

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2012

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 (STIs) like Chlamydia, HIV, 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.

The primary objective of the Job Corps health and wellness program is to increase students' employability by helping each student reach his or her optimal health level. Basic health services are provided to students through coordinated medical, oral health, mental health, substance-abuse prevention (Trainee Employee Assistance Program [TEAP]) services, and Disability Program services. Centers provide case management of chronic illness, treatment of acute illnesses, promotion of self-management of health care, health education and prevention activities, and provide accommodations to students with disabilities.

This report provides a status update on the following health and wellness indicators for Program Year (PY) 2012 (July 1, 2012 through June 30, 2013): STIs (Chlamydia, HIV infection); drug and alcohol use; medical separations; student deaths; and students with disabilities. Unless otherwise specified, rates are calculated based on 40,317 students (PY 2012 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 screenings
- 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 is an often asymptomatic and undetected sexually transmitted infection that 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 and if they present with symptoms during their stay in Job Corps. In PY 2012, the on-entry rate of Chlamydia infection among Job Corps students was 9.2 percent, while the

¹ From OA OMS10 Total Arrivals accessed Sept 24, 2013. Due to a new student enrollment suspension (from Nov 26, 2012 to Dec 31, 2012 and again from Jan 28, 2013 to Apr 11, 2013), the number of students served in PY 2012 is considerably lower than previous PYs.

after-entry rate was 7.7 percent. The 2011 national rate for Chlamydia infection was 2.3 percent for young adults ages 15-24.² Job Corps' after-entry Chlamydia infection rate is more than three times that of the general population. It should be noted that national rates are based on self-selecting cases for males (i.e., individuals who seek or are in treatment), and universal screenings for sexually active women 16-24 as a quality measure for health insurers.³ 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.

- Young adults in the United States are at high risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Job Corps screens all students for HIV as part of the entry physical examination. 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 newly contracted STIs, or when discovered to be pregnant. The CDC estimates that 33 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 138 per 100,000.⁴ In PY 2012, the on-entry HIV rate among Job Corps students was 318 per 100,000, while the after- entry rate was 33 per 100,000. 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.
- 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. Finally, Job Corps requires that all centers have a part-time staff position dedicated to maintaining a Trainee Employee Assistance Program (TEAP) that provides assessment, intervention, prevention, education and counseling services to all students.

Nationwide, the rate of reported current drug use in young adults has slightly increased since 2008 (19.7 percent, 2008; 21.3 percent, 2012).⁵ For the same general time period, Job Corps has seen little change in the rate of positive on-entry substance use tests (23.3 percent, PY 2008; 23.6 percent, PY 2012).

² Database accessed Oct 24, 2013 from <http://wonder.cdc.gov/> op.cit.

³ National Chlamydia Coalition (2013). "Performance Measurement and Chlamydia Screening." Retrieved Nov 5, 2013 from <http://ncc.prevent.org/info/healthcare-providers/performance-measurement-chlamydia-screening>

⁴ Centers for Disease Control and Prevention (2011). Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2010. Vol. 23. Retrieved Aug 12, 2013 from http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=52.

⁵ SAMHSA (2013). Results from the 2012 National Survey on Drug Use and Health: National Findings. Retrieved Sept 25, 2013 from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>.

- 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 13 days over the past 5 program years (239 days, PY 2008; 252 days, PY 2012). During the same time period, the overall ALOS for all Job Corps students has increased by 41 days (250 days, PY 2008; 291 days, PY 2012).

Case management of students with chronic health conditions and disabilities is believed to contribute to the 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. In PY 2012, the Job Corps rate for these causes of death were lower compared to national statistics.
 - Unintentional injury (Job Corps rate, 12.4 per 100,000; national rate, 28.3 per 100,000)
 - Homicide (Job Corps rate, 9.9 per 100,000; national rate, 10.7 per 100,000)
 - Suicide (Job Corps rate, 7.4 per 100,000; national rate, 10.6 per 100,000)⁶
- In August 2013, labor force participation by people with disabilities was 17.6 percent. By comparison, labor force participation by people without a disability was 64.2 percent.^{7,8} Job Corps' inclusive programming is working toward narrowing that gap by providing career technical training and educational opportunities for youth with disabilities. 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. This support is evidenced by Job Corps data that shows students with disabilities have as good or higher success rates than their non-disabled peers in some key program performance indicators including career technical trade completion (36 percent for students with disabilities; 32 percent for students without disabilities), and literacy and or numeracy gains (75 percent for students with disabilities; 63 percent for students without disabilities).

⁶ Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) (Online). National Center for Injury Prevention and Control, CDC (producer). Retrieved Aug 22, 2013 from <http://www.cdc.gov/injury/wisqars/index.html>.

⁷ Retrieved Sept 23, 2013 from <http://www.dol.gov/odep/>.

⁸ Labor force measures are based on the civilian, non-institutional population 16 years old and older (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 older, and have a job or are actively looking for one, and available to work are classified as in the labor force <http://www.bls.gov/news.release/empsit.t06.htm>.

1. Chlamydia

Chlamydia trachomatis, an often asymptomatic and undetected 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 that details the total number of Chlamydia tests performed by category (i.e., gender, test category).

Results

During PY 2012, 50,495 Chlamydia tests⁹ were performed with 4,515 positive results for an overall rate of 8.9 percent. Females had a slightly higher overall rate of positive test results than males (10.3 percent for females, 7.8 percent for males).

- **Entry Testing:** Of the 50,495 total tests, 42,418 tests were performed on entry to Job Corps. Of those tested on entry, 9.2 percent were positive for Chlamydia. Of the students who tested positive on entry, 15.9 percent were symptomatic at the time of their examination. Positive test results on entry were higher for females than for males (11.2 percent for females, 7.6 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 Chlamydia treatment has been effective. Of the 8,077 tests conducted after entry, 7.7 percent were positive for Chlamydia (symptomatic, 8.4 percent; retest, 6.5 percent). Positive test results were slightly higher for males than for females (8.7 percent for males, 7.1 percent for females).

The table on the next page displays positive Chlamydia rates by test category and gender for PY 2012.

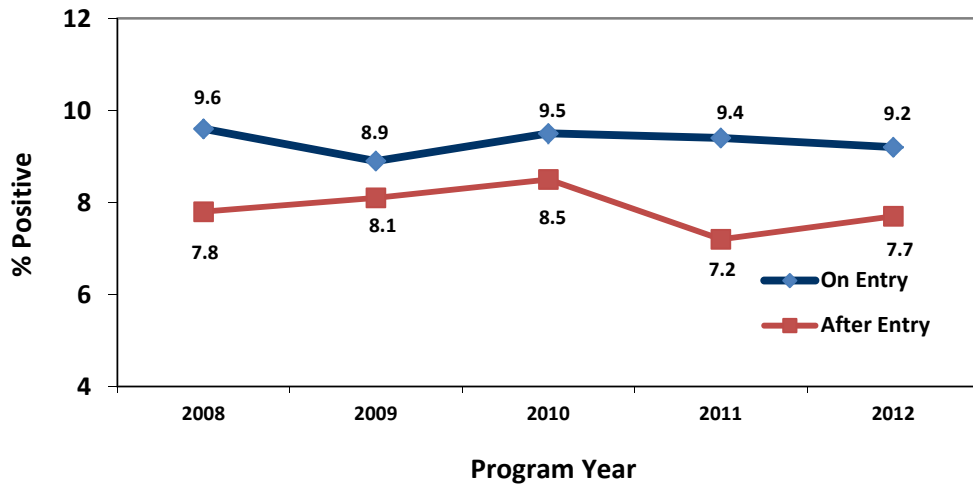
⁹ Some students are tested multiple times for Chlamydia (i.e., symptomatic or a test for reinfection); therefore, overall prevalence rates are calculated based on the total number of tests, not individual students.

