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1970 ANNUAL REPORT



Academy Headquarters Building

Table of Contents

PHOTOGRAPHIC CREDITS

Children's Hospital of the District of Columbia.....	2
The Children's Hospital Medical Center, Boston, Mass.	2
Maine Medical Center, Portland, Me.	3
Children's Hospital, Louisville, Ky.	3 & 5
The King's Daughters Children's Hospital, Norfolk, Va.	4
University of Oregon Medical School, Portland, Ore.	7
The Children's Hospital, St. Paul, Minn.	8
The Children's Hospital Medical Center, Boston, Mass.	9
The Children's Hospital, St. Paul, Minn.	10
The Children's Memorial Hospital, Chicago, Ill.	11
The Children's Hospital, St. Paul, Minn.	11
Children's Hospital of Los Angeles, Los Angeles, Calif.	13

What are the Answers We Must Seek Today to Solve Tomorrow's Pediatric Problems?	1
How Do We Determine Our Priorities in Child Health Care?	2-3
How Is the AAP Meeting Its Role in Community Health Services?	5
How Are We Meeting Our Emerging Responsibilities in Washington?	6
How Are Pediatricians at the Local Level Doing Their Part?	7
How Do AAP Committees Contribute?	8
Where Should Our Emphasis Be in Continuing Pediatric Education?	10
How Can the Academy More Thoroughly Inform its Members and the Medical Community?	11
Should We Expand Our Efforts to Educate the Public about Child Health?	12
Who Assists the Academy to Meet Its Growing Responsibilities?	13
Financial Report	14-15
Officers, Chairmen, Liaison Representatives and Staff	16-17

What are the answers we must seek today to solve tomorrow's pediatric problems?

The year 1970 marked the 40th anniversary of the American Academy of Pediatrics. It also marked the beginning of a new decade, a decade which holds great promise for the future of pediatrics, but a decade which presents significant challenges which we must meet if we are to deliver quality health care to all children.

Certainly the delivery of health care to all the children of our nation both in quantity and quality will be the major challenge we will face during the next decade.

Here I would emphasize the need to meet the health needs of children from low income families, Indians and migrants, and children in the rural areas. There is a corresponding need for pediatricians to coordinate with all physicians in the inner city to establish improved health services. We must also develop programs to correct the maldistribution of pediatric manpower that presently plagues our efforts to meet the health needs of this nation's large child population. More training should be offered to the pediatrician in the area of community pediatrics to equip him to deal effectively with the changing child health problems confronting our communities today.

We must increase the number of physicians and other health personnel providing primary care to children. We must also improve the efficiency of pediatric practice to make the most effective use of available health manpower.

In the coming years, the Academy must work with other organizations including representatives of industry, government and health insurance carriers to develop mechanisms which will enable every parent to afford the type of health care his child should receive.

We will need to revise pediatric residency programs and continuing education programs to keep pace with the changing scope and dimension of the specialty.

In my opinion, one of the greatest challenges facing us in the 70's will be the need for the Academy to remain at the forefront of those organizations most concerned with interpreting and meeting the growing needs of today's youth.

I believe the Academy through its Council on Child Health and appropriate committees must take the leadership in

the coming years to develop programs which will assist the individual pediatrician, other physicians, and appropriate organizations to work constructively and effectively with our youth to help them grow both physically and mentally, and to effectively accept their responsibilities as young adults and opinion shapers. We must also work with young people to attain mutually satisfactory and beneficial solutions in dealing with such inequities and imbalances as poverty, unequal job opportunities, poor housing, and lack of educational and training opportunities which handicap certain segments of American society today.

To meet the challenges of the 70's, the Academy has already put into effect major programs, and has created new departments and offices within the Central Office.

The Office of Allied Health Manpower, the Department of Government Liaison and its Washington Office, and the Office of Evaluation within the Department of Educational Affairs have been developed and staffed, and are in full operation.

The new Committee on Public Information has been created to work with the Department of Information and Public Relations to expand and diversify the Academy's public information programs.

