

2016 NIH WorkLife Benchmark Study

- **Flexible Work**
- **Child Care**
- **Elder Care**
- **Fitness and Wellbeing**

May 2016

This report was prepared by FocalPoint Consulting Group based in part on information provided by the NIH, and other organizations with relevant knowledge. The information was evaluated but not independently verified by FocalPoint. The assessment contained in this report was developed independent of the individuals that provided the information.

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1. Executive Summary

Study Objectives

In September 2015, the National Institutes of Health (NIH) contracted with FocalPoint Consulting Group, a management consulting firm, to perform a benchmarking study of several of NIH's employee support programs. This report presents the results of that effort.

In 2008, NIH conducted a review, which included a benchmarking study of child care resources. One of the objectives of this study is to compare the results of this study and the 2008 study in the category of child care. In addition to child care, this study also reviews:

- Flexible work options.
- Elder care supports.
- Wellness and other resources.

The overall objectives for this study were to:

- Conduct a follow up to the 2008 Benchmark Study of child care services, with the addition of selected programs pertaining to flexible work schedules, elder care needs, and employee wellness.
- Compare services to those offered by other similar federal agencies, private institutions, and universities in order to assess impact relative to other organizations as they relate to employee recruitment and retention.
- Compare newly collected data with the data from the original benchmark study to determine if progress and growth were achieved.
- Evaluate if NIH's programs help position the organization to remain competitive in securing the most skilled workforce required to further the NIH mission.

Key activities include: conducting a literature review, developing a benchmarking matrix to support data collection and analysis, identifying organizations in the peer comparison group, reviewing benefits-related documentation for peer comparison group organizations, conducting interviews, and conducting the analysis of data collected.

Key Research Questions and Summary of Results

The key research questions established and a summary of the results of the analysis are provided below.

1. Are NIH's flexible work, child care, elder care, and wellness program offerings competitive in securing the most skilled workforce required to further the NIH mission?

- Overall, yes, NIH's flexible work, child care, elder care, and wellness program offerings are competitive.
- NIH is about the same as the other organizations in the peer comparison group in the provision of each area within the Flexible Work category.
- Overall, NIH is about the same with its peer group organizations across the Child Care category and is better in the specific sub-categories of child care centers, backup child care, parenting skills and networking support, and lactation support. It is not as good as some peers in the area of parental leave.

- Overall, NIH is about the same with its peer group organizations across the Elder Care category and is better in the specific sub-categories of backup elder care and elder care skills and networking support.
- Overall, NIH is about the same with its peer group organizations across the Wellness and Other Resources category, is weaker in legal services, and is better in the specific sub-categories of fitness and other personalized services.

2. Have NIH's child care services program offerings achieved progress and growth since the original benchmark study in 2008 when compared to the benchmark organizations?

Yes, in three of the nine child care sub-categories that were evaluated in both studies, NIH was rated as better in this study. Sub-categories in which the relative rating increased were: child care center waitlist process, backup care referral, and parenting skills and networking support. In six of the areas: child care center quality, child care center capacity, child care community-based centers, subsidies, maternity paid leave, and child care resources and referral, the comparison to benchmark organizations remained approximately the same. NIH continues to be not as good in the areas of child care community-based centers and paid maternity leave in 2008 and 2016. Overall, in this study, NIH is about the same as the peer group organizations in the Child Care category.

Exhibit 1: Comparison of 2008 and 2016 Studies

2008 Report Topic		2008 Rating	2016 Rating	Change
Child Care Centers	Quality	Better	Better	↔
	Capacity	About the same	About the same	↔
	Waitlist process	Not as good	Better	↑
	Community-based centers	Not as good	Not as good	↔
	Subsidies	About the same	About the same	↔
Backup Care	Referral	Not as good	Better	↑
Maternity Leave	Paid leave	Not as good	Not as good	↔
Child Care Resources and Referral	Resources and referral	About the same	About the same	↔
Parenting Skills and Networking Support	Range of additional services	About the same	Better	↑

3. Based on the findings and analysis of related research, how can the agency be more competitive and improve its impact on employee recruitment and retention to better support the NIH mission?

1. Develop improved ways of communicating benefits and resources already in place to both existing employees and candidates: Employees and recruits are often unaware of benefits and resources that are pertinent to their situation. Personalized messages and materials reflecting individual needs and/or life stages can be more valuable than trying to appeal to all employees at once.

2. Explore delivering tailored benefits information for different groups of employees: Tailoring information packages could include looking at employee demographics and creating bundled benefits information packages tailored for each group.

3. Measure of the impact of programs: Review how program impact is measured, or could be measured, as a means of improving how to communicate the importance of various programs to leadership.

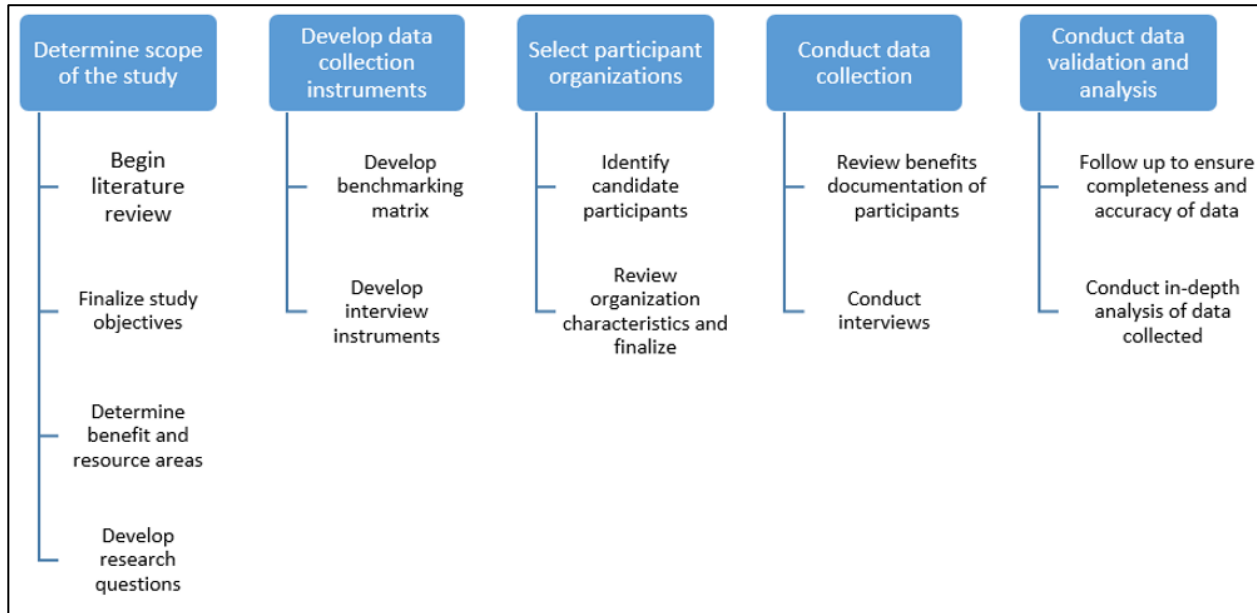
4. Continue with plans to introduce legal-oriented WorkLife services: NIH is in the process of introducing resources to provide legal assessment, consultation, planning and referrals. This will bring NIH on par with the other organizations in the study, which are currently offering such resources.

5. Review and evaluate additional practices used by peer group organizations: There were a number of additional practices used by other organizations in the peer comparison group, some of which may be applicable and beneficial to NIH.

2. Study Methodology

FocalPoint employed a thorough and consistent methodology in this study. The five major steps are set out in Exhibit 2 below.

Exhibit 2: Study Methodology



2.1. Determine Scope of the Study

FocalPoint worked with the NIH Project Officer to finalize the study objectives. We established the benefit and resource areas to be reviewed, which included child care benefits, the area covered in the 2008 study. In addition, three new areas were included: flexible work benefits, elder care benefits, and wellness and other resources. We then developed associated research questions that covered these four categories. To support this effort, we began a literature review. The purpose of this review was to identify best practices for the four areas being reviewed to support scope definition and design of data collection instruments.

2.2. Develop Data Collection Instruments

Based on the scope confirmed in the prior activity, we developed a benchmark matrix. This matrix contains columns for each benchmarking organization participating in this study and rows for all data elements collected and compared. We developed interview instruments that included a participant interview guide and an interviewer guide. The interviewer guide contained primary questions, follow-up questions, and probing questions.

2.3. Select Participant Organizations

We identified candidate study participants by identifying organizations that have demonstrated good practices and have similar recruiting and retention objectives and challenges. The following organizations were selected: NIH, Centers for Disease Control and Prevention (CDC), the Department of State (DOS), Food and Drug Administration (FDA), National Security Agency (NSA), Office of Personnel

Management (OPM), Fannie Mae, Harvard Medical School, Johns Hopkins University, and Georgetown University.

2.4. Conduct Data Collection

Document Review

Prior to each interview, we reviewed documentation on benefits and resources provided by each of the peer comparison group organizations. We reviewed documents provided by the interviewees and websites for the organizations. The purpose of this document review was to collect additional information that might have otherwise been missed during the interview and to make better use of the interviewees' time. We also reviewed several articles related to child care, elder care, and work flexibility and wellness. The purpose of this review was to collect additional data to substantiate information collected during the interviews and to provide additional context for developing conclusions and recommendations.

Interviews

We conducted semi-structured interviews with 14 individuals in the 10 organizations. Interviewees were members of the HR management staff (and/or WorkLife offices which might reside outside of HR) in the peer comparison group organizations. FocalPoint worked with the NIH Project Manager to develop the interview instrument. The interviews were designed to take approximately one hour.

Data Collection Limitations

A study limitation is that data related to benefits and resources was limited to what the interviewees reported or was found through document reviews. We did extensive follow-up to ensure data completeness, but if some interviewees did not report information (e.g., they were not aware of certain benefits), we may not have been able to collect that information. Also, we did not conduct site visits and did not compare the quality of facilities or other elements of the programs.

2.5. Conduct Data Validation and Analysis

After the interviews we provided results of the interview to interviewees for validation. We provided each interviewee with interview notes, a filled in benchmark data matrix detailing which benefits and resources the interviewee's organization provided, and open questions raised during the interview. Many interviewees contacted other individuals in their organization to review and provide feedback on these materials. This step allowed a more complete and accurate inventory of each organization's benefits and resources.

We compiled all of the final responses from the benchmarking organizations into a dataset that included the benchmark matrix and the interview response matrix. An exhibit setting out the data elements collected for each of the four categories is provided in Appendix A. We then looked to identify the most commonly used practices by the peer comparison group for each sub-category. We then identified any additional practices that some but not all organizations used. In general, any practice that was used by 9 or more of the 10 participants was deemed a commonly used practice.

2.6. Literature Review

This section provides a short summary of information categories collected in the brief literature review.

Overall

Research conducted by the Society for Human Resources Management (SHRM) indicates that many organizations are not fully leveraging their benefits programs to attract and retain the best and the brightest employees. There exists a gap between the value of benefits and resources and employee and potential employee understanding of those benefits. Communicating the value of employee benefits effectively could enable organizations to better achieve their missions through improved recruitment, employee engagement, and retention. The use of total compensation statements, benefits workshops, employee meetings, and self-service benefits technologies can help enhance employees' understanding of the value of the benefits offered by the organization (Society for Human Resources Management, 2014).

Organizations are increasingly using online portals, social media, and mobile-enabled communications to connect with their employees. Adopting decision support tools, such as online calculators and personal recommendation engines, is also on the increase. Decision support tools are used for online retirement, financial planning, and wellness. In addition, online enrollment for benefits is increasing. Employers use these vehicles to both enhance the perceived value of benefits and to empower employees to make appropriate decisions when they select and manage their benefits (Arthur J. Gallagher & Co., 2014).

