

# Formation and Early History of The American Academy of Health Behavior

Robert J. McDermott, PhD, FAAHB; Elbert D. Glover, PhD, FAAHB

**Objective:** To document the formation and early history of The American Academy of Health Behavior. **Methods:** Recollections and interactions with selected founders of The Academy active in building the organization through its formative years. **Results:** A professional organization came into existence whose sole mission is fostering research skill development and research dissemination across health behavior-related disciplines that in-

creases the likelihood of improved translation and evidence-based practice. **Conclusion:** Creation and survival of this organization required visionary leadership, dedicated early adopters, a commitment to excellence, and outreach to new researchers.

**Key words:** The Academy, research, AAHB, American Academy of Health Behavior, health behavior, organization formation, meritocracy

*Am J Health Behav.* 2010;34(5):563-572

The inspiration for a new and different kind of professional organization came from Dr Elbert D. Glover and evolved from a dream and vision he had for more than 2 decades to create an academy of scholars. Dr Glover trained as a health educator and, similar to a cadre of his contemporaries, believed that academic health educators often were less respected (and less rewarded) on university campuses than their peers in other

academic disciplines. Part of this “lesser respect” seemed to emanate from a perception that in many research-intensive and doctoral degree-granting institutions, health education research often lacked “centrality” with respect to the mission of the university compared to the research carried out in other disciplines. The notion also persisted that a significant proportion of health behavior-related research that was not subject to this allegation was emerging from fields such as psychology, behavioral medicine, and other social science areas. In addition, some health education programs and professional organizations appeared to be focused heavily on their teaching and service missions, with high-quality research being relegated a lower priority. Concurrent with these developments, a number of long-standing and tradition-rich health education professional preparation programs around the country (including doctoral degree-granting programs) were closing, being merged with other academic units, or otherwise being diminished in stature, arguably because their faculties were not meeting the com-

---

Robert J. McDermott, Professor and Co-Director, Florida Prevention Research Center, Department of Community and Family Health, University of South Florida College of Public Health, FL. Elbert D. Glover, Professor & Chair, Department of Public & Community Health, University of Maryland School of Public Health, and Director, Center for Health Behavior Research, College Park, MD.

Address correspondence to Dr McDermott, Florida Prevention Research Center, Department of Community and Family Health, University of South Florida College of Public Health, 13201 Bruce B. Downs Boulevard (MDC 056) Tampa, FL 33612. E-mail: [rmcdermo@health.usf.edu](mailto:rmcdermo@health.usf.edu)

**Table 1**  
**Chronological List of**  
**Founding Members of**  
**The American Academy**  
**of Health Behavior**

1. Elbert D. Glover
2. Chudley E. Werch
3. Mark B. Dignan
4. Terri Mulkins Manning
5. David R. Black
6. Robert F. Valois
7. Mark J. Kittleson
8. Cheryl J. Rainey
9. Kenneth R. McLeroy
10. Robert J. McDermott
11. David F. Duncan
12. Scott J. Leischow
13. James H. Price
14. James M. Eddy
15. Michael Young
16. Ray Tricker
17. Robert M. Weiler
18. John P. Foreyt
19. Ian M. Newman
20. Min Qi Wang
21. Thomas W. O'Rourke
22. Beverly S. Mahoney
23. Mohammad R. Torabi
24. Stuart W. Fors
25. Robert S. Gold
26. Molly T. Laflin
27. Paul D. Sarvela
28. Melody P. Noland
29. Mary S. Sutherland
30. Cheryl L. Perry
31. Lawrence W. Green
32. Rick A. Petosa
33. Nicholas K. Iammarino

petitive demands of the new research environment. Whereas there most certainly were professionally prepared doctoral-level health educators who conducted research of substantive quality and quantity, these “heavy hitters” were only rarely presenting original research at meetings of national health education organizations. Moreover, when they published their work, frequently they were doing so in more prestigious or higher impact peer-reviewed journals whose readerships were not comprised principally of health educators.