AAP committees and chapters are working actively to extend the efforts of the Academy in all areas of child health.

The Report on the Delivery of Health Care to Children, has been completed providing succinct and meaningful guidelines and recommendations for the improvement of child health care during the coming years. This Report is one of the most significant accomplishments that the AAP has recorded in the past 20 years.

So we can move into the 70's with the knowledge that our achievements of the past have been significant and our challenges for the future will be demanding. It is gratifying for me during this past year as president to have witnessed the total devotion of so many Academy Fellows to implementing and carrying on the programs which have enabled organized pediatrics to expand and strengthen its efforts to meet the challenges in child health which the future holds.



Russell W. Mapes

Russell W. Mapes, M.D., F.A.A.P.
President

How do we determine our priorities in child health care?

Several sociological forces have combined to make our present methods of delivering child health care inadequate and future ones difficult to foresee. Among these are: 1) the "population explosion" marked by a rapid rise in the numbers of children requiring care; 2) the increased mobility of our population with special emphasis on the migration from the rural areas to the inner cities, and 3) a group of environmental, social and cultural factors including poverty, inadequate housing, malnutrition, ignorance and prejudice in an atmosphere of growing social unrest, especially among our youth.

With these problems in mind, and because of the continuing evidence of a significant lack of health care for many children, the Academy considered it im-

perative to reassess the adequacy, availability, and efficiency of the present methods of delivering health care to children. Thus in 1970, the AAP completed a major study examining and identifying the strengths and weaknesses of our present methods of delivering child health care in the United States. A careful review of these strengths and weaknesses lead to major recommendations and conclusions concerning the future pattern of child health care. These are to be published in *The Report on the Delivery of Health Care to Children*.

In its recommendations, the Academy called for the formation of a National Advisory Council on Children which would be responsible to the President of the United States. The Academy also called for the creation of a voluntary multidisciplinary national health service corps, and a national health insurance program to insure comprehensive coverage for all children.

The AAP study emphasized that because of the importance of children to society, health programs for children require a higher degree of priority. To accomplish this, the Academy recommended creation of the National Advisory Council on Children, and the establishment of an Office of Deputy Assistant Secretary for Children and Youth in the Department of Health, Education and Welfare.

The information collected in the study amply demonstrated that the American health care delivery system for children is presently lacking adequate numbers of professional persons who are available, accessible, and acceptable to those in need of care.

The Report therefore called for an expansion in the supply of physicians to eliminate these shortcomings through an increase in enrollment in medical schools; an increase in scholarships, loans and other methods of tuition financing for medical schools; expanded and well-funded residency programs for the training of primary care physicians, and adequate funding for medical schools "to permit them to maintain quality teaching of large numbers of students as well as to continue their needed research and service functions."

The Report further called for initiation throughout the country of training programs for pediatric nurse associates, pediatric office assistants, and pediatric aides to improve the quantity and effectiveness of care provided to children.

The Academy in its study urged that incentives be made available to stimulate

the "better distribution of health professionals to areas of greatest need so as to provide medical care of high quality to the entire spectrum of the population."

The study also called for the creation of a voluntary multidisciplinary national health service corps to provide the opportunity for all types of health personnel to join such a corps in an effort to deliver health care services to those areas not now receiving such services.

In examining the methods of financing the delivery of health care to children, the Academy Report pointed out that child health care is far too expensive for millions of families, and that voluntary health insurance is beyond the financial capabilities of many families. "With few exceptions, prepaid health insurance policies give very inadequate coverage of child health care services," the study revealed. The Academy therefore called for the development of a national health insurance program "that will insure comprehensive coverage for all children."

"Any (health insurance) program for

the general population should give priority to children," the study emphasized.

The Academy report also examined the health care of special groups of children. The AAP pointed out that large numbers of children, particularly those living in remote rural areas or in urban ghettos, can only obtain health care for acute and serious illnesses, "and even this is done with difficulty."

The AAP study called for special emphasis in meeting the health needs of these groups of children, and suggested such measures as new or amended health legislation aimed at providing continuous, comprehensive health care of high quality.

