDC's diversity needs including: workforce succession planning (particularly for mission-critical occupations); the outreach, recruitment, staffing and retention of a diverse workforce; and CDC's cultural proficiency needs. The OEEO Director will also collaborate with the Office of Workforce and Career Development (OWCD) and its Excellence in Learning Council (ELC) and Atlanta Human Resources Center (AHRC) as these entities continue to provide functional expertise critical to workforce diversity. The ELB Diversity Champion and Chief Management

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Official (CMO) Champion for Diversity will continue to provide executive oversight as will an advisory body, such as the Executive steering Committee (ESC).

    o Established a CDC-wide Special Emphasis Program (SEP) and the utilization of a Special Emphasis Program Manager (SEPM) in OEEO. Under the direction of the OEEO Director, the SEPM will plan and execute the programs and activities to improve the participation of underrepresented groups within the CDC workforce with initial emphasis on Hispanics. Under the direction of the OEEO Director and working closely with the AHRC Director, the SEPM will coordinate, train and provide technical assistance to collateral-duty SEPMs appointed within each CIO. While the SEP will initially target Hispanic employment issues, the program will be equipped and empowered to help CDC improve the representation of all underrepresented groups.

- The recruitment program will initially focus attention on Hispanics in support of the Department's national Hispanic Employment Initiative (HEI) and will transfer lessons learned to strategies addressing other groups that may be underrepresented including American Indians, African Americans, Asian-Pacific Islanders, women and persons with disabilities (see strategic recommendation 4.)

- CDC's comprehensive *Action Plan to Achieve a Diverse Workforce* is posted on an updated diversity website located within the OEEO website. We are also creating a diversity link on our Internet site. In addition, the agency has established a suggestion box/forum to solicit feedback. I encourage all employees to review the strategic recommendations and share their comments and suggestions via an electronic mailbox created for this purpose.

- We have set challenging completion dates for implementing the foundational strategic recommendations. Meeting our proposed timeline will put our diversity initiative on an equal footing with CDC's Goals Teams.

- CDC's diversity initiatives support "One HHS Program Objectives" and specifically relate to Objective 1 ("Eliminate racial and ethnic health disparities") and Objective 7 ("Strengthen and diversify the pool of qualified health and behavioral science researchers").

- Where we are now:

    o Since 1984, CDC has made a number of significant efforts to address diversity that have achieved various results. These diversity efforts have suffered in part, however, from the lack of a comprehensive, coordinated and integrated management approach across CDC's CIOs. Further, CDC has not conducted a data-based evaluation of these efforts and thus does not have a solid record and understanding of their impact. (For further information on CDC's efforts to date

to achieve a diverse workforce, see Chapter 2 in the *Action Plan to Achieve a Diverse Workforce,* available on the CDC diversity website.)

    o   The Goals Teams and reorganization of CDC will further facilitate progress in achieving and utilizing a diverse workforce by creating a sound foundation for the enterprise-wide, diversity management framework. This framework is required for the efficient and effective management of diversity planning, management and accountability.

    o   During the past year, we have, with the assistance of the National Academy of Public Administration (the Academy), taken a number of steps to develop the framework and foundation for a comprehensive and effective diversity program, e.g., Diversity Quotient Report and Recommendations; CDC Employee Pulse Check Survey; *Diversity: A Driver of Performance*; CDC Senior Leadership Symposium on Diversity, Leadership Development and Succession Planning, "Where We Are, Where We Need to Be" and the *Action Plan to Achieve a Diverse Workforce,* which contains the agency's business case, strategic recommendations and accompanying activity plans.

    o   The diversity programs and efforts of some CIOs within CDC will be leveraged to the maximum extent possible so that we take advantage of our efforts and successes. In the future, however, CDC's diversity initiatives will be enterprise-wide, with appropriate flexibility for tailored initiatives by individual CIOs.

- To accompany the diversity policy statement, CDC will offer all employees a diversity training primer, the substance of which will be incorporated into all new employee orientations and training for supervisors and managers. This training will help participants understand CDC's business need to attract and retain a diverse and culturally-competent workforce, appreciate and embrace diversity and cultural differences and identify and prevent workplace discrimination. It will also provide an awareness of roles and responsibilities as we all work together to obtain and maintain a diverse workplace that is free of discrimination. The training will also provide participants with tools needed to discharge those roles and responsibilities.

- In addition to the training primer on diversity, the agency will also develop a comprehensive diversity training curriculum based on a training needs analysis and assessment of related cultural competencies and human resource management and interpersonal skills. The comprehensive curriculum will include various courses focused on specific aspects of diversity management with options for employees to choose training based on their needs.

[Note re: Completion Dates (timeline): The DRAFT policy statement should be completed for use at the Diversity Forum.]

Policy and Training		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
1. Discuss the proposed content of and schedule for developing and distributing the policy statement with the ESC. • Staff begins developing the draft policy statement. • Collaborate with the Office of Enterprise Communications. Duration: 10 days	OEEO Director in collaboration with the ESC, Office of Enterprise Communications (OEC), OWCD and ELC	+10 Days
2. Complete production of the draft policy statement. • Distribute for review and comment to the ESC, Diversity Forum participants, ELB, Executive Leadership Team (ELT), Equal Employment Opportunity Advisory Council (EEOAC), CDC/ATSDR Minority Initiatives Coordinating Committee (CAMICC) and Labor-Management Cooperation Council. Duration: 10 days	OEEO Director	+20 Days
3. Review groups (see activity 2) provide comments to the OEEO Director. Duration: 10 days	Review groups	+ 30 Days
4. Produce and submit proposed draft policy statement for CDC Director's approval; includes obtaining required clearances. Duration: 10 days	OEEO Director	+40 Days
5. Approve and release draft policy statement for discussion at the Diversity Forum. Duration: 5 days	CDC Director	+45 Days
6. Vet the draft policy statement throughout CDC and issue it in final form. Duration: TBD	Office of the Director (OD) and OEEO Director	TBD
7. Update and maintain the CDC diversity intranet website; develop and maintain an Internet diversity site; use both to communicate the policy statement, workforce analytics, vision, mission and goals, etc. (see activity 8).	OEEO Director, OEC, Management Information Systems Office (MISO)	+60 Days

Policy and Training		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
Duration: 60 days (independent of other activities)		
8. Communicate policy statement, e.g., discuss at all-hands meetings, place on the agenda for the ELB, ELT and Management Council meetings, post on the diversity websites, include articles in *CDC Connects*, include in new employee and supervisor orientation materials.	OEC Director, ELB, ELT, diversity champions	Continuing
9. Develop and deliver to all employees and contractors a diversity training primer to include: • A description of CDC's diversity and competency needs, plans and accomplishments • Roles and responsibilities of CDC leaders, managers and staff • A foundation of supervisory skills in human resources management such as performance management, coaching and feedback • An appreciation and understanding of the differences among cultures represented by CDC employees and customers • Information on available tools including special hiring authorities and programs Duration: 60 days (work begins in time to ensure that the diversity training primer is available shortly after the Diversity Forum).	OEEO Director in collaboration with OWCD, Office of Minority Health (OMH) and ELC	+60 days

SUGGESTED SOURCES AND EXAMPLES FROM OTHER ORGANIZATIONS

Strategic Recommendation 1: *Diversity Policy and Training*

POLICY STATEMENTS

- The Department of Energy (30 December 1996). <u>Memorandum on Equal Employment Opportunity and Diversity Program</u>.
  - ➢ http://www.directives.doe.gov/pdfs/doe/doetext/neword/311/o3111a.html

- The Department of Energy (25 June 2002). <u>Policy Statement on Implementation of the President's Strategic Human Capital Management Program with Respect to Hispanics</u>.
  - ➢ http://civilrights.doe.gov/Policy_Statements/HumanCapital.pdf

- The Department of Energy (10 August 2005). <u>Equal Employment Opportunity and Diversity Policy Statement</u>.
  - ➢ http://civilrights.doe.gov/Policy_Statements/DiversityPolicy.pdf

- The Department of the Interior, Office of Policy Management and Budget (PMB) (26 September 2003). <u>Strategic Plan for Improving Diversity in the Office of the Secretary</u>.
  - ➢ http://www.doi.gov/hrm/diversty/divpln12.htm

- The Federal Deposit Insurance Corporation (FDIC) (16 December 2003). Statement by Chairman Donald E. Powell: <u>Powell on Diversity</u>.
  - ➢ http://www.fdic.gov/about/diversity/ChmnMsg.html

- The National Institutes of Health (NIH) (26 January 2005). <u>Policy on Equal Opportunity and Diversity Management</u>.
  - ➢ http://oeo.od.nih.gov/policiesresources/policy_eeodm.html

DIVERSITY TRAINING

Government-wide Resources

- USDA Graduate School. www.grad.usda.gov.
  - ➢ *Visit this website for information regarding course offerings throughout the country related to workforce diversity, such as:*
    - ▪ <u>EEO, Affirmative Action and Diversity</u> (Course ID: PERS2225E)
    - ▪ <u>Managing Workforce Diversity</u> (Course ID: EEOP7001D)

- U.S. Equal Employment Opportunity Commission (EEOC). www.eeoc.gov.
  - ➢ Visit www.eeoc.gov/outreach/index.html for information regarding both no-cost and fee-based diversity and discrimination prevention training programs.

- U.S. Office of Personnel Management. www.opm.gov.

- ➢ Visit www.opm.gov/hrd/lead/policy/divers97.asp for a guide to implementing diversity training.

Agency-Specific Diversity Training Programs

- The Department of Health and Human Services (HHS) University. <u>Workplace Diversity</u>.
  - ➢ http://lms.learning.hhs.gov/CourseCatalog/index.cfm?fuseaction=oltoverview&intCourseID=4505&AddPopularity=1
  - ➢ This course is offered through OPM's E-Learning program. They also design e-learning courses.
  - ➢ Also visit http://learning.hhs.gov/elearning/moreinfo.html for more information.

- The National Institutes of Health (NIH). <u>NIH EEO Interactive Training</u>.
  - ➢ http://eeotraining.nih.gov
  - ➢ NIH requires its employees to complete this online training course.

- The National Institutes of Health (NIH). <u>Intercultural Communications for NIH Administrators</u>.
  - ➢ http://learningsource.od.nih.gov/_show_details.asp?cd_crs=4001
  - ➢ This is a half-day course offered by the NIH Training Center.

ACTION PLAN TO ACHIEVE A DIVERSE WORKFORCE

Strategic Recommendation 2—Recruitment, Placement and Retention Data Activity Plan

Strategic Recommendation 2: **Develop an agency-wide system to collect and analyze data related to recruitment, placement and retention and create a system for communicating the data to varying audiences and stakeholders.**

A robust system for collecting, analyzing and using data related to the strategic recommendations and future diversity initiatives is essential. Such a system must ensure accountability by determining if the needs, issues and objectives in the business case are being effectively addressed. It must also ensure that the diversity program is visible and transparent to the entire workforce. In other words, to demonstrate progress and establish credibility in achieving its diversity vision, goals and objectives, CDC must systematically collect, analyze, apply and communicate relevant data.

Key to implementation of this strategic recommendation is the development of a management information process/system. In its systems development, CDC should make maximum use of existing resources and applications such as the Workforce Information Zone (WIZ), QuickHire, Enterprise Human Resources and Payroll (EHRP) and Agency and Equal Employment Opportunity Commission (EEOC) reports. The agency must also reach out to the parent Health and Human Services (HHS) to secure access to data about its Public Health Service Commissioned Corps officers. They are an essential part of the CDC workforce and CDC must monitor their employment patterns as well as those of the General Schedule, Senior Executive Service, federal wage system and others.