Positive Chlamydia Rates by Test Category and Gender for PY 2012

Overall Rates			
Totals	% Males	% Females	% Total
Total Tests On Entry (N=42,418 Tests)	7.6 %	11.2 %	9.2 %
Total Tests After Entry (N=8,077 Tests)	8.7 %	7.1 %	7.7 %
Total All Tests (N=50,495)	7.8 %	10.3 %	8.9 %
On-Entry Rates			
Test Category	% Males	% Females	% Total
Asymptomatic (N=41,809)	7.6%	11.3%	9.1%
Symptomatic (N=359)	20.4%	14.1%	15.9%
After-Entry Rates			
Test Category	% Males	% Females	% Total
Symptomatic (N=5,138)	10.5%	7.3%	8.4%
Retest (N=2,939)	6.4%	6.6%	6.5%

From PY 2008 to PY 2012, Job Corps has seen little change in positive overall Chlamydia rates (9.4 percent in PY 2008 vs. 8.9 percent in PY 2012). After-entry Chlamydia rates have remained lower than on-entry rates, as shown in the chart below.

**Chlamydia Prevalence in Job Corps
PY 2008 to PY 2012**



Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2011, 1,412,791 Chlamydia infections were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia, and this is the largest number of cases ever reported to CDC for any condition.¹⁰ Chlamydia is known as a "silent" disease because the majority of infected women and men have no symptoms. If untreated, Chlamydia infections can progress to serious reproductive and other health problems.¹¹

In PY 2012, the on-entry rate of Chlamydia infection among Job Corps students was 9.2 percent, while the after-entry rate was 7.7 percent. The 2011 national rate for Chlamydia infection was 2.3 percent for young adults ages 15-24.¹² Possible reasons for this large difference in rates:

- Job Corps screens all students on entry. National rates are based on self-selecting cases for males (i.e., individuals who seek or are in treatment), and universal screenings for sexually active women 16-24 as a quality measure for health insurers.¹³ As noted in the table on the previous page, about 85 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 since approximately 75 percent of Chlamydia infections in women and 95 percent in men, are asymptomatic.¹⁴
- Nationally, underreporting 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 based upon their symptoms or for a known exposure.
- Nationally, the CDC recommends annual testing for sexually active females 25 years old and younger, but makes no similar recommendation for males.¹⁵ Therefore, young men with Chlamydia are often undiagnosed.
- The CDC reports a disproportionately high prevalence for Chlamydia and other STIs among racial minorities. In 2011, the rate of Chlamydia among African Americans was seven times the rate among whites (1,194.4 and 159.0 cases per 100,000 cases, respectively).¹⁶ More than half of Job Corps students describe themselves as African American.

¹⁰ Centers for Disease Control and Prevention. National Overview of Sexually Transmitted Diseases (STDs), 2011. Retrieved Aug 12, 2013 from <http://www.cdc.gov/std/stats11/surv2011.pdf>.

¹¹ Centers for Disease Control and Prevention. Chlamydia—CDC Fact Sheet. Retrieved Aug 12, 2013 from <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>.

¹² Database accessed Oct 24, 2013 from <http://wonder.cdc.gov/> op.cit.

¹³ Retrieved Nov 5, 2013 from <http://ncc.prevent.org/info/healthcare-providers/performance-measurement-chlamydia-screening> op.cit.

¹⁴ Agency for Healthcare Research and Quality (2012). 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 Aug 12, 2013 from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=34642>.

¹⁵ Centers for Disease Control and Prevention. Sexually Transmitted Diseases (STDs): Chlamydia (2013). Retrieved Oct 9, 2013 from <http://www.cdc.gov/std/chlamydia/default.htm>.

¹⁶ Retrieved Aug 12, 2013 from <http://www.cdc.gov/std/stats11/surv2011.pdf>, op.cit.

Areas to Enhance

Following are some strategies that can be used to help prevent the spread of Chlamydia infection in Job Corps:

- Student education
 - Provide STI and safer sex education throughout a student's stay in Job Corps. A student health education curriculum, including a section entitled *Relationships, Sexuality, Reproduction and Birth Control*, will soon be available on the Job Corps Health and Wellness Web site.
 - 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 both male and female 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 its Web site at <http://www.cdc.gov/Features/STDAwareness/>.
- Staff education
 - Job Corps offers annual training on reproductive health topics, including STI prevention. Upcoming trainings can be found on the Job Corps Community Web site's Event Registration page.
 - Access the Job Corps Health and Wellness Web site 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

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 Office of Job Corps.

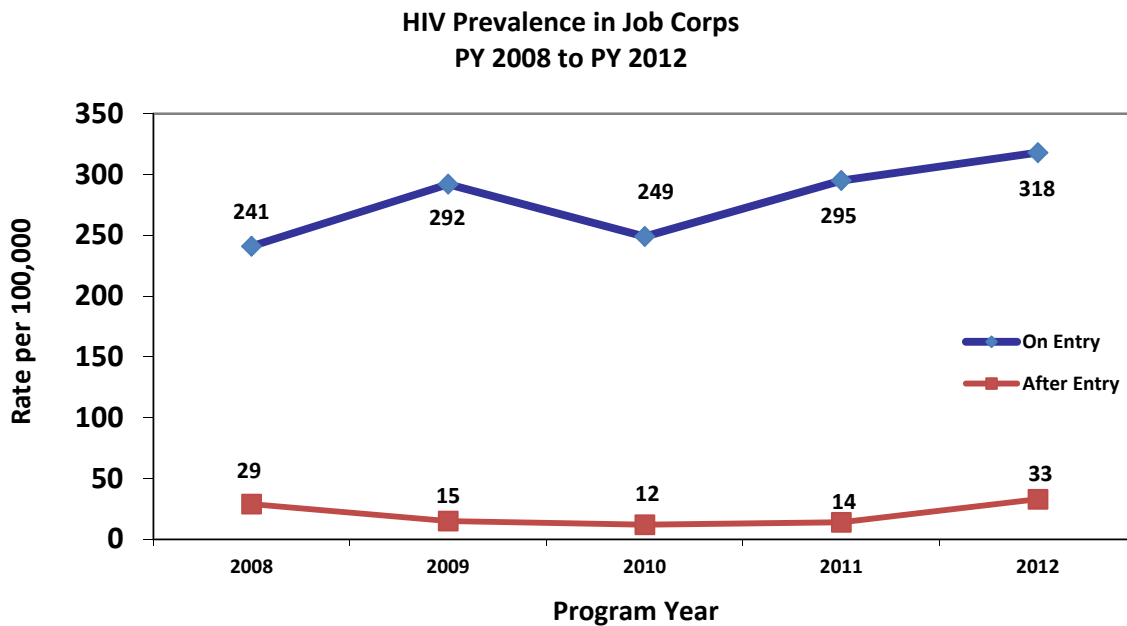
Results

During PY 2012, 42,201 HIV tests were performed. Of these tests, the majority (91.5 percent) occurred on entry; 8.5 percent were performed after entry (prior indeterminate test; STI, other medical indicators, pregnancy). Of the total tests performed, 0.35 percent (148 positive results) were positive for HIV. Males accounted for the majority of positive HIV tests. Of the 24,702 males tested, 113 tested positive for a rate of 457 per 100,000 male students. Of the 17,499 females tested, 35 tested positive for a rate of 200 per 100,000 female students.

Of students who tested positive for HIV, 90.5 percent tested positive on entry. Additionally, the following student categories tested positive for HIV:

- Pregnancy (one student)
- Newly diagnosed STI (four students)
- Other medical indicators (two students)
- Prior indeterminate (seven students)

Since PY 2008, the overall HIV rate per 100,000 students in Job Corps has increased (270 in PY 2008 vs. 351 in PY 2012). After-entry HIV rates have remained significantly lower than on-entry rates, as shown in the chart below.



Population Comparison

The CDC estimates that 33 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 138 per 100,000.¹⁷ In PY 2012, the on-entry HIV rate among Job Corps students was 318 per 100,000, while the after-entry rate was 33 per 100,000.

¹⁷ Centers for Disease Control and Prevention (2011). Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2010. Vol. 23. Retrieved Aug 12, 2013 from http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=52.

Minorities account for a disproportionate number of HIV/AIDS cases. According to the CDC, HIV/AIDS rates in African Americans are almost eight times higher than that of white Americans.¹⁸ In 2009, young African Americans accounted for 65 percent of diagnoses of HIV infection reported among persons aged 13–24 years.¹⁹ In 2010, African Americans/blacks and Latinos/Hispanics accounted for 84 percent of all new HIV infections among 13 to 19 year olds and 76 percent of HIV infections among 20 to 24 year olds in the United States even though, together, they represent only about 35 percent of people these ages.²⁰ 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 about 50 percent African American, about 28 percent white, about 16 percent Hispanic, about 5 percent Asian-Pacific Islander/American Indian, and 1 percent other.