In other recommendations, the Academy called for the recognition that dental services are an integral part of

child health care. The AAP further urged that ongoing surveys of health needs, as seen by families, be undertaken as an essential step in planning the restructuring of health care systems.

The Report on the Delivery of Health Care to Children represents the results of a two year study by a special committee of the Council on Pediatric Practice. It also represents the culmination of more than five years work by the Council on Pediatric Practice and its committees consisting of more than 35 Academy Fellows, as well as the work of 31 contributors of chapters or sections of the Report, and an additional 60 reviewers. This constitutes a composite effort of more than 100 Academy Fellows.

Financial support for the Report came from the Association for the Aid of Crippled Children; the Children's Bureau; The Commonwealth Fund; Mead Johnson Laboratories (primarily in support of the nine regional conferences which served as background for much of the Report), and the Academy itself.





To an increasing extent, the Academy has recognized that working to support and bring about the delivery of health services to all children in communities throughout the United States, especially those in poverty areas, should be a major priority in the development of AAP activities and programs.

The Academy further recognizes that to involve pediatricians in various aspects of community health services including Head Start programs, assistance must be provided to increase the pediatrician's office efficiency through the introduction of such innovations as the utilization of pediatric allied health personnel.

To meet these emerging responsibilities, the Academy created in 1970 a new Department of Community Services. This Department includes the Head Start Medical Consultation Service, the Office of Allied Health Manpower, and the Office of Community Services.

The Department will ultimately assist in developing model community health programs by coordinating pediatric assistance and direction at community, city, county, state, and regional levels. The Department will also offer technical

assistance to chapters to direct the delivery of health care to low income areas, and provide direction and assistance in helping to expand existing community child health programs.

Within the Department of Community Services, the Head Start Medical Consultation Service in 1970 continued to provide physician consultants to evaluate the medical aspects of Head Start programs. Approximately 930 site visits were made by pediatric consultants to Head Start programs in communities throughout the United States, Puerto Rico, the Virgin Islands and the Trust Territories of the Pacific.