Taking the initiative and attempting to bring life to the dream he had envisioned, beginning on April 1, 1997, Dr Glover invited many of the aforementioned “heavy hitters,” particularly ones whose research he knew best, to join him in founding The American Academy of Health Behavior. Initially, he identified 34 researchers with whom he shared his vision, along with a draft of proposed organizational bylaws. Ultimately, 32 individuals accepted the invitation and formed the body of Founding Members of The Academy between April 8 and May 29, 1997. The Founding Members listed in Table 1 are presented in the chronological order in which they joined The Academy.

Dr Glover’s belief and intention was that by forming a solid member base of like-minded prolific researchers, these well-known and widely respected scholars would attract other researchers to The Academy. Because even these committed individuals were skeptical about the likely acceptance and success of a new professional association for health educators focused principally on the research enterprise, Dr Glover provided a compelling incentive by subsidizing Founding Members’ first 2 years of organizational dues, including a subscription to the *American Journal of Health Behavior*, which was designated in the bylaws as The Academy’s official professional journal. At that time, the *American Journal of Health Behavior* had been in existence for over 2 decades and owned by Dr Glover. The *Journal* was already well respected and gaining traction as a venue for publishing quality health-behavior research. Dr Glover reasoned that by naming the *Journal* the official publication of The Academy the organization would gain immediate visibility and credibility. Today, whereas the *Journal* remains a private for-profit business and The Academy a nonprofit organization, Dr Glover’s reasoning was prophetic, and the 2 entities have flourished in their coexistence.

After recruiting The Academy’s Founders, Dr Glover opened up the organization for membership to other qualified applicants. Each of the 18 persons who joined during the subsequent year or so was given the designation of Charter Member. Arguably, the Charter Members became the backbone of this new organization, earning themselves a deserved special status in The Academy inasmuch

as they were the first dues-paying members. These Charter Members can be described aptly as “risk-takers” for embarking on an organization whose final destiny was an unknown. They are listed in Table 2 in the chronological order in which they joined.

### **Some Conceptual Underpinnings of The Academy**

The Academy was founded to transform the health promotion and health education field from one that some authorities felt had become dominated by its teaching and service missions to one with a stronger research foundation in which discovery would be valued as a means of improving practice and enhancing population-based health. Thus, the origin of The Academy was based on the belief that the credibility of the health promotion and health education field rested on creating a strong research evidence base and disseminating this work on at least a national level. It was felt that improving the “science” of health behavior research would indeed combat the image of low respect for health education within the academic community as well as create a potential for launching the profession into the national spotlight in a way that medicine, engineering, the biological and natural sciences, and other disciplines had long enjoyed.

Establishment of The Academy set in motion a new direction for the field that was grounded in a distinctive set of conceptual underpinnings. The first of these principles was the establishment of a meritocracy that acknowledged the competitive nature of the research environment, challenged members to produce quality research, and recognized outstanding research contributions. The second belief was that advancement of evidence-based practice would be more likely to occur if nurtured by a professional organization that explicitly identified research as its primary focus. The third tenet recognized a need for a forum to review and evaluate research being conducted so as to improve its quality and dissemination. The fourth underpinning was the desire to overcome partisan, protective agendas of traditional disciplines by stimulating multidisciplinary research and learning. Finally, The Academy was established to inform and educate scholars about the latest in research innova-

**Table 2**  
**Chronological List of Charter Members of The American Academy of Health Behavior**

1. Dennis L. Thombs
2. Ansa Ojanlatva
3. Gregory H. Frazer
4. Patricia D. Mail
5. Raymond L. Goldsteen
6. Eugene C. Fitzhugh
7. Lynda B. Ransdell
8. Randall L. Cottrell
9. Mark. G. Wilson
10. Michael W. Felts
11. Patricia C. Dunn
12. John P. Sciacca
13. Mary A. Nies
14. Susan K. Telljohann
15. Jennie J. Kronenfeld
16. Karen D. Liller
17. Stephen B. Thomas
18. David A. Sleet