Similar to trends found in Job Corps, estimated HIV/AIDS prevalence in youth has increased nationwide during the late 2000s. Comparing 2008 to 2010, the overall estimated number of HIV infections remained stable in every age group and in all racial/ethnic groups, except for the sharp increases in youth.²¹ Research has shown that a large proportion of young people are not concerned about becoming infected with HIV, and it may be this lack of awareness that can translate into not taking measures that could protect their health.²²

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 are transmitted by those who are unaware of their infection; therefore, early testing and diagnosis play a key role in reducing HIV transmission.²³

Areas to Enhance

Following are some strategies that can be used to help prevent the spread of HIV infection in Job Corps:

- Student education
 - A student health education curriculum, including a section entitled *Relationships, Sexuality, Reproduction and Birth Control*, will soon be available on the Job Corps Health and Wellness Web site.

¹⁸ Centers for Disease Control and Prevention (2013). HIV Incidence. Retrieved Aug 12, 2013 from <http://www.cdc.gov/hiv/statistics/surveillance/incidence/>

¹⁹ Centers for Disease Control and Prevention (2013). HIV Among Youth. Retrieved Aug 12, 2013 from <http://www.cdc.gov/hiv/risk/age/youth/>

²⁰ Advocates for Youth. Young People and HIV in the United States: Most Youth Are Taking Precautions Against HIV, But Many Remain Vulnerable. Retrieved Aug 12, 2013 from <http://www.advocatesforyouth.org/storage/advfy/documents/youngpeoplehiv.pdf>

²¹ Retrieved Aug 12, 2013 from <http://www.cdc.gov/hiv/statistics/surveillance/incidence/>, op.cit.

²² Retrieved Aug 12, 2013 from <http://www.cdc.gov/hiv/risk/age/youth/>, op.cit.

²³ 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.

- Provide young adults with 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.²⁴
- Encourage condom use among sexually active students and make condoms available to both male and female students in discreet and convenient locations.
- Actively discourage substance use as behaviors associated with drug use are one of the main factors in the spread of HIV infection in the United States.²⁵
- Staff education
 - Job Corps offers annual training on reproductive health topics, including STI/HIV prevention. Upcoming trainings can be found on the Job Corps Community Web site's Event Registration page.
 - Job Corps Regional Health Specialists can provide technical assistance and guidance on how to counsel HIV infected students.
 - Health staff should visit the Job Corps Health and Wellness Web site for student and staff resources.
 - 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, including:

- Job Corps has a zero-tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation.
- Job Corps requires that all centers have a part-time staff position dedicated to maintaining the Trainee Employee Assistance Program (TEAP), which provides prevention, education, assessment, intervention, and counseling services to all students.

²⁴ Glenn, B.L., Wilson, K.P. (2008). African American adolescent perceptions of vulnerability and resilience to HIV. *Journal of Transcultural Nursing*. 19, 259-268.

²⁵ The National Institute on Drug Abuse (NIDA) (2013). "Learn The Link: Overview." Retrieved Oct 10, 2013 from: <http://hiv.drugabuse.gov/english/learn/overview.html>

- 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 are 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.

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 the use of alcohol testing devices.

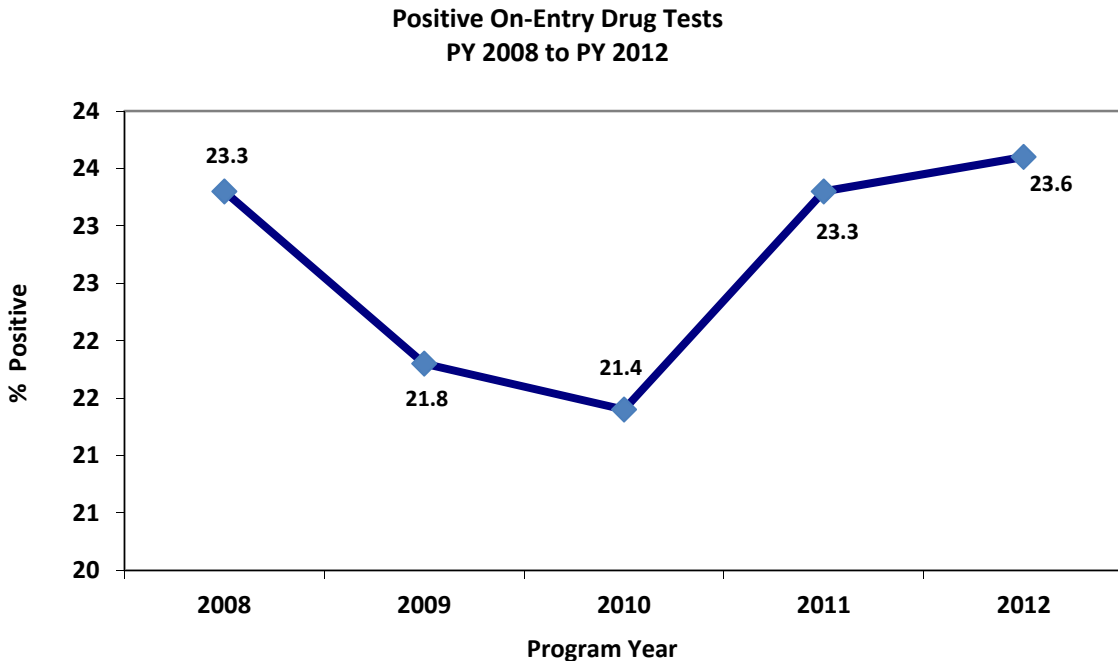
Urine toxicology drug screens are tested by the nationally contracted laboratory. Monthly data is sent from the nationally contracted laboratory to the Office of Job Corps. Alcohol test results are entered quarterly by health and wellness staff into an electronic alcohol reporting system.

Results

Drug Use on Entry: During PY 2012, 23.6 percent of 40,810 drug tests performed on entry were positive for an illegal substance.

Of the positive tests on entry, 93.1 percent tested positive for THC (marijuana), 4.1 percent tested positive for amphetamines, 1.1 percent tested positive for cocaine, 1.1 percent tested positive for methamphetamines, 0.3 percent tested positive for phencyclidine (PCP), and 0.3 percent tested positive for opiates. Of the 23.6 percent of students testing positive, 22.9 percent were positive for single drug use while 0.7 percent were positive for multiple drugs.

From PY 2008 through PY 2012, there has been little fluctuation in the percentage of positive drug tests on entry. The chart on the next page illustrates the 5-year trend from PY 2008 through PY 2012.



45-Day Probationary Period Drug Tests: During PY 2012, 17.2 percent of students tested at the end of the 45-day probationary period were positive. A total of 9,615 students tested positive for drugs on entry; however, only 8,052 were retested at 45 days. This means that 1,563 students or 16.3 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 2008 through PY 2012, as well as the number of students who tested positive on entry but separated before the 45-day test. There has only been a slight change in the percent positive 45-day probationary drug tests from PY 2008 to PY 2012 (16.8 percent vs. 17.2 percent). Between PY 2008 and PY 2012, there was some variability of the percent of students who tested positive on entry but separated prior to the 45-day drug test, with the greatest change occurring between PY 2011 and PY 2012.

	PY 2008	PY 2009	PY 2010	PY 2011	PY 2012
45-Day Probationary Period Drug Tests					
Number Tested	12,017	11,154	10,597	11,651	8,052
Percent Positive	16.8	16.6	15.6	17.0	17.2
Separation Prior to 45-Day Drug Test					
Number Separated	2,222	1,830	1,494	1,233	1,563
Percent	15.6	14.1	12.4	9.6	16.3

Suspicion Drug and Alcohol Tests: Since PY 2008, the percentage of positive suspicion drug tests has risen (41.9 percent in PY 2008, 47.2 percent in PY 2012). During this time, the percentage of positive alcohol tests on suspicion has also increased (68.1 percent in PY 2008, 76.6 percent in PY 2012). These increases may be due to the emphasis on training staff in proper methods for detection of drug and alcohol use based on behavioral

criteria, and consequently, fewer students are tested if they do not meet behavioral based suspicious screening criteria.

