

Centennial Challenges, Millennium Opportunities



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Successful professions plan wisely and determine their own destinies. As we design our future, it is important for us to clearly understand what services will be needed and how we can best provide them to the individuals and populations who can most benefit from them. In focusing our attention on service to others, we define ourselves as a profession and secure the trust of the public upon whose support our future is dependent.

What will the future demand of us, what will occupational therapy look like, and what will we have accomplished on our 100th anniversary, in 2017? During the past 24 months the American Occupational Therapy Association (AOTA) has taken strong steps to answer these questions.

It is easy to recognize that there have been enormous health care and societal changes in the past few years. As these changes continue, our profession, as well as every health profession, must examine its strengths, vulnerabilities, and opportunities. We have been led in the development of the Centennial Vision by our vice president, Charles Christiansen, who has engaged the membership in developing a vision for the profession. The vision is called the Centennial Vision because in 2017 our profession will celebrate its 100th anniversary. What we do today and for the next 11 years will position us to flourish as we celebrate the first century of our history—and what a rich history we have already written.

The incorporation of the profession was accomplished by a small group of people who had a vision. Those gathered in Clifton Springs (New York) on that March day in 1917 included a teacher, a social worker, a nurse, two architects, and a physician (Kielhofner & Burke, 1977). The common thread that connected them was that each of them believed in the power of human occupation to influence health. As we face the 100th anniversary of their meeting, we want to celebrate their vision.

It is absolutely critical that each one of us in the profession today embraces and acts on that same belief, because it is the value we place on doing that defines us as a unique profession. Occupational therapy alone connects the increasingly technological world of health care and the personal, meaning-infused world of the patient (Engelhardt, 1977). We do not do things to people; “our role consists in giving *opportunities* rather than prescriptions” (Meyer, 1922, p. 7)—opportunities to help themselves, to manage health conditions and disabilities so that they can do the things that are important and meaningful for them.

That the founders themselves comprised an interdisciplinary group should remind us that we will accomplish what we have the capacity to do within a context that involves other disciplines. There are people ranging from physicians to architects and city planners who can benefit from our expertise, and we can benefit

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from theirs. Although occupational therapy is an autonomous profession, we must recognize that we will flourish only in collaboration with others. Our work is based in collaboration. We both benefit from and rely on the collective experiences of the client, the family, and others who seek to remove the barriers that limit the individual's performance and participation. Let's look at the purpose of our profession as defined in the Articles of Incorporation:

The American Occupational Therapy Association will pursue activities to advance the therapeutic value of occupation; to research the effects of occupation upon human beings and to disseminate that research; to promote the use of occupational therapy and to advance the standards of education and training in this field; to educate consumers about the effect of occupation upon their well being; and to engage in such other activities as may be considered to be advantageous to the profession, its members and consumers of occupational therapy services. (AOTA, 2003, p. 5)

This purpose serves the membership by defining our common interests and values for association, and it serves society by advancing an idea that bridges the client's everyday world of living with the increasingly sophisticated and disconnected molecular-driven world of medicine. So, when we ask, "what does our professional organization do for us?" we should recognize that it advocates for our services, it advances the standards that establish our work as professionals, and it creates a public awareness of how occupational therapy services help members of society acquire the capacity to achieve the level of participation that gives purpose and meaning to their lives.

The world is changing rapidly, and it is expected that the first 2 decades of this century will witness as much change as occurred in the world during the entire 20th century (Center for Health Transformation, 2006). In the face of this change, the profession must remain contemporary and relevant.

If a vision is to serve as an effective guide for planning, it must involve as many people who have a stake in the outcome as possible. Thus the process to create the Centennial Vision had to begin with a national dialogue involving as many members of the profession of occupational therapy as possible.

More than 2,000 individuals engaged in this process that represented 18 months of study and planning and involved both personal and electronic interaction among occupational therapists and occupational therapy assistants, students, and organization representatives who interact with occupational therapy. Participants included clinicians, educators, scientists, researchers, and students. Representative Assembly members held forums involving their

constituencies, and educational program staff sponsored discussion forums involving their students, faculty, and local practitioners. This national dialogue resulted in the collective vision that will guide us into our second century:

We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs.

What must we do to accomplish this vision? I am going to address what we, you, I—the profession—must do to place occupational therapy in the public eye; to deserve and receive payment for our services; and to contribute our knowledge to benefit individuals, organizations, and communities. Realizing our vision will require actions from the AOTA staff, the AOTA leadership, all of us—practitioners, educators, and scientists—working to ensure that the vision is achieved and our destiny is self-determined.