Current (baseline) and historical workforce profile data and workforce planning estimates (numbers and kinds of employees that CDC will need within the next five to ten years) are essential contextual information. For example, agency needs regarding expertise in a particular occupational area, substantial fluctuations in full-time equivalent employees or budget, and gains and losses in functional areas all need to be factored into staffing and training plans. Data collected will provide the basis for developing performance measures/metrics. The system should provide for:

- Data collection, manipulation and standardized report production relating to critical areas such as:

  o Recruitment activity ("pipe-line") indicators (e.g., job fair involvement, website links, electronic distribution of agency announcements, quality and currency of printed recruitment literature, hires by type of appointment)

  o Placement data (e.g., yield rates, time to fill a position, quality of hires as measured by removals during probation, performance evaluations, awards); this data must also include detail assignments for periods greater than 30 days

o Retention data (e.g., attrition data by occupational category, sub-organization, race/ethnicity/gender and by reason for departure such as involuntary separation, resignation, transfer to another government agency, retirement, death) and exit interview data

o Advancement data (e.g., promotions, within grade increases, selection for competitive programs, long-term training or opportunities including highly visible assignments, details, sabbaticals or Intergovernmental Personnel Act (IPA) assignments

o Employee perceptions (through agency and external survey instruments) as well as data on complaints, grievances and litigation

- A multi-pathway system for communicating the data collected to a variety of audiences including:

  o Pre-decisional information and analysis for use by management

  o Data populated on the CDC diversity intranet website for staff review (see strategic recommendation 1)

  o Reports by organizational unit, including division level, for use within the accountability framework (see strategic recommendation 3)

Recruitment, Placement and Retention Data		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
1. Identify staff with workforce analytical capabilities, establish specific projects to implement this strategic recommendation and arrange project teams and assignments. Broadly coordinate agreement on data elements and collection. Duration: 30 days	Office of Equal Employment Opportunity (OEEO) Director in collaboration with the Office of Workforce and Career Development (OWCD), Office of the Chief Operating Officer (OCOO), Atlanta Human Resources Center (AHRC), Executive Leadership Board (ELB), Executive Leadership Team (ELT) and Management Council	+30 Days
2. Determine the data elements needed for GS, SES, Commissioned Corps, federal wage system and others to include elements specifically related to: • CDC's workforce diversity profile, current, historical and desired • Workforce planning estimates especially related to underrepresented workforce groups • Race, ethnic and gender information throughout the workforce life cycle to include pipeline metrics • Current year recruitment activity and results data broken out by organizational units and specific occupations, type of appointment, grade level and, as appropriate, comparable data from previous years • Current year placement activity (to include data regarding movement within CDC such as details) and results broken out by Centers, Institutes and Offices (CIOs), specific occupations, grade	OEEO Director in collaboration with OWCD, Management Information Systems Office (MISO), Excellence in Learning Council (ELC), Management Council and AHRC	+90 Days

Recruitment, Placement and Retention Data		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
levels and type of placement actions, and, as appropriate, comparable data from previous years • Current year retention results including attrition analysis (e.g., reason for departure, length of service, occupation, previous promotions, performance evaluations) and exit interview data • Current year or most recent employee survey data relevant to recruitment, placement and retention • Current year complaint, grievance and litigation activity related to employment and comparable data from previous years • Data breakouts by demographic categories for all of the above • Identified data elements for use in activity 2 of strategic recommendation 3, Accountability Framework Duration: 30 days		
3. Determine the extent to which needed data are available in existing data systems, determine location, format and accessibility. Areas of note: • WIZ reports such as "The Demographic Comparison of Job Series Report" and the Diversity Score Card Report • Published "CDC Under-Representation Data" • Various existing workforce analysis capabilities within OWCD, OEEO and AHRC • Relevant findings and data from various evaluations and inspections such as by CDC (self-evaluation), HHS and Office of Personnel Management (OPM) • Results of CDC's self-assessment and barrier analysis of its EEO Program in accordance with EEO Management Directive 715 • QuickHire	OEEO Director in collaboration with OWCD, MISO, AHRC, HHS Commissioned Corps Coordinator and other CIOs	+135 Days

Recruitment, Placement and Retention Data		
ACTIVITY	RESPONSIBLE PARTY	COMPLETION DATE
• HREPS (AHRC tool) • CAPS • EHRP • Individual Learning Accounts (ILA) • Pulse Check Survey • HHS data on the Commissioned Corps • Other Duration: 45 days		
4. Develop the requirements for a process/system to collect, manipulate and systematically report and distribute data and metrics. Duration: 45 days	OEEO Director in collaboration with OWCD, CIOs, MISO and AHRC	+180 Days
5. Develop means of acquiring needed data that is not available in existing systems. For example: • Augment Pulse Check survey to include capturing demographic information regarding respondents and review the need for revised and additional survey questions per new OPM regulations. • Develop interim manual processes that leverage existing systems capabilities to extrapolate the most useful data; these processes may be automated should the benefit outweigh the costs (see Activities 7 & 8). Duration: 60 days	OEEO Director in collaboration with OWCD, CIOs, MISO and AHRC	+240 Days
6. Develop methods for utilizing data elements within the applications of the accountability framework utilizing standardized formats for reporting data to: • Help develop performance measures/metrics for recruitment, placement and retention objectives.	OEEO Director in collaboration with OWCD, CIOs, MISO and AHRC	+240 Days

Recruitment, Placement and Retention Data		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
• Incorporate into performance plans for supervisors, managers and executives. • Use for management reviews of diversity efforts in various formats such as a diversity scorecard. Duration: 60 days (concurrent with activity 5)		
7. Review proposed process/system requirements (activity 4), methods (activity 6) and cost/benefit analyses with the ESC and CIO directors. Duration: 45 days	OEEO Director, OWCD, MISO and AHRC in collaboration with ESC and CIO directors	+285 days
8. Conduct detailed system design, development and integration. If benefit of the new automated process/system does not justify the estimated costs, consider formalizing the interim manual processes that leverage existing systems' capabilities. Duration: TBD	OEEO Director, OWCD, MISO and AHRC	TBD

SUGGESTED SOURCES AND EXAMPLES FROM OTHER ORGANIZATIONS

Strategic Recommendation 2: *Data Collection and Analysis Models*

There are many useful models on the collection, analysis and dissemination of workforce data including:

- U.S. Office of Personnel Management (OPM) (16 October 2000). <u>Diversity Profiles</u>.
  - ➢ http://www.opm.gov/employ/diversity/stats/profiles.htm

- Global Diversity @ Work (Fall 2001). <u>Healing a Diversity Disconnect</u>.
  - ➢ http://www.diversityatwork.com/articles/scotia.pdf

Articles

- Ball, Calvin B., III (1998). <u>Diversity Metrics: A Guide to Constructing an Inclusiveness Audit</u>.
  - ➢ http://www.diversitydtg.com/articles/diversity_metrics.htm

- Digh, Patricia (November 2001). <u>Creating a New Balance Sheet: The Need for Better Diversity Metrics</u>.
  - ➢ http://www.centeronline.org/knowledge/whitepaper.cfm?ID=813&ContentProfile ID=122197&Action=searching

- Handler, Charles (7 July 2002). <u>When Perception Doesn't Equal Reality: Legal Defensibility and Online Screening</u>.
  - ➢ http://www.erexchange.com/articles/db/6E07E65A2F194F67A1406CCD57F9B4 B6.asp

- Hubbard, Edward E. (2003). <u>How to Calculate Diversity Return on Investment (DROI)</u>: "An Overview".
  - ➢ http://www.hubbardnhubbardinc.com/article.htm

- Sullivan, John (24 March 2003). <u>Diversity Recruiting Metrics</u>.
  - ➢ http://www.erexchange.com/articles/db/8AB932775AD04B9490AC405C1A0F5 DB2.asp

Books

- Hubbard, Edward E. <u>How to Calculate Diversity Return on Investment</u> (Global Insights, 1999).
  - ➢ ISBN: 1883733219
  - ➢ http://www.amazon.com/exec/obidos/tg/detail/- /1883733219/qid=1127321349/sr=8-1/ref=sr_8_xs_ap_i1_xgl14/002-5997492- 9572022?v=glance&s=books&n=507846

- Hubbard, Edward E. <u>Measuring Diversity Results</u> (Global Insights, 1997).
  - ➢ ISBN: 1883733170
  - ➢ http://www.amazon.com/exec/obidos/tg/detail/-/1883733170/qid=1127321411/sr=1-3/ref=sr_1_3/002-5997492-9572022?v=glance&s=books

- Additional resources available include staffing metrics mini-toolkit (Staffing.org) (2002).
  - ➢ http://www.staffing.org/ToolkitFreeVersion.pdf

ACTION PLAN TO ACHIEVE A DIVERSE WORKFORCE

Strategic Recommendation 3: Accountability Framework Activity Plan

Strategic Recommendation 3: **Create a framework that sets expectations and provides motivation for (a) CDC leaders and managers to manage diversity effectively and achieve diversity goals and objectives, and (b) all CDC employees to demonstrate behaviors which support CDC's diversity values, objectives and activities. The framework will include performance measures related to developing and maintaining a diverse and culturally competent workforce and the means by which leaders and managers will be held accountable for implementing the strategic recommendations for diversity as well as continuing to revise and augment diversity goals and initiatives to meet the needs of the agency.**

This framework will focus on:

- CDC's diversity efforts and program components for its workforce and workplace

- Its objectives for achieving a:

    o Fair and equitable workplace environment for all employees

    o Diverse, representative and highly qualified workforce including the development of existing CDC staff

    o Workforce with appropriate cultural competencies and skill-sets, such as the ability to manage and resolve conflicts

    o Management and supervisory workforce with competencies in human resources management

The framework will include:

- The Office of Equal Employment Opportunity (OEEO) Director with responsibility to oversee and coordinate the implementation of the four strategic recommendations and the CDC action plan in collaboration with the Office of Workforce and Career Development (OWCD), Office of Strategy and Innovation (OSI), Office of Enterprise Communications (OEC) and Atlanta Human Resources Center (AHRC)

- Personal involvement of senior CDC leadership and management on a continuing basis

- Strong frontline support

- Performance measures related to developing and maintaining a diverse and culturally competent workforce (as supported by data collection and analysis—see strategic recommendation 2)

- A multi-dimensional accountability loop that ensures implementation of the strategic recommendations of this diversity action plan on a continuing basis

- Program and project management sponsors

Specifically, activities related to this strategic recommendation include:

1. Designating the specific responsibilities of various organizations and offices already engaged, as discussed in Chapter 5 of the action plan, including but not limited to:

   - Office of the Director (OD)

   - Office of the Chief Operating Officer (OCOO)

   - Office of Workforce and Career Development (OWCD)

   - Office of Equal Employment Opportunity (OEEO)

   - Office of Minority Health (OMH)

   - Atlanta Human Resources Center (AHRC)

   - Centers, Institutes and Offices (CIOs)

   - Office of Enterprise Communications (OEC)

   - Office of Strategy and Innovation (OSI)

2. Designating, by name where appropriate, the specific responsibilities of:

   - Executives (Executive Steering Committee (ESC), Executive Leadership Board (ELB), Executive Leadership Team (ELT), Excellence in Learning Council (ELC), OEEO Director, diversity champions, etc.)

