

THE SCHOOL DISTRICT OF PHILADELPHIA  
BOARD OF EDUCATION  
21ST STREET S. OF THE PARKWAY  
PHILADELPHIA, PENNSYLVANIA 19103-1000

DIVISION OF SCHOOL HEALTH SERVICES

TELEPHONE (215) 200-7481

January 28, 1992

TO: Members, Task Force on Adolescent Sexuality

FROM: Herbert Hazan

SUBJECT: Meeting Date - February 27, 1992

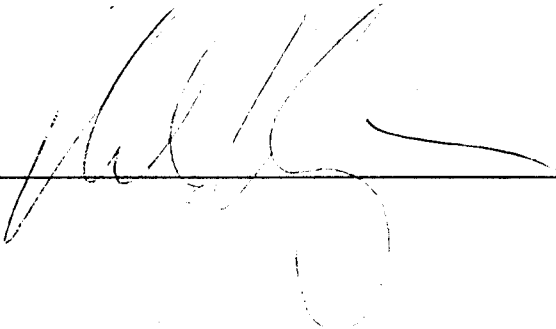
The next meeting of the full Task Force will take place as follows:

**DATE: FEBRUARY 27, 1992**

**TIME: 9:15 - 11:30 A.M.**

**LOCATION: BOARD ROOM  
SCHOOL DISTRICT'S ADMINISTRATION  
BUILDING**

I look forward to seeing you at this meeting.



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HH/cb

cc: Members, Board of Education  
Dr. Constance E. Clayton

**enclosures**

TASK FORCE ON ADOLESCENT SEXUALITY AND  
THE ROLE OF SCHOOLS IN PREVENTION OF PREGNANCY,  
SEXUALLY TRANSMITTED DISEASES AND HIV INFECTION

December 20, 1991  
Minutes

I. WELCOME - INTRODUCTIONS

Mr. Hazan, Director of School Health Services, welcomed everyone and suggested that introductions be exchanged. Mr. Hazan noted that a Subcommittee on Evaluation was established at the November meeting and that today's agenda included a report by Dr. Rita Altman on that Subcommittee's meetings.

The minutes of the November 18th were distributed to those present and will be mailed to those who were unable to attend.

Please note that the next meeting is scheduled for February 27, 1992, at 9:15 a.m. in the Board Room of the School District Administration Building.

II. COMMITTEE REPORTS

A. Evaluation - Dr. Rita Altman

A copy of the Subcommittee's report to Mr. Hazan was distributed. Dr. Altman, Chairperson, indicated they met twice, on November 26 and December 16. As a result of their deliberations, six research questions were identified in order to evaluate Policy 123:

°The first question speaks to the issue of the achievement of the overall objectives through an examination of the implementation of the four components of the policy.

°The second question addresses the issue of abstinence, our first avenue of intervention, as viewed through the components of the policy.

°The third examines the responsiveness of the policy to cultural and educational diversity, including Special Education.

°The fourth question addresses implementation of the policy components as they relate to lesbian and gay youth.

°The purpose of the fifth question is to determine what changes in teen health risk behaviors have taken place as a result of implementation of the policy components. The Subcommittee discussed whether or not this aspect should be examined at the end of the first year or whether a broader view should be taken. Consensus was reached that a broad view should be taken but that changes should be tracked as they occur.

°The sixth question addresses condom use.

Dr. Altman reported that the members of the Subcommittee believe that these questions will provide the information that the Task Force is interested in learning as well as provide information for future planning.

Dr. Altman noted that the second page of the report to Mr. Hazan focuses on subsets of the broader questions specific to each policy component; e.g., under "Delivery of Health Services," there is a list of inquiries that the Subcommittee believes should be made in relation to the delivery system.

Under the area of "Curriculum," there was some question regarding interpretation of the policy as to whether it includes the entire Health Education Curriculum or a more narrow channel of it which speaks specifically to adolescent sexuality. Dr. Altman indicated more clarification is needed.

Regarding "Service Utilization by Teens," questions were identified which address not only those services offered within the context of the schools but also services within the broader community.

The Subcommittee also recommended an examination of the mechanisms currently in place to recognize lesbian and gay issues.

Dr. Altman indicated that the Subcommittee is reviewing the evaluation proposal submitted by Philadelphia Health Management. It appears that many of the elements that speak to methodology and instrumentation would tie-in with the six major questions identified by the Subcommittee. A task group of the Subcommittee will examine methodology and instrumentation and present their findings at the next full Subcommittee meeting which is planned for mid-January. Dr. Altman said they are seeking instrumentation that will be effective, efficient, confidential and comfortable for the data gathering.

