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Report to Congressional Requesters

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EQUAL EMPLOYMENT OPPORTUNITY

Group Representation in Key Jobs at the National Institutes of Health

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The Honorable Henry A. Waxman
Ranking Minority Member, Subcommittee
on Health and Environment
Committee on Commerce
House of Representatives

The Honorable Olympia J. Snowe
United States Senate

The Honorable Patricia Schroeder
House of Representatives

This report responds to your request for information about employment practices at the National Institutes of Health (NIH). You asked us to evaluate the progress NIH has made since our last report[1] in meeting federal equal employment opportunity (EEO) requirements that address the issues of job placement and advancement of minorities and women.

As agreed with your offices, we compared the representation of minorities and women in NIH's white-collar workforce at the end of fiscal years 1984 and 1993. We also compared the representation of minorities and women at different levels in key jobs at the same two points in time. Finally, we compared 1993 personnel data for key jobs at NIH to EEO profiles of similar occupations in the civilian labor force. Key jobs, as defined by the Equal Employment Opportunity Commission (EEOC), are nonclerical white-collar jobs that have advancement potential to senior-level positions and are held by 100 or more employees.

Results in Brief

Our analysis of NIH employment data at the end of fiscal years 1984 and 1993 showed that overall representation for minorities and women in the white-collar workforce remained stable at about 74 percent. Representation of Caucasian men and women and African-American men decreased between fiscal years 1984 and 1993, while representation of all other EEO groups increased.

During this same period, representation of all minority and women's groups in key jobs within NIH—except for African-American men and Native American men—increased between fiscal years 1984 and 1993.

[1]Affirmative Action: National Institutes of Health Does Not Fully Meet Federal Requirements (GAO/HRD-86-37, March 5, 1986).

Overall, representation for minorities and women in key jobs increased by 4 percent. While representation of Caucasian men decreased between 1984 and 1993, they continued to occupy larger portions of the key job workforce as grade levels increased. Even though Caucasian women made up 48.5 percent of the total 1993 key job workforce, their representation, as well as the representation of minorities in general, was significantly less at the upper grade levels (GS-13 and above) than at the lower grade levels.

In comparing representation in the 20 key job occupations with similar occupations in the civilian labor force, we found that most of the EEO groups at NIH were underrepresented in 1993. Hispanics (men and women), Asian men, and Caucasian men were underrepresented in more occupations than other EEO groups. There were no key job occupations in which we considered Native Americans (men and women) to be underrepresented. In all 20 key jobs, they were either fully represented or needed 3 or fewer people to reach full representation. Biological technician and chemistry were the most underrepresented key job occupations.

According to an NIH EEO official, NIH has not hired evenly from all minority and women groups in the past. The official said that agency officials originally interpreted an EEOC management directive (MD 714) that sought representation across the board for all employee groups and the Federal Equal Opportunity Recruitment Program (FEORP) as giving them flexibility in hiring minorities and women. According to this official, the result of this initial interpretation was that NIH managers opted to hire primarily Caucasian women. The number of Caucasian women in key jobs increased by over 1,200 between 1984 and 1993, with substantially smaller numerical increases in minority EEO groups occurring during this same time period.

Background

Congress adopted an antidiscrimination policy for federal employment in 1964 to provide equal employment opportunity for all employees and to prohibit discrimination because of race, color, religion, sex, or national origin.[2] The 1978 Civil Service Reform Act required the development of a recruitment program designed to eliminate underrepresentation of minorities and women in the federal workforce. From this, FEORP was

[2]The Civil Rights Act of 1964, amended by the Equal Employment Opportunity Act of 1972, required federal agencies to develop and implement affirmative employment programs to eliminate the historic underrepresentation of women and minorities in the workforce. In February 1995, the administration announced plans to review all aspects of the government's affirmative action programs. The review is being done to identify and protect those programs that have been working well and to alter the ones that have not.

created. The objective of FEORP was to ensure that the federal workforce reflected the diversity of the U.S. population as a whole. Accordingly, federal agencies were given responsibility for conducting ongoing recruitment programs designed to eliminate underrepresentation in the various categories of civil service employment, consistent with the framework of affirmative action programs.

In 1986, we reported that NIH had not fully complied with four of the eight EEOC requirements for affirmative action since its plan was approved in February 1983.[3] Although a direct link could not be clearly established, we believed this noncompliance may have contributed to the continued underrepresentation of minorities and women at NIH as of December 1984. We recommended increased effort, strong commitment, and active support by top management to bring NIH's affirmative action plan into compliance and improve the representation of minorities and women.

