

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## 2007-2008 ANNUAL REPORT OF SECTIONS

**Submission Deadline: August 15, 2008**

**Name of Section: Section for Senior Members**  
**Chairperson: Avrum L. Katcher, MD, FAAP**

**Section Founding Date: 1994**  
**Staff Manager: Jackie Burke**

### Membership

Number of Full, Active Members (i.e., do not include members dropped for nonpayment of dues:	Number of Affiliate Members:	Increase/Decrease from Previous Year	Reported Market Share (for medical specialist or surgical subspecialist sections)	% of section members who attend section business meetings	% of section members who return election ballots	% of section members who return surveys
2007-2008: 712	2007-2008: 1	2007-2008:	2007-2008:N/A	2007-2008:	2007-2008: 51%	2007-2008:
2006-2007: 744	2006-2007:	2006-2007:	2006-2007:	2006-2007:	2006-2007: 56.4%	2006-2007:
2005-2006: 786	2005-2006:	2005-2006:	2005-2006:	2005-2006:	2005-2006: 45.1%	2005-2006:
2004-2005: 711	2004-2005:	2004-2005:	2004-2005:	2004-2005:	2004-2005: 52%	2004-2005:
2003-2004: 746	2003-2004:	2003-2004:	2003-2004:	2003-2004:	2003-2004: 58.3%	2003-2004:

### **Recruitment activities undertaken this year:**

Section membership applications are available at the NCE.

An invitation to join is included in the *Bulletin* and on the web page.

### Leadership

**Please list the name, city, state, district, and term of each core Executive Committee Member.**

Avrum L. Katcher MD FAAP, Chairperson

Flemington, NJ

District II

Arthur Maron MD MPA FAAP  
 David Annunziato MD FAAP  
 George J. Cohen MD FAAP  
 John Bolton MD FAAP  
 Lucy S. Crain MD MPH FAAP  
 Michael J. O'Halloran MD FAAP

Verona, NJ  
 Amityville, NY  
 Rockville, MD  
 Mill Valley, CA  
 San Francisco, CA  
 Eau Claire, WI

District X  
 District II  
 District III  
 District IX  
 District IX  
 District IV

1 <sup>st</sup> executive committee meeting this fiscal year	2 <sup>nd</sup> executive committee meeting this fiscal year (if applicable)	Dates of newsletter publication	Was the Section represented at the Section Forum (SF) meeting? By whom?	Describe how the executive committee remained in touch with the membership on issues of importance.
Date: 10/29/07 Location: San Francisco (NCE) Quorum*? YES Staff present? YES Minutes filed? YES	Date: 5/22/08 Location: Hilton Head, SC (in conjunction with Practical Peds Course) Quorum*? YES Staff present? YES Minutes filed? YES	Summer 2007 Fall 2007 Winter 2008 Spring 2008	Yes, Michael O'Halloran, MD, FAAP, executive committee member	LISTSERV <sup>®</sup> ? YES Business Meetings? YES Phone Calls? YES Other (please describe) List serv's (2) newsletter.

**Were bylaws followed? If no, please describe.**  
 YES

**How were new executive committee members/officials oriented?**  
 Staff orients new and existing members throughout the year.

**Describe strategies the Section Chairperson uses to:**  
 (a)ensure the workload is evenly distributed to all Executive Committee members, and

**(b)communicate effectively/share the workload with staff.**

Each executive committee member is assigned a different responsibility (newsletter, educational programs, membership, web page). In addition two SFSM members who are not on executive committee are frequently consulted and incorporated into the planning and decision process. One has designed our new web site, which is serving as a prototype for other Sections, and serves as Webmaster; the other is senior co-editor of our Bulletin.

Conference calls are held as needed to discuss section business in between executive committee meetings. The section chairperson and staff communicate regularly and frequently via email and telephone.

