



“It is critical that we take the appropriate steps to ensure that our students continue to learn, even during an emergency situation.”

—Margaret Spellings
Secretary
U.S. Department of Education

Influenza Pandemic Mitigation: Schools Play Major Role

Cases of the seasonal influenza, a respiratory infection sometimes called “flu” that is accompanied by fever and cough, typically peak between November and March in the United States, though the season can last until May, and flu viruses circulate year round. Millions of people in the U.S. get the flu each year resulting in approximately 36,000 deaths and 200,000 hospitalizations annually according to the Centers for Disease Control and Prevention (CDC). Certain groups, such as the elderly, young children, and those with immune diseases, are more susceptible to serious complications from the flu, but anyone can get the virus—including very healthy adults.

There is a global concern among health experts and government officials regarding a deadly respiratory influenza virus that has been transmitted from wild birds and domestic fowl (avian species) to humans. Mutations in this virus have resulted in a small number of cases of human-to-human transmission. It is possible the virus will continue to mutate and could lead to an influenza pandemic. A pandemic is an outbreak of disease that spreads easily and rapidly over a large geographic area, possibly throughout the globe. Potentially life threatening to millions of people instead of thousands, an influenza pandemic could cause severe illness and negative impact to society as a whole.

The current concern regarding influenza pandemic stems from a particularly virulent avian influenza virus known as H⁵N¹. The World Health Organization (WHO) reports that this virus has led to millions of avian cases and almost 230 human cases in southeast and central Asia, plus an additional 50 cases in the Middle East and Africa, during the past few years. WHO is monitoring reported cases of humans who contract the avian flu virus and issues frequent updates on its Web site (www.who.org). So far human cases have occurred primarily when a person came into contact with an infected bird, but there have been a few cases of person-to-person transmission. The concern is that the highly pathogenic H⁵N¹ virus could mutate, thus becoming more easily transmitted between humans.

Resources to Aid Schools With Planning

When a new strain of virus emerges, natural immunity is limited, and it takes time to develop a virus-specific vaccine. With 55 million students enrolled in U.S. schools, it is imperative for school districts to include pandemic flu preparedness in their crisis plans. Within local communities, children are more likely to transmit an infectious disease

When Is It a Pandemic Instead of Regular Flu?

The World Health Organization says a pandemic can occur when three conditions are met:

- A disease new to the population emerges;
- The agent infects humans, causing serious illness; and
- The agent spreads easily and sustainably among humans.

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for a variety of reasons. They are not as diligent in following hygiene practices, like washing their hands with soap and covering their noses when they sneeze. Also, students and teachers spend a lot of time in close quarters during the school day making it easier for a virus to spread.

During a 2006 national tour, Education Secretary Margaret Spellings joined Health and Human Services Secretary Mike Leavitt to discuss pandemic planning at the federal, state, and local levels. During a stop in North Carolina, Secretary Spellings said, “When it comes to preparing our school community ... there are three key steps to take: One, talk to your local health officials and work together to develop a plan. Then secondly, train your teachers and administrators to implement the plan. And finally, teach students and parents so they understand what to do in the event of a pandemic.”

To help schools and communities prepare for and mitigate the onset of a pandemic, numerous resources offer guidance on the matter. The White House developed a national strategy and released guidelines in the *National Strategy for Pandemic Influenza: Implementation Plan*. This plan outlines the responsibilities regarding pandemic planning and response for all levels of the U.S. government and society.

The U.S. Department of Health and Human Services (HHS) manages and maintains a Web site with comprehensive information about pandemic planning, including definitions and latest news. The site, www.pandemicflu.gov, offers specific guidelines and checklists for schools, businesses, communities, and individuals. It offers one-stop access to pandemic information and resources, including global monitoring and state-by-state activity.

In February 2007, the Centers for Disease Control and Prevention (CDC) at HHS published guidelines for non-pharmaceutical interventions (NPIs). The *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States* describes strategies to help reduce the spread of dis-

ease, a pandemic severity index, triggers for initiating interventions, and specific planning guidance for employers, schools, faith-based and community organizations, families, and individuals.

