

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2011

Job Corps ensures that all students receive primary health and prevention services through an integrated health and wellness delivery system. This system begins during the application process where the applicant's health and disability needs are reviewed to ensure their needs can be accommodated in Job Corps. Throughout a student's stay, data on selected health indicators—sexually transmitted infections (Chlamydia, HIV infection), drug and alcohol use, medical separations, student deaths, and disabilities—are collected on a national level. Analysis of these indicators and their comparison to U.S. national data sets provides an opportunity to assess the effectiveness of current Job Corps policy and practices and to identify opportunities for improving health and wellness services and student health outcomes.

This report provides a status update on the following health and wellness indicators for Program Year (PY) 2011 (July 1, 2011 through June 30, 2012): sexually transmitted infections (Chlamydia, HIV infection), drug and alcohol use, medical separations, student deaths, and students with disabilities. Unless otherwise specified, rates are calculated based on 55,028 students (PY 2011 Job Corps enrollment).¹ Additionally, this report provides an update on Job Corps' Healthy Eating and Active Lifestyles (HEALS) program, as well as tobacco use prevention efforts.

Data for these indicators are collected through Job Corps data systems and the nationally contracted laboratory, specifically:

- Center for Disease Detection, LLC, nationally-contracted laboratory: Chlamydia, HIV, drug screens
- Center Information System (CIS): medical separations
- Executive Information System (EIS): disability data
- Significant Incident Reporting System (SIRS): student deaths
- Alcohol Reporting System: alcohol screens

Highlights

- Chlamydia, an often asymptomatic and undetected sexually transmitted infection, can progress to serious reproductive and other health issues if left untreated. Job Corps screens all students for Chlamydia as part of the entry physical examination. The Chlamydia-positive rate (9.1 percent) among entering Job Corps students is much higher than that of the same age group in the general population (2.1 percent for young adults ages 15 to 24).² However, it should be noted that Job Corps screens ALL students on entry; national rates are based on self-selecting cases (i.e., individuals who seek or are in treatment). Early detection and treatment of Chlamydia infection by universal screening for all Job Corps students on entry prevents further transmission of infection and preserves fertility.

¹ From OA OMS10 Total Arrivals accessed Sept 19, 2012.

² Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention (NCHSTP), Division of STD/HIV Prevention. (2009). Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2009, CDC WONDER Online Database accessed Aug 31, 2011 from <http://www.cdc.gov/std/stats10/surv2010.pdf>.

- Young people in the United States are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Ongoing HIV prevention and education efforts are required as new generations replace the generations that benefited from earlier prevention strategies. Job Corps screens all students for HIV as part of the entry physical examination. The rate of HIV infection (309 per 100,000) among entering Job Corps students is two and a half times that of the general population aged 20-24 (126 per 100,000).³ However, it should be noted that Job Corps screens ALL students on entry. Nationally, HIV prevalence cannot be measured directly because not all HIV-infected individuals have been tested, not all states have reliable HIV reporting data, and not all diagnosed cases are reported. Job Corps policy provides youth who may not know they are HIV positive with education, counseling, and outside treatment options, when necessary. Early detection reduces the risk of transmitting HIV infection, enables contact tracing, and permits clinical monitoring and prompt initiation of treatment.

**Areas to Enhance
Prevention of Sexually Transmitted
Infections (STIs)**

- Student STI education (orientation, partner notification, counseling, condom use and availability)
- Centerwide STI awareness campaigns
- Staff development (webinars, website updates)

- Alcohol and other drug use and abuse can adversely affect a young person's life, contributing to poor academic performance, risky behaviors, physical and mental health consequences, and diminished employment prospects. Job Corps takes a multi-faceted approach to promote a positive and healthy substance-free lifestyle among students: First, Job Corps has a zero tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation. Second, to identify at-risk students, centers screen all entering students for drug use and screen for substance use (drug and alcohol) on suspicion after entry. And, third, Job Corps requires that all centers have a staff position dedicated to maintaining a Trainee Employee Assistance Program (TEAP) that provides intervention, prevention, and education services to all students.

**Areas to Enhance
Trainee Employee Assistance Program**

- Welcome calls that stress Job Corps' zero tolerance policy
- Integrate substance use/abuse dialogue across center areas (academics, career technical training, residential living, health and wellness)
- Staff development (webinars, on center training by TEAP Specialist)
- Increased collaboration with Center Mental Health Consultant (CMHC) to address comorbidity between mental health and substance abuse issues

Nationwide, the rate of reported drug use in young adults has slightly increased since 2007 (19.8 percent, 2007; 21.4

³ Centers for Disease Control. (2010). Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2010. Vol. 22. http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/pdf/2010_HIV_Surveillance_Report_vol_22.pdf.

percent, 2011).⁴ For the same time period, Job Corps has seen a slight decline in positive on-entry substance abuse (24.0 percent, PY 2007; 23.3 percent, PY 2011).

- Students who require costly or extensive health treatment/services beyond the basic services provided on a Job Corps center are separated from the program and provided referrals to a provider in their home community. The average length of stay (ALOS) for medically separated students has increased by 38 days over the past 5 years (209 days, PY 2007; 247 days, PY 2011), nearly approaching the overall ALOS for all Job Corps students (272 days).

Implementation of chronic care management plans, which provide guidance to center health staff on how to monitor and manage chronic physical and mental health conditions (e.g., diabetes, asthma, depression), combined with improved case management of students with disabilities, is believed to contribute to this substantial increase in ALOS for medically separated students.

- The leading causes of death among young adults ages 15 to 24 in the United States are unintentional injury, homicide, and suicide. For unintentional injury and homicide categories, Job Corps experienced a lower mortality rate in PY 2011 when compared to national statistics. In PY 2011 the Job Corps suicide rate was equivalent to that of the national rate.
 - Unintentional injury (Job Corps rate, 10.9 per 100,000; national rate, 28.3 per 100,000)
 - Homicide (Job Corps rate, 5.5 per 100,000; national rate, 10.7 per 100,000)
 - Suicide (Job Corps rate, 10.9 per 100,000; national rate, 10.6 per 100,000)⁵

Areas to Enhance Medical Separation

- Encourage centerwide adoption of chronic care management plans on all centers
- Staff training to improve the identification, accommodation, case management, and retention of students with disabilities

Areas to Enhance Prevention of Student Death

- Staff and student training on factors that may contribute to suicide attempts such as bullying, drug/alcohol use, and relationship conflicts
- During CPP, provide all students with basic information on how to identify the symptoms of depression and suicidality in themselves or their friends and how to seek help on center
- Provide students with information on available crisis resources and how to seek assistance
- Regional Health Specialists will address topic of suicide prevention and enhancing student safety on monthly teleconferences with center health staff

⁴ SAMSHA. (2012). Results from the 2011 National Survey on Drug Use and Health: National Findings. Retrieved Sept 25, 2012 from <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm>.

⁵ Centers for Disease Control and Prevention. (2009). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Prevention and Control, CDC (producer). Retrieved Sept 25, 2012 from <http://www.cdc.gov/injury/wisqars/index.html>.

- In July 2012, labor force participation by people with disabilities was 20.7 percent. By comparison, labor force participation by people without a disability was 70 percent.^{6,7} Job Corps' inclusive programming is working toward narrowing that gap by providing career technical training and educational opportunities for youth with disabilities.

Job Corps, through its disability policy and practices, ensures that Job Corps students have equal access to, and are provided the necessary accommodations to allow full participation in Job Corps academic and career technical training offerings. Job Corps understands that to help students with disabilities achieve their potential and succeed in the workforce, they must have an opportunity to access program offerings and receive coordinated services from admissions through placement, and beyond. In PY 2011, 22.3 percent of Job Corps students disclosed they had a disability, which is double the national rate of 10.2 percent for the same age group.⁸ Learning disability is the most commonly reported, accounting for 46.2 percent of all disabilities reported in Job Corps.⁹

Areas to Enhance Success For Students with Disabilities

- New Job Corps admissions policy, released in PY 2011 ensures that (1) there is a consistent approach to assessing applicant suitability for Job Corps, and (2) appropriate accommodations are provided to students with disabilities to ensure equal access
- Provide staff development for the new Job Corps admissions policy guidance (webinars , technical assistance provided by Regional Disability Coordinators, and website updates)
- Regional Disability Coordinators monitor disability data monthly and conduct monthly conference calls with the center disability coordinators

⁶ Retrieved August 6, 2012 from <http://www.dol.gov/odep/>.

⁷ Labor force measures are based on the civilian, non-institutional population 16 years old and over. (Persons under 16, all inmates of institutions and persons on active duty in the Armed Forces are excluded.) All other members of the civilian, non-institutional population who are 16 or over and have a job or are actively looking for one and available to work are classified as in the labor force. <http://www.dol.gov/odep/topics/DisabilityEmploymentStatistics.htm>.

⁸ Braunt, M.W. for the US Department of Commerce, Census Bureau. (2010) Americans with disabilities: 2012. Current Population Reports. Retrieved August 6, 2012 from <http://www.census.gov/prod/2012pubs/p70-131.pdf>.

⁹ National data are not available on the incidence of learning disabilities among the age group 15 to 24.

1. Chlamydia

Chlamydia trachomatis, an often asymptomatic and undetected sexually transmitted infection (STI), can progress to serious reproductive and other health issues if left untreated.

Testing and Data Collection

All students are screened for Chlamydia within 14 days of arrival and if they present with symptoms during their stay in Job Corps. Additionally, the Job Corps Health Care Guidelines Technical Assistance Guide recommends a test for reinfection 1-3 months after a positive test result. The nationally contracted laboratory provides the National Office of Job Corps with a monthly data summary, which details the total number of Chlamydia tests performed by category (i.e., gender, test category).

Results

During PY 2011, 67,004 Chlamydia tests¹⁰ were performed with 6,103 positive results for an overall rate of 9.1 percent. Females had a slightly higher overall rate of positive test results than males (10.6 percent for females, 7.9 percent for males).

- **Entry Testing:** Of the 67,004 total tests, 57,440 tests were performed on entry to Job Corps. Of those tested on entry, 9.4 percent were positive for Chlamydia. Of the students who tested positive on entry, 12.1 percent were symptomatic at the time of their examination. Positive test results on entry were higher for females than for males (11.5 percent for females, 7.9 percent for males).
- **After Entry Testing:** After entry testing is performed (1) on students who present with STI symptoms or are newly pregnant and, (2) to verify whether STI treatment has been effective (test of cure vs. reinfection). Of the 9,564 tests conducted after entry, 7.2 percent were positive for Chlamydia (symptomatic, 8.5 percent; retest, 5.5 percent). Positive test results were slightly higher for males than for females (8.0 percent for males, 6.7 percent for females).

The table on the next page displays positive Chlamydia rates by gender and test category for PY 2011.

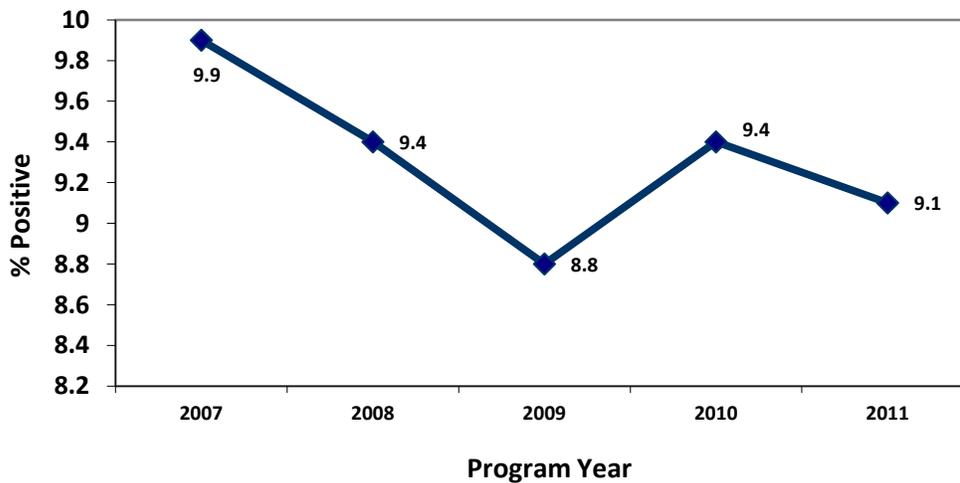
¹⁰ Some students are tested multiple times for Chlamydia (i.e., symptomatic or a test for reinfection); therefore, overall prevalence rates are calculated based on the total number of tests, not individual students.

Positive Chlamydia Rates by Test Category and Gender for PY 2011

Overall Rates (N=67,004)			
Test Category	% Males	% Females	% Total
Total All Tests	7.9 %	10.6 %	9.1 %
Entry Rates (N=57,440 Tests)			
Test Category	% Males	% Females	% Total
Asymptomatic	7.9%	11.6%	9.4%
Symptomatic	13.0%	11.6%	12.1%
Total Tests On Entry	7.9 %	11.5 %	9.4 %
After Entry Rates (N=9,564 Tests)			
Test Category	% Males	% Females	% Total
Symptomatic	11.0%	7.2%	8.5%
Retest	4.9%	6.0%	5.5%
Total Tests After Entry	8.0 %	6.7 %	7.2 %

The Chlamydia rate in Job Corps has remained fairly stable over the past 5 years, with a slight decrease in overall prevalence in PY 2009 and again in PY 2011, as shown in the table below.

**Chlamydia Prevalence in Job Corps
PY 2007 to PY 2011**



Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2010, 1,307,893 Chlamydia infections were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia.¹¹ Chlamydia is known as a "silent" disease because the majority of infected women and about half of infected men have no symptoms. If untreated, Chlamydia infections can progress to serious reproductive and other health problems.¹²

In PY 2011, the rate of Chlamydia infection in Job Corps was 9.4 percent among *entering* Job Corps students. The 2010 national rate for Chlamydia infection was 2.1 percent for young adults ages 15-24.¹³ Job Corps' on-entry Chlamydia infection rate is nearly five times that of the general population (OR=4.5).¹⁴

Possible reasons for this large difference in rates:

- Nationally, under reporting of Chlamydia is substantial because most people with Chlamydia do not know they are infected and do not seek treatment. Also, testing for Chlamydia is not often performed if patients are treated for their symptoms.
- Job Corps screens ALL students on entry. National rates are based on self-selecting cases (i.e., individuals who seek or are in treatment). As noted in the table on the previous page, almost 90 percent of students testing positive on entry are asymptomatic and would more than likely not present for STI testing if part of the general population.¹⁵
- Nationally, women ages 20 to 24 have the highest rate of Chlamydia infection at 3,408 cases per 100,000 females. Adolescent girls ages 15 to 19 come in a close second at a rate of 3,378 cases per 100,000 females.¹⁶
- The CDC reports a disproportionately high prevalence for Chlamydia and other STIs among racial minorities. In 2010, the rate of Chlamydia among African Americans was more than eight times the rate among whites (1,167.5 and 138.7 cases per 100,000 population, respectively).¹⁷ Over half of Job Corps students describe themselves as African American.

¹¹ Centers for Disease Control and Prevention. National Overview of Sexually Transmitted Diseases (STDs), 2010. Retrieved July 26, 2012 from <http://www.cdc.gov/std/stats10/surv2010.pdf>.

¹² Centers for Disease Control and Prevention. Chlamydia—CDC Fact Sheet. Retrieved Oct 17, 2011 from <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>.

¹³ Retrieved Sept 19, 2012 from <http://www.cdc.gov/std/stats10/surv2010.pdf>, op. cit.

¹⁴ Odds Ratio (OR) – A measure of the strength of the relationship between two variables or groups. An odds ratio of one implies that the event is equally likely in both groups. An odds ratio greater than one implies that the event is more likely in the first group. An odds ratio less than one implies that the event is less likely in the first group.

¹⁵ Retrieved Sept 17 2012 from <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>, op. cit.

¹⁶ Retrieved July 27, 2012 from <http://www.cdc.gov/std/stats10/surv2010.pdf>, op. cit.

¹⁷ *ibid.*

The Agency for Healthcare Research and Quality describes Chlamydia screening as “one of the most effective and underutilized screening services.”¹⁸ Untreated Chlamydia infection leads to pelvic inflammatory disease and is the most common preventable cause of infertility in the US. Early detection and treatment of Chlamydia infection by universal screening for all Job Corps students on entry prevents further transmission of infection and preserves fertility.

Implications for Job Corps

- Student education
 - Provide STI education during new student orientation.
 - Students continue to contract Chlamydia during their stay in Job Corps. Safer sex education should be consistently reinforced during a student’s stay.
 - Counsel students who test positive about partner notification, treatment, and the risk for reinfection.
 - Encourage condom use among sexually active students and make condoms available to students in discreet and convenient locations. Consistent condom use has been shown to significantly reduce acquisition of Chlamydia infection.
 - April is STD Awareness Month. The CDC offers materials to raise awareness on their website at: <http://www.cdc.gov/Features/STDAwareness/>.
- Staff education
 - Online resources are available to educate staff on a variety of topics including prevention of Chlamydia and other STIs.
 - Access the Job Corps Health and Wellness website for information on preventing Chlamydia and other STIs.
- Students with documented Chlamydia infection should also be tested for gonorrhea, syphilis, and HIV infection when clinically indicated. The diagnosis of one STI is often a marker for co-infection with other STIs that may be asymptomatic.

2. HIV

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). AIDS is the symptomatic stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage.

¹⁸ Agency for Healthcare Research and Quality. (2010). Chlamydia screening: percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test of Chlamydia during the measurement year. *National Quality Measure Clearinghouse*. Retrieved Sept 17, 2012 from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=34642>.

Testing and Data Collection

All students are screened for HIV within 48 hours of arrival on center. Students may also request an HIV test after enrollment. Students are retested upon reasonable suspicion of exposure to HIV, based upon signs and/or symptoms of a possible AIDS-related condition, when diagnosed with a newly contracted STI, or when discovered to be pregnant.

Antibody tests are sent from Job Corps centers to the nationally contracted laboratory, where they are evaluated. Monthly data is sent from the nationally contracted laboratory to the National Office of Job Corps.

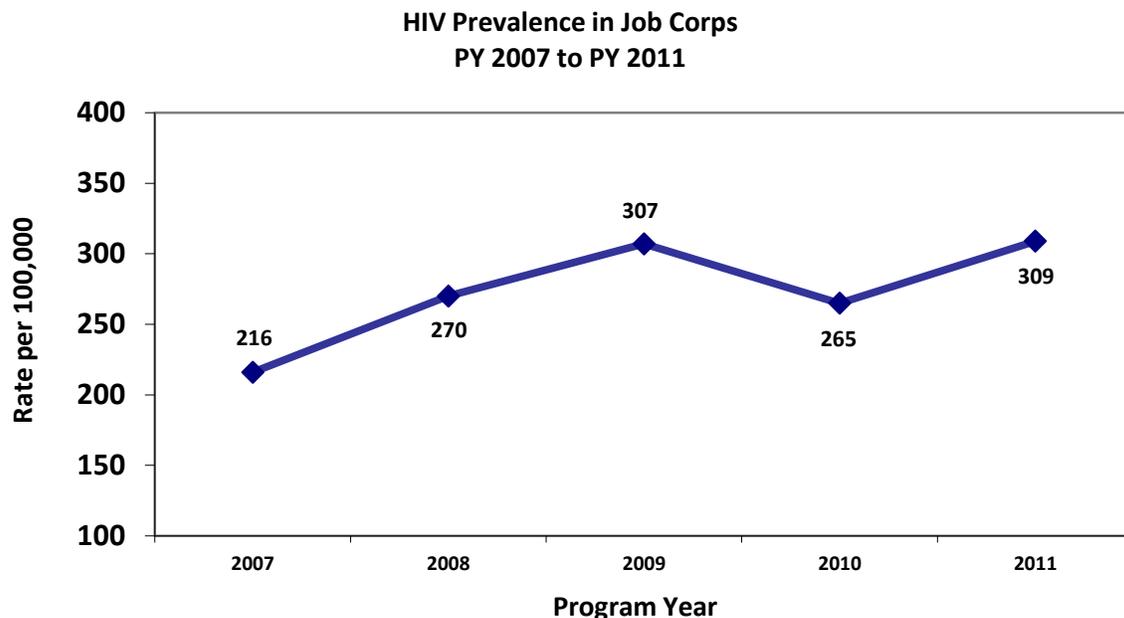
Results

During PY 2011, 56,884 HIV tests were performed. Of these tests, the majority (96.9 percent) occurred on entry; 3.1 percent were performed after entry (prior indeterminate test; STI, other medical indicators, pregnancy). Of the total tests performed, 0.3 percent (176 positive results) were positive for HIV. Males accounted for the majority of positive HIV tests. Of the 33,161 males tested, 133 tested positive for a rate of 401 per 100,000 male students. Of the 23,720 females who were tested, 43 tested positive for a rate of 181 per 100,000 female students.

Of students who tested positive for HIV, the 95.5 percent tested positive on entry. Additionally, the following student categories tested positive for HIV:

- Positive for an STI (six students)
- Other medical indicators (two students)

Since PY 2007, the HIV rate per 100,000 students in Job Corps has increased from 216 to 309. The graph below displays the number of HIV positive students per 100,000 in Job Corps from PY 2007 through PY 2011.



Population Comparison

The CDC estimates that 34 per 100,000 adolescents ages 15-19 are living with HIV/AIDS. Among young adults ages 20-24, the HIV rate is estimated to be 126 per 100,000.¹⁹ Job Corps' HIV rate (309 per 100,000) is two and a half times the national rate when compared to young adults ages 20-24 (OR=2.5) and about nine times the national rate when compared to adolescents 15-19 years old (OR=8.8). Nearly 75 percent of Job Corps students are between the ages of 16-20.

Minorities account for a disproportionate number of HIV/AIDS cases. According to the CDC, HIV/AIDS rates in African Americans are six and a half times higher than that of White Americans (OR=6.6).²⁰ The National Longitudinal Survey of Adolescent Health, with a sample size of over 13,000 non-Hispanic Black, non-Hispanic White, and Hispanic 19-24 year olds, found an HIV rate of 500 per 100,000 in non-Hispanic Blacks.²¹ In this survey, there were too few cases to estimate prevalence in non-Hispanic Whites or Hispanic young adults. The racial disparities in HIV/AIDS may account for a portion of the on-entry HIV positive rate in the Job Corps population. Job Corps' population is over 50 percent African American, about 26 percent White, nearly 17 percent Hispanic, about 5 percent API/American Indian, and 2 percent other.

Similar to trends found in Job Corps, estimated HIV/AIDS prevalence has increased nationwide during the 2000s. Between 2006 and 2009, there was an 8.2 percent increase in the estimated nationwide prevalence of HIV.²² This may be due to an actual increase in HIV infection or changes in testing or reporting requirements.²³ During the past 2 decades, advances in HIV treatment have led to the perception among some people that HIV is no longer a serious or fatal disease.²⁴ People who have more optimistic beliefs about HIV infection (e.g., they will live to an old age even if they are infected by HIV) and feel that HIV is not a serious illness are less likely to practice safe sex and in turn, are more likely to contract/spread the disease.^{25,26}

As with Chlamydia, Job Corps screens ALL students for HIV infection. Nationally, HIV prevalence cannot be measured directly because not all HIV-infected individuals have been tested, not all states yet have reliable HIV reporting data, and not all diagnosed cases are reported. Job Corps policy provides youth who may not know they are HIV positive with treatment options and counseling. It is estimated that the majority of new infections

¹⁹ Centers for Disease Control. (2010). Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2010. Vol. 22. http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/pdf/2010_HIV_Surveillance_Report_vol_22.pdf.

²⁰ *ibid.*

²¹ Morris, M., Kurth, A.E., Hamilton, D.T., Moody, J., Wakefield, S. (2009). Concurrent partnerships and HIV prevalence disparities by race: Linking science and public health practice. *American Journal of Public Health*. 99(6), 1023-1031.

²² Health People 2020 Leading Health Indicators. June 2012. Retrieved Sept 19, 2012 from <http://www.cdc.gov/hiv/resources/factsheets/PDF/LHI-Factsheet-FINAL-6-26-12.pdf>.

²³ Centers for Disease Control and Prevention. (2010). Diagnoses of HIV infection and AIDS in the United States and Dependent Areas, 2008. Retrieved Sept 19, 2012 from <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/commentary.htm>.

²⁴ Centers for Disease Control and Prevention. (2006). Twenty-five years of HIV/AIDS—United States, 1981-2006. *MMWR*. 55(21), 585-589.

²⁵ Holmes, W.C., Pace, J.L. (2002). HIV-seropositive individuals' optimistic beliefs about prognosis and relation to medication and safe sex adherence. *Journal of General Internal Medicine*. 17(9), 1525-1497.

²⁶ Van der Snoel, E.M., de Wit, J.B., Gotz, H.M., Mulder, P.G., Neumann, M.H.A., & van der Meijden, W.I. (2006). Incidence of sexually transmitted diseases and HIV infection in men who have sex with men related to knowledge, perceived susceptibility, and perceived severity of sexually transmitted diseases and HIV infection Dutch MSM-cohort study. *Sexually Transmitted Diseases*. 33(3), 193-198.

are transmitted by those who are unaware of their infection; therefore, early testing and diagnosis play a key role in reducing HIV transmission.²⁷

Implications for Job Corps

Job Corps students fall into a high-risk group for HIV infection. Following are some of the tested measures that can be used to help prevent the spread of HIV infection in Job Corps:

- Student education
 - Beginning at orientation, educate students about the risk of HIV infection. Research has shown that a large proportion of young people are not concerned about becoming infected with HIV.²⁸ Young adults need accurate, age-appropriate information about HIV/AIDS, including how to talk with health providers/parents/friends about HIV/AIDS, how to reduce risk factors, and how to use a condom correctly. Information should also include the concept that abstinence is the most effective way to avoid infection.
 - Ensure educational programs are culturally competent.²⁹
 - Encourage condom use among sexually active students and make condoms available to students in discreet and convenient locations.
 - Actively discourage substance abuse. Educate students about the link between substance use and risky sexual practices. In adolescents and young adults, alcohol and drugs often affect decisions about sex and condom use.^{30,31}
- Staff education
 - Online resources are available to educate staff on HIV/AIDS prevention, treatment, and counseling strategies.
 - Job Corps Regional Health Specialists can provide technical assistance and guidance on how to manage, treat, and counsel HIV infected students.
 - Health staff should visit the Job Corps Health and Wellness website for student and staff resources.

²⁷ Marks, G., Crepaz, N., Janssen, R. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*. 2006; 20:1447-1450.

²⁸ O'Sullivan L.F., Udell, W., Patel V.L. Young urban adults' heterosexual risk encounters and perceived risk and safety: a structured diary study. *Journal of Sex Research* 2006; 43(4):343-351.

²⁹ Glenn, B.L., Wilson, K.P. (2008). African American adolescent perceptions of vulnerability and resilience to HIV. *Journal of Transcultural Nursing*. 19, 259-268.

³⁰ Kennedy, S.B., Nolen, S., Applewhite, J., Waiters, E., Vanderhoff, J. (2007). Condom use behaviors among 18-24 year-old urban African American males: A qualitative study. *AIDS Care*. 19(8). 1032-1038.

³¹ Roberts, S.T., Kennedy, B.L. (2006). Why are young college women not using condoms? Their perceived risk, drug use, and developmental vulnerability may provide important clues to sexual risk. *Archives of Psychiatric Nursing*. 20(1). 32-40.

- Health staff should utilize the resources of state and local health departments to assist in informing, counseling, contact notification, and referral for services.

3. Trainee Employee Assistance Program (TEAP)

Misuse of alcohol and drugs adversely affects many young people by contributing to poor academic performance, risky behaviors, physical and mental health consequences, and diminished employment prospects. Job Corps takes a multi-faceted approach to promote a positive and healthy substance-free lifestyle among students. First and foremost, Job Corps has a zero tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation. Prospective students are informed of this policy during the initial application process as well as by staff who initiate contact with them prior to their arrival on center. Job Corps requires that all centers have a staff position dedicated to maintaining the Trainee Employee Assistance Program (TEAP) which provides prevention, education, assessment, intervention, and counseling services to all students. The TEAP Specialist initially conducts screening and assessment of all entering students, which includes toxicology screening for drugs. After entry, students exhibiting behaviors consistent with alcohol and drug use are tested on suspicion; intervention services provided to those testing positive. The TEAP Specialist works collaboratively with center staff to promote a healthy substance-free lifestyle among students as one way of improving their employability skills. Trainings and other educational offerings are provided to center staff to ensure full integration of this message across all center areas. Regional TEAP Health Specialists conduct monthly conference calls with center TEAP Specialists to provide technical assistance as well as program support.

Testing and Data Collection

All students are screened for drug use within 48 hours of arrival on center. Students who test positive on entry are provided intervention services and then retested prior to the end of a 45-day probationary period. Students exhibiting suspicious behavior may be tested for drug and/or alcohol use. Alcohol use detection is performed by staff members trained in methods which measure the presence or absence of alcohol, such as breathalyzers or alcohol swabs.

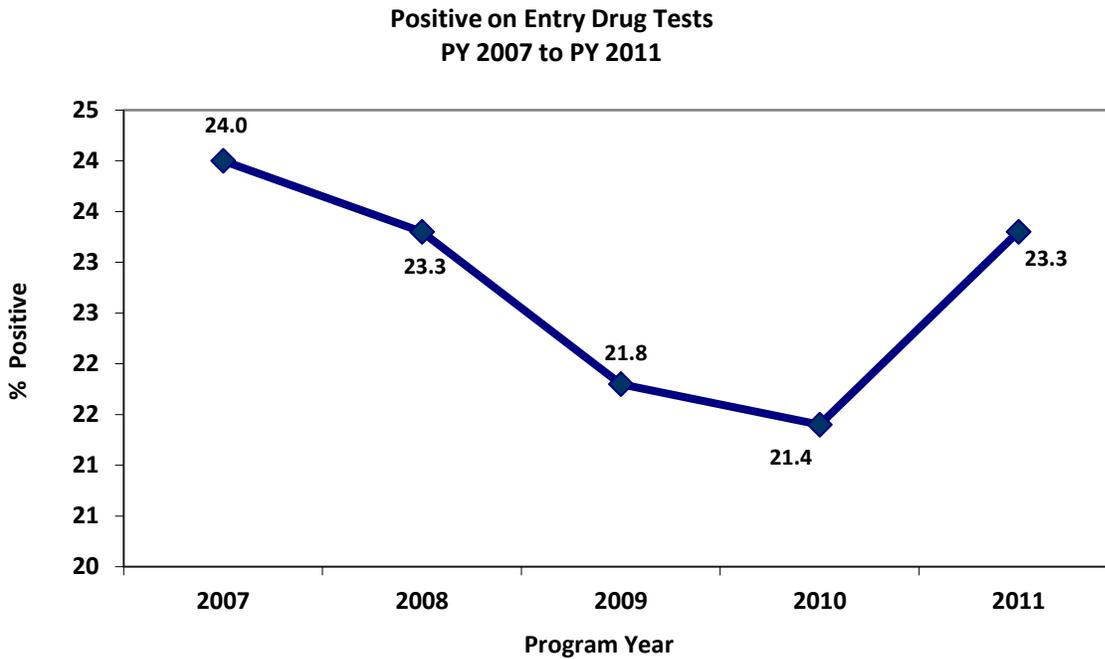
Urine toxicology drug screens are sent from Job Corps centers to the nationally contracted laboratory to be tested. Monthly data is sent from the nationally contracted laboratory to the National Office of Job Corps. Alcohol test results are entered quarterly by health and wellness staff into an electronic alcohol reporting system.

Results

Drug Use on Entry: During PY 2011, 23.3 percent of 55,361 drug tests performed on entry were positive for an illegal substance.

Of the positive tests on entry, 93.7 percent tested positive for THC (marijuana), 3.3 percent tested positive for amphetamines, 1.4 percent tested positive for cocaine, 0.8 percent tested positive for methamphetamines, 0.4 percent tested positive for phencyclidine (PCP), and 0.4 percent tested positive for opiates. Of the 23.3 percent of students testing positive, 22.7 percent were positive for single drug use while 0.6 percent were positive for multiple drug.

From PY 2007 through PY 2011, there was a 3.0 percent decrease in positive drug tests on entry. The graph below illustrates the 5-year trend from PY 2007 through PY 2011.



45-Day Probationary Period Drug Tests: During PY 2011, 17.0 percent of students tested at the end of the 45-day probationary period were positive. A total of 12,884 students tested positive for drugs on entry; however, only 11,651 were retested at 45 days. This means that 1,233 students or 9.6 percent of those who tested positive on entry separated before the 45-day probationary drug test.

The following chart shows the number and percent positive for 45-day probationary drug tests from PY 2007 through PY 2011, as well as the number of students who tested positive on entry but separated before the 45-day test. There has been a slight increase in the percent positive 45-day probationary drug tests from PY 2010 to PY 2011 (15.6 percent vs. 17.0 percent). It should be noted there has been a gradual and consistent decrease in the number and percent of students who tested positive on entry but separated prior to the 45-day drug test.

	PY 2007	PY 2008	PY 2009	PY 2010	PY 2011
45-Day Probationary Period Drug Tests					
Number Tested	12,462	12,017	11,154	10,597	11,651
Percent Positive	18.1	16.8	16.6	15.6	17.0
Separation Prior to 45-Day Drug Test					
Number Separated	2,700	2,222	1,830	1,494	1,233
Percent	17.8	15.6	14.1	12.4	9.6

Suspicion Drug and Alcohol Tests: Since PY 2007, the percentage of positive suspicion drug tests has risen (41.6 percent in PY 2007, 44.7 percent in PY 2011), while the number of suspicion drug tests has decreased (9,922 in PY 2007, 6,349 in PY 2011).

A total of 5,229 students were tested for alcohol on suspicion. Of these students, 73.7 percent were positive. Since PY 2007, the percentage of positive alcohol tests on suspicion has increased slightly (70.5 percent in PY 2007, 73.7 percent in PY 2011).

The following table shows testing numbers and results for the 5-year period, PY 2007 through PY 2011.

	Suspicion Drug Tests and Alcohol Tests by Program Year				
	2007	2008	2009	2010	2011
Suspicion Drug Tests					
Number Tested	9,922	9,033	7,416	6,601	6,349
Percent Positive	41.6	41.9	43.7	43.1	44.7
Suspicion Alcohol Tests					
Number Tested	7,211	7,700	6,825	5,587	5,229
Percent Positive	70.5	68.1	67.3	71.0	73.7

A detailed TEAP report, which includes national, regional, and center data for PY 2011, can be found in Attachment A.

Population Comparison

The impact of substance use on the nation’s youth is staggering. Alcohol and drug use is:

- Associated with approximately 80,300 deaths per year.³²
- A factor in approximately 31 percent of all deaths from motor vehicle crashes.³³
- Linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior.³⁴
- Youth alcohol abuse costs the nation \$89.5 billion annually.³⁵

According to *self-reported* drug test results from the 2011 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 21.4 percent of 18 to 25 year olds reported illicit drug use during the past month.³⁶ During PY 2011, 23.3 percent of Job Corps students tested positive for illicit

³² CDC. Average for United States 2001-2005 Alcohol-Attributable Deaths Due to Excessive Alcohol Use. *Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI)*. Retrieved Sept 25, 2012 from http://apps.nccd.cdc.gov/DACH_ARDI/Default/Default.aspx.

³³ U.S. Department of Transportation. *Fatality Analysis Reporting System (FARS) Web-based Encyclopedia*, 2010. Retrieved Sept 25, 2012 from (<http://www-fars.nhtsa.dot.gov/Main/index.aspx>).

³⁴ The Partnership- Drugfree.org. Alcohol and Drug Problem Overview. September 2010. Retrieved Sept 25, 2012 from <http://www.drugfree.org/wp-content/uploads/2010/09/DrugAlcohol-Overview-PDF.pdf>.

³⁵ *ibid*.

³⁶ SAMSHA. (2012). Results from the 2011 National Survey on Drug Use and Health: National Findings. Retrieved Sept 25, 2012 from <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm>.

drugs on entry. Job Corps is slightly higher than the national average for use of illegal substances when compared to young adults aged 18 to 25 (OR=1.1).

Marijuana is the most popular illicit drug both in Job Corps and nationwide. Nationwide, 19.0 percent of young adults reported marijuana use during the month prior to SAMHSA's 2011 National Survey on Drug Use and Health.³⁷ According to one study, of the teens that tested positive for drug use, 92.0 percent used marijuana.³⁸ In Job Corps, of those students who tested positive for drugs, 93.7 percent tested positive for marijuana.

Nationwide, the prevalence of reported current drug use in young adults has slightly increased since 2007 (19.8 percent³⁹ in 2007 vs. 21.4 percent in 2011). From PY 2007 to PY 2011, Job Corps has seen a slight decline in positive on-entry substance use (24.0 percent in PY 2007 to 23.3 percent in PY 2011). The slight decline in positive drug tests on entry may be attributed to frequent welcome calls to incoming students. During this call, center staff remind students about Job Corps' drug-free environment and zero tolerance policy as well as review the implications for testing positive on entry. Applicants are advised that substance use may result in serious sanctions or separation from the program. Center staff encourage applicants to utilize the prevention and relapse prevention services available on every center.

Implications for Job Corps

- Counselors, residential living staff, and academic/career technical instructors should reinforce the negative impact substance use and abuse can have on a student's career in Job Corps and after. Specific emphasis should be placed on:
 - How substance use can affect employment, including workplace drug testing policies
 - The physical and mental health consequences of long-term use
 - The effects of substance use on operating equipment and motor vehicles
 - The role of drugs and alcohol in sexual assault and STI transmission
- Centers should continue or initiate welcome calls to incoming students detailing Job Corps' zero tolerance policy and consequences associated with drug/alcohol use in Job Corps.
- Nationwide, our society is also struggling with the impact of some of the 'designer drugs', such as the synthetic cannabinoids, which are also being used by young adults. There is limited data available about their prevalence of use as the National Survey of Drug Use and Health does not include these drugs in their categories. However, TEAP Specialists have incorporated information about the risks of these drugs into student orientations and intervention services, as well as staff training.

³⁷ *ibid.*

³⁸ The National Center on Addiction and Substance Abuse. Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind. 2004. Retrieved Sept 25, 2012 from <http://www.casacolumbia.org/articlefiles/379-Criminal%20Neglect.pdf>.

³⁹ SAMSHA. (2012). Results from the 2011 National Survey on Drug Use and Health: National Findings. Retrieved Sept 25, 2012 from <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm>.

4. Medical Separations

Students who require costly or extensive health treatment/services beyond the basic services provided on a Job Corps center are separated from the program and provided referrals to their home community provider. A special category of medical separation, MSWR (medical separation with reinstatement), allows the student to return to the center after treatment is received and he/she has received a release from the attending health professional. The MSWR separation is valid for 180 days. If a student fails to return within 180 days, he/she must reapply to Job Corps. Students who are medically separated without reinstatement rights are eligible to reapply for admission one year following the date of separation.

Data Collection

Center Health and Wellness Managers (HWMs) recommend student medical separations based on the diagnosis of an on-center medical professional. The HWM forwards the medical records of the students who have been approved by the center director for medical separation to the records department. The appropriate medical separation codes are assigned and entered into the CIS by the records clerk.

Results

The number of medical separations for PY 2011 totaled 3,456; a 2.7 percent increase over PY 2010. Medical separations as a percentage of total Job Corps separations remained constant over the past 4 program years between 5.6 and 5.7 percent of the total Job Corps separations.

The following table is a summary of the medical separation data from PY 2007 through PY 2011.

Category	Job Corps Medical Separation Data by Program Year				
	2007	2008	2009	2010	2011
Pregnancy	14%	12%	11%	11%	10%
Physical Health	32%	34%	43%	39%	42%
Oral Health	N/A	N/A	<1%	2%	1%
Mental Health	30%	26%	23%	24%	25%
Alcohol, Illicit Drugs, Nicotine	4%	4%	4%	4%	4%
Miscellaneous	20%	24%	18%	21%	18%
Total Medical Separations	3,011	3,523	3,495	3,366	3,456
Percent of Total Job Corps Separations	4.7%	5.7%	5.6%	5.7%	5.6%
ALOS (Days) Medical Separations	209	238	267	257	247
ALOS (Days) Total Job Corps	237	250	270	280	272

A detailed table of medical separation data for PY 2011 is shown in Attachment B.

Implications for Job Corps

All Separations: The average length of stay for medically separated students has increased 38 days over the past 5 years (209 days, PY 2007; 247 days, PY 2011), steadily approaching the overall ALOS for all Job Corps

students (272 days). Implementation of chronic care management plans, which provide guidance to center health staff on how to monitor and manage chronic physical and mental health conditions (e.g., diabetes, asthma, depression), combined with improved case management of students with disabilities, is believed to contribute to this increase in ALOS for medically separated students.

Early identification, brief interventions, and referrals to appropriate health and wellness professionals may significantly reduce the number of students released in the medical separation and MSWR categories and concurrently increase retention rates.

Pregnancy: Separations for pregnant students continues to show a downward trend. Better case management of pregnant students improves the likelihood of complication-free pregnancies and extends the student's length of stay thus allowing program completion and/or option for seamless return to Job Corps (MSWR separation) following delivery. Center family planning services provide students with information and support on how to manage and make choices regarding their reproductive health.

Physical Health: Separations for students with physical conditions and injuries account for the largest percentage of all medical separations. Injuries (e.g., fractures, dislocations, sprains, lacerations) account for over 30 percent of all medical separations in this category. The increase in separations in this category in PY 2009, PY 2010, and PY 2011 over the previous two program years may be the result of the updated SPAMIS medical separation codes (effective July 1, 2009 via Program Instruction 08-30), which allows for more accurate reporting of medical conditions and injuries. The ALOS for this category decreased by 8 days, from 280 days in PY 2010 to 272 days in PY 2011.

Oral Health: A very small percentage of students (1.0 percent) are separated from Job Corps for oral health related illness or injury. Almost three quarters of students separated in the category require dental care beyond the basic services provided on a Job Corps center, and are separated from the program and referred to a dental provider in the local community for treatment and/or follow up care.

Mental Health: There has been a general decline in the number of mental health separations since PY 2007—from 30 percent of all medical separations in PY 2007 to 25 percent in PY 2011. The ALOS in this category has increased from 154 days in PY 2007 to 182 days in PY 2011. Both these data points are consistent with the implementation of the disability initiative that allows for improved identification, accommodation, case management, and retention of students with mental health disabilities. In addition, there has been an increase in staff trainings via webinars and national conference topics. These topics have focused on better understanding of mental health disorders, motivational interviewing techniques, and skills to manage behaviors on center to promote retention.

Alcohol, Illicit Drugs, and Nicotine: As a percent of total medical separations, separations for alcohol/other drug use has remained fairly constant over the past 5 years. The ALOS for this category increased by 8 days, from 176 days in PY 2007 to 184 days in PY 2011.

5. Student Deaths

A student death is rare. During an average year, 20 or fewer deaths typically occur throughout Job Corps, although the number of deaths can vary dramatically from year to year.

Data Collection

Student death information is captured in the Job Corps Significant Incident Reporting System. Center staff must report a student death within 6 hours of the center being made aware of the incident.

Results

During PY 2011, 27 Job Corps enrollee deaths occurred. These deaths occurred at 22 Job Corps centers. As highlighted in the table below, most deaths were the result of a medical condition, unintentional injury, or suicide.

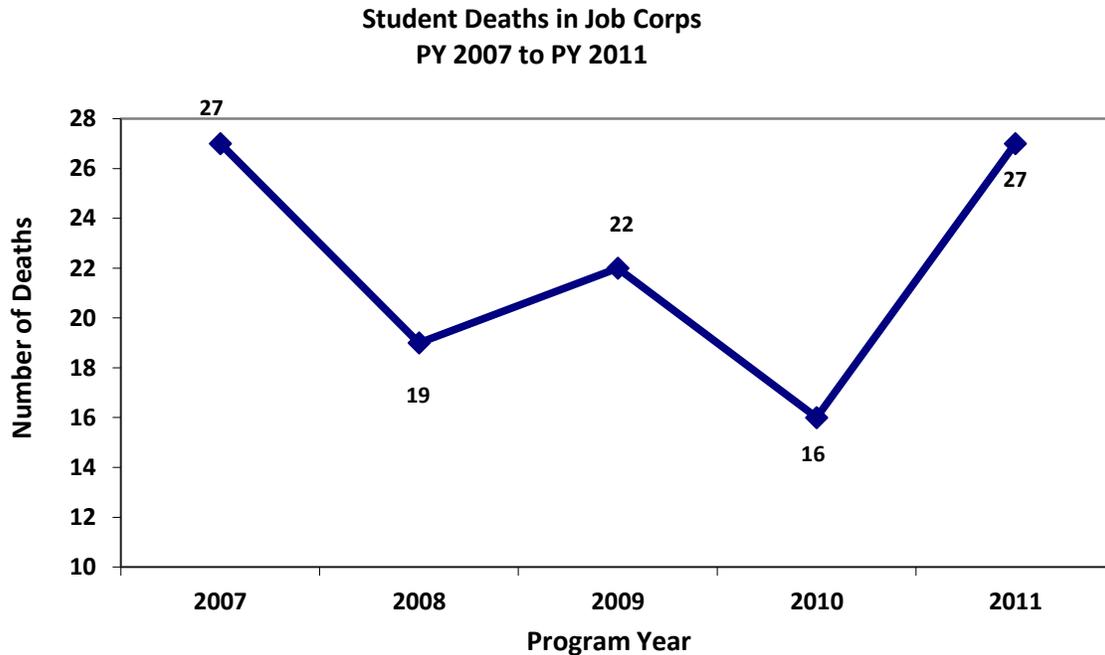
Student Deaths by Category and Cause of Death PY 2011		
# Deaths	Category	Cause of Death(s)
7	Medical	Asthma related (pending death cert) (1) Hantavirus pulmonary syndrome (1) Seizure disorder (2) Heart condition (2) Congestive heart failure (1)
6	Unintentional Injury	Drowning (1) House fire/smoke Inhalation (1) ATV crash (1) Fall (1) Motor vehicle crash (1) Unknown (1)
6	Suicide	Hanging (2) AODA (1) Gunshot wound(2) Jump from height (1)
3	Homicide	Gunshot wound (3)
3	AODA	Traumatic brain injury and drug intoxication (1) Anoxic brain injury, multiple substance intoxication (1) Overdose of methadone and alcohol (1)
2	Undetermined	Not specified (2)

Highlights:

- In PY 2011, the rank order of the causes of student death was led by seven medical deaths. Unintentional injury and suicide categories each had six deaths, followed by three homicide and three drug-related deaths. Only two deaths were undetermined in PY 2011.
- The majority of student deaths occurred off center while the student was on leave/pass, or off center, and off duty. The ratio of off-center to on-center deaths for the previous 4 program years was 6 to 1; for every death on center, there were 6 off center. However, in PY 2011 the ratio of off-center to on-center deaths

was 2 to 1; for every death on center, there were 2 off center. During PY 2011, 66.7 percent of the deaths occurred off center.

- Twenty-one decedents were male; 6 female. This ratio has remained relatively constant across the 5-year period.
- The number of deaths can vary quite dramatically from year to year. Because many of these deaths occur off center while the student is in a non-duty status, prevention is difficult. The chart below shows the variability in the number of student deaths from PY 2007 through PY 2011.



Attachment C provides a table detailing the cause of death, location the incident occurred, student status at time of incident, and gender from PY 2007 through PY 2011.

Population Comparison

The mortality rate in Job Corps during PY 2011 was 49.1 per 100,000. In 2009, national data shows there were 70.6 deaths per 100,000 persons age 15-24.⁴⁰ Job Corps’ mortality rate was less than that of the general population (OR=0.70). Mortality causes showed the following trends:

- The national rate of death by unintentional injury in young adults ages 15-24 was 28.3 per 100,000.⁴¹ In PY 2011, Job Corps’ rate of death from unintentional injury was 10.9 per 100,000.

⁴⁰ CDC. (2011). Table 5. Number of deaths and death rates by age, and age-adjusted death rates, by specified Hispanic origin, race for non-Hispanic population, and sex: United States, 2009. *National Vital Statistics Report, Vol. 60, No. 3*. Retrieved Sept 25 2012 from http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf.

⁴¹ CDC. Injury and Violence Prevention and Control: Data and Statistics. WISQARS. Retrieved Sept 25, 2012 http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html.

- The national rate of death from homicide for youth was 10.7 per 100,000. In PY 2011, Job Corps' homicide rate was 5.5 per 100,000.⁴²
- The national rate for suicide for youth was 10.6 per 100,000⁴³. During PY 2011, Job Corps' suicide rate was 10.9 per 100,000, the first time the Job Corps' rate has equaled the national average for suicides.

Based on statistics from PY 2007 through PY 2011, Job Corps may offer a protective factor from unintentional injuries, suicide, and homicide. In addition to the lower rate of death from all causes experienced by Job Corps students, a small number of these deaths occurred when students were on center.

In 2009, the CDC reported that males between 15 and 24 years old were over two and a half times more likely to die than their female counterparts (OR=2.6). When averaged over Job Corps' 5-year reporting period, the ratio of male to female deaths in Job Corps is almost double the national average (OR=4.3).

Implications for Job Corps

- Providing health information is voluntary in Job Corps; however, it is important to gather relevant mental health information during the admissions process to assist in early identification of students who may be at risk for suicide and/or self injury. Applicants to the Job Corps program should be encouraged to disclose mental health conditions so centers can prepare support services in advance.
- During PY 2011, several student deaths occurred early in the student's stay in Job Corps. This highlights the importance of the cursory examination and Social Intake Form (SIF) to identify any active serious medical or mental health problems. The SIF has recently been revised to include more specific questions to screen for mental health problems, including risk for suicide and/or self injury. A pertinent positive response on the medical history form should have additional notes added immediately by the staff to clarify the positive response. In addition, immediate contact with the Center Physician or CMHC may be in order for some of these students. The same is applicable for the SIF; if there is a pertinent positive response, an immediate referral to the CMHC and/or TEAP Specialist is warranted.
- Adult non-residential students represented half of the suicides in PY 2011. Adult non-residential students who are balancing Job Corps, families, and other personal responsibilities may need a specific support group to help address concerns, develop positive coping skills, and decrease AWOLs. Centers should have a support group and resources specifically for non-residential students.
- Grief and loss are significant life issues for many Job Corps students. There is a resource document on the Health and Wellness website published by the Substance Abuse and Mental Health Services Administration Center for Mental Health Services, "How to Deal with Grief". Centers are encouraged to use this document as a starting point to assist identified students and/or develop a group on grief education and awareness.
- Students who are at risk of feeling socially isolated due to language barriers, cultural differences, sexual orientation, transfer status, or other special circumstances may need assistance in becoming engaged on

⁴² CDC. Injury and Violence Prevention and Control: Data and Statistics. WISQARS. Retrieved Sept 25, 2012 http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html.

⁴³ *ibid.*

center. Centers should make sure staff members are trained in understanding and working with students from different backgrounds and special situations. Centers should offer peer and/or staff mentoring for such students along with additional efforts to involve them in center activities. Isolation can be a risk factor for suicide.

- Drugs played a role in three student deaths during PY 2011. It is important that students are screened early on and identified as being in need of more intensive alcohol and substance misuse and abuse education, awareness, and services to engage in extended involvement with the TEAP.

6. Students with Disabilities

Job Corps, through its disability policy and practices, ensures that Job Corps students have equal access to, and are provided the necessary accommodations to allow full participation in Job Corps academic and career technical training offerings.

Data Collection

Job Corps is required by federal regulations to report data on the number of students with disabilities who participate in the program. Center Disability Coordinators collect this data and report it in the CIS. In an effort to improve the accuracy and completeness of center-reported disability data, the Job Corps National Office issued a directive requiring monthly external review of center-submitted disability data. This review is conducted by Regional Disability Coordinators.

Results

In PY 2011, 22.3 percent (13,722) of the 61,467 students who separated from Job Corps disclosed they had a disability⁴⁴, which is a slight increase over PY 2010 (20.4 percent). For each student who discloses a disability(ies), data is collected about the disability category (e.g., cognitive, medical, mental health, physical) and the specific disability (e.g., learning, mood disorder).

Disability Category: In PY 2011, two categories of disability accounted for over three quarters of reported disabilities:

- *Cognitive disabilities* (63.8 percent) cause disruptions of thinking skills such as difficulty processing, learning and/or remembering information. Cognitive disabilities can include learning disabilities, attention deficit/hyperactivity disorder (AD/HD), mental retardation, and traumatic brain injury.
- *Mental health disabilities* (21.4 percent) disrupt the way emotions are processed and expressed. Examples of mental health disabilities can include mood disorders (e.g., depression, bipolar disorders), anxiety disorders (e.g., panic disorder, post-traumatic stress disorder), personality disorders (e.g., borderline personality disorder), psychotic disorders (e.g., schizophrenia), and serious emotional disturbance.

⁴⁴ Number of student separations for PY 2011 retrieved from EIS on Jul 30, 2012. The actual number of disabilities disclosed in PY 2012 was 17,793; students may disclose more than one disability.

Specific Disability: The top four identified disabilities (as a percent of all disabilities) reported among Job Corps students during PY 2011 were:

- Learning disabilities (46.2 percent)—the number of students reporting a learning disability increased by 9.5 percent from 7,513 in PY 2010 to 8,228 in PY 2011.
- Attention deficit/hyperactivity disorder (13.8 percent)—the number of students reporting AD/HD increased by 26.6 percent from 1,935 in PY 2010 to 2,451 PY 2011.
- Mood disorders (10.6 percent)—the number of students with a mood disorder increased by 38.2 percent from 1,358 in PY 2010 to 1,878 in PY 2011.

The number of students with AD/HD and mood disorders has increased dramatically, by 26.6 percent and 3.2 percent respectively. Anecdotal information gathered during assessments of center Disability Programs conducted as part of the regional office center assessment (ROCA) process indicates more centers are diagnosing students with AD/HD and mood disorders. These assessments are being conducted by the CMHC, in consultation with the Center Physician or a consulting psychiatrist. An additional contributing factor for the increase in students with mood disorders may be more accurate data entry by center Disability Coordinators. During monthly audits of center disability data conducted by the Regional Disability Coordinators and assessments of center Disability Programs during ROCAs, it was determined that some center Disability Coordinators were not entering all students with mental health disorders in their disability data collection log. Addressing this issue has likely led to an increase in the number of students with mood disorder and a more accurate reflection of the number of students with mood disorders being served by the Job Corps program.

Attachment D contains data on specific disabilities within each disability category and the frequency each was reported in PY 2011.

Population Comparison

- The percentage of students with disabilities served by the Job Corps program in PY 2011 was 22.3 percent. This percentage is higher than the national rate of 10.2 percent for young adults ages 15-24.⁴⁵ Job Corps may serve a higher percentage of students with disabilities for several reasons, including:
 - The unemployment rate for people with disabilities remains exceptionally high. Many youth with disabilities exit high school and find that they need additional training to obtain employment and seek out programs like Job Corps to obtain such.
 - Many youth who were not successful in high school may have needed longer to master basic academic skills and/or lacked access to career technical training options. Job Corps may be a better fit for these students.
 - Many public high schools have poor transition planning for students with disabilities. Students exit the system unprepared to advocate for themselves or to fully engage with and interact in the employment sector.

⁴⁵ Retrieved Jul 31, 2012 from: <http://www.census.gov/prod/2012pubs/p70-131.pdf>, op cit.

- Because many states now require exit exams for graduation, more students, particularly those with disabilities, may complete their high school coursework and requirements and yet not be able to pass the required graduation exit exams. These students are exiting school with special diplomas and certificates of attendance that many employers do not accept as viable diploma completions leaving these youth with limited options for future independence. Job Corps may offer these youth another chance to obtain an academic credential and gain career technical and other skills necessary to obtain employment.

Implications for Job Corps

- New Job Corps admissions policy was released in PY 2011. This new guidance ensures that (1) Job Corps provides a consistent approach to assessing applicant suitability for Job Corps, and (2) appropriate accommodations are provided to student with disabilities.
- There was a major emphasis on staff development after the new Job Corps admissions policy was released in PY 2011. Job Corps National Office staff provided continuous trainings through a variety of platforms (webinars, teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Community website) to ensure staff acquired the knowledge, skills, and resources to fully implement new requirements. Continuous training on the new Job Corps admissions policy will continue throughout PY 2012.
- Regional Disability Coordinators will continue to monitor disability data monthly, provide technical assistance, and conduct monthly conference calls with center Disability Coordinators to ensure accurate disability data entry.
- Assessment guidelines will be added to the CMHC Desk Reference Guide to ensure appropriate assessment and evaluation when a mental health or learning disorder is being diagnosed on center.

7. Healthy Eating and Active Lifestyles Program

About one third of U.S. adults (33.8 percent) are obese and many obesity-related conditions including heart disease, stroke, and type 2 diabetes are preventable.⁴⁶ According to the CDC, childhood obesity can have a harmful effect on the body in a variety of ways. Obese children are more likely to have high blood pressure; high cholesterol; breathing problems, such as sleep apnea, asthma and joint problems; and, musculoskeletal discomfort.⁴⁷ Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood.⁴⁸

According to a 2010 study, nearly half of Job Corps students surveyed were overweight or obese, exceeding the national average for adolescents and young adults. Obesity presents a unique challenge to Job Corps' mission to

⁴⁶ Flegal, KM, Carroll, MD, Ogden, CL and Curtin, LR. Prevalence and Trends in Obesity Among US Adults, 1999-2008. JAMA.2010;303(3):235-241.

⁴⁷ Basics about Childhood Obesity. Retrieved Oct 4, 2012 <http://www.cdc.gov/obesity/childhood/basics.html>.

⁴⁸ *ibid.*

help students find meaningful employment as obesity is related to decreased work productivity and decreased employability.⁴⁹

Job Corps launched the Healthy Eating and Active Lifestyles (HEALs) program in May, 2011. The HEALs program is designed to help Job Corps students learn to live healthy, active lives. This evidence-based program strives to improve students' health, nutrition, and fitness status while they are enrolled in Job Corps. This program contains a curriculum to educate students, policy changes, strategies to promote a healthy center culture, guidance to measure program success, and a marketing kit.

Two websites, Food and Nutrition and Healthy Eating and Active Lifestyles, and PRH changes were released to the Job Corps community in Spring 2011. To help centers with this new program, numerous training opportunities have been offered, to include training on program implementation, incorporating fitness into trades, accommodating students with food allergies, and enhancing motivation.

In October 2012, centers had an opportunity to share their success stories. Nine centers took this opportunity to describe innovative practices including phasing out soda, limiting fried foods and desserts, expanding fitness offerings based on student requests, planting vegetable gardens, creating clubs to help students learn to cook and shop after graduation, partnering with the local community, and implementing goal-oriented weight management programs.

The "Making the Grade" rubric was included within the HEALs program to allow centers to earn recognition for exceeding HEALs policy requirements. Through "Making the Grade," centers can earn points based on cafeteria and recreation offerings, creating a culture that supports health, and offering nutrition and exercise education. To obtain "Grade A Status," centers have to score a 90 percent or better on the "Making the Grade" rubric. By October 2012, four centers have earned the distinction of "Grade A Status."

8. Tobacco Use Prevention

According to the CDC, tobacco use is the single most preventable cause of death in the United States. Illnesses caused by tobacco use increase demands on the U.S. healthcare system; lost productivity amounts to billions of dollars annually⁵⁰. The CDC also reports the vast majority of people (80 percent) begin using tobacco before they reach adulthood. Hence, it is critical for Job Corps to have strong tobacco prevention and cessation policies and programs. Most states have created public health laws that prohibit smoking in workplaces, including

Areas to Enhance HEALs

- Use Making the Grade rubric to identify areas for program enhancement
- Utilize the Checklists on Food and Nutrition site to implement small, moderate, and large scale changes
- Submit a promising practice for a webinar or newsletter

⁴⁹ Bodenlos, Jamie S.; Rosal, Milagros C.; Blake, Diane; Lemay, Celeste; and Elfenbein, Diane (2009) "Obesity Prevalence, Weight-Related Beliefs and Behaviors among Low-Income Ethnically Diverse National Job Corps Students," *Journal of Health Disparities Research and Practice*: Vol. 3: Iss. 3, Article 7.

⁵⁰ Retrieved Oct 12 2012 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>.

schools, school grounds, and vehicles transporting children and school personnel. Federal law bans smoking in all indoor facilities owned or leased by schools.⁵¹

Job Corps requires centers to implement a Tobacco Use Prevention Program (TUPP) to prevent the onset of tobacco use and to promote tobacco-free environments and individuals. While Job Corps tobacco prevention activities are focused primarily on students, youth staff, too, find these activities just as beneficial. At a minimum, this program must include:

- Educational materials and activities that support delay and/or cessation of tobacco use
- A smoke-free, tobacco-free environment that prohibits the use of all tobacco products in center buildings and center-operated vehicles
- Designated outdoor smoking areas located a minimum of 25 feet or as required by state law away from the building entrance
- Prohibition of the sale of tobacco products on center
- Adherence to federal and state laws regarding the use of tobacco products by minors
- Referral of minors who use tobacco products to the TUPP

**Areas to Enhance
Tobacco Use Prevention**

- Prohibit staff smoking with students
- Construct smoke-free gazebos on center
- Color code student ID badges to identify minors on center in states where smoking is prohibited by minors
- Coordinate a center plan to go tobacco free during the training day or become a tobacco-free campus

In addition to providing a TUPP, many Job Corps centers are taking a strong stance against tobacco use by requiring their campuses to be tobacco free. An informal poll completed by HWMs in 2011 indicated that 38 centers are completely tobacco free campuses, while another 12 centers are tobacco free during the training day. Additionally, 13 other centers noted that they were planning to become tobacco free in the future. Many centers surveyed say that they utilize free local resources to aid their students in going tobacco free.

⁵¹ Retrieved Oct 12, 2012 from <http://tobaccofreepolicy.org/content/eight-reasons>.

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2011**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 1—Boston								
Arecibo	187	4.8%	5	20.0%	31	22.6%	1	0.0%
Barranquitas	277	13.0%	41	7.3%	85	23.5%	4	0.0%
Brooklyn	214	11.7%	21	23.8%	4	50.0%	2	100.0%
Cassadaga	375	24.3%	78	11.5%	79	19.0%	9	77.8%
Delaware Valley	568	32.0%	178	14.0%	54	59.3%	5	60.0%
Edison	780	27.7%	198	14.1%	73	43.8%	56	87.5%
Exeter	201	26.9%	43	2.3%	10	40.0%	14	71.4%
Glenmont	436	27.5%	127	25.2%	49	59.2%	23	100.0%
Grafton	334	24.9%	85	20.0%	18	44.4%	53	69.8%
Hartford	211	27.5%	65	13.8%	24	45.8%	27	44.4%
Iroquois	472	25.0%	96	6.3%	39	71.8%	26	80.8%
Loring	573	35.1%	172	17.4%	44	54.5%	120	83.3%
New Haven	211	27.5%	61	31.1%	24	62.5%	6	100.0%
Northlands	390	26.4%	81	13.6%	60	35.0%	105	83.8%
Oneonta	490	32.7%	155	10.3%	54	48.1%	56	98.2%
Penobscot	460	18.7%	84	14.3%	28	75.0%	113	90.3%
Ramey	413	13.3%	51	19.6%	38	78.9%	0	0.0%
Shriver	287	23.3%	73	24.7%	18	61.1%	15	100.0%
South Bronx	328	16.8%	58	15.5%	17	41.2%	53	45.3%
Westover	611	31.8%	186	16.1%	62	74.2%	68	58.8%
Region 1 Total	7,818	25.2%	1,858	15.7%	811	48.0%	756	78.6%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2011**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 2—Philadelphia								
Blue Ridge	193	8.8%	17	17.6%	23	21.7%	8	87.5%
CD Perkins	385	20.0%	72	6.9%	40	32.5%	9	33.3%
Charleston	571	26.3%	134	17.2%	81	45.7%	10	100.0%
EC Clements	1642	31.9%	465	14.8%	40	55.0%	68	98.5%
Flatwoods	336	31.8%	83	2.4%	34	29.4%	8	50.0%
Frenchburg	271	34.3%	67	9.0%	43	37.2%	0	0.0%
Great Onyx	308	32.8%	59	11.9%	71	31.0%	9	55.6%
Harpers Ferry	279	25.4%	64	3.1%	14	50.0%	43	76.7%
Keystone	720	24.4%	170	11.2%	41	63.4%	66	83.3%
Muhlenberg	587	26.9%	122	11.5%	127	22.0%	19	21.1%
Old Dominion	488	26.2%	118	13.6%	110	56.4%	81	45.7%
Philadelphia	415	10.8%	47	17.0%	4	50.0%	1	100.0%
Pine Knot	270	23.0%	49	10.2%	56	8.9%	8	0.0%
Pittsburgh	923	15.1%	114	14.0%	71	60.6%	106	75.5%
Potomac	521	28.2%	141	14.2%	62	58.1%	72	88.9%
Red Rock	490	26.9%	111	12.6%	16	75.0%	0	0.0%
W.M. Young, Jr.	589	30.7%	179	27.9%	79	49.4%	30	80.0%
Wilmington	193	8.8%	22	45.5%	5	80.0%	0	0.0%
Woodland	285	23.5%	67	7.5%	65	55.4%	20	100.0%
Woodstock	536	24.8%	132	12.9%	71	59.2%	15	40.0%
Region 2 Total	10,002	25.2%	2,233	13.9%	1,053	44.3%	573	73.3%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2011**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 3—Atlanta								
Atlanta	796	23.5%	178	30.3%	6	16.7%	8	100.0%
Bamberg	307	23.1%	65	20.0%	28	53.6%	27	92.6%
Benjamin L. Hooks	444	31.1%	116	36.2%	49	59.2%	9	33.3%
Brunswick	594	24.9%	159	19.5%	55	61.8%	36	63.9%
Finch Henry	436	24.5%	98	16.3%	24	79.2%	6	83.3%
Gadsden	397	21.9%	75	18.7%	36	50.0%	11	63.6%
Gainesville	426	20.0%	72	8.3%	7	71.4%	38	50.0%
Gulfport	234	25.6%	57	29.8%	4	25.0%	0	0.0%
Homestead	540	19.4%	95	20.0%	13	46.2%	3	100.0%
Jacksonville	363	21.2%	82	20.7%	63	69.8%	15	86.7%
Jacobs Creek	390	24.6%	74	13.5%	56	17.9%	16	43.8%
Kittrell	549	25.3%	129	24.0%	89	42.7%	11	27.3%
LB Johnson	271	35.8%	93	8.6%	32	15.6%	6	0.0%
Miami	290	13.8%	40	22.5%	17	47.1%	2	100.0%
Mississippi	542	28.6%	154	11.7%	65	64.6%	4	100.0%
Montgomery	509	21.2%	111	19.8%	28	64.3%	17	64.7%
Oconaluftee	161	29.8%	38	15.8%	7	28.6%	0	0.0%
Pinellas County	236	20.3%	38	10.5%	31	35.5%	26	80.8%
Schenck	320	25.0%	62	9.7%	35	48.6%	13	84.6%
Turner	1267	29.3%	311	16.4%	56	67.9%	27	55.6%
Region 3 Total	9,072	24.8%	2,047	19.2%	701	51.5%	275	65.5%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2011**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 4—Dallas								
Albuquerque	447	24.6%	94	29.8%	34	79.4%	161	91.3%
Anaconda	245	24.1%	41	14.6%	79	22.8%	0	0.0%
Boxelder	274	24.1%	52	25.0%	22	9.1%	13	84.6%
Carville	333	23.4%	65	13.8%	59	50.8%	1	100.0%
Cass	333	30.6%	82	12.2%	46	39.1%	10	80.0%
Clearfield	1177	20.1%	218	16.1%	263	29.7%	372	98.9%
Collbran	233	18.5%	39	7.7%	21	57.1%	0	0.0%
DL Carrasco	497	8.9%	53	18.9%	60	53.3%	7	85.7%
Gary	2202	24.9%	514	16.3%	107	72.0%	145	88.3%
Guthrie	1114	25.3%	267	16.1%	66	42.4%	14	64.3%
Kicking Horse	367	22.9%	67	11.9%	159	30.2%	34	85.3%
Laredo	223	4.9%	10	20.0%	8	75.0%	27	100.0%
Little Rock	386	26.4%	109	25.7%	8	62.5%	6	100.0%
New Orleans	239	19.2%	39	46.2%	5	20.0%	0	0.0%
North Texas	871	28.7%	238	28.6%	41	80.5%	40	70.0%
Ouachita	97	28.9%	30	13.3%	32	43.8%	8	50.0%
Quentin Burdick	347	25.1%	61	21.3%	69	40.6%	36	80.6%
Roswell	331	23.0%	63	25.4%	19	52.6%	112	81.3%
Shreveport	534	23.6%	101	25.7%	120	53.3%	3	66.7%
Talking Leaves	398	18.1%	67	20.9%	67	73.1%	45	95.6%
Trapper Creek	246	23.6%	54	22.2%	79	8.9%	4	50.0%
Treasure Lake	303	23.8%	7	28.6%	86	39.5%	6	33.3%
Tulsa	488	23.4%	87	13.8%	45	66.7%	39	69.2%
Weber Basin	285	22.8%	35	5.7%	35	40.0%	31	100.0%
Region 4 Total	11,970	23.1%	2,393	19.5%	1,530	43.5%	1,114	89.7%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2011**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 5—Chicago								
Atterbury	684	21.6%	132	12.1%	55	54.5%	79	79.7%
Blackwell	296	22.0%	50	12.0%	91	31.9%	12	58.3%
Cincinnati	308	31.5%	83	22.9%	52	57.7%	37	75.7%
Cleveland	582	29.9%	181	13.8%	98	67.3%	29	58.6%
Dayton	422	24.9%	120	12.5%	73	67.1%	48	100.0%
Denison	251	21.1%	27	7.4%	17	29.4%	39	56.4%
Detroit	372	31.7%	71	18.3%	43	51.2%	0	0.0%
Excelsior Springs	667	19.8%	124	24.2%	45	68.9%	90	86.7%
Flint Hills	429	23.1%	89	25.8%	86	58.1%	92	81.5%
Flint-Genesee	391	32.5%	123	26.8%	17	82.4%	30	76.7%
Gerald R. Ford	369	29.8%	95	15.8%	14	71.4%	121	34.7%
Golconda	335	22.1%	59	15.3%	62	40.3%	66	4.5%
HH Humphrey	282	16.3%	42	28.6%	19	68.4%	40	52.5%
IndyPence	168	20.8%	35	17.1%	1	100.0%	0	0.0%
Joliet	310	19.4%	67	17.9%	54	59.3%	28	89.3%
Milwaukee	297	23.2%	73	26.0%	34	44.1%	21	81.0%
Mingo	324	24.1%	69	7.2%	137	4.4%	20	50.0%
Ottumwa	233	19.3%	25	8.0%	5	20.0%	43	37.2%
Paul Simon Chicago	448	19.0%	75	20.0%	90	61.1%	85	71.8%
Pine Ridge	254	13.0%	31	9.7%	19	26.3%	50	30.0%
St. Louis	680	31.5%	189	10.1%	23	60.9%	58	37.9%
Region 5 Total	8,102	24.3%	1,760	17.0%	1,035	48.6%	988	60.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2011**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 6—San Francisco								
Alaska	227	10.6%	26	19.2%	10	20.0%	14	85.7%
Angell	299	25.8%	61	11.5%	189	20.6%	23	73.9%
Cascades	370	20.5%	59	13.6%	99	20.2%	62	41.9%
Centennial	314	18.2%	52	15.4%	46	32.6%	21	61.9%
Columbia Basin	250	16.4%	47	12.8%	29	51.7%	29	65.5%
Curlew	244	23.4%	51	17.6%	30	33.3%	24	87.5%
Ft Simcoe	315	16.8%	50	8.0%	21	57.1%	30	83.3%
FG Acosta	300	24.7%	71	12.7%	66	25.8%	27	55.6%
Hawaii—Maui	173	9.8%	17	23.5%	10	0.0%	76	78.9%
Hawaii—Oahu	219	14.2%	33	15.2%	63	27.0%	43	86.0%
Inland Empire	353	19.8%	65	26.2%	36	44.4%	126	83.3%
Long Beach	326	15.3%	67	20.9%	49	63.3%	56	91.1%
Los Angeles	713	12.8%	106	17.9%	90	44.4%	47	74.5%
Phoenix	554	11.9%	59	23.7%	29	55.2%	29	75.9%
PIVOT	72	9.7%	7	0.0%	6	50.0%	0	0.0%
Sacramento	482	18.5%	95	25.3%	28	50.0%	65	100.0%
San Diego	706	14.4%	116	16.4%	36	66.7%	157	49.0%
San Jose	412	18.9%	86	14.0%	41	68.3%	107	10.3%
Sierra Nevada	547	13.9%	65	10.8%	43	65.1%	359	80.2%
Springdale	160	16.3%	26	19.2%	30	46.7%	53	92.5%
Timber Lake	282	22.7%	34	2.9%	40	45.0%	8	100.0%
Tongue Point	468	13.7%	45	13.3%	146	25.3%	125	60.0%
Treasure Island	381	17.6%	74	20.3%	31	77.4%	32	93.8%
Wolf Creek	230	24.8%	48	14.6%	51	33.3%	10	70.0%
Region 6 Total	8,397	16.8%	1,360	16.5%	1,219	37.5%	1,523	70.1%
National Total	55,361	23.3%	11,651	17.0%	6,349	44.8%	5,229	73.7%

