

The Academic Pediatric Association: The First 50 Years

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AT THE 1953 meeting of the American Pediatric Society and Society for Pediatric Research (APS-SPR), Barbara Korsch convened an informal gathering of individuals who shared the notion that outpatient care deserved more attention. Chairs, including those who were “not stereotyped with ambulatory pediatrics,” such as Saul Krugman and Emmett Holt, attended, validating ambulatory pediatrics as “worthy of attention.”¹ Informal meetings ensued annually for several years. By the end of the decade, the sentiment of individuals such as Loren MacKinney was that it was time “to actually do some work.”² Barbara Korsch surveyed the meeting participants to determine what that work might be. The issues included space requirements; cost of providing outpatient care; time and workload; appointment systems; record system; relationship of general pediatrics to specialty clinics; standards for ambulatory care of patients with special needs and adolescents; health supervision; extensions of the traditional outpatient organization, such as home care; psychologic aspects; staffing; research potential; teaching; and child development.³ There was no lack of work to be done!

1960s TO 1970s: THE MOM-AND-POP YEARS

During the winter of 1959 to 1960, a planning group drew up sample constitutions. On May 4, 1960, the 32 participants affirmed the notion of an organization and named it the Association for Ambulatory Pediatric Services (Table 1). The word *ambulatory* raised a spirited debate, as the word was not in common usage at the time.² Fifty-six individuals signed on as charter members. Ten papers were submitted for presentation at the organization's first meeting; 5 were selected. The first presentation was “The Emergency Clinic—A Study of its Role in a Teaching Hospital” by Abraham Bergman and Robert Haggerty. Authors of the other papers included educators, psychologists, social workers, and medical students, as well as pediatricians.²

Several features distinguished the Academic Pediatric Association (APA) from the other academic pediatrics organizations in addition to the focus on ambulatory services. Among these were inclusive membership, areas of research, attention to education, and the active participa-

tion of the membership. These features continue to characterize the APA.

INCLUSIVE MEMBERSHIP

In contrast to other pediatrics organizations, no criteria were established to qualify for membership. This caused the societies that required substantial research accomplishments to question the “respectability” of the new organization and its mission. Evan Charney recalls: “It was a little bit of the feeling of a group huddled together to try and determine whether or not there was a legitimate place for ambulatory pediatricians within the academic pediatric community.”⁴ However, as noted by Robert Haggerty, social scientists “contributed to the quality of the research in enormous ways that wouldn't have happened otherwise.”⁵ Nonphysicians have continued to play an important role in the APA, including serving as elected officers.

RESEARCH

Investigative and scholarly activities were embraced with enthusiasm, a hallmark of the organization, but both the APA and the field of academic ambulatory pediatrics were young, and both faced challenges with little funding. The APA strove to “apply scholarly attention to the common health problems of children...[and] the organization of services, whether it should be provided, how it should be provided.”⁵

EDUCATION

Education was also on the agenda from the beginning. “The fact that medical education was something that deserved careful attention and had a place in the academic environment was...something that the APA introduced. We were the first organization to run workshops.... Thinking about how you could teach better, how you could learn better...was a legitimate kind of activity.”⁵

ACTIVE PARTICIPATION OF THE MEMBERSHIP

At the beginning, business meetings were lively affairs, with active participation from the floor. “Advocacy became fairly early an important issue. Discussion of...issue[s] was a problem because there were a lot of people on both sides of any argument...[and] caused a lot of emotion at meetings. We didn't have a structure to really advocate at

Table 1. Naming the Organization

Year	Name	Comment
1960	Association for Ambulatory Pediatric Services	<i>Ambulatory</i> was controversial
1969	Ambulatory Pediatric Association	Accepted by membership
1983	General Academic Pediatric Association	Voted down by membership
1992	Association for General Pediatrics	Voted down by membership
2007	Academic Pediatric Association	Accepted by membership

the national level very effectively, but we were taking positions all the time and issuing statements.”⁴ Even advocacy itself and the tenets of the new organization were debated: for example, the absence of membership requirements—a sticking point not only for the other societies but for some members of the APA as well—resulted in what Barry Pless refers to as “the milkman debate”: “‘If my milkman is interested in children, can he join the organization?’ The answer was a resounding ‘Yes!’”⁶

The 1972 business meeting was particularly lively and notable. Five resolutions were introduced from the floor, including support for the statements of the President’s Commission on Abortion. The resolution passed, which caused Ray Helfer to resign as president. Lewis Fraad offered an amendment to the resolution, which made it acceptable to Helfer, and the situation was resolved. This incident prompted policies and procedures requiring resolutions to be channeled to the Social Political Study Committee *before* the annual meeting.