These interventions include the following community measures to be used or considered, along with individual measures, such as hand washing and cough etiquette:

- Isolation (at home or in a health-care setting) and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza;
- Voluntary home quarantine and prophylactic use of antiviral medications, providing sufficient supplies and ensuring means of distribution exist;
- Dismissal of students from school and school-based activities and closure of child care programs coupled with protecting children and teenagers through social distancing to limit out-of-school social contacts and community mixing; and
- Social distancing measures in the community and workplace that may include canceling large public gatherings, altering workplace environments and schedules, and implementing workplace leave policies.

The CDC has created a pandemic severity index that is similar to the indexes used for hurricanes or tornadoes. It is based on the case fatality ratio, which is the percentage of deaths among those clinically ill. The index, which charts the severity of a pandemic from Category 1 to Category 5 (low to high), is available for contingency planning. Accordingly, the index will be activated to measure any future pandemic and inform communities of the appropriate interventions at each stage. For instance, closing schools would become a *consideration* during categories 2 or 3 and would be a *recommendation* during categories 4 and 5.

Alert, Standby, Activate

Choosing the optimal time to begin intervention methods is critical. Beginning interventions too early can lead to unnecessary economic and social hardship as well as “intervention fatigue,” but waiting too long may limit the public health

benefit of the interventions. CDC suggests that the primary activation trigger for implementing interventions be the arrival and transmission of pandemic virus within a community. Local jurisdictions would make that determination relying heavily on public health monitoring.

The CDC guidance refers to three levels of notification to signal when communities should begin implementing measures: *Alert*, *Standby*, and *Activate*. CDC will use this system in conjunction with its severity index and WHO’s phases of pandemic. Communities, schools, and individuals should be familiar with the terminology and the appropriate community measures for each category.

Another consideration is the duration of implementing various measures. Current guidelines suggest that communities be prepared to sustain measures for up to 12 weeks during a Category 4 or 5 pandemic.

Putting Planning Into Action

The U.S. Department of Education (ED) and other departments, including HHS, encourage schools to conduct interagency exercises using their pandemic plans. Practice will show limitations and unexpected consequences that will help fill any gaps in plans and procedures. CDC will continue to revise the community mitigation guidance based on lessons learned from exercises led by HHS and the Department of Homeland Security.

ED is preparing specific guidance for schools, school districts, and higher education institutions to explain how Department regulations and policy may apply to the CDC guidance. These guidelines, shaped in part by solicited public comments and questions, are expected to be released in late 2007. 

www.pandemicflu.gov

Visit for one-stop
access to pandemic flu
information.

CDC Creates Pandemic Severity Index

The CDC created a pandemic severity index based on the case fatality ratio—the key measurement meaning the percentage of deaths among clinically ill persons—and an excess mortality rate (death rate above that for a typical flu season).

This severity index will allow communities to monitor an outbreak and take appropriate action based on the level of threat. The categories correspond to suggested mitigation activities described in the *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States*. The CDC director will designate the category of an emerging pandemic and monitor that designation as more information becomes available.

Some of the key predictions for each category are described here. Additional details are included in the full index found in the pandemic planning guidance from CDC.

Pandemic Severity Index	
Characteristics	Category ^a
Case fatality ratio ^b = < 0.1; Potential number of deaths = < 90,000; Prior 20th-century U.S. experience = seasonal influenza (illness rate 5–20 percent).	1
Case fatality ratio = 0.1 –< 0.5; Potential number of deaths = 90,000–450,000; Prior 20th-century U.S. experience = 1957 and 1968 pandemics.	2
Case fatality ratio = 0.5 –< 1.0; Potential number of deaths = 450,000–<900,000; Prior 20th-century U.S. experience = none.	3
Case fatality ratio = 1.0 –< 2.0; Potential number of deaths = 900,000–<1.8 million; Prior 20th-century U.S. experience = none.	4
Case fatality ratio = ≥2.0; Potential number of deaths = ≥1.8 million; Prior 20th-century U.S. experience = 1918 pandemic.	5

^a An illness rate of 20–40 percent of the population is estimated for each category.

^b The mortality rate of an illness, usually expressed per 100 cases.