The following table shows testing numbers and results for the 5-year period, PY 2008 through PY 2012.

Suspicion Drug Tests and Alcohol Tests by Program Year					
	2008	2009	2010	2011	2012²⁶
Suspicion Drug Tests					
Number Tested	9,033	7,416	6,601	6,349	4,716
Percent Positive	41.9	43.7	43.1	44.7	47.2
Suspicion Alcohol Tests					
Number Tested	7,700	6,825	5,587	5,229	4,193
Percent Positive	68.1	67.3	71.0	73.7	76.6

A detailed TEAP report, which includes national, regional, and center data for PY 2012, can be found in Attachment A at the end of this report.

Population Comparison

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, 21.3 percent of 18 to 25 year olds reported illicit drug use during the past month.²⁷ During PY 2012, 23.6 percent of Job Corps students tested positive for illicit drugs on entry. Job Corps is slightly higher than the national average for use of illegal substances when compared to young adults ages 18 to 25.

Marijuana is the most used illicit drug both in Job Corps and nationwide. According to one study, of the teens that tested positive for drug use, 92.0 percent used marijuana.²⁸ In Job Corps, of those students who tested positive for drugs, 93.1 percent tested positive for marijuana; this percent has remained consistent since PY 2008.

Nationwide, the prevalence of reported current drug use in young adults has slightly increased since 2008 (19.7 percent in 2008 vs. 21.3 percent in 2012).²⁹ From PY 2008 to PY 2012, Job Corps has seen little change in positive on-entry substance use tests (23.3 percent in PY 2008 vs. 23.6 percent in PY 2012).

²⁶ Due to a new student enrollment suspension (from Nov 26, 2012- Dec 31, 2012 and again from Jan 28, 2013- Apr 11, 2013), the number of students served in PY 2012 is considerably lower than previous program years.

²⁷ SAMSHA (2012). Results from the 2011 National Survey on Drug Use and Health: National Findings. Retrieved Aug 16, 2013 from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>.

²⁸ The National Center on Addiction and Substance Abuse. Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind. 2004. Retrieved Aug 16, 2013 from <http://www.casacolumbia.org/articlefiles/379-Criminal%20Neglect.pdf>.

²⁹ Retrieved Sept 25, 2013 from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm> op. cit.

Areas to Enhance

- Per policy changes as of January 2013, TEAP Specialists are now required to provide presentations throughout the students' stay at Job Corps to help them understand the negative impact of substance use and how it will affect their employability. TEAP Specialists should access the Job Corps community Web site to obtain ideas for inclusion in these presentations and review sample generic presentations.
- 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 during and after Job Corps. Specific emphasis should be placed on:
 - How substance use can affect employment, including workplace drug testing policies
 - The physical, emotional, and mental health consequences of both short-term and long-term substance use
 - The effects of substance use on operating equipment and motor vehicles
 - The role of drugs and alcohol in sexual assault and STI transmission
 - Availability of assistance for drug use problems through an employer's Employee Assistance Program
- Recently, our society is struggling with the impact of some of the "designer drugs," such as synthetic cannabinoids and bath salts, which are used by young adults nationwide. While there is limited data available about the use of these drugs, it is estimated that more than one in ten American high school seniors used synthetic marijuana, and calls to poison control centers for exposure to synthetic marijuana doubled between 2010 and 2011.³⁰ While the Drug Enforcement Administration has taken strides to ban ingredients in these substances, there are new varieties in the pipeline to take their place. TEAP Specialists should incorporate information about the risks of these 'designer drugs' into student orientations and intervention services, as well as staff training.
- Job Corps offers several staff trainings on opportunities each year on substance use-related issues. Upcoming trainings can be found on the Job Corps Community Web site's Event Registration page.
- Increase collaboration with Center Mental Health Consultant (CMHC) to address comorbidity between mental health and substance abuse issues through jointly held prevention and education activities for students.

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 providers. A special category of medical separation, Medical Separation with Reinstatement (MSWR), allows the student to return to the center after treatment is received and he/she has received a release from the attending health

³⁰ Retrieved Sept 25, 2013 from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm> op. cit.

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 2012 totaled 2,450.³¹ Medical separations as a percentage of total Job Corps separations remained constant over the previous 4 program years (between 5.6 and 5.7 percent of the total Job Corps separations), but then dropped slightly to 4.4 percent in PY 2012.

The ALOS for medically separated students has increased 13 days over the past 5 program years (239 days, PY 2008; 252 days, PY 2012). During the same time period, the overall ALOS for all Job Corps students has increased by 41 days (250 days, PY 2008; 291 days, PY 2012).

The table below is a summary of the medical separation data from PY 2008 through PY 2012.

Category	Job Corps Medical Separation Data by Program Year				
	2008	2009	2010	2011	2012
Pregnancy	12%	11%	11%	10%	11%
Physical Health	34%	43%	39%	42%	40%
Oral Health	N/A	<1%	2%	1%	1%
Mental Health	26%	23%	24%	25%	28%
Alcohol, Illicit Drugs, Nicotine	4%	4%	4%	4%	5%
Miscellaneous	24%	18%	21%	18%	15%
Total Medical Separations	3,523	3,495	3,366	3,456	2,450
Percent of Total Job Corps Separations	5.7%	5.6%	5.7%	5.6%	4.4%
ALOS (Days) Medical Separations	238	267	257	247	252
ALOS (Days) Total Job Corps	250	270	280	272	291

A detailed table of medical separation data for PY 2012 is shown in Attachment B.

³¹ Due to a new student enrollment suspension (from Nov 26, 2012- Dec 31, 2012 and again from Jan 28, 2013- Apr 11, 2013), the number of students served in PY 2012 is considerably lower than previous program years.

Areas to Enhance

All Separations: The ALOS for medically separated students has increased over the past 5 program years. Use 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 the 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 has remained consistent over the past 5 program years. 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 35 percent of all medical separations in this category. Injury prevention strategies include: staff trainings and Webinars; training students on workplace and exercise safety; and staff supervision at sporting practices and events.

Oral Health: A very small percentage of students (1.0 percent) are separated from Job Corps for oral health related illness or injury. More than three quarters of students separated in this 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. Limiting soda and sport drinks on centers and other healthy oral health practices can help ensure that the percentage of students who are separated for oral health-related illness remains low.

Mental Health: There has been an increase in the number of mental health separations since PY 2008. The ALOS in this category has increased from 182 days in PY 2008 to 206 days in PY 2012.

Colleges across the country have reported an increase in the prevalence and severity of mental health issues experienced by students and an increase in the number of students taking psychotropic medications.³² Job Corps centers are also reporting similar trends with enrollment of students with more severe mental health issues that may have resulted in the increase in mental health separations over the past few program years. The average age of onset for many mental health conditions is the typical age range of youth in the Job Corps program of 18 to 24 years old.³³ These conditions can be a significant impediment to success in Job Corps and require students to be medically separated to receive treatment services not available on Job Corps centers.

³² American College Counseling Association (2013). National Survey of College Counseling. Retrieved Oct 9, 2013 from www.collegecounseling.org/surveys

³³ Ibid.

The ALOS data indicate that Job Corps centers continue to work diligently to provide support services and accommodations to maintain students with mental health conditions in the program. The Disability Program 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 on center and via Webinars with topics 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 program years. The ALOS for this category increased by 6 days, from 201 days in PY 2008 to 207 days in PY 2012. Refer to Section 3 (TEAP) for strategies for programmatic enhancements.

5. Student Deaths

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 2012, 20 Job Corps enrollee deaths occurred. These deaths occurred at 19 Job Corps centers. As highlighted in the table below, most deaths were the result of an unintentional injury, medical condition, or homicide.