One of the most significant trends over the last few years is the positive impact that flexible work benefits are having on staff engagement. In a 2014 survey, Willis Towers Watson found that 58% of respondents said their flexible work benefits plan had been effective in increasing staff engagement, rising from 53% in last year's survey and from 41% in 2012. With an improved economy and the potential to see increased competition for staff, improving employee engagement is one way that HR can lead to progress on organization goals (Willis Towers Watson, 2014).

Flexible Work

A 2008 study by the New York-based Families and Work Institute found that 87% of employees say having the flexibility they need to manage their work and personal lives would be "extremely" or "very" important if they were looking for a new job (Families and Work Institute, 2008). However, other than the percentage of employers offering telecommuting increasing from 45% to 54% between 2009 and 2014, most flexible work benefits held steady (Society for Human Resources Management, 2014).

With the increased number of millennials now joining the labor force, the demand for these benefits is likely to be greater than ever. In a survey of millennials, PricewaterhouseCoopers found that flexible work hours are the second most important benefit, after development potential, and above cash bonuses (PricewaterhouseCoopers, 2011). Flexible work schedules are important not only for millennials, though. The aging workforce may bring about a need for managing multiple caregiving responsibilities for workers, which will require flexible work arrangements (Society for Human Resources Management, 2014).

Child Care

Many employers that offer direct child care benefits report positive impacts of child care programs on their workers' performance, as well as reductions in turnover, absenteeism, and recruitment costs (Connelly, Degraff, & Willis, 2004).

In their 2014 survey of employers, SHRM found that because child care benefits are an important recruiting and job satisfaction driver for working parents, 26% of organizations allowed employees to

bring their children to work in a child care emergency, 10% offered a child care referral service, and 1% allowed parents to bring their babies to work on a regular basis. These types of benefits, which help the employee at a minimal cost to the organization, were more commonly offered than costlier benefits such as access to backup child care services (3%), a subsidized child care program (3%), a nonsubsidized child care center (2%), a subsidized child care center (2%), and a consortium child care center (<1%) (Society for Human Resources Management, 2014).

Overall SHRM found that the level of child care services and resources provided by employers is remaining stable. There were no significant percentage increases of organizations offering family-friendly benefits, and the survey results revealed a five-year decline in the percentage of organizations offering child care and elder care referral services. Also, 12% of organizations offered paid maternity leave (other than what is covered by short-term disability or state law) and paid paternity leave, down from 16% in 2010 (Society for Human Resources Management, 2014).

Elder Care

Many current employees care for both children and elderly members of their family. The most frequently offered benefit of this type was an elder care referral service, which 5% of organizations made available to employees. Less commonly offered elder care benefits included geriatric counseling (1%), on-site elder care fairs (1%), elder care in-home assessments (1%), access to backup elder care services in the case of an unexpected event (<1%), elder care assisted living assessments (<1%), and programs for family members dealing with elder care issues (<1%) (Society for Human Resources Management, 2014).

While these benefits are important, organizations should not focus too much on targeting benefits to older workers. Older employees often don't want to be singled out by programs targeted only at them. Instead a better approach is focusing on respect for employees at all levels (Wooldridge, 2015).

Wellness

The Healthcare Trends Institute found in a recent survey that wellness programs continue to gain interest as more employers (35%) responded that they have initiatives in place compared to (30%) last year. And another 22% said they are considering implementing a program in the future. As employers continue to look for ways to reduce healthcare costs, more may turn to wellness strategies to help their employees maintain a positive work/life balance and stay healthy (Healthcare Trends Institute, 2016).

SHRM also finds that over the past year there have been increases in the percentage of organizations that offer health and lifestyle coaching, preventive programs specifically targeting employees with chronic health conditions, rewards or bonuses for completing certain health and wellness programs, health care premium discounts for getting an annual health risk assessment, health care premium discounts for not using tobacco products, and health care premium discounts for participating in a wellness program (Society for Human Resources Management, 2014).

The scope of wellness programs is also expanding. Programs are not just focusing on physical wellness, but looking at things like mental health and financial wellness. Wellness programs continue to evolve, and employers are adding many more components to their programs. A growing number of employers are also offering online retirement and financial planning tools (Wooldridge, 2015).

However use of these programs lags in many organizations. Arthur J. Gallagher & Co, found in a 2014 survey that 40% of organizations that offered these services reported that less than half their eligible workforce participates in any wellness plan component. A lack of benefit resources and insufficient

communications informing employees of their options often result in a lower participation rate. Employees favor a more expansive wellness plan for themselves and their dependents, but many organizations offer only the basics. Employers that offer more than the bare minimum of options can differentiate themselves and send a message to employees that they are truly committed to wellness. Optimal utilization relies not only on expanding features beyond a basic health assessment, but also making employees aware of their choices. Employers must commit to constructing and communicating a comprehensive wellness program that proactively supports achieving wellness goals and showcases an attractive employee value proposition (Arthur J. Gallagher & Co., 2014).

3. Benchmarking Results

3.1. Selected Findings

Exhibit 3 below summarizes the comparison of NIH to benchmark organizations in the Flexible Work, Child Care, Elder Care, and Wellness categories. The rating is “About the same” if the NIH program has the most commonly used practices and “Not as good” if it does not. If the rating is “Better,” NIH has additional practices identified among peer group organizations.

Exhibit 3: Summary of Benchmarking Matrix Ratings

Category	Sub-category	Comparison	Comment
Flexible Work	Compressed Work Schedules	About the same	Offers both Compressed Work Schedule and Flexible Work Schedule options, with additional supervisory training
	Flexible Work Schedules	About the same	
	Telework	About the same	Supports telework
	Part-Time Assignments	About the same	Uses part-time staffing
	Job Sharing	About the same	Allows employee-initiated job sharing
	Leave Options	About the same	Supports similar paid and unpaid leave, with exception of private and academic maternity leave (see below)
	Shared Leave	About the same	Offers both Voluntary Leave Transfer Program and Voluntary Leave Bank Program
	Pre-Tax Spending Accounts	About the same	Offers both Health and Dependent Care Flexible Savings Accounts
Child Care	Full-time Child Care	About the same	Offers dedicated child care centers but same number of child care spaces per thousand employees as average across comparison peer group
	Backup Child Care	Better	Half the comparison peer group provides backup care staffing services
	Child Care Subsidies	About the same	Supports Child Care Tuition Assistance Program with similar \$75,000 income ceiling
	Child Care Resources and Referral	About the same	Provides both WorkLife resource and referral as well as employee assistance program (EAP) counseling services
	Parenting Skills and Networking Support	Better	Provides additional services, e.g., Parenting Coach for one-on-one email guidance and “Ask-the-Specialist” lunch-time meetings, NIH Lunch and Learn Parenting Seminars, and NIH Parenting ListServ

Category	Sub-category	Comparison	Comment
	Lactation/Nursing Mother Support	Better	Supports multiple lactation rooms with shared breast pumps as well as lactation consultants and maternity and return to work support and classes
	Maternity/Paternity Leave	Not as good	Weaker than some private and academic organizations
Elder Care			
	Elder Care Support and Backup Services	Better	Half the comparison peer group provides backup care staffing services as part of child care backup
	Elder Care Subsidies	About the same	Few organizations offer any subsidies
	Elder Care Leave	About the same	Few organizations offer special elder care leave
	Elder Care Resource and Referral	About the same	Provides both WorkLife resource and referral as well as EAP counseling services
	Elder Care Skills and Networking Support	Better	Supports additional services , e.g., NIH Lunch and Learn Dependent Care Seminars, and NIH elder care ListServ; Established NIH Aging and Dependent Care committee to drive future programs
Wellness			
	Fitness Programs	Better	We did not compare the quality of fitness centers as that was outside the scope of the study. However NIH provided additional fitness referral and discount programs and special interest classes
	Health Clinics and Screenings	About the same	Supports on-site screenings and proactive health services
	Personalized Wellness Services	About the same	Provides both WorkLife resource and referral as well as EAP counseling services
	Financial Services	About the same	Provides both WorkLife resource and referral as well as EAP counseling services
	Legal Services	Not as good	Lack of personalized legal assessment, consultation, planning/referrals
	Other Personalized Services	Better	Supports additional services, e.g., central calendar for topic-specific wellness awareness initiatives, wellness and others special interest ListSers, annual Walk/Run and Relay events, and an NIH Safety, Health and Wellness Expo; Has NIH Health and Wellness Council to drive programs

A summary of key findings by category is presented below.

Flexible Work

- Supervisory training on flexible work benefits is being used to encourage wider adoption across the organizations.
- Organizations facilitate the adoption of telework by implementing systems for online telework eligibility, application and approval, and secure laptop and continuity of operations hardware support.
- Private and academic peer organizations offer additional paid leave options to promote work flexibility that include paid personal days; dependent care sick leave separate from accrued sick leave; short- and long-term disability for employee needs; and paid maternity/paternity leave.
- NIH is about the same in the provision of each area within the flexible work benefits.

Child Care

- Organizations continue to increase full-time child care capacity through additional centers, relationships with external child care center providers, and use of community-based independent care givers network.
- Half the organizations now provide in-home or center-based backup resources with usage limitations and subsidies.
- Most organizations have expanded the types of parenting skills and networking support they provide with on-site and video seminars, support groups, ListServes, and networking with outside groups.
- Overall, NIH is about the same with its peer group organizations across the Child Care benefits category, is not as good in parental leave, and is better in the specific sub-categories of backup child care, parenting skills and networking support, and lactation support.

Elder Care

- Elder care is supported by commonly used Flexible Work Benefits practices (e.g., leave and dependent care flexible savings accounts) and provides elder care resource and referral as an extension of a similar, commonly used child care practice.
- Half the organizations now provide elder care backup resources with usage limitations and subsidies.
- Most organizations have expanded the types of elder care skills and networking services they provide with on-site and video seminars, support groups, ListServes, and networking with outside groups.
- Overall, NIH is about the same with its peer group organizations across the Elder Care benefits category and is better in the specific sub-categories of backup elder care and elder care skills and networking support.

Wellness

- Fitness centers often have organization-specific fitness referral and discount programs, assorted special interest classes, and additional campus facilities for walkers, runners, and bikers.

- A wide variation in the breadth and depth of the personalized wellness services creates opportunities to learn from and then replicate other organization’s services.
- Focused organizational communication efforts are often needed to facilitate service awareness and use.
- Overall, NIH is about the same with its peer group organizations across the Wellness and Other Resources category, is not as good in legal services, and is better in the specific sub-categories of fitness, health, wellness resources and networking, and other personalized services.

3.2. Benchmarking Organizations

Exhibit 4 below lists the study peer organizations, their headquarters, and employee data.

Exhibit 4: Peer Comparison Organizations

Organization		
National Institutes of Health	Bethesda, MD	<ul style="list-style-type: none"> • 18,000 employees • 17,000 additional people (fellows, training, guest researchers, volunteers, contractors, commission core)
Centers for Disease Control and Prevention	Atlanta, GA	<ul style="list-style-type: none"> • More than 14,000 employees • 9,000 full-time, permanent staff (a much higher proportion of highly skilled professionals) • 118 part-time staff • Approximately 5,000 contract employees
Department of State	Washington, DC	<ul style="list-style-type: none"> • Civilian corps-11,000 employee • Foreign Services-13,000 employees and more than 45,000 locally employed Foreign Service staff at overseas posts
Food and Drug Administration	Silver Spring, MD	<ul style="list-style-type: none"> • 8,900 employees
National Security Agency	Fort Meade, MD	<ul style="list-style-type: none"> • 20,000 Civilian employees • Undisclosed Military employees and Contractors
Office of Personnel Management	Washington, DC	<ul style="list-style-type: none"> • 5,000 employees, most full-time
Fannie Mae	Washington, DC	<ul style="list-style-type: none"> • 7,000 employees
Harvard Medical School	Boston, MA	<ul style="list-style-type: none"> • Admin/Prof-644 • Union Staff-810

Organization	Headquarters	Number of Employees
		<ul style="list-style-type: none"> • Core faculty–45 • Other faculty/academic–196 • Postdocs w/ employee benefits–544 • Stipend postdocs w/ limited benefits–96 • Total–2,435
Johns Hopkins University	Baltimore, MD	<ul style="list-style-type: none"> • University–fulltime 14,000-15,000, with casual up to 20,000
Georgetown University	Washington, DC	<ul style="list-style-type: none"> • Academic staff: 1,291 full-time/882 part-time • Administrative staff: 1,500

3.3. Flexible Work Benefits

Overall, benefits within the Flexible Work category are the most uniformly adopted benefits and resources across organizations in the peer comparison group. In part, this is because these types services have been offered over a long duration of time. As well, many of the areas covered (e.g., compressed and flexible work schedules, telework, leave for family and medical needs, and flexible spending accounts) have underlying legislation, regulations, or policies that establish required or standard practices. Many of the identified additional practices facilitate and tailor the use of services to specific needs within an organization. The Leave Options sub-category has the greatest set of additional practices in use by the private and academic organizations (e.g., separate dependent sick leave, paid maternity, and short- and long-term disability).