#### Questions/Comments

Mr. Wadlington questioned the purpose of examining utilization of services outside the schools by teens. Ms. Corbin indicated the purpose was to determine the number referred for services and to determine whether adolescents were accessing health services in general. Commenting further on the importance of securing the information, Dr. Balsley said it would reveal whether or not there were any discrepancies in the service referral system of the drop-in centers. Mr. Wadlington indicated he raised the question because the Task Force might wish to examine the kinds of messages that adolescents are receiving in their communities and how those messages might enhance the objectives of the policy. In response to Mr. Wadlington's concern, Dr. Altman cited the subset of inquiries listed under Delivery of Health Services, and suggested further expansion of "information sources that led to use of the drop-in center."

Mrs. Mann asked if the School District had a funding source for any of the evaluation efforts. Dr. Altman said that we have in-house resources and that there would be costs in terms of staff time; she introduced two Research Associates, Dr. Hermine Chern and Dr. Alan Solomon, who were in attendance. Dr. Altman reported that they would try to avoid creating instrumentation. She indicated that a computer terminal could be installed at the drop-in centers and information could then be input directly into a data base by the students themselves. This would not only be cost effective but help to allay fears about confidentiality.

Mr. Farnese asked what steps are taken to safeguard the wishes of a parent who has opted to veto their child's participation in the condom availability program.

Mr. Hazan reported that approximately 2 - 3 weeks before a school is ready to begin implementing that phase of the policy, letters are sent home to parents or guardians of each student. They are sent via first class mail and the letter informs the parent of the policy and why it was adopted by the Board of Education. A form is enclosed for the parent to notify the principal if the parent does not wish his or her child to participate. The principal will maintain a confidential list which the health care provider will check before giving a student a condom. Mr. Hazan noted that the students who may be given condoms will, however, receive the information and educational materials from the drop-in centers. Mr. Thompson noted that there is no time limit imposed on the parent's right to exercise the veto.

Ms. Hohenstein asked if the Task Force members could have a copy of the letter sent to parents. (Samples of the letter sent to parents/guardians of Gratz students were distributed at the end of the meeting.)

Mr. Farnese asked what procedure a parent follows if he or she wishes to exclude a child from receiving sexual education. In terms of curriculum, Dr. Altman explained that the parent files a request with the principal and the student is then scheduled for an alternative experience. Dr. Altman noted that the current system is manual but that it could be computerized using "flags" in the roster file.

Ms. Hohenstein expressed concern about maintenance of confidentiality and the possible use of "flags" in the general system. Dr. Altman noted that most of the screens are limited to use by counselors and department heads. Such a system would be used only in connection with curriculum and would simply replace the manual process.

Dr. Haas asked if the practice of providing abstinence information to students whether they receive condoms or not will be the same at all schools or if it will be adapted by each school according to their own program. Mr. Hazan indicated that the material will be basically the same for all schools. In response to Dr. Haas' request, Mr. Hazan indicated copies would be made available for members of the Task Force. Mrs. Mann reported that a committee of health care providers had recommended the packet of materials which was submitted to the Superintendent for approval. She also indicated that agreement had been reached on a basic set of protocols which all will follow so that the same basic program will operate at each school with some individual variations.

Dr. Lief asked if the number of parents who veto their children's participation will be disclosed. Mr. Hazan responded that the number was under one percent and had been released at a press conference on 12/17/91. Dr. Lief expressed concern with regard to confidentiality among peers and the embarrassment suffered by a student told in the presence of others that his parents had opted him out.

Dr. Haas recalled a question that was raised at the Subcommittee meeting and he asked who has the ultimate authority to resolve differences of interpretation concerning Policy 123. Mr. Hazan indicated some questions might have to go to the Board level but questions about implementation or procedure should be referred to him.

In terms of process evaluation, Mrs. Mann recommended keeping a written record of the early experiences regarding the integration of the centers into the schools, acceptance by the school staff and community as well as a determination of where the barriers lie. Particularly because the program is a pilot, Mrs. Mann emphasized the need for a descriptive record. Dr. Altman noted the recommendation and indicated that qualitative assessment can be very powerful.

Ms. Harrison, Intern to the Superintendent, shared information that she is chronicling, in a qualitative manner, the development of Policy 123 for her doctoral dissertation. Ms. Harrison said she would be calling on many of the Task Force members to participate in a survey interview.