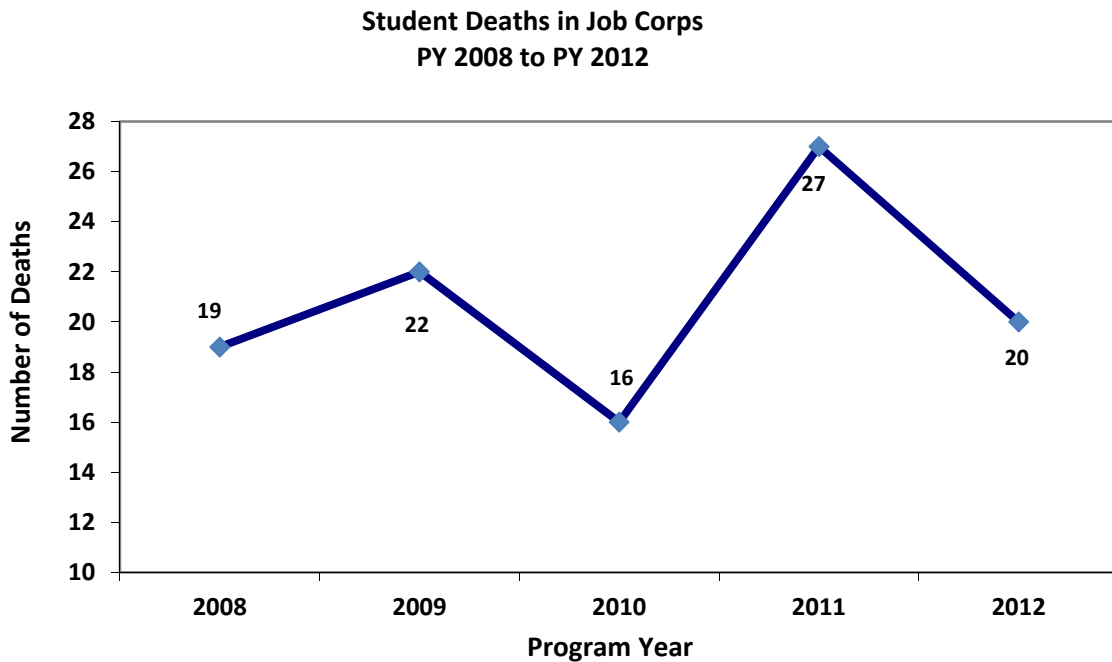
Student Deaths by Category and Cause of Death PY 2012		
# Deaths	Category	Cause of Death(s)
5	Unintentional Injury	ATV crash (1) Motor vehicle crash (3) Struck by motor vehicle (1)
5	Medical	Asthma related (pending death cert) (1) Cardio pulmonary arrest (1) Hypertensive heart disease, diabetes (1) Heart condition (1) Seizure (pending death certificate) (1)
4	Homicide	Gunshot wound (4)
3	Suicide	Gunshot wound (3)
2	AODA	Accidental overdose of prescription drugs (1) Overdose of unknown combination (1)
1	Undetermined	Not specified (1)

Highlights:

- In PY 2012, the rank order of the causes of student death was led by five unintentional injuries and five medical deaths. There were four homicide related deaths, followed by three suicides and two drug-related

deaths. Only one death was undetermined in PY 2012.

- The majority of student deaths occurred off center while the student was off center. The ratio of off-center to on-center deaths for the past 5 PYs was approximately 3-to-1. In PY 2012, the ratio was approximately 6-to-1, with 85 percent of the deaths occurring off center.
- Fifteen decedents were male; 5 female. This 3-to-1 ratio has remained relatively constant during the past 5 PYs.
- The number of student deaths can vary dramatically from year to year. Because many of these deaths occur off center while the student is in an off-duty status, prevention is difficult. The chart below shows the variability in the number of student deaths from PY 2008 through PY 2012.



Attachment C provides a table detailing the cause of death, location the incident occurred, student status at time of incident, and gender from PY 2008 through PY 2012.

Population Comparison

The mortality rate in Job Corps during PY 2012 was 49.6 per 100,000. In 2010, national data shows there were 67.7 deaths per 100,000 persons age 15-24.³⁴ Job Corps’ mortality rate was less than that of the general population. Mortality causes showed the following trends:

- The national rate of death by unintentional injury in young adults ages 15-24 was 28.3 per 100,000.³⁵ In PY 2012, Job Corps’ rate of death from unintentional injury was 12.4 per 100,000.

³⁴ Centers for Disease Control and Prevention (2013). 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, 2010. *National Vital Statistics Report, Vol. 61, No.4*. Retrieved Aug 22, 2013 from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf.

- The national rate of death from homicide for youth was 10.7 per 100,000.³⁶ In PY 2012, Job Corps' homicide rate was 9.9 per 100,000.
- The national rate for suicide for youth was 10.6 per 100,000.³⁷ In PY 2012, Job Corps' suicide rate was 7.4 per 100,000.

Based on statistics from PY 2008 through PY 2012, 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 2010, the CDC reported that males between 15 and 24 years old were more than two and a half times more likely to die than their female counterparts.³⁸ In PY 2012, there were three times as many male deaths as female deaths in Job Corps.

Areas to Enhance

- 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.
- Sometimes, student deaths occurred early in the student's stay in Job Corps. This highlights the importance of the Medical History Form and Social Intake Form (SIF) to identify any active serious medical, mental health, or substance use problems. The SIF has recently been revised to include more specific questions to screen for mental health conditions, 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.
- All three of the suicides in PY 2012 occurred off center. In Job Corps, suicide prevention efforts focus on detecting and treating suicidal behavior as well as restricting the means by which individuals may try to commit suicide. However, it is difficult to have this same impact on areas outside of the center when students return to their home environments. As students prepare to leave center for breaks or any extended period of time, especially those who are receiving mental health services, health staff should have discussions about remaining healthy, the importance of medication compliance, and how to access help if needed.

³⁵ Centers for Disease Control and Prevention. Injury and Violence Prevention and Control: Data and Statistics. WISQARS. Retrieved Aug 22, 2013 http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Retrieved Aug 22, 2013 from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. op.cit.

- Grief and loss are significant life issues for many Job Corps students. Health staff should visit the Job Corps Health and Wellness Web site for student and staff resources. A student health education curriculum, including a section entitled *Depression, Grief, and Suicide*, will soon be available.
- Isolation can be a risk factor for suicide. 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.

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. Regional Disability Coordinators conduct a monthly external review of center-submitted disability data.

Results

In PY 2012, 24 percent (13,503) of the 56,288 students who separated from Job Corps disclosed they had a disability³⁹, which is a slight increase from PY 2011 (22 percent) and PY 2010 (20 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 2012, two categories of disabilities accounted for just above 85 percent of the reported disabilities:

- *Cognitive disabilities* (62.5 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), intellectual disabilities, and traumatic brain injury.
- *Mental health disabilities* (22.8 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.

³⁹ Number of student separations for PY 2012 retrieved from EIS on Sept 13, 2013. The actual number of disabilities disclosed in PY 2012 was 13,503; students may disclose more than one disability. During PY 2012, student enrollment declined due to two enrollment suspensions from Nov 26 through Dec 16, 2012 and Jan 28 through Apr 22 of approximately 15 weeks.

Specific Disability: The top three identified disabilities (as a percent of all disabilities) reported among Job Corps students during PY 2012 were:

- Learning disabilities (44.2 percent) – the number of students reporting a learning disability decreased by 5.2 percent from 8,228 in PY 2011 to 7,803 in PY 2012.
- Attention deficit/hyperactivity disorder (14.6 percent) – the number of students reporting AD/HD increased by 4.8 percent from 2,451 in PY 2011 to 2,568 in PY 2012.
- Mood disorders (11.4 percent) – the number of students with a mood disorder increased by 6.9 percent from 1,878 in PY 2011 to 2,007 in PY 2012.

The number of students with AD/HD and mood disorders has increased by 4.8 percent and 6.9 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 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. By continuing to address this issue on a monthly basis with continued training, it 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 2012.

Population Comparison

- The percentage of students with disabilities served by the Job Corps program in PY 2012 was 24 percent. This percentage is higher than the national rate of 10.2 percent for young adults ages 15-24.⁴⁰ In August 2013, labor force participation by people with disabilities was 17.6 percent. By comparison, labor force participation by people without a disability was 64.2 percent.^{41,42} 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. This support is evidenced by Job Corps data that shows students with disabilities have as good or higher success rates than their non-disabled peers in some key program performance

⁴⁰ Retrieved Sept 13, 2013 from: <http://www.census.gov/prod/2012pubs/p70-131.pdf>, op cit.

⁴¹ Retrieved Sept 23, 2013 from <http://www.dol.gov/odep/>.

