In 1922, the Fred Stone Circus came to the Mineola Fairground for the benefit of the Occupational Therapy Society of New York (Blair, 2011; “Vaudeville on Wheels, Novelty at Benefit,” 1922). You may wonder how a circus can promote occupational therapy. Well, to paraphrase a story that apparently first appeared in Reader’s Digest, if you painted a sign saying “Fred Stone Circus Coming to the Mineola Fairground on Saturday at 2:15, rain or shine, for the benefit of the Occupational Therapy Society of New York,” that’s advertising. If you put the sign on the back of an elephant and Annie Oakley walks it into Mineola, that’s promotion. If the elephant walks through Mayor LaGuardia’s flower bed, that’s publicity. And if you get the mayor to joke about it, that’s public relations. If you tell your friend Nancy about the circus, that’s word of mouth. And, if you planned this chain of events, you promOTed occupational therapy through words, images, and actions.

Now, fast forward to 2012. The ways that information flows through societal networks have evolved considerably, and you would now also be using social media outlets such as Facebook, Twitter, LinkedIn, and YouTube to promote this event. You would create an event page on Facebook and ask people to let their friends know about the fundraising event for the Occupational Therapy Society of New York. On LinkedIn, you would start a discussion about how to get more sponsors for the event. You would make a YouTube video of the elephant and Annie Oakley and Photoshop Annie as wearing a T-shirt that says, “I love OT.” Your 140-character tweet would read, “Post your pic w/ @AnnieOakley1860 & elephant #OTCircus.”

We live in a world of limited resources that is technologically complex, economically competitive, and growing more politically accountable with consumer power on the rise. The good news is that this is a world of limitless opportunities for occupational therapy, in which an occupational therapy practitioner could be

- Secretary of the U.S. Department of Health and Human Services,
- Your next state senator,
- A member of the board of directors of Microsoft or Walgreens or any other large corporation, or
- A member of a primary health care team.

We must be farsighted if we are to create the future we desire. The Centennial Vision of the American Occupational Therapy Association (AOTA; 2007) provides
a set of guideposts to this future. However, we must work diligently—individually and collectively—to ensure that occupation is recognized as our central construct and to communicate how it shapes and informs our methods and outcomes through infusion in education, research, and practice. We must be aggressive in our support of, and advocacy for, scientific inquiry and pragmatic investigation that build the profession’s evidence-based body of knowledge. We must participate in strategic partnerships and interprofessional teams to construct 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 policies in the United States and the global community. We can and will reach this envisioned future by promOTing occupational therapy through our words, images, and actions.

Words, Images, and Actions

Words

Although it has been said that “words connote reality” (Coster, 2008, p. 744), one must learn to use them skillfully because, in words often attributed to George Bernard Shaw, “The greatest problem in communication is the illusion that it has been accomplished.” This means two things: One, we cannot assume that our beliefs are known by an audience, and, two, we cannot assume that our beliefs are shared by the audience. Occupational therapy practitioners and students become accomplished communicators only when they can effectively communicate that occupation is essential to individuals’ and society’s health and well-being. We are health communicators, and the words we use are important as we “share health-related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt, or sustain a behavior, practice or policy that will ultimately improve health outcomes” (Schiavo, 2007, p. 7).

Images

Whether you are an amateur shutterbug, accomplished photographer, or simply one who appreciates art, I am sure you are familiar with the saying, “A picture is worth a thousand words.” A complex idea can be conveyed with just one image. We can use images to convey the power of participation in society as a bridge to health for people, regardless of age or ability. Just imagine a traveling exhibit