During its first decade, the APA took steps to establish an infrastructure and to build recognition and respectability. In 1964, a newsletter was introduced to keep members informed and connected; Morris Green was the first editor, succeeded by Evan Charney, who developed a version of what became the APA logo. Regional meetings started in 1968 to further enhance communication, discuss local issues, and provide opportunities to share research findings between the annual meetings. A lectureship was created in 1967, named for George Armstrong, an English physician of the 18th century who is credited for having established the first dispensary for children.⁷ He cared for sick children without regard for ability to pay, and he taught “pediatrics” to others through his writings and by example. Sessions at the spring meetings were planned not to conflict with activities of the senior societies, but by 1970 the APA was ready (and able) to conduct its first session concurrently with APS-SPR sessions. The APA meeting expanded from 1 evening to 2½ days.

Recognition of the burgeoning field of ambulatory pediatrics was aided by the publication of Haggerty and Green’s text, *Ambulatory Pediatrics*, in 1968. Shortly thereafter the name of the organization was changed to the Ambulatory Pediatric Association (Table 1). With support from Ross Laboratories, annual conferences on a topic chosen by the APA president were convened and proceedings published as *Ross Roundtables on Critical Approaches to Common*

Pediatric Problems in Collaboration with the Ambulatory Pediatric Association. In 1972, an Outstanding Teaching Program Award was created to highlight important leadership programs in education. In 1973, a volume of *Advances in Pediatrics* was devoted to the APA.⁸ It included a brief history by Fred Blodgett, an introduction by Barbara Korsch, and articles on “Innovative Methods of Expanding Ambulatory Services,” “Research in Ambulatory Pediatrics,” “Self-Evaluation of Ambulatory Care,” and “Prepaid Group Practice and the Delivery of Health Care.” That same year, “The Education of Physicians for Primary Care,” an influential monograph by Joel Alpert and Evan Charney, was published⁹; it provided the widely accepted definition of primary care and a blueprint for primary care education that remains sound today.

By the end of the 1970s, however, the organization was taking stock of its structure and ability to advance both the field and the APA. Symptomatic of the concern, the Board decided not to bestow the Outstanding Teaching Program award in 1979, finding none of the nominated programs sufficiently worthy. In many ways, the APA was still, in the words of Katherine Lobach, “very much a mom and pop operation.”¹⁰ But the organization was about to come of age.

1980s to 1990s: GROWTH AND MATURATION

In 1980, the APA engaged the relatively new firm, Degnon Associates, to provide professional management for the APA with greater continuity and staff to carry out an expanded array of activities. George Degnon was known to APA leadership, as he had established the American Academy of Pediatrics (AAP) Washington office in 1970 and later was AAP Associate Executive Director in Evanston, Illinois. In 1979, he and his family returned to the DC area and established Degnon Associates. His wife, Marge, became the APA executive director. Committing to professional management was a big step for the APA, and the current relationship took several years to develop.

In the early 1980s, a tradition of presidential projects was initiated. Two of the earliest projects are particularly noteworthy, as they established the APA as a resource for the entire pediatrics community. Alvin Novack led the development of *Educational Guidelines for Training in General/Ambulatory Pediatrics*. The APA had been represented on the Task Force on Pediatric Education that published *The Future of Pediatric Education* in 1979, but the educational guidelines were solely an APA project and established the APA as a major contributor to pediatric education. Abraham Bergman’s project, supported by Ross Laboratories for the next decade, was the creation of a consultation program that supported visits by senior leaders in ambulatory/general pediatrics to departments to assist in local program development, support the needs of ambulatory faculty, and create visibility for ambulatory pediatrics.

Special focus groups were afforded the opportunity to meet during the 1981 annual meeting in an attempt to accommodate the varied interests of the membership and avoid factions splitting off from the APA. In 1968, the

Society of Adolescent Medicine (now the Society for Adolescent Health and Medicine) was formed. Despite the efforts of APA, behavioral and developmental pediatricians broke away and established their own organization in 1982. Frederic Burg recognized the need for a retreat to discuss the structure of the association and the implications of increasing specialization of its members. At the retreat in 1983, the objectives of the organization were restated, a structure was proposed to reflect the objectives, and mechanisms to retain groups with special areas of interests were discussed (Table 2). At the retreat, there was strong opposition to the creation of formal structures such as sections, and the compromise was the creation of “forums for special interest groups.” At the 1987 annual meeting, special interest groups (SIGs) sessions were held from 8:00 to 10:30 PM; SIGs became a more central part of the program in 1988.