⁴² Labor force measures are based on the civilian, non-institutional population 16 years old and older. (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 older and have a job or are actively looking for one and available to work are classified as in the labor force <http://www.bls.gov/news.release/empsit.t06.htm>.

indicators including career technical trade completion (36 percent for students with disabilities; 32 percent for students without disabilities), and literacy and or numeracy gains (75 percent for students with disabilities; 63 percent for students without disabilities). See Attachment E for detailed comparison statistics.

- 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, more than double the unemployment rate of persons without disabilities.
 - According to the U.S. Census Bureau, Survey of Income and Program Participation conducted in 2010, 28.6 percent of individuals age 16 to 64 reported having disability related work problems, while 14.5 percent reported having difficulty remaining employed and 28.5 percent reported being limited in the kind or amount of work performed.⁴³
 - 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.
 - 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.

Areas to Enhance

- Continuous trainings through a variety of platforms (Webinars, teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Community Web site) will ensure staff acquired the knowledge, skills, and resources to implement Disability Program requirements.
- 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.

⁴³ U.S. Department of Commerce: United States Census Bureau (2012). Survey of Income and Program Participation “Americans with Disabilities: 2010”. Retrieved Sept 13, 2013 from: <http://www.census.gov/prod/2012pubs/p70-131.pdf>.

- Centers will ensure appropriate assessment and evaluation when a mental health or learning disorder is diagnosed on center by using the assessment guidelines that have been added to the CMHC Desk Reference Guide.
- Encourage centers to adopt the “Skills to Pay the Bills” curriculum developed by the Office of Disability Employment Policy. This curriculum is focused on teaching workforce readiness skills to youth, including youth with disabilities using a hands-on approach that tends to be the primary learning style for students with cognitive disabilities.
- Center should contact to their Regional Disability Coordinators to provide training and assistance in securing community partnerships that can provide additional services to Job Corps students with disabilities during and after program completion.

7. Healthy Eating and Active Lifestyles Program

About one-third of U.S. adults and more than one-third of children and adolescents are obese, and many obesity-related conditions including heart disease, stroke, and type 2 diabetes are preventable.^{44,45} According to the CDC, childhood obesity can have harmful effects on the body:

- 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.
- 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.⁴⁶

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 help students find meaningful employment as obesity is related to decreased work productivity and decreased employability.⁴⁷

Job Corps launched the Healthy Eating and Active Lifestyles (HEALs) program in PY 2010. 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. HEALs contain a curriculum to educate students, strategies to promote a healthy center culture, guidance to measure program success, and a marketing kit.

⁴⁴ 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.

⁴⁵ Centers for Disease Control and Prevention (2013). Adolescent and School Health: Childhood Obesity Facts. Retrieved Aug 19, 2013 from <http://www.cdc.gov/healthyyouth/obesity/facts.htm>.

⁴⁶ Ibid.

⁴⁷ Bodenlos, Jamie S.; Rosal, Milagros C.; Blake, Diane; Lemay, Celeste; and Effenbein, 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.

Also, the Food and Nutrition and Healthy Eating and Active Lifestyles Web sites contain numerous training opportunities, such as incorporating fitness into trades, accommodating students with food allergies, and enhancing motivation.

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 2013, 14 centers have earned the distinction of “Grade A Status.”

Areas to Enhance

- Center should use the “Making the Grade” rubric to identify areas for program enhancement.
- Staff should use the checklists on the Food and Nutrition Web site to implement small, moderate, and large scale changes.
- Centers should consider submitting a promising practice for a Webinar or newsletter.
- Job Corps offers several trainings each year on nutrition, physical activity and weight management. Upcoming trainings can be found on the Job Corps Community Web site’s Event Registration page.
- Staff should visit the HEALS Web site and Food and Nutrition Web site for student and staff resources.

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 annually.⁴⁸ The CDC also reports the vast majority of people (80 percent) begin using tobacco before they reach adulthood. Every day, approximately 4,000 American youth aged 12-17 try their first cigarette, and an estimated 1,140 young people become daily cigarette smokers.⁴⁹ 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 schools, school grounds, and vehicles transporting children and school personnel. Federal law bans smoking in all indoor facilities owned or leased by schools.⁵⁰

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 must include:

- Educational materials and activities that support the delay and/or cessation of tobacco use

⁴⁸ Retrieved Sept 24, 2013 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>.

⁴⁹Centers for Disease Control and Prevention. Healthy Youth!: Tobacco Use, School Health Guidelines.2010. Retrieved Sept 25, 2013 from <http://www.cdc.gov/healthyyouth/tobacco/guidelines/summary.htm>.

⁵⁰ Retrieved Sept 24, 2013 from <http://tobaccofreepolicy.org/content/eight-reasons>.

- 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

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 2013 indicated that 45 centers are completely tobacco-free campuses, while another 10 centers are tobacco free during the training day. Additionally, 11 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.

Areas to Enhance

- Centers should prohibit staff from smoking with students
- Center should construct tobacco-free gazebos on center
- Center should color code student ID badges to identify minors on center in states where smoking is prohibited by minors
- Centers should coordinate a center plan to go tobacco free during the training day or become a tobacco-free campus

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2012**

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	184	9.8%	12	16.7%	13	30.8%	0	0.0%
Barranquitas	262	11.1%	18	22.2%	31	61.3%	5	60.0%
Brooklyn	205	15.6%	22	13.6%	2	0.0%	1	0.0%
Cassadaga	254	29.1%	51	9.8%	30	20.0%	4	25.0%
Delaware Valley	365	34.0%	108	9.3%	26	42.3%	17	100.0%
Edison	503	24.9%	126	15.9%	63	34.9%	38	100.0%
Exeter	148	25.7%	45	17.8%	14	42.9%	7	100.0%
Glenmont	371	29.9%	106	13.2%	60	48.3%	28	89.3%
Grafton	295	25.4%	66	3.0%	41	65.9%	46	50.0%
Hartford	195	26.7%	46	19.6%	27	51.9%	17	47.1%
Iroquois	391	31.5%	84	7.1%	17	58.8%	1	0.0%
Loring	450	31.8%	109	22.0%	24	66.7%	164	75.0%
New Haven	187	33.7%	52	25.0%	10	40.0%	6	100.0%
Northlands	308	29.5%	81	9.9%	65	44.6%	112	82.1%
Oneonta	333	29.7%	89	14.6%	33	81.8%	30	90.0%
Penobscot	395	19.7%	68	10.3%	12	50.0%	46	69.6%
Ramey	341	15.0%	36	27.8%	21	52.4%	3	66.7%
Shriver	197	21.3%	41	12.2%	8	62.5%	15	86.7%
South Bronx	207	18.4%	31	9.7%	13	46.2%	22	40.9%
Westover	461	32.5%	123	11.4%	66	74.2%	62	77.4%
Region 1 Total	6,052	25.7%	1,314	13.7%	576	52.3%	624	76.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2012**

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	128	12.5%	13	15.4%	1	0.0%	8	50.0%
CD Perkins	245	21.2%	45	15.6%	33	48.5%	18	50.0%
Charleston	359	25.6%	91	16.5%	91	52.7%	39	89.7%
EC Clements	855	34.6%	255	12.2%	57	57.9%	84	97.6%
Flatwoods	182	34.6%	51	3.9%	64	37.5%	9	55.6%
Frenchburg	216	25.9%	44	13.6%	23	34.8%	0	0.0%
Great Onyx	238	31.5%	59	13.6%	39	38.5%	8	75.0%
Harpers Ferry	114	18.4%	30	10.0%	19	63.2%	25	48.0%
Keystone	561	22.6%	99	11.1%	23	65.2%	22	86.4%
Muhlenberg	346	28.3%	88	13.6%	56	16.1%	18	66.7%
Old Dominion	338	23.4%	63	15.9%	50	54.0%	4	75.0%
Philadelphia	333	15.3%	45	17.8%	4	25.0%	3	66.7%
Pine Knot	224	26.3%	48	10.4%	55	30.9%	0	0.0%
Pittsburgh	758	21.1%	113	22.1%	42	78.6%	89	85.4%
Potomac	398	30.7%	104	12.5%	50	56.0%	61	85.2%
Red Rock	338	26.0%	74	12.2%	21	81.0%	10	50.0%
W.M. Young, Jr.	489	28.6%	119	24.4%	58	37.9%	9	55.6%
Wilmington	154	18.2%	26	50.0%	8	87.5%	2	100.0%
Woodland	231	25.5%	47	2.1%	18	61.1%	8	75.0%
Woodstock	338	19.5%	63	6.3%	62	53.2%	2	0.0%
Region 2 Total	6,845	25.5%	1,477	14.5%	774	48.6%	419	80.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2012**

