



DIVERSITY & INCLUSION AT HHS

“One Department — One Mission — One HHS”

SPRING/SUMMER 2017 ISSUE

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The HHS/OHR D&I Division thanks all authors, reviewers, and especially you, the reader, for making this Newsletter possible. If you wish to make comments, and/or contribute an article, contact Duilio Correa, HHS D&I Communications Lead, at: Diversity@hhs.gov.

For more information about the Division, visit us on: HHS.GOV | MAX.GOV | YOUTUBE. 

D&I Snapshot

Duilio Correa, Communications Lead, D&I Division, HHS



The U.S. Department of Health and Human Services (HHS), Office of Human Resources (OHR), Diversity & Inclusion (D&I) Division proudly presents the Spring/Summer 2017 Issue of Diversity & Inclusion at HHS — a quarterly newsletter that showcases efforts to promote D&I across HHS. We sincerely hope that you find this publication informative, educational and enjoyable.

Returned Peace Corps Volunteers

The Returned Peace Corps Volunteers (RPCV) Employee Resource Group (ERG) has a health story, both personal and programmatic — from parasites to malaria pills, to lessons on hand washing and HIV prevention. That is why it is no surprise that HHS is filled with RPCVs, including representation in the Indian Health Service (IHS), Centers for Medicare & Medicaid (CMS), the Office of the Secretary (OS), and beyond!

In April 2017, the RPCV ERG finalized its Charter, and held its first HHS-wide meeting with over 100 participants! And there are many more people across HHS that the RPCV ERG plans to reach in the coming months.

As Peace Corps Volunteers, they were dedicated to serving the communities in which they lived. As HHS employees, they are dedicated to serving the American people and protecting their health and well-being. As members of this ERG, their goal is to connect RPCVs from across HHS to promote this shared mission of service.

If you are interested in joining, e-mail RPCV@hhs.gov.

Diversity & Inclusion Fuels HHS Office of Inspector General Fraud-Fighting Success

Diversity & inclusion efforts to recruit and maintain a diverse workforce are essential to the Office of the Inspector General's mission to safeguard HHS programs and protect patients.

In the fight against health care fraud, the stakes are high. Diversity of thinking and perspective is key for fraud-fighting efforts when patient well-being and taxpayer money is at risk, according to Special Agent in Charge Derrick L. Jackson, who heads investigations in the HHS Office of Inspector General's Atlanta region.

Continue reading on the [HHS Blog](#).

HHS DCD 508 Program

Section 508 of the Rehabilitation Act of 1973, as amended in 1998 (29 U.S.C. § 794 (d)), requires that all website content be accessible to people with disabilities. This applies to Web applications, Web pages and all attached files on the intranet, as well as, internet.

The DCD 508 Program is housed within the HHS Office of the Secretary (OS), Assistant Secretary for Public Affairs (ASPA), Digital Communications Division (DCD).

The goals of the Program are to assist HHS Operating Divisions (OpDivs) and Staff Divisions (StaffDivs) in:

- Testing websites, Web pages, Web applications, widgets, documents, and email blasts for 508 compliance
- Providing guidance on how to correct 508 issues within existing websites and documents
- Empowering OPDIVs with the knowledge and resources to ensure the compliance of future websites through various training sessions and materials

For additional information regarding making files accessible, trainings, compliance and remediation, digital communication and technology products, and related resources, visit the [Program's site](#).

For software applications reviews and assistance, please consult Jaime Robinson, OS Section 508 Coordinator at: Jaime.Robinson@hhs.gov.

Staff Picks

If you want to know more about diversity and inclusion, following are examples of free online training opportunities available via the [HHS Learning Management System](#) .

Bridging the Diversity Gap

(Module: apd_01_a01_bs_enus)

This course focuses on what diversity is, how to leverage the diversity within the organization, and the barriers that must be overcome to create a diversified working environment.

Your Role in Workplace Diversity

(Module: apd_01_a02_bs_enus)

In this course, you will explore strategies to help you become aware of your attitudes toward diversity, increase your acceptance of diverse cultures, people, and ideas, and become an advocate for diversity within the workplace.