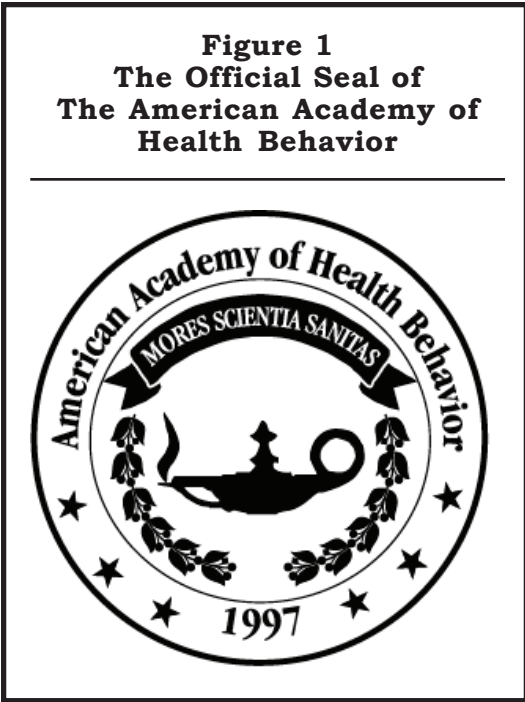
tions as well as to inspire a commitment to high-quality investigation among emerging researchers and students in doctoral education programs. By acknowledging and pledging commitment to these philosophies, The Academy began to secure its unique niche among professional organizations.

To represent its underpinnings as a professional society, The Academy adopted the lamp of learning (the intellectual source of light) as the central focus of its official seal (Figure 1). The lamp is arched by a banner containing The Academy motto that Founding Member Dr Robert M. Weiler proposed. It reads: “*Mores Scientia Sanitas*” (Behavior-Knowledge-Health). The lamp is underscored by 2 laurel branches, symbolic of conquest (ie, of knowledge); a series of 5-pointed stars, which from heraldry represents knightly rank and is an ideogram for seeking out that which is mystic; and finally, the year of The Academy’s founding, 1997.

### **Scientific Meetings of The Academy**

The Founding Members and Charter Members of The Academy had participated in their share of professional con-

**Figure 1**  
**The Official Seal of**  
**The American Academy of**  
**Health Behavior**



ferences that had attracted 10,000 or more attendees and necessitated that these meetings be held only in large cities such as New York; Chicago; Los Angeles; San Francisco; Boston; Washington, DC; and the like. Moreover, active participants in these conferences rarely had opportunity to enjoy the venue in which their conference took place and, as often as not, became overwhelmed by the size of the meeting and the chaos of the metropolitan location. Founding Members and other early joiners who had enjoyed both widespread professional and personal travel saw the advantages of having a small scientific meeting and pledged that The Academy would leverage this advantage to host its scientific meetings in “unique and unusual” settings – locations that did not require space for thousands, but rather, for 125-150 participants. From its inception, the Founding Members never envisioned The Academy as needing to become a large organization in order to thrive, nor did they become aggressive in soliciting members. The Academy’s mission was to promote and disseminate high-quality research and be a home for persons conducting rigorous health-behavior investigative

studies. The absence of great concern about organizational size opened the door to the distinctive elements of exceptional hotels and venues of quaint hospitality and other unique features. The first scientific meeting of The Academy was held in Santa Fe, New Mexico, in September 2000. Subsequent to that meeting, the Board of Directors moved to make the scientific meeting one that was held in the first quarter of the year. Consequently, no meeting was held in 2001; and the tradition of having an early-year meeting began in 2002 with the meeting in Napa Valley, California. The full iteration of meeting sites to date is shown in Table 3.

In addition to the unique and unusual features of the locations for the scientific meetings, it was determined that the scientific program itself would be entirely plenary rather than diluted into multiple concurrent sessions. Moreover, some of the most renowned researchers available were recruited as speakers for each session. Whereas the emphasis of the plenary sessions of the first several scientific meetings was to expose attendees to examples of rigorously conducted, cutting-edge research and a diverse set of presenters and topics, meeting organizers gradually began to plan around specific themes. The first theme-directed conference occurred at the fourth scientific meeting in 2004, “Translating Health Behavior Research into Action.” The Academy returned to a more generic program structure for its 2005 scientific meeting, but since 2006, again has taken a thematic approach to construct its plenary sessions.

Finally, the philosophy guiding the program plan was that a portion of each day would be free for persons to participate in optional workshops, meet informally around professional interests, or disdain professional affairs for a period of the day to return in the early evening for structured social activity concurrent with scientific poster presentations. Thus, the overscheduling that occurs in many conferences was avoided, and the opportunity to enjoy the comforts and attractions of the host site with professional colleagues was encouraged.