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	670	25.5%	148	35.1%	7	28.6%	1	100.0%
Bamberg	238	22.7%	41	17.1%	19	42.1%	13	76.9%
Benjamin L. Hooks	275	21.1%	56	21.4%	30	50.0%	6	16.7%
Brunswick	413	27.6%	100	12.0%	22	72.7%	38	86.8%
Finch Henry	343	30.0%	90	18.9%	14	71.4%	19	94.7%
Gadsden	241	24.9%	48	29.2%	14	50.0%	14	64.3%
Gainesville	253	24.9%	56	17.9%	9	77.8%	9	77.8%
Gulfport	176	26.1%	32	18.8%	9	66.7%	1	0.0%
Homestead	403	21.8%	85	16.5%	32	68.8%	12	58.3%
Jacksonville	320	24.7%	66	25.8%	72	59.7%	27	22.2%
Jacobs Creek	271	26.2%	50	20.0%	45	31.1%	13	30.8%
Kittrell	360	21.4%	61	29.5%	47	55.3%	7	71.4%
LB Johnson	242	30.6%	66	6.1%	17	23.5%	3	0.0%
Miami	196	15.3%	27	14.8%	18	72.2%	2	100.0%
Mississippi	464	25.9%	99	21.2%	41	63.4%	5	100.0%
Montgomery	344	19.8%	60	16.7%	13	76.9%	38	55.3%
Oconaluftee	132	25.0%	37	13.5%	7	14.3%	0	0.0%
Pinellas County	194	20.6%	31	3.2%	32	31.3%	17	88.2%
Schenck	214	22.4%	39	17.9%	31	29.0%	21	47.6%
Turner	801	28.3%	182	17.6%	44	56.8%	31	29.0%
Region 3 Total	6,550	24.8%	1,374	19.9%	523	52.4%	277	58.8%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2012**

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	409	26.9%	97	26.8%	42	45.2%	138	68.1%
Anaconda	205	23.9%	40	0.0%	55	14.5%	0	0.0%
Boxelder	201	24.9%	32	6.3%	29	55.2%	31	41.9%
Carville	226	24.3%	40	10.0%	19	52.6%	0	0.0%
Cass	247	27.5%	64	7.8%	49	24.5%	9	66.7%
Clearfield	824	20.3%	136	14.0%	68	82.4%	321	99.1%
Collbran	163	29.4%	34	20.6%	27	55.6%	0	0.0%
DL Carrasco	490	14.7%	71	19.7%	65	61.5%	11	81.8%
Gary	1238	25.0%	257	18.7%	51	74.5%	184	82.6%
Guthrie	690	24.8%	140	22.1%	43	55.8%	43	97.7%
Kicking Horse	250	25.2%	45	6.7%	113	16.8%	17	88.2%
Laredo	224	7.6%	10	20.0%	17	23.5%	16	100.0%
Little Rock	284	31.3%	70	17.1%	11	63.6%	7	100.0%
New Orleans	205	22.4%	39	46.2%	1	0.0%	0	0.0%
North Texas	578	23.9%	118	21.2%	31	77.4%	47	78.7%
Ouachita	206	35.9%	59	25.4%	19	36.8%	3	33.3%
Quentin Burdick	343	24.8%	63	15.9%	76	55.3%	104	78.8%
Roswell	236	20.8%	43	11.6%	17	88.2%	142	97.2%
Shreveport	372	18.8%	56	21.4%	45	46.7%	5	60.0%
Talking Leaves	290	23.8%	65	20.0%	24	79.2%	16	100.0%
Trapper Creek	171	26.9%	45	6.7%	74	17.6%	2	100.0%
Treasure Lake	194	27.8%	10	20.0%	79	35.4%	9	55.6%
Tulsa	381	22.6%	67	17.9%	20	80.0%	21	76.2%
Weber Basin	186	17.7%	26	15.4%	73	26.0%	20	100.0%
Region 4 Total	8,613	23.4%	1,627	17.9%	1,048	45.0%	1,146	86.6%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2012**

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	483	25.3%	98	14.3%	57	52.6%	20	75.0%
Blackwell	196	25.5%	35	25.7%	18	33.3%	6	83.3%
Cincinnati	241	33.2%	62	30.6%	45	77.8%	28	35.7%
Cleveland	402	33.6%	108	13.0%	64	43.8%	10	80.0%
Dayton	289	27.0%	68	19.1%	38	81.6%	62	91.9%
Denison	265	17.7%	39	17.9%	26	42.3%	37	62.2%
Detroit	292	36.6%	92	14.1%	40	90.0%	4	100.0%
Excelsior Springs	510	19.2%	87	11.5%	32	56.3%	57	91.2%
Flint Hills	297	23.9%	59	15.3%	54	42.6%	40	92.5%
Flint-Genesee	316	29.7%	104	20.2%	18	55.6%	32	96.9%
Gerald R. Ford	304	29.6%	59	30.5%	19	47.4%	14	71.4%
Golconda	200	32.5%	57	10.5%	52	28.8%	50	10.0%
HH Humphrey	234	14.5%	31	22.6%	30	50.0%	34	61.8%
IndyPence	159	20.8%	25	36.0%	4	100.0%	0	0.0%
Joliet	258	22.9%	54	13.0%	32	62.5%	10	0.0%
Milwaukee	223	20.2%	36	16.7%	49	55.1%	13	92.3%
Mingo	221	21.7%	33	12.1%	122	12.3%	19	57.9%
Ottumwa	232	20.3%	36	16.7%	17	64.7%	35	37.1%
Paul Simon Chicago	290	21.0%	54	20.4%	90	54.4%	36	50.0%
Pine Ridge	172	21.5%	26	7.7%	23	17.4%	36	27.8%
St. Louis	589	34.1%	172	15.7%	21	90.5%	34	35.3%
Region 5 Total	6,173	26.0%	1,335	17.4%	851	48.9%	577	61.4%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2012**

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	203	13.3%	22	22.7%	3	66.7%	52	71.2%
Angell	197	21.8%	35	14.3%	72	27.8%	6	66.7%
Cascades	259	16.2%	30	16.7%	57	42.1%	63	60.3%
Centennial	219	14.2%	21	14.3%	32	25.0%	9	77.8%
Columbia Basin	234	16.2%	31	6.5%	25	16.0%	16	62.5%
Curlew	169	26.0%	45	28.9%	14	14.3%	12	58.3%
Ft Simcoe	233	20.2%	46	15.2%	22	36.4%	29	44.8%
FG Acosta	168	29.2%	51	19.6%	40	37.5%	21	85.7%
Hawaii—Maui	104	12.5%	11	9.1%	13	23.1%	74	73.0%
Hawaii—Oahu	153	14.4%	16	18.8%	43	39.5%	57	73.7%
Inland Empire	299	18.4%	61	31.1%	55	72.7%	76	93.4%
Long Beach	227	16.3%	42	19.0%	36	44.4%	32	93.8%
Los Angeles	616	10.6%	66	25.8%	61	36.1%	46	78.3%
Phoenix	460	12.0%	40	35.0%	33	57.6%	39	82.1%
PIVOT	51	5.9%	4	0.0%	6	16.7%	0	0.0%
Sacramento	361	21.1%	67	23.9%	40	50.0%	31	90.3%
San Diego	639	15.8%	80	16.3%	33	69.7%	84	57.1%
San Jose	312	19.2%	54	31.5%	29	75.9%	47	93.6%
Sierra Nevada	446	15.0%	52	25.0%	45	60.0%	263	89.7%
Springdale	141	14.9%	15	20.0%	15	33.3%	12	75.0%
Timber Lake	180	25.6%	26	15.4%	39	15.4%	3	66.7%
Tongue Point	435	11.3%	39	12.8%	121	28.1%	138	66.7%
Treasure Island	328	13.7%	43	27.9%	35	80.0%	25	92.0%
Wolf Creek	143	21.7%	28	3.6%	72	33.3%	15	86.7%
Region 6 Total	6,577	16.2%	925	21.2%	941	41.4%	1,150	77.7%
National Total	40,810	23.6%	8,052	17.2%	4,713	47.3%	4,193	76.6%