   - Managers

   - First-line supervisors

   - Chief Management Officials (CMOs)

   - Goal Team leaders—to be determined

- Staff in offices with specific diversity responsibilities such as: the workforce analysts in OWCD, OEEO and AHRC; coordinating center collateral-duty Special Emphasis Program Managers (SEPMs); Workforce and Career Development Officers (WCDOs) and diversity coordinators

- All employees

3. Goals, objectives and performance measures/metrics such as:

  a. Recruitment activity indicators (e.g., diversity representation in recruitment feeder groups, job fair involvement, website links, electronic distribution of agency announcements, quality and currency of printed recruitment literature; placement data such as yield rates, time to fill a position, quality of hires as measured by removals during probation, performance evaluations, awards; and retention data such as attrition rates by occupational category as well as race/ethnicity/gender)

  b. Training and career development activities and outcomes (e.g., promotion, increased competency, increased understanding of broader CDC mission)

  c. Employee perceptions as reflected in surveys, focus groups, management brown bags, all-hands, etc.

  d. Complaints, grievances and litigation related to diversity/discrimination or equity

  e. Employee involvement and buy-in as indicated in participation rates and changes in CDC and broader survey instruments such as Best Places to Work in Government

[Note: This is an illustrative list—specific metrics related to the goals and objectives of the strategic recommendations and ongoing efforts will need to be developed by CDC management as specific agency goals are set and tasks are planned in detail to achieve desired outcomes.]

4. Integration of diversity activities and results into the performance management system especially for executives, managers, first line supervisors and staff with specific diversity responsibilities, e.g., WCDOs, diversity champions and diversity coordinators within the coordinating centers. Diversity related performance standards should cascade through the organization to ensure full integration and implementation.

5. System and procedures for:

  (a) Collecting data regarding goals and objectives

  (b) Monitoring, reporting and following-up on actual activities and achievements versus expected, e.g., diversity scorecard

(c) Integrating diversity program results with the performance management system including performance appraisal, rewards and recognition

(d) Corrective action for organizations out of "sync" with agency commitments or not meaningfully contributing to workplace diversity

(e) Training and development including systems for equitable opportunity for visible assignments and details and CDC and office sponsorship of activities reflective of CDC commitment

Activity 2 is the critical element for this strategic recommendation in that it develops the framework's substance, i.e., goals, objectives and metrics/performance measures. This activity will consist of the "Owners," i.e., responsible parties—both offices and individuals—for the strategic recommendations and other diversity initiatives and establishing appropriate goals, objectives and metrics. CDC should consider using the ESC or other advisory body to guide this process and to ensure it gets buy-in at the director level. Also, the agency should provide the CIOs with the opportunity to develop "customized" objectives and metrics based on the business case.

The implementation of strategic recommendation 2, data related to recruitment, placement and retention, will initially provide a substantial portion of the objectives and metrics required for activity 2 of this framework. These measures will guide the actions of the responsible managers and their staffs and provide a basis for monitoring the implementation of the strategic recommendations, assessing progress in reaching objectives and making needed adjustments in project/initiative plans and activities.

[Note re: Completion Dates (Timeline): The completion dates and duration for developing this framework assume that work on most of the activities will take place concurrently and that the OEEO Director, as diversity coordinator under the umbrella of the OD, will be responsible for ensuring the coordination of needed activities.]

Accountability Framework		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
1. CDC Director charges OEEO Director with diversity coordination duties to include: • Overall program and project management of the implementation of the diversity action plan's strategic recommendations • Coordination of requisite CDC leadership, management and staff to capture, analyze and report recruitment, placement and retention data to facilitate the management of achieving and sustaining a diverse workforce (see strategic recommendation 2)	ESC in collaboration with the OD, OCOO, OEEO, AHRC, ELB, ELT and Management Council	+30 days
2. Prepare a plan and timetable for developing the management accountability framework such as: • Identify and interview appropriate staff of OEEO, OWCD, AHRC, HHS Commissioned Corps Coordinator and CIOs to obtain their needs and ideas regarding the framework relative to the current accountability system and specific factors that will affect the framework, e.g., information technology, resources and likelihood for acceptance. • Send a draft plan and timetable to stakeholders, including CIO Directors, for review and comment on its impact on resources, people, processes and technology. Duration: 30 days	OEEO Director in collaboration with the ESC, AHRC, CIO Directors, Management Council and the ESC	+60 days
3. Develop goals, objectives and metrics for the strategic recommendations and ongoing diversity efforts/program components such as: • Implementing diversity program improvement initiatives • Achieving recruitment, placement and retention targets, e.g., process targets and parity targets for women, minorities and disabled; see "CDC Under-Representation Data"; see also strategic	OEEO Director in collaboration with OWCD and AHRC with review by ELB and the Management Council	+120 days (for providing guidance and obtaining first set of objectives and metrics)

Accountability Framework		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
recommendation 2 • Acquiring cultural competencies and related skill-sets • Achieving training and career development activities and results • Improving employee perceptions of • CDC's workforce policies and practices • Resolving and reducing complaints and grievances related to diversity and non-discrimination objectives • Results of CDC's self-assessment and barrier analysis of its Equal Employment Opportunity (EEO) Program in accordance with EEO Management Directive 715 Duration: 90 days (initial staff work can begin concurrent with activity 2) [Note: Goals, objectives and metrics will be reflected eventually in the activity plan for each strategic recommendation activity; before then they will be developed on an ad hoc basis. For certain metrics, such as workforce representation and complaint and grievance activities, CDC should use historical trend data.]		
4. Develop a system for monitoring and reporting activities and results related to goals, objectives and metrics including collecting, analyzing, reporting and following through on reported data. Examples of procedures and activities in a system include: • Periodic management reviews focused on diversity result metrics at various levels. For example, a "best practice" at the Social Security Administration was the Administrator's monthly meeting with his direct reports to discuss their progress in meeting diversity objectives. • Periodic status reports, e.g., "scorecards" organized according to objectives, metrics and organizational responsibility. Reports describe activities and results, assess progress and prescribe actions	OEEO Director in collaboration with OWCD, AHRC, HHS Commissioned Corps Coordinator, ELB and Management Council	+120 days, with specific components developed within 90 days

Accountability Framework		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
to address problems and barriers. • Procedures for "owners," i.e., responsible parties, of diversity activities to use in collecting and reporting data related to objectives and metrics and for use in management reviews and periodic status reports • Utilization of CDC Employee Pulse Check survey data, e.g., analyzing survey results, reporting survey results and analysis and identifying and taking action to address problem areas (see activity 5 of strategic recommendation 2 regarding the need to review the Pulse Check survey data) • Collection, analysis and reporting of exit interview data pertaining to diversity objectives • Collection, analysis and reporting of complaint and grievance activity and dispositions including the use of alternative dispute resolution • Follow-up actions related to complaint and grievance dispositions including policy and procedural changes, remedies and personal corrective actions [Note: This activity includes vetting the system with the ESC and CDC leadership.] Duration: 90 days (begins concurrent with activity 2)		
5. Develop a system for integrating activity and results data into the performance management system: • For Senior Executive Service (SES) performance appraisals, perhaps including annual written and oral feedback from managers to staff about personal contributions • For non-SES and Commissioned Officer performance appraisals, perhaps including annual discussion of noted diversity-related	OEEO Director in collaboration with OWCD, AHRC, HHS Commissioned Corps Coordinator and Management Council	+ 120 days (This work is done concurrently with other activities)

Accountability Framework		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
activity • For all employees with, for example, performance elements related to workplace behaviors that support diversity and job-related cultural competencies such as teamwork, communications and interpersonal skills • Awards and recognition such as summary organizational reports on distribution of Quality Step Increases, promotions, monetary and honor awards • Training and career development needs determination as reflected in Individual Development Plans (IDPs) and involvement in mentoring The above need to be integrated and consistent with: "One HHS" Management Objectives 1, 2, and 7 relating to eliminating racial and ethnic disparities in healthcare, HHS human capital initiatives and strengthening and diversifying the pool of qualified healthcare researchers. For examples of performance plan elements related to diversity, see the attachment to this strategic recommendation and particularly for management standards used by NIH. [Note: This activity includes vetting the system with CDC leadership.] Duration: 90 days (begins concurrent with activity 2)		
6. Review, revise as needed, or develop: • A generic statement of diversity responsibilities applicable to all division directors, managers and staff • Statements of the diversity responsibilities for division directors, managers, staff and organizational components with specific diversity program functions such as OWCD, OEEO, OMH, WCDOs and diversity coordinators	OEEO Director in collaboration with OWCD, OCOO and AHRC, with review by requisite leadership and management	+120 days

Accountability Framework		
ACTIVITY	**RESPONSIBLE PARTY**	**COMPLETION DATE**
• Consider revising position descriptions of WCDOs and diversity coordinators to reflect diversity responsibilities. [Note: This activity includes vetting the statements with CDC leadership.] Duration: 90 days (begins concurrent with activity 2)		
7. Communicate progress in developing the accountability framework as various components of it are implemented, such as performance plan standards related to diversity. For example: • Release materials and instructions related to application and use of the framework. • Provide briefings and training to staff responsible for administering the framework's procedures, providers of data for the framework and users of its reports.	OEC, OWCD, OEEO and AHRC	On a continuing basis
8. Develop a program evaluation capacity and strategy for validating the *Action Plan to Achieve a Diverse Workforce* by determining desired outcomes for various intervals. Define performance measures/metrics for each outcome and monitor results. Such a program evaluation capacity would constitute the next level of the accountability framework and be results-oriented, consistent with the President's Management Agenda. Duration: TBD	OEEO Director in collaboration with OSI	TBD

SUGGESTED SOURCES AND EXAMPLES FROM OTHER ORGANIZATIONS

Strategic Recommendation 3: *Accountability Framework*

- The National Institutes of Health (NIH) (2004). <u>Annual EEO Program Status Report—October 1, 2004 to September 30, 2005</u>.
  - ➢ http://oeo.od.nih.gov/policiesresources/sitesresources/NIH%20Annual%20EEO%20Program%20Status%20Report%20MD%207-15.pdf
  - ➢ See also: http://oeo.od.nih.gov/policiesresources/sitesresources/md715.html and http://oeo.od.nih.gov/policiesresources/cpememo.html

- The Government Accountability Office (GAO) (September 2005). <u>Managing for Results - Enhancing Agency Use of Performance Information for Management Decision Making (GAO-05-927)</u>.
  - ➢ http://www.gao.gov/new.items/d05927.pdf

- The U.S. Department of Energy (6 March 2000). <u>Diversity Tracking in the Department of Energy</u>.
  - ➢ [Available as hard copy only.]

- The National Institutes of Health (NIH). <u>General Guidance for Accomplishing the SES, SBRS and Title 42 Critical Performance Element and the Code 2 Managers and Supervisors EEO Critical Performance Element</u>.
  - ➢ http://oeo.od.nih.gov/policiesresources/cpememo.html
  - ➢ See also: http://oeo.od.nih.gov/policiesresources/cpe.html and http://oeo.od.nih.gov/policiesresources/cpecode2.html

- The Department of Energy (30 December 1996). <u>Memorandum on Equal Employment Opportunity and Diversity Program</u>.
  - ➢ http://www.directives.doe.gov/pdfs/doe/doetext/neword/311/o3111a.html

- The U.S. Environmental Protection Agency (EPA) (2005). <u>EPA Careers: Diversity</u>.
  - ➢ http://www.epa.gov/ohr/careers/diversity.html

- The Office of Personnel Management (OPM) (2005). <u>Human Capital Assessment and Accountability Framework (HCAAF) – A Practitioner's Guide</u>.
  - ➢ http://www.opm.gov/hcaaf_resource_center/7-1.asp

- National Institutes of Health (NIH). <u>EEO Critical Element for Supervisors and Managers Appointed under SES, SBRS or Title 42 Promotes EEO and Work Force Diversity Programs</u>.
  - ➢ http://oeo.od.nih.gov/policiesresources/cpe.html

- National Institutes of Health (NIH). <u>EEO Critical Element GM/GS Code 2 – Managers and Supervisors Promoting Equal Employment Opportunity (EEO) and Work Force Diversity Programs</u>.
  - ➤ http://oeo.od.nih.gov/policiesresources/cpecode2.html

ACTION PLAN TO ACHIEVE A DIVERSE WORKFORCE

Strategic Recommendation 4—Targeted Recruitment Activity Plan

Strategic Recommendation 4: Starting with an initial focus on one aspect of diversity, develop a replicable program to facilitate the recruitment and employment of a diverse and high quality staff to fill mission-critical positions at all levels. This will include the development and implementation of short-term recruitment, placement and retention strategies to increase the representation of underrepresented groups. The initial focus of attention will be on Hispanics in support of the Department's new National Hispanic Employment Initiative (HEI) and will transfer lessons learned to strategies addressing other groups that may be underrepresented—tailored to the group's history and concerns. These groups may include (but not be limited to) American Indians, African Americans, Asian-Pacific Islanders, women and persons with disabilities.

