The mother art is architecture. Without an architecture of our own we have no soul of our own civilization.—Frank Lloyd Wright

We have had several months to get used to the idea that we are living in a brand new millennium—hopefully, you have found uses for all the stockpiled batteries, bottled water, and canned ham that you could not return when the “Y2K bug” did not sting us as expected. The year 2000 was celebrated throughout the world as a time of historic new beginnings for all humanity. It also provides us, as individuals and as a profession, with a unique opportunity for both reflection and forecast—for looking back at all we have accomplished as individuals and as a profession and for looking to the path ahead to see where we are going and how we need to get there.

I was led to the title of this address when I considered how closely our present task resembles the renovation of a family home. Trends expert Faith Popcorn reminds us that Americans now spend $143 million a year on home improvement products and services. The concept of home is important to us. It is, as the old adage goes, “where the heart is,” and it captures the love and history we link to our families, neighbors, and friends. But every now and then, we find it necessary to repair, expand, and improve our home to improve the quality of life within it, to allow it to grow and diversify as the families do, and to beautify it so that the home’s outward appearance reflects favorably on its residents. If we consider occupational therapy our professional home, as well as our own “habitat for humanity,” we need to regularly consider renovation, not as a major overhaul of a house in disrepair, nor one needing a raising or rebuilding from scratch, but as a renewal and growth to foster our capacity and opportunities to serve humanity.

Renewal is a fundamental element of American life. President Clinton described this well in his first inaugural speech when he reminded us of the foresight of our founding fathers: “America, to endure, would have to change—not change for change’s sake, but change to preserve America’s ideals.” Similarly, we as occupational therapy practitioners and students must continually redefine the shape and character of our own professional home so that the core values of our contributions to society will endure. A meaningful renewal will require us to incorporate change, as a constant, to continuously adopt innovative ideas and approaches not merely because they are new, but because they further the ideals and goals embedded in the fundamental promise of our professional pursuits and the legacy it was built upon.

So, let us roll up our sleeves, get out our blueprints and tools, and begin the new millennium with a renovation of our professional home. To do this, we must rededicate ourselves to strengthening our home’s foundation, upgrading and expanding those internal systems that allow it to be habitable in order to serve our needs, and planning and executing a series of home improvements that will improve the quality of our professional lives and our relationships with our communities.

Foundation and Support Structure

Frank Lloyd Wright, the renowned American architect, reminds us of a perfect place to start our renovation process: “Think simple” as my old master used to say—meaning, reduce the whole of its parts into the simplest terms, getting back to first principles.” Any successful renovation has to begin by recognizing and rededicating the foundation of the home and by shoring up its primary support structures.

What is the foundation of our profession? The American Occupational Therapy Association’s (AOTA’s) vision statement reminds us of the primary defining character of our home. It is a good idea to revisit this statement from time to time to remind us of why we entered this profession in the first place and to reenergize our commitments and efforts:

AOTA advances occupational therapy as the preeminent profession in promoting the health, productivity, and quality of life of individuals and society through the therapeutic application of occupation.
Occupation is the core of our vision because it is a core element of human well-being on both individual and social levels. Our profession helps people rediscover and reclaim their sense of meaning and purpose; truly, our vision makes a profound difference in the lives of those we serve.

The everyday activities of countless practitioners, several of which I will share with you, provide examples of this core principle. It is because of them, because of you, that our profession continues to grow in respect and prestige as a provider of quality care and as a defender of individual and community well-being.

Of course, no home can stand, no matter how solid the foundation, without a structure—support beams and bearing walls that give the house strength and integrity. Although integral to the long-term structure of our home, the pillars of our profession, just like those in any house, are capable of adjustment and redefinition as the needs of our home evolve. We can find our support structure in AOTA’s strategic goals, an agenda for professional action through the year 2004. We can also see how our current efforts already have begun the process of giving shape and strength to our professional home.

I. Occupation as Core Value. Ensure that occupation, through infusion in education, research, and practice, be recognized as method, outcome, and core of occupational therapy and essential to individuals and societal health and well-being. By asserting and protecting the identity, purpose, scope, and legitimacy of occupational therapy as essential to health and well-being and by promoting our mission through public awareness, research, education, and public policy, we strive to uphold recognition of occupation as a defining focus for high-quality practice in our profession. This foundational element is promoted not only by AOTA as a national organization, but also by the outstanding efforts of its individual members.