The benefits and resources within the Flexible Work category are provided in Exhibit 5 below. The exhibit also depicts the most commonly used practice for each benefit/resource and also additional practices offered by a small subset of the organizations in the peer comparison group.

Exhibit 5: Flexible Work Benefits Practices

Benefits/ Resources	Most Commonly Used Practices	Additional Practices
Compressed Work Schedule (CWS)	Flexible 4/10 and 5-4/9 compressed work schedule with 1 day off for every 10 workdays (OPM Guidelines, some with underlying Legislation)	<ul style="list-style-type: none"> • Supervisory training on flexible work arrangements to encourage adoption
Flexible Work Schedules (FWS)	Agency-specific adoption of flexible work schedule options to meet their unique needs, permitted at Supervisor discretion (OPM Guidelines, some with underlying Legislation)	<ul style="list-style-type: none"> • Department-specific definition of work days and core hours • Supervisory training on flexible work arrangements to encourage adoption

Benefits/ Resources	Most Commonly Used Practices	Additional Practices
Telework	Agency-specific adoption of situational, core, and extended teleworking options, permitted at Supervisor discretion (OPM Guidelines based on Telework Enhancement Act of 2010)	<ul style="list-style-type: none"> • Supervisory training on flexible work arrangements to encourage adoption • Online telework eligibility, application, and approval system • Laptop and continuity of operations hardware support
Part-Time Assignments	Agency-specific adoption of standard and situational part-time options	N/A
Job Sharing	Employee initiated job sharing	<ul style="list-style-type: none"> • Job sharing with hours totaling 1.25 FTE
Leave Options	Paid annual leave, paid sick leave, 12 weeks FMLA leave without pay (16 weeks every 2 years in DC) for employee needs, birth or adoption, and/or dependent care (OPM Guidelines; FMLA Legislation), and Leave without Pay (with Supervisory approval)	<ul style="list-style-type: none"> • Paid personal days • Dependent care sick leave separate from accrued sick leave • Short and long term disability for employee needs • Paid maternity/paternity leave
Shared Leave	Required support for Voluntary Leave Transfer Programs in addition to optional Voluntary Leave Bank (OPM Guidelines, 5 U.S.C. 6361-6373, 5 CFR part 630, subpart J)	N/A
Pre-Tax Spending Accounts	Tax-saver Health and Dependent Care Flexible Savings Accounts to use pre-taxed dollars for certain healthcare, daycare, and commuter expense (per IRS Notifications)	N/A

These benefits/resources are discussed in detail below.

Discussion

Compressed and Flexible Work Schedules (CWSs)

In its guidelines, OPM has defined a list of Alternative Work Schedules (AWS) that include both compressed and flexible work schedules. Each federal agency has selected which of these to adopt. All federal agencies within the peer comparison group, including NIH, have adopted CWSs and some, if not all, of the available flexible work schedules.

Most have adopted the recently offered Maxiflex flexible work schedule. NIH piloted it three years ago and rolled it out organization-wide in 2015. The Department of State determined that Maxiflex was redundant given the availability of CWSs. The extent of employee utilization varies with the nature of a unit's work efforts as well as the supervisor's comfort with the work arrangement. Both DOS and NSA said that shift coverage made it difficult to support these alternate work arrangements. Per OPM guidelines, both NIH and CDC mentioned that they had defined both position and employee eligibility for use of AWS.

The private and academic organizations interviewed offer flexible work schedules that do not follow OPM-defined options. The schedules are based similarly around core work hours. Harvard Medical School and Georgetown University mentioned that they permit department-specific core work hours (sometimes with more than one core each day) and department-specific bandwidth of the work-day. Fannie Mae, Harvard Medical School, and Johns Hopkins offer CWSs, and Georgetown University is exploring its adoption.

An additional practice identified is to offer dedicated supervisory training on flexible work arrangements (compressed and alternative work schedules and telework) to encourage greater familiarity with and acceptance of all flexible work arrangements. All organizations offer supervisory training on their benefits program, including a section on work/life services. For example, OPM provides a quarterly Supervisor Boot Camp (to new employees and as refreshers for current employees) which includes a 20-minute session on work/life and telework. FDA and Johns Hopkins also offer dedicated supervisory training modules on managing flexible work arrangements to increase awareness and facilitate culture change. NIH introduced a new Supervisory training course: Worklife @ NIH: A Supervisor's Guide to Enhancing Workforce Well-Being in 2016. Johns Hopkins has increased training and communication efforts to support culture changes for flexible work opportunities.

Flexible Work Schedule	Definition
Flexitour	Employees elect start/stop times, which then become fixed.
Gliding	Employees may vary start/stop times daily.
Variable Day	Employees may vary the length of the workday.
Variable Week	Employees may vary the number of hours worked each week.
Maxiflex	Employees may work fewer than 10 workdays biweekly.

Telework

All peer comparison organizations, including NIH, have adopted telework arrangements both for regular and situation needs, with supervisory approval. The extent of employee use varies with the nature of a unit's work product as well as the supervisor's comfort with the work arrangement. NSA mentioned that the unique challenges of secure systems access limited telework utilization. For DOS, telework is

prevalent in domestic locations but is not practical in many overseas locations due to security restrictions. Peer comparison organizations mentioned different numbers of days they permit for telework. FDA permits three days a week for full- and part-time employees, temporary appointments at least one year or more, term employees, and PHS Commissioned Corps. CDC recently adopted OPM's 2014 revised telework policy to permit a minimum of 2 days teleworking per pay period of work at the primary worksite. Per OPM guidelines, NIH, CDC, and DOS mentioned that they had defined both position and employee teleworking eligibility. Georgetown University shared that it has revamped its telework services.

CDC appears to be the most aggressive in adopting and utilizing telework. Currently 50% of staff telework for situational, core (one to two days a week), and extended (more days a week) schedules. It faces a continued challenge with lack of office space given the growth in its Emergency Operations Center to meet health crises (e.g., Ebola and Zika). CDC mentioned the following additional practices it uses to facilitate telework:

- Online system to manage employee telework eligibility, application, and the approval process. An employee can go online to see if his/her position is telework-eligible and then apply online. The system then manages the online approval process.
- Laptops for all teleworkers (employees provide their own Internet) and scanner/fax/copier for continuity of operations personnel (discontinued printer in last few years).

CDC believes that telework and office share are critical to its future success. Currently CDC does not allow full-time telework unless by exceptions, however, this may become an offering. CDC still has some pockets where telework is not used because managers view it as inappropriate. Telework will continue to grow, and CDC plans to work to get remaining supervisors to be more open to adopting it. While CDC has online telework skills training models (for both employees and supervisors), it is looking at adding training to address desired culture change to support telework.

Part-time Assignments and Job Sharing

Most peer comparison group organizations, including NIH, mentioned support for employee-initiated use of both part-time assignments and job sharing. No entity mentioned formal programs to facilitate their adoption (e.g., job share boards). Part-time assignments of 20 or more hours a week appear to be eligible for full benefits, though some benefits are prorated in some organizations (e.g., NSA, Fannie Mae). Harvard Medical School mentioned support of temporary changes to part-time status as a way to support flexible work arrangements, though this is assumed to be available across all organizations with supervisory approval. For job sharing, Harvard Medical School facilitates shared jobs by supporting 1.25 FTE for the shared position. NSA had offered but has now discontinued offering job sharing.

Leave Options

Exhibit 6 below describes OPM's leave guidelines and number of days permitted for each leave option. All peer comparison group organizations, including NIH, offer employees accrued annual leave and leave without pay (with supervisor approval); and accrued sick leave and the Family and Medical Leave Act (FMLA) leave without pay (as an employee entitlement). There is no annual limit on usage of accrued sick leave for an employee's medical need. There are limits on the annual amount of accrued sick leave that can be used to care for a broadly defined set of family members, separate from an employee's own needs. FMLA has a narrower definition of family. Per OPM regulations, paid sick leave is an entitlement that may be used without invoking unpaid leave under FMLA. DOS has implemented the 2015 FMLA upgraded benefits to support legal same-sex marriages.

Exhibit 6: OPM Guidelines on Leave Availability and Usage

Type of Leave	For Employee	For Family Needs
Paid Accrued Annual Leave	<ul style="list-style-type: none"> • With supervisory approval 	<ul style="list-style-type: none"> • With supervisory approval
Paid Accrued Sick Leave	<ul style="list-style-type: none"> • Unlimited usage of accrued sick leave in a calendar year, based on documented needs 	<ul style="list-style-type: none"> • Total of 13 days (104 hours) of accrued sick leave per leave year for general family care or bereavement • Up to 12 weeks (480 hours) of accrued sick leave each leave year to provide care for a family member with a serious health condition and a total of 12 weeks per leave year for all family care purposes
Leave without Pay (LWOP)	<ul style="list-style-type: none"> • LWOP with supervisory approval • FMLA LWOP up to 12 weeks (employee entitlement) 	<ul style="list-style-type: none"> • LWOP for purposes related to care of a family member (broad definition) with supervisory approval • FMLA LWOP up to 12 weeks if employee is caring for a child, spouse, or parent (more limited definition) with a serious health condition as an employee entitlement
Leave Advancements, at Agency's Discretion	<ul style="list-style-type: none"> • Advanced annual leave in the amount not to exceed the amount the employee would accrue during the remainder of the leave year • Advanced sick leave for employee's needs up to a maximum of 240 hours (30 days) of sick leave • Advanced sick leave for a maximum of 104 hours (13 days) for general family care purposes and a total maximum of 240 hours (30 days) of advanced sick leave to care for a family member with a <i>serious health condition</i> 	
Donated Annual Leave	<ul style="list-style-type: none"> • Both Voluntary Leave Transfer Program and Voluntary Leave Bank Program options for employee or family member needs (broader definition) 	

Private and academic peer organizations offer similar accrued annual and sick live and both voluntary and FMLA leave without pay, as available within federal agencies. Only Georgetown University mentioned that it combines annual and sick leave into one accrued paid leave component. In addition, the private and academic peer organizations offer a range of additional paid leave options as follows:

- Paid personal days/floating holidays: Fannie Mae; Harvard Medical School (three days); Johns Hopkins.
- Dependent care sick leave, separate from accrued sick leave: Fannie Mae (five days).

- Paid short-term disability (short term disability) for self:
 - Fannie Mae—up to six months for self.
 - Johns Hopkins—this is offered.
 - Georgetown University—10 weeks of coverage with a 3-week elimination period (net 7 weeks short term disability) for staff working greater than 30 hours a week; salary continuance up to 3 months for Faculty and Academic And Administrative Professionals working at least 75%.

Shared Leave

Per OPM guidance, there are two leave sharing programs that can be used during a medical emergency: the Voluntary Leave Transfer Program (VLTP) and Voluntary Leave Bank Program (VLBP). All the federal agencies, including NIH, offer the VLTP. Only CDC does not support the Leave Bank. DOS is planning to replace the VLTP with the Leave Bank it rolled out in 2015.