B. Curriculum - Dr. Catherine Balsley

Dr. Balsley indicated her report would include six categories of information: basic philosophical assumptions about human sexuality education, implications of the curriculum program, the implementation plan, teacher training efforts, an evaluation of our curriculum and instructional program, and the cost.

Philosophically, Dr. Balsley stressed the importance of a basic understanding of world views before choosing a particular curriculum because there are distinct implications. In the area of human sexuality education, there are two distinct paradigms. One is the secular world view which has a scientific foundation based in medicine; the second is the religious perspective.

Using abstinence as an example, Dr. Balsley said that in teaching from the secular view, the focus is on the concept and you emphasize that it is not new; however, you also recognize that abstinence may not be the student's choice. Accordingly, students are presented with other options; e.g., for HIV prevention, use of a condom. Dr. Balsley noted that abstinence from the religious view is very different, and is clearly attached to a moral religious belief system. In the religious view, any sexual behavior outside of heterosexual marriage is morally wrong. Alternatives for a young person who decides to become involved sexually are not considered, solely on moral grounds.

Dr. Balsley noted that within the School District's comprehensive health education program, students are taught the basic skills which are necessary to make healthy choices about their behavior. The goal of the curriculum is to impart these skills in each of the content areas. Given that, Dr. Balsley shared a list of abstinence curricula which has been reviewed over the past few months to determine how each would fit into the overall goals and objectives of the School District.

Dr. Balsley described the difficulty of adapting curricula which reflects only one world view. One of the problems is the structure of our curriculum which provides "x" amount of time for instruction in health education; human sexuality education is also given "x" amount of time. Dr. Balsley reported that most of the abstinence curricula are taught in 10 to 20 class periods while Health Education throughout the School District is taught, at a maximum, in 34 to 36 class periods and it must include nine other content areas. Accordingly, Dr. Balsley recommended that the skills and messages that are offered in the abstinence curricula be extracted and integrated across the disciplines to promote healthy behaviors among students.

Dr. Balsley related that instructional time constraints make it necessary for us to restructure the Health Education program and to change the ethos of our school environment. As an example, she cited the success of the "Pregnancy Is Not for Me" campaign at Sayre Middle School. An entire school agenda around the theme has been developed, and it is supported in a variety of ways - careful staff development, the counseling program, the Health Education class as well as other activities. Dr. Balsley recommended an examination of the delivery of the instructional program to determine how the agenda of postponing sexual involvement fits into our overall goal rather than undertaking an effort to identify a particular abstinence curriculum to achieve success.

A list of approved instructional materials for AIDS/HIV Prevention Education and Human Sexuality that fit into the standardized curriculum was distributed by Dr. Balsley. She emphasized that the School District has been promoting abstinence and advocating the postponement of sexual involvement for a long period of time and that every one of the textbook materials, videos and posters carries a clear abstinence message. Dr. Balsley recommended continued use of these materials and she cited a curricula entitled "Choosing Abstinence" that is filled with learning activities which staff teachers can incorporate within the standardized curriculum to support abstinence education. Dr. Balsley displayed a copy of the curriculum "Teenage Health Teaching Modules" used in the high schools and noted more than 20 references to abstinence as the best choice for adolescents. It also says that if you are not going to practice abstinence, you need to protect yourself and to learn how to use a condom. That option was identified by Dr. Balsley as the primary difference between a plan to integrate abstinence materials into the curriculum and implementing one of the proposed curricula that are solely "abstinence curricula."

#### Questions/Comments

Ms. Harrison asked if specific objectives have been developed. Dr. Balsley responded that in the Health Education curriculum there are objectives for every content level at every grade level. In addition, the Department of Education has developed proposed learning outcomes that will cross disciplines.

Noting the distinction made by Dr. Balsley between the science/medicine philosophy and the religious/moral one regarding abstinence, Dr. Lief asked if instruction on the health aspects of abstinence was being provided in addition to the religious/moral aspects. He suggested that a reference to only the moral point of view could be counterproductive.

Dr. Balsley described the instruction as a "cross-over" between them. She indicated that the secular view includes concern for gay and lesbian youth as well as discussion of forms of sexual expression.

In terms of Shared-Decision Making/School-Based Management, Mr. Thompson asked what procedure would be followed by a school family who wished to embrace an abstinence activity. Dr. Balsley indicated that a Committee would have to be formed in the school in consultation with the Division of Physical and Health Education which office would secure the best possible resource people. She cautioned that all materials would have to be approved by the School District.