In the next few minutes I am going to share with you some of the issues facing practice, education, and research that are so vital to our future so that we can all understand the challenges before us and recognize the importance of working side by side on the different tasks that are each so necessary to achieve our goals. Although each of our different missions will require unique efforts, they are vitally linked, and we will not succeed unless the work at each link is completed.

Issues Facing Practice

During the discussions leading up to the Centennial Vision, there were a number of people who said we have to maintain our traditional areas of practice—and of course we need occupational therapists and occupational therapy assistants working

- In hospitals to triage people with chronic health and disabling conditions to the services they need;
- In rehabilitation hospitals to foster recovery and participation;
- In outpatient facilities to work with persons who have hand and other physical injuries to help them return to work, family, and community life;
- In skilled-nursing facilities to maximize function and create opportunities for meaning;
- In schools to help children develop the capacity to fully engage in the learning environment and gain the skills to transition to adult life; and
- In communities to enable those with mental illness to acquire the skills to manage the complexities of their daily lives.

So, of course, we need to maintain and enhance traditional practice arenas—but to remain in these systems we

must respond as other professions are being asked to do, to provide evidence that substantiates the efficacy and value of what we do there.

However, because the health care system and society are changing, we must also be responsive to new challenges and opportunities. If we rely only on practice in traditional arenas we will miss major opportunities for which our traditions, our knowledge base, and our unique expertise and clinical reasoning seem especially well suited.

Consider these opportunities:

- Facilitating *aging in place*, which refers to programs that support and enable people in their later years to avoid the need to relocate. As the number of adults over age 65 doubles in the years ahead (U.S. Census Bureau, 2000), few will view nursing homes as their ideal living situation. Because we recognize the importance of personal places and the memories of meaningful experiences imbued there, we can use our expertise in activity, performance, and environment to help people remain independent in their own homes and communities. We can use our expertise to help forge new long-term-care policies that promote health and well-being.
- Addressing driving and transportation, which are critical for those who live in suburban and rural areas. Knowing who can safely remain on the highways is important to individuals, to families, and to society. Enabling clients to pursue transportation alternatives is second nature to our way of practice.
- Helping families and those providing care. Occupational therapy personnel should be a major resource to families because 80% of the care in the United States is provided by the family (Family Caregiver Alliance, 2005). The literature in this area is very clear: Those providing care experience less stress in that role when they have successful interactions with the ones for whom they are caring (Schulz & Beach, 1999). Those successful experiences come when caregivers understand their loved ones' condition and have the skills to help them do what they need to do. This represents another intervention ideally suited to those with occupational therapy expertise.
- Helping children and youth achieve the capacity to be successful in school, be engaged with families and communities, and transition into adult roles, including employment.
- Fostering participation in those with disabling conditions, whether temporary (e.g., an acute injury) or chronic conditions that limit mobility or problem solving.
- Helping workers prevent unnecessary disabilities, return to work after accidents, and have work and workstations that enable success in the world of work. We can help

older workers retain their ability to engage in productive work or civic engagement.

- Helping those with persistent mental health issues to gain the skills to live in the least restrictive environment, engage in meaningful occupations, and avoid social isolation.
- Fostering health and wellness by employing self-management skills routinely in our interventions and helping people make lifestyle choices to tap their potential and manage their conditions to achieve their goals. There will be special opportunities in the workplace as employers realize that the imbalances caused by excessive workplace demands often create stressful consequences for families. Industry leaders are attentive to the productivity and morale benefits associated with helping people maintain work–family balance. In occupational therapy, the concept of life balance dates back nearly 9 decades (Meyer, 1922). No other discipline can make that claim, and it would be a mistake to squander that advantage.

I am sure each of you can think of other opportunities for occupational therapy to enable the performance of the clients you do, or could, serve.

You are going to see some changes in the way our practice, policy, and other initiatives are organized at AOTA. Beginning this fall, the National Office will be organizing its work across multiple staff groups to focus on six areas:

1. Children and Youth
2. Productive Aging
3. Mental Health
4. Rehabilitation, Disabilities, and Participation
5. Work and Industry
6. Health and Wellness.

Each of these areas will require new collaborations, new streams of reimbursement, and an organization of knowledge if they are to effectively address the issues our consumers face. We are hopeful that this classification of our work will make it easier to communicate our value to the public and payers, easier to communicate with the Congress and the Washington research community (NIH [National Institutes of Health], NIDRR [National Institute on Disability and Rehabilitation Research]), and easier for you, the member, to feel a part of a community that is addressing your needs.