Private and academic peer organizations do not have broad-based shared leave programs. Georgetown University does not support any offering. Fannie Mae supports a leave bank for term employees, those hired for a specific duration, but not for full- or part-time employees. Johns Hopkins has informal shared leave at the local level and is discussing a potential shared leave service.

Pre-Tax Spending Options

All peer comparison group organizations offer both Health and Dependent Care Flexible Savings Accounts to use pre-taxed dollars for certain healthcare, daycare, and commuter expenses.

Trends in Flexible Work

DOS believes that flexible work arrangements, locating space in child care centers, and the Student Loan Repayment Program are greatly important to attracting candidates. Younger employees are focused on benefits and services that support work/life balance.

Fannie Mae believes that telework is becoming increasingly important as technology improvements (such as phone forwarding to PCs and web-based conferencing) lower barriers to working remotely. Telework is important both for retention and for recruitment as new millennial employees see it as an expected entitlement. There is mixed adoption among baby boomers, though supervisors are becoming more comfortable with flexible arrangements.

Harvard Medical School believes that the ability to modify work arrangements to balance an employee's stage in life with work responsibilities is most important. The challenges of going to school, child care, and elder care each require different work arrangements. Harvard Medical School has created a workgroup to research additional flexible work arrangements to identify benefits and develop best practice standards and guidelines. Harvard University has also contracted with a work family solutions consulting firm to also develop university-wide recommendations for flexible work arrangements.

Summary of NIH Comparison

Flexible work benefits are important to each organization. They enable employees to better achieve a work/life balance and meet changing stage of life needs, including child and elder care. NIH believes that alternative work schedules, telework, and shared leave are important to employee recruitment and retention. NIH is about the same in the provision of each area within the flexible work benefits category.

3.4. Child Care Services and Resources

Child care and its related services and resource services are available from all peer group organizations. All have offered child care centers and most resource and referral services. The last five years have seen expansion in the number of child care centers and new support options to expand full-time child care capacity. In addition, many organizations have adopted backup child care support services and subsidies beyond referrals. More importantly, additional practices have increased the depth and range of parenting resources available to employees. Organizations provide expanded types of parenting support and networking services with on-site and video seminars, support groups, ListSers, and networking with outside groups. Exhibit 7 explains the areas of services and practices.

Exhibit 7: Child Care Services and Resources Practices

Area	Commonly Used Practices	Additional Practices
Full-time Child Care	On- or near-site child care centers, either dedicated or shared with a partner entity	<ul style="list-style-type: none"> • Waitlist coordination with right of one refusal • Department-paid, reserved spaces for pending faculty needs • Negotiated arrangements for priority placement in third-party child care centers, with discounts • Use of local community organization for certification of and referral to local community, lower-cost independent care givers
Backup Child Care	Backup child care referrals (see Child Care Resources and Referrals below)	<ul style="list-style-type: none"> • In-home or center-based backup resources, with usage limitations and subsidies
Child Care Subsidies	Dependent care Flexible Spending Account and Child Care Tuition Assistance Program for families meeting total family income less than \$75K, totaling together \$5,000	<ul style="list-style-type: none"> • Center-specific sliding scale tuition subsidy and/or scholarships • Tuition discounts and enrollment fees with external child care center vendors • Subsidized backup child care programs (see above)
Child Care Resources and Referral	EAP consultations and WorkLife resources and referral services via web and phone	<ul style="list-style-type: none"> • Extension of resource and referral services to support additional resources and referrals • List of federal agency child care centers giving priority to federal employees

Area	Commonly Used Practices	Additional Practices
Parenting Skills and Networking Support	EAP consultations and WorkLife resources and referrals via web and phone	<ul style="list-style-type: none"> • Dedicated, on-site program staff • On-site seminars, workshops, and libraries • Topic-specific support groups • ListSrvs/social media • Community organizations
Lactation/Nursing Mother Support	Lactation rooms in every building, most with shared pumps (OPM guidelines and Affordable Care Act 2010)	<ul style="list-style-type: none"> • Online lactation room scheduling • Pre- and post-birth lactation support • Dedicated lactation support experts
Maternity/Paternity Leave	Employee use of paid leave (accrued annual and sick leave), shared leave, and FMLA leave without pay	<ul style="list-style-type: none"> • Private and academic organization support of paid parental leave

These benefits/resources are discussed in detail below.

Full-time Child Care

All peer group organizations except Fannie Mae offer full-time child care centers on- or near-site. Fannie Mae believes its employees can arrange their own child care but need assistance with backup care. Instead, Fannie Mae provides an extensive set of backup child care programs (see Exhibit 8 below). Many child care centers are dedicated to that organization’s employees, but others are shared with other Agencies and/or local companies and community residents. In most cases, the organization that provides a dedicated child care center has contracted with a third-party provider to operate the center. NIH and Johns Hopkins have the highest capacity and number of dedicated child care centers. Other organizations with a large number of centers tend to arrange shared space as their employee populations tend to be more broadly dispersed. In the latter case, most organizations have negotiated allotted spaces or priority placement for their employees.

Exhibit 8: On- or Near-Site Full-time Child Care Facilities

Organization	Near- or On-site Center	If Shared, Partner	# Allocated Spaces	# on Waitlist
National Institutes of Health	ChildKind Inc., NIH		33	880 for all
	Parents of Preschooler Inc (POPI), NIH		141	
	Executive Child Development Center, Exec Blvd		262	
	First Environments Early Learning Center -NIEHS, NC	Environmental Protection Agency	194	

Organization	Near- or On-site Center	If Shared, Partner	# Allocated Spaces	# on Waitlist
Centers for Disease Control and Prevention	The Clifton School: one on-site and one near the VA Hospital in Atlanta	Emory University and Children's Healthcare of Atlanta	104	128
	Future Steps Child Development Center, Morgantown	Provide DOE funding	Priority placement	
	Bright Beginnings of South Park, Pittsburgh Greenwood School, Hyattsville	Provide DOE funding Shared with FEMA and Treasury	Priority placement Priority placement	
	Tundra Tykes, Anchorage	Dedicated federal agency center run by Easter Seals	Priority placement	
Department of State	FSI Child Care Center, Arlington		80-90	300
	Diplotots, Foggy Bottom		100	
	Diplotots Too, Foggy Bottom (opened 2014)		108	
Food and Drug Administration	White Oak Winners Child Care Center (WOW)		168	400
National Security Agency (NSA)	Children's World Learning Center		268	Only infant care
Office of Personnel Management	"Finger Prints" daycare program	Department of Interior	3 enrolled	10
Harvard Medical School	Bright Horizons @ Landmark Center	Medical Academic and Scientific Community Organization Harvard University	21	5
	Longwood Medical Area Child Care Center		7	92
Johns Hopkins University	Six affiliated, nonprofit, on-campus child care centers, Cambridge and Allston			
	Bayview Medical Center Child Care Center, Bayview Campus		30	
	Bright Horizons Child Care and Early Learning Center, Main Campus		142	
	Homewood Early Learning Center, Homewood Campus		94	

Organization	Near- or On-site Center	If Shared, Partner	# Allocated Spaces	# on Waitlist
	Weinberg Early Childhood Center at Henderson Hopkins Elementary School, near E. Baltimore Campus Weinberg Y Preschool Center, off-site	Johns Hopkins School of Education Community based	150+ for all 20 allotted slots up to 50 reserved slots	
	Downtown Baltimore Child Care Center, off-site at UMD	DBCC	76	
Georgetown University	Hoya Kids Learning Center, main campus Early Learning Center, GU Law Center		58 38	80-90

Several organizations noted a trend in changing demand for age-group child care center services. Both National Security Agency and Georgetown University observed a decrease in demand for older child care groups as Washington, DC public schools now offer free school-day programs for pre-K three and pre-K four children and MD schools offer free school-day Kindergarten.

To increase responsiveness of the child care centers, several organizations identified additional practices. To better coordinate among its child care centers, NIH has developed a centralized waitlist. Both NIH and DOS have instituted a policy of right of one refusal before the employees lose their place on the waitlist. Georgetown University allows employees to get on the waitlist on the day of birth, and CDC allows applications when the mother is pregnant. Johns Hopkins mentioned a unique practice to facilitate recruiting highly paid faculty. Departments have paid child care centers for reserved spaces for pending faculty needs.

Both Johns Hopkins and Georgetown University mentioned the continuing need to provide additional child care capacity. To augment limited child care center capacity, a few organizations have negotiated arrangements for placement in third-party child care centers with discounts. Children’s Creative Learning Centers/KinderCare offers National Institutes of Health employees a 10% discount and waived registration at some of their centers. CDC has a similar 10% discount and waived registration at Children’s Creative Learning Centers/KinderCare, though this has been negotiated by Services to Help All Regular Employees (SHARE), an employee organization. Through Georgetown University’s use of Bright Horizons Care Advantage for its resource and referral services, Georgetown can provide BHCA-negotiated tuition discounts and preferred enrollment at certain centers.

Harvard Medical School is augmenting its child care capacity in a unique way. In addition to provided shared child care centers, Medical Academic and Scientific Community Organization (MASCO) sponsored a pilot of Longwood Medical Area Family Child Care Network. The Network coordinates licensed local care givers around the area who provide care in their home. The Network coordinates with the state and other providers to ensure the in-home providers meet requirements. It is a lower cost solution and very personalized, hand-held process to place children. The Network is now run by Nurture and, post pilot, is requesting direct funding from its served academic and hospital institutions. Harvard currently has three families using the network with 30 on the waitlist.

Backup Care

All peer group organizations, except the Food and Drug Administration, provide WorkLife resource and referral services for backup child care. Fannie Mae is considering expanding its EAP services to support backup care referral. See the Child Care Resources section below for details of commonly used and additional practices.

Half the peer group organizations mentioned that they provide backup care staffing services, often with subsidies. Three have commenced offering these services within the last five years. Fannie Mae is most committed to this benefits area and considers it more important than child care centers. It believes its lack of full-time child care is not an issue with new or current employees. Rather, backup family care (through its on-site center, a nationwide third-party vendor, and a voucher reimbursement program) is much more important. Every employee can make use of it. As well, employees can cover full-time care; they need help with the unexpected coverage.

Fannie Mae offers up to 30 days per child of backup child care—either at an on-site center that has 20 available spaces through a partnership with a national organization, or through a \$40/day voucher reimbursement program. DOS started offering Federal Occupational Health’s (FOH’s) Work/Life4You backup child care for in-home or center-based use in 2014. In the first year, employees used the service more than 1,000 times. Harvard Medical School provides 20 days of backup care after which employees are charged a \$50 daily fee. Along with backup care referral services, FDA is considering expanding use of FOH’s Work/Life services to support emergency backup and mildly sick child care. Johns Hopkins BackUp Care program is subsidized for all eligible employees; the subsidy amounts vary by salary level. Exhibit 9 details each organization’s backup child care plan.

Exhibit 9: Backup Child Care Staffing and Subsidies

Organization	Provider	Scope	Limits
NIH	Bright Horizons (2013)	<ul style="list-style-type: none"> In-home or center-based Employee pays cost 	10 days of care/per employee/per calendar year
Department of State	Federal Occupational Health Work-Life Program (2014)	In home or center-based providers with \$10 per day co-pay	Up to 5 visits per family member per year
Fannie Mae	National backup care vendor	<ul style="list-style-type: none"> WDC dedicated on-site backup center (20 spaces) In-home Voucher reimbursement program \$40/day 	Up to 30 days per child combined
Harvard Medical School	<ul style="list-style-type: none"> Care.com BackupCare Hospital-based centers 	<ul style="list-style-type: none"> In-home Two backup child care centers for hospital employees 	<ul style="list-style-type: none"> 20 days per fiscal year, after which pay \$50 per day

Organization	Provider	Scope	Limits
Johns Hopkins	Care.com BackupCare (added since 2011)	In-home; subsidized for all eligible employees; subsidy amounts vary by salary level	Up to 10 days

In addition, Harvard Medical School offers a Subsidy for Occasional, Unplanned, and Respite Care Expenses Program that provides an up to \$350 annual reimbursement for backup care for full-time equivalent annual salary of less than \$70,000.