The history of the subsequent 15 years is probably best described by considering individually the 4 objectives of the APA that continue to be represented in the 4 standing committees of the APA.

EDUCATION

The *Educational Guidelines for Training in General/Ambulatory Pediatrics* for medical students and residents was completed in 1984. The initial plan was to include fellowships, but this portion was deferred. To implement the guidelines, a clerkship directors SIG was formed; 53 individuals attended its first meeting in 1988, and the seeds of a national clerkship directors organization were planted. In 1992, the Council on Medical Student Education in Pediatrics (COMSEP) was established under the umbrella of the Association of Medical Student Pediatric Department Chairs (AMSPDC). The leaders in medical student

education were also leaders in the APA SIG and served as the first several COMSEP presidents.

The Association of Pediatric Program Directors (APPD) held its first meeting in 1985 and was also aided by one of the early SIGs, which provided an open forum for individuals interested in resident education. In 1999 the SIG was incorporated into APPD-sponsored activities.

In 1992, education guidelines for fellowship training were completed, and a revision of the *Educational Guidelines for Training in General/Ambulatory Pediatrics*, focused exclusively on residency training, was begun. It was completed in 1994, and a copy was sent to each pediatric program. Also that year, the Ray E. Helfer Award was established “to recognize creative scholarly work in pediatric education.”

Although the initial focus of the APA was on hospital outpatient departments, many of the early leaders also had great interest in the community. This interest was highlighted by Thomas DeWitt’s presidential project, a manual entitled *Pediatric Education in Community Settings*, followed by a national conference and publication of the conference proceedings.¹¹

The APA collaborated with many organizations during this period. Modena Wilson was a member of the national Council on Graduate Medical Education and, as her presidential project, was a leader of the Interdisciplinary Generalist Curriculum project of the Primary Care Organizations Consortium (PCOC).¹² Also through PCOC, John Pascoe had a leadership role in the multidisciplinary Undergraduate Medical Education for the Twenty-First Century project.¹³ Other national initiatives, such as those sponsored by the Bureau of Health Professions and a specialist/generalist project of the Society for General Internal Medicine, also included individuals appointed by the APA.

Table 2. Outcomes of 3 Notable Board of Directors Retreats: 1983, 1993, and 2007

Year	Issue	Comment
1983	APA goals/objectives	To improve teaching of general pediatrics; to improve research in general pediatrics; to improve patient services in general pediatrics; to affect public and governmental opinion regarding issues vital to teaching, research, and patient care in general pediatrics.
	Structure: committees	To reflect these objectives in the structure of the organization, the Board proposed 4 committees: the already established education and research committees plus committees on health care delivery and public policy.
	Structure: forums for groups with special areas of interest	In addition, the Board proposed that “a mechanism for the development of forums for groups with special areas of interest be put in place.”
1993	Name change	To General Academic Pediatric Association. Voted down.
	Areas of action	Organizational changes; faculty/professional development; public policy; health care services; strengthening the relationship with other pediatric and generalist organizations; recruitment, development, and advancement of leaders of the future. Conduct retreats every 3 years
2007	Mission statement	The APA is dedicated to improving the health of all children and adolescents through leadership in education of child health professionals, research and dissemination of knowledge, patient care, and advocacy, in partnership with patients and families and communities.
	Vision statement	The APA will be a leader among child health professional organizations in optimizing the health of all children, adolescents, and young adults through: Education of a diverse group of child health professionals; research and dissemination of new knowledge; patient care, with measureable improvements in quality and health outcomes; and advocacy for an equitable children’s health agenda.
	Core activities	Research networks; Educational Scholars Program; the Academic General Pediatric Accreditation Program; the New Century Scholars Program; the leadership conferences; and the Young Investigator Awards
	Name change	To Academic Pediatric Association. Passed.