HHS/OHR D&I DIVISION

PRESENTS

DAY-TO-DAY D&I

SPECIAL “LUNCH & LEARN” SERIES

The Day-to-Day D&I “Lunch & Learn” Series, is an initiative sponsored by the HHS/OHR Diversity and Inclusion (D&I) Division to help create a more inclusive environment at HHS. The objectives of this special series are to:

- Provide opportunity for discussion of day-to-day common interests, issues, and/or best practices;
- Increase interactive employee engagement throughout the Department; and
- Enhance HHS’ diversity & inclusion efforts.

The series format consists of presentations by subject matter experts and extended Q&A. We continuously elicit topics for discussion from employees, using a human-centered design approach, in order to help us schedule future sessions.

PLEASE SAVE THESE DATES

12:00 P.M. TO 1:00 P.M. • 1-800-857-0127 (PASSCODE: 7682500) • ADOBE CONNECT 

Wednesday, July 19, 2017

DIVERSITY IN COMMUNICATION

Presenter: Carl A. Lucas Sr., EEO Director, Office for Civil Rights and Civil Liberties, U.S. Department of Homeland Security (DHS)

Location: Humphrey Building, Rm. 405-A

Wednesday, August 16, 2017

RECOMMENDATIONS FOR DIVERSITY & INCLUSION TRAINING

Presenter: Len Gerald, Diversity Program Manager

Diversity & Inclusion (D&I) Division, HHS

Location: Humphrey Building, Rm. 305-A

Wednesday, September 20, 2017

BULLYING PREVENTION TECHNIQUES

Presenter: Danny L. Dickerson, Director, Diversity & Inclusion Division, National Institutes of Health (NIH)

Location: Humphrey Building, Rm. 405-A

For further information or to request reasonable accommodation call 202-260-6675 or e-mail: diversity@hhs.gov. Please be alert to location and remote access updates via HHS News E-Blasts.

Making Data-Driven Decisions about Employee Engagement

Len Gerald, Diversity Program Manager, D&I Division, HHS

Want to better understand your workforce? Do you want accurate, timely, data to help you create effective engagement programs for your employees?

UnlockTalent.gov is an interactive tool, developed by the U.S. Office of Personnel Management (OPM), in partnership with several other Federal agencies, to help agency leaders and diversity practitioners make data-driven decisions and design initiatives to create a culture of engagement and excellence across the Federal Government.

Launched in 2015, UnlockTalent.gov is a tool that both the public and agency employees can use. This Portal contains data from both the Federal Employee Viewpoint Survey (FEVS) and the Enterprise Human Resources Integration (EHRI) database, which includes a variety of workforce demographic information.

Additionally, the latest update to the Agency Indicators page on UnlockTalent.gov provides important data regarding the overall health of Federal agencies including the New IQ (Inclusion Quotient) results, Veterans status and Disability status, mission critical and STEM occupational breakouts, by gender and age, as well as Telework and Retirement Eligibility data.

The Agency Indicators page enables leaders and diversity practitioners to evaluate strengths and weaknesses, and utilize the data and information to improve decision-making and create sustainable improvements to the culture of the organization. Therefore, if you want to make data-driven decisions to strengthen employee engagement, check out UnlockTalent.gov.

Future updates will include:

- Community of Practice Update – reorganizing the structure and content on the page to make it more user-friendly and allow individuals to access content more easily and quickly.

- Addition of agency level data to the Agency Indicators page – incorporate overall agency level data for the Departments/Large agencies for all metrics on the page
- Quarterly updates of the Enterprise Human Resources Integration (EHRI) data

To access the Agency Indicators page, log-in to UnlockTalent.gov, and select the Agency Indicators link at the top. If you have not registered for the site, go to www.UnlockTalent.gov, and select the Register link at the top right of the page.

D&I DID YOU KNOW?

Federal Employment

- Total number of employees: 1,926,115
- States with employees: 51
- Top 5 States:
 - California (158,007)
 - Virginia (147,746)
 - District of Columbia (144,726)
 - Texas (135,408)
 - Maryland (123,317)

2016 Federal Employee Viewpoint Survey

- Number of large agencies: 37
- Number of small agencies: 40
- Number of survey respondents government-wide: 407,800
- Government-wide response rate: 46%

Source: www.UnlockTalent.gov

If you are interested in a future Day-to-Day D&I “Lunch & Learn” session focusing on the features and information found on UnlockTalent.gov, please reach out to us at Diversity@hhs.gov.