Issues Facing Education

We cannot create a shared future if we do not have a common knowledge base.

Are we all educated with the same body of knowledge? Do we all have a commanding understanding of how occupational performance issues are limiting the potential of

those we serve to fulfill valued roles and do the things that are meaningful to them? Even a casual review of surveys completed by our educators about approaches to organizing content and learning experiences for contemporary practice indicates that our educational programs use vastly different approaches to prepare occupational therapy personnel.

And although it is true that our educational programs must meet accreditation standards, such standards prescribe minimum requirements, and they do not dictate content. If AOTA is telling families that their children should have occupational therapy to help achieve success in school, or to determine whether their grandfather is safe to drive, or their aunt with a mild brain injury can return to work, we are implying that we have the knowledge and skills to effectively address those issues. To retain credibility as a profession and the trust and continued patronage of those we serve, we must ensure that every credentialed member of our professional workforce has a common set of concepts and skills. It is therefore appropriate and necessary to ask if all our students are being prepared within curricula that offer the content and learning experiences to address these issues and if they are being addressed in a manner based on evidence. We must also expect that students are being taught the importance of using reliable and valid instruments to determine a person's performance capacities across sensory, psychological, motor, and cognitive systems and within culturally sensitive and enabling environments.

With this issue in mind, the chairperson of the Commission on Education, Linda Fazio; the chair of the Accreditation Council, Paula Kramer; the speaker of the Representative Assembly, Wendy Hildenbrand; and I will be asking an ad hoc group to develop a model curriculum to help our educators identify ways to prepare students with the necessary knowledge and skills to support practice in both current and emerging practice areas. This model was identified as a priority in the Centennial Vision project. AOTA then will prepare educational materials to support the model curriculum. These materials will be available to schools in areas like reimbursement, ethics, evidence-based practice, advocacy, the profession's history and values, and other topics that will fit with the needs of educators. The model curriculum will also help shape continuing education opportunities, as those of us in practice and education are not exempt from needing new knowledge to face the new practice, education, and research environments.

We do have some other areas of concern in education. We do not have enough educators prepared at the doctoral level, and many who are seeking the doctoral degree are not seeing themselves moving into academic leadership or academic science roles. We have 148 academic programs preparing occupational therapists at the entry level. We

have nearly 1,200 faculty teaching in our occupational therapy programs; of these, fewer than 50% hold doctoral degrees (Accreditation Council for Occupational Therapy Education [ACOTE®], 2005a). We can look at this as a glass half empty, or as a glass half full. These positions should be thought of as opportunities that will support leadership development, offer the opportunity to shape young minds, build knowledge, and build the profession. There are nearly 450 OTA faculty, of whom about 50% have at least a master's degree (5% hold a doctoral degree) (ACOTE, 2005b). Again, an opportunity for professional leadership exists for those with postbaccalaureate degrees. It is estimated that there are, at any given time, more than 35 vacant faculty positions in the OT programs; the 143 occupational therapy assistant programs are facing similar problems (ACOTE, 2006).

Our colleges and universities are facing problems that require our academic programs to take notice. Because state and federal funds are limited, universities must make decisions about how to best spend their funds. Questions are rightfully being asked by administrators about whether currently supported programs are central to their institutional missions. Are our occupational therapy and occupational therapy assistant programs central to the missions of our universities? If our programs are in research universities, are we contributing to the research mission? Are we bringing in grants that produce indirect funds that contribute to the infrastructure support of the university? Are we making it possible for new PhD faculty to become successful scientists? Are they mentored and given time to develop productive scientific careers? In each of the colleges and universities at which our programs are located, are our faculty serving on important committees? Do we bring excellence to the reputation of the institution? Are our programs seen as representing an academic discipline, or are they seen as vocational training programs? These are important and even urgent questions that our program directors must answer. The AOTA and American Occupational Therapy Foundation (AOTF) must provide opportunities for program directors to gain the skills to manage academic programs in a changing university environment, and we must do everything we can to foster networking and collaboration among program staff to make best use of our talented but limited faculty and scientists. The mention of science brings us to the next important consideration: our profession's research.

Issues Facing Research

Why research? As a profession it is our responsibility (as our Articles of Incorporation indicate) to "research the effects of

occupation upon human beings and to disseminate that research” (AOTA, 2003). There are three levels of research that must be undertaken to answer the effect of occupation on human beings.