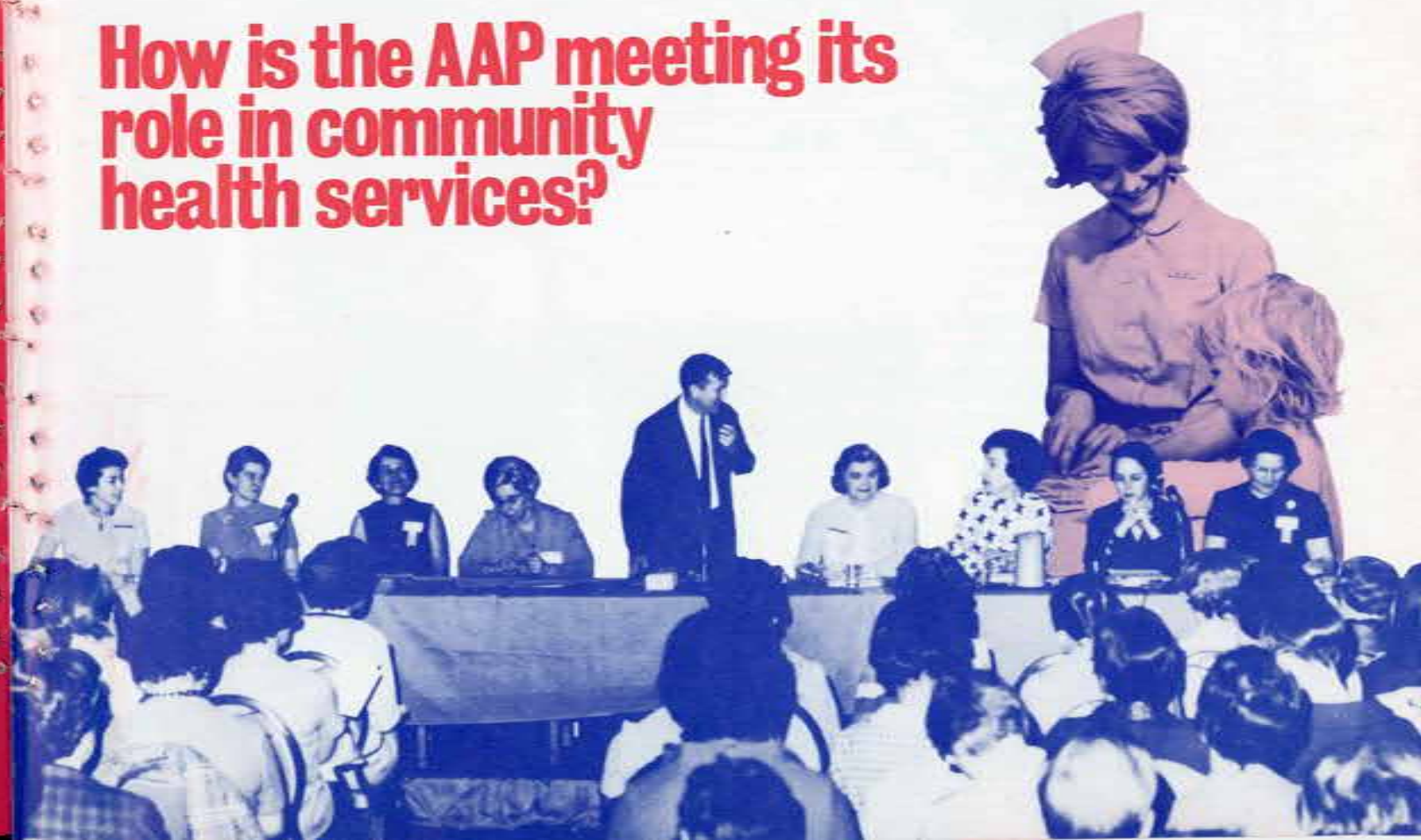
As an extension of the Head Start Medical Consultation Service, the AAP initiated the beginning stages of a program to encourage the participation of health science students in Project Head Start. The policy and overall operation of the program will be coordinated by a national council consisting initially of the AAP, Student American Medical Association, Office of Child Development, Student American Dental Association, Student National Medical Association, and the National Student Nurses' Association.

The initial 10 sites have been selected for the pilot phase of the program which will actively involve students from 10 medical, dental, or nursing schools located near these sites in local Head Start programs.

In 1970, a full-time director was named to head the AAP Office of Allied Health Manpower.

During the year, this Office took major steps toward implementing a national program to train pediatric nurse associates, pediatric office assistants, and pediatric aides. These steps included: 1) active cooperation with the American Hospital Association's Research and Educational Trust to develop training materials for the pediatric aide program; 2) initiation of activity with the American Association of Medical Assistants to incorporate the AAP's pediatric assistant program within the structure for teaching medical assistants in junior colleges and for accrediting these programs and certifying the graduates, and 3) active involvement with the American Nurses' Association and the National League of Nurses to reach agreement concerning the role and functions of the pediatric nurse associate.

How is the AAP meeting its role in community health services?



How are we meeting our emerging responsibilities in Washington?



In order to apply pediatric experience and knowledge to bring about development of child health legislation to improve the quality and availability of health care for all children, the Academy in 1970 established a Department of Government Liaison with an office in Washington, D.C.

The Department was established to meet these primary objectives: 1) serve as an information source or liaison for the benefit of federal agencies conducting child health programs and Congressional committees concerned with issues pertaining to child health; 2) serve as an information source for the AAP to assist the Academy in understanding and responding to child health issues under consideration by the various branches of the federal government, and 3) help

identify the Academy as the primary professional health organization concerned with matters affecting child health.

To fulfill these obligations, the Department of Government Liaison has been monitoring Congressional activity in the area of child health and acting in liaison with government executive agencies. The Department has also assisted in developing AAP recommendations and information on specific child health measures for use by Congressional committees and government agencies. AAP representatives have testified before several Congressional committees.

The Department of Government Liaison has encouraged AAP Fellows interested in the legislative process to provide their comments and suggestions to members of both Houses of Congress on is-

suues affecting child health. The Academy, through its Washington Office, also provides analyses of selected legislative proposals and appropriate background materials to chapters, AAP committees, and individual Academy members to stimulate interest and participation in the legislative process as it relates to the initiation and development of child health programs.

Legislative issues which the Academy has been primarily concerned with during the past year include: Comprehensive Child Development Act (day care), lead-based paint poisoning, child resistant containers, drug abuse control, youth camp safety, mental retardation, communicable disease control, family planning, product safety, and financial aid for medical education.

Five years ago, the Academy initiated an intensive chapter relations program to coordinate chapter activities and to provide assistance and direction to pediatricians planning and implementing child health programs at state and local levels.

At that time, many chapters were not formally organized, several having no constitution and bylaws to govern chapter and program operation.

Today, all Academy chapters throughout the nation are effectively organized. Some in fact have recently employed part-time or full-time executive secretaries to assist in administering their growing responsibilities.

In 1970, the extent of chapter programs and responsibilities grew measurably. For example, California Chapter 1 initiated a wide range of programs including establishing effective liaison with the California legislature to develop pertinent child health bills; developing close coordination of programs with the Cali-

fornia Crippled Children's Program and the government supported state Council of Children and Youth; developing a summer medical career opportunity program for underprivileged youth in Oakland, and continuing efforts to generate increased interest among interns and residents in pediatrics. For these activities, California Chapter 1 received the 1970 AAP Chapter Award.

The Ohio Chapter launched a pilot project utilizing the revised AAP brief health camp form to increase summer camp opportunities for Cleveland's inner city children. More than 10,000 copies of the revised camp forms were distributed to the two Cleveland school systems. Individual schools, in turn, used the camp forms to supply necessary health information to camp directors.

In New Jersey, the Chapter established a maternal and child health center for low-income and welfare families in Newark. Initiated through the New Jersey

Chapter's Committee on Pediatric Practice, the Center was established to meet the needs of the medically indigent who are eligible to receive care under the Medicaid program, but who cannot receive such care because of a physician shortage in the Newark area.

The Connecticut Chapter in 1970 launched an innovative legislative and educational program to eliminate lead poisoning in New Haven and other cities throughout Connecticut. The program includes liaison with key state and city legislators; delivery of testimony by chapter representatives before House Committees conducting hearings on lead poisoning; reviewing new legislative proposals concerning the problem, and developing public education programs.

Many chapters have instituted educational and community action programs to combat the drug abuse problem among youngsters. The Committee on Youth, Chapter 2, New York, established a voluntary panel of pediatricians working in community centers in New York to provide emergency treatment of acute drug abuse episodes. The Chapter also distributed public information materials relating to drug abuse, and more recently completed a technical manual entitled: *Emergency Management of Acute Drug Abuse Reactions*, to provide information to physicians regarding treatment procedures.

The Mississippi Chapter developed a seven point rehabilitation and preventive drug abuse program for the state, enlisting the support of other community groups.

Many chapters including Iowa, Minnesota, Nebraska, North Dakota, Washington State and Wisconsin have conducted surveys of physician-child population ratios within their respective states to provide statistical background useful in planning the development of future child health care delivery programs.

Several chapters have created committees on environmental hazards, and others are supporting programs for the continuing education of nursing personnel.

In Florida, the Chapter utilizes a team of pediatricians which regularly visits small hospitals and conducts newborn care seminars for nurses in those hospitals.

North Carolina pediatricians are supporting a survey of every hospital in the state caring for newborns. The Chapter also provides pediatric teams to inspect newborn facilities in each hospital, and to follow up the inspection with a half-day instructional program in newborn care.

The Kansas Chapter is supporting several pediatric preceptorships for medical students, and in Delaware, the Chapter cooperates in an extensive program to provide prenatal, natal, and infant care for unmarried teen-age girls.

How are pediatricians at the local level doing their part?