The basic objective of this strategic recommendation is to optimize readily available tools and resources. It involves the following four major elements:

1. As described in strategic recommendation 1, develop and promulgate a policy statement from the Director—clearly establishing the importance of managing diversity in general and Hispanic employment in particular, as an immediate priority based on legally-defined underrepresentation. The policy statement should express CDC's support of the Department's HEI and outline the role played by CDC managers and supervisors related to this initiative.

2. Identify existing CDC resources which are complementary to the new initiatives in this strategic recommendation. Include replicable strategies implemented by individual CIOs, existing support and funding for student employment programs and partnerships with Hispanic employee affinity groups.

3. Build on current efforts to identify sources of Hispanic recruitment including pipelines for student employment, entry-level and mid-level employment as well as enrollment in the Commissioned Corps. As the program is replicated to address the underrepresentation of other groups, the strategy should be adapted to the group's history, needs and concerns.

4. Establish or strengthen partnerships with the pipeline organizations, assign executive responsibility, dedicate resources and measure results (see Appendix K, *CDC's Long-Term Partnerships with Academic Institutions).*

Many of the strategies recommended are already part of the HEI; others were recommended in the CDC/ATSDR Recruitment and Retention Plan of 2000 and some are best practices other federal agencies are using effectively. While some strategies are more short-term than others, all are feasible within the government fiscal year 2006 if there is sufficient leadership commitment, effective coalitions with managers and employees and creativity in leveraging needed resources.

One such strategy is the use of student employment programs. Although several CDC Centers, Institutes and Offices (CIOs) utilize student employment programs, there is no available evidence that CDC components universally use them to improve the diversity of their organizations; some organizations may not use them at all. To encourage greater use of student employment programs, CDC could centrally fund activities such as the Hispanic Association of Colleges and Universities (HACU) National Internship Program.

Another important strategy is establishing a point of contact for HEI to advise management on ways to improve Hispanic representation. HHS recommended that its sub-agency components appoint collateral-duty Hispanic Employment Program Managers (HEPMs). NIH and most other HHS components have established such positions. Equal Employment Opportunity (EEO) guidelines recommend the formal establishment of Special Emphasis Programs (SEPs), one of which is the Hispanic Employment Program (HEP). CDC should use its existing Special Emphasis Program Manager (SEPM) within OEEO to focus on areas of underrepresentation throughout the agency and on building a network of collateral-duty SEPMs at the coordinating center level.

Given that Hispanics are underrepresented at CDC, Hispanic representation is a logical initial focus for the SEPM and a model upon which the agency can build to address similar underrepresentation among other groups. The CDC Director has an open email policy and should continue it. The Agency should also continue to utilize the OEEO and Equal Employment Opportunity Advisory Committee (EEOAC) as venues to empower employee affinity groups, e.g., Association of Latino Employees at CDC and ATSDR (ALECA), and to advise the CDC Director in matters related to EEO/diversity. After a period of one year, the agency should evaluate the effectiveness of the special emphasis initiatives and determine if a full or part-time HEPM within Office of Equal Employment Opportunity (OEEO) is warranted.

The success of targeted recruitment hinges on several foundational elements delineated within the activity plan for strategic recommendation 3 which addresses the development of the diversity accountability framework. For example, the agency must consider in its annual evaluation of managers their performance relative to various accountability elements, e.g., personal involvement and contribution to building relationships with community organizations, input from stakeholders, input from the OEEO and the regular monitoring of results of recruitment and retention activities, (e.g., monthly reports on hiring results, improved retention rates, reports on awards/recognition, career development and training opportunities) to institutionalize and sustain progress.

[NOTE: At the Working Group meeting on August 29, 2005, the work group for strategic recommendation 4 developed a proposal for a demonstration project to develop recruitment and hiring measures to achieve diversity among the 21 persons selected to be leaders of the Goals Team. CDC may choose to pursue this suggestion in addition to the four strategic recommendations.]

Targeted Recruitment		
ACTIVITY	**RESPONSIBLE PARTY**	**TARGET DATE**
1. Per strategic recommendation 1, issue and widely disseminate a CDC policy statement to: • Identify CDC's workforce diversity and competency needs • Reference the HHS' HEI • Implement HHS' HEI with the OEEO SEPM as the lead for CDC • Establish HEI goals and objectives consistent with the HHS program • Outline the role of CDC leaders, managers and staff regarding HEI Duration: 45 days	CDC Director and OEEO Director	+45 Days
2. Utilize SEP in accordance with appropriate EEO directives and headed by a full-time SEPM within the OEEO at CDC Headquarters. The SEPM will work closely with and under the direction of the OEEO Director and will coordinate and guide the work of collateral-duty SEPMs in each coordinating center. The SEPM: • Identifies concerns and issues impacting the employment of underrepresented groups, beginning with Hispanics • Provides advice and recommendations to senior management (through the OEEO Director) to address those issues • Develops plans and strategies • Conducts data analysis • Provides briefings to management on concerns and progress • Provides input to management annual performance ratings such as perceived degree of cooperation and participation in activities, e.g., recruitment, mentoring, awards and/or celebratory programs Duration: 90 days for the establishment of coordinating center collateral-duty SEPMs; these activities can start concurrently with activity 1.	OEEO Director, Office of Workforce and Career Development (OWCD), Office of Minority Health (OMH), Excellence on Learning Council (ELC), Atlanta Human Resources Center (AHRC), Workforce and Career Development Officers (WCDOs) and diversity coordinators in the CIOs	+150 Days
3. Provide training and education to the OEEO SEPM, the collateral-duty SEPMs within the coordinating centers, and to CDC managers and supervisors regarding	OEEO Director, OWCD, OMH, ELC, AHRC, WCDOs	+150 Days

Targeted Recruitment		
ACTIVITY	**RESPONSIBLE PARTY**	**TARGET DATE**
their role in the successful implementation of the SEP. Duration: 30 days to develop and deliver training (finishes concurrently with activity 2)	and diversity coordinators in the coordinating centers	

4. Identify and evaluate existing partnerships (see Appendix K). Establish new partnerships with up to five academic institutions with considerable representation of underrepresented groups such as Hispanic-Serving Institutions (HSIs) with degree programs in CDC's mission-critical occupations including medicine, public health, business, and public policy, and members of the Hispanic-Serving Health Professions Schools and/or the Association of Schools of Public Health. This could include activities such as:
• Establish relationships with school officials such as career services staff, faculty of appropriate academic departments and leaders of student organizations.
• Model after Chronic's use of the Student Career Experience Program (SCEP) with Columbia University.
• Consider geographic location to ensure better representation of schools nationwide.
• Elements to consider for inclusion in partnerships are:
   o Mutually-beneficial grants and contracts
   o Effective and culturally-appropriate communication strategies
   o Joint research on public health issues
   o Case studies for classroom use
   o Staff/personnel exchanges, e.g., visiting faculty member and IPAs
   o Active campus recruitment
   o On-campus lectures by CDC staff
   o Internships coordinated by partner institutions
   o Shared library resources
   o Input into curriculum development
	OEEO Director, OEEO SEPM, OMH, ELC, AHRC and Office of Extramural Programs	+240 Days

Targeted Recruitment		
ACTIVITY	**RESPONSIBLE PARTY**	**TARGET DATE**

• Appoint CDC senior executives as campus champions to selected schools. Some of their roles may include:
  o Establishing personal contact with senior academic officials
  o Developing a mutually-beneficial partnership with the institution
  o Speaking at school events and as visiting faculty
  o Providing input to curricula, as appropriate
 	
[Note: An example of an agency with a strong campus executive program is the Government Accountability Office (GAO); see http://www.ourpublicservice.org/solutions/solutions_show.htm?doc_id=197634 for more information.]
 	
Duration: 90 days		

5. Actively and systematically conduct outreach and establish formal partnerships with Hispanic professional organizations whose membership ranges from experienced professionals to college students. The partnerships could include activities such as:
  • Mutually-beneficial grants and contracts
  • Joint research on public health issues
  • Effective and culturally-appropriate communication strategies
  • Workshops, research papers and presentations at annual conferences and monthly meetings
  • Active participation as recruiters at annual conventions and conferences
  • Electronic transmission of CDC vacancies
 	
[Note: While most federal agencies participate at annual events as recruiters, only a few, including the Department of Commerce, NASA, and the Department of Energy, have more defined, long-term partnerships with specific institutions.]
	OEEO Director, OEEO SEPM, OMH, ELC and AHRC	+240 Days

Targeted Recruitment		
ACTIVITY	**RESPONSIBLE PARTY**	**TARGET DATE**
Duration: 90 days (concurrent with activity 4)		
6. Develop a pre-college pipeline among elementary, middle- and high-school students from underrepresented communities to encourage students to stay in school and promote interest in careers in science and public health. Pipeline development could include such methods as: • Identifying existing financial grants and assistance tools such as scholarships, fellowships and other forms of financial assistance • Offering after-school employment under the Student Temporary Employment Program (STEP) • Providing mentoring and/or tutoring during the school year (similar to HHS Headquarters' partnership with Eastern High School in Washington, DC) • Partnering with a co-located college/university similar to NASA's *El Ingeniero* program with the University of Maryland Duration: 120 days (concurrent with activity 4)	OEEO Director, OEEO SEPM, OMH, ELC, AHRC and the Office of Science Education	+270 Days
7. Evaluate the development of a college-level pipeline for entry-level positions utilizing available internal and external tools and flexibilities and based on CDC's succession planning efforts. These tools and flexibilities include the Hispanic Association of Colleges and Universities (HACU) National Internship Program and other student internship programs that can be funded under grants and/or contracts as well as the Bilingual-Bicultural Hiring Authority, STEP and SCEP. Implementation of a pipeline could include: • Centrally funded coordinating center participation in non-FTE programs, e.g., HACU National Internship Program, to encourage higher levels of participation by managers and selecting officials • Mentoring and tracking participants in the HACU program as well as in the STEP and SCEP programs to help them identify career goals, needs and effect of CDC experience [Note: This is an element of the draft	OEEO Director, OEEO SEPM, OMH, ELC and AHRC	+270 Days

Targeted Recruitment		
ACTIVITY	**RESPONSIBLE PARTY**	**TARGET DATE**
HHS-wide HEI.] Duration: 120 days (concurrent with activity 4)		

8. Encourage use of the CDC Director's open email policy. Continue to utilize the OEEO and EEOAC as venues to empower employee affinity groups, e.g., ALECA, and to advise the CDC Director in matters related to EEO/diversity. Affinity groups would work closely with the appointed OEEO SEPM and with coordinating center SEPMs in the expanded network.
    • In consultation with affinity groups, e.g., ALECA, develop specific action agendas for collaborative first-year efforts.
    • Develop appropriate ways to communicate and recognize the responsibilities and contributions of affinity groups members.
 	