Executive Order 12067 gave EEOC responsibility for coordinating all federal equal employment opportunity programs and activities. MD 714, which became effective in October 1987, contained requirements for federal agency affirmative employment program planning and reporting. It prescribed instructions, policies, procedures, guidance, and formats to federal agencies for the development and submission of multiyear affirmative employment program plans, as well as annual affirmative employment program accomplishment reports and plan updates.

EEOC MD 714 required each agency to analyze its workforce and compare its representation to similar groups in the civilian labor force (CLF). It specified that EEOC would provide federal agencies with annual agency-specific workforce information from the Office of Personnel Management's (OPM) Central Personnel Data File (CPDF) for job categories (professional, administrative, technical, clerical, and other) and grade groupings. Agencies were to compare each minority group's rate of employment in the job categories, occupations, and grade levels with their availability in the civilian labor force. If underrepresentation was found, the agency was supposed to adopt hiring and promotion processes and/or goals that would work toward reducing the imbalance.

NIH is one of several Public Health Service agencies within the Department of Health and Human Services and is the principal biomedical research organization of the federal government. It supports biomedical and behavioral research domestically and abroad, conducts research in its own

[3]GAO/HRD-86-37.

laboratories and clinics, trains researchers, and promotes the acquisition and distribution of medical knowledge. NIH had a staff of 12,481 white-collar employees as of September 30, 1993. Twenty NIH occupations within the professional and senior administrative series have been identified for FEORP purposes. These 20 occupations, or key jobs, represented about 54.6 percent of the NIH white-collar staff. Each of these nonclerical occupations must have at least 100 employees and advancement potential to senior-level positions to be considered key. According to an NIH official, employees currently can advance to the Senior Executive Service (SES) level in 18 of the 20 occupations. NIH employees have already done so in 12 of the occupations. (See app. I, table I.1, for additional information.)

Objective, Scope, and Methodology

Our objective was to describe the results of efforts made by NIH since 1984 to meet federal EEO requirements for the placement and advancement of minorities and women. To accomplish this, we obtained and analyzed NIH personnel data dealing with white-collar employment totals by gender, race, occupation, and grade level as of September 30, 1984, and September 30, 1993. We obtained these data from OPM's CPDF. We did not verify this information with any NIH personnel files. However, an NIH official agreed that our figures were consistent with NIH EEO reports.

NIH recruits nationally for its key job occupations. Therefore, we compared NIH personnel data to EEO profiles of similar occupations in the national civilian labor force.[4] We used EEOC standards and evaluation techniques to determine whether underrepresentation existed for various EEO groups. Underrepresentation exists, according to EEOC standards, if the percentage rate at which an EEO group is represented in an agency's workforce is less than the rate at which the group is represented in the civilian labor force, as identified in the most recent census (1990). The civilian labor force represents, in general terms, all nonmilitary persons who are employed or seeking employment.

We used EEOC and OPM guidance to estimate the additional numbers of employees NIH would need in each EEO group to attain across-the-board representation in the 20 key job occupations. However, we did not consider an EEO group to be underrepresented for an occupation if that group needed three or fewer people to reach full representation. This

[4]Although the occupations selected from the civilian labor force are similar to those at NIH, the specific type of work setting generally differed. NIH's work setting includes a research hospital and research laboratories, whereas occupations for comparison in the civilian labor force are mostly from regular hospitals and nonresearch settings.

approach represents a departure from EEOC and OPM guidance and was subjectively chosen because census and employment data are not current or precise enough to enable us to conclusively say that NIH is not meeting its EEO requirements when minor instances of underrepresentation exist. NIH EEO officials expressed no disagreement with our use of "three or fewer" in determining whether underrepresentation existed.

In analyzing the key jobs for which EEO groups were underrepresented, we used a term and definition that EEOC had previously used—severe underrepresentation—which exists when representation is 50 percent or less of the corresponding civilian labor force level. EEOC applied the term and definition for several years but has not used them since January 1988, after they were replaced in MD 714 with "manifest imbalance" and "conspicuous absence." Manifest imbalance refers to situations in which an EEO group is "substantially below its representation in the appropriate CLF." Conspicuous absence refers to situations in which an EEO group is "nearly or totally nonexistent from a particular occupation or grade level in the work force." Because numerical criteria for these terms are not established by EEOC, we used the previous term (severe underrepresentation) and definition (50 percent or less of the corresponding civilian labor force).

