



National Association of Pediatric Nurse PractitionersSM

50 Forward: Celebrating NAPNAP's 50 Years

Jennifer Sonney, PhD, APRN, PPCNP-BC, FAANP, FAAN



Colleagues, as we approach the close of 2022 and look ahead to the new year, I am delighted to share with you that the National Association of Pediatric Nurse Practitioners (NAPNAP) will celebrate its 50th anniversary in 2023! I hope you will join us at the NAPNAP National Conference in Orlando in March 2023 to celebrate

this wonderful milestone. As you may already know, NAPNAP was the first professional society for nurse practitioners (NPs) in the world. We also remain the only national organization dedicated to advancing the pediatric-focused advanced practice registered nurse (APRN) role and improving the health of children. As NAPNAP approaches this extraordinary milestone, I cannot help but reflect on our proud history in helping forge the NP profession. At the same time, I am excitedly looking ahead to what the future may hold.

A BRIEF HISTORY OF THE NP ROLE

In the early 1960s, the Millis Report on the Graduate Education of Physicians sounded the alarm about a growing pediatric primary care crisis (Murphy, 1990). The Millis report, combined with other evidence and commentaries, warned that pediatric primary medical care was increasingly

inaccessible because of a pediatrician shortage (Deisher, Derby, & Sturman, 1960). Even worse, this shortage was projected to worsen without a substantive intervention. Widespread calls for innovation and health care transformation followed. One of the most promising solutions was to delegate aspects of patient care to nurses, an idea that was met with broad support, particularly among the American Academy of Pediatrics (AAP) membership (Murphy, 1990). In response, Loretta C. Ford (a nurse) and Henry K. Silver secured funding in 1965 to pilot a new 4-month curriculum for the Public Health Pediatric Nurse Practitioner program at the University of Colorado Health Sciences Center. Through didactic and experiential training, this program prepared experienced nurses to provide critical access to pediatric primary care (Silver, Ford, & Day, 1968). The success of this pilot catalyzed the opening of similar NP programs across the United States. Ford recalled,

I didn't think that we were involved in great change . . . I thought I was doing exactly what the profession said the profession wanted: independence, autonomy, teamwork, self-empowerment of patients, a health empowerment and prevention orientation. I and Henry built the model of the nurse practitioner on that basis (Seedworks Films, 2012).

And so, the NP role was born.

The early Pediatric Nurse Practitioners (PNPs) were the true pioneers of our profession. They sought opportunities to expand their education and, in so doing, blazed a path forward for the rest of us. Two such pioneers were Phyllis Cunningham and Janet McCleery of Ohio. Both eagerly enrolled in the early years of the PNP program in Cincinnati (1970 and 1971, respectively; Ohio NAPNAP, 2015). As new PNPs, they craved networking and community with their PNP colleagues. Concurrently, Phyllis in Columbus, and Janet in Cincinnati, began organizing informal gatherings for PNPs. They swiftly learned that their groups desired educational opportunities geared toward NP practice. In response, the groups began collaborating to plan monthly educational dinners with a featured speaker (Ohio NAPNAP, 2015). A short time later, they formalized these gatherings with the founding of the Ohio Pediatric Nurse

Jennifer Sonney, President and Fellow NAPNAP, National Association of Pediatric Nurse Practitioners, New York, NY; Elizabeth C. Giblin Endowed Professor in Symptom Science, Department of Child, Family, and Population Health Nursing, School of Nursing, University of Washington, Seattle, WA.

Conflict of interest: None to report.

Correspondence: Jennifer Sonney, PhD, APRN, PPCNP-BC, FAANP, FAAN, Department of Child, Family, and Population Health Nursing, School of Nursing, University of Washington, 1959 NE Pacific St., PO Box 357262, Seattle, WA 98195; e-mail: jsonney@uw.edu

J Pediatr Health Care. (2022) 36, 502-503

0891-5245/\$36.00

<https://doi.org/10.1016/j.pedhc.2022.08.003>

Associates and Practitioners (PNAP) in 1972. The primary foci of PNAP included networking, NP education, and providing a professional home for all PNPs, including the early nurturing of PNP students and new graduates.