Child Care Subsidies

Two commonly used practices are to provide Dependent Care Flexible Spending Accounts and offer a Child Care Tuition Assistance Program for families meeting total family income targets. Together, these benefits cannot total greater than \$5,000. Most peer federal agencies have set the maximum family income target for the child care tuition assistance program at \$75,000. OPM shared that participation in its child care subsidy program has declined due to increased annual family incomes against its \$60,000 income ceiling. Employees have requested that OPM increase it. DOS is considering raising the ceiling to \$85,000 given very high, local child care costs. Private and academic peer organizations have set higher maximum salary levels for their employees. Harvard mentioned specific levels established for its different types of staff, e.g. union, administrative and professional staff, and faculty. Given the high cost of on-site child care center, CDC believes that tuition subsidies for child care are most important to employees.

A number of organizations also offer other types of child care subsidies specific to their programs and vendors that include the following (see Exhibit 10 for details):

- Tuition discounts and enrollment fees with external child care center vendors.
- Center-specific sliding scale tuition subsidies and/or scholarships.
- Subsidized backup child care programs (see above).
- Adoption expense reimbursement.

Exhibit 10: Child Care Subsidies by Organization

Organization	Child Care Subsidies
Centers for Disease Control and Prevention	<ul style="list-style-type: none"> • Tuition discounts at local and national child care centers as negotiated by SHARE at participating CLCC or Kindercare Center (10%) and (NEW) Decatur Montessori School
Department of State	<ul style="list-style-type: none"> • International children’s K-12 education overseas covered under separate authority of the Foreign Service Act
Fannie Mae	<ul style="list-style-type: none"> • Voucher reimbursement program \$40/day • Adoption expense reimbursement
Harvard Medical School	<ul style="list-style-type: none"> • Harvard University child care scholarships and supplemental Harvard Medical School child care scholarships
Georgetown University	<ul style="list-style-type: none"> • Scholarship opportunity for Bright Horizon daycare center • BHCA’s SitterCity referral program tuition discounts and scholarships

Organization	Child Care Subsidies
	<ul style="list-style-type: none"> • Dependent care vouchers for full-time employees with children <5 years old and earning less than \$50,000

Child Care Resources and Referral

All peer group organizations, including NIH, offer resources and referral services for child care needs. All outsource these services to external providers. The commonly used practice provides web access to content and referrals. In addition, some of the peer group organizations offer additional types of referrals beyond child care as well as expanded content and tools. For example, CDC also offers E4Health’s phone and website services for assessment, consultation, planning, and referrals for child care, adoption, education, legal, financial, elder care, daily living, wellness, relocation, and pet services.

Separately, all peer group organizations offer Employee Assistance Programs (EAPs) that provide short-term counseling, referral and follow-up services, and family issues are only one topic. Others topics can include workplace concerns, alcohol and drug awareness, personal and emotional difficulties, health and behavioral issues (e.g., mental health, managing high blood pressure, physical health, smoking cessation, stress management, weight management). While most of the peer group organizations also outsource the provision of these EAP services to third parties, some provide these through in-house staff. Exhibit 11 details each organization’s child care resources and EAPs. These staff often work face-to-face with employees providing specialized services such as support groups and specialized training. (Please see the parenting resources practice area discussion below.)

Exhibit 11: Child Care Resource and Referral and EAP Providers

Organization	Resource and Referral (R+R) Provider	Additional (R+R) Services	EAP Consultation Provider
National Institutes of Health	LifeWork Strategies	Adoption, college, elder care, summer camp	NIH in-house program with contracted, experienced staff
Centers for Disease Control and Prevention	EforHealth WorkLife	Adoption, education, legal, financial, elder care, daily living, wellness, relocation, and pet services Free prenatal kit	CDC OSSAM (Atlanta), CDC NIOSH (Pittsburgh, Morgantown, and Cincinnati), and FOH EAP (other locations)
Department of State	FOH WorkLife4You		State EAP staff and FOH EAP for remote domestic locations
Food and Drug Administration	FOH WorkLife4You		FOH EAP
National Security Agency (NSA)	LifeCare WorkLife4You	Health and wellness, education,	In-house Employee Assistance Services (EAS)

Organization	Resource and Referral (R+R) Provider	Additional (R+R) Services	EAP Consultation Provider
		finance/legal, and daily living	
Office of Personnel Management	[GSA-managed listing of child care centers]		FOH EAP
Private and Academic Organizations			
Fannie Mae	Aetna WorkLife	School and summer camp information	Aetna EAP
Harvard Medical School	KPMG	Video webinars, online self-assessments, and calculator	KPMG
Johns Hopkins University	Maryland Family Network's Locate: Child Care,	Tutoring, housekeeping, and pet care	Faculty and Staff Assistance Program
Georgetown University	Bright Horizons Care Advantage which offers SitterCity referrals		Faculty and Staff Assistance Program

Finally, NIH and OPM make available published lists of other federal agency child care centers available to employees which give priority to all federal employees. These centers are on a GSA-managed listing as they support at least 50% federal employee enrollment.

Parenting Skills and Networking Support

In addition to resource and referral, the EAP programs also provide online and phone education and support. Additional practices among peer group organization increased the range of education and offer direct employee involvement. These additional practices include the following (see Exhibit 12 below for examples):

- Dedicated, on-site program staff.
- On-site seminars, workshops, and libraries.
- Topic-specific support groups.
- ListServes /social media.
- Access to community organizations.

Exhibit 12: Examples of Additional Parenting Skills and Networking Support Practices

Organization	Examples
National Institutes of Health	<ul style="list-style-type: none"> • NIH in-house Program Manager • NIH Parenting Coach for one-on-one email guidance and “Ask-the-Specialist” lunch-time meetings • NIH Lunch and Learn Parenting / Dependent Care Seminars, also available via videocast (sponsored by the NIH Child Care Board) • NIH Parenting ListServ
Centers for Disease Control and Prevention	<ul style="list-style-type: none"> • Parent support group • Employee-managed Parents ListServ and Breastfeeding ListServ
Food and Drug Administration	<ul style="list-style-type: none"> • On-site FOH EAP-offered topic-specific seminars (e.g., child care, nursing mothers [2014])
National Security Agency (NSA)	<ul style="list-style-type: none"> • In-house NSA Program Manager—lending library, one-on-one consultations, workshops, and outside speakers (with recorded videos) • Parenting ListServ for outbound communications and internal social media groups for sharing • Assessing Work/Live Services support groups for special needs parenting
Private and Academic Organizations	
Fannie Mae	<ul style="list-style-type: none"> • Parent support group managed by in-house child care center staff
Harvard Medical School	<ul style="list-style-type: none"> • Use of outside portals and ListServes for expanded services—Harvard Neighbors , Harvard Community Child Care Bulletin Board, Graduate Students Parents List, and Web Access to Care at Harvard
Johns Hopkins University	<ul style="list-style-type: none"> • Lunchtime parenting workshops • Family support website • Evaluating use of online discussion groups

Parental Leave

Two organizations, Fannie Mae and Harvard Medical School, offer support for parental leave beyond short-term disability. Fannie Mae provides 8 weeks maternity, 4 weeks paternity, or 20 days (or 150 hours for term employees) for adoption; additionally, short-term disability for six to eight weeks depending on delivery. Harvard Medical School offers up to 12 weeks paid maternity leave for faculty and academic appointments and 8 weeks short-term disability for research fellows (percent of pay varies on employment duration), and 4 weeks parental leave for non-birth parent following birth or adoption. Georgetown University makes special provisions for use of short-term leave for maternity. It supports eight weeks of short term disability but with a three-week elimination period (yielding a net of five weeks paid maternity short-term disability). As well, it supports paternity leave for faculty but not staff.

Lactation / Nursing Mother Support

All peer organizations, including NIH, offer lactation support programs. All have implemented private lactation rooms in every building they operate (either currently or planned) as required by the

Affordable Care Act of 2010. As well, almost all organizations provide shared, hospital-quality pumps in each room for their working nursing mothers. The increase in the number of lactation rooms positively affects new mother's first three months returning to work. NSA has seen its lactation program expand from 100 in 2011 to 250 participants today. In addition, there are additional lactation support services that include the following:

- Online lactation room scheduling.
- Pre- and post-birth lactation support (phone, email, classes).
- Dedicated lactation support experts.

NIH's Nursing Mothers Program offers both maternity and return to work support and classes and is staffed by two lactation consultants. CDC's 20-year old Lactation Support Program includes unlimited phone and email mother support with a Board-certified lactation consultant expert under a 5-year contract with The Lactation Center at NorthLake, prenatal breastfeeding class (every other month), return-to-work consultation, and monthly breast feeding discussion groups. It also has an employee-managed breastfeeding ListServ.

NSA has been a leader in lactation support services since it started providing services in 1980. It has received recognition awards in 2009, 2011, and 2012 and is used in benchmarking. It offers close to 50 lactation rooms in the metro area (with breast pumps, refrigerators, and microwave). It offers an online scheduling tool and has 250 users per day. Separately, WorkLife4You offers referrals to lactation specialists.

DOS has an electronic online scheduling tool for its lactation rooms as well as a ListServ for nursing mothers. It adopted a new employee medical and maternity leave program for its Foreign Service employees in 2015 and is providing a maternity guidebook (in progress).

Trends in Child Care

Within the child care category, Harvard Medical School believes that child care is hugely important to faculty candidates given that other institutions sometimes offer fully subsidized child care services. This is especially a problem given that Boston area child care services are so expensive. The Longwood Medical Area Family Child Care Network has helped reduce costs. Harvard Medical School is looking at ways to increase its child care scholarships.

Summary of NIH Comparison

Overall, NIH is about the same with its peer group organizations across the Child Care benefits category. It is not as good in parental leave but is better in the specific sub-categories of backup child care, parenting skills and networking support, and lactation support.

3.5. Elder Care Services and Resources

There are not many commonly used practices to support employee's needs for elder care-specific services, though some are emerging. Some already discussed commonly used practices for Flexible Work Benefits can be used to support elder care needs (e.g., leave and dependent care flexible savings accounts). Exhibit 13 below provides an overview of elder care services and resources. All peer group organizations are supporting elder care resource and referral and counseling services as extensions of commonly used practices they provide for child care. As well, a number of organizations have adopted additional practices that parallel those they provide for child care (e.g. backup care and special skills and

networking services). Of note, five of the peer group organizations have dedicated elder care staff on site (three of which are private and academic peer organizations).

Exhibit 13: Elder Care Services and Resources Practices

Area	Commonly Used Practices	Additional Practices
Elder Care Centers and Backup Services	N/A	<ul style="list-style-type: none"> • Elder care supported as extension of backup staffing and subsidies under Child Care
Elder Care Subsidies	Elder care supported as part of dependent care flexible spending accounts under Flexible Work Benefits	<ul style="list-style-type: none"> • Backup subsidies and vouchers
Elder Care Leave	Elder care supported as part of leave under Flexible Work Benefits	<ul style="list-style-type: none"> • Special support services for internationally located employees • Paid time-off for bereavement and funerals
Elder Care Resource and Referral	Elder care as extension of existing child care EAP consultations and WorkLife resources and referral services via web and phone	<ul style="list-style-type: none"> • Seminars and marketing to increase awareness
Elder Care Skills and Networking Support	Elder care supported as extension of existing child care resources and referrals services	<ul style="list-style-type: none"> • Dedicated, on-site elder care experts • On-site seminars, workshops and libraries • Topic-specific support groups • ListServes /social media • Community organizations

These benefits/resources are discussed in detail below.

Elder Care Centers and Backup Services

No organization provides full-time elder care services. Five peer group organizations offer backup support and subsidies for elder care as part of their child care back up subsidies—NIH, DOS, Fannie Mae, Harvard Medical School, and Johns Hopkins (see Child Care Backup Care). FDA is considering adding backup care as a service.