Introducing the Language Access Portal

By Kelli Carrington, M.A., Director, Office of Communications and Public Liaison, National Institute on Minority Health and Health Disparities (NIMHD), NIH



Many of us know what it's like to feel overwhelmed during a doctor's visit by information about health conditions, behavior recommendations and medicines. For patients who don't speak or understand English fluently, the situation can be more than overwhelming—it can be dangerous. Patients with limited English proficiency (LEP) are nearly three times more likely to have an adverse medical outcome.¹

Language is one of the most significant barriers to health literacy, the ability to understand the basic health information needed to make good health decisions. Patients who lack health literacy are often unable to read or understand written health information or to speak with their healthcare providers about their symptoms or concerns. These patients are less likely to follow important health recommendations or be able to give informed consent.²

In addition, according to the U.S. Census Bureau, more than 1 in 5 U.S. residents do not speak English at home. Thus, of that group, about 4 in 10, or 25 million people, have limited English proficiency.³ Many people with limited proficiency also live in households where no one speaks English well. Consequently, there is not a translator readily available to accompany them to doctor's visits, which can present significant challenges.

The National Institute on Minority Health and Health Disparities (NIMHD) is committed to addressing these language barriers and to improving the health literacy and lives of everyone living in America. We're excited to announce a new tool, the Language Access Portal, as a resource for the NIMHD research community, public and community health professionals, healthcare providers, and others who work with health disparity populations with LEP. The portal improves access to cross-cultural and linguistically appropriate health information produced by the National Institutes of Health (NIH), NIMHD, and other federal agencies.

The Language Access Portal pulls together health resources from across NIH in selected languages, particularly those languages spoken by populations experiencing significant health disparities. As we launch, the portal includes information in Spanish, Hindi, Tagalog, Korean, Chinese, Japanese, and Vietnamese. The portal currently has language resources for the following areas where health disparities have been identified: 

- [Cancer](#)
- [Cardiovascular Disease \(CVD\)](#)
- [Diabetes](#)
- [HIV/AIDS](#)
- [Immunizations](#)
- [Infant Mortality](#)

The Language Access Portal is an important tool to help people working with LEP populations provide the information necessary for patients to make important health decisions. The portal will continue to evolve and incorporate new resources from NIMHD, NIH and other government agencies as they become available, so keep checking back.

By working together and using tools like the Language Access Portal, we can begin to tackle these communication barriers and improve the health of every resident of this country.

REFERENCES

1. Divi, C., Koss, R.G., Schmaltz, S.P., Loeb, J.M. (2007) *Language Proficiency and Adverse Events in US Hospitals: a pilot study. Int J Qual Health Care.* 19 (2): 60-67.
2. Lee, J.S., Pérez-Stable, E.J., Gregorich, S.E. et al. (2017). [Increased Access to Professional Interpreters in the Hospital Improves Informed Consent for Patients with Limited English Proficiency.](#) *J GEN INTERN MED.* doi:10.1007/s11606-017-3983-4

3. U.S. Census Bureau. *Table S1601: 2011-2015 American Community Survey 5-Year Estimates.*

Note: This article was reprinted with permission of the National Institute on Minority Health and Health Disparities (NIMHD). For more information visit the [NIMHD Blog](#).

Diversity Fashion Show at FDA

By Duilio Correa, Communications Lead, D&I Division, HHS



Group Photo: Office of Lifecycle Drug Product

As part of the Office of Lifecycle Drug Products' (OLDP) Holiday Party celebrations, the OLDP Division of Modified Release Products presented "The Colors of the World - Diversity Fashion Show" to celebrate the diversity at FDA.

The Fashion Show was well-received, and the audience had the opportunity to see beautiful and unique costumes and learn about different cultures from around the world, including American, Indian, Chinese, Thai, African, Filipino and Irish.

We live in an ever-growing society that is becoming more and more diverse. Accordingly, the FDA Diversity Fashion Show is a great example of what we can do not just to be inclusive, but to learn more about the customs and traditions from other parts of

the world. As technology continues to evolve, the knowledge we acquire regarding other customs and traditions is a necessity in helping us interact effectively with individuals from different countries and cultures. This knowledge also helps us to build better diversity and inclusion infrastructures, create a culture of openness and respect, enhance employee engagement, and bring together a high-quality workforce.

The success of the Fashion Show is another example of how employees can come together and promote the positive nature of a diverse and inclusive workplace.

For further details about this Event, please contact Dr. Murali Divi at: murali.divi@fda.hhs.gov.