Ms. Hohenstein observed the sharp difference between the two views on abstinence and she proposed that the issue be presented in a manner in which students are empowered to use their sexuality in a positive way and yet not "play down" the values orientation. Dr. Balsley acknowledged great strengths in both paradigms and indicated that an appropriate blend of both should be sought.

In terms of a school based abstinence activity such as Mr. Thompson described, Mr. Wadlington asked how such an effort to broaden the message would be funded. Dr. Balsley responded that the issue of cost would be addressed later in the agenda.

Dr. Snyder indicated he understood from Dr. Balsley's report that more information must now be taught in the same amount of time previously allotted. He asked if the curriculum must be changed or the approach to implementation must change. Dr. Balsley indicated that both must change; she proposed that the standardized curriculum be enhanced with some of the materials she has presented. She emphasized that teachers do not have enough time to do what is necessary to change student behavior. Dr. Balsley said that the style and approach to teaching must also change. As a result, the time constraints will change; e.g, a lecture can take five minutes and group work, which is much more meaningful, can take 2 or 3 days.

Mrs. Mann commented on the "Pregnancy Is Not for Me" program at Sayre and noted that the funding had been secured from private sources. The topic of abstinence was introduced via a discussion panel of teenage parents describing their lives since the birth of their children. The reaction of the students in the assembly was overwhelmingly, "We're not going to do this!" Mrs. Mann recommended that similar, more creative ways have to be developed to get this message across. Dr. Balsley agreed and cited the message written in Policy 123. She indicated, however, that the message in Policy 123 is different from the message that is given in the abstinence curricula. Dr. Balsley related details of controversy which have been generated by some of these curricula across the country.

#### C. Staff Development - Dr. Catherine Balsley

Dr. Balsley described staff development as the "key" to successful implementation. She noted that several plans are in process and that the decision has been made by the Division of Health & Physical Education that middle school staff will be trained first.

That decision was made because students begin to make decisions about sexual behavior in grades 5 through 8; the students in senior high school have already begun to act on choices they have made. In those grades, teachers would have to focus on changing behaviors instead of, or in addition to, promoting positive ones.

During the weekend of January 10th, teams from each of the middle schools will participate in a program to discuss what health education means to the middle school child. National keynote speakers will be available to work with our staff to develop program agendas for their schools. Dr. Balsley related that in February a meeting will be held with the Philadelphia County Medical Society to plan a weekend retreat for middle school teachers to help them to feel more comfortable about their own sexuality in order to enhance their ability to communicate with their students. The third plan, which has not yet received Administration approval, is a mandatory full day staff development for middle and senior high school Health & Physical Education teachers and is scheduled for the end of February or beginning of March. The focus will be on postponing sexual involvement/abstinence education.

#### Costs

Dr. Balsley reported costs for abstinence materials ranging from \$30 for a booklet to programs of \$200-300 for one teacher in one classroom excluding the actual cost of staff development. Dr. Balsley indicated that successful staff development would require a lengthy period of time and would be cost prohibitive. Non-pay incentives and efforts to conduct staff development within the structure of the school day are being examined.

#### Evaluation

Work has been undertaken with an evaluation organization (IOX) and a joint proposal has been written to evaluate the Health Education program and the HIV education effort. If funded, a national professional team would then evaluate our program efforts.

#### Questions/Comments

Mr. Wadlington asked what efforts have been made to help teachers understand how the issues of how ethnic and cultural diversity effect development of sexuality, attitudes and behaviors, and if ethnic diversity was included in evaluation design. Regarding the impact of the Sayre program, he asked how long did the impact last? Did the students say "no" to pregnancy or to sex? Mrs. Mann reported that the middle school students reacted by saying "no" to sex; a different reaction is expected from high school students who have not yet seen the program. Mr. Wadlington questioned how the effort might fit into the context of community support. He asked what are the messages that adolescents hear and who are they hearing it from? He expressed concern that the School District's message would occur in a vacuum and would be counteracted, because of lack of coordination, over the summer. Mr. Wadlington recommended that the message be coordinated with other community based programs and the churches. Dr. Balsley responded that Mr. Wadlington's presence on behalf of BEBASHI and the fact that the Task Force is comprised of over 60 other organizations and institutions provides evidence of a community effort.