**Section-Sponsored Educational Programs**

**Accepted programs conducted during designated year (sessions proposed for the 2008 NCE should be held for the 2008-2009 report):**

<b>Year</b>	<b>Title</b>	<b>Venue (NCE, CME, PediaLink, etc)</b>	<b>Type of Session (plenary, small group, workshop, etc)</b>	<b>Attendance</b>	<b>Audience (section members, general pediatricians, other)</b>
2007-2008	Promoting Longevity in the Era of Stem Cell Research	NCE	Section Program	55	General pediatricians and Section members
2006-2007	The Elephants in the Room	NCE	Section Program	57	General pediatricians and Section members
2005-2006	Planning for your Bonus Years	NCE	Section Program	33	General pediatricians and Section members
2004-2005	Planning for Your Financial Retirement: It's Never Too	NCE	Section Program	42	General pediatricians and

	Early (or Too Late) to Start				Section members
2003-2004	Update on Pharmacotherapy	NCE	Section program	39	General pediatricians and Section members

**Programs proposed but not accepted for presentation during designated year (sessions proposed for the 2008 NCE should be held for the 2008-2009 report):**

Year	Title	Venue (NCE, CME, PediaLink, etc)	Type of Session (plenary, small group, workshop, etc)	Audience (section members, general pediatrics, other)
2007-2008	None			
2006-2007	None			
2005-2006	None			
2004-2005	None			
2003-2004	None			

**If no programs were conducted in a given year, please explain:**

**Fundraising**

Year	Outside funding obtained for:	Source of outside funding (sponsor):	Amount of funding obtained – Did this amount cover all expenses?	Were AAP Guidelines followed? (Yes/No)

2007-2008	Award	Mead Johnson	\$2,000 YES	YES
2006-2007	Award	Mead Johnson	\$2,000 YES	YES
2005-2006	Award, Chapter Guide	Mead Johnson for both	\$2,000, \$5,000 YES	YES
2004-2005	Award	Mead Johnson	\$2,000 YES	YES
2003-2004	Award	Mead Johnson	\$2,000 YES	YES

### **Section-Sponsored Awards**

<b>Year Established</b>	<b>Name of Award</b>	<b>Award Eligibility Criteria</b>	<b>How does the Section seek award candidates?</b>	<b>How is the recipient chosen from the field of candidates?</b>
2001	Senior Section Child Advocacy Award	The recipient must be a senior fellow (age 55 +) of the American Academy of Pediatrics (Senior Section membership is not required). The recipient will be selected based upon outstanding long term accomplishments as an advocate to enhance the well being of children	A letter is sent to all AAP Chapter Presidents, Vice Presidents, and Chapter Executive Directors asking for their nominations	The Executive Committee will choose the recipient.

### **Publishing**

<b>Year</b>	<b>Title</b>	<b>Type of Publication (Policy Statement, Brochure, Manual, etc)</b>	<b>Distribution</b>
2007-2008	Establishing a Senior Member Committee for AAP Chapters  Senior Bulletin Newsletter	A Guide  Newsletter	AAP chapter presidents, chapter vice presidents, chapter executive directors, upon request. All section members
2006-2007	Establishing a Senior Member Committee for AAP Chapters  Senior Bulletin Newsletter	A Guide	AAP chapter presidents, chapter vice presidents, chapter executive directors, upon request.
2005-2006	Establishing a Senior Member Committee for AAP Chapters  Senior Bulletin Newsletter	A Guide (62 pages)	AAP chapter presidents, chapter vice presidents, chapter executive directors, upon request.
2004-2005	Senior Bulletin Newsletter		
2003-2004	Senior Bulletin Newsletter		

## GOALS/OBJECTIVES

### Status of Top 5 Goals/Objectives for 2007-2008

**Goal** is a brief, yet broad statement, that describes a desired endpoint or state e.g. Advance Child Health, Increase Member Satisfaction.

**Objective** is a clear, concise statement of a measurable outcome e.g. Increase Membership by 5%, Achieve 90% immunization rates in 50% of states.