1. *Basic research* seeks to understand the intrinsic and extrinsic factors that support the occupations of daily life.
2. *Clinical research* seeks to understand the interventions that improve the lives of those whom occupational therapy practitioners serve.
3. *Health service research* studies access, cost, and quality of care.

To accomplish this responsibility, we must foster and support the development of scientists. This means that students who have a curiosity and passion to explore what is not known and what can help people live meaningful lives need to be encouraged to become scientists and should not automatically expected to be clinicians. In the years ahead, the type of research in which students are interested will influence the degree and discipline they will pursue. Not all of our developing scientists will earn their degree in occupational therapy; some may do neuroscience, some rehabilitation science, others health policy, and others may study in fields such as anthropology or organizational behavior. There are many options available to us as we seek to understand occupation. It is also possible for the student pursuing the occupational therapy doctorate (OTD) to contribute to science, particularly in the area of clinical research. Just as physicians seek training in science, we must encourage OTD students who have a passion for science to look for postdoctoral or advanced training in clinical investigation to contribute to our understanding of the effectiveness of interventions.

A career as a scientist requires discipline, commitment, and a desire to contribute. It also requires preparation and education that does not end with attaining the degree. Scientists must be highly qualified, which means they must be well trained and mentored. They must seek postdoctoral training and career development awards and find a university setting where they can be mentored and supported to achieve their goals. A scientist must plan her or his career carefully to create the track record of publication and funding that will support both promotion and continual funding. These scientists are then in a position to mentor new scientists.

We have some serious work to do in this area.

1. We must recruit people to the field who want to be scientists.
2. We must integrate students into our research so that they can develop their own interest and passion for science.
3. We must help PhD and OTD students who have been

trained in clinical research to understand the resources that are available to them to build their goals for careers that will contribute to our science.

4. We must train program directors to be knowledgeable of the resources that can help junior faculty build careers as scientists.
5. We must recognize how important research is to our profession's recognition, advocacy, and policy efforts, and we individually need to increase our support to AOTF so we can again fund pre- and postdoctoral fellowships to support the training of our scientists.

There are many avenues for our scientists to have their work funded, but these funding sources are very competitive, which requires the rigor of preparation.

NIDRR provides leadership and support for a comprehensive program of research related to the rehabilitation of individuals with disabilities. *All of its programmatic efforts are aimed at improving the lives of individuals with disabilities from birth through adulthood.*

NIH is helping to lead the way toward important medical discoveries that improve people's health and save lives. NIH scientists investigate ways to prevent disease, as well as the causes, treatments, and even cures for common and rare diseases. *Their research impacts child and teen health, men's and women's health, seniors' health and wellness, and lifestyle issues.*

Many foundations focus on improving the lives of children, adults, and older adults. Occupational therapy scientists can find many opportunities to fund their questions.

What might these questions be?

Some Basic Questions

1. What is the role of sensory, motor, cognitive, psychological, or physiological mechanisms in the development of skills and abilities that support daily life?
2. How do these mechanisms change with conditions, injury, maturation, or aging?
3. What is the impact of biological and environmental factors on activity performance and participation in daily life?

Some Measurement Questions

1. How do we validly measure the cognitive, physiological, neurobehavioral, and psychological capacities of individuals as they engage in tasks necessary to support daily life?
2. How do we validly measure learning, behavioral, or compensatory strategies that support recovery, adaptation, and environmental interactions?

Some Intervention Questions

1. How do we determine whether personal, environmental, and activity-specific interventions to promote health, rehabilitate function, and prevent secondary conditions that threaten an individual's independence and quality of life are effective?
2. How do we determine the efficacy of interventions that contribute to optimal development, recovery, prevention, and compensatory strategies for children, adolescents, adults, and older adults?

We must encourage occupational therapists to become scientists. The answers to their questions will guide our educational programs and demonstrate evidence, and most of all they will contribute to society by improving the lives of individuals with disabilities from birth through adulthood (NIDRR) and by improving people's health and saving lives (NIH). Many of these research initiatives can be strengthened when there is a partnership of scientists and clinicians, particularly with the major emphasis emerging in clinical research.