Our work was done at NIH's Bethesda, Maryland, location from April 1994 to January 1995, in accordance with generally accepted government auditing standards.

Principal Observations

NIH's White-Collar Workforce

The number of employees in the white-collar workforce in SES and at grades 1 through 15 grew from 9,555 to 12,481 from September 1984 to September 1993—an increase of 30.6 percent. Overall representation of minorities and women in the total white-collar workforce during this period did not change. Minorities and women made up about 74 percent of the white-collar workforce in both 1984 and 1993. Caucasian women made up 50 percent and 46.5 percent in 1984 and 1993, respectively. Minority men and women, in total, made up 23.6 percent in 1984 and 27.6 percent of the workforce in 1993. The numbers of Hispanic, Asian, and Native American employees (men and women) each increased by over

100 percent between 1984 and 1993, and the representation of each of these EEO groups within the white-collar workforce increased as well. While the number of all Caucasian and African-American employees also increased during this time period, the representation of Caucasian men, Caucasian women, and African-American men in the white-collar workforce decreased.

Table 1: White-Collar Workforce at NIH in Fiscal Years 1984 and 1993

	Number		Percent	Percent of white-collar workforce	
White-collar workforce	**1984**	**1993**	**change**	**1984**	**1993**
Caucasian men	2,529	3,236	28.0	26.5	25.9
Caucasian women	4,774	5,809	21.7	50.0	46.5
African-American men	669	764	14.2	7.0	6.1
African-American women	1,205	1,833	52.1	12.6	14.7
Hispanic men	30	73	143.3	0.3	0.6
Hispanic women	53	124	134.0	0.6	1.0
Asian men	102	235	130.4	1.1	1.9
Asian women	177	367	107.3	1.9	2.9
Native American men	3	8	166.7	< 0.1	0.1
Native American women	13	32	146.2	0.1	0.3
Total	**9,555**	**12,481**	**30.6**	**100.0**	**100.0**

Note: Totals may not add to 100 percent because of rounding.

Source: GAO analysis of OPM CPDF data.

NIH's Key Job Workforce

At the end of fiscal year 1993, NIH's workforce included 6,815 employees in the 20 medical science and administrative positions categorized as key jobs. This represented an increase of 48.5 percent from the end of fiscal year 1984, when the key job workforce had 4,589 employees. The number of women (Caucasian and minority) employed in key jobs grew significantly more than the number of men. The number of Caucasian women increased by 57.7 percent between 1984 and 1993; the number of minority women increased by 81.8 percent. The number of Caucasian men and minority men employed grew by 31.9 percent and 28.1 percent, respectively.

Representation by Caucasian men in the key job workforce decreased by 4 percent from 1984 to 1993. However, they continued to carry a strong

presence, making up about one-third of the workforce. All minority and women groups, except for African-American men and Native American men, increased in representation between fiscal years 1984 and 1993. These increases were more pronounced for women (both Caucasian and minority) than they were for minority men.

Table 2: Key Job Workforce at NIH in Fiscal Years 1984 and 1993

	Number		Percent	Percent of key job workforce	
Key job workforce	**1984**	**1993**	**change**	**1984**	**1993**
Caucasian men	1,633	2,154	32.0	35.6	31.6
Caucasian women	2,098	3,308	57.7	45.7	48.5
African-American men	297	305	2.7	6.5	4.5
African-American women	314	533	69.8	6.8	7.8
Hispanic men	20	42	110.0	0.4	0.6
Hispanic women	25	65	160.0	0.5	1.0
Asian men	66	144	118.2	1.4	2.1
Asian women	132	252	90.9	2.9	3.7
Native American men	2	2	0.0	< 0.1	< 0.1
Native American women	2	10	400.0	< 0.1	0.2
Total	**4,589**	**6,815**	**48.5**	**100.0**	**100.0**

Note: Totals may not add to 100 percent because of rounding.