ACF Office of Diversity Management and Equal Employment Opportunity (ODME) First Open House

Edgar Reese, Special Emphasis Program Coordinator, ODME, ACF



Middle: Edgar Reese

On March 21, 2017, HHS and ACF colleagues participated in ODME's first Open House. The ODME Team distributed information about the services ODME provides and listened to ACF colleagues' suggestions and comments.



Darlene Marcoe and Wai-ping Chan

The event was not only about sharing coffee, cookies and a good laugh, staff wanted to bring to our attention issues of concern and interest — for example: Reasonable Accommodations & 508 compliance; cultural competence and Peace Corps volunteers; details and other professional development opportunities; language access and diversity; the challenges of working while having

young children...and the need for a "larger EEO sign" at the door!

ODME will host another Open House before the summer is over. In addition, ODME representatives will continue visiting the Regional Offices, to provide EEO training and provide one-on-one advice and counseling to staff and supervisors.

D&I DID YOU KNOW?

You probably already know that the ACF Office of Diversity Management and Equal Employment Opportunity (ODME) processes EEO complaints and Reasonable Accommodations (RA) requests from ACF employees.

Did you know that the ACF ODME also provides guidance, training and technical assistance on EEO rights and responsibilities to ensure a workplace free from harassment and discrimination? And, ACF ODME is working with partners at HHS and ACF to leverage and foster diversity and inclusion, by identifying and removing unnecessary barriers to employment.

ACF ODME's communications tool, known as ODME Informs, will keep you up-to-date with the activities and strategies under development to ensure ACF has a strong diverse and inclusive workforce free from discrimination and harassment.

To learn more about additional services and related EEO policies, please contact Laura Irizarry, Acting Director, ODME by phone: 202-205-1592 or e-mail: Laura.Irizarry@acf.hhs.gov.

HRSA Tackles Health Inequalities

Stephen LeBlanc, Writer, Office of Communications, HRSA



From left, Jessie Buerlein (MCHB), Amy Richter-Griffin (HAB) and Tia-Nicole Leak (BPHC) spoke on barriers to good health posed by poor literacy, unstable housing and unreliable transportation at a National Minority Health Month forum on April 19.

On April 19, 2017, the Health Resources and Services Administration (HRSA) hosted a National Minority Health Forum. During the Forum panelists indicated the rise in data analytics has resulted in a better understanding of why certain populations have been harder hit by disparities, reflecting the wide array of underlying factors that impede health outcomes, and pointing the way to practical solutions:

- In any given year, some 3.6 million Americans fail to obtain medical care altogether or delay care for health conditions or illness because of a lack of reliable and safe transportation -- particularly in low-income communities;
- Among African Americans and Hispanics with HIV, there is an approximate 10 percent difference in viral suppression rates among patients who are homeless or unstably housed;
- Research shows that children from lower-income households hear 30 million fewer words by age three than their more affluent peers. By 18 months of age, children from disadvantaged homes are already several months behind in

language development -- and these gaps tend to widen over time into a permanent disadvantage;

- Among the requirements to compete for HRSA Healthy Start program dollars is a community infant mortality rate at least 1.5 times the national average of about 10 infant deaths per 1,000 births. After just one full year in the program, grantees on average are down to 5.2 deaths per 1,000 births, far lower than the national average -- showing that rapid improvement is possible when underlying causes are addressed.

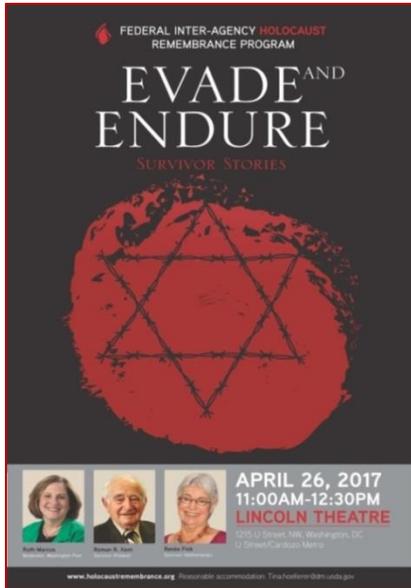
Although we recognize there is still a lot of work to be done, we have had some notable successes in the last few years. And, as we learn more about the factors that contribute to the health inequities...we can become even more confident about utilizing specific approaches and interventions to improve health overall.