Timing Is Key: Be Ready to Act if a Pandemic Occurs

Carter Mecher, M.D., one of the authors of the National Strategy for Pandemic Influenza: Implementation Plan, is the clinical manager of the Veterans Integrated Service Network (VISN⁷) in Atlanta. He worked on the implementation plan while on assignment to the White House in 2005. Mecher spoke with the Challenge staff about pandemics and the importance of response planning.

Think of a pandemic as a fire. When smoldering in the corner of a room, it's much easier to contain than if it has spread beyond the room and is burning down the house. And fires move fast. This is the best metaphor for pandemics according to Carter Mecher.

If a pandemic begins elsewhere in the world and reaches the United States, Mecher says research models suggest it could spread across this country within two to four months. Numerous research facilities, including the Los Alamos National Laboratory, are working on these models that simulate flu transmission patterns. Cases could potentially double every two or three days in a pandemic, and natural immunity is not prevalent as with a regular flu virus. Early planning and being ready to act quickly will be vital to

communities in the face of an approaching pandemic.

Mecher and his colleagues looked at the education system and its myriad processes (including daily instruction, nutrition, and transportation) to ensure that children and staff are well represented in national planning and well protected during an outbreak.

“Schools, compared to work and homes, are the most dense population,” Mecher said. “Kids spend the school day in close proximity to other kids, and they are a key factor in the normal exchange rates of a flu virus. Kids are among the first ones to get the flu and have higher rates of illness compared to adults.”

Dismissing students from school can be one of the most effective measures a community can take when faced with a pandemic; however, when the topic comes up, it raises a lot of concern and subsequent discussion among administrators, educators, and parents.

Because of the overwhelming speed with which a pandemic can travel, it is critical to address these concerns and discussions now. Schools, health departments, communities, and parents need to work

together now so flu-mitigation processes are established, tested, and well known.

For Mecher, looking at the past is a smart way of preparing for the future. He studies the best practices used during the 1918 Spanish flu pandemic and how things have changed in the education system since then. “We’re looking at transportation, school meals, and what happens during the summer. What programs are in place?”

The 1918 pandemic is regarded as the deadliest in modern history, killing between 20 and 50 million people worldwide. Researchers and policy advisors are interested in the virus that caused this pandemic because it was so severe, and many of its victims were healthy young adults. Studying the genetic attributes and functionality of this virus helps researchers evaluate current public health interventions and refine them for the future.

Schools are a key resource for communities in terms of offering flu shots, sharing safety messages, such as hand washing and cough etiquette, and possibly serving as overflow treatment centers. They also should play a key role in community planning. Schools must have a plan and ensure everyone knows what to do should this fire spark. 



Avoiding the Flu: Tips for Students And Teachers

- Wash hands with soap frequently.
- Cover the mouth or nose when coughing or sneezing.
- Get a flu shot.
- Stay home if flu symptoms appear.
- Avoid close contact with people who are sick.
- Avoid touching the eyes, nose, or mouth.
- Clean and disinfect commonly touched classroom surfaces.*
- Clean and disinfect bathrooms.*
- Continue to exercise and eat well.
- Drink plenty of fluids.
- Get enough rest.
- Always carry tissues.

*When cleaning commonly touched surfaces (e.g., desks, light switches, doorknobs) and bathrooms, use soap or detergent and water before treating with an EPA-registered disinfectant according to label instructions.

Elements of School Pandemic Plans

The potential for an influenza pandemic in the United States is at its greatest level in several decades; thus, it is imperative that school districts collaborate with public health agencies to develop pandemic plans that build on existing emergency response and crisis management plans.

According to Dana Carr, program specialist, Office of Safe and Drug-Free Schools at the U.S. Department of Education (ED), “Pandemic planning and response must focus on: maintaining open, efficient, and effective lines of communication; and ensuring that school constituencies and the public know in advance where to locate official information.”

The Emergency Response and Crisis Management (ERCM) Technical Assistance Center at ED suggests numerous pandemic preparedness activities for each of four defined elements of emergency planning. Listed here are a few examples of these activities.

Element One: Prevention-Mitigation

- Disseminate messages about preventive hygiene by using posters and videos to outline recommended procedures for staff and students;
- Review management policies and procedures including emergency operations plans and personnel policies that will be affected if there are extended school closures; and
- Conduct training for nurses, teachers, administration staff, and food service staff about infectious diseases and how to prevent and control outbreaks.