Consider Elysa Lipschutz, doctoral candidate at Nova Southeastern University. Her dissertation research involves the design and implementation of a Lifestyle Redesign Program for older women. Here is how she describes it:

The entire program was grounded in using occupation to enable the women to take a look at their current lifestyle and...explore how occupation related to their sense of well-being....It was a terrific experience for me and marks the start of my goals to take OT out of the medical model, emphasize health through occupation, and document the value of occupation through research!

As Elysa reminds us in inspiring fashion, occupation provides a core commitment that manifests itself in all of our activities.

II. Scientific Inquiry. Aggressively support scientific inquiry and pragmatic investigation that builds the body of knowledge of the occupational therapy profession. It is important to remember that our investigative efforts often arise in the form of groundbreaking efforts to serve the well-being of our communities. Some of these efforts deserve our special attention and support, for instance, the University of St. Augustine’s pilot intervention program in the area of School Violence Prevention, or the University of Illinois at Chicago’s partnership with Bonaventure House, an assisted living program for persons with AIDS. These examples of innovative, service-based research demonstrate how scientific inquiry in our profession can make a “real-world” difference, having real impacts on real people.

III. External Alliances and Public Advocacy. Participate in strategic partnerships to achieve communities where human occupation is recognized as fundamental to quality of life and social participation as well as central to social, educational, and health care policy. As we expand the scope and reach of our profession into increasingly diverse communities, we continue to find that working with other organizations in productive ways can result in mutual benefits for all parties concerned. Certain success stories spring to mind, such as our emerging partnerships with the American Optometric Association and the American Association of Retired Persons (AARP). By continuing to pursue such partnerships, we will be better positioned both to promote occupational therapy as a viable health profession and to provide a broader base of clients with the high-quality services they need and deserve.

IV. Professional Development and Continuing Competence. Prepare occupational therapy practitioners who recognize human occupation as foundational to all learning experiences and who are equipped with skills to forecast and participate in changing population, policy, and system arenas. The first three strategic goals, valuable as they are, mean little if we as a profession are unable to guarantee the highest quality service to our clients. We must reaffirm our commitment to professional development to ensure that all occupational therapy practitioners are not just competent, but also keep pace with dynamic clinical, technological, financial, and other changes affecting our work environments and our ability to deliver high-quality service.

Although each of these pillars is a distinctive part of the support structure of our professional home, the timber making up these beams is a commitment to high-quality care and service to our clients and communities. Their strength is embodied in a common understanding by each of us: Occupational therapy is not just a profession; it is a vocation that changes the lives of the people we serve. As such, it is a vocation that demands the best efforts we can muster.

Utilities and Wiring

Having a sound foundation and a strong structure is not all there is to a home. Think about how much we depend on those elements we often refer to as “utilities,” like heat, water, and sanitation. In addition, think about how we depend on aspects of home “wiring”: Without electricity, phone lines, cable television, and Internet connections, how could we live and work and play, communicate, and connect with the world outside our home?

Sometimes renovation is necessary. As our family expands and diversifies, our utilities need to grow and improve to provide sufficient support resources, and our wiring needs to be upgraded to maximize our capacity to communicate in fast, easy, and convenient ways. After all, as renowned renovation expert Tim “The Tool Man” Taylor reminded us on his weekly television show Home Improvement, “If it doesn’t have enough power…just rewire it!” These elements need not be overly elaborate or complex. Any of you who ever watched Home Improvement are familiar with Tim “The Tool Man’s” approach to rewiring; it is always technically exaggerated to the outer limits and never uses guiding instructions. And you all know the results: Things blow up, and Tim ends up in the emergency room being assisted by one of us OTs! Is this the way to go about renovating our utilities and wiring? As Tim’s timeless, flannel-
wearing assistant Al Borland would reply, with a resigned shake of his head, “I don’t think so, Tim!” Rather, as the infinitely more competent Frank Lloyd Wright reminds us: “Organic architecture seeks superior sense of use and a finer sense of comfort, expressed in organic simplicity.” In other words, while renovating our professional home, we should do so in ways that are practical, efficient, user-friendly, and consistent with the overall vision, mission, and goals of our home.

So what are the utilities that enable us to live comfortably and well in our profession? Simply put, they are those initiatives that enable us to meet two important professional needs. First, we need to provide resources that promote and enable high-quality practice. One crucial resource is the development of professional quality control standards. In 1999, we found evidence that we are moving in the right direction. As many of you know, the American Medical Association (AMA) awarded AOTA with its CPT 1999 Educational Excellence Award for our development of practice guidelines across multiple conditions. Our obligation is to ensure the relevance of these high standards for quality by putting them into active practice.