For more on National Minority Health Month, visit the [HHS Office of Minority Health Portal](#). 

24th Annual Holocaust Remembrance Program

By Duilio Correa, Communications Lead, D&I Division, HHS

On Wednesday, April 26, 2017, the Federal Inter-Agency Holocaust Remembrance Committee presented the 24th Annual Holocaust Remembrance Program at the Lincoln Theatre, located on 1215 U Street, NW, Washington, D.C. This well-attended Program was open to the public, and admission was free.



The theme of the Program was “Evade and Endure,” and it presented eyewitness testimony from the Holocaust - the systematic, bureaucratic, state-sponsored persecution and murder of six million Jews and five million non-Jews, including over one million children, by the Nazis and collaborators.

The Program featured two distinguished speakers:

- Roman Kent, born in Lodz, Poland, survived the Lodz Ghetto, Auschwitz, and other concentration camps; however, he tragically lost family members, including his parents and a sister. A successful businessman, author and philanthropist, Mr. Kent is a leading global advocate for justice for Holocaust survivors, and has received numerous recognitions.
- Renée Fink, born in Holland, went into hiding in an occupied and heavily bombed area of Holland

with a Catholic family until after the end of World War II. Ms. Fink has spoken, primarily in her home state of North Carolina, about her experiences, with a focus on the goodness, resistance and courage of people during those difficult times.

D&I DID YOU KNOW?

The Federal Inter-Agency Holocaust Remembrance Program started at the Department of Education in 1994 to commemorate the Days of Remembrance - an annual, national and civic commemoration of the Holocaust. What started out as one federal department putting on this commemoration now includes the combined contributions of some 25 federal departments and agencies.

The Program educates people about the Holocaust by inviting two or three guest speakers, who are survivors, rescuers, liberators, resisters, witnesses or relatives of these individuals, to talk about their experiences in a speech, or by having a moderator ask each of them questions.

Source: www.holocaustremembrance.org/About.shtml

The Program’s Moderator was Ruth Marcus -- a finalist for the 2007 Pulitzer Prize in Commentary, a television political commentator, and the Deputy Editorial Page Editor for the Washington Post. The event also featured a tribute to Elie Wiesel, who was a renowned author and Holocaust survivor.

This Event culminated with a beautiful performance by the 6th in the City Chorus, a Jewish gospel choir that features members from the Sixth & I Historic Synagogue and the Turner Memorial AME Church.

HHS Acquisition Mentor and Strategic Leaders Programs

Ali Pourghassemi, Program Manager, Office of Acquisition Workforce & Strategic Initiatives (OAWSI), HHS

The HHS Office of Acquisition Workforce & Strategic Initiatives (OAWSI) is proud to introduce the 2017 HHS Acquisition Strategic Leaders (ASLP) & Acquisition Mentoring Program (AMP) Class of 2017. The selected participants represent extraordinary public service, diverse experiences and goals for the future of the acquisition workforce! Congratulations to all participants for their selection from among the more than 10,000 acquisition workforce personnel across HHS.



The ASLP Class of 2017 represents the fourth cohort of extraordinary personnel invited to participate in the program. Independently, they are smart, accomplished, determined acquisition professionals at various stages in their careers. Collectively, these professionals represent a diverse cadre of adaptable leaders who inspire, motivate, and guide others to produce tangible results, mentor and challenge the workforce, and demonstrate high standards of honesty, integrity, trust, openness, and respect.

In addition, the AMP Class of 2017, represents the first cohort of participants to engage in a speed-mentoring session in order to select their mentors. This session permitted mentees to step outside of their functional organization and find a mentor. Moreover, AMP offers a diversity of constituencies for role models. "Participants had a natural affinity for the program and session," said Program Manager Ali Pourghassemi. "The speed session allowed relationships to grow organically."



Since these programs were founded in 2013, participants have gone on to higher roles and responsibilities in the government and private sector. Hence, they have benefited from a curriculum that emphasizes developing self-awareness, emotional intelligence, communication and conflict resolution skills – or “soft-skills” – that are surprisingly absent in many organizations. “Business and success is people driven and soft-skills make a huge impact to the bottom line,” said Pourghassemi.

D&I DID YOU KNOW?

The HHS Acquisition Mentor and Strategic Leaders Programs were created in 2013 as a result of listening to our workforce’s need for having learning opportunities outside of traditional classrooms. More information can be found on the [HHS Intranet](#).