Element Two: Preparedness

- Formalize collaboration and coordination of resources with local health departments or hospitals;
- Review city, county, or regional response plans to avoid fragmentation or unnecessary duplication of services;
- Consider alternate school calendars, Web-based instruction, or other methods to ensure continuity of instruction;

- Communicate with school staff the personnel policies regarding employee compensation and sick leave; and
- Formulate plans regarding continuation of school operations and instructional programs with a possible 30 percent reduction in workforce.

Element Three: Response

- Activate response plans;
- Follow procedures outlined in joint response plans to isolate or send home sick students and staff, and ensure availability of sanitation supplies; and
- Deliver timely and honest communication about the actions of the schools and school districts to preserve the safety and health of faculty, staff, students, and their families.

Element Four: Recovery

- Consider a potential disinfection process at the school depending on the severity and duration of the pandemic;
- Provide additional instruction and reinforce behavioral expectations as needed to assist students in readjusting to classroom-based learning; and
- Address issues of grief and loss as well as other mental health needs of students and staff, as necessary.

By enhancing crisis management and response plans in conjunction with leadership from the White House, ED, and HHS, schools will help keep more young people healthy during a pandemic. By following these guidelines and conducting tabletop drills to discuss a simulated pandemic and the response procedures, schools will glean valuable insights about their level of preparedness.

To find more suggestions within each of these four planning elements, visit the *ERCExpress* newsletter online at http://www.ercm.org/views/documents/PandemicFluNewsletter_072106.pdf.



ED Pandemic Planning Resources on The Web

ED has numerous resources to help schools prepare for a crisis, including a pandemic event. The *Lead & Manage My School* section of the ED Web site offers planning materials and information about seasonal flu as well as pandemic flu planning. Educators can find checklists, sample emergency plans, and strategies to limit the spread of flu viruses. Look for these materials and links to other resources at:

<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html>

The Emergency Response and Crisis Management (ERCM) Technical Assistance (TA) Center offers answers to emergency planning questions and technical assistance. Schools can use an online form to ask questions and request assistance with ERCM-related activities.

The ERCM TA Center conducts trainings on emergency planning, including ways to incorporate an influenza pandemic into crisis plans. These trainings are held separately for grantees and non-grantees, and the sites for training rotate among cities around the country. Presentation materials from previous meetings can be downloaded from the center's Web site under the *Trainings* link.

In addition to these training materials, the center has a *Resources* page that includes additional materials and a newsletter about emergency response and crisis management. The center's Web address is <http://www.ercm.org>.



Seattle Public Schools: Plans in Place

Administrators at Seattle Public Schools (SPS) know that time will not be on their side should an influenza pandemic hit the Seattle area. More than 6,000 people arrive there daily from Asia, where the majority of human cases of avian flu have occurred, and epidemiologists say that a pandemic will spread faster in highly populated cities with many travelers than it will in rural areas. At SPS the pandemic response plans are in place.

With that in mind, Pegi McEvoy, safety administrator at SPS, was asked to describe some of the most important steps a district needs to consider when developing its plan. McEvoy told us these steps include contacting the city and county emergency management departments and the public health department to initiate open, frequent dialogue on pandemic response plans.

McEvoy stressed the importance of following the guidelines developed by the White House and the U.S. departments of Education and Health and Human Services. (See p. 2 and article at left for more on these guidelines.) She said that because each district has unique challenges and resources, it is important for school districts to work with local agencies to make certain everyone is aware of local capacities. SPS reviewed its base plan for all hazards to look for gaps. District administrators also connected with leaders in the business community to understand what plans are in place for continuity of business operations.

McEvoy suggested that school administrators look at their public health

projections and think critically about the reality for their district.

SPS always considers three issues when planning for a crisis:

- Continuity of education—how and when to continue instruction;
- Continuity of business—how to support essential business functions, such as payroll, communications, and facility maintenance; and
- Continuity of community—how to assist the community. How does a district reach out to support families during a pandemic, whether or not instruction is possible?