Goal/Objective	Related Activities	Status	Comments/Issues
<p><b>Each chapter will be contacted to determine options for Senior Section involvement and/or to establish senior committees in each AAP Chapter</b></p>	<p>The Section executive committee to determine how seniors are involved has contacted each chapter. In addition, each member of the executive committee serves as liaison to a group of chapters so that each chapter has connection to the senior section.</p> <p>The Section made 5-minute presentations at each of the 2007 NCE district breakfasts to discuss membership and other matters.</p> <p>A Guide was developed and distributed to all chapters on how to establish a senior committee in the chapter (second edition).</p>	<p>The Section will be sunsetting this initiative since many chapters never respond to these inquiries. (see next column)</p>	<p>However, the Section has made progress here. In an analysis of 2005 and 2006 chapter annual reports, 2006 shows an INCREASE in the number of AAP chapters who have a senior group or committee (nine in 2005 compared with fourteen in 2006).</p> <p>An increasing number of chapters are using their senior members to draft chapter histories.</p> <p>An increasing number of chapters are calling upon their senior members to carry out child advocacy initiatives (19 chapters).</p>

<p><b>Plan, execute and evaluate an educational program at the NCE</b></p>	<p>Section program conducted at the 2007 NCE.</p> <p>Marketing initiatives in place to promote the session.</p>		
<p><b>Establish partnerships and produce joint programs with at least one other organization helping seniors.</b></p>	<p>Generations United National Grand families Partnership Working Group</p> <p>Strang Cancer Prevention Program's Healthy Grand families Program</p>	<p>The executive committee and staff participate in GU's program.</p> <p>Healthy Grand families is a series of six workshops conducted by pediatricians to prevent childhood obesity by increasing healthy eating and physical activity in grand families.</p>	<p>Our Chairperson, Avrum Katcher served as the AAP's liaison to this program.</p>
<p><b>Produce and distribute 4 editions of the Senior Bulletin each year.</b></p>	<p>The Senior Bulletin is a highly regarded publication by the membership and indeed, AAP leadership. The Section steadily produces 4 editions of the Bulletin each year.</p>		

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## GOALS/OBJECTIVES (continued)

### Top 5 Goals/Objectives for 2008-2009

**Goal** is a brief, yet broad statement, that describes a desired endpoint or state e.g. Advance Child Health, Increase Member Satisfaction.

**Objective** is a clear, concise statement of a measurable outcome e.g. Increase Membership by 5%, Achieve 90% immunization rates in 50% of states.

**IMPORTANT: The Section's 2008-2009 goals are not yet finalized but a draft is below.**

Goal/Objective	Related Activities Planned	Relationship to AAP Strategic Plan	Comments/Issues
<b>Increase SFSM Membership to 1,400 members by 2011.</b>	Outline a developmental/transition model that highlights the key transition points in pediatric careers, the needs of members in those periods, and what the AAP can do to help meet those needs		
	Work to transform SFSM from dues paying to “all-in” for eligible members with a philanthropic approach (a donation to FOC encouraged or required).		
	Increase the number of women and younger seniors as defined as seniors age 55-65 by 25% by 2011.		
	Develop and implement an annual outreach strategy to reach 55+ year members. For example, explore campaign to offer 1-year free membership to all new 55 year olds.		

	Develop and maintain a list of available volunteer opportunities at national AAP that can be regularly communicated to seniors.		
	Request a representative of the SOYP to attend the SFSM meeting in Boston.		
<b>Stimulate increased involvement and activity amongst seniors in the AAP chapters</b>	Solicit and publish “best practices” compendium of senior works in chapters.		
	Create “chapter corner” in bulletin/website		
	Develop and maintain a list of available volunteer opportunities in Chapters that can be regularly communicated to Seniors.		
<b>Develop and implement at least two new technological innovations to reach Seniors in delivering education, information and networking.</b>	Explore development of a “Senior Connection” networking site		

	Develop and present joint program with SOAPM on practice transition” by 2010		
	Explore streaming NCE SFSM program on website.		
	Create communication exchange with SOYP-“Ask the Senior” column in SOYP Newsletter-“Ask the YP” column in the SFSM Bulletin		