HHS OAWSI is honored to express gratitude to all Class of 2017 participants. We are also honored to provide leadership development and mentoring resources necessary to help achieve the HHS mission of enhancing the health and well-being of the American people.

Spotlight on Ms. Renee King – Teaching and Modeling the Importance of Good Manners

Alfreda Layne, Customer Outreach Liaison, Office of Equity, Diversity and Inclusion (EDI), NIH



Ms. Renee King

RENEE KING SHARES HER PERSONAL STORY

Renee King is one of the colleagues at the NIH who believes in the value of teaching good manners at home to build life-long respect.

Renee works in NIH's Office of Equity, Diversity, and Inclusion and is Chief of the Special Emphasis Portfolios Branch of the Diversity and Inclusion Division. Besides working at NIH, Renee enjoys shopping, decorating and spending time with her family and friends. Moreover, she is passionate about event planning and plans to open her own facility that specializes in children's entertainment and birthday parties.

Renee also loves teaching her twin daughters, Parris and Payton, the importance of good manners. Renee shared how she and her husband invested a lot of quality time into their children's social skills so they can be positive contributors in our society. Renee taught her twin daughters at an early age the words "thank you", and has demonstrated to them the

importance of these words. Renee stated that she is raising her daughters the way in which she was raised by her parents.

Today, Renee's twin daughters have grown up to be beautiful teenagers with lovely manners. As they enter the workforce, they're ready to model respectful behavior on their teams, whether at NIH or elsewhere. On teams where each person is respected, the entire organization functions more smoothly and can be more productive and successful.

Renee's favorite quote is "Each One, Teach One," which is an African American proverb.

5 TIPS FOR GREAT MANNERS

Parent's Magazine ran an article listing five facts on the importance of good manners. (These apply to adults and children.)

Fact: Good Manners are a Good Habit

"Behaving politely is a way of life, not just something you pull out when you're at a wedding or fancy restaurant," says Robin Thompson, founder of etiquette-network.com and the Robin Thompson Charm School in Pekin, Illinois. "It's important to start as early as you can so manners become something a child does automatically, whether she is at home or away."

Fact: Polite Behavior Will Help Your Child's Social Development

Children who aren't taught social graces from an early age are at a distinct disadvantage, experts say. An ill-mannered child is a turn-off to adults and youngsters alike. While children aren't likely to be offended by a playmate who neglects to say "excuse

me," they don't relish the company of a child who doesn't know how to share or take turns.

"You wouldn't send a child off to preschool without a healthy snack," says Sheryl Eberly, mother of three and author of *365 Manners Kids Should Know* (Three Rivers Press, 2001). "Sending her into the world without knowing social graces is equally problematic."

D&I DID YOU KNOW?



Launched in 2016, the EDI Blog is another way that EDI reconnects itself to you and our promise "to cultivate a culture of inclusion where diverse talent is leveraged to advance health discovery."

Each month, new articles relative to equity, diversity, and inclusion are published — in the form of news, opinions, and community stories. The goal is to further the understanding and knowledge of readers about very important concepts.

Visit the EDI Blog at: <http://edi.nih.gov/blog>

Fact: Learning Manners is a Lifelong Education

"It won't happen overnight, and you need to take it slowly," says Eberly. Introducing one new social skill a month is manageable. For example, one month a parent might teach a 2-year-old to say "hello" when another person addresses him and reward him with praise when he does so.

Keeping expectations in check is equally important. "There's only so much a small child can do," reminds Eberly. That same 2-year-old is not going to curtsy when ancient Aunt Mabel comes over for Sunday

dinner. But she can greet her at the door and sit happily at the table for a limited period of time.

Fact: Your Behavior Counts

"When you ask your partner to pass the salt, do it with a 'please' and a 'thank you,'" says Eberly. And role model good manners, too. How would you feel if your child gave a fellow tricyclist the finger when he cut her off on the sidewalk? If the thought doesn't thrill you, keep your hands and fingers on the wheel while driving. Inappropriate expressions of anger are rude and disrespectful.

Fact: Consistency is Important

Acquiring good manners takes lots of practice and reinforcement, so make sure you, your partner, and caregivers are encouraging (and discouraging) the same behaviors. If your husband lets your youngster fling food during meals and you don't, your child won't know what's expected.