Duration: 60 days (can take place concurrently with activity 1)
	OEEO Director, OEEO SEPM, OMH, ELC, AHRC and EEOAC	+60 days

SUGGESTED SOURCES AND EXAMPLES FROM OTHER ORGANIZATIONS

Strategic Recommendation 4: *Targeted Recruitment*

Background

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  - ➢ http://www.nasa.gov/centers/marshall/news/diversity/diversity_news_asian.html

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Recruitment

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- The Government Accountability Office (GAO) (January 2005). <u>Diversity Management: Expert-Identified Leading Practices and Agency Examples (GAO-05-90)</u>.
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  - ➢ http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=5126

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- Department of Health and Human Services (HHS) (31 January 2003). <u>Career Academies</u>.
  - ➢ http://bhpr.hrsa.gov/kidscareers/career_academics.htm

COMPARATIVE CDC DIVERSITY DATA, 2005 vs. 1993

Non-White Employees (2005)	Number	Total	Percent	1993 Data
GS-1/12	1547	3369	46%	31%
Hispanic	106		3%	
African American	1269		38%	
Asian/PI	155		5%	
American Indian	17		0.5%	
GS-13/15	1000	3804	26%	12%
Hispanic	133		3%	
African American	623		16%	
Asian/PI	226		6%	
American Indian	18		0.5%	
Female	617		16%	
GS-15	54	422	13%	0%
Commissioned Corps				
≤ O-4	63	286	22%	
≥ O-5	102	578	18%	All ranks total = 11%
SES	6	30	20%	0%
African American	6		20%	0%
Female	9		30%	0%
Both	2		7%	0%

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DIVERSITY SCORECARD

The concept of "what gets measured gets done" can be used effectively to assess progress toward goals and objectives. It can also be seen as simply counting data that do not relate to mission or goals, or as an added burden for managers. This draft set of diversity scorecard indicators seeks to link the indicators to the strategic recommendations, the *Action Plan to Achieve a Diverse Workforce* and the Accountability Framework activity plan discussed in Appendix C. These indicators are some that CDC could consider using as it discusses how to assess results, which is discussed in Chapter 6.

The goal is to develop a set of indicators appropriate to CDC's stated goals and planned activities. For example, activity 2 in Appendix C (which deals with recruitment, placement and retention data) notes that CDC needs to determine the data elements it needs to track related to, for example, the workforce's diversity profile and attrition. The data elements CDC decides to use would be part of the ultimate diversity scorecard indicators.

While it is tempting to gather data, management should be careful to devise only those measures that are essential to gauging goal achievement. Data collection takes extensive time, not just for those who develop indicators and assess the data, but for managers who may have to gather the information.

This draft set of diversity scorecard indicators suggests that the broad areas to measure are:

- Leadership commitment
- Issue assessment
- Communication
- Recruitment
- Employee selection
- Employee orientation and training
- Employee retention
- Performance measurement and awards

Within each category, the scorecard could include assessment factors such as:

- Clear statements of organizational policy exist
- Steps to achieve diversity are clearly delineated
- Adequate resources (funds and staff) are provided
- Actions underway and their status with respect to cost, quality and timeliness
- Quantifiable objectives, such as for staffing and training, are being met
- Goal is partially achieved
- Goal is fully achieved

This approach does not assign a value to each category. The draft set of scorecard indicators included here would permit more than one checkmark per indicator. The "actions underway"

column is designed to permit brief reference to work undertaken and whether or not it is meeting cost and quality targets and is on schedule.

CDC will need to determine whether it wants a "scorecard" to assign numeric values to each indicator's level of achievement. This could be time-consuming and may or may not make the scorecard a better management tool. It may be appropriate to simply count the number of indicators that have "adequate resources provided" or "goal is fully achieved." As now laid out, the scorecard indicators would be measured by checking whether the action has been taken and provides space to note some actions underway. While not quantifiable (unless CDC wants to make a checkmark equivalent to a score of "one" and no checkmark equivalent to a score of "zero"), this kind of report can be a good management tool.

If CDC were to decide not to use a non-quantifiable tool such as this, results could be seen as less meaningful than if there were some way to quantify them. To assign numeric measures, CDC would need to develop a scale and measure each indicator accordingly. Two common ones are the Guttman Format and Likert Scale:

- With the Guttman Format, the alternatives increase in comprehensiveness. For example, in measuring the extent to which a program to protect salmon in the Pacific Northwest has achieved its goals, the scale could range from no benefit to marginal improvement to substantial repopulation of the fish. (The scale can have as many choices as needed.)

- The five-choice Likert Scale measures intensity and is one most people are familiar with as they complete opinion surveys. Choices would be "strongly agree," "agree," "undecided," "disagree" and "strongly disagree." There is generally also an option to say a respondent has no basis to judge. Such a scale can be worded to meet the needs of the survey.

Whatever scale used would assign a numerical value to each category. For example, the Guttman Format could be adapted as:

- Goal achieved   5
- Goal partially achieved   4
- Planning to achieve goal is completed   3
- Planning to achieve goal has begun   2
- Goal agreed upon but no action underway   1
- Disagreement about goal parameters   0

Thus, if there were eight indicators under leadership, the highest score in this category could be 40.

It is also possible that CDC would need to use more than one scale of measurement. For example, some indicators could require a "yes/no" statement to measure progress and some would be better served with a Guttman Format. Still other goal achievement would be measured by individuals' perceptions and a Likert Scale would be preferable.

	Clear Statement of Issue or Policy	Steps to Achieve Clearly Delineated	Adequate Resources (Funds and Staff) Provided	Actions Underway and Status	Goal Fully Achieved	Goal Partially Achieved
I. Leadership						
1) Director-issued statement defines CDC diversity values and assigns responsibility for initiatives.						
2) Diversity is built into CDC strategic plans.						
3) Diversity Action Plan developed.						
4) CDC diversity program supports "One HHS" program objectives.						
5) Diversity program and management champions appointed.						
6) Top leaders meet (per an agreed-upon schedule) with employee groups that address diversity.						
7) Top leaders involve CDC's unions in developing diversity goals and action plans.						
8) Top leaders meet with leaders in communities that have a large number of CDC workers to explain CDC diversity goals.						
9) Top leaders integrate diversity into stakeholder meetings on broad topics.						
II. Issue Assessment						
1) Strategy developed to assess CDC's diversity efforts.						
2) CDC assessment and barrier analysis is completed in accordance with EEO MD-715.						
3) Employee data provide a clear picture of who works for CDC by organizational unit.						

	Clear Statement of Issue or Policy	Steps to Achieve Clearly Delineated	Adequate Resources (Funds and Staff) Provided	Actions Underway and Status	Goal Fully Achieved	Goal Partially Achieved
4) Current data collection systems are assessed to determine what is captured already and whether or how it can be integrated into diversity measurement efforts.						
5) Historical employee data analyzed so as to compare to current and future data.						
6) Measurements in place to assess progress to achieving a more diverse workforce.						
a) Baseline established.						
b) Metrics developed to relate to such items as diversity recruitment plan and goal achievement.						
c) Methods to collect data in place.						
d) Data collected.						
e) Data reviewed, interpreted and reported to management.						
f) Metrics assessed to determine if data provided was meaningful or should be changed.						
7) Mechanism established for employees to provide ad-hoc input on CDC's diversity program or issues related to it.						
8) Employee surveys ask for information on diversity as well as general organization questions so future data can be compared across diverse groups of employees.						
9) Cost measurements include direct program costs as well as a comparison of costs and benefits of related areas such as attrition.						

	Clear Statement of Issue or Policy	Steps to Achieve Clearly Delineated	Adequate Resources (Funds and Staff) Provided	Actions Underway and Status	Goal Fully Achieved	Goal Partially Achieved
10) Pulse Check survey augmented to capture respondent demographic information thus enabling diversity-based analysis of responses.						
11) Grievance filings analyzed to measure changes among all groups.						
12) Grievance dispositions analyzed to determine if they reflect a need to change policy or actions.						
III. Communication						
1) Internal communication plan developed.						
2) All organizations know the responsibilities they and other organizations have in achieving CDC's diversity goals.						
3) All employees have access to CDC diversity policies and data, potentially through the agency's intranet.						
4) Diversity policies and related documents are available in languages most used by CDC's employees (such as English and Spanish).						
5) CDC web page and other external communication forms reflect CDC's diversity values, plans and actions.						
6) CDC issues, to employees and stakeholders, an annual report or other visible publication on the success of CDC diversity initiatives.						
IV. Recruitment						
1) CDC recruitment plan revised at least annually to:						
a) Clearly state diversity						

	Clear Statement of Issue or Policy	Steps to Achieve Clearly Delineated	Adequate Resources (Funds and Staff) Provided	Actions Underway and Status	Goal Fully Achieved	Goal Partially Achieved
goals.						
b) Reflect best practices of other government agencies.						
c) Benchmark itself against the varied talent pools from which CDC draws.						
2) AHRC asks employees for advice on good recruiting sources for diverse ethnic or racial groups.						
3) CDC web page leads easily to information on recruiting goals in general and specific job openings.						
4) CDC's automated applicant database (Resumix) is up to date.						
5) The Hispanic Employment Initiative (HEI) is publicized internally and outside CDC.						
6) HEI has established goals that are continually monitored.						
7) Lessons learned in implementing HEI are applied to other hiring initiatives.						
8) Student programs (internships, Outstanding Scholar program, etc.) reach to a diverse group, with one goal being to use these programs as a source of permanent employees.						
9) SES members are named "Campus Champions" for selected schools to enhance personal contacts and improve CDC visibility.						
10) CIOs and AHRC coordinate activities at high-visibility recruiting events such as job fairs.						

	Clear Statement of Issue or Policy	Steps to Achieve Clearly Delineated	Adequate Resources (Funds and Staff) Provided	Actions Underway and Status	Goal Fully Achieved	Goal Partially Achieved
11) AHRC evaluates positions to ensure CDC hires for hard-to-fill occupations at the lowest applicable grade levels, when appropriate.						
12) AHRC coordinates university recruiting to ensure that at least one CDC entity per year contacts or interviews at a target group of colleges with large minority populations.						
13) CDC assesses OPM-provided hiring flexibilities and adapts CDC recruiting program to reflect them.						
14) CDC effectively employs the Program for Persons with Disabilities, which permits agencies to use non-competitive appointments for on-the-spot hiring.						
15) New hire data are assessed by gender or ethnic or racial group.						
16) New hire data are compared across organizational units.						
V. Selection						
1) Employee selection is done expeditiously so as not to lose good candidates.						
2) Selection process is perceived as fair to potential employees.						
3) Diversity hiring objectives met.						
VI. Orientation and Training						
1) CDC diversity policy and programs explained during orientation.						

	Clear Statement of Issue or Policy	Steps to Achieve Clearly Delineated	Adequate Resources (Funds and Staff) Provided	Actions Underway and Status	Goal Fully Achieved	Goal Partially Achieved
2) Diversity policy and ways to implement it built into courses for supervisors and managers.						
3) Broad diversity training curriculum developed.						
4) Individual development plans offer training and development opportunities for all employee racial or ethnic groups and for men and women.						
5) Mentoring opportunities (to be a mentor or be mentored) are available upon request or as part of an IDP.						
VII. Employee Retention						
1) CDC develops methods (such as surveys, focus groups, management discussions with employees) to assess whether and why employees plan to stay with CDC or to leave.						
2) Employees are tracked to determine whether they remain with CDC, how fast they are promoted, rewarded, etc.						
3) CDC develops an assessment tool to measure why employees leave (e.g., compensation, work environment, career enhancement).						
VIII. Performance Measurement and Awards Programs						
1) Overall management accountability framework developed.						
2) Performance appraisal system measures appropriate diversity goals.						
3) Performance plans reflect diversity elements especially for supervisors.						