NAPNAP IS BORN

The first Ohio PNAP president, Janet McCleery, was eager to connect with other PNPs and groups across the United States to network, discuss shared interests or issues, and collaborate on strategies to provide continuing education. Through a connection at the AAP and a pharmaceutical company, Janet was offered \$5,000 to grow her organization of NPs (Ohio NAPNAP, 2015). PNAP distributed a mailing throughout their national NP networks to gauge interest in joining a national NP organization for \$10. They were shocked when over 400 joined! Building on this interest, PNAP convened its first group meeting in October of 1973 at the AAP conference in Chicago. With over 200 members in attendance—and standing room only—the newly organized group voted to become an independent national NP organization, the National Association of Pediatric Nurse Associates and Practitioners. Janet McCleery served as NAPNAP's first president and Phyllis Cunningham as the second.

The early days of establishing NAPNAP were grueling as the leadership endeavored to lend legitimacy to the emerging NP profession. In 1973 there were already 65 NP programs across the United States (American Association of Nurse Practitioners, 2022), highlighting the importance of a professional home for this growing NP community. Janet ran NAPNAP from her home with no home office or staff and laughingly shared, “My children would answer the phone, ‘NAPNAP headquarters’” (Ohio NAPNAP, 2015). Despite juggling work, family, and NAPNAP responsibilities, these early NAPNAP leaders established the foundation upon which NAPNAP—and, to some extent, the entire NP profession—was built. They formalized the association and launched regional continuing education offerings to members. The following year, NAPNAP had its first logo and began circulating a bimonthly bulletin, established the NAPNAP magazine, and contributed to creating the first PNP certification exam. Phyllis asserts these early efforts were instrumental in establishing the credibility of the NP profession.

50. FORWARD

Today, representing over 8,000 pediatric-focused APRNs, NAPNAP is a global leader in pediatric advanced practice nursing that endeavors to promote the pediatric-focused APRN practice and optimize child and family health. Pediatric-focused APRNs are highly accomplished clinicians working across the spectrum of clinical care, leaders of interdisciplinary health care teams, academicians preparing

the next generation of nurse leaders, scholars advancing knowledge and clinical innovations, and advocates influencing state and federal legislation. The NP role has grown and evolved over the past 50 years, but NAPNAP has stood the test of time as the professional home for pediatric-focused APRNs. What strikes me as extraordinary is that our central mission and activities have endured: we remain fierce advocates for NP practice and child health, offer premier continuing education opportunities, and represent a community of like-minded pediatric-focused APRNs.

Given our tremendous accomplishments over the past 50 years, I cannot help but consider what the future may hold for pediatric-focused APRNs. We bring unique perspectives, skills, and insights; the possibilities are endless. Perhaps we will see continued interest and growth of nurse entrepreneurs, inventors, and innovators. I would love to see nurse-led consortiums think tanks, and incubators dedicated to advancing child health. Maybe others will follow in Dr. Melnyk's footsteps and assume Chief Wellness Officer or similar roles as we increasingly recognize the need to prioritize our wellness so that we have the capacity to care for others. I hope to see expanded PhD-Doctor of Nursing Practice collaborations and strategic partnerships dedicated to addressing some of our most pressing clinical challenges. Just recently, we saw an NP appointed as Acting U.S. Surgeon General. I fully expect that we will continue to see pediatric-focused APRNs assume political and legislative positions, and we need them to! Whatever paths we may take, whether these or others, my sincere hope for our future is that we amplify our collective voices across practice, education, scholarship, and policy arenas (and more). I have absolute confidence that NAPNAP will be there to support you in these pursuits and that together, the NAPNAP community will have an even more profound impact as experts in pediatrics and advocates for children.

REFERENCES

- American Association of Nurse Practitioners. (2022). *Historical timeline*. Retrieved from <https://www.aanp.org/about/about-the-american-association-of-nurse-practitioners-aanp/historical-timeline>
- Deisher, R. W., Derby, A. J., & Sturman, M. J. (1960). Changing trends in pediatric practice. *Pediatrics*, 25, 711–716.
- Murphy, M. A. (1990). A brief history of pediatric nurse practitioners and NAPNAP 1964–1990. *Journal of Pediatric Health Care*, 4, 332–337.
- Ohio NAPNAP. (2015, January 6). *NAPNAP pediatric nurse practitioner beginnings in Ohio with Janet McCleery & Phyllis Cunningham*. Retrieved from <https://www.youtube.com/watch?v=57-ValRTU1I>
- Seedworks Films. (2012). *Loretta Ford: A disruptive innovator*. Aurora, CO: CU College of Nursing. Retrieved from <https://www.youtube.com/watch?v=KNUVhLMD0FA>
- Silver, H. K., Ford, L. C., & Day, L. R. (1968). The pediatric nurse-practitioner program: Expanding the role of the nurse to provide increased health care for children. *JAMA*, 204, 298–302.