McEvoy said that practicing emergency plans is the next vital step. "Tabletop ... tabletop ... tabletop." This means gathering key staff and officials to discuss a simulated pandemic and to evaluate the response plans and procedures. For instance, consider that many districts stock "just-in-time" inventories of disinfecting and health care materials. Be prepared with a plan and the means to acquire additional supplies.

When planning for remote instruction, consider the needs of all students, including individualized education program (IEP) students who require a certain allocation of direct instruction.

She advises not to forget about the emotional toll a pandemic will have on the school community. "When a pandemic hits, the district will need multiple family liaisons in order to assist with the emotional and administrative needs resulting from the multiple deaths of staff and students." 

To download a copy of the Seattle Public Schools pandemic plan, go to: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/sampleplans/index.html>.

News From OSDFS

Advisory Committee on Safe and Drug-Free Schools Releases First Report to Secretary Spellings

The Safe and Drug-Free Schools and Communities Advisory Committee was established in 2006 to provide advice to Education Secretary Margaret Spellings. The committee advises on federal, state, and local programs designated to create safe and drug-free schools and on issues related to crisis planning. The advisory committee has had an initial focus on three issues:

- Safe and Drug-Free Schools and Communities State Grants Program;
- Unsafe School Choice Option Provision; and
- Data requirements under the *No Child Left Behind Act*.

The advisory committee has carefully examined each topic and written a report of findings and recommendations. The report, *Enhancing Achievement and Proficiency Through Safe and Drug-Free Schools*, was submitted to Secretary Spellings in June 2007 and is available on the ED Web site.

The advisory committee is made up of 19 members who work in the fields of drug, alcohol, and violence prevention; safe schools; mental health research, and crisis planning.

For more details about the committee and its work, including the first report findings, visit <http://www.ed.gov/about/bdscomm/list/sdfscac>.

OSDFS Announces Prevention News Bulletin

The Office of Safe and Drug-Free Schools is pleased to announce *OSDFS Prevention News Bulletin*, a new listserv that is open to the public.

Anyone interested in receiving the bulletin is invited to self-enroll online. Sent out as a weekly e-mail, the bulletin provides highlights on research findings, funding announcements, and news items pertaining to youth violence prevention and substance abuse prevention.

To enroll, visit <http://www.ed.gov/news/newsletters/listserv/preventioned.html>.

To unsubscribe, visit <http://www.ed.gov/news/newsletters/listserv/preventioned.html>.



ED Budget Process

Work on annual budget proposals for ED starts in late spring or early summer for the fiscal year beginning 15 months later. Senior officers develop budget priorities proposals, and the secretary, after reviewing, submits a comprehensive ED budget request to the Office of Management and Budget (OMB). OMB is part of the Executive Office of the President and is responsible for developing the administration's final budget proposal for departments and agencies across the federal government.

Each year, the administration submits its budget proposal to Congress, in early February, shortly after the president's annual State of the Union address. The House and the Senate each maintain an appropriations committee with 13 and 12 standing subcommittees, respectively, that carefully review the proposed budget. The subcommittees that consider ED's budget proposal also have responsibility for appropriations for the departments of Labor and Health and Human Services. Each subcommittee marks up an appropriations bill that reflects its funding priorities and submits the bill to the full appropriations committee for review. After the appropriations committee reviews and perhaps amends the bill, it is sent to the full House or Senate for final consideration and passage.

A conference committee, a group constituted on a temporary basis that includes appropriations committee representatives from the House and Senate, resolves differences between the two versions of each of the 13 appropriations bills. The conference committee develops a final appropriations proposal that is detailed in a conference report and submitted to the House and Senate for approval. Once an appropriations proposal is approved by Congress it is submitted to the president for his signature.

ED's proposed budget for fiscal year 2008 is currently under consideration by Congress. 

Research Findings

Novel Avian Influenza Vaccine Among Many in Human Clinical Trials

U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases (NIAID), January 2007

The first U.S. human trial of a DNA vaccine for the H⁵N¹ avian flu began in late 2006. Scientists from the Vaccine Research Center at NIAID have developed a synthetic DNA vaccine based on a specific gene from the H⁵N¹ influenza virus. The vaccine includes a copy of an important viral protein that is made in human cells. The vaccine prepares the immune system to respond more rapidly if ever exposed to the real H⁵N¹ virus in the future. The virus itself is not involved in vaccine manufacturing, and the vaccine cannot cause infection, unlike some other viral vaccines that use weakened forms of naturally occurring viruses. Researchers are monitoring subjects to measure the safety of and immune responses to the vaccine.