**Budget/Administration**

<b>Year</b>	<b>Core Variance</b>	<b>Non-Core Profit/Loss (If the Section does not have a non-core fund, please state this.)</b>	<b>Reserve Fund Balance</b>	<b>Explain significant variances/loss (over \$1,000).</b>	<b>Describe status of plans for using reserve funds.</b>
2007-2008	- \$3,010	- \$3,460	\$8,990	100% participation at exec. Comm. meetings. Expenses are higher than what is allowed for budgeting in travel. Also, postage expenses exceeded budget.	The Section keeps funds in reserve for years when noncore expenses exceed income.
2006-2007	- \$4,720.82	+ \$2,152.69	\$12,450.03	Had 100% participation at exec. meeting at NCE and travel expenses exceeded budgeted figures provided by accounting.	None at this time

2005-2006	- \$191.66	- \$2,373.76	\$10,297.34		None at this time
2004-2005	+ 129.07	\$586.88	\$12,671.10		
2003-2004	+ \$307.14	- \$3,325.09	\$12,084.22		

### **Miscellaneous**

#### **List other section activities:**

The Bulletin has been an outstanding success. Almost all members find it the most rewarding benefit. Joan Hodgman and Arthur Maron edit the Bulletin. The Bulletin has received outstanding praise from the Membership.

The Senior Section hosts the NCE First-Timer's event, which usually draws over 400 people.

Section member Jerold Aronson has just updated our web page in outstanding fashion.

The Section has a Section Contributing Author to Grand Rounds.

#### **Collaboration with other organizations:**

Generations United

Strang Cancer Prevention Program

AAMC on the senior physicians survey, in conjunction with the AAP Department of Research

## **Chairperson's Report**

***Please comment on the activities of your section for 2005-2006 to the extent they are not covered above. Listed below are some general guidelines for your report. Please limit comments and concerns to issues not satisfactorily addressed by your section manager or SFMC representative.***

**First, since the end of my tenure (but not of my tether) will arrive in a few months, the most important comment is, What Fun! Yes, at times frustrating, but mostly feel-good. It is like being on call in a one-doctor practice (my experience for 7 years when I first came to Flemington, NJ). Up a lot at night, but always came home happy from work.**

**Second, the experience, with the sage advice of Ken Slaw and our manager, Jackie Burke, of working through Strategic Planning, which is as yet not complete. We just finished working on a draft of our final document.**

**Third, from considerations which arose during the planning process, the awareness of the vital importance to each individual Fellow, of a Developmental approach commencing with the first year of Residency training, to recognize all the steps to be taken, the life events to be navigated, and the balance between personal and professional circumstances to be maintained. At the end of this report I have listed some of these.**

**Strengths and weakness of your section and how you have addressed weaknesses identified:**

**Our particular strengths reside in the work of those members, on and off the Executive Committee, whose time and efforts benefit all seniors in the AAP. These are summarized in the third portion of this report. Our weaknesses are also seen below, and include reciprocal relationships with individual seniors as well as lack of a far-reaching and comprehensive weltanschauung.**

**Subsequent to an earlier period of steady membership growth, our membership totals have been stable or slightly lower. We are one of the larger Sections, at +/-700.**

**Gender Breakdown: 82% Male and 18% Female. Of the current 702 members, age breaks down as follows:**

**Number of members age 55-60 = 5 (.07%)**

**Number of members age 61-65 = 29 (.4%)**

**Number of members age 66-70 = 204 (29%)**

**Number of members age 71-75 = 156 (22%)**

**Number of members age 76-80 = 138 (19%)**

Number of members age 81-85 = 117 (16%)  
Number of members age 86-90 = 45 (.6%)  
Number of members age 91-95 = 6 (.08%)  
Number of members age 96-100 = 2 (.02%)

*Our youngest member is a retired member age 49. Our oldest member is a fellow age 99. ☺*

Now, compare this to overall AAP demographics of good-standing members age 55+ (15,502 members).

**Gender Breakdown: 31% of good-standing AAP members are women.**

Number of members age 55-60 = 5,988 (39%)  
Number of members age 61-65 = 4,024 (26%)  
Number of members age 66-70 = 2,226 (14%)  
Number of members age 71-75 = 1,371 (8%)  
Number of members age 76-80 = 901 (5%)  
Number of members age 81-85 = 606 (3%)  
Number of members age 86-90 = 261 (1%)  
Number of members age 91-95 = 91 (.05%)  
Number of members age 96-100 = 23 (.01%)  
Number of members age 100+ = 11 (.007%)

The number of members who opt out is not large, but for geographic and other reasons the number who are able to participate with active vigor is not what we would like it to be. In addition, the inevitable age-related changes make it harder for members, as time goes by to overcome age-related withdrawal from affairs and of course, death. We are currently very actively exploring alternative methods to change our member relations so as to make them more attractive and productive.