	Clear Statement of Issue or Policy	Steps to Achieve Clearly Delineated	Adequate Resources (Funds and Staff) Provided	Actions Underway and Status	Goal Fully Achieved	Goal Partially Achieved
4) Performance plans contain elements related to behaviors that support diversity such as teamwork, communications and interpersonal relations.						
5) An incentive program rewards current employees who recommend an individual who is hired and remains with CDC for an established period of time.						
6) SES recognitions are tied to personal contributions to achieve diversity goals.						
7) Senior managers annually report to subordinates on their personal contributions to achieve diversity goals.						
8) Distribution of awards and recognitions compared to composition of CDC workforce.						

SUMMARY OF CIO-LEVEL DIVERSITY EFFORTS

1984-Unicoi Report

- Approximately 56 senior staff members met at the request of the CDC Director for a conference
- Purpose: (1) Reaffirm the broad health priorities for the U.S .and for the CDC through the year 2000 and (2) assure that CDC has the work force needed to address these priorities
- Activities: (1) Development of coordinated strategic plans for major areas addressed in the 1990 Objectives and (2) preparation of implementation plans for developing and maintaining CDC's work force
- Recommendations: Focus on recruitment and promotion of underrepresented groups and retain an excellent scientific/technical work force

1992-Public Health Practice Program Office (PHPPO)

- Effort initiated to help reach the Nation's Healthy People Objectives for 2000 and beyond
- Purpose: (1) to foster an understanding of our increasingly diverse workforce and the diverse needs of people living in communities and (2) to provide a means for coping with and accepting change
- Team training exercises and corporate culture audit by a consultant
- Findings: Focus on leadership, improve communication and train staff in diversity
- Recommendations: Increase access to information, focus on employee development, reward and recognize quality work

2002-National Institute of Occupational Safety and Health (NIOSH)

- Created a Diversity Strategies Policy to guide in achievement of diversity goals
- Goals: improve recruitment, mentoring, and retention, and enhance personal commitment and accountability for diversity
- NIOSH Diversity Steering Council (managers and employees) developed goals
- Center has a Diversity Coordinator

2003-National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

- Consultant conducted division-level diversity assessment for one division
- Began 5-year study in July 2000
- Year 1: Employees received diversity training
- Year 2: Pilot division-level assessments were done
- Assessment: 120 managers interviewed and results analyzed
- Recommendation: Work on teamwork across divisions, create fair and equitable promotion and hiring practices, increase diversity in the upper grades
- Center has a Diversity Coordinator

2003-National Center for Environmental Health (NCEH)

- Assessment was identified as a need during the agency's 2002 Strategic Planning Process
- Consultants conducted assessment of ways to enhance diversity
- Interviewed individuals in other CDC Centers
- Findings: Establish pipeline and recruitment programs, and greater senior management accountability
- Recommendations: Involve branches and divisions in developing goals and expectations, build on previous efforts, and coordinate with HR, and appoint a diversity coordinator

EXECUTIVE STEERING COMMITTEE
WORKING GROUP PARTICIPANTS

Coordinating Center for Environmental Health and Injury Prevention (CCEHIP)

Ruth Martin

National Institute of Occupational Safety and Health (NIOSH)

Kimberly Peabody

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Marcella Law

National Center for Health Statistics (NCHS)

Charles Croner

National Center for Infectious Diseases (NCID)

Susan Hunter
Marian McDonald

Atlanta Human Resources Center (AHRC)

Jeff Adair

National Center for Injury Prevention and Control (NCIPC)

Mark Faul

Office of the Chief Operating Officer (OCOO)

Nairuby Beckles
Tom Madden
Judy Phillips
Sheila Rawls
Larry Rhodes
John Steward
Jim Seligman
Alia Shabazz
Monica Torres
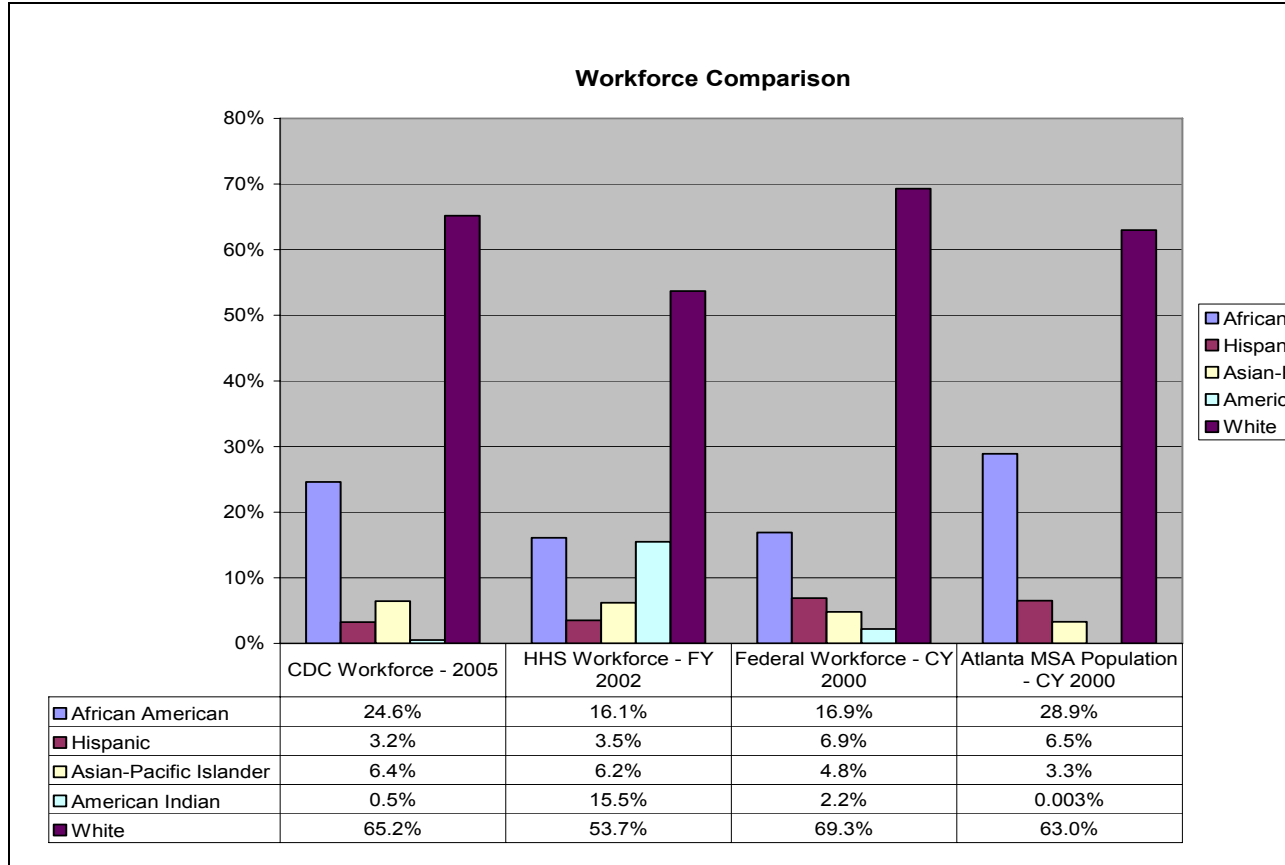
Coordinating Center for Infectious Disease

Reggie Mebane

Office of Strategy and Innovation (OSI)

Susan Dietz
Walter Williams

Office of Workforce and Career Development (OWCD)

Joan Cioffi
Avis Dickey
Chris Rosheim
Stephen Thacker

CIVIL SERVICE WORKFORCE DEMOGRAPHIC DATA

Workforce Comparison

	CDC Workforce - 2005	HHS Workforce - FY 2002	Federal Workforce - CY 2000	Atlanta MSA Population - CY 2000
African American	24.6%	16.1%	16.9%	28.9%
Hispanic	3.2%	3.5%	6.9%	6.5%
Asian-Pacific Islander	6.4%	6.2%	4.8%	3.3%
American Indian	0.5%	15.5%	2.2%	0.003%
White	65.2%	53.7%	69.3%	63.0%

CDC White Workforce Trends

(Data not available for 2000 and 2001)
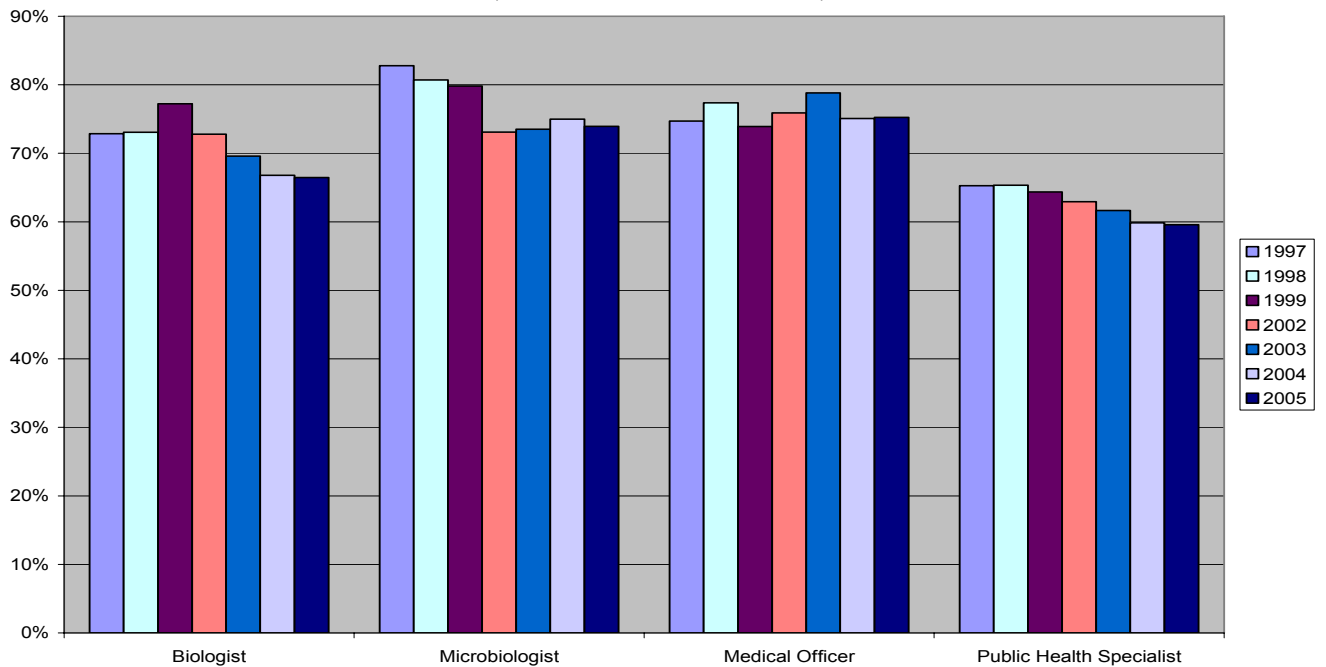
CDC African American Workforce Trends