Elder Care Subsidies

Many of the elder care backup care programs include subsidies, e.g., Johns Hopkins BackUp Care program is subsidized for all eligible employees; the subsidy amounts vary by salary level. As well, Fannie Mae supports a backup voucher reimbursement program \$40/day (see Child Care Backup Care). Separately, DOS provides several different travel subsidies to its overseas employees (e.g., elder care life arrangements, medical care, parent travel to post, and death).

Elder Care Leave

All peer group organizations offer elder care leave based on the commonly used leave practices described under Flexible Work Benefits and include paid and unpaid leave (e.g., FMLA leave) and shared leave options. There are two additional practices that are not widely adopted. DOS provides elder care-specific leave and travel benefits to support internationally posted employees, which are unique services given its geographic locations. Employees can take dependent elders overseas at DOS expense. It also covers the travel expenses of two trips in a career to return home under the Emergency Visitation. Its Office of Casualty Assistance provides administrative assistance and on-going support to coordinate benefits with a death in the family. Fannie Mae and Georgetown University, both private and academic peer organizations, offer an additional five days paid leave for bereavement and funerals.

Elder Care Resource and Referral

All peer group organizations offer elder care resource and referral services and counseling as extensions of their child care resource and referral services and counseling (see Parent Resources and Referral practices under Child Care). In addition, individual organizations are pursuing some of the following additional practices:

- NIH and FDA are actively marketing elder care (and other services) to increase awareness (through NIH website banners).
- DOS offers employees an elder care website.
- OPM supports three hours free geriatric counseling through its FOH EAP services.
- Johns Hopkins has two Lifespan staff geriatric care managers for counseling on elder care issues and provides individualized consultations and referrals.

Elder Care Skills and Networking Support

As with child care, the EAP programs also provide online and phone education and support. Additional practices among peer group organizations increased the range of education and offered direct employee involvement: These additional practices include the following:

- Dedicated, on-site elder care experts.
- On-site seminars, workshops, and libraries.
- Topic-specific support groups.
- ListServes /social media.
- Access to community organizations.

Exhibit 14 below provides examples of these additional practices.

Exhibit14: Examples of Additional Elder Care Skills and Networking Support Practices

Organization	Examples
National Institutes of Health	<ul style="list-style-type: none"> • Establishment of a NIH Aging and Adult Dependent Care sub-Committee, under the NIH Child Care Board (2014) • NIH Lunch and Learn Parenting/Dependent Care Seminars for elder care issues • NIH Dependent care ListServ for elder care issues • Annual NIH Fall Benefits Fair run by OHR which includes elder care
Centers for Disease Control and Prevention	<ul style="list-style-type: none"> • Atlanta on-site elder care staff as part of EAP services • CDC-located webinars and seminars • EAP supported twice monthly elder care support group meetings at two campuses • Elder care fair every other year with last year being the most attended
Department of State	<ul style="list-style-type: none"> • Monthly elder care support group • Works shops/seminars coming soon
Food and Drug Administration	<ul style="list-style-type: none"> • FOH EAP provided webinars and seminars on elder care
National Security Agency (NSA)	<ul style="list-style-type: none"> • In-house elder care program manager who provides one-on-one consultations and manages the following: <ul style="list-style-type: none"> ○ Lending library ○ Monthly moderated elder care workshops and discussion groups (with outside speakers) ○ Monthly support group ○ Relationships with local counties' Department of Aging to provide employee materials
Office of Personnel Management	<ul style="list-style-type: none"> • FOH EAP provided monthly elder care moderated discussion groups
Private and Academic	
Fannie Mae	<ul style="list-style-type: none"> • A full-time, on-site elder care consultant through partnership with IONA Senior Services (since 1999) • Elder care seminars, counseling, elder kit, individualized plans, and step-by-step assistance • Elder care consultant-led support group
Harvard Medical School	<ul style="list-style-type: none"> • FOH EAP elder care expert (paid by Harvard Medical School EAP funds) who supports the following <ul style="list-style-type: none"> ○ FOH EAP provided seminar on elder care issues ○ FOH EAP once or twice a year seminar (funded by an EAP allotted funds) ○ Elder care support group under investigation
Johns Hopkins University	<ul style="list-style-type: none"> • Two LifeSpan geriatric care managers on the WorkLife team for Individualized elder care consultations

Organization	Examples
	<ul style="list-style-type: none"> • Several free lunchtime workshops on aging adult issues • Annual lunch-time fair which includes elder care providers
Georgetown University	<ul style="list-style-type: none"> • Elder care planning services as extension of Years Ahead referral services • Financial wellness seminars with topics on elder care and estate planning

Fannie Mae believes it offers one of the most innovative elder care programs given its dedicated staff and the breadth of its elder care benefits and resources. Many organizations, including NIH and Harvard Medical School, are looking at ways to further improve their services and better reach employees about existing elder care services. NIH’s Child Care Board has established a subcommittee on elder care programs to examine how to reach employees and supervisors to increase awareness of its elder care benefits and resources. Harvard Medical School is trying to set up a proactive vs. reactive elder care approach by offering an elder care seminar, so employees are knowledgeable about elder care issues and services before they have to use it.

This study did not evaluate long-term care insurance. Per OPM’s Federal Long Term Care Insurance Program (FLTCIP), long-term care insurance can be used for long-term care for those enrolled and their qualified relatives. If one is an eligible employee or annuitant, one’s qualified relatives (parents, parents-in-law, and stepparents of living employees but not of annuitants) are also eligible to apply for the FLTCIP (even if one does not) but must complete his/her own application and can help pay for ongoing expenses incurred when caring for an elder.

Trends in Elder Care

NIH has seen an increased need for multiple areas of benefits as its workforce increasingly becomes a “sandwich generation” that wants flexibility and resources to manage both child and elder care. Elder care is an expanding need.

NSA’s elder care services (support groups, elder care manager, workshops, and social media) are valuable retention for the baby boomers who started working in the 1980s; some have said that they would have had to stop working without the services. Over the last five years, demand for elder care services has grown.

Harvard Medical School is working to set up a proactive vs. reactive elder care approach by offering an elder care seminar so employees are knowledgeable about elder care issues and services before they have to use them. Harvard Medical School believes elder care is important to employee engagement vs. recruitment or retention.

Summary of NIH Comparison

Overall, NIH is about the same with its peer group organizations across the Elder Care benefits category and is better in the specific sub-categories of backup elder care and elder care skills and networking support.

3.6. Wellness and Other Resources

Wellness and other resources are the most unique sets of services provided by peer group organizations. All organizations offer some form of fitness, wellness, financial, legal, and local community services. There are two commonly used practices in offering fitness centers and resources/referrals/counseling for wellness, financial, and legal services. Even within these practices, there is wide variation as to the breadth and depth of the covered topics within any one program. Exhibit 15 below details wellness resources areas and the commonly used practices.

Exhibit15: Wellness Resources Practices

Area	Commonly Used Practices	Additional Practices
Fitness Programs	Multiple on-site fitness centers serving main campuses which offer fitness assessments, group classes, and personal training	<ul style="list-style-type: none"> • Fitness referral and discount programs • Assorted special interest classes • Additional campus facilities for walkers, runners, and bikers
Health Clinics and Screenings	On-site screenings and proactive health services	<ul style="list-style-type: none"> • On-site nurse offices or full-service clinics
Personalized Wellness Services	EAP consultations and WorkLife resources and referral services via web and phone	<ul style="list-style-type: none"> • Wide variation as to the breadth and depth of the personalized wellness services • Wellness resources and networking to facilitate awareness and use • Negotiated fitness center and bicycle-related discounts and subsidies
Financial Services	EAP consultations and WorkLife resources and referral services via web and phone	<ul style="list-style-type: none"> • Wide variation as to the breadth and depth of the covered topics
Legal Services		<ul style="list-style-type: none"> • Wide variation as to the breadth and depth of the covered topics
Other Personalized Services		<ul style="list-style-type: none"> • Organization-specific set of ancillary programs of employee interest

These benefits/resources are discussed in detail below.

Discussion

Fitness Programs

All but one of the peer group organizations, including NIH, support a commonly used practice of providing one or more, on-site fitness centers that serve their main campus locations. These fitness centers offer fitness assessments, group classes, and personal training. OPM built a free gym two years ago but offers discounted membership at the Department of Interior’s nearby fitness center. Some of

the fitness centers are operated by outside organizations, e.g., NIH Recreational and Wellness Association, FOH operated FDA center, and Health One operated Fannie Mae centers. In addition to the fitness centers, organizations including NIH support additional fitness practices that include the following:

- **Fitness referral and discount programs:** Four peer group organizations including NIH detailed fitness referral and discount programs to allow employees greater flexibility in exercise location and services. DOS, CDC, and OPM use this to assist remote employees.
- **Assorted special interest classes:** Five peer organizations mentioned offering on-site classes outside of their fitness centers. These classes included yoga (4), meditation (3), mind/body (1), and Zumba (1). Harvard Medical School is putting together a five-year plan to standardize and expand classes, starting with yoga and meditation (open to everyone).
- **Additional campus facilities:** Several peer group organizations mentioned supporting other facility-based fitness resources on their campuses for walkers, runners, and bikers: showers and lockers (NIH, DOS), bike racks and repair stations (NIH, Harvard), and walking paths (NIH).

Health Clinics and Screenings

All peer group organizations, including NIH, support on-site health screenings and proactive health services (e.g., flu shots) either at the clinics or during periodic health days and events.

On-site health screenings can include blood glucose and cholesterol levels, weight, blood pressure and in one case bone density.

One additional practice was identified. Six peer group organizations, including NIH, support a practice of providing some form of on-site health clinic for work-day health issues. Both NIH and OPM provide occupational health support staffed by a nurse. DOS offers health clinics tailored to its international workforce. Its Office of Medical Services offers three on-site clinics primarily for preparing people to go overseas and medical evacuations coming back. It also uses FOH medical clinics for remote passport location employees. FDA provides two FOH operated health centers. Johns Hopkins offers an Employee Health & Wellness Center and a free After Hours Clinic by appointment for non-emergency, non-work related illnesses and musculoskeletal injuries. NSA also offers an on-site health clinic.

Finally, a few organizations offer unique health services. NIH offers acupuncture services as part of its EAP program. CDC arranges mobile mammograms. NSA offers a unique phone and email support service called "Ask the Nurse." Georgetown University provides Health Advocate Inc. for text, email, and phone consultations to a personal health advocate (typically a registered nurse) for health care and insurance-related issues.

Personalized Wellness Services

All peer group organizations, including NIH, provide personalized wellness personalized consultation, short-term counseling, courses, referral, and follow-up services – e.g., programs for addiction, smoking cessation, weight loss, and nutrition. These are often part of their EAP service offerings.

Even within this common practice, there is wide variation as to the breadth and depth of the personalized wellness services. Exhibit 16 provides examples of the various surveyed programs.

Exhibit 16: Variations in Personalized Wellness Services

Organization	Example Personalized Wellness Services
National Institutes of Health	<ul style="list-style-type: none"> • EAP counseling for addictions, assertiveness and communication skills, mental health, motivation enhancement, personal etiquette, retirement life planning, stress management • EAP workshops (lectures, discussions, or informal brown bag) on caregiver, work/life balance, and other topics • Weight Watchers at Work, tobacco cessation, and wellness topic seminars
Centers for Disease Control and Prevention	<ul style="list-style-type: none"> • EAP counseling and other programs for fitness/exercise, wellness, lifestyle, nutrition wellness seminars, nutrition counseling, weight-management, smoking-cessation preventative screenings, stress and meditation management
Food and Drug Administration	<ul style="list-style-type: none"> • FOH EAP health and wellness workshops led by FOH trained health educators • FOH EAP trained health educators for on-site multi-session health training • Health events, walking programs, and tobacco cessation efforts • FOH web-based online Health Assessment tool
National Security Agency (NSA)	<ul style="list-style-type: none"> • Programs on cancer prevention, nutrition, diabetes, personal wellness, stress management, and weight management • Full engagement program for energy conservation • Weight watchers and tobacco cessation classes
Harvard Medical School	<ul style="list-style-type: none"> • EAP services provided by KPG - web content, video webinars, online self-assessments and calculators, and phone consultations
Johns Hopkins University	<ul style="list-style-type: none"> • University faculty and staff “Wellnet Employee Wellness Services” • Online Health Risk Assessment survey - administered through medical plan

Another additional practice is other wellness resources and networking services (see Exhibit 17 below). Organizations use these to increase awareness and use and are very unique to each organization.