Another important utility is the protection and expansion of employment opportunities for occupational therapy practitioners. One way we do this is in policy advocacy. In 1999, AOTA met with success in efforts to shape federal Medicare and Medicaid policy. Because of our efforts, federal health care policy will help provide new job opportunities for occupational therapy practitioners. We must also be advocates with those that hire and compensate occupational therapy practitioners, those with whom we wish to collaborate, and the general public. As our opportunities evolve, the importance of broader understanding of what we do is essential.

More needs to be done to expand the opportunities for occupational therapy practitioners beyond simply relying on public health care policy. Fortunately, our educational institutions, current practitioners, and students are continuing to lead the way. For instance, Robin Underwood, academic fieldwork coordinator at Brenau University in Gainesville, Georgia, works to establish partnerships among community agencies, occupational therapists, and students in her program. She counsels occupational therapists who are attempting to expand practice, consults with agencies on why they need occupational therapists (and how to recruit and hire them), and provides students with practical experience to take with them into their own job searches. Robin describes this approach as a “win–win situation for everyone,” and I think we would all agree!

Quality practice standards and employment opportunities are important resources to develop, but we also need a second set of professional utilities: ensure that all occupational therapy practitioners have access to these resources. Education and specialty certification initiatives are an area in which our Association has excelled, promising continued future success. Just as exciting are the innovations being developed across the country to educate our newest practitioners.

Barbara Miller of the Medical College of Ohio in Toledo teaches a unique course that prepares students to expand their own practice opportunities. In this course, students are required to write a mock grant to fund an occupational therapy position in a community setting where there is no currently practicing occupational therapist. The students must design and defend their own community programs and master the real-world skills of grant writing and professional promotion. Barbara’s innovative course exemplifies the manner in which all of us should endeavor to renovate our professional utility resources.

We also need to continually renovate our home’s wiring systems to better communicate and connect both within our professional home and between our family and others in the surrounding community. I am encouraged by our present efforts to engage and interact with the community surrounding our professional home. Some of our wiring strategies take advantage of mass media technology, for instance, our expanded National Awareness Campaign, which uses both targeted print marketing in specialized publications and interactive Internet promotions at sites like AOL, CNN, and Women.com.

But right now, I am considering the example of Susan Zekert from Boulder, Colorado, who has started a private practice in low vision. Susan, who describes herself as “not much of a schmoozer,” nevertheless took the invitation of a friend who is a certified public accountant to attend a networking evening for “up and coming” professionals. Susan made contacts to support her new practice, including a local attorney who suggested that she market her expertise in person to local employers, enabling her to serve as a clinician, consultant, and expert witness.

Susan’s lesson is an important one. As a health and rehabilitation profession, we must explore the many ways that information and communication technology can help us connect with communities and serve clients with greater levels of speed and interactivity. Our Web pages and e-mail lists are testaments to the unlimited potential that technology promises. Susan reminds us, however, that a big part of our wiring to the larger community depends on our willingness to reach out and communicate as individuals; to put a smiling, human face on the profession’s public identity; and to build awareness of occupational therapy in the community on the basis of the strength and commitment of our personal example.

Closer to home, it is important to maintain active communication links within our profession. In preparing this address, I thought it would be helpful to collect some examples of the wide variety of groundbreaking good works being accomplished by the members of our professional home. It was not so long ago that such an activity would be a time-consuming and difficult one. However, one message sent out by e-mail to you through the various AOTA Listservs did the trick. Within days, I received dozens of examples of innovative research and practice in all sorts of diverse areas from all over the country. These links do not just disseminate information, but enable us to maintain a close-knit professional community in which, as friends and colleagues, we can learn from one another and reinforce the core principles of our profession in an increasingly complex and varied professional climate.

As we strengthen, improve, and expand our professional utilities and wiring systems, we are reminded about how renovation is not just “change for change’s sake” but change to reinforce...
our core professional commitments. This approach to change becomes even more important as we begin to look outward toward the future and to plan more innovative, expansive “home improvement” changes for our profession.