The revisions of The Accreditation Council for Graduate Medical Education Residency Review Committee for Pediatrics (RRC) requirements for pediatric residency in the late 1980s and early to mid-1990s are particularly notable as they were heavily influenced by former APA presidents who became members of the RRC: Catherine DeAngelis in the late 1980s, Evan Charney and Carol Berkowitz in the early to mid-1990s. In the 1989 revision, participation in continuity clinic one half day per week was required. The revision initiated in 1992 was the first to solicit input from pediatric organizations, and more than 400 APA members offered recommendations. The RRC requirements that emerged from this revision were the first to specify that 50% of training had to be in ambulatory settings. Other additions included more specific guidelines regarding developmental and behavioral pediatrics and a requirement to prepare residents for the role of child advocate in the community.

RESEARCH

As an academic society, research has always been an important cornerstone of the APA. APA has championed research in many areas, including health care delivery, education, qualitative as well as quantitative measures of quality, social determinants of health and subdisciplines of emergency medicine, developmental and behavior, hospitalist medicine. Assistance to members interested in research was provided in multiple ways. Successive multiyear APA workshops afforded members the opportunity to participate in and learn about collaborative research projects. Workshops on research methods became a staple of the annual meeting. Catherine DeAngelis's presidential project was a multichapter text, *An Introduction to Clinical Research*.¹⁴

In 1990, the APA established a research award to honor the contributions of an individual and also to spotlight the importance of research in the mission of the association; the first recipient was Barbara Starfield. That year also marked the beginning of an important new federal agency, the Agency for Healthcare Policy Research (AHCPR, which later became the Agency for Healthcare Research and Quality, AHRQ), and, in the APA, the creation of a special grants program, offering grants of up to \$10,000. Ninety-one grant proposals were submitted by practitioners, senior faculty, junior faculty, and fellows, involving approximately 10% of the membership. The board decided that the program would subsequently target junior faculty and fellows (and the program ultimately became known as Young Investigators Grants). Ross Laboratories agreed to provide \$10,000 for the program, and additional support was solicited from the membership. As financial support for the program increased, the number of funded projects increased from 3 in 1990 to 9 in 1997, thanks to contributions by AHCPR, the Packard Foundation, and Pfizer. The APA also received research grants from various other organizations, such as the Robert Wood Johnson Foundation, the W.T. Grant Foundation, and the federal government.

The International Health SIG established the International Health Research Award in 1992 to highlight the research of young investigators abroad and provide them

the opportunity to attend the annual meeting and present their work. In the first year of the award, 30 abstracts were submitted from 18 countries. And in 1994, research "consultations" were first offered at the annual meeting, providing opportunities for members to receive assistance from established researchers.

PUBLIC POLICY

In 1976, Title VII funding, previously available only to family medicine programs, was extended to programs in pediatrics and general internal medicine. By 1983, the financing of Title VII was already in jeopardy—a recurring theme. At the APA business meeting, Joel Alpert and Steven Shelov proposed an expenditure of up to \$10,000 to cooperate with the AAP to restore and increase funding levels of primary care training grants in pediatrics. The proposal was defeated, 16 to 51, but the APA became and continues to be the lead organization in pediatrics to fight for the preservation of this important federal program.¹⁵ Several APA leaders have served on the Health Resources Services Administration (HRSA) federal Advisory Committee on Training in Primary Care Medicine and Dentistry.

After 2 decades of debates and policy statements that had little impact, the APA, according to Barbara Starfield, "played a major role...from the United States position" in the boycott of the Nestle company for marketing its brand of formula in third-world countries.¹⁶ The APA developed a statement endorsing the World Health Organization International Code of Marketing of Breast Milk Substitutes, and its members supported the boycott at their institutions and in their communities.

In 1984, the APA accepted an invitation by the AAP to participate in its Committee on Government Affairs, along with AMSPDC, APS, and SPR. The APA Public Policy and Advocacy Committee's enduring areas of focus have been Title VII, Medicaid, vaccines, and advocating for AHCPR (later AHRQ) and other agencies concerned with child advocacy; other issues such as welfare reform and health care reform have been addressed when timely.

The first APA Public Policy Award was presented at the 1998 annual meeting to Abraham Bergman.

HEALTH CARE DELIVERY

The initial health care delivery focus of the APA was on improving patient care and systems in outpatient departments and community health centers. With his presidential project (a national conference entitled *Serving the Underserved*), Paul McCarthy highlighted the population central to APA health care delivery activities: the *underserved*, a designation that included children with special health care needs and those with financial and/or social determinants that affect health. By 1992, a "Serving the Underserved" curriculum was completed, and, in that year, a health care delivery award was proposed "to recognize an innovative and effective program that provides health care in the context of a teaching setting."