(Data not available for 2000 and 2001)
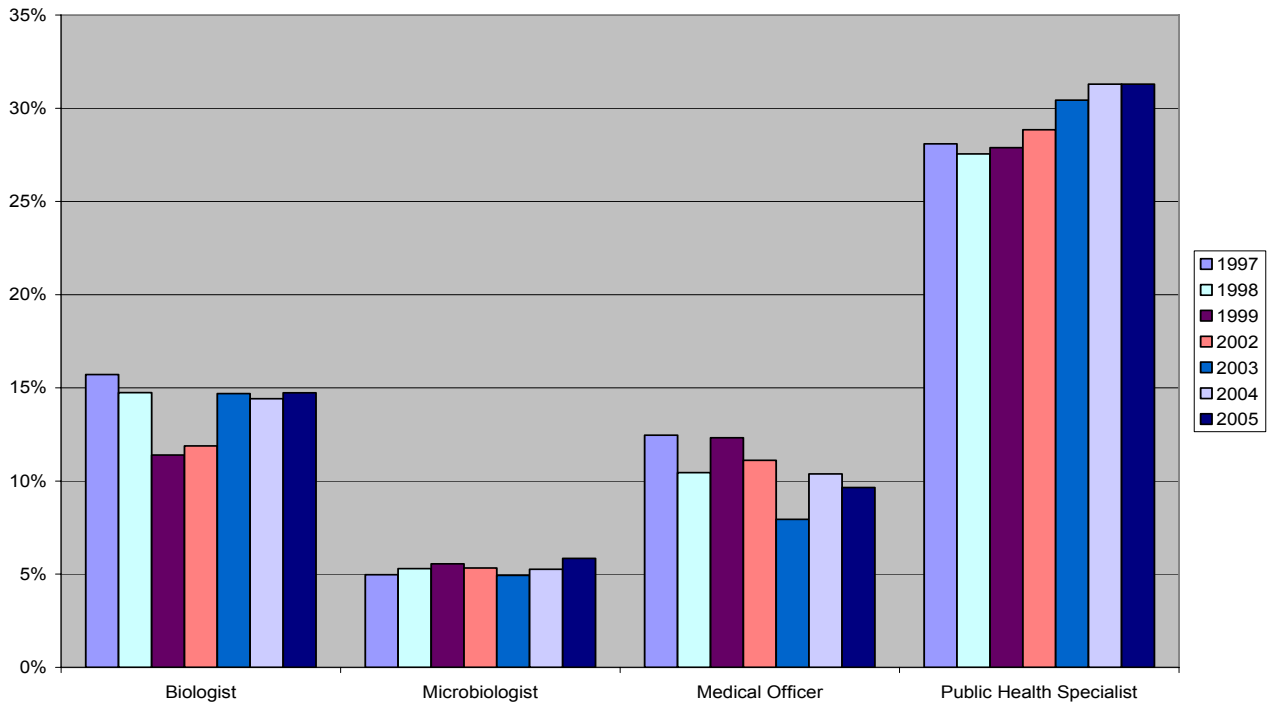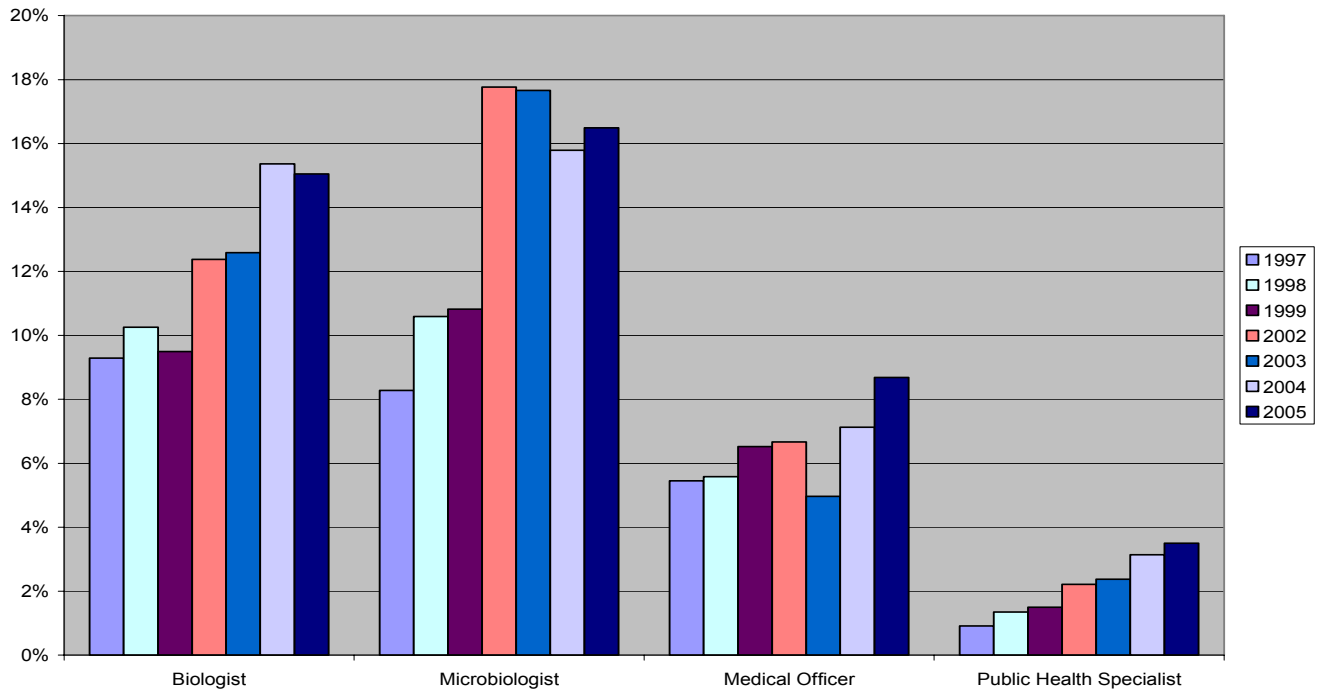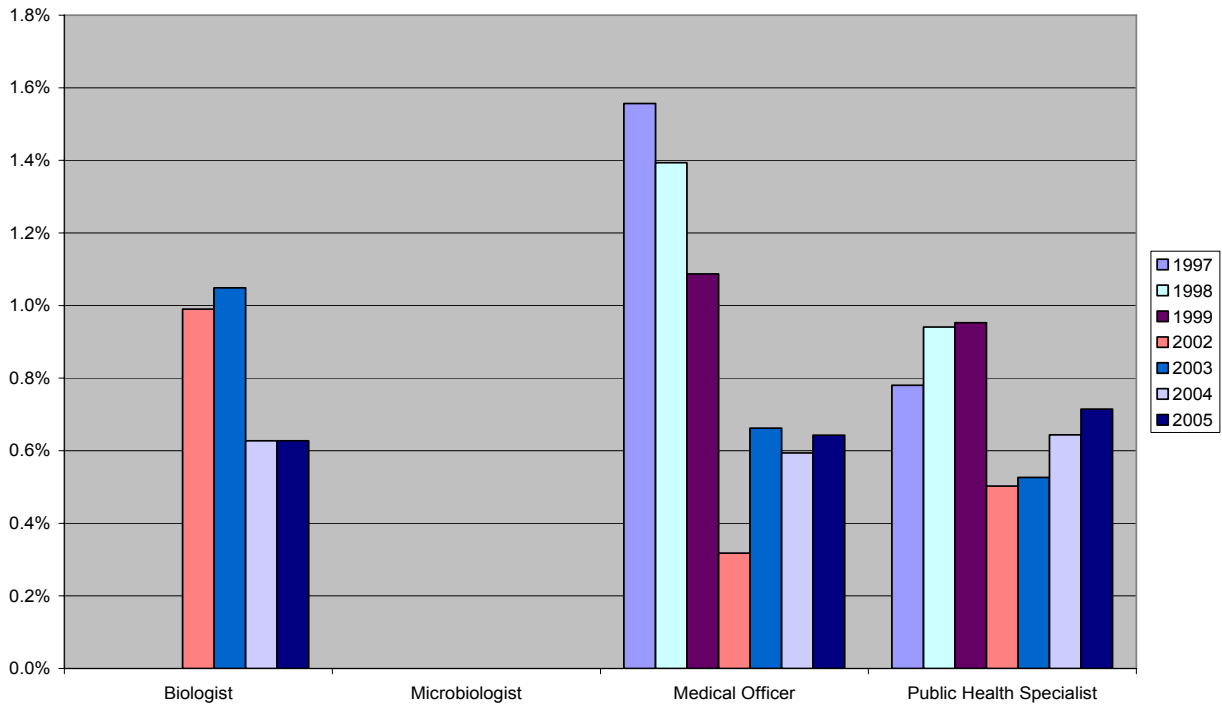

CDC Asian-Pacific Islander Workforce Trends

(Data not available for 2000 and 2001)

CDC American Indian Workforce Trends

(Data not available for 2000 and 2001)

CDC Hispanic Workforce Trends

(Data not available for 2000 and 2001)
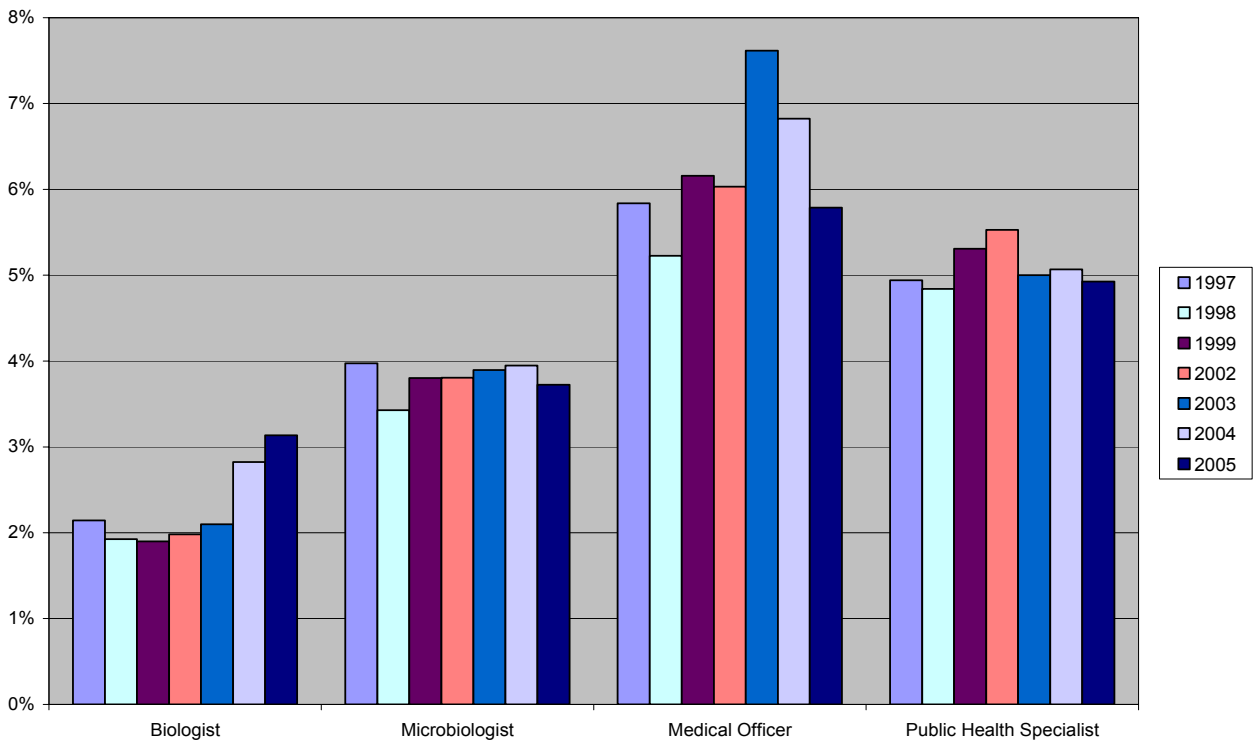
CDC EMPLOYEES WITH TARGETED DISABILITIES[*]

2005	Grades 1 - 4	Grades 5 - 8	Grades 9 - 12	Grades 13 - 15
PATCO**	4	29	51	0
Wage Grade	0	1	1	0
Total Individuals (86)	4	30	52	0

1993	Grades 1 - 4	Grades 5 - 8	Grades 9 - 12	Grades 13 - 15
PATCO	6	24	20	10
Wage Grade	0	10	0	0
Total Individuals (70)	6	34	20	10

* 2005 Data collected via SF-256. Targeted disabilities are a sub-set of all reported disabilities.