Home Improvements
Many of you may have done some improvement of your family homes or may be considering it for the near future. What sorts of home improvements do you have in mind? Do they involve expanding the home with new rooms for living and working? Do they involve improving access to open space and to natural light? Do they involve improvements to beautify your home’s external appearance? Each of these areas can make a home more livable and increase its worth and acclaim in the community while still representing the home and the family that lives within it in a timeless fashion. After all, we must remember the lessons of Frank Lloyd Wright: “Organic buildings are the strength and lightness of the spiders’ spinning, buildings qualified by light, bred by native character to environment, married to the ground.”

As a profession, we have already begun the vital work of expanding the space in which occupational therapy practitioners live and work. A recent article by Cynthia Johansson (2000) entitled, “Top 10 Emerging Practice Areas to Watch in the New Millennium,” provides a sketch of 21st century practice in occupational therapy, highlighting areas in which practitioners can “add rooms” to our family home. I am happy to report that our national renovation process in these areas is progressing with practical results and the promise of future growth.

Ergonomics Consulting
How about adding on a workshop to our home? Partially because of the Occupational Safety and Health Administration’s (OSHA’s) release of the draft ergonomic protection standards on work-related musculoskeletal disorders businesses are recognizing the relationships between ergonomics and such benefits as increased morale and productivity and decreased workers’ compensation costs.

What does this mean for occupational therapy? Ask Kevin Snyder, a recent graduate of the Pennsylvania College of Technology in Williamsport and an industrial job consultant who does job-site analyses for a local factory. Inspired by OSHA’s draft proposal, Kevin has made and distributed more than 100 business cards to local businesses. He provides just one illustration of occupational therapy practitioners taking advantage of the potential explosion of demand for services in the area of ergonomics.

Driver Rehabilitation and Training
The opportunity to add another room to our professional home—a garage, perhaps—has been opened by the recent landmark decision by the AMA to assign physicians the ethical responsibility to address driver safety issues with clients. Because physicians would prefer to serve their clients’ needs before reporting at-risk drivers to motor vehicle authorities, the potential for occupational therapists to benefit from physician referrals is huge.

Linda Hunt from Maryville University in St. Louis, Missouri, has worked in this area for 13 years and is a national leader in driver rehabilitation and evaluation. Her research is extensively published and presented nationwide and has been funded by the state of Missouri, the National Institute on Aging, and General Motors. Linda’s work has especially emphasized the use of standardized assessments that correlate to driving performance as a replacement for less effective “homemade measures.” If we as a profession were to take advantage of this emerging trend, we would do well to follow Linda’s inspiring lead.

Design and Accessibility Consulting and Home Modification
This is literally our home improvement—consulting opportunity. Since even before the passage of the Americans With Disabilities Act of 1990 (Public Law 101–336), occupational therapists have consulted with design professionals to ensure public and workplace accessibility. In the 21st century, occupational therapists have the potential to play an even larger role in America’s homes. According to AARR (www.aarrp.org) by the year 2020, the population of persons 65 years of age and older will increase to 54 million. As “baby boomers” retire in greater numbers and as natural life spans continue to increase, the market for “elder-friendly housing” is poised for unprecedented growth.

Occupational therapy practitioners across the country are getting involved in this area not just as partners of public sector agencies, but also as private entrepreneurs. For instance, not only is Karen Picus the fieldwork coordinator for Concordia University in Wisconsin and a county consultant for accessibility remodeling, but she is also a general contractor! This has enabled her to go beyond consulting to actually subcontract with carpenters, masons, and others to complete the remodeling work she recommends. Although Karen acknowledges that she is in “a tough business,” she believes that her efforts are truly “valiant” and are making a difference. Karen’s entrepreneurial zeal and its expression in successful accessibility consulting and contracting demonstrate the expanded business potential of our profession.

Low Vision Services
Vision is undeniably a crucial component of occupation. As a result of AOTA’s effort to change Medicare policy as part of the Balanced Budget Refinement Act of 1999 (Public Law 106–113), occupational therapists will have more opportunities to work as vision specialists in conjunction with optometrists.

Michael Bender of St. Louis, Missouri, has taken the initiative to break into this area in an innovative way. He explains that physicians and optometrists need help in “seeing” (no pun intended) occupational therapy’s role in low vision services among physicians and optometrists. Michael describes three strategies that he has been using to meet this challenge: (a) He has been working with local agencies to set up “functional visual screenings” for seniors that might result in referrals to occupational therapists or other eye care professionals; (b) he has been visiting with optometrists to educate them about the Health Care Financing Administration’s new rules allowing them to certify orders for occupational therapists within the scope of their expertise; and (c) he has targeted the marketing of his occupational therapy services to geriatric physicians who are concerned with low vision and home safety. Michael’s approach has not only gained him referrals for low vision practice, but also helped to broaden aware-
ness among providers and the public of the valuable contributions that occupational therapy practitioners can make to their community.