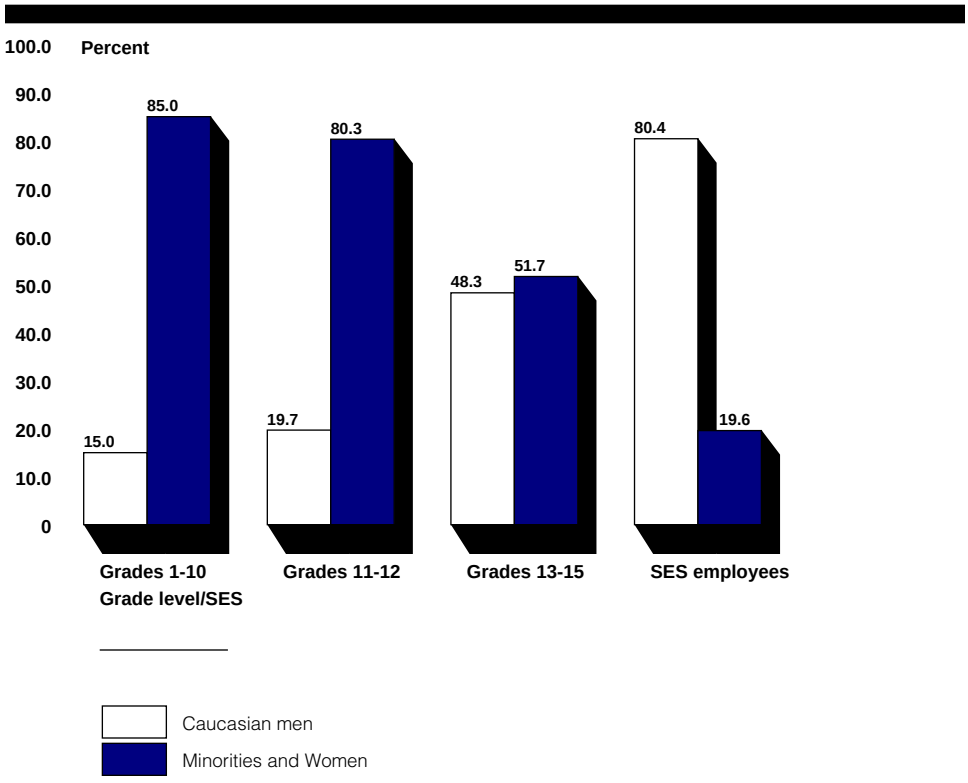
Source: GAO analysis of OPM CPDF data.

NIH EEO officials acknowledged that they did not target to hire from all underrepresented groups when EEOC MD 714 became effective in 1987. According to an NIH EEO official, agency officials initially interpreted MD 714 and FEORP as allowing them flexibility regarding which minority and women groups could be hired. These guidelines, however, actually sought increased representation for all employee groups. As a result of this initial interpretation, NIH managers opted to hire primarily Caucasian women. An NIH official told us that this resulted in an increase of over 1,200 Caucasian women in key jobs between 1984 and 1993 and substantially smaller increases in minority EEO groups during this same time period.[5] NIH officials revised the FEORP plan in May 1993 to target hiring in those occupations where minorities were underrepresented.

[5]Despite the large increase in the number of Caucasian women in key jobs, their representation in the key job workforce increased by only 2.8 percent between 1984 and 1993.

Our analysis of the 1993 key job workforce data revealed that representation by individual EEO groups changed as grade levels increased. Caucasian men occupied significantly more of the key job workforce occupations at the higher grades than any other EEO group and were not as well represented at the lower grades. For example, Caucasian men represented 15.0 percent of the key job workforce at the grades 1 through 10 level. In contrast, representation by Caucasian men was 48.3 percent at the grades 13 through 15 level and 80.4 percent for SES.

Figure 1: NIH EEO Group Representation in Fiscal Year 1993 Key Job Workforce, by Grade Level and SES



Source: GAO analysis of OPM CPDF data.

Despite the fact that relatively fewer minorities and women occupied key job positions at higher grade levels, women outpaced men (Caucasian and minority) in terms of growth for grades 11 through 15 and SES. (See table 3.) In most cases, the numbers of Caucasian and minority women

increased by over 100 percent between 1984 and 1993, while increases for their male counterparts (for the most part) were 50 percent or less.