The first annual health care delivery award was presented at the 1995 annual meeting. The award highlights

various health care delivery models that have made a community impact; examples include comprehensive medical homes, teen tot programs, and mobile vans.

Immunizations have been a particular interest not only of the Public Policy Committee but of the Health Care Delivery Committee as well. In 1995, the APA received its first grant in this area, a 5-year project on evidence-based immunization delivery.

COMING OF AGE AS AN ORGANIZATION

The retreat in 1983 established some of the basic structure for the subsequent decades: 4 standing committees and forums that later became the Special Interest Groups. But the effort to keep members with special interests from separating from the APA proved challenging. As noted, the Society for Developmental and Behavioral Pediatrics formed in 1982, COMSEP in 1992. The emergency medicine group considered forming its own organization but chose to remain in the APA.

It was immediately clear that SIG sessions were a popular feature of the annual meeting. In 1988, more than 300 participants attended SIG sessions—half of whom were not APA members. The SIGs grew in number, from the original 4 in 1985 (chronic illness, health maintenance organizations, accidents, and emergency medicine) to 17 in 1990, and 24 in 1995, prompting a board member overseeing SIGs to quip that the goal appeared to be the creation of “a SIG for every member.” Currently there are 38 SIGs.

Debate continued to be a feature of annual meetings, but structured debates replaced the contentious discussions of the earlier period. The first formal debate, in 1985, was titled Resolved: Primary Care is not for Pediatricians and Pediatric Departments. Participants included members of the APA and of other societies as well. Subsequent debates included topics such as residency review committee requirements, whether organizations should accept funding from commercial enterprises, and whether the proliferation of subspecialties is in the best interest of general pediatrics.¹⁷

Whether to change the name of the organization was a recurring issue (Table 1). In 1992, the board supported a name change to the Association for General Pediatrics, but, as in 1983, the proposal was defeated.

The annual meetings were held in conjunction with the APS and SPR, with the exception of 1 year, but the 3 organizations did not function well together. It wasn't until 1992 that the APA participated with the APS-SPR on a long-range program planning committee, and 1993 when the APA was invited to become a permanent active part of the program committee rather than an ad hoc member. In 1995, to facilitate interaction with the APS-SPR on equal terms, the APA secretary/treasurer position was converted from 3 years to 6 years in duration, comparable to the APS and SPR positions. Also in 1995, the 3 organizations agreed to form the Pediatric Academic Societies and adopted a logo.

By 1993, it was clear that, to reach its potential, the APA would need a source of financial support in addition to

dues and grants and an ad hoc committee was created to recommend investment of part of the funds of the APA. A second retreat, the first in 10 years, was held, during which 4 areas of action were identified: organizational changes, faculty/professional development, public policy, and health care services (Table 2). Two other areas were added: strengthening the APA relationship with other pediatric and generalist organizations, and recruitment, development, and advancement of leaders of the future. This retreat, like the previous one, provided direction for the APA. The board decided that such retreats should be conducted every 3 years to review the existing action plan, revise it, and ensure implementation.

In 1994, the position of newsletter editor was expanded and renamed communications director. John Pascoe created APA-NET, and, a year later an internet presence was established. But still the issue of where to publish the annual meeting abstracts and APA policy statements remained unsettled. During the 1970s and 1980s, the notion of an APA journal was rejected by the board, but, by the mid-1990s, the value of a journal to the reputation of the APA was felt to outweigh the risks. Whether to sponsor an independent journal or affiliate with an existing journal was settled when the AAP offered to publish quarterly supplements to *Pediatrics* as *The Journal of the Ambulatory Pediatric Association*. A search committee was convened and selected James Perrin to be the editor of the new venture. After 2 years as a supplement to *Pediatrics*, the *Journal of the APA* became independent. *Ambulatory Pediatrics* was published 6 times a year, rather than quarterly, and was approved for indexing by the National Library of Medicine after only 2 issues.

During the 2 decades from the late 1970s to the late 1990s, the APA was growing in stature and gaining recognition from multiple organizations in addition to the APS and SPR. In 1978, the American Board of Pediatrics invited the APA to be one of its nominating societies. In the subsequent decade, the APA joined with counterpart organizations in internal medicine and family medicine in a number of endeavors, including PCOC. The APA was accepted to be a member of the Association of American Medical Colleges Council of Academic Societies. In 1987, Catherine DeAngelis and Ruth Stein represented the APA at the Pediatric Summit Meeting that led to the formation of the Federation of Pediatric Organizations (FOPO), of which APA was a charter member. The APA was officially represented on multiple AAP committees, such as the Committee on Federal Government Affairs, Committee on Pediatric Education, and Committee on Pediatric Research. Many APA leaders participated in the Future of Pediatric Education II project.¹⁸ By the late 1990s, the APA had clearly come of age.