Private Practice Community Health Services

Just as we might add a home office to our personal homes, we should consider taking more control over our own practices through entrepreneurship. This trend is not so much a new area of practice as a new approach to providing services. Practitioners across the country are providing examples of real entrepreneurship by forming their own companies and building new client bases in areas of personal and community interest. For instance, Aubrey Lande, a former student of mine at Boston University, is the president of Belle Curve Records, a company that makes spoken word products on sensory integration dysfunction and therapeutic treatment tools that use musical action song games for children with special needs, and Dawn Torine-Micko trains dogs for persons with physical disabilities. Practitioners are moving in exciting directions to broaden access to occupational therapy products and services for potential clients across the nation.

Technology and Assistive Device Development and Consulting

No 21st-century home would be complete without a multimedia computer workstation. A basic lesson to take with us into the new millennium is the ongoing importance of technological advances in providing occupational therapy services. For instance, Erica Stern of the University of Minnesota is collaborating with Elin Schold Davis of the Sister Kenny Institute, colleagues in Minnesota's Mechanical Engineering Department, and the California-based Systems Technology, Inc. on a grant to assess the effectiveness of a new PC-based interactive driving simulator. Occupational therapy assistant Linda Beaufre, who is the information and resource specialist at TechAccess of Rhode Island, provides assistive technology services to persons with disabilities. Linda and Erica remind us of the exploding potential of multimedia modalities for occupational therapy. In this age of the Internet and virtual reality, the potential impacts technology has on our practice are endless.

Welfare-to-Work Services

As a consequence of the federal welfare reform legislation of 1996, half of all welfare recipients must be removed from the rolls and placed in jobs. States are feeling the pressure to conform to this legislation but are recognizing a potential obstacle in the existence of numerous work-related disabilities that might prevent these persons from finding meaningful work. Occupational therapy practitioners can play a vital role in helping current welfare recipients assess their abilities; address skills required for the working world; and find appropriate, rewarding work settings. For instance, Brent Braveman and others at the University of Illinois at Chicago have developed and implemented a federally funded return-to-work program for persons with AIDS, and Johnnie Aven and others at Texas Woman's University are examining the interaction of welfare-to-work legislation and community-based practice. Occupational therapy practitioners in these two projects are positioned to have immediate, positive impacts on people's lives, even as understanding in this important opportunity area continues to evolve.

Health and Wellness Consulting

No ideal 21st-century home would be complete without a family workout room. Happily, wellness is a concept that is rapidly growing in popularity. Occupational therapy practitioners can take our occupation-based perspective of wellness to the people in a variety of ways. For instance, Sherrilene Classen runs a health promotion and wellness education program in the Port St. Lucie area of Florida. She is developing and expanding this multiphase wellness program while working full-time as a director of rehabilitation services and completing her doctoral degree. She does so because, as she describes wellness education, "It is my passion."

Ticket to Work Services

Signed into law in December 1999 and targeted for full implementation in 3 years, the Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106–170) will allow beneficiaries of Supplemental Security Income and Social Security Disability Insurance to receive job-related support services. This act provides occupational therapy practitioners with a host of new opportunities in return-to-work practice. Professionals in our field have been making major strides in the return-to-work area for years. Between now and the implementation of the Ticket to Work component of the law in January 2001, we have a unique window of opportunity to prepare and market our services to this client base of thousands of Americans in need of assistance to resume employment.

Addressing Psychosocial Needs of Children and Youth

As a family home expands, perhaps no rooms are more important than those in which our children learn, play, and grow. At a time of such economic prosperity and nearly unlimited educational opportunities, it is a national tragedy that so many of America's youth find themselves emotionally trapped in darkness and despair. This manifests itself in irresponsible and dangerous lifestyle choices, life-threatening drug use, alcohol abuse, and alarmingly high levels of crime and violence. Schools and communities have been actively trying to address these challenges, and so much more needs to be done.