Table 3: NIH Key Job Workforce in SES and by Grade Level in Fiscal Years 1984 and 1993

	Number		Percent	Percent of grades 11-12	
Grades 11-12	**1984**	**1993**	**change**	**1984**	**1993**
Caucasian men	328	490	49.4	25.4	19.7
Caucasian women	716	1,452	102.8	55.4	58.5
Minority men	101	142	40.6	7.8	5.7
Minority women	148	398	168.9	11.5	16.0
Total	**1,293**	**2,482**	**92.0**	**100.0**	**100.0**
Grades 13-15				**Percent of grades 13-15**	
Caucasian men	929	1,287	38.5	64.6	48.3
Caucasian women	350	1,019	191.1	24.3	38.2
Minority men	104	191	83.7	7.2	7.2
Minority women	55	170	209.1	3.8	6.4
Total	**1,438**	**2,667**	**85.5**	**100.0**	**100.0**
SES				**Percent of SES**	
Caucasian men	114	148	29.8	85.7	80.4
Caucasian women	13	29	123.1	9.8	15.8
Minority men	4	4	0.0	3.0	2.2
Minority women	2	3	50.0	1.5	1.6
Total	**133**	**184**	**38.4**	**100.0**	**100.0**

Note: Totals may not add to 100 percent because of rounding.

Source: GAO analysis of OPM CPDF data.

Comparison of NIH Employment Data to the Civilian Labor Force

Most of the EEO groups were underrepresented in at least two key job occupations in 1993. In comparison to their representation in the civilian labor force, Hispanics (men and women), Asian men, and Caucasian men were underrepresented in 8 or more of the 20 key jobs. For each of these EEO groups, three or more of the occupations were severely underrepresented, meaning that the representation for each occupation was 50 percent or less of the corresponding civilian labor force level. Caucasian women were underrepresented in six key jobs; Asian and African-American women were underrepresented in three key jobs each. There were no key job occupations in which we considered Native Americans (men and women) to be underrepresented. In all 20 key jobs,

they were either fully represented or needed 3 or fewer people to reach full representation. Even though Caucasian men constituted a large portion of the key job workforce, our analyses identified 14 occupations in which Caucasian men were underrepresented in comparison to the civilian labor force, 3 of them with severe underrepresentation. (See app. I, figures I.1 and I.2.)

None of the 20 key job occupations were fully represented by all EEO groups. Biological technician and chemistry had the largest number of underrepresented EEO groups (five each). Nine other key job occupations were underrepresented in at least three EEO groups.

Agency Views

On January 17, 1995, we discussed the contents of this report with the Director of NIH's Office of Equal Opportunity and members of her staff. They expressed general agreement and also provided the following observations.

NIH management is proposing to use availability data, instead of civilian labor force data, in its 1995-1996 affirmative action plan. It believes that availability data, which is based on the number of people available with the skills necessary to fill particular occupations, is a more rational choice for an agency such as NIH, where so many of the occupations are in highly specialized fields. NIH anticipates that this approach will enable it to better focus its efforts on groups and/or occupations that are in need of attention. The plan is currently in draft form and still requires approval from EEOC.

The EEO officials expressed concern that we identified Caucasian men as being underrepresented in many of the key job occupations and pointed out that Caucasian men are not typically identified in NIH's FEORP and affirmative action plans as an EEO group in need of attention. They stated that minorities and women have traditionally dominated certain key jobs, such as librarian, public affairs, nurse, and biological technician, and that it is understandable that Caucasian men would be underrepresented in these occupations since, historically, they have had little or no interest in filling them.

We included Caucasian men in our analyses because, whether or not they have filled certain occupations in the past, they are an integral part of the total NIH workforce.

We are sending copies of this report to the Director, National Institutes of Health. Copies will also be made available to others upon request.

The major contributors to this report are listed in appendix II. If you have any questions about the data presented, please call me on (202) 512-5074.

Nancy R. Kingsbury
Director
Federal Human Resource Management
Issues

Contents

Abbreviations

AD	Administratively Determined
CPDF	Central Personnel Data File
CLF	Civilian Labor Force
EEO	equal employment opportunity
EEOC	Equal Employment Opportunity Commission
FEORP	Federal Equal Opportunity Recruitment Program
GS	general schedule
MD	management directive
NIH	National Institutes of Health
OPM	Office of Personnel Management
SES	Senior Executive Service
SL	Senior Level
ST	Senior Technical

Employees and EEO Group Representation in NIH Key Job Workforce as of September 30, 1993

Table I.1: Number of Employees in NIH Key Job Occupations, as of September 30, 1993