Exhibit 17: Wellness Resources and Networking Services

Organization	Example Personalized Wellness Resources and Networking
National Institute for Health	<ul style="list-style-type: none"> • Wellness and other special interest ListSers (e.g., bike to work, clubs managed through R&W) • Wellness@NIH web site • Online posting of nutritional information for campus cafeterias • Centralized online calendar of topic-specific wellness awareness initiatives • NIH Safety, Health and Wellness Expo • Annual Walk/Run and Relay events
Centers for Disease Control and Prevention	<ul style="list-style-type: none"> • Annual Healthy CIO Challenge (competition between offices for activities) • Walking groups and walking events
Food and Drug Administration	<ul style="list-style-type: none"> • Annual White Oaks 5K Race (with 1583 participants)
National Security Agency (NSA)	<ul style="list-style-type: none"> • Nutritionist on staff • Code Walkers for walking program • Weekly meditation class
Office of Personnel Management	<ul style="list-style-type: none"> • WorkLife4You for wellness support is provided by FOH -- web content, kits, research and referral program (e.g., fitness, doctors) • FOH EAP consultant on OPM campus two days a week
Private and Academic Organizations	
Fannie Mae	<ul style="list-style-type: none"> • Work/life seminars by Aetna and other providers • Walk to Bike program, run by Health One (March-June)
Harvard Medical School	<ul style="list-style-type: none"> • Harvard Medical School wellness month program (supported with EAP funds) with speakers from the schools, panels, a wellness vendor fair, and free meditation and yoga classes • Harvard Medical School coordinated well-being seminars, run by its staff as well as experts, on nutrition, stress and resilience, work/life integration, financial planning, and to-be-rolled-out mindful commitments • Harvard On The Move (community organization) sponsors weekly walks and runs for both beginners and experienced runners and walkers
Johns Hopkins University	<ul style="list-style-type: none"> • Managing Cancer at Work • Health education seminars and awareness tables/events

Organization	Example Personalized Wellness Resources and Networking
Georgetown University	<ul style="list-style-type: none"> • Wellness topic lunch and learn • Wellness Coaching provided by Health Advocate Inc – online tutorials and trackers, smartphone apps; text/email and phone consultations to a Personal Health Advocate (typically registered nurses) • Interactive team and individual competitions • Education challenges/contests and seminars • Annual wellness fair with free health screenings and flu shots for faculty and staff • Weekly health walks • Healthy eating seminars and counseling with a registered dietician

Financial Services

All peer group organizations, including NIH, provide personalized financial wellness assessment, consultation, planning, and referrals. Most include limited information and number of employee-specific sessions. Examples of additional services include the following:

- NIH Recreation and Welfare Program and NIH Federal Credit Union financial planning seminars and NIH OHR retirement planning, social security and thrift savings seminars/briefings.
- Fannie Mae offers three additional financial services. Its Aetna EAP WorkLife web and phone resource and referral services includes one-on-one long-term financial planning, personalized financial advice, retirement modeling.
- AYCO (a Goldman Sachs Company) provides financial planning and counseling services at no cost to the employee. Also, it offers an optional 401K financial account management through a third-party vendor for a discounted fee.
- Johns Hopkins provides a day-long pre-retirement seminar and individualized supportive counseling from a licensed professional

Legal Services

All peer group organizations, except NIH, provide basic personalized legal assessment, consultation, planning, and referrals. There is limited information and either a limited number of sessions or 30 minutes to 1 hour free consultation, with additional time at a discounted rate. Examples of additional services include the following:

- CDC's E4Health's WorkLife resource and referral service legal services include webinars on wills and trusts.
- DOS offers FOH EAP free 30-minute attorney consultations, 25% off additional legal services, and low-cost preparation of power of attorney and health care directives.
- FDA's FOH EAP service provides office visits or services from a participating attorney at discounted rates.

- As part of LifeCare's WorkLife4You resources and referral service, NSA provides up to 3 free 30-minute legal consultations per year with 25% off of fees after initial consultation, free simple wills and simple living wills, and low cost power of attorneys and directives.
- Johns Hopkins and Georgetown University both offer an optional voluntary legal benefit programs to obtain legal services from Hyatt Legal Plan. Johns Hopkins provides discounted legal services while Georgetown University's MetLife Plan provides unlimited phone and in-person consultations at discounted hourly rates.

Other Personalized Services

All peer group organizations, including NIH, provide both WorkLife-based resource and referral programs and EAP personalized assessment, consultation, planning, and referrals. As for personalized wellness services, there is wide variation as to the breadth and depth of other services provided by each peer group organization. EAP resources and referrals often cover education, daily living, and wellness, and sometimes relocation and pet services. WorkLife consultative services often cover programs for stress management, mental health, behavioral issues, and substance abuse. Within these services NIH also offers EAP-available workshops (lectures, discussions, or informal brown bag) on caregiver, work/life balance, and other topics. CDC provides these services with on-site counselors in Atlanta. The National Security Agency's EAS branch provides one-on-one counseling, classes, and therapeutic support groups (ADHD, Alcohol, anger, bereavement, codependency, chronic illness, hold me tight, social skills, anxiety, depression, separation/divorce). In addition to these, each organization offers a unique set of ancillary programs of employee interest.

Trends in Wellness

Over the last five years, OPM pushed for wellness services but several programs have since been dropped due to funding (e.g., health life screening). NSA will continue to expand health and wellness services to the worldwide workforce. In last few years, CDC has seen an increase in demand for financial and legal services from EAP.

Summary of NIH Comparison

Overall, NIH is about the same with its peer group organizations across the Wellness and Other Benefits category, is not as good in legal services, and is better in the specific sub-categories of fitness programs and other personalized services.

3.7. Cross-cutting Challenges and Trends

One of the interview questions focused on challenges and trends for each organization's programs going forward. A number of cross-cutting challenges and trends common among peer group organizations, including NIH, were identified and discussed. They include the following:

- Providing flexible benefits that are tailored to individual employee needs.
- Establishing internal groups to analyze requirements.
- Communicating benefits and resources to staff and supervisors.

These challenges and trends are discussed in detail below.

Providing flexible benefits that are tailored to individual employee needs

NIH has seen an increased need for multiple areas of benefits as its workforce increasingly becomes a “sandwich generation” that wants flexibility and resources to manage both child and elder care. Specific services are critical to sub segments of the workforce.

Overall, there is a lot of attention on employee engagement at Johns Hopkins. Its Office of WorkLife and Engagement has an important seat at the table. It has focused on creating a portfolio of services and resources that help move its people through life stages. These services need to be tailorable to meet each individual’s current needs (e.g., flextime is not relevant for faculty) and current life issues (e.g., child care in attracting new hires; expanding Managing Cancer at Work to other diseases, for current employees; preparation for retirement). As well, it is trying to build an internal WorkLife culture of flexibility in and personalized approach to meeting the individual needs of its people. Flexible work approach is seen as an ongoing conversation with employees. Delivering the right programs can increase employee pride in and loyalty to that organization (e.g., breastfeeding support programs).

Establishing internal groups to analyze requirements

NIH works with the Child Care Board get input for managing areas of NIH benefits. The Board advises the NIH Director with regard to child care issues and policies. It established an NIH Aging and Adult Dependent Care sub-Committee under the NIH Child Care Board in 2014. It also has a NIH Health and Wellness Council.

DOS has a focused effort to develop a coordinated structural approach to wellness, with interest at the highest levels. HR and the Office of Medical Services have partnered to structure Work Life Wellness programs at the Department. Secretary Higginbottom, Deputy Secretary for Management and Resources, has a senior committee which meets bi-annually to address employee wellness, WorkLife, and engagement. As well, there are formal and informal user groups within the employee groups. The three unions at DOS provide input on needs. There is an ad hoc user group, Balancing Act employee group, which started in 2013 and has grown from 6 to 500 employees and is focused on child care, backup care, workplace flexibility, and leave bank. The Bureau of Public Affairs sponsors an internal WorkLife committee. The Work/Life Division hopes to replicate this best practice in other offices and bureaus. It is piloting a decentralized WorkLife Wellness program in Bogota, Colombia and is considering development of a WorkLife committee in each office and bureau.

NSA established and grew a Corporate Wellness Network, The Wellness Council, consisting of the highest level of organizational leadership and chaired by the NSA Chief of Staff. The Wellness Working Group (WWG) is the executive and operational arm of the Wellness Council and is chaired by NSA Corporate Wellness Officer. The WWG is comprised of organizations that provide programs and services targeting health in its totality – physical, emotional, mental, spiritual (sense of purpose), social, occupational, environmental, and financial. Finally, Wellness Ambassadors, who are organizational representatives throughout the Agency, promote WWG programs and services and help individuals navigate wellness offerings. NSA is looking to put its finger on the pulse of the workforce. It established WorkForce Matters a year ago to collect, analyze, and handout employees’ suggestions.

Communicating benefits and resources to staff and supervisors

NIH is using specific websites to increase visibility (e.g., cafeteria nutrition and calendars of wellness activities). In addition, it has developed a chart on available employee benefits and programs by class of workforce.

A key DOS issue is how to go beyond the intranet to disseminate information to employees about already available services. Some of the targeted programs are to increase employee engagement. Engaged employees have provided feedback on other targeted programs.

While FDA has added a number of benefits and resources, challenges going forward are to increase the visibility of these programs beyond the use of FDA website banners to increase employee awareness and utilization and executive support. It will require a detailed, multi-year strategy and executive leadership support. The program will need to demonstrate the benefits from each service on existing employee health and happiness, employee retention, and candidate recruitment.

OPM's marketing communications is an important effort going forward. It is a big challenge. Email is not a viable mechanism as people are overwhelmed with emails. Instead, OPM uses self-made posters (no budget), intranet to post events, a WorkLife section in a weekly "All Around OPM" newspaper, and a work/life blog with an associated calendar. OPM provides an "All Around OPM" notice of benefits, resources and events to several employee resource groups (e.g., BIG, women's group, Indian, Asia-Pacific).

At Harvard Medical School, emails are not an effective means of communicating benefits and resources to employees. It is important to build relationships with Department heads and to disseminate information through them, for example, by presenting at Department teas with one-on-one discussions. By doing this, senior administrative staff better understand the importance of the services.

Johns Hopkins uses training and has built an informal network of "Work/life Ambassadors" embedded within the organization to grow awareness and utilization of its portfolio of services.

Supervisor Culture Change

Two peer group organizations specifically identified supervisory training programs to encourage cultural change and facilitate adoption of work/life programs.

NIH: A key NIH success factor is to increase supervisor awareness of benefits and resource availability and their return on investment to the organization. The biggest challenge is that NIH's scientist community is focused on initiatives and goals that advance science vs. the value of increased productivity from employees' work/life fit. The latter will allow employees to be more present and productive and thus reduce turnover. NIH introduced a new supervisory training course – Worklife @NIH: A Supervisor's Guide to Enhancing Workforce Well-Being to fulfill this goal.

Fannie Mae: Getting all Fannie Mae managers on board with flexible work arrangements is a challenge, and they are working to get them more comfortable with it.