Fortunately, members of our professional family are once more leading the way to provide evaluation, prevention, and intervention services that can improve our schools and nurture the healthy psychosocial development of our most precious resource—our children. Consider Diane Anderson's Thunder Spirit Lodge Program, an after school community program in Minnesota, that helps children and their families cope with the effects of fetal alcohol syndrome. Also consider Ben Atchison's involvement with the Southwest Michigan Child Trauma Assessment Center, a new, interdisciplinary program that provides occupation-based evaluation and recommendations for children coping with the aftermath of physical and emotional abuse. On a national level, AOTA has unveiled at this Conference new wallet-sized brochures that, with your help, will be disseminated throughout middle schools to assist in preventing violence.

It seems that our home improve-
ments have produced many new and practical rooms for our professional home that reflects the wealth of contributions its resident practitioners can provide to persons in need. I encourage you to apply your skills and talents to fill each room to capacity, to share each other's successes, and to help design the future additions to our home.

But a house crowded with rooms must also have free and open spaces and ways to appreciate the sunshine and surroundings. We need lots of windows that let in light and allow us a clear view of the world around us. And, as we take new steps, we need to give ourselves the space to maneuver among the variety of options available to us.

Frank Lloyd Wright was instructive in this regard when he said, “An architect’s most useful tools are an eraser at the drafting board, and a wrecking bar at the site.” We must remember that we are operating in a 21st century community and a health and rehabilitation market that is subject to rapid, unpredictable change. We need to continuously build our skill set and our knowledge base to respond to the varied needs of this changing marketplace. We also need to embrace new approaches to providing products and services.

Additionally, we must be cognizant of the long view, of those social and cultural trends that continue to have an impact on the lives and occupations of our clients. I have found an extremely helpful source of information on 21st century lifestyle changes in the work of trends expert Faith Popcorn. She has identified a series of lifestyle trends on her Web site (www.faithpopcorn.com) for 21st century Americans that may influence the needs of our clients and the ways in which we meet those needs:

- **99 lives**: We live our lives at too fast a pace with too little time. The need for exploring a variety of productivity and personal coping strategies becomes obvious.
- **Cashing out**: Because we are so stressed, many of us are questioning our personal goals and career satisfaction and opting for simpler living.
- **Cocooning**: Viewing the world as a rat race is leading many of us to protect ourselves from the harsh, unpredictable realities of the outside world.
- **Egonomics**: To offset a depersonalized society, consumers crave individual recognition.
- **SOS (Save Our Society)**: While we are becoming more ego-conscious, we are also becoming more socially conscious, whether our passion is healthy and happy children, the environment, or global human rights.

What are we to make of these individual and corporate lifestyle trends? As we renovate our profession, the words of Frank Lloyd Wright should once again guide us: “The architect must be a prophet...[I]f he can’t see at least ten years ahead don’t call him an architect.” In other words, it is imperative to let our professional commitments and practices be informed by those forces that influence what occupation means to Americans in the new millennium. It is not enough to adapt to changes as they occur; we must anticipate change and lead the way to incorporate it into our own professional lives. In other words, to control our future, we must create our future.

A final element of our home improvement process involves renovation of our home’s outer face. We replace the siding, plant gardens, and add landscaping because we want our house to be an attractive member of the surrounding community. This does not mean superficial enhancements to make our professional home merely look prettier but, rather, long-lasting improvements that will draw the ongoing respect of others.

We need to **cultivate and find ways to put our best face forward**. I have provided examples of ways that our members have learned to market themselves, using everything from cutting-edge communication technology to good-old-fashioned business card networking. This effort yields both philosophical and practical benefits. Philosophically, we can educate potential clients and partners of the important relationship between occupation and the quality of human life. Practically, we function in a market-oriented business and benefit from our ability to sell our products and services competitively.

When taking those important steps to reach out to the community, we must not only make a way with new diversity and flexibility, but also remain true to the principle of occupation. We should not be guided in our new endeavors by asking, “Is this occupational therapy?” or “How can I fit this into occupational therapy?” Rather, we should confidently declare, “We can do this, and do it exceptionally, because we are occupational therapy practitioners.”

**Conclusion**

This address has focused on change—the importance of responding to a rapidly changing community and the strides that members or our professional family have already made to embrace change in groundbreaking ways. As we continue the important process of renovating our professional home for the 21st century, we must remember that our **successful home improvement is an outgrowth of our foundational principles**. As we expand our opportunities, we will not simply give in to haphazard, unbridled change or the latest fad. Rather, we will constantly embrace, reclaim, and extend our professional identity and core principles. We will not simply change for change’s sake; we will **incorporate change** in ways that reassert who we are and what we stand for. May that be our covenant to one another as we bravely embark on a new millennium with the strength of our Association behind us.

**References**