In terms of cultural and ethnic diversity, Dr. Balsley cited the work of the School District's Asian Task Force. She noted that one of the paramount issues this school year has been health and the Task Force agenda includes development of a paradigm or a model of cultural sensitivity to Asian health needs. That model will then be used as a prototype for other communities. Dr. Balsley also reported that a program will be presented on cultural/ethnic diversity at the weekend conference scheduled in January.

Dr. Balsley stressed that there is a developmental difference between the messages that should be given to middle school students and those that we give to high school students; the program design has to be different. Dr. Balsley emphasized that a packaged curriculum would not be adequate to make the necessary difference.

Mr. Alston expressed concern about consistency as it relates to staff development for all teachers. Dr. Balsley indicated that first efforts would be directed at those responsible for direct instruction; however, Policy 123 specifies that all staff must be cognizant of adolescent health concerns and issues.

Dr. Lief indicated that data compiled from interviews with 8th and 11th grade students is currently being analyzed by the Philadelphia County Medical Society. He suggested it could be made available for presentation to the Task Force. Dr. Chern offered some research cautions regarding middle school students; despite the fact they may be the same age, there is a very wide range of development which can be as much as six years in terms of maturation.

Ms. Hohenstein expressed concern that parent involvement was not listed as a topic on the agenda. Mr. Hazan indicated that it was not overlooked and that he would address it during the general discussion. Dr. Balsley reported that parents would be participating in the weekend conference scheduled during January.

Using the success of the model at Sayre Middle School as an example, Ms. Vance suggested that several of the organizations on the Task Force might begin to adopt and work with Sayre's "feeder" elementary schools while another group might begin work at the high school level. Mrs. Mann reported that some of those feeder schools learned about the program and wanted to replicate it; however, the Family Planning Council did not have the resources available to expand it.

#### D. Services - Herbert Hazan

In connection with implementation of the condom availability program, videotape coverage from four stations of the Tuesday, December 17 press conference at Bartram High School was viewed. Dr. Balsley commented that the pamphlets which were handed out by the concerned parent have been used by the School District since it was developed in 1986 by the Department of Human Services.

Recapping, Mr. Hazan related that a program which made condoms available to students in grades 9 through 12 began in three senior high schools - Bartram, Gratz and Benjamin Franklin. A program will begin at Edison shortly

after the Christmas break. Several other schools have programs in varying stages of readiness. Central will be ready to begin on or about 2/1/92 as will Lamberton Senior High. Meetings have been held with parents of Roxborough High School students and Mr. Hazan noted the reception has been very positive.

Media attention has been directed at the ethnicity of the student bodies at those schools which were first to begin the program. Mr. Hazan cited the facts were that those schools already had on-going relationships with responsible health care providers.

Mr. Hazan reported that existing relationships with health care providers were not in place at Central or Lamberton. Mr. Hazan suggested that the linking of services would be expanded to improve the general health at each of those schools.

#### Parental Involvement

Mr. Hazan said that implementation of the policy has been criticized by some as lacking parental involvement. He said that was not true, and that two major parent organizations have been represented on the Task Force since its inception - the Home and School Council and The Parents Union. In addition, the Board conducted public hearings in the seven sub-districts which were formally conducted throughout the City to enable parents to make their voices heard. Mr. Hazan reported that he has conducted meetings with parent organizations in various schools; some have been very well attended and some have had sparse attendance but every attempt has been made to open the process for parental input. Mr. Hazan noted that parents do have the "last word" in the process with regard to whether or not their children will participate in the program, via the "opt-out" provision.

At the next Task Force meeting reports will be presented by representatives who were not available for today's agenda to discuss implementing programs of parental education. Two proposals have been received; one from the Citizens Committee on Public Education and one from Planned Parenthood.

### III. GENERAL DISCUSSION

In response to Dr. Haas' question, Mr. Hazan indicated that the health care providers are supplying general medical supervision by a physician and a qualified staff person from the respective medical institution (a nurse, a social worker, or a health educator) who will staff the health resource center on a full time basis (whenever the center is open). In addition, some of the institutions are making efforts to arrange the medical school curricula so that third and fourth year medical students will have service in the health resource center as part of their rotations.

Mr. Wadlington asked what other services the drop-in centers will offer. Mr. Hazan indicated that the focus is on the total student and services can range from referrals on skin care to suicide prevention intervention. Mrs. Mann reported that Tower Records donated calendars and that concert and sporting event schedules will be displayed in an effort to create a more comfortable atmosphere for adolescents.