3.8. Comparison to the 2008 Benchmark Study

As indicated above, in 2008, NIH commissioned a benchmark study of the NIH child care programs and resources. This study reviews most of the areas covered in the 2008 study but also adds the following areas: Flexible Work Schedules, Elder Care, and Wellness. As part of this study, FocalPoint assessed whether NIH had achieved progress in the child care areas reviewed in both studies.

Each area of the 2008 ratings was evaluated using methodology used in the 2016 report. We assessed use of common practices and identified use of additional practices. NIH’s program elements were compared to peer group organizations.

Exhibit 18 below provides a summary of the results of this assessment. As the exhibit shows, NIH has made progress in three of the nine areas in the 2008 study.

Exhibit18: Changes in Ratings 2008 vs 2016

2008 Report Topic		2008 Rating	2016 Rating	Change
Child Care Centers	Quality	Better	Better	↔
	Capacity	About the same	About the same	↔
	Waitlist process	Not as good	Better	↑
	Community-based centers	Not as good	Not as good	↔
	Subsidies	About the same	About the same	↔
Backup Care	Referral	Not as good	Better	↑
Maternity Leave	Paid leave	Not as good	Not as good	↔
Child Care Resources and Referral	Resources and referral	About the same	About the same	↔
Parenting Skills and Networking Support	Range of additional services	About the same	Better	↑

The following provides a detailed discussion for NIH’s respective 2008 and 2016 ratings versus the benchmark organizations:

- Child Care Center Quality (Better/Better):** Similar to half its peer group organizations, NIH child care centers are dedicated vs. shared facilities so that it is able to control the level of services from its contracted operators. Also, an in-house Program Manager oversees the NIH centers and receives input from the NIH Child Care Board, which allows NIH oversight of the quality of the center services.
- Child Care Center Capacity (About the same/About the same):** Capacity is assessed based on the number of child care slots per thousand employees, not on absolute number of slots. NIH has 17 child care spaces per thousand employees, equal to the average of 17 child care spaces across all peer group organizations. DOS has 27 spaces per one thousand employees (given a dedicated center that serves staff rotating in for training); Johns Hopkins has 24, and FDA has 19. This does not consider the age distribution of each organization’s employee population, and therefore nor does it consider the prevalence of employees with pre-school-aged children.

- **Child Care Center Waitlist Process (Not as good/Better):** NIH is the only organization that has implemented a consolidated waitlist across all of its child care centers. The list is managed by an independent third party to avoid perception of favoritism with any one group.
- **Child Care Community-Based Centers (Not as good/Not as good):** Three of 10 organizations augment their limited child care center capacity through relationships with third-party child care center providers that have negotiated tuition discounts (CDC and Georgetown) or through a network of local community, lower-cost independent care givers (Harvard).
- **Child Care Subsidies (About the same/About the same):** Starting with a pilot in 2005, NIH offers the same commonly used practice of providing a child care tuition assistance program which is available to employees with less than \$75,000 total family income.
- **Child Backup Care (Not as good/Better):** In 2008, NIH began providing backup child care services. It is one of 5 organizations out of the 10 organizations in the peer comparison to do so.

4. Key Conclusions and Recommendations

4.1. Key Conclusions

Comparison to 2008 Study

- NIH's child care services program offerings have achieved progress and growth since the original benchmark study in 2008. In three of the nine child care sub-categories in which NIH programs were deemed not as good in 2008, NIH was deemed about the same or strong in the 2016 study.
- In only one sub-category, child care subsidies, was NIH deemed strong in 2008 and then shifted to about the same in the 2016 study.
- NIH continues to be weaker in the sub-categories of community-based centers and paid maternity leave in 2008 and 2016. Some private and academic peer organizations offer additional paid leave options to promote work flexibility that include paid personal days; dependent care sick leave separate from accrued sick leave; short- and long-term disability for employee needs; and paid maternity/paternity leave.

Flexible Work Practices

- Supervisory training on flexible work benefits is being used to encourage wider adoption across the organization.
- Organizations facilitate the adoption of telework by implementing systems for online telework eligibility, application and approval, and secure laptop and continuity of operations hardware support.
- NIH is about the same in the provision of each area within the flexible work benefits.

Child Care Practices

- Organizations continue to expand full-time child care capacity through additional centers, relationships with external child care center providers, and use of a community-based independent care givers network.
- Half the organizations now provide in-home or center-based backup resources with usage limitations and subsidies.
- Most organizations have expanded the types of parenting skills and networking support they provide with on-site and video seminars, support groups, ListServes, and networking with outside groups.
- Overall, NIH is about the same with its peer group organizations across the Child Care benefits category, is not as good in parental leave, and is stronger in the specific sub-categories of child care centers, backup child care, parenting skills, networking support, and lactation support. NIH is weaker than the private and academic peer comparison group organizations, some of which provide paid maternity leave. According to SHRM 12% of employers provide paid maternity leave (Society for Human Resources Management, 2014).

Elder Care Practices

- Elder care is supported by commonly used Flexible Work Benefits practices (e.g., leave and dependent care flexible savings accounts) and elder care resource and referral are provided as an extension of a similar, commonly used child care practice.
- Half the organizations now provide elder care backup resources with usage limitations and subsidies.
- Overall, NIH is about the same with its peer group organizations across the Elder Care benefits category and is stronger in the specific sub-categories of backup elder care and elder care skills and networking support.
- Most organizations have expanded the types of elder care skills and networking support they provide, with on-site and video seminars, support groups, ListServes, and networking with outside groups.

Wellness Practices

- Fitness centers often have organization-specific fitness referral and discount programs, assorted special interest classes, and additional campus facilities for walkers, runners, and bikers.
- A wide variation as to the breadth and depth of the personalized wellness services creates opportunities to learn from and then replicate other organizations services.
- Focused organizational communication efforts are often needed to facilitate service awareness and use.
- Overall, NIH is about the same with its peer group organizations across the Wellness and Other Resources category, is weaker in legal services, and is better in the specific sub-categories of fitness, health, wellness resources and networking, and other personalized services.

4.2. Recommendations

FocalPoint recommends the following five (5) strategies to improve NIH's program offerings in order to remain competitive in attracting, securing, and retaining the most skilled and talented workforce. Each strategy is discussed in detail in this section.

1. Develop improved ways of communicating benefits and resources already in place to both existing employees and candidates.
2. Emphasize delivering tailored benefits for different groups of employees.
3. Conduct increased measurement of the impact of programs.
4. Continue with plan to introduce legal-oriented WorkLife services.
5. Review and evaluate additional practices used by peer group organizations.

Discussion

1. Develop improved ways of communicating benefits and resources already in place to both existing employees and candidates.

A challenge raised in many of the interviews was that employees were often unaware of benefits and resources that were pertinent to their situation. Communicating these is particularly challenging because most of the interviewees believe employees are already inundated with email. We believe that employees in general receive a lot of email, and this is problematic primarily when email they receive does not pertain to them. Another perspective comes from a 2012 survey of benefits communications. In this survey nearly half (45%) of employees said their HR department communicates too little about their benefits. In addition, workers who said their HR department communicates too little were more likely to leave their jobs in the next year (Miller S. , *Employees Perplexed by Benefits Choices*, 2012). According to another survey, among the communication approaches that employees valued are personalized messages and materials reflecting individual needs and/or life stages. Personalizing and customizing benefits communications to highlight features to appeal to different employee demographics can be more valuable than trying to appeal to all employees at once (Miller S. , 2013). The approach for implementing this recommendation would include the following:

- Surveying employees to identify interests.
- Identifying employee groups for communications (e.g., based on age, gender, interests identified in survey, family size, level of comfort with technology, location, etc.).
- Developing customized messages for different groups.
- Communicating year-round, but providing targeting information to different groups.

2. Emphasize delivering tailored benefits for different groups of employees.

In addition to targeting communications to different groups, the benefits and resources themselves should be bundled to best meet the preferences of each group. Different employees want different things from their benefits packages. Tailoring packages could include looking at employee demographics, identifying some key demographic groups, and creating bundled benefits packages tailored for each group. Bundling will allow employees to review packages that support their lifestyles and then customize from there (Gidwaney, 2014). The approach for implementing this recommendation would include the following:

- Identifying employee groups for bundles.
- Developing bundles based on each group.

3. Conduct increased measurement of the impact of programs.

Measuring program impacts is a difficult but important challenge. Metrics should include factors related to absenteeism, turnover, employee survey results, employee satisfaction, and productivity measures.

The approach for implementing this recommendation would include the following:

- Developing data collection and data analysis plans for tracking the metrics.
- Integrate program usage and employee feedback to ensure programs are utilized.
- Measurement activities should be designed and implemented based on partnerships with Office of Human Resources and other management offices.

4. Continue with plan to introduce legal-oriented WorkLife services.

All peer group organizations, except NIH, have provided personalized legal assessment, consultation, planning, and referrals. Examples of such services include webinars on wills and trusts; free 30-minute attorney consultations; and low-cost preparation of power of attorney and health care directives. NIH is in the process of introducing such services. This will bring NIH on par with the other organizations in the study, which are currently offering such resources.

5. Review and evaluate additional practices used by peer group organizations.

In addition to legal services, there were a number of additional practices used by other organizations in the peer comparison group that NIH did not use. NIH may have the authority to implement some of these additional practices, which may be beneficial to NIH.

For example:

- **Full-time child care:** Expansion of child care capacity through priority placement in third-party child care centers, with discounts, and development of a community-based independent care givers network.
- **Lactation support:** Online scheduling of lactation rooms and a nursing mother ListServ.
- **Child and elder care backup:** Subsidy and/or voucher programs.
- **Parenting skills and networking support:** WorkLife webinars, support groups, and networking with outside groups.
- **Elder care support:** Skills and networking support groups, geriatric specialists.

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Appendix A: Benchmark Matrix Data Elements

Category	Sub Category	Benchmarking Matrix Elements
Flexible Work Benefits	Compressed Work Schedules	Compressed work schedule
	Flexible Work Schedules	Flexible work scheduling
	Telework	Telework
	Part-Time Assignments	Part-Time Assignments
	Job Sharing	Job Sharing
	Leave Options	Leave Options
	Shared Leave	Leave Bank
	Pre-Tax Spending Accounts	Pre-Tax Family Spending Accounts
Child Care	Full-time Child Care	Full-time Child Care Center
		Capacity of On-site or Near-site Child Care Facilities with Reserved Slots
		# of Employees on Wait List
		Community-based Child Care Capacity
	Backup Child Care	Backup Emergency Care
	Child Care Subsidies	Child care subsidy
	Child Care Resource and Referral	Child Care Resources and Referral
	Parenting Skills and Networking Support	Parenting classes/seminars
		Caregivers' resources: online discussion group / LISTSERV / workshops / Seminars
Parental Leave	New Child Paid Leave	
Lactation/Nursing Mother Support	Lactation/Nursing Mother Support	
Elder Care	Elder Care Support and Backup Services	Elder Care Centers
		Backup elder care services
	Elder Care Subsidies	Subsidized cost of elder care
		Long-term care insurance covering older relatives
	Elder Care Leave	Paid family leave for elder care, funeral, bereavement reasons
		Unpaid family leave for elder care issues
	Elder Care Resource and Referral	Elder care referral service
	Elder Care Skills and Networking Support	Literature or education
		Periodic information events
		Brown bag lunches
		Caregiver support groups
On-ramping programs for family members dealing with elder care issues		
Geriatric counseling		
	On-site elder care fairs	
Wellness	Fitness Programs	Fitness Centers
		Fitness Classes / Other
		Referrals
		Insurance-provided programs
	Other services	
Health Clinics and Screenings	Onsite Health Clinic	

Category	Sub Category	Benchmarking Matrix Elements
		Onsite Health Screenings
		Insurance-provided or referred programs
		Other services
		Subsidies
	Personalized Wellness Services	Other EAP or WorkLife services, substance abuse counseling)
	Financial Services	Financial planning resources
		Retirement-preparation advice
		Financial planning services for child care
		Financial planning services for elder care
	Legal Services	Legal assistance or resources
	Other Personalized Services	Other Services