LATE 1990S TO PRESENT: THE LEADERSHIP ERA

In 1998, Lucy Osborn received a 4-year, \$1.6 million grant from HRSA for her presidential project, the APA-HRSA National Faculty Development Scholars Program

(NFDSP). Three tracks were created, focusing on community teaching, educational scholarship, and executive leadership.¹⁹ Graduates of the NFDSP also continued the work of developing leaders in education by creating the Educational Scholars Program.²⁰ The Educational Scholars Program is a 3-year program with new cohorts annually since its inception in 2006, but its creators added an important central activity: a mentored scholarly project.

The NFDSP established the APA as an organization that was developing leaders: graduates of the NFDSP were elected presidents of APPD and COMSEP, for example. In 2007, the APA began annual leadership conferences, targeting directors of divisions of general pediatrics, emergency medicine pediatricians, hospitalists, and later, in collaboration with APPD, residency and fellowship program directors.

In 2001, a third revision of the educational guidelines was initiated as Kenneth Roberts' presidential project, with the intent of involving the entire pediatrics community. Programs were struggling to understand how to respond to the ACGME shift to outcomes and competencies. An advisory board was created with representatives from the AAP, ABP, AMSPDC, APPD, COMSEP, FOPO, the Society for Adolescent Medicine, and Society for Developmental and Behavioral Pediatrics (SDBP), and a trainee; multiple reviewers from all of the pediatric societies were engaged. Diane Kittredge reprised her leading role in the revision. The final product was uploaded to the APA Web site to be freely accessible to faculty and learners and has received widespread use.²¹

Activities continued to foster research and assist investigators. The Young Investigators Grants program expanded with collaboration and support from AHRQ, the Maternal and Child Health Bureau, and the Commonwealth Fund. National Institutes of Health-style reviews were provided to finalists by established APA researchers. Two collaborative research networks were established by the APA, the Continuity Research Network and Pediatric Research in Inpatient Settings, a collaborative project of the APA, AAP, and Society for Hospital Medicine. APA members have figured prominently in the AAP Pediatric Research in Office Settings network, Pediatric Emergency Care Applied Research Network, and the newly funded Developmental Behavioral Pediatrics Research Network as well.

During the past decade, the APA also took a leadership role in addressing diversity in academics. The APA New Century Scholars program was developed in 2004 with the goal of encouraging and supporting pediatric trainees from underrepresented minority groups to pursue careers in general academic pediatrics.²² More than half of the graduates have entered (or are in the process of entering) careers in academic medicine, international health, or advocacy. In 2008, as part of Tina Cheng's presidential project, the APA cosponsored a Child Health Disparities Conference in Washington, DC, with the AAP, National Institute for Child Health and Human Development, National Center on Minority Health and Health Disparities, AHRQ, Lucile Packard Foundation, Commonwealth Fund, and Robert Wood Johnson Foundation. This led to research

recommendations and a journal supplement on child health disparities and health literacy.²³ In 2009, APA leaders spearheaded the formation of a diversity task force under the auspices of FOPO.

The APA also established leadership positions in 2 "new" areas of interest in pediatrics (environmental health and hospital medicine), while strengthening its support of pediatric emergency medicine. As her presidential project, Ellen Crain created the National Fellowship Training Program in Environmental Pediatrics with support from the Education Foundation of America, the New York Community Trust, and the Environmental Protection Agency. The success of the program is reflected in the APA receiving the United States Environmental Protection Agency Children's Environmental Health Excellence Award in 2006. The Michael Shannon award honors the best abstract in the areas of pharmacology/toxicology, drug reactions/events, substance abuse, environmental health, disaster preparedness/response, and emergency medicine at the annual meeting; it was first bestowed in 2010.

