AOTA’s Centennial Vision

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.

In late October of 2003, the Board of Directors of the American Occupational Therapy Association (AOTA) embarked on a strategic planning initiative. As the first step in this long-term process, the Board endorsed the development of a Centennial Vision designed to be a road map for the future of the profession to commemorate the Association’s 100th anniversary in 2017.

It is the goal of the Association to ensure that individuals, policymakers, populations, and society value and promote occupational therapy’s practice of enabling people to improve their physical and mental health, secure well-being, and enjoy higher quality of life through preventing and overcoming obstacles to participation in the activities they value.

The Association launched an ambitious effort in 2004 involving stakeholders from throughout the world to identify known trends in population demographics, science, technology, and health care. Based on these trends, and with the assistance of futurists at the Institute for Alternative Futures in Alexandria, Virginia, four planning scenarios were constructed to guide thinking about change and to anticipate conditions that will provide opportunities and challenges for occupational therapy in the years ahead.

These scenarios were used to foster a profession-wide dialogue during 2005 among occupational therapists and occupational therapy assistants, among educators and students, and among recipients of service in several venues across the United States. Several thousand people participated in AOTA-sponsored visioning sessions, at state conferences, at universities, in practice settings, and through the Internet. Members of the Representative Assembly, Affiliated State Association Presidents, and the Assembly of Student Delegates were enlisted to serve as facilitators by AOTA Vice President Charles Christiansen in this process.

Using the scenarios, more than 1,500 participants contributed specific written recommendations and viewpoints for contemplation by the leadership. They considered 10 important trends and change drivers in society that are believed to be relevant to the future needs for occupational therapy services. The relevant drivers of change included: aging and longevity; health care costs and reimbursement; prospective and preventative medicine; assistive technologies; lifestyle values and choices; stress and depression; information access/learning; universal design for active living; the increasing diversity of the population; and the changing world of work.

1. In January 2006, the Association leadership, including representatives from all of AOTA’s component bodies, professional partners the American Occupational Therapy Foundation (AOTF) and the National Board for Certification in Occupational Therapy (NBCOT), special interest caucuses/networks and students, and a cross section of practitioners, educators, scientists, and staff participated in a strategic visioning retreat. The purposes of the retreat were to articulate a shared vision of the occupational therapy profession,

2. to set strategic directions that will guide the work of the Association and its members, and

3. to deepen participants’ personal resolve to shape our common future.
The following proposed shared vision statement was developed:

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.

During this process the participants considered member and non-member feedback and generated shared vision elements, identified important underlying barriers, and defined four strategic directions to support the proposed shared centennial vision.

The eight elements viewed as relevant to a shared vision included the following:

1. Expanded collaboration for success
2. Power to influence
3. Membership equals professional responsibility
4. Well-prepared, diverse workforce
5. Clear, compelling public image
6. Customers demand occupational therapy
7. Evidence-based decision making
8. Science-fostered innovation in occupational therapy practice

Six barriers were identified:

1. Rigid adherence to the status quo
2. Misalignment between the current OT priorities and the external environment
3. Limited appeal of membership in AOTA
4. Inconsistent competencies for education and practice
5. Overemphasis on a “helping culture” in the OT workforce
6. Unclear professional language and terminology

Four strategic directions emerged after a careful analysis of barriers and opportunities:

1. **Building the capacity to fulfill the profession’s potential and mission.**

   This includes:
   - Ensuring an adequate and diverse workforce for multiple roles
   - Preparing OTs and OTAs for the 21st century
   - Increasing research capacity and productivity
   - Strengthening our capacity to influence and lead
2. **Demonstrating and articulating our value to individuals, organizations and communities.**

   This includes:
   
   • Meeting societal needs for health and well-being
   • People understanding who we are and what we do

3. **Building an inclusive community of members**

4. **Linking education, research, and practice**

Members will have an opportunity to review and provide feedback about the proposed shared vision and the strategic visioning priorities before action by the 2006 Representative Assembly. If approved by the Representative Assembly, the Board and staff will develop a detailed action plan guided by a careful consideration of cost and impact. Further information about the process and proposed plans is available on the AOTA Web site at [http://www.aota.org/nonmembers/area16/index.asp](http://www.aota.org/nonmembers/area16/index.asp).

The AOTA Board expressed appreciation to the many members and colleagues who strengthened the process with their valuable insights and thoughtful suggestions, and to Sherwood and Eunice Shankland, who provided skillful facilitation for the visioning process.