**Accomplishments of your section/impediments to your activities:**

**Our major accomplishments are:**

The *Bulletin*, which is one of the most outstanding Section publications, and repeatedly ranked in surveys as the most important and satisfying feature of membership.

**The web site, also one of the most outstanding Section web sites, and a model for others, and for the 70% +/- of our members who have access to the web a prime benefit.**

**Programs at the NCE, which have been top-notch. Unfortunately, because such a high proportion of our members are retired from practice, they do not attend the NCE in great numbers. Over the years, our Executive Committee members who have been in charge of programming have created a truly outstanding series. What we need to do is to commence programming in the educational portions of the NCE as well as the Section programs, and, perhaps more important, also**

**\* Our listserv, not yet rated as highly by members, but on the road. Again, access is limited to that**

**70%. A recent fascinating interchange has taken place when I distributed an article from the AARP Magazine on the lack of correspondence between the costs of and the results of health care, using predominantly the research conducted by the group from Dartmouth. This elicited a flurry of responses, a number of which are very thoughtful. We look forward to more of this sort of interchange.**

**Efforts to encourage collaborative relationships with local AAP chapters. Have these efforts been successful? To a limited extent. About 15-16 Chapters report starting Chapter Senior Committees, but the number of those truly active is less. Some are social gatherings. There is nothing wrong with that, but we recognize that at Chapter level we would like to see groups of Seniors who interact both among themselves and also with the chapter officers and the activists.**

**Some of the reason for this is the geographic size of some Chapters. Montana, Michigan, Florida and many others. It is a genuine problem for the members to arrange to get together. Perhaps a solution would be telephone conference calls, such as pioneered in by the Pennsylvania Chapter, and also now in New Jersey, on carefully chosen topics. The costs of television conferencing are greater. In addition, the Internet programs which allow participants to post not only text messages, but also videos and other means of communication may be a very productive route. This is an area not yet well explored.**

**How can the AAP better support the needs of your section?  
It would be easy to say, "Give us money." But that is not really a major barrier.**

**Our Section Manager, Jacqueline Burke, and her recent associate, Tracey Coletta, have done an outstanding job, and have made significant contributions in the form of suggestions and comments and just plain grunt work. It would be very helpful for them, in turn, to receive the backup that will allow them to expand their efforts.**

**As a member for over 40 years, I find the AAP leadership at times to be somewhat constipated and not as willing as I would like to explore new ventures or to move on a chosen plan more expeditiously. For example, the plans for our NCE Section programs must be settled far earlier than should be necessary. Other examples might be cited.**

**The AAP is a powerful and highly respected group. This is in great part because leadership includes persons of immense talent and widely recognized reputations. More could be accomplished if national leaders were able to communicate more openly and promptly with Fellows.**

**In addition, leadership tends at times to focus more on “this is what you need to do” with insufficient emphasis on “here is how we can help you,” or “what do you need from us?” Occasionally the situation is reminiscent of the Bill Mauldin cartoon from World War II, showing two soldiers in a foxhole. One says to the other, “If you knows of a better ‘ole, go to it.”**

**Other comments: See introduction at start of this note. But more important are these points:**

**The Norman Rockwell image has vanished.**

**The child-and-family unit has been incorporated as the object of and center of care, with full awareness of the social, behavioral, ethnic, genetic and other features. That unit is a love object no matter how they act.**

**Negotiation with that unit, and with older individual patients, as a major route to create a care and a wellness plan.**

**Lack of research into the effectiveness, efficacy and long-term outcomes of the work of the individual pediatrician and the office**

**Lack of information on the cost to society to create a new pediatrician and the cost of that person throughout the working lifespan and post retirement.**