#### **The Development of Membership Criteria**

Most of the Founding Members and Charter Members of The Academy belonged to one or more of the traditional

**Table 3**  
**Sites and Content Elements of The Academy's Scientific Meetings**

<p><b>Santa Fe, NM</b> <b>September 23-27, 2000</b> Hotel Loretto "Tobacco and Alcohol, Nutrition, Obesity, Data Sources"</p>	<p><b>Carmel, CA</b> <b>March 5-8, 2006</b> Carmel Valley Ranch "Components of Theoretical or Conceptual Models"</p>
<p><b>Napa, CA</b> <b>March 24-27, 2002</b> Embassy Suites "Theory-Driven and Qualitative Research, Risk vs. Protective Factors, Technologies"</p>	<p><b>Savannah, GA</b> <b>March 25-28, 2007</b> Westin Savannah Harbor "Multilevel Health Behavior Research through Trans-disciplinary Partnerships"</p>
<p><b>St. Augustine, FL</b> <b>March 16-19, 2003</b> Casa Monica Hotel "Environment and Policy, Prevention Science, Ethics, Health Communication, and Methodological Advances"</p>	<p><b>Oxnard, CA</b> <b>March 9-12, 2008</b> Embassy Suites Mandalay Beach "Addictions: From Cells to Societies"</p>
<p><b>Sedona, AZ</b> <b>February 29-March 3, 2004</b> Enchantment Resort "Translating Health Behavior Research into Action"</p>	<p><b>Hilton Head, SC</b> <b>March 8-11, 2009</b> Sea Pines Resort "Adoption, Adherence, and Maintenance of Health Behavior Change"</p>
<p><b>Charleston, SC</b> <b>February 20-23, 2005</b> Charleston Place "Alternative Paradigms for Health Promotion, Research with Racial Minorities, Genetics and Behavior, Chronic Disease Management, Substance Abuse"</p>	<p><b>Clearwater Beach, FL</b> <b>February 7-10, 2010</b> Sheraton Sand Key Resort "Implementation Science: Translating Evidence-Based Health Behavior Research to Practice"</p>
	<p><b>Hilton Head, SC</b> <b>March 20-23, 2011</b> Westin Hilton Head Island "The Art and Science of Community-Based Participatory Research: Methods, Measures, and Evidence for Health Behavior Change"</p>

professional health education organizations – the American Public Health Association, the Society for Public Health Education, the American Association of Health Education, the American School Health Association, and the American College Health Association – as well as a number of other professional groups. Some had even held leadership positions in one or more of these associations. Whereas few of these early joiners of The Academy abandoned other organizations, indeed they saw the potential of The Academy to play a unique role in advancing both practice and the status of the profes-

sion through the stimulation of research.

Members of the first Board of Directors of The Academy were appointed by Dr Glover. This Board was described as a “worker bee” group inasmuch as there was no true executive director, no history, and no previous *modus operandi*. In addition to Dr Glover, members of the Founding Board included Dr David R. Black, Dr James M. Eddy, Dr Nicholas K. Iammarino, Dr Mark J. Kittleson, Dr Molly T. Laflin, Dr Terri Mulkins Manning, Dr Robert J. McDermott, Dr Mohammad R. Torabi, Dr Robert M. Weiler, and Dr Chudley E. “Chad” Werch (Figure 2). Be-

**Figure 2**  
**Members of the Founding Board of Directors of The Academy**  
**February 11, 1999**



**Front row L to R:** David R. Black, Elbert D. Glover, Molly T. Laffin, Chudley E. Werch  
**Back row L to R:** Terri Mulkins Manning, Mark J. Kittleson, Robert J. McDermott, James M. Eddy, Robert M. Weiler, Mohammad R. Torabi, Nicholas K. Iammarino

cause Dr Glover’s vision for The Academy was that it was going to be different from other health education groups, it was necessary to cast aside some belief systems so as to maintain a dedicated focus on high quality with respect to all endeavors.