	GS and SES						
Occupation title	**1-10**	**11-12**	**13**	**14**	**15**	**SES**	**Number**
Medical Science							
Biological Science	226	358	39	53	22	5	703
Biological Technician	253	51	0	0	0	0[a]	304
Chemistry	44	219	63	107	107	34	574
General Health Science	2	38	61	380	218	49	748
Medical Officer	0	3	23	112	144	70	352
Medical Technology	26	150	5	0	0	0[a]	181
Microbiology	28	108	26	59	46	8	275
Nurse	498	296	21	11	6	0	832
Psychology	27	32	18	38	26	3	144
Administrative							
Administrative Officer	94	157	38	23	28	8	348
Budget Analyst	14	52	21	24	5	0	116
Computer Specialist	59	253	148	71	16	3	550
Contracting	26	129	91	39	19	0	304
General Business	40	121	36	21	8	0	226
Librarian	2	99	16	10	6	1	134
Management Analyst	37	106	87	66	33	0	329
Miscellaneous Administration	53	90	28	32	23	0	226
Personnel Management	15	96	51	29	4	1	196
Public Affairs	13	34	32	24	13	1	117
Technical Information	13	90	30	8	2	1	144
Total key job occupations	1,470	2,482	834	1,107	726	184	6,815[b]
Total NIH white-collar workforce	5,690	3,103	1,167	1,401	877	226	12,481[c]
Percent in key jobs	25.8	80.0	71.5	79.0	82.8	81.4	54.6

[a]According to NIH officials, employees cannot advance to the SES level in this occupation.

[b]NIH key job workforce consists of an additional 12 employees who are included in this total: 1 employee in pay plan Administratively Determined (AD) and 11 employees in pay plan Senior Technical (ST).

[c]NIH white-collar workforce consists of an additional 17 employees who are included in this total: 1 employee in pay plan AD, 1 employee in pay plan Senior Level (SL), and 15 employees in pay plan ST.

Source: OPM CPDF data.

Figure I.1: EEO Groups With Full or Nearly Full Representation in NIH Key Job Workforce, as of September 30, 1993

Occupations	EEO groups									
	Caucasian men	Caucasian women	African-American men	African-American women	Hispanic men	Hispanic women	Asian men	Asian women	Native American men	Native American women
Medical Science										
Biological Science		●	●	●		◔		●	◔	◔
Biological Technician			●	●				◔	◔	◔
Chemistry		●				◔		●	◔	●
General Health Science	●	●	●	●	◔				●	◔
Medical Officer	●	●	◔	●		◔			●	●
Medical Technology		●	◔	●	◔	◔	◔	●	●	●
Microbiology		●	◔	◔		◔	◔	●	◔	●
Nurse		●	◔		●	◔	◔		●	◔
Psychology	●				●	◔	●	◔	●	●
Administrative										
Administrative Officer		●	●	●		◔		●	◔	●
Budget Analyst		●	◔	●	◔	◔	◔	●	●	●
Computer Specialist		●	●	●				●	◔	●
Contracting		●	●	●				●	◔	◔
General Business		●	●	●			◔	◔	●	◔
Librarian			◔	●	◔	◔	◔	●	●	●
Management Analyst	●		●	●	◔		●	◔	●	◔
Miscellaneous Administration	●		●	◔	◔		●	◔	●	◔
Personnel Management		●	●	●	◔		◔	◔	◔	◔
Public Affairs		●	◔	●	◔	◔	◔	◔	●	●
Technical Information	●		●	●	◔	◔	◔	●	●	●

Legend:

● EEO group fully represented in this occupation

◔ EEO group needs three or fewer people to reach full representation in this occupation

Source: 1990 Census of Population and Housing; Equal Employment Opportunity File.

Figure I.2: EEO Groups With Underrepresentation in NIH Key Job Workforce, as of September 30, 1993

Occupations	EEO groups									
	Caucasian men	Caucasian women	African-American men	African-American women	Hispanic men	Hispanic women	Asian men	Asian women	Native American men	Native American women
Medical Science										
Biological Science	◒				○		◒			
Biological Technician	◒	◒			○	○	○			
Chemistry	◒		○	◒	○		◒			
General Health Science						○	◒	◒		
Medical Officer					○		◒	◒		
Medical Technology	◒									
Microbiology	◒				○					
Nurse	◒			◒				◒		
Psychology		◒	○	○						
Administrative										
Administrative Officer	○				○		○			
Budget Analyst	◒									
Computer Specialist	◒				○	○	◒			
Contracting	◒				○	○	○			
General Business	◒				○	○				
Librarian	◒	◒								
Management Analyst		◒				○				
Miscellaneous Administration		◒				◒				
Personnel Management	○					○				
Public Affairs	○									
Technical Information		◒								

Legend:

◒ EEO group underrepresented in this occupation

○ EEO group severely underrepresented in this occupation

Source: 1990 Census of Population and Housing; Equal Employment Opportunity File.

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