Preparing for the Future

When our vice president, Charles Christiansen, was recently interviewed about the Centennial Vision, he said,

We need to wield more influence in places where decisions are being made. Public policy decisions, health care reimbursement decision, and local facility decisions are examples of where OTs can wield important influence to improve the provision of services. We need to work harder at developing leaders to go into local communities, to know how to network, to know how to go to opinion leaders or be opinion leaders, and have influence over decisions that affect everyday lives and occupational needs of human beings. (quoted in Collins & Strzelecki, 2006, p. 31)

We must prepare our students for leadership roles. Those in education, practice, and research must see leadership as central to their roles as educators, as practitioners, or as scientists. Success comes from being a part of networks—networks that exist in institutions, communities, and professional arenas. Leadership is the interaction of knowledge and skills with courage, commitment, confidence, and determination to make changes to delivery systems, payment policies, and public policies, and it is essential to ensure that the people we serve have access to occupational therapy services.

Today, I am asking educators to commit to introducing their students to leaders in community and health care arenas as part of their preparation. AOTA and AOTF will be looking for ways to foster leadership skills at the Annual Conferences and in other formats. AOTA is seeking to develop policy fellowship options for students as they com-

plete their degree requirements. One recent opportunity has developed as a policy fellowship with the American Heart Association. More such opportunities will follow.

Perhaps the challenges ahead of us seem daunting. But right here in this room, and all over the country and the world, we have occupational therapists and occupational therapy assistants doing terrific work. Just because we need to move forward doesn't mean we can't build on what we know now and continue that which has been effective. What it does mean is that we need to seek new information that either confirms that what we do is right, or indicates that new knowledge is needed that can help us deliver more effective services to our clients. We also need to use valid measurement tools to demonstrate the effectiveness of our services.

To make occupational therapy a science-driven and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs, we must recognize and use the knowledge being generated by our international colleagues. Many of the most promising innovations in occupational therapy are happening outside the United States. For those of you going to the World Federation of Occupational Therapists Congress in Sydney, Australia, you will return having established acquaintance with new international colleagues who will contribute to your ongoing development. And with the Internet we can easily meet and stay in touch with colleagues anywhere in the world.

We must also pay attention to the profile of our workforce. As the country becomes more diverse, not just ethnically but also demographically in the years ahead (U.S. Census Bureau, 2002), it is imperative that the population of our practitioners mirrors that diversity. We must recruit broadly to ensure that our educational programs include students from different ethnic groups.

All practitioners must seek ways of developing cultural competence in order to understand and work with different cultures and those who have chosen different lifestyles. Cultural competency also includes knowledge of the cultures of other disciplines. Networking and collaboration begin with student experiences that involve contact with other disciplines. In the workforce, effective teams learn how to leverage the strengths of each discipline to maximum advantage. This collaboration does not come through superficial familiarity but through a respect for each discipline's contribution.

Right now we have nearly 7,000 students enrolled in our occupational therapy programs and 4,400 in our occupational therapy assistant programs (ACOTE, 2005c). It is conceivable that we will have 50,000 new graduates before we celebrate our Centennial Vision. That is nearly half of all the practitioners in practice today. These young people will be the leaders of our profession in 11 years. We need to help them gain the

competencies and skills to move the profession to where it can and must be.

Helping new practitioners requires each of us, no matter what our practice, education, or research roles, to commit to seeking the knowledge to help our patients, clients, students, families, and communities achieve their goals to engage in the activities, tasks, and roles that they want and need to do.

Do we base all that we do on evidence? The answer is no. It is critical that we recognize that evidence comes from many sources. The practice of occupational therapy must be based on the goals and values of our clients. Physicians work from a medical diagnosis; our work focuses on occupational performance problems. Such problems arise when there is a mismatch between people's capacity and their environmental support, so that what they need and want to do is compromised. Many of us entered the profession with the idea that our practice is an art, and there certainly is an art to what we do. Let's look at the art of our practice. What is art?

- The products of human creativity
- The creation of . . . significant things
- A superior skill that you can learn by study and practice and observation (WordNet Search 2.1, n.d.).

We pride ourselves on our creativity and our ability to use our knowledge and approach to help people solve the problems, remove the barriers, and learn the new skills to recover function. We do significant things: We help people help themselves, and much of the skill we have we have learned by study, practice, and observation. Thus we practice an art.

Now, for many reasons, including cost reduction, we are being asked to demonstrate evidence that what we do does what we say it will. This is not unreasonable; we are professionals with a body of knowledge that can improve the lives of the people we serve. We have stories, we have testimonies, we have some data from clinical trials, but we do not have systematically collected data to take before insurers and Congress because we don't consistently measure outcomes. Often, when we do measure, we do not use the same measurement tools, and we have no place where data are collected so that they can be used, compared, and integrated with existing data. We must align our data collection efforts with those recognized by policy makers and other scientists or we will be marginalized and excluded.