Initially, the Board strongly supported 3 types of members: Qualified, Associate, and Affiliate. In addition to meeting other membership criteria (detailed below), Qualified Members had to possess at least one of their formal degrees in health education. Associate Members met the same criteria but could have their formal degrees and training outside of health education. Affiliate Members were expected to be new researchers who did not yet meet the qualifications to be Qualified or Associate Members. The Board also

strongly supported a bylaws statement indicating that no more than 25% of the members of The Academy would be from fields outside of health education. Within a few years, that statement was eliminated from the bylaws, in part, because it was the antithesis of the multidisciplinary and “hybrid vigor” approach that was one of The Academy’s underpinnings. Based upon similar reasoning, the Associate Member category also was eliminated, and requirements specific to members having a health education degree were dropped altogether.

Joining most professional organizations merely involves completing a face sheet of personal information and professional data, followed by submitting it along with payment of member dues. The Academy was the first organization of its type

to require that applicants meet certain minimum qualifications related to research prowess. To be a Qualified Member, applicants needed to: (1) provide evidence of scientific training beyond the undergraduate level; and (2) have authored or coauthored at least 10 data-based papers (quantitative or qualitative) published in national or international journals that regularly report the findings of original health behavior, health education, or health promotion research. Thus, the membership criteria fulfilled another of The Academy's basic tenets – that of being a meritocracy. The category of Affiliate Member was open to new professionals and doctoral students holding or working toward a doctoral degree who demonstrated evidence of scientific training beyond the undergraduate level and had at least 2 refereed data-based papers (quantitative or qualitative) published in national or international journals. Requiring data-based publications even of new researchers made an emphatically powerful and proactive statement about the importance that The Academy attached to research as well as serving as a segue later on for mentoring of Affiliate Members by Qualified Members.

### **Skeptics and Naysayers within the Profession**

It is accurate to say that the emergence of The Academy was not uniformly embraced by everyone in the health education field. Some said that creating and promoting a new health education organization in what was already a crowded and fractionated field would only confound that situation further. Others viewed The Academy as an unnecessary upstart being promoted by “a small minority of malcontents.” Some saw The Academy as a competitor. Still others described it with actual contempt, identifying The Academy as being “elitist” (presumably because of its membership eligibility criteria and choices of scientific meeting sites) and “sexist” (presumably because just 14 of the original 51 Founding Members and Charter Members were women). What is certain is that The Academy by and large did not go unnoticed by persons in the profession. As time has passed, The Academy has established a niche for itself, has ongoing discussions with some of its sister associations, and for a period of more than 5 years, was a member of the

Coalition of National Health Education Organizations (CNHEO) before opting to withdraw in 2009 to pursue other directions.

### **Leadership and Achievement**

Without question, The Academy came into existence and survived its infancy as a result of the vigilant oversight and financial infusion provided by Dr Glover. The legal name and nonprofit status of the organization, the establishment of a means of dealing with income and expenditures, the assignment of a professional journal, and the creation of an organizational logo were activities brought into focus by Dr Glover. The Board of Directors and an Executive Committee of the Board held semimonthly teleconference calls for more than 2 years to hone the bylaws, review applicants, identify officer roles and responsibilities, and forecast a time and a place for the first scientific meeting. While a faculty member at West Virginia University, Dr Glover hosted a meeting of the Executive Committee at his home in Morgantown during the summer of 1998. The first face-to-face meeting of the full Board of Directors was hosted by Dr Werch at the Sea Turtle Inn at Atlantic Beach, Florida, in February 1999.

Dr Glover and others had been named Fellows in other organizations where often one's service contributions, name recognition, and organizational longevity alone seemed to satisfy inclusion criteria. Research and other scholarship, if required at all as credentials, needed to be only modest. In contrast, Dr Glover wanted The Academy's Fellow status to necessitate meeting explicit, rigorous, and verifiable criteria based exclusively on one's demonstrable scholarship with respect to research – peer-reviewed publications, grants, and presentations to scholarly audiences. Thus, in keeping with the meritocratic theme of the organization, Dr Glover established the Fellow status for researchers who had 50 or more data-based peer-reviewed publications in journals of at least national dissemination, and who met at least *one* of the following criteria: (1) had made at least 75 scientific presentations, (2) had been awarded at least 25 grants, (3) had been awarded cumulative grant funding of at least \$1.5 million, or (4) had contributed significantly to the advancement of knowledge in health behavior through

**Table 4**  
**Recipients of the Research Laureate Medallion of The Academy**

2000	<b>Lawrence W. Green</b>
2002	<b>Brian R. Flay</b>
2003	<b>John P. Elder</b>
2004	<b>Cheryl L. Perry</b>
2005	<b>Steven Y. Sussman</b>
2006	<b>Herbert H. Severson</b>
2007	<b>Bruce Simons-Morton</b>
2008	<b>Elbert D. Glover</b>
2009	<b>Raymond S. Niaura</b>
2010	<b>Kenneth R. McLeroy</b>

research conducted and disseminated of such magnitude as to equal any of the other categories above. The Board of Directors embraced and approved the establishment of these criteria.

