

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2010

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 those 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) 2010 (July 1, 2010 through June 30, 2011): 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 56,202 students (PY 2010 Job Corps enrollment).¹ Additionally, this report provides an update on Job Corps' new 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 (9.5 percent) among entering Job Corps students is much higher than that of the same age group in the general population (2.0 percent for young adults ages 15 to 24).² However, it should be noted that Job Corps screens ALL students upon entry; national rates are based on self-selecting cases (i.e., individuals who seek or are in treatment). Early

¹ From OA OMS10 Total Arrivals accessed Sept 14, 2011.

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://wonder.cdc.gov/std-std-v2008-race-age.html>.

detection and treatment of Chlamydia infection by universal screening for all Job Corps students upon entry prevents further transmission of infection, and preserves fertility.

- 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 (0.3 percent) among entering Job Corps students is almost triple that of the general population aged 20-24 (0.1 percent).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 all substance use (drug and alcohol) on suspicion after entry. Third, Job Corps requires that all centers have at least a full-time 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**

- Pre arrival 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)

³ Centers for Disease Control. (2009). Sexual and reproductive health of persons ages 10-24 years—United States, 2002-2007. MMWR. 58(SS-6), 1-60.

Nationwide, the rate of reported drug use in young adults has slightly increased since 2006 (19.8 percent, 2006; 21.5 percent, 2010).⁴ For the same time period, Job Corps has seen a decline in positive on-entry substance abuse (23.5 percent, PY 2006; 21.4 percent, PY 2010).

- 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 66 days over the past 5 years (191 days, PY 2006; 257 days, PY 2010), nearly approaching the overall ALOS for all Job Corps students (280 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 each cause of death, Job Corps experienced a lower mortality rate in PY 2010 when compared to national statistics. Additionally, the vast majority of student deaths occur off center, while students are on leave.
 - Unintentional injury (Job Corps rate, 8.9 per 100,000; national rate, 38.5 per 100,000)
 - Homicide (Job Corps rate, 5.3 per 100,000; national rate, 13.6 per 100,000)
 - Suicide (Job Corps rate, 1.8 per 100,000; national rate, 10.5 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
- Provide students with information on available crisis resources and how to seek assistance
- Provide students with information on surrounding communities near centers that may be unsafe
- During student assemblies, provide tips on how to avoid accidental injuries
- Regional Health Specialists will address topic of suicide prevention and enhancing student safety on monthly teleconferences with center health staff

⁴ SAMSHA. (2011). Results from the 2010 National Survey on Drug Use and Health: National Findings. Retrieved Oct 17, 2011 from <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.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 19, 2011 from <http://www.cdc.gov/injury/wisqars/index.html>.

- In June 2011, the percentage of people with disabilities in the labor force was 21.3. By comparison, the percentage of persons with no disability in the labor force was 70.2.⁶
- Kathy Martinez, Assistant Secretary of Labor for the Office of Disability Employment Policy, testified before the U.S. Senate Committee on Health, Education, Labor and Pensions to discuss the U.S. Department of Labor's public and private partnership initiatives designed to connect people with disabilities and employment opportunities, states, "The ultimate goal is to increase employment opportunities for people with disabilities . . . Technology now allows us to participate in the workforce, and it can be the great equalizer."⁷

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 2010, 20.4 percent of Job Corps students disclosed they had a disability, which is double the national rate of 10.4 percent for the same age group.⁸ Learning disability is the most commonly reported, accounting for 47.8 percent of all disabilities reported in Job Corps.⁹

Areas to Enhance Success For Students with Disabilities

- New policy guidance will ensure (1) a consistent approach to assessing applicant suitability for Job Corps, and (2) appropriate accommodations to ensure equal access
- Staff development on new policy guidance (webinars , technical assistance provided by Regional Disability Coordinators, and website updates)
- Regional Disability Coordinators monitors disability data monthly and conducts monthly conference calls with the center disability coordinators

⁶ Retrieved Jul 14, 2011 from <http://www.dol.gov/odep/media/whatsnew/>.

⁷ Retrieved Jul 14, 2011 from <http://www.dol.gov/opa/media/press/odep/odep20111061.htm>.

⁸ Braunt, M.W. for the US Department of Commerce, Census Bureau. (2008) Americans with disabilities: 2005. Current Population Reports. Retrieved Jul 12, 2011 from <https://census.gov/prod/2008pubs/p70-117.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 re-infection 4 weeks after a positive test result. The national laboratory contractor 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 2010, 66,352 Chlamydia tests¹⁰ were performed with 6,228 positive results for an overall rate of 9.4 percent. Females had a slightly higher overall rate of positive test results than males (11.2 percent for females, 8.0 percent for males).

- **Entry Testing:** Of the 66,352 total tests, 57,850 tests were performed on entry to Job Corps. Of those tested on entry, 9.5 percent were positive for Chlamydia. Of the students who tested positive on entry, 10.3 percent were symptomatic at the time of their examination. Positive test results on entry were higher for females than for males (11.8 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. re-infection). Of the 8,502 tests conducted after entry, 8.5 percent were positive for Chlamydia (symptomatic, 8.9 percent; retest, 8.0 percent). Positive test results were slightly higher for males than for females (9.1 percent for males, 8.2 percent for females).

The table on the next page displays positive Chlamydia rates by gender and test category for PY 2010.

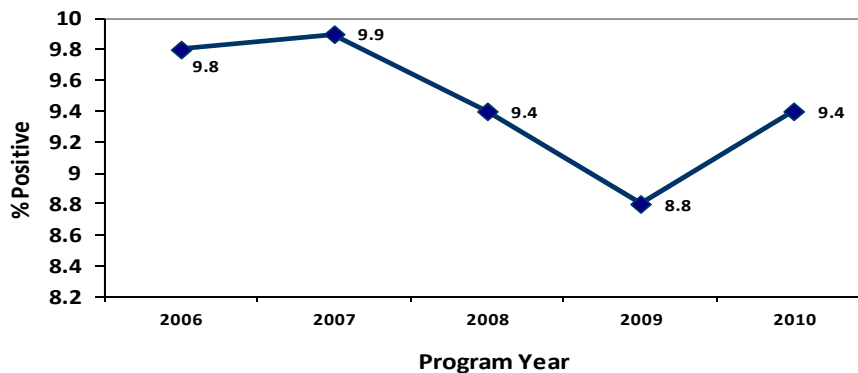
¹⁰ Some students are tested multiple times for Chlamydia (i.e., symptomatic or a test for re-infection); therefore, overall prevalence rates are calculated based on the total number of tests, not individual students.