AOTA is going to be launching an outcomes project. This will be a complex undertaking as we work with children, adults, older adults, workers, families, organizations, and even populations. Hopefully this is an effort that will bring thousands more of us into the dialogue to secure our destiny. In the meantime, there is evidence and we must use it, but not at the expense of losing our art.

The majority of what we do is based on the client's goals and values—collecting that information is an art. One issue central to retaining the art is providing what the *Occupational Therapy Practice Framework: Domain and Process* calls an *occupational profile*, or *occupational history* (AOTA, 2002).

Our experience is central to the delivery of care; the only change at the practice level is that we need to ask the right questions to measure outcomes at this level, which means using measures that are valid—actually measuring what they are intending to measure. At this level it is not the quality or quantity of the performance (change in strength, range, attention, or motion) but how what you have done has made it possible for the person to have the capacity to work, manage home activities, and perform in the classroom or in a family. The outcomes measure must capture the changes in performance and participation.

Educators must teach what is known. Students must learn how to find evidence and how to evaluate it, and how to explain it to both other professionals and to their clients and families. Consumers want to know what you are doing and what you expect to accomplish with the intervention.

Scientists do research; they ask basic questions, and depending on the type of research they do, they give us an understanding of mechanisms, effectiveness, and delivery of care. These activities cannot achieve their goal without practitioners, educators, and scientists working toward the same goal. We need to integrate new research findings into our practice and demonstrate our effectiveness to others—clients, payers, administrators, and policy makers.

AOTA's evidence-based literature review program is making it possible for members to have immediate access to information that can inform practice and enrich our educational programs. AOTA has worked with researchers dedicated to searching for the best evidence, categorizing it, and presenting it in a manner that clinicians, students, administrators, educators, and other researchers can use. AOTA's Web site features easy-to-read syntheses of these reviews answering practice-centered questions, a resource directory that connects members to databases and sites in occupational therapy rehabilitation and health outcomes, and tutorials for searching and interpreting the literature. This work is a benefit of your membership.

We, the collective we, have a great opportunity to achieve our vision. Let's move forward in time and imagine ourselves in our Centennial year, just 11 short years from now.

It is April 26, 2017, and we are at the 98th Annual Conference & Expo of the American Occupational Therapy Association. We have all just received the following press release:

AOTA CELEBRATES CENTURY OF SERVICE

(Washington, DC)—Membership in the American Occupational Therapy Association has reached record numbers as the profession of occupational therapy celebrates its Centennial.

“Since the profession’s genesis 100 years ago, practice, education, research, and society have changed and grown,” said AOTA’s president. “Today, occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession that is globally connected and employs a diverse workforce. We have come far in helping to meet the needs of society.”

Elderly Citizens: Occupation therapy has been essential to the redesign of services, and in partnership with the key organizations representing retirees, has successfully advocated for programs and funding to enable elderly persons to stay active and safe in their own homes and communities.

Young Children: Occupational therapy is a required service in all schools. We help children acquire the learning, coping, and developmental skills to be successful in school and transition to adult life.

People With Mental Illness: Occupational therapy plays an important role in providing the nation’s mental health services, through application of its in-depth understanding of how daily activities, habits, and routines influence and are influenced by the human nervous system.

The Nation’s Workforce: Occupational therapy has become a service viewed as integral to the development of safe and productive workplaces through application of its individual, group, and workplace interventions in manufacturing, service, sales, and other industries. Through these services, occupational therapy helps workers avoid injury and remain engaged, healthy, and productive well beyond age 65. In addition, employers benefit from programs of work design to reduce stress and assist workers to maintain balanced lifestyles.

People With Disabilities: Occupational therapy has been the driving force behind a national “freedom to participate” movement that finally and fully removes barriers that limit the full participation of people with disabilities in society.

Education: Nearly 7,500 new practitioners graduate yearly from 200 accredited programs. Five faculty currently are Fulbright scholars studying services for people with disabilities in developing countries.

Research: Record numbers of occupational therapy scientists have received funding from federal and state granting agencies. This research has resulted in changes to federal and state policies pertaining to rehabilitation, working environments, and the design of materials and places to enable use and access regardless of individual differences.

We are smart, talented people who have a passion to improve the lives of those we serve. We can provide leadership to our institutions, our communities, and to society. The work we do is so important.

“Never doubt that a **small group** of thoughtful, committed citizens can **change the world**. Indeed, it is the only thing that ever has” [emphasis added].—Margaret Mead

WE CAN DO IT! ▲

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