Mr. Wadlington expressed concern because the media coverage did not make it clear that condom availability is taking place in conjunction with a counseling program. Dr. Snyder shared his perspective as a health care provider and related that Osteopathic Medical of Philadelphia has no interest in simply distributing condoms within a school; they are concerned about the health of children and learning how children feel about themselves. To that end, focus groups will be conducted with the students and also with the Governance Council to obtain input from parents.

Dr. Snyder related that the parents at Lamberton asked how the community around the school could get more involved and discussions were held concerning the development of resources within the community; e.g., condom availability at pharmacies during weekends. Mr. Wadlington suggested that similar efforts be undertaken to access a variety of other health services in the community to respond to emergencies which might occur on a Saturday night. Dr. Snyder indicated that a wide range of services will be provided as a result of the partnerships which are forming; however, because the topic of condom availability is a sensitive issue, objections have been raised. Dr. Snyder suggested that media coverage of the provision of other services would not draw public attention or objections.

Mrs. Mann observed that the concerns of Task Force member may extend to a number of other issues but our focus must be on adolescent sexuality. Mr. Wadlington maintained his position that the community is not cognizant of available health services and he charged the Task Force with responsibility to promote health by letting people know what services are provided to them. He urged Task Force members to take the initiative and spread the word that we need help in promoting the services which are available to the community. Mr. Wadlington suggested that unless we keep the issue of condoms within the context of health services, we "set ourselves up" for criticism.

Mr. Thompson offered clarification about the information supplied to the media by the School District but asked members to recognize that there are segments of the community that want to perpetuate stereotypes and individuals who will seize any opportunity to advance their personal agenda including the fabrication of information. Mr. Thompson indicated that we cannot assume that the proactive group will get its message out because there is another group working to distort the image who will say the exact opposite and that is what the media will seize.

Ms. Vance indicated there should be a mechanism for the Task Force to receive feedback directly from the students utilizing the drop-in center services. Mrs. Mann, speaking on behalf of the funding source, responded that she had the same concern. She related that Family Planning Council staff will be conducting focus groups to gather information.

Dr. Haas indicated he was uncomfortable with the paradigms, i.e., the religious/moral concern and the secular/scientific one, as reported by Dr. Balsley. As a representative of the religious community, Dr. Haas related that they, too, examine scientific evidence to determine if their programs will have the desired effect.

Responding to Dr. Lief's comment that the religious/moral approach might be counterproductive, Dr. Haas expressed hope that the Task Force would remain open minded and take action to make any necessary corrections should implementation under the secular paradigm prove counterproductive.

IV. ADJOURNMENT

Mr. Hazan extended best wishes to everyone for the holiday season and adjourned the meeting.

The next meeting is scheduled for February 27, 1992 from 9:15 to 11:30 a.m. in the Board Room of the School District Administration Building.

Jane Zimmerman, Secretary

IN ATTENDANCE: Herbert Hazan, Chairperson

Mr. Floyd Alston, Member, Board of Education  
Dr. Rita Altman, Associate Supt., Assessment & Accountability  
Mr. Norman Baker, ACT-UP  
Dr. Catherine Balsley, AIDS Education Coordinator  
Ms. Donna Bruzzese, Phila. Home and School Council  
Ms. Laurie Corbin, Philadelphia Health Management Corp.  
Andrew Farnese, Esq., Vice President, Board of Education  
Ms. Wanda Baily-Green, Philadelphia Federation of Teachers  
Dr. John Haas, Archdiocese of Philadelphia  
Glenna Hazeltine, Esq., Office of the General Counsel  
Ms. Margaret Hohenstein, Parents Union  
Mr. Thomas Jacoby, Physical and Health Education  
Dr. Harold Lief, Philadelphia County Medical Society  
Ms. Roberta McGady, PPSNA  
Mr. Daniel McGinley, PASA  
Mrs. Dorothy Mann, Executive Director, Family Planning Council  
of S.E. Pennsylvania  
Ms. Susan Nye, Office of Instruction & Curriculum Support  
Ms. Margaret Siro, R.N.  
Dr. Steven Snyder, Osteopathic Hospital  
Dr. Paul Thomas, PAFT  
Mr. William Thompson, Office of Communications  
Ms. Anola Vance, Philadelphia Dept. of Public Health  
Mr. Curtis Wadlington, BEBASHI  
Dr. Thelma White, Acting Assistant Director, Health Services  
Mr. Edward Zubrow, Special Assistant to the Superintendent

Guest: Ms. Patricia Harrison, Intern to the Superintendent