NIAID conducts and supports multiple research projects on human vaccines against

the H⁵N¹ virus. According to WHO, more than 40 clinical trials are ongoing or have been completed in 10 different countries.

<http://www.nih.gov/news/pr/jan2007/niaid-02.htm>

Computer Modeling Seeks to Limit Pandemic's Reach

U.S. Department of Health and Human Services, National Institutes of Health, National Institute of General Medical Sciences, April 2006

Using computer models, researchers from the Fred Hutchinson Cancer Research Center in Seattle and the Los Alamos National Laboratory found that a highly contagious pandemic flu could infect half of the U.S. population if no intervention measures are used. Testing different interventions, they found that a combination of at least three different interventions, including 182 million rounds of antiviral treatment, will provide the best chance to keep cases at or below the number in a typical flu season. The model shows that vaccinating school children first is more effective than random vaccination when supplies are low.

This work is part of an ongoing research program, Models of Infectious Disease Agent Study (MIDAS), supported by the National Institute of General Medical Sciences.

<http://www.nigms.nih.gov/news/results/flumodel040306.htm>

CDC Reconstructs 1918 Influenza Pandemic Virus

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, October 2005

Researchers reconstructed the influenza virus that caused the 1918 pandemic, which killed between 20 and 50 million people worldwide. Studying the biological properties of the virus helps researchers to better understand virulence and the disease process. This research aids CDC and other scientists in devising appropriate means for early diagnosis, treatment, and prevention should a similar pandemic virus emerge.

<http://www.cdc.gov/flu/about/qa/1918flupandemic.htm>

Resources

School District (K–12) Pandemic Influenza Planning Checklist

U.S. Department of Education; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention 2006

This checklist helps school districts to develop and improve plans to prepare for and respond to an influenza pandemic.

Free online at <http://www.pandemicflu.gov/plan/schoolchecklist.html>.

Business Pandemic Influenza Planning Checklist

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention 2006

The business checklist can help schools, as employers, identify important, specific activities they can do now to plan for a pandemic.

Free online at <http://www.pandemicflu.gov/plan/business/businesschecklist.html>.

Keeping our Children Safe and Secure: Pandemic Flu and Emergency Preparedness, Education News Parents Can Use TV Show

U.S. Department of Education 2006

This episode of ED's monthly TV show, which originally aired in October 2006, is focused on pandemic flu and the ways schools, students, and parents can prepare for it.

View an archived webcast online at <http://www.ed.gov/news/av/video/edtv>.

Influenza (Flu) Questions and Answers: Information for Schools

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention 2006

This fact sheet provides answers to commonly asked questions about seasonal flu. It is designed for school administrators, teachers, health care staff, and parents.

Free online at <http://www.cdc.gov/flu/school/qa.htm>.

HHS Pandemic Influenza Plan

U.S. Department of Health and Human Services 2006

This blueprint for pandemic influenza preparation and response provides guidance to national, state, and local policymakers and health departments (including school-based health facilities).

Free online at <http://www.hhs.gov/pandemicflu/plan>.

Guidance on Preparing Workplaces for an Influenza Pandemic

U.S. Department of Labor, Occupational Safety and Health Administration 2007

This document provides guidance to employers and employees, including those in schools, for pandemic influenza planning and preparation in the workplace. It describes appropriate workplace practices and precautions based on workplace exposures.

Free online at <http://www.osha.gov/Publications/OSHA3327pandemic.pdf>.



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Questions and Comments

"I have appreciated the newsletter and its format. Also appreciate that I can access it [online] when I need it and not have additional paper sitting around."

—Anonymous Web comment

"It would be helpful to see the newsletter make a section specifically for issues in remote and rural areas as well as ethnic information. Love the Web sites you suggest."

—Anonymous Web comment

"I enjoy the articles because they are short, relevant and easy to read quickly."

—Anonymous Web comment

Send questions, comments, or suggestions to *The Challenge* via e-mail at informationcnl@thechallenge.org.