It was a pleasure listening to Renee talk about the importance of teaching good manners to her children. Modeling these skills to our youngsters will help them throughout their lives in so many ways and give them opportunities that would not come without exhibiting these skills.

In conclusion, "Good manners are just a way of showing other people that we have respect for them." ~Bill Kelly

Note: This article was reprinted with permission of the Office of Equity, Diversity and Inclusion (EDI). For news, updates, and videos, follow or subscribe to EDI on: [Twitter](#), [Instagram](#), [Blog](#) and [YouTube](#).

From the Vault: The Business Case for D&I

By Nicholas J. Troilo, Esq., Former Diversity & Inclusion Team Lead, HHS

From the Vault features articles from previous issues of Diversity & Inclusion at HHS Newsletter. The following article appeared in the Spring 2014 Issue of Diversity & Inclusion at HHS.

Organizations implement diversity and inclusion initiatives to create an environment in which individuals from different backgrounds are treated fairly and given equal access to opportunities and resources. Embracing diversity and inclusion can bring a broader range of mindsets and backgrounds into the organization, leading to more effective decision-making or drawing in a wider customer base.

Public and private organizations are investing in this area and these organizations expect to focus on, and invest even more in, diversity and inclusion in the coming years. However, success at improving the perceptions of diversity and inclusiveness in the organization is not as strong as most organizations would like it, or need it to be. Less than half of all public and private sector employees actually believe their organizations are diverse and inclusive.

The gap between investment and results is problematic as organizations are missing out on some very real benefits of building a more diverse workforce in an inclusive environment. When employees feel they have a more diverse and inclusive workforce, turnover is measurably lower and employee effort is always higher.

This gap is generated by the fact that most executives underestimate the importance of investing in diversity and inclusion. They equate it with simply hiring more people from more diverse backgrounds, and fail to truly appreciate the investment that is required to build a more diverse and inclusive working environment.

After analyzing the behaviors of thousands of employees and conducting interviews with hundreds

of leaders from human resource offices, researchers have identified four lessons to implementing a diversity and inclusion initiative.

In addition, while building a diverse and inclusive organization is a goal in and of itself, success at improving diversity and inclusion is rarely achieved when organizations simply set overly ambitious goals. Rather, by tying diversity and inclusion objectives into the broader business strategies, buy-in for, and delivery of, diversity and inclusion strategies are much more likely to result in long-term success.

Allow business leaders to create locally relevant diversity and inclusion objectives, and assess incremental progress against those objectives, not just final results. Frustration is generated without creating a way to show incremental progress on the goals. This disconnect prevents progress.

Most organizations highlight the career experiences of some of their diverse senior leader talent. However, these strategies have limited success since many diverse employees fail to see the connection between their current situation and the final destination of other employees.

Instead, smart organizations are helping diverse employees see the link between their skills and leadership requirements, and to build processes that minimize the impact of biases in talent management decisions to show how diverse talent can move into leadership roles.

If you would like subscribe to the HHS D&I LISTSERV to receive information concerning D&I initiatives and events, please visit:
<https://community.max.gov/x/WgegKw>

UPCOMING EVENTS

BLACKS IN GOVERNMENT (BIG) 39th ANNUAL NATIONAL TRAINING INSTITUTE – HHS AGENCY FORUM

Tuesday, August 22, 2017 – 1:00 p.m. - 5:00 p.m.
Harrah’s Resort Atlantic City Waterfront Conference Center
Atlantic City, New Jersey

NOTE: The HHS Agency Forum is FREE to all HHS employees, contractors and interested individuals. Employees who register for the BIG National Training Institute are expected to attend. All local HHS personnel are encouraged to attend the Forum, even if they are not registered for the NTI.

Registration:

(To attend the Forum on-site or via webcast):

<https://community.max.gov/x/L4CAT>

Remote Access:

<http://hhs.adobeconnect.com/bigforum2017/>

Teleconference Line: 1-800-857-0127/Participant Code: 7682500

For further information, contact: Glenn.Smith@hhs.gov or 202-205-1437

DAY-TO-DAY D&I: “Lunch & Learn” Series, 12:00 p.m. – 1:00 p.m., EST

- Wednesday, July 19, 2017: Diversity in Communication
- Wednesday, August 16, 2017: Recommendations for Diversity & Inclusion Training
- Wednesday, September 20, 2017: Bullying Prevention Techniques



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