Positive Chlamydia Rates by Test Category and Gender for PY 2010

Overall Rates (N=66,352)			
Test Category	% Males	% Females	% Total
Total All Tests	8.0 %	11.2 %	9.4 %
Entry Rates (N=57,850 Tests)			
Test Category	% Males	% Females	% Total
Asymptomatic	7.9%	11.9%	9.5%
Symptomatic	9.4%	10.9%	10.3%
Total Tests On Entry	7.9 %	11.8 %	9.5 %
After Entry Rates (N=8,502 Tests)			
Test Category	% Males	% Females	% Total
Symptomatic	10.3%	8.1%	8.9%
Retest	7.8%	8.2%	8.0%
Total Tests After Entry	9.1 %	8.2 %	8.5 %

The Chlamydia rate in Job Corps has remained fairly stable over the past 5 years, although there was a slight decrease in overall prevalence last year (PY 09), as shown in the table below.

**Chlamydia Prevalence in Job Corps
PY 2006 to PY 2010**



Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2009, 1,225,913 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, and, like the symptoms, the damage caused can be "silent."¹²

In PY 2010, the rate of Chlamydia infection in Job Corps was 9.4 percent among *entering* Job Corps students. The 2009 national rate for Chlamydia infection was 2.0 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=4.7).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, adolescent girls ages 15 to 19 have the highest rate of Chlamydia infection at 3,315 per 100,000 females. Women ages 20 to 24 come in a close second at a rate of 3,187 cases per 100,000 females.¹⁶
- The CDC reports a disproportionately high prevalence for Chlamydia and other STIs among racial minorities. In 2009, African Americans represented 12 percent of the population; however, they accounted for 35 percent of Chlamydia cases.¹⁷ Over 50 percent of Job Corps students describe themselves as African American.

¹¹ Retrieved Aug 31, 2011 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

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 Aug 23, 2011 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, 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 <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>, op cit.

¹⁶ Retrieved Aug 31, 2011 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

¹⁷ Retrieved Aug 31, 2011 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

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 re-infection.
 - 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.

Testing and Data Collection

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 8, 2011 from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=32468>

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.

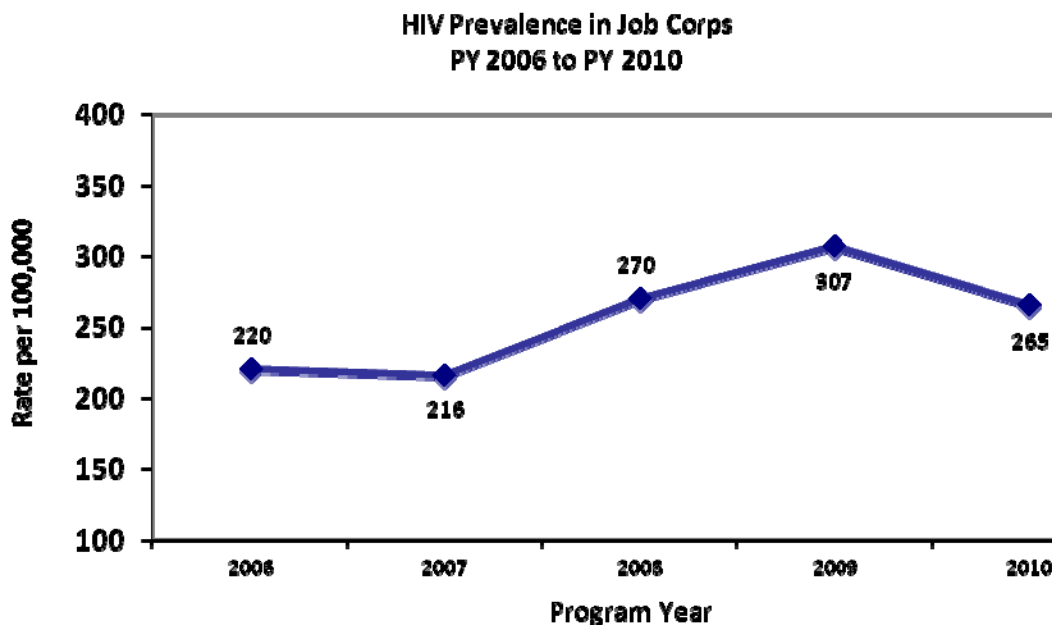
Results

During PY 2010, 58,154 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 (154 positive results) were positive for HIV. Males accounted for the majority of positive HIV tests. Of the 34,234 males tested, 123 tested positive for a rate of 359 per 100,000 male students. Of the 23,866 females who were tested, 31 tested positive for a rate of 130 per 100,000 female students.

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

- Pregnancy (one student)
- Positive for an STI (three students)
- Other medical indicators (three students)

Since PY 2006, the HIV rate per 100,000 students in Job Corps has increased from 220 to 265, but declined in this PY after rising for the two previous PYs. The graph below displays the number of HIV positive students per 100,000 in Job Corps from PY 2006 through PY 2010.



Population Comparison

The CDC estimates that 30 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 110 per 100,000.¹⁹ Job Corps' HIV rate (265 per 100,000) is about two and a half times the national rate when compared to young adults ages 20-24 (OR=2.4) 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 nearly seven times higher than that of White Americans (OR=6.8).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 greater than 50 percent African American, slightly over 25 percent White, nearly 20 percent Hispanic, and about 5 percent API/American Indian .

Similar to trends found in Job Corps, estimated HIV/AIDS prevalence has increased nationwide during the 2000s. Between 2005 and 2008, there was an 8 percent increase in the estimated nationwide prevalence of HIV. This may be due to an actual increase in HIV infection or changes in testing or reporting requirements.²² 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 among some people.²³ 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.^{24,25}

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 MMWR. 58(SS-6), 1-60, op cit.

²⁰ Centers for Disease Control. (2009). Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009. Vol. 21. <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/table18a.pdf>

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 Centers for Disease Control and Prevention. (2010). Diagnoses of HIV infection and AIDS in the United States and Dependent Areas, 2008. Retrieved Oct 17, 2011 from <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/commentary.htm>.

²³ Centers for Disease Control and Prevention. (2006). Twenty-five years of HIV/AIDS—United States, 1981-2006. *MMWR*. 55(21), 585-589.

²⁴ 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.

²⁵ 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.²⁶

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.²⁷ 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.²⁸
 - 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.^{29,30}
- Staff education
 - Online resources are available to educate staff on HIV/AIDS prevention, treatment, and counseling strategies.
 - Job Corps 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.

²⁶ 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.

²⁷ The Kaiser Family Foundation's *National Survey of Teens on HIV/AIDS, 2000*.

²⁸ Glenn, B.L., Wilson, K.P. (2008). African American adolescent perceptions of vulnerability and resilience to HIV. *Journal of Transcultural Nursing*. 19, 259-268.

²⁹ 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.

³⁰ 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.

3. Trainee Employee Assistance Program (TEAP)

Misuse of alcohol and drugs adversely affects many young people as well as 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 at least a full-time staff position dedicated to maintaining the Trainee Employee Assistance Program (TEAP) which provides assessment, intervention, prevention, and education services to all students. This addiction specialist initially conducts comprehensive 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 with intervention services provided to those testing positive. The TEAP Specialist works closely with health and wellness staff, as well as with staff center-wide in a collaborative effort to promote a healthy substance-free lifestyle among students as one way of improving their employability skills. Further, 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 by the addiction specialist in the use of the device which measures the presence or absence of alcohol in the breath.