The Inpatient General Pediatricians SIG first met in 1992, but it was really during the last decade that pediatric hospital medicine came to the fore. The APA convened a meeting of pediatric hospitalists in 2003 that attracted more than 130 participants and became an annual event, cosponsored by the AAP and Society for Hospital Medicine. The Pediatric Research in Inpatient Settings collaborative research network was established in 2004. One cohort of Educational Scholars specifically encouraged participation by hospitalists, and the 2009 leadership conference targeted them as well. In 2010, the APA endorsed the Core Competencies for Pediatric Hospital Medicine, along with the AAP and Society for Hospital Medicine.

In 1999, the Emergency Medical Services for Children program gave the APA a grant to organize a conference on outcome measures for pediatric emergency medicine research; subsequent conferences were held in 2001 and 2002. An annual award for the best abstract submitted by a fellow in pediatric emergency medicine to the annual meeting was created in 1999 and named for 2 acknowledged founders of the field of pediatric emergency medicine: Stephen Ludwig and James Seidel.

The APA wrestled with 3 issues for much of its existence: how to strengthen and gain recognition for ambulatory/general pediatrics; how to retain groups with special interests; and what name best described the organization. Programs sponsored by the Robert Wood Johnson Foundation and Title VII helped establish academic general pediatrics as a field.²⁴ As subspecialties began to proliferate in pediatrics during the 1980s, the APA Board of Directors considered—and decided against—promoting academic general pediatrics as a subspecialty. In 2003, as the Council on Pediatric Subspecialties was being formed, the APA was an invited participant, representing academic general pediatrics. (The first chair of Council on Pediatric Subspecialties was APA president Paul Darden.) The following year, Stephen Ludwig convened a 1.5 day conference at which APA and ABP leaders decided to not pursue subspecialty status but to develop a program to strengthen academic general



Figure. APA Presidents, 1961–2011.

pediatrics fellowship programs. HRSA awarded a \$100,000 grant to develop fellowship guidelines for accreditation (Ludwig's presidential project).^{25,26} The program now provides voluntary accreditation and consultation for AGP fellowship programs, including those that focus on health services research, clinical effectiveness, quality and safety, community pediatrics, environmental health, and hospital medicine.

At the triennial retreat in 2007, changing the name of the organization was again discussed (Tables 1 and 2). This time, the membership supported the Board of Directors proposal to change the name to Academic Pediatric Association, retaining the recognized APA acronym and logo. A tagline was added in early 2008: "Leadership in education, research, patient care, and advocacy." The new mission statement, vision, and core activities are listed in Table 1. The name of the journal was changed to *Academic Pediatrics* in 2009, and, after 10 years as editor, James Perrin was succeeded by Peter Szilagyi.

THE APA AT 50

The APA celebrated its 50th anniversary at the Pediatric Academic Societies meeting in Vancouver in 2010. It was a time of reflection and celebration. A highlight video from the APA Oral History Project, featuring clips from interviews of 10 APA founders and early presidents, was presented.²⁷ Part of Tina Cheng's presidential project, the purpose of the Oral History Project is to document APA history and assess the views of APA founders regarding lessons learned and future challenges and opportunities ahead.

The APA is now a mature financially sound organization with an established mission, vision, set of core activities, and a continued spirit of inclusiveness and active participation of its membership. Within pediatrics, its leadership position is enhanced by its willingness to collaborate with other organizations, including those that either arose from the APA or were aided in their early development by the APA. The APA and the field of academic general pediatrics

have grown up together,²³ and the influence of both is apparent in the current pediatrics community. It is notable that past presidents of the APA also became presidents of the AAP (5), APPD (3), SDBP (2), and chairs of the ACGME RRC for pediatrics (4). Of the 30 recipients of the Joseph W. St Geme, Jr, Leadership Award given by FOPO to individuals who have “created a future in pediatrics,” 7 are past presidents of the APA. The APA and its members have had many accomplishments so far in education, research, health care delivery, and advocacy—and that’s just in the *first* 50 years. There is clearly more to come.

ACKNOWLEDGMENTS

Sources for this review include previous histories of the APA (1971,² 1973,²⁸ 1990,²⁹ 1995³⁰); all Board of Directors meetings and conference calls (1960–2010); APA Oral History Project interviews of founders and presidents, 1961 to 1980; personal recollections of the authors; and communication with present and past APA leaders and staff. We chose to identify by name only those who served as president, with the single exception of founder Barbara Korsch. Any attempt to name all of the many individuals who have made—and continue to make—major contributions to the development and achievements of the APA would certainly have failed. The names of past board members, current leaders, and the recipients of APA awards are listed on the APA Web site, available at <http://www.academicpeds.org>.

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