Moreover, the Board discussed Dr Glover’s recommendation and eventually agreed to the establishment of a unique award designated for Fellows whose career made them stand out, even in a field of accomplished individuals. This award became the Research Laureate Medallion of The Academy. Unlike the various plaques, trophies, or certificates that are commonly received by individuals who emerge as the best in their field, the Research Laureate Medallion was intended to be an exceptional and prized representation of excellence. The concept of the medallion and its eventual design was a consequence of the combined labor of Dr Glover; Dr Robert M. Weiler, a Founding Member; and Dr Molly T. Laflin, a Founding Member, and later, President of The Academy. Dr Glover inspired the belief that being a recipient of the Research Laureate Medallion could one day be the benchmark of fame for health behavior researchers. The first recipient of this prestigious award was Dr Lawrence W. Green, a highly respected researcher, theoretician, and philosopher across numerous disciplines related to health behavior and health care. The Academy quickly established the tradition of having the previous year’s recipient become the presenter of the Research Laureate Medallion to the subsequent

**Table 5**  
**Presidents of The Academy**

<b>Elbert D. Glover</b> 1997-2002
<b>Chudley E. “Chad” Werch</b> 2002-2003
<b>Robert J. McDermott</b> 2003-2004
<b>Mohammad R. Torabi</b> 2004-2005
<b>David R. Black</b> 2005-2006
<b>Bruce Simons-Morton</b> 2006-2007
<b>Steve Y. Sussman</b> 2007-2008
<b>Molly T. Laflin</b> 2008-2009
<b>Dennis L. Thombs</b> 2009-2010
<b>David W. Seal</b> 2010-2011

year’s awardee. A complete list of recipients to date is provided in Table 4.

In 2000, the Board of Directors granted special recognition to Dr Glover in the form of The American Academy of Health Behavior Lifetime Achievement Award in acknowledgment both of his research and his tireless work as the visionary in establishing The Academy. The award has been presented to only one other individual, the noted psychologist, researcher, and theorist, Dr Albert Bandura, in 2006. Lifetime Achievement Award recipients clearly represent the “rarest of company” in The Academy.

By consensus approval of the Board for spearheading establishment of the organization, Dr Glover served as The Academy’s first President for its formational period. He was succeeded by Dr Chudley E. Werch, The Academy’s first



official Founding Member, who also had been instrumental in performing a number of the organizational tasks to launch this new professional group. Following Dr Werch's one-year term, The Academy began electing its President and other Board members, choosing Dr Robert J. McDermott to lead the transition from the Founding Board of Directors to its new era of a member-elected Board. Under Dr McDermott's leadership, The Academy's strategic planning process was launched; developed further by his successor, Dr Mohammad R. Torabi; and completed during the term of Dr David R. Black. A list of all of the Presidents to date of The Academy appears in Table 5.

No less important in leadership function was the assignment of a person to take on the role of first Executive Director of The Academy. This role was capably handled by Dr Terri Mulkins Manning from 1999 to 2005. Although an administrator in an academic institution at the time of assuming her responsibilities, Dr Manning was also a professionally prepared health educator, a Founding Member of The Academy, and someone who had a clear understanding of the intentions of Dr Glover and the other Founding Members for developing this new group. Using a set of skills established before she entered academia, Dr Manning was in large part responsible for the financial affairs of The Academy and the negotiation of venues for the first several scientific meetings. The increasing demands placed on the Executive Director as The Academy matured as an organization, accompanied by the evolving responsibilities of her academic career, necessitated her departure as Executive Director. She was succeeded by Dr Lori Marks, also a professionally prepared health educator, who guided The Academy for the next 2 1/2 years. She, in turn, was succeeded briefly by Cindy Hooker and, later, by Joanne Sommers, the current Executive Director.