** Occupations that can be described as "Professional, Administrative, Technical, Clerical, and Other"

COMMISSIONED CORPS DATA

		Commissioned Corps - As of August 18, 2005												All
		Am. Ind.		Asian/PI		Black		Hispanic		White		Unknown		
		N	PctN	N	PctN	N	PctN	N	PctN	N	PctN	N	PctN	N
Series														
401	Biologist							1	100					1
601		4	4.4	4	4.4	17	18.9	2	2.2	63	70			90
602	Medical Officer			52	11	31	6.5	18	3.8	369	77.8	4	0.8	474
610						1	3.1			30	93.8	1	3.1	32
630						1	100							1
644										1	100			1
660				1	20					4	80			5
678										1	100			1
680						1	16.7	1	16.7	4	66.7			6
685	Public Health Specialist							1	12.5	7	87.5			8
688		1	1.4	1	1.4	3	4.1	2	2.7	66	90.4			73
691		1	16.7							5	83.3			6
701		1	3.2			2	6.5	1	3.2	27	87.1			31
801										2	100			2
810										2	100			2
819						2	4.4			43	95.6			45
1301		1	0.8	9	7.3	10	8.1	2	1.6	101	82.1			123
1530								1	33.3	2	66.7			3
1550										2	100			2
All		8	0.9	67	7.4	68	7.5	28	3.1	730	80.6	5	0.6	906

CDC'S LONG-TERM PARTNERSHIPS WITH ACADEMIC INSTITUTIONS

Emory University
- Work Study Program—undergraduate and graduate and School of Public Health
- Public Health Summer Fellows Program
- Exchange of staff members in various capacities, including:
    - Science
    - Medicine
    - Public health
    - Lectures in various subjects

Morehouse College
- Cooperative Agreement includes Project IMHOTEP Summer Research Internship Program
- Summer Research Internship Program NIOSH Public Health Sciences Institute (PHSI)

Morehouse School of Medicine
- Public Health Summer Fellows Program

Association of Minority Health Professions School (AMHPS)
- Includes, but is not limited to:
    - Morehouse School of Medicine
    - Tuskegee University School of Veterinary Medicine
    - Xavier University of Louisiana College of Pharmacy
- James Ferguson Fellowship/NCID Summer Research fellows Program

North Carolina State University
- Fellows Program

Association of Schools of Schools of Public Health (ASPH)
- Includes, but is not limited to:
    - Columbia University Mailman School of Public Health
    - Emory University Rollins School of Public Health
    - George Washington University School for Public Health
    - Harvard School of Public Health
    - Johns Hopkins Bloomberg School of Public Health
    - Loma Linda University School of Public Health
    - San Diego State University Graduate School of Public Health
    - Tulane University School of Public Health and Tropical Medicine
    - University of Albany SUNY School of Public Health
- Cooperative agreement which includes an internship program

The Hispanic Association of Colleges and Universities (HACU) National Internship Program (HSIP)

The Hispanic Serving Health Professions Schools

ANNOTATED BIBLIOGRAPHY

Aronson, David. "Managing the Diversity Revolution: Best Practices for 21st Century Business." *Civil Rights Journal* **(Winter 2002): 46-72.**

Aronson looks at the cultural and institutional factors that affect inter-group relations and can benefit some groups at the expense of others. It surveys the literature of several disciplines, from social psychology to anthropology to management theory, to sketch out some of the key insights related to forces that influence how people behave toward each other. The article offers a synthesis of views about how to develop a diversity approach that respects differences without sacrificing the essential unity and discipline that any corporation needs to succeed.

Daniels, Cora. "50 Best Companies for Minorities." *Fortune* **(June 14, 2004).**

Some companies are more successful than others at fostering diversity in their workplace. FORTUNE's list shows which 50 companies rank at the very top. The article emphasizes that there is a definite correlation between diversity at the board level and CEOs who are serious about diversity.

Drucker, Peter R. "Strategies for the 21st Century." *Tooling & Production* **(April 2000).**

This article describes the impacts of the "five certainties" of the 21st Century on business strategy: 1) the collapsing birthrate in the developed world; 2) shifts in the distribution of disposable income; 3) defining performance; 4) global competitiveness; and 5) the growing incongruence between economic globalization and political splintering.

GE Consumer Finance, "People. At the Heart of What We Do." website, <http://www.geconsumercareers.com/diversity.html> (visited December 2004).

This article describes GE Consumer Finance's employee policies and core values.

Golembiewski, Robert T. 1995. *Managing Diversity in Organizations*. **Tuscaloosa, AL: University of Alabama Press.**

Golembiewski's focus is on the "why" of diversity and the various aspects of "how to" with emphasis on what he describes as a "congenial system" of interaction and structure. The book concludes with a broad context for making further progress toward managing diversity.

Hubbard, Edward E. 2004. *The Diversity Scorecard: Evaluating the Impact of Diversity on Organizational Performance*. **Burlington, MA: Elsevier Butterworth-Heinemann.**

This book is a guide for implementing a formal diversity scorecard measurement process to demonstrate diversity's return-on-investment impact. The book also provides implementation ideas to help carry out this process.

Loden, Marilyn. 1996. *Implementing Diversity***. New York: McGraw Hill.**

This book begins with a self-assessment exercise to help organizations gauge where they stand in their efforts to implement diversity. It then provides a brief history of the valuing diversity movement and a summary of change management principles that can accelerate adoption of a valuing diversity paradigm. It provides an in-depth overview of the serious problems that regularly surface during diversity initiative implementation and details a comprehensive plan for overcoming the barriers, improving receptivity and sustaining diversity efforts.

Manville, Brook and Josiah Ober. "Beyond Empowerment: Building a Company of Citizens." *Harvard Business Review* **(January 2003): 48-53.**

The authors contend that harnessing the capabilities and commitment of knowledge workers is arguably the central managerial challenge of our time. They discuss the Athenian model of organizational democracy as a model for a democratic business organization suited to the knowledge economy.

National Urban League. 2004. *Diversity Practices that Work: The American Worker Speaks.* **New York***:* **National Urban League.**

Based on a study of more than 5,500 American workers, this study provides data on the effectiveness of corporate diversity programs from the perspective of frontline employees and business leaders. The study addresses the following four questions: 1) What do American workers think about diversity? 2) How do perceptions of employees in effective diversity practices companies compare with American workers overall? 3) What diversity practices drive favorable employee perceptions? and 4) How can other companies put these effective diversity practices to work?

Society for Human Resource Management, website, http://www.shrm.org/diversity (visited December 2004).

This website contains articles on diversity including: "How Should My Organization Define Diversity?"; "What are the Components of a Successful Diversity Initiative?" and "What is the 'Business Case' for Diversity?"

Thomas, David A. "Diversity as Strategy." *Harvard Business Review* **(September 2004): 99-108.**

Thomas describes diversity efforts at IBM, beginning with a diversity task force initiative launched in 1995 by then-CEO Lou Gerstner and how that effort became a cornerstone of IBM's human resources strategy.

Thomas, David A. "The Truth About Mentoring Minorities: Race Matters." *Harvard Business Review* **(April 2001): 99-107.**

Thomas describes research results based on studies of the career progression of minorities at U.S. corporations. He found that promising white professionals tend to enter a fast track early in their careers while high-potential minorities take off much later, typically after they have reached middle management. He also found that the people of color who advance farthest all share one characteristic: a strong network of mentors and corporate sponsors who nurture their professional development. The article discusses these findings and the key implications for mentors.

Thomas, David A. and Robin J. Ely. "Making Differences Matter: A New Paradigm for Managing Diversity." *Harvard Business Review Paperback Series,* **Harvard Business School Press (2001), pp. 33-66.**

Three paradigms of diversity are presented and discussed: the discrimination-and-fairness paradigm based on the recognition that discrimination is wrong; the access-and-legitimacy paradigm under which organizations seek access to a more diverse clientele, matching their demographics to targeted customers; and the emerging learning-and-effectiveness paradigm. Using the learning-and-effectiveness paradigm are companies that have developed an outlook on diversity enabling them to incorporate employees' perspectives into the main work of the organization and to enhance work by rethinking primary tasks and redefining markets, products, strategies, missions, business practices and even cultures.

Thomas, R. Roosevelt, Jr. "From Affirmative Action to Affirming Diversity." *Harvard Business Review Paperback Series,* **Harvard Business School Press (2001), pp. 1-31.**

Thomas contends that the traditional image of assimilation of differences—the American melting pot—is no longer valid because it is a seller's market for skills and the people business has to attract are refusing to be "melted down." As a result, organizations are faced with managing unassimilated diversity and getting from it the same commitment, quality and profit they once got from a homogeneous workforce. The author gives 10 guidelines for learning to manage diversity by learning to understand and modify a company's culture, vision, assumptions, models and systems.

Thomas, R. Roosevelt, Jr. 1996. *Redefining Diversity.* **New York: AMACOM.**

Thomas defines diversity as any collective mixture characterized by differences and similarities, and builds a model called the "diversity paradigm." The author contends that managers can view and interpret many of today's business challenges and opportunities as diversity mixtures. In this context, diversity serves as a lens through which managers can frame such issues as mergers or joint ventures, cross-functional synergy efforts, coordination of multiple lines of business, globalism, learning and the management of change.

U.S. Department of Commerce and the National Partnership for Reinventing Government, *Best Practices in Achieving Workforce Diversity: Benchmarking Study* **(1999).**

This benchmarking study presents the common themes and elements among leading organizations, both public and private, which were recognized for their efforts in achieving workforce diversity.

U.S. Department of the Interior. *Strategic Plan for Improving Diversity in the Department of the Interior* **(November 28, 1997).**

On April 15, 1997, Deputy Secretary John Garamendi created a task force to develop a strategic plan for improving diversity in the Department of the Interior. The task force was comprised of representatives from all of the bureaus and the DOI Diversity Council. This strategy describes the department's strategic plan for creating and sustaining a diverse workforce. It focuses on strategies for targeted recruitment, retention, quality of work life for employees and accountability.

U.S. Office of Personnel Management. *Building and Maintaining a Diverse, High-Quality Workforce* **(June 2000).**

This is a guide, obtainable from OPM's website, designed to help federal agencies develop an effective program to build and maintain a diverse, high quality workforce. The guide provides a basic blueprint of the actions agencies can take, including positioning the agency, designing and implementing a diversity program, and sustaining commitment.

U.S. Postal Service. "The United States Postal Service: A Diversified Team," website, <www.usps.com/communications/community/_pdf/usps_diversifiedteam.pdf>

This website describes the U.S. Postal Service's strategic plan for diversity.

Wilson, Trevor. 1997. *Diversity at Work: The Business Case for Equity***. Etobicoke, Ontario: John Wiley and Sons.**

Wilson describes how to link diversity with business strategy and presents seven steps to implementing a successful diversity strategy within any organization, including fitting the various components together, costing an effective diversity program and crafting a detailed implementation schedule. The seven steps are: 1) needs analysis and preliminary work plan, 2) communication and education, 3) data collection, 4) data analysis, 5) planning, 6) systems change, and 7) implementation.