**Job Corps Medical Separation Data
Program Year 2012**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	202	8.2%	311
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	66	2.7%	255
Subtotal Pregnancy/ ALOS	268	10.9%	297
Physical			
Infectious and Parasitic Diseases (001-139)	36	1.5%	276
Neoplasms (140-239;611)	10	0.4%	204
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	50	2.0%	259
Diseases of the Blood and Blood-Forming Organs (280-289)	21	0.9%	218
Diseases of the Nervous System and Sense Organs (320-389)	106	4.3%	239
Diseases of the Circulatory System (390-459)	17	0.7%	202
Diseases of the Respiratory System (460-519,277)	55	2.2%	281
Diseases of the Digestive System (530-579)	86	3.5%	315
Diseases of the Genitourinary System (580-629; 456)	49	2.0%	154
Diseases of the Skin and Subcutaneous Tissue (680-709)	49	2.0%	277
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	75	3.1%	258
Congenital Anomalies (740-759)	5	0.2%	240
Symptoms, Signs, And Ill-Defined Conditions (780-799)	75	3.1%	285
Injury and Poisoning (800-999)	346	14.1%	283
Subtotal Physical/ ALOS	980	40.0%	267
Oral Health			
Dental Caries Beyond Job Corps Basic Care (521)	18	0.7%	258
Dental Abscess (522)	4	0.2%	384
Subtotal Dental/ ALOS	22	0.9%	281
Mental Health			
Attention Deficit and Disruptive Behavior Disorders (312-314)	61	2.5%	207
Cognitive Disorder NOS (294.90)	4	0.2%	149
Mental Retardation (317-319,V62.89)	2	0.1%	79
Schizophrenia and other Psychotic Disorders (295, 295.7,297, 298)	85	3.5%	179
Mood Disorders (296, 311)	306	12.5%	227
Anxiety Disorders (300.00, 300.01, 300.3, 308.3, 309.81)	86	3.5%	206
Sexual and Gender Identity Disorders (302.00-302.9)	1	0.0%	96
Eating Disorders (307.1, 307.51)	2	0.1%	393
Dissociative Disorder (300.11-300.15)	7	0.3%	219
Somatization Disorder (300.7)	1	0.0%	236
Adjustment Disorders (309)	44	1.8%	138

**Job Corps Medical Separation Data
Program Year 2012**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Personality Disorders (301.0-301.9)	27	1.1%	125
Tourettes Disorder (307.23)	1	0.0%	442
Pervasive Developmental Disorders (299-299.8)	5	0.2%	152
Noncompliance with Medical Treatment (V15.81)	12	0.5%	185
Other conditions that may be a focus of clinical attention (V61, V61.20)	3	0.1%	331
Unspecified Mental Disorder (Non Psychotic) (300.9)	22	0.9%	188
Mental Disorder NOS due to General Medical Condition (293.9)	15	0.6%	270
Bereavement (V62.82)	5	0.2%	285
Subtotal Mental Health/ ALOS	689	28.1%	206
Alcohol, Illicit Drugs, and Nicotine			
Alcohol Abuse, and Dependence Disorders (291, 303.9, 305)	33	1.3%	243
Substance Abuse and Dependence Disorders (292-292.9, 304-304.8, 305.2-305.9)	80	3.3%	194
Nicotine dependence (305.1)	1	0.0%	55
Subtotal Alcohol, Illicit Drugs, and Nicotine/ ALOS	114	4.7%	207
Miscellaneous			
Other (999.99)	377	15.4%	256
Subtotal Miscellaneous/ ALOS	377	15.4%	256
Total Job Corps Separations	56,287 ⁵¹		
Total Medical Separations	2,450		
Percentage of Total Job Corps Separations	4.4%		
ALOS All Medical Separations	252		
ALOS Total Job Corps	291 ⁵²		

*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)

⁵¹ Total separations from Job Corps. Retrieved from Job Corps Executive Information System (EIS), Separation Analysis by Type. Retrieved on Oct 17, 2013.

⁵² ALOS from separated students Job Corps EIS Dashboard On Board Strength (OBS). Retrieved Oct 17, 2013.

**Job Corps Student Death Information
Program Years 2008 to 2012**

Category	Program Year				
	2008	2009	2010	2011	2012
Cause of Death					
Unintentional Injury	7	4	5	6	5
AODA	1	1	0	3	2
Homicide	3	3	3	3	4
Suicide	3	4	1	6	3
Medical	4	8	6	7	5
Unknown	1	2	1	2	1
Total	19	22	16	27	20
Location Incident Occurred					
Off Center	12	18	14	18	17
On Center	7	4	2	9	3
Total	19	22	16	27	20
Status at Time of Incident					
On Center, On Duty	7	4	2	9	3
Off Center, On Duty	2	4	3	2	0
Off Center, Off Duty	10	14	11	16	17
Total	19	22	16	27	20
Gender					
Male	16	19	11	21	15
Female	3	3	5	6	5
Total	19	22	16	27	20

**Job Corps Specific Disability Summary
Program Year 2012⁵³**

Disability Category	Specific Disability	Frequency Reported	% of Total
Cognitive	AD/HD	2568	14.6%
	Learning	7803	44.2%
	Intellectual Disabilities	299	1.7%
	Traumatic Brain Injury	29	0.2%
	Other	324	1.8%
Subtotal Cognitive		11023	62.5%
Drug/Alcohol	Alcoholism	23	0.1%
	Chemical Dependency	82	0.5%
	Other	8	<0.1%
Subtotal Drug/Alcohol		113	0.6%
Medical	Asthma	541	3.1%
	Diabetes	191	1.1%
	HIV/AIDS	57	0.3%
	Hypertension	167	0.9%
	Sickle Cell Disease	14	<0.1%
	Other	515	2.9%
Subtotal Medical		1485	8.4%
Mental Health	Anxiety	652	3.7%
	Mood	2007	11.4%
	Personality	105	0.6%
	Psychotic	94	0.5%
	Serious Emotional Disturbance	520	2.9%
	Other	638	3.6%
Subtotal Mental Health		4016	22.8%
Physical	Amputation	11	0.1%
	Cerebral Palsy	26	0.1%
	Epilepsy/Seizure	98	0.6%
	Head Injury	16	0.1%
	Multiple Sclerosis	2	<0.1%
	Speech Impairment	125	0.7%
	Spinal Cord Injury	3	<001%
	Other	105	0.6%
Subtotal Physical		386	2.2%

⁵³ Retrieved from EIS Disability by Category (Separated) Report retrieved on Sep 13, 2013 for program year 2012.

**Job Corps Specific Disability Summary
Program Year 2012**

Sensory	Blind/Visually Impaired	42	0.2%
	Color Blind	7	<0.1%
	Deaf/Hard of Hearing	121	0.7%
	Other	32	0.2%
Subtotal Sensory		202	1.1%
Spectrum Disorders	Asperger's Syndrome	80	0.5%
	Autism	52	0.3%
	PDD-NOS	8	<0.1%
	Other	1	<0.1%
Subtotal Spectrum Disorders		141	0.8%
Other	Other	282	1.6%
Subtotal Other	Other	282	1.6%
Total All Disabilities		17648	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 2012.

PY 2012 Comparison Statistics Students with and without Disabilities		
Job Corps Program Indicator	Students with Disabilities	Students without Disabilities
Average Length of Stay	318 days	280 days
Ordinary Separation	58%	59%
Disciplinary Separation	15%	16%
AWOL Separation	13%	15%
ZT Separations	.16%	.04%
GED Obtained on Center	11%	16%
HS Diploma Obtained while in Job Corps	21%	19%
CTT Completion	36%	32%
CTT and GED/HSD	28%	32%
CTT and/or GED/HSD	68%	68%
Literacy Gains	56%	41%
Numeracy Gains	70%	57%
Literacy and/or Numeracy	75%	63%