The Academy has attracted scholars from several disciplines, shaping it into the multidisciplinary group that was envisioned. Its scientific meeting received its first recognition of extramural funding in 2008 through a \$12,750 grant from the US Centers for Disease Control and Prevention administered through the Florida Prevention Research Center. The annual scientific meeting is now a coveted

### **Table 6 Selected "Firsts" among Members of The Academy**

*Member:*

**Elbert D. Glover**

*Male Founding Member:*

**Chudley E. Werch**

*Female Founding Member:*

**Terri Mulkins Manning**

*Male International Member:*

**Lawrence W. Green (Canada)**

*Female International Member:*

**Ansa Ojanlatva (Finland)**

*Male Charter Member:*

**Dennis L. Thombs**

*Female Charter Member:*

**Patricia D. Mail**

*Conference Registrant:*

**Mark Tomita**

*Master's Degree Member:*

**Penny N. Glover**

*Male Fellow:*

**David R. Black**

*Female Fellow:*

**Cheryl L. Perry**

*President:*

**Elbert D. Glover**

*Member-elected President:*

**Robert J. McDermott**

*Female President:*

**Molly T. Laffin**

*Judy K. Black Award:*

**Lisa A. Benz Scott**

*Lifetime Achievement Award*

**Elbert D. Glover**

*Executive Director:*

**Terri Mulkins Manning**

venue to be either an invited speaker or a research poster presenter. The meeting has become an avenue for the mentoring of young researchers – through roundtables, special mentoring workshops, and by means of the numerous informal opportunities provided to interact with highly accomplished researchers. To give formal recognition to an emerging researcher, The Academy established the Judy K. Black Early Career Research Award as further demonstration of its commitment to nurturing research. Judy K. Black was the wife of Dr David R. Black, one of The Academy’s Founding Members. She died in a tragic automobile accident in 2003. She was herself a dedicated professional, motivator, and mentor to students. This special recognition has been awarded 4 times since its establishment, with the first recipient being Lisa A. Benz Scott in 2006. Subsequent recipients included Yvonne Brooks (2007), Meena Fernandes (2009), and Yan Hong (2010). The Academy indeed has had a number of “firsts” that are worthy of acknowledgment. In addition to some of those previously identified, a list of significant firsts is provided in Table 6.

**A Reflection – What It Takes to Create and Build a New Organization**

There is insufficient space to account for every note and detail to explain what it takes to evolve an organization from a notion in one person’s mind, through concept development and, ultimately, to one that has completed its 10th scientific conference and is on the cusp of surpassing the 200-member benchmark. However, a glimpse of the requirements might include

- A person with an *inspired* idea,
- A cadre of *dedicated* individuals motivated to help see it through,
- A group of members with a *commit-*

*ment* to excellence,

- Time to grow and succeed,
- Outreach to a new generation of scholars,
- A pledge to take on new research challenges, and
- A bond to hold on to cherished constants – high standards of excellence and a passion for discovery.

As The Academy completes its first decennial of scientific meetings, it can reflect favorably on what has been accomplished. It has abandoned neither its standards nor its passion. It has silenced most of its skeptics and detractors. Most importantly, it has fulfilled the promise of its visionary: to place science and discovery as the premiere values of a field of endeavor and to draw upon the richness of skilled investigators from a wide array of disciplines. Whereas the richness of thought and tradition among members of The Academy alone may never succeed entirely in conquering every health-behavior research challenge on the horizon, The Academy can take pride in having encouraged the spirit of many researchers to seek out further discoveries and new solutions. To that end, and as The Academy guard has changed, every new member-researcher has within his or her grasp the possibility of contributing to its further evolution.

**Acknowledgments**

The authors gratefully acknowledge The Academy’s Founding Members, its Charter Members, and those members who have stepped forward to uphold the standards upon which The Academy was founded. They also thank selected members of the Founding Board of Directors who reviewed and provided feedback to earlier draft of this paper: Drs David R. Black, James M. Eddy, Nicholas K. Iammarino, Mark J. Kittleson, Mohammad R. Torabi, and Chudley E. Werch.