**Job Corps Medical Separation Data
Program Year 2011**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	244	7.1%	317
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	111	3.2%	291
Subtotal Pregnancy/ ALOS	355	10.3%	309
Physical			
Infectious and Parasitic Diseases (001-139)	92	2.7%	290
Neoplasms (140-239)	20	0.6%	273
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	50	1.4%	213
Diseases of the Blood and Blood-Forming Organs (280-289)	27	0.8%	234
Diseases of the Nervous System and Sense Organs (320-389)	135	3.9%	205
Diseases of the Circulatory System (390-459)	24	0.7%	284
Diseases of the Respiratory System (460-519)	76	2.2%	309
Diseases of the Digestive System (530-579)	159	4.6%	289
Diseases of the Genitourinary System (580-629)	76	2.2%	312
Diseases of the Skin and Subcutaneous Tissue (680-709)	66	1.9%	285
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	113	3.3%	259
Congenital Anomalies (740-759)	8	0.2%	106
Symptoms, Signs, And Ill-Defined Conditions (780-799)	138	4.0%	266
Injury and Poisoning (800-999)	483	14.0%	283
Subtotal Physical/ ALOS	1,467	42.4%	272
Oral Health			
Dental Caries Beyond Job Corps Basic Care (521)	24	0.7%	254
Dental Abscess (522)	9	0.3%	256
Subtotal Dental/ ALOS	33	1.0%	255
Mental Health			
Attention Deficit and Disruptive Behavior Disorders (312-314)	67	1.9%	150
Cognitive Disorder NOS (294.90)	3	0.1%	139
Mental Retardation (317-319,V62.89)	2	0.1%	354
Schizophrenia and other Psychotic Disorders (295, 297, 298)	97	2.8%	151
Mood Disorders (296, 311)	420	12.2%	191
Anxiety Disorders (300.00, 300.01, 300.0, 300.3, 308.3, 309.81)	113	3.3%	186
Sexual and Gender Identity Disorders (302.00-302.9)	1	0.0%	326
Eating Disorders (307.1, 307.51)	4	0.1%	253
Dissociative Disorder (300.11-300.15)	4	0.1%	214
Somatization Disorder (300.8)	3	0.1%	291
Adjustment Disorders (309)	45	1.3%	169
Personality Disorders (301.0-301.9)	22	0.6%	154

**Job Corps Medical Separation Data
Program Year 2011**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Tourettes Disorder (307.23)	1	0.0%	101
Pervasive Developmental Disorders (299-299.8)	4	0.1%	165
Noncompliance with Medical Treatment (V15.81)	11	0.3%	225
Other conditions that may be a focus of clinical attention (V61, V61.20)	6	0.2%	292
Unspecified Mental Disorder (Non Psychotic) (300.9)	25	0.7%	170
Mental Disorder NOS due to General Medical Condition (293.9)	20	0.6%	227
Subtotal Mental Health/ ALOS	848	24.5%	182
Alcohol, Illicit Drugs, and Nicotine			
Alcohol Abuse, and Dependence Disorders (291, 303.9, 305)	46	1.3%	188
Substance Abuse and Dependence Disorders (292-292.9, 304-304.8, 305.2-305.9)	99	2.9%	149
Nicotine dependence (305.1)	1	0.0%	40
Subtotal Alcohol, Illicit Drugs, and Nicotine/ ALOS	146	4.2%	184
Miscellaneous			
Other (999.99)	607	17.6%	279
Subtotal Miscellaneous/ ALOS	607	17.6%	279
Total Job Corps Separations	61,458 ⁵²		
Total Medical Separations	3,456		
Percentage of Total Job Corps Separations	5.6%		
ALOS All Medical Separations	247		
ALOS Total Job Corps	272 ⁵³		

*SPAMIS codes are based on International Classification of Diseases, 9th Edition (ICD-9) and Diagnostic and Statistical Manual of Mental Disorders, Forth Edition, Text Revision (DSM-IV-TR)

⁵² Total separations from Job Corps. Retrieved from Job Corps Executive Information System (EIS), Separation Analysis by Type. Retrieved on Sept 27, 2012.

⁵³ ALOS from separated students Job Corps EIS Dashboard On Board Strength (OBS). Retrieved Sept 27, 2012.

**Job Corps Student Death Information
Program Years 2007 to 2011**

Category	Program Year				
	2007	2008	2009	2010	2011
Cause of Death					
Unintentional Injury	9	7	4	5	6
AODA	1	1	1	0	3
Homicide	9	3	3	3	3
Suicide	2	3	4	1	6
Medical	3	4	8	6	7
Unknown	3	1	2	1	2
Total	27	19	22	16	27
Location Incident Occurred					
Off Center	25	12	18	14	18
On Center	2	7	4	2	9
Total	27	19	22	16	27
Status at Time of Incident⁵⁴					
On Pass	6	0	1	0	1
On Leave	6	0	0	1	0
AWOL	1	0	1	0	0
On Center, On Duty	2	7	4	2	9
Off Center, On Duty	1	2	4	3	2
Off Center, Off Duty	11	10	12	10	15
Total	27	19	22	16	27
Gender					
Male	22	16	19	11	21
Female	5	3	3	5	6
Total	27	19	22	16	27

⁵⁴ Beginning PY 2008, *Status at Time of Incident* data is recorded only as "On Center, On Duty", "Off Center, On Duty", or "Off Center, Off Duty".

**Job Corps Specific Disability Summary
Program Year 2011⁵⁵**

Disability Category	Specific Disability	Frequency Reported	% of Total
Cognitive	AD/HD	2453	13.8%
	Learning	8228	46.2%
	Mental Retardation	273	1.5%
	Traumatic Brain Injury	31	0.2%
	Other	371	2.1%
Subtotal Cognitive		11356	63.8%
Drug/Alcohol	Alcoholism	37	0.2%
	Chemical Dependency	103	0.6%
	Other	9	<0.1%
Subtotal Drug/Alcohol		149	0.9%
Medical	Asthma	572	3.2%
	Diabetes	156	0.9%
	HIV/AIDS	51	0.3%
	Hypertension	210	1.2%
	Sickle Cell Disease	14	<0.1%
	Other	510	2.9%
Subtotal Medical		1,513	8.5%
Mental Health	Anxiety	543	3.0%
	Mood	1,878	10.6%
	Personality	123	0.7%
	Psychotic	100	0.6%
	Serious Emotional Disturbance	538	3.0%
	Other	619	3.5%
Subtotal Mental Health		3,801	21.4%
Physical	Amputation	6	<0.1%
	Cerebral Palsy	18	0.1%
	Epilepsy/Seizure	83	0.5%
	Head Injury	14	<0.1%
	Multiple Sclerosis	3	<0.1%
	Speech Impairment	69	0.4%
	Spinal Cord Injury	3	<0.1%
	Other	98	0.6%
Subtotal Physical		294	1.6%

⁵⁵ Retrieved from EIS Disability by Category (Separated) Report on Jul 30, 2012.

**Job Corps Specific Disability Summary
Program Year 2011**

Sensory	Blind/Visually Impaired	66	0.4%
	Color Blind	8	<0.1%
	Deaf/Hard of Hearing	127	0.7%
	Other	27	0.2%
Subtotal Sensory		228	1.3%
Spectrum Disorders	Asperger's Syndrome	58	0.3%
	Autism	27	0.2%
	PDD-NOS	4	<0.1%
	Other	2	<0.1%
Subtotal Spectrum Disorders		91	0.5%
Other	Other	361	2.0%
Subtotal Other		361	2.0%
Total All Disabilities		17,793*	100%

*Students may report more than one disability so the total number of disabilities reported is higher than the actual number of students with disabilities reported as separated from the program during PY 2011.