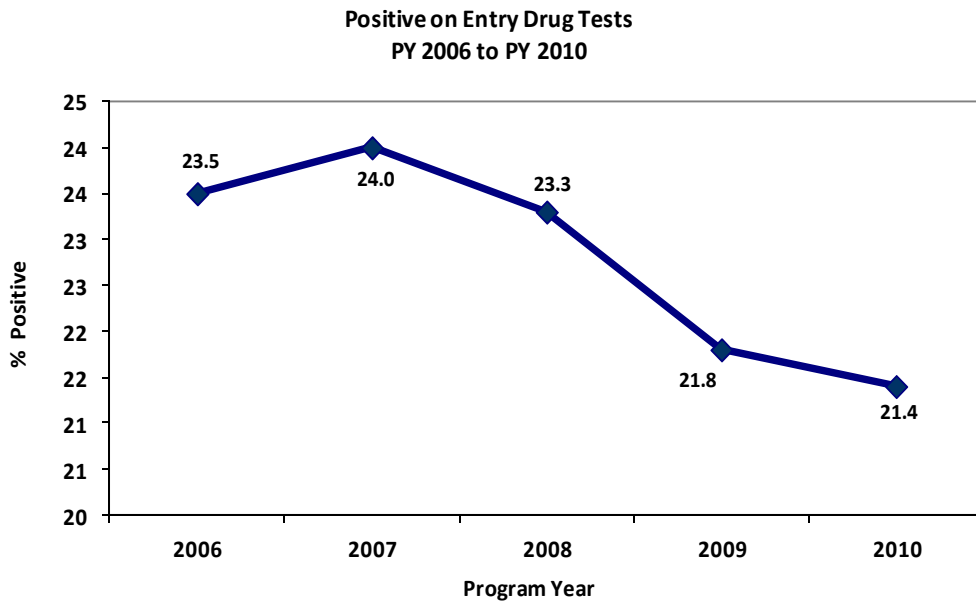
Urine toxicology drug screens are sent from Job Corps centers to the nationally contracted laboratory to be tested. Monthly data is sent from the nationally contracted laboratory to the National Office of Job Corps. Alcohol test results are entered quarterly by health and wellness staff into an electronic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

Results

Drug Use on Entry: During PY 2010, 21.4 percent of 56,395 drug tests performed on entry were positive for an illegal substance.

Of the positive tests on entry, 94.0 percent tested positive for THC (marijuana), 3.5 percent tested positive for amphetamines, 1.1 percent tested positive for cocaine, 0.7 percent tested positive for amphetamines, 0.4 percent tested positive for phencyclidine (PCP), and 0.3 percent tested positive for opiates. Of all students tested, 20.9 percent were positive for single drug use and 0.5 percent were positive for multiple drug use.

From PY 2006 through PY 2010, there was a 9.0 percent decrease in positive drug tests on entry. The graph on the next page illustrates the 5-year trend from PY 2006 through PY 2010.



45-Day Probationary Period Drug Tests: During PY 2010, 15.6 percent of students tested at the end of the 45-day probationary period were positive. A total of 12,091 students tested positive for drugs on entry; however, only 10,597 were retested at 45 days. This means that 1,494 students or 12.4 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 2006 through PY 2010, as well as the number of students who tested positive on entry but separated before the 45-day test. There has been a decrease over the past 4 years in the number of tests and percent positive in the 45-day probationary drug tests. It should also be noted that 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 2006	PY 2007	PY 2008	PY 2009	PY 2010
45-Day Probationary Period Drug Tests					
Number Tested	11,847	12,462	12,017	11,154	10,597
Percent Positive	17.3	18.1	16.8	16.6	15.6
Separation Prior to 45-Day Drug Test					
Number Separated	2,890	2,700	2,222	1,830	1,494
Percent	19.6	17.8	15.6	14.1	12.4

Suspicion Drug and Alcohol Tests: Since PY 2006, the percentage of positive suspicion drug tests has risen slightly (41.2 percent in PY 2006, 43.1 percent in PY 2010).

A total of 5,587 students were tested for alcohol on suspicion. Of these students, 71.0 percent were positive. Since PY 2006, the percentage of positive alcohol tests on suspicion has remained stable.

The following table shows testing numbers and results for the 5-year period, PY 2006 through PY 2010.

Suspicion Drug Tests and Alcohol Tests by Program Year					
	2006	2007	2008	2009	2010
Suspicion Drug Tests					
Number Tested	9,939	9,922	9,033	7,416	6,601
Percent Positive	41.2	41.6	41.9	43.7	43.1
Suspicion Alcohol Tests					
Number Tested	6,823	7,211	7,700	6,825	5,587
Percent Positive	68.5	70.5	68.1	67.3	71.0

A detailed TEAP report, which includes national, regional, and center data for PY 2010, 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 79,000 deaths per year.³¹
- A factor in approximately 32 percent of all deaths from motor vehicle crashes.³²
- Linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior.³³
- Associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.³⁴

According to *self-reported* drug test results from the 2010 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 21.5 percent of 18 to 25 year olds reported illicit drug use during the past month.³⁵ During PY 2010, 21.4 percent of Job Corps students tested positive for illicit drugs on entry. Job Corps is statistically the same as national average for use of illegal substances when compared to young adults aged 18 to 25 (OR=1).

³¹ CDC. [Alcohol-attributable deaths and years of potential life lost—United States, 2001](#). *Morbidity & Mortality Weekly Report* 2004; 53(37):866–870. Retrieved Oct 17, 2011.

³² U.S. Department of Transportation. [Fatality Analysis Reporting System \(FARS\) Web-based Encyclopedia](#), 2009. Retrieved Oct 17, 2011

³³ Substance Abuse and Mental Health Services Administration. [The relationship between mental health and substance abuse among Adolescents](#). Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

³⁴ Naimi TS, Brewer RD, Mokdad A, Denny C, Serdula MK, Marks JS. Binge drinking among US adults. *JAMA* 2003;289:70-75.

³⁵ SAMSHA. (2011). Results from the 2010 National Survey on Drug Use and Health: National Findings. Retrieved Sept 15, 2011 from <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm>.

Marijuana is the most popular illicit drug both in Job Corps and nationwide. Nationwide, 18.5 percent of young adults reported marijuana use during the month prior to SAMHSA's 2010 National Survey on Drug Use and Health.³⁶ Of those who reported drug use, 84.2 percent used marijuana. In Job Corps, of those students who tested positive for drugs, 94.0 percent tested positive for marijuana.

Nationwide, the prevalence of reported current drug use in young adults has slightly increased since 2006 (19.8 percent³⁷ in 2006 vs. 21.5 percent in 2010). From PY 2006 to PY 2010, Job Corps has seen a decline in positive on-entry substance use (23.5 percent in PY 2006 to 21.4 percent in PY 2010). The decline in positive drug tests on entry may be attributed to frequent pre-arrival calls to incoming students. During this call, center TEAP Specialists remind students about Job Corps' drug-free environment and zero tolerance policy. They review the implications for testing positive on entry and assist students in developing strategies to cease their drug use. Applicants are advised that substance use may result in serious sanctions or separation from the program. The TEAP Specialists 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:
 - The role of drugs and alcohol in sexual assault and STI transmission
 - 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
- Centers should continue or initiate pre-arrival 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 their student orientations as well as intervention services, as well as staff training.
- This past year, a national workgroup convened to review and provide suggested revisions to current zero tolerance policies, toxicology testing and surveillance, and TEAP services. Work has begun on specific tasks including developing an overall plan for TEAP revision, conducting research, and analyzing data. Next steps

³⁶ SAMSHA. (2011). Results from the 2010 National Survey on Drug Use and Health: National Findings. Retrieved Sept 15, 2011 from <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm>.

³⁷ SAMSHA. (2007). Results from the 2006 National Survey on Drug Use and Health: National Findings. Retrieved Sept 15, 2011 from <http://oas.samhsa.gov/nsduh/2k6nsduh/2k6results.cfm>

may include participating in on-site TEAP reviews and assisting with the development of a recommendations report and all subsequent policy and guidance materials.

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 1 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 2010 totaled 3,366; a 3.7 percent decrease over PY 2009. Medical separations as a percentage of total Job Corps separations remained constant over the past 3 program years at about 5.7 percent of the total Job Corps separations.

The following table is a summary of the medical separation data from PY 2006 through PY 2010.

Category	Job Corps Medical Separation Data by Program Year				
	2006	2007	2008	2009	2010
Pregnancy	15%	14%	12%	11%	11%
Physical Health	32%	32%	34%	43%	39%
Oral Health	N/A	N/A	N/A	<1%	2%
Mental Health	29%	30%	26%	23%	24%
Alcohol, Illicit Drugs, Nicotine	6%	4%	4%	4%	4%
Miscellaneous	18%	20%	24%	18%	21%
Total Medical Separations	3,001	3,011	3,523	3,495	3,366
Percent of Total Job Corps Separations	4.7%	4.7%	5.7%	5.6%	5.7%
ALOS (Days) Medical Separations	191	209	238	267	257
ALOS (Days) Total Job Corps	240	237	250	270	280

A detailed table of medical separation data for PY 2010 is shown in Attachment B.

Implications for Job Corps

All Separations: The average length of stay for medically separated students has increased 66 days over the past 5 years (191 days, PY 2006; 257 days, PY 2010), steadily approaching the overall ALOS for all Job Corps students (280 days). Implementation of chronic care management plans, which provide guidance to center health staff on how to monitor and manage chronic health conditions (e.g., diabetes, asthma), combined with improved case management of students with disabilities, is believed to contribute to this substantial 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 and PY 2010 over the previous 3 PYs 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. In PY2010, there was a slight decrease in medical separations due to physical reasons to 39 percent. The ALOS for this category increased by 22 days, from 265 days in PY 2008 to 287 days in PY 2009, but then decreased slightly to 280 days in PY 2010.

Oral Health: A very small percentage of students (1.5 percent) are separated from Job Corps for oral health related illness or injury. Over half 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 2006—from 29 percent of all medical separations in PY 2006 to 24 percent in PY 2010. The ALOS in this category has increased from 142 days in PY 2006 to 185 days in PY 2010. 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 4 years. During PY 2010, the ALOS for this category has remained exactly the same, with 210 days in PY 2009 and PY 2010.

5. Student Deaths

A student death is rare. About 20 or fewer deaths typically occur throughout Job Corps during any given program 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.

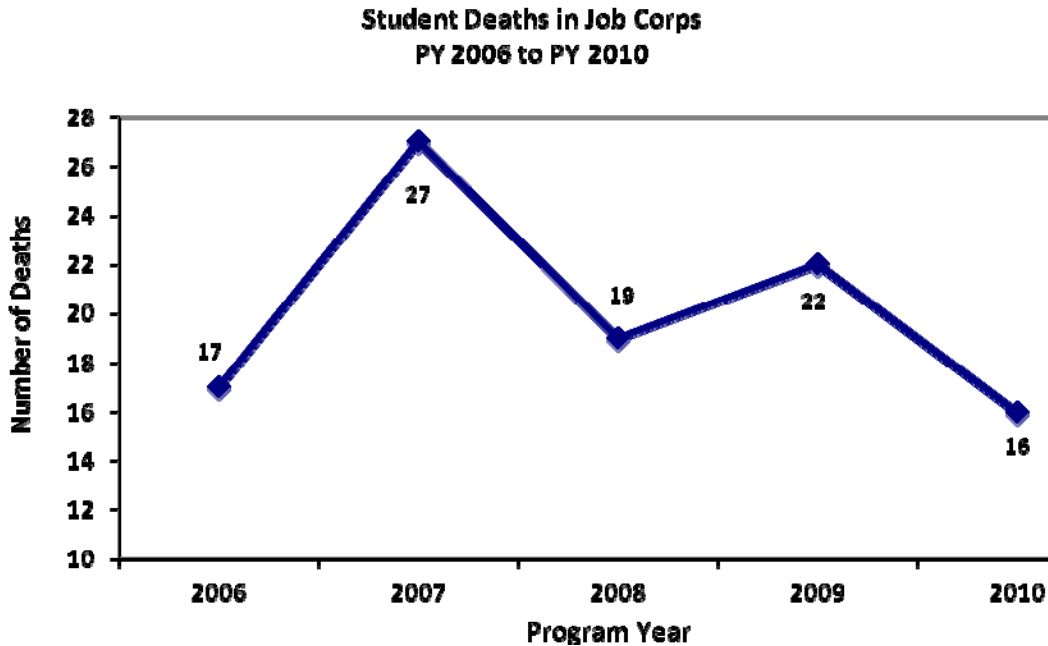
Results

During PY 2010, 16 Job Corps enrollee deaths occurred. These deaths occurred at 13 Job Corps centers. As highlighted in the table below, most deaths are the result of a medical condition or accidental injury.

Student Deaths by Category and Cause of Death PY 2010		
# Deaths	Category	Cause of Death(s)
6	Medical	Brain aneurysm (1) Cardiopulmonary arrest (1) Seizure disorder (1) Congenital defect (1) Heart condition (final cause of death pending) (1) Unknown (1)
5	Accidental Injury	Struck by train (2) Motor vehicle accident (1) Bicycle accident (1) Stuck by car (1)
3	Homicide	Gunshot wound (3)
1	Undetermined	Not specified (1)
1	Suicide	Hanging (1)

Highlights:

- Until PY 2009, the previous 5 years showed the rank order of the causes of student death to be accidental death, followed by medical, homicide, suicide, and undetermined. Once again in PY 2010, medical deaths surpassed accidental deaths.
- The majority of student deaths occurred off center while the student was on leave/pass, AWOL or off center, and off duty. The ratio of off-center to on-center deaths for the 5-year period is 6 to 1—for every death on center, there have been 6 off center. During PY 2010, 87.5 percent of the deaths occurred off center.
- Eleven decedents were male; 5 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, if not impossible. The chart on the next page shows the variability in the number of student deaths from PY 2006 through PY 2010.



Attachment C provides a table detailing the cause of death, location the incident occurred, student status at time of incident, and gender from PY 2006 through PY 2010.

Population Comparison

The mortality rate in Job Corps during PY 2010 was 28.5 per 100,000. In 2007, the most recent year for which national data is available, there were 79.9 deaths per 100,000 persons age 15-24.³⁸ Job Corps' mortality rate was less than half of that of the general population (OR=0.45). Mortality causes showed similar trends:

- The national rate of death by unintentional injury in young adults ages 15-24 was 38.5 per 100,000. In PY 2010, Job Corps' rate of death from unintentional injury was 8.9 per 100,000.
- The national rate of death from homicide for youth was 13.6 per 100,000. In PY 2010, Job Corps' homicide rate was 5.3 per 100,000.³⁹
- The national rate for suicide for youth was 10.6 per 100,000. During PY 2010, Job Corps' suicide rate was 1.8 per 100,000.

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 very small number of these deaths occurred when students were on center.

³⁸ Centers for Disease Control and Prevention. (2010). Death rates by 10-year age groups: United States and each state, 2007. *National Vital Statistics System, Mortality*. Retrieved Sept 14, 2011 from http://www.cdc.gov/nchs/data/dvs/MortFinal2007_Worktable23r.pdf.

³⁹ Retrieved Sept 19, 2011 from <http://www.cdc.gov/injury/wisqars/index.html>, op cit.

In 2007, the CDC reported that males between 15 and 24 years old were approximately three times more likely to die than their female counterparts (OR=3.0). When averaged over Job Corps' 5-year reporting period, the ratio of male to female deaths in Job Corps was consistent with the national average.

Implications for Job Corps

- 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 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 and may have played a role.
- During PY 2010, several student deaths occurred early in the student's stay in Job Corps. This highlights the importance of the cursory examination to identify any active serious medical or mental health problems. 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 center mental health consultant may be in order for some of these students.
- Drugs did not play a role in any student deaths during PY 2010. Yet it is still 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 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.

Results

In PY 2010, 20.4 percent (12,151) of the 59,504 students who separated from Job Corps disclosed they had a disability⁴⁰, which is a slight increase over PY 2009 (19.4 percent). For each student who discloses a disability

⁴⁰ Number of student separations for PY 2010 retrieved from EIS on Jul 14, 2011. The actual number of disabilities disclosed in PY 2010 was 15,689; students may disclose more than one 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 2010, two categories of disability accounted for over three-fourths of reported disabilities:

- *Cognitive disabilities* (64.4 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* (17.7 percent) disrupt the way emotions are processed and expressed. Examples of mental health disabilities can include mood disorders (e.g., depression, bipolar disorders), anxiety disorder (e.g., panic disorder, post-traumatic stress disorder), personality disorder (e.g., borderline personality disorder), psychotic disorder (e.g., schizophrenia), and serious emotional disturbance.

Specific Disability: The top four identified disabilities (as a percent of all disabilities) reported among Job Corps students during PY 2010 were:

- Learning disabilities (47.8 percent)—the number of students reporting a learning disability increased by 6.6 percent from 7,046 in PY 2009 to 7,513 in PY 2010.
- Attention deficit/hyperactivity disorder (12.3 percent)—the number of students reporting AD/HD increased by 4 percent from 1,859 in PY 2009 to 1,935 PY 2010.
- Mood disorders (8.6 percent)—the number of students with a mood disorder decreased by 11.7 percent from 1,538 in PY 2009 to 1,358 in PY 2010.
- Asthma (4.4 percent)—the number of students with chronic asthma decreased by 21.6 percent from 882 in PY 2009 to 691 in PY 2010.

Attachment D contains data on specific disabilities within each disability category and the frequency each was reported in PY 2010.

Population Comparison

- The percentage of students with disabilities served by the Job Corps program in PY 2010 was 20.4 percent. This percentage is higher than the national rate of 10.4 percent for young adults ages 15-24.⁴¹ 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.

⁴¹ Retrieved Jul 12, 2011 from <https://www.census.gov/prod/2008pubs/p70-117.pdf>, op cit.

- Many public high schools have poor transition planning for students with disabilities. Students exit the system unprepared for how to advocate for themselves or how to fully engage with and interact in the employment sector.
- 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 is planned for release in PY 2011. This new guidance will ensure (1) a consistent approach to assessing applicant suitability for Job Corps, and (2) that appropriate accommodations are provided to student with disabilities.
- A major emphasis will be on staff development after the new policy is released. Job Corps National Office staff are planning events (webinars, teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Community website) to ensure staff have the knowledge, skills, and resources to fully implement new requirements.
- Regional Disability Coordinators (RDIC) monitor disability data monthly and conduct monthly conference calls with center disability coordinators.

7. Healthy Eating and Active Lifestyles Program

About one-third of U.S. adults (33.8%) are obese and many obesity-related conditions including heart disease, stroke, and type 2 diabetes are preventable.⁴² 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 and high cholesterol, breathing problems, such as sleep apnea, and asthma and joint problems and musculoskeletal discomfort.⁴³ 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.⁴⁴ In 2008, medical costs associated

⁴² 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.

⁴³ Basics about Childhood Obesity. Retrieved Nov 14 <http://www.cdc.gov/obesity/childhood/basics.html>.

⁴⁴ <http://www.cdc.gov/obesity/childhood/basics.html> op cit

with obesity were estimated at \$147 billion and the medical costs paid by third-party payors for people who are obese were \$1,429 higher than for those of normal weight.⁴⁵

With such high rates of obesity Job Corps created the Healthy Eating and Active Lifestyles (HEALS) program. 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 web sites, Food and Nutrition and Healthy Eating and Active Lifestyles, and PRH changes were released to the field in spring 2011. In order to help centers with this new program, numerous training opportunities have been offered. Over 800 Job Corps staff members have been trained on the HEALS program and policy through presentations at Job Corps National Health and Wellness Conferences, the National Job Corps Association Policy Forum, and through webinars.

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
- Staff development (webinars, website updates)

Since implementation, centers have made environmental changes and enhanced programs. Many centers have phased out soda and other sugar-sweetened beverages, limited fried foods, expanded fitness offerings based on student requests, and implemented goal-oriented weight management programs.

On May 31 2011, CIS Release Notes announced a new field for centers to record Body Mass Index (BMI) and waist circumference. Recently, Job Corps began collecting BMI and waist circumference data in CIS.

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. health-care system; lost productivity amounts to billions of dollars annually⁴⁶. The CDC also reports the vast majority of people (80 percent) being using tobacco before they reach adulthood. Hence, it is critical for Job Corps to have strong tobacco prevention and cessation policies and programs. While tobacco-prevention activities should focus primarily on youth and adolescents, the population at Job Corps, including staff, will find these activities just as beneficial. Most states have created public health laws that prohibit smoking in workplaces, including schools, school grounds, and vehicles transporting children and school personnel. Federal law bans smoking in all indoor facilities owned or leased by schools.⁴⁷

⁴⁵ Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates. Health Aff September/October 2009 28:5w822-w831.

⁴⁶ <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

⁴⁷ <http://tobaccofreepolicy.org/content/eight-reasons>

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. At a minimum, this program shall 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**

- Prohibition of staff smoking with students
- Construction of 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 smoke free during the training day or become a smoke free campus

In addition to providing a comprehensive TUPP, many Job Corps centers are taking a strong stance against tobacco use by requiring their campuses to be smoke free. An informal poll completed by Health and Wellness Managers indicated that 35 centers are completely smoke free campuses, while another 8 centers are smoke free during the training day. Additionally, 13 other centers noted that they were planning to become smoke free in the future.

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2010**

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	238	2.5%	4	50.0%	8	12.5%	0	0.0%
Barranquitas	274	8.4%	17	23.5%	92	40.2%	6	66.7%
Brooklyn	241	6.6%	17	23.5%	3	33.3%	1	100.0%
Cassadaga	414	24.9%	95	6.3%	75	13.3%	6	16.7%
Delaware Valley	550	30.9%	152	7.9%	41	75.6%	45	57.8%
Edison	713	22.6%	204	13.2%	58	48.3%	56	92.9%
Exeter	194	22.2%	56	14.3%	14	71.4%	9	100.0%
Glenmont	459	30.3%	105	12.4%	32	50.0%	53	96.2%
Grafton	345	24.6%	84	11.9%	31	61.3%	32	90.6%
Hartford	271	36.2%	85	5.9%	46	37.0%	22	36.4%
Iroquois	410	27.8%	118	16.1%	46	60.9%	19	78.9%
Loring	558	32.4%	146	10.3%	48	35.4%	75	56.0%
New Haven	219	26.0%	42	28.6%	30	43.3%	29	86.2%
Northlands	438	23.3%	74	8.1%	84	52.4%	91	75.8%
Oneonta	463	30.2%	132	13.6%	31	38.7%	47	48.9%
Penobscot	534	22.3%	107	12.1%	88	56.8%	193	66.8%
Ramey	364	14.6%	39	28.2%	43	72.1%	4	50.0%
Shriver	261	19.2%	42	21.4%	18	72.2%	25	88.0%
South Bronx	329	17.0%	55	20.0%	12	41.7%	34	55.9%
Westover	704	29.3%	196	16.8%	81	63.0%	55	43.6%
Region 1 Total	7,979	24.1%	1,770	13.4%	881	49.3%	802	68.7%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2010**

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	237	6.8%	13	7.7%	9	11.1%	17	88.2%
CD Perkins	407	19.4%	78	11.5%	57	45.6%	36	97.2%
Charleston	568	27.3%	147	27.2%	54	57.4%	77	100.0%
EC Clements	1802	31.4%	518	13.1%	100	55.0%	15	93.3%
Flatwoods	261	33.7%	71	11.3%	38	28.9%	35	40.0%
Frenchburg	248	31.0%	55	10.9%	48	37.5%	4	50.0%
Great Onyx	327	32.1%	87	13.8%	54	35.2%	5	20.0%
Harpers Ferry	246	21.1%	39	2.6%	30	36.7%	19	94.7%
Keystone	853	17.7%	161	11.8%	62	51.6%	69	75.4%
Muhlenberg	572	22.7%	129	10.1%	91	24.2%	53	45.3%
Old Dominion	514	23.2%	107	11.2%	94	54.3%	31	71.0%
Philadelphia	436	17.2%	71	25.4%	2	50.0%	0	0.0%
Pine Knot	268	19.0%	43	9.3%	28	21.4%	0	0.0%
Pittsburgh	971	8.8%	76	7.9%	71	54.9%	91	83.5%
Potomac	521	21.5%	117	19.7%	39	66.7%	62	87.1%
Red Rock	465	23.7%	96	10.4%	19	52.6%	3	66.7%
W.M. Young, Jr.	164	15.2%	21	38.1%	4	75.0%	12	66.7%
Wilmington	661	26.2%	161	18.6%	134	50.0%	3	100.0%
Woodland	333	27.9%	91	12.1%	48	70.8%	16	75.0%
Woodstock	515	18.3%	106	6.6%	59	62.7%	23	78.3%
Region 2 Total	10,369	22.7%	2,187	14.0%	1,041	48.0%	571	78.3%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2010**

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	845	20.1%	142	35.2%	0	0.0%	5	100.0%
Bamberg	332	21.4%	65	15.4%	30	63.3%	20	75.0%
Benjamin L. Hooks	474	25.3%	116	26.7%	52	50.0%	16	50.0%
Brunswick	564	23.6%	114	16.7%	37	56.8%	15	93.3%
Finch Henry	442	26.9%	117	20.5%	39	56.4%	22	95.5%
Gainesville	431	17.6%	63	12.7%	22	72.7%	111	61.3%
Gulfport	220	20.0%	36	30.6%	11	54.5%	20	30.0%
Homestead	536	16.6%	93	17.2%	32	56.3%	5	100.0%
Jacksonville	453	19.4%	89	15.7%	31	54.8%	13	84.6%
Jacobs Creek	443	22.3%	53	3.8%	62	12.9%	8	37.5%
Kittrell	503	24.9%	127	24.4%	93	52.7%	26	80.8%
LB Johnson	363	26.4%	79	10.1%	38	47.4%	3	33.3%
Miami	474	25.3%	116	26.7%	52	50.0%	16	50.0%
Mississippi	307	11.7%	32	15.6%	24	37.5%	1	100.0%
Montgomery	657	26.5%	126	7.9%	85	47.1%	8	62.5%
Oconaluftee	488	18.2%	77	19.5%	28	57.1%	5	100.0%
Schenck	100	22.0%	20	15.0%	5	40.0%	0	0.0%
Turner	350	23.7%	61	18.0%	56	41.1%	12	66.7%
Region 3 Total	8,611	21.6%	1,696	17.8%	718	49.4%	311	66.2%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2010**

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	432	16.2%	68	19.1%	26	76.9%	125	96.8%
Anaconda	284	23.9%	60	6.7%	81	19.8%	8	50.0%
Boxelder	258	30.2%	61	8.2%	48	35.4%	13	69.2%
Carville	303	18.8%	50	8.0%	49	53.1%	2	0.0%
Cass	318	24.2%	59	10.2%	94	34.0%	9	100.0%
Clearfield	1155	19.5%	216	12.5%	310	23.5%	337	97.3%
Collbran	225	26.2%	39	10.3%	30	50.0%	0	0.0%
DL Carrasco	540	6.5%	44	11.4%	118	40.7%	9	77.8%
Gadsden	308	15.6%	45	24.4%	29	48.3%	12	50.0%
Gary	2402	23.2%	490	18.2%	205	71.2%	230	94.3%
Guthrie	1056	23.2%	182	17.0%	120	38.3%	45	97.8%
Kicking Horse	302	21.9%	51	9.8%	84	44.0%	9	88.9%
Laredo	253	2.4%	6	33.3%	20	40.0%	18	100.0%
Little Rock	475	28.8%	124	24.2%	18	77.8%	1	100.0%
New Orleans	298	6.4%	21	61.9%	17	52.9%	0	0.0%
North Texas	815	22.8%	134	14.2%	66	56.1%	19	100.0%
Ouachita	355	29.9%	82	19.5%	69	29.0%	5	100.0%
Pinellas County	153	20.3%	28	17.9%	8	50.0%	4	100.0%
Quentin Burdick	338	19.8%	34	20.6%	58	43.1%	17	82.4%
Roswell	294	14.3%	48	18.8%	27	74.1%	39	92.3%
Shreveport	459	13.3%	42	16.7%	61	52.5%	4	100.0%
Talking Leaves	472	21.0%	80	25.0%	40	72.5%	44	81.8%
Trapper Creek	282	26.6%	62	8.1%	71	22.5%	0	0.0%
Treasure Lake	313	27.5%	53	1.9%	151	33.8%	5	100.0%
Tulsa	497	26.8%	109	17.4%	20	65.0%	22	100.0%
Weber Basin	199	18.6%	28	14.3%	25	24.0%	15	100.0%

Region 4 Total	12,786	20.9%	2,216	16.3%	1,845	42.0%	992	94.0%
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**Trainee Employee Assistance Program (TEAP) Report
Program Year 2010**

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	723	21.0%	125	12.8%	96	45.8%	41	78.0%
Blackwell	233	15.0%	22	4.5%	54	20.4%	5	60.0%
Cincinnati	318	26.1%	79	26.6%	22	68.2%	27	81.5%
Cleveland	614	23.8%	119	18.5%	29	69.0%	46	76.1%
Dayton	393	27.0%	109	8.3%	58	67.2%	54	100.0%
Denison	205	13.2%	24	16.7%	41	34.1%	35	45.7%
Detroit	394	27.9%	95	15.8%	23	60.9%	4	100.0%
Excelsior Springs	623	18.0%	120	17.5%	49	53.1%	74	87.8%
Flint Hills	413	23.2%	81	23.5%	49	49.0%	29	86.2%
Flint-Genesee	458	28.6%	105	26.7%	19	73.7%	17	88.2%
Gerald R. Ford	371	33.7%	98	24.5%	16	62.5%	186	37.6%
Golconda	342	27.8%	72	9.7%	28	50.0%	36	5.6%
HH Humphrey	303	17.8%	43	18.6%	55	45.5%	39	66.7%
IndyPence	185	23.8%	38	31.6%	1	0.0%	0	0.0%
Joliet	386	27.5%	89	16.9%	33	57.6%	29	65.5%
Milwaukee	377	18.3%	42	21.4%	8	37.5%	11	36.4%
Mingo	300	15.7%	32	9.4%	93	7.5%	7	14.3%
Paul Simon Chicago	416	14.4%	48	10.4%	90	42.2%	93	81.7%
Pine Ridge	286	15.7%	35	2.9%	25	16.0%	56	19.6%
St. Louis	756	29.5%	208	12.0%	36	47.2%	434	16.4%
Region 5 Total	8,096	23.0%	1,584	16.7%	825	43.4%	1,223	45.1%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2010**

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	262	9.9%	12	25.0%	59	20.3%	3	66.7%
Angell	272	25.0%	58	12.1%	165	18.8%	41	41.5%
Cascades	340	15.9%	43	16.3%	111	29.7%	51	64.7%
Centennial	359	19.2%	51	11.8%	47	40.4%	14	78.6%
Columbia Basin	367	23.2%	61	8.2%	33	33.3%	49	42.9%
Curlew	246	27.6%	45	11.1%	35	25.7%	38	21.1%
Ft Simcoe	329	16.1%	46	15.2%	24	58.3%	84	76.2%
FG Acosta	264	22.3%	53	17.0%	63	34.9%	37	32.4%
Hawaii—Maui	121	7.4%	13	0.0%	18	38.9%	94	71.3%
Hawaii—Oahu	232	12.1%	20	20.0%	54	25.9%	12	91.7%
Inland Empire	359	12.5%	41	22.0%	26	53.8%	119	77.3%
Long Beach	284	10.6%	32	18.8%	36	30.6%	34	100.0%
Los Angeles	776	12.9%	80	23.8%	105	40.0%	48	79.2%
Phoenix	520	13.5%	61	16.4%	31	67.7%	73	91.8%
PIVOT	76	10.5%	10	10.0%	5	40.0%	0	0.0%
Sacramento	493	19.1%	91	24.2%	55	60.0%	13	100.0%
San Diego	701	15.1%	93	18.3%	38	39.5%	134	93.3%
San Jose	405	22.5%	74	12.2%	24	58.3%	89	100.0%
Sierra Nevada	565	13.8%	75	5.3%	33	63.6%	395	81.3%
Springdale	157	16.6%	22	18.2%	20	50.0%	24	79.2%
Timber Lake	251	21.1%	40	30.0%	106	20.8%	4	100.0%
Tongue Point	489	14.5%	64	9.4%	128	23.4%	281	65.1%
Treasure Island	440	12.7%	56	25.0%	18	66.7%	44	97.7%
Wolf Creek	246	19.1%	48	6.3%	86	25.6%	19	73.7%
Region 6 Total	8,554	16.3%	1,189	15.9%	1,320	33.4%	1,700	75.8%
National Total	56,395	21.4%	10,597	15.6%	6,601	43.1%	5,587	71.0%

**Job Corps Medical Separation Data
Program Year 2010**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	269	8.0%	249
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	86	2.6%	66
Subtotal Pregnancy/ ALOS	355	10.5%	315
Physical			
Infectious and Parasitic Diseases (001-139)	57	1.7%	284
Neoplasms (140-239)	8	0.2%	287
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	42	1.2%	195
Diseases of the Blood and Blood-Forming Organs (280-289)	22	0.7%	219
Diseases of the Nervous System and Sense Organs (320-389)	111	3.3%	253
Diseases of the Circulatory System (390-459)	22	0.7%	282
Diseases of the Respiratory System (460-519)	84	2.5%	321
Diseases of the Digestive System (530-579)	125	3.7%	319
Diseases of the Genitourinary System (580-629)	88	2.6%	269
Diseases of the Skin and Subcutaneous Tissue (680-709)	48	1.4%	280
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	122	3.6%	256
Congenital Anomalies (740-759)	6	0.2%	391
Symptoms, Signs, And Ill-Defined Conditions (780-799)	118	3.5%	244
Injury and Poisoning (800-999)	459	13.6%	294
Subtotal Physical/ ALOS	1,312	39.0%	280
Oral Health			
Dental Caries Beyond Job Corps Basic Care (521)	32	1.0%	174
Dental Abscess (522)	18	0.5%	99
Subtotal Dental/ ALOS	50	1.5%	273
Mental Health			
Attention Deficit and Disruptive Behavior Disorders (312-314)	61	1.8%	191
Cognitive Disorder NOS (294.90)	2	0.1%	289
Learning Disorders (315.9)	1	0.0%	152
Mental Retardation (317-319)	2	0.1%	184
Schizophrenia and other Psychotic Disorders (295, 297, 298)	105	3.1%	143
Mood Disorders (296, 311)	385	11.4%	197
Anxiety Disorders (300.00-300.3, 308.3, 309.81)	100	3.0%	196
Sexual and Gender Identity Disorders (302.00-302.9)	1	0.0%	155
Eating Disorders (307.1, 307.51)	5	0.1%	215
Dissociative Disorder (300.11-300.15)	4	0.1%	77
Hypochondriasis/Body Dysmorphic Disorder and Somatization Disorder (300.7, 300.8)	2	0.1%	39

**Job Corps Medical Separation Data
Program Year 2010**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Adjustment Disorders (309)	50	1.5%	176
Personality Disorders (301.0-301.9)	24	0.7%	167
Tourettes Disorder (307.23)	1	0.0%	404
Pervasive Developmental Disorders (299.8)	7	0.2%	176
Noncompliance with Medical Treatment (V15.81)	21	0.6%	140
Other conditions that may be a focus of clinical attention (V61, V61.20, V62.82)	12	0.4%	212
Unspecified Mental Disorder (Non Psychotic) (300.9)	20	0.6%	186
Mental Disorder NOS due to General Medical Condition (293.9)	7	0.2%	133
Subtotal Mental Health/ ALOS	810	24.1%	185
Alcohol, Illicit Drugs, and Nicotine			
Alcohol Abuse, and Dependence Disorders (291, 303.9, 305)	45	1.3%	278
Substance Abuse and Dependence Disorders (292-292.9, 303.9, 304-304.8, 305.2-305.9)	76	2.3%	185
Nicotine dependence (305.1)	7	0.2%	129
Subtotal Alcohol, Illicit Drugs, and Nicotine/ ALOS	128	3.8%	210
Miscellaneous			
Other (999.99)	711	21.1%	277
Subtotal Miscellaneous/ ALOS	711	21.1%	277
Total Job Corps Separations	59,202 ⁴⁸		
Total Medical Separations	3,366		
Percentage of Total Job Corps Separations	5.7%		
ALOS All Medical Separations	257		
ALOS Total Job Corps	280 ⁴⁹		

*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)

⁴⁸ Total separations from Job Corps. Retrieved from Job Corps Outcome Measure System (OMS) on Oct 13, 2011.

⁴⁹ ALOS from separated students Job Corps Executive Information System (EIS) Dashboard On Board Strength (OBS). Retrieved Oct 13, 2011.

**Job Corps Student Death Information
Program Years 2006 to 2010**

Category	Program Year				
	2006	2007	2008	2009	2010
Cause of Death					
Unintentional Injury	5	9	7	4	5
AODA	2	1	1	1	0
Homicide	5	9	3	3	3
Suicide	1	2	3	4	1
Medical	4	3	4	8	6
Unknown	0	3	1	2	1
Total	17	27	19	22	16
Location Incident Occurred					
Off Center	15	25	12	18	14
On Center	2	2	7	4	2
Total	17	27	19	22	16
Status at Time of Incident⁵⁰					
On Pass	3	6	0	1	0
On Leave	4	6	0	0	1
AWOL	0	1	0	1	0
On Center, On Duty	2	2	7	4	2
Off Center, On Duty	4	1	2	4	3
Off Center, Off Duty	5	11	10	12	10
Total	17	27	19	22	16
Gender					
Male	12	22	16	19	11
Female	5	5	3	3	5
Total	17	27	19	22	16

⁵⁰ 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 2010⁵¹**

Disability Category	Specific Disability	Frequency Reported	% of Total
Cognitive	AD/HD	1,935	12.3%
	Learning	7,513	47.8%
	Mental Retardation	177	1.1%
	Traumatic Brain Injury	21	0.1%
	Other	462	2.9%
Subtotal Cognitive		10,108	64.4%
Drug/Alcohol	Alcoholism	35	.2%
	Chemical Dependency	105	.6%
	Other	3	<0.1%
Subtotal Drug/Alcohol		143	0.9%
Medical	Asthma	691	4.4%
	Diabetes	174	1.1%
	HIV/AIDS	33	0.2%
	Hypertension	310	1.9%
	Sickle Cell Disease	13	<0.1%
	Other	596	3.7%
Subtotal Medical		1,817	11.5%
Mental Health	Anxiety	395	2.5%
	Mood	1,358	8.6%
	Personality	118	0.7%
	Psychotic	98	0.6%
	Serious Emotional Disturbance	298	1.8%
	Other	514	3.2%
Subtotal Mental Health		2,781	17.7%
Physical	Amputation	2	<0.1%
	Cerebral Palsy	18	0.1%
	Epilepsy/Seizure	37	0.2%
	Head Injury	14	<0.1%
	Multiple Sclerosis	1	<0.1%
	Speech Impairment	35	0.2%
	Spinal Cord Injury	1	<0.1%
	Other	98	0.6%
Subtotal Physical		206	1.3%

⁵¹ Retrieved from EIS Disability by Category (Separated) Report on Jul 14, 2011.

**Job Corps Specific Disability Summary
Program Year 2010**

Sensory	Blind/Visually Impaired	41	0.2%
	Color Blind	20	0.1%
	Deaf/Hard of Hearing	86	0.5%
	Other	18	0.1%
Subtotal Sensory		165	1%
Spectrum Disorders	Asperger's Syndrome	23	0.1%
	Autism	10	<0.1%
	PDD-NOS	1	<0.1%
	Other	2	<0.1%
Subtotal Spectrum Disorders		36	0.2%
Other	Other	433	2.7%
Subtotal Other		433	2.7%
Total All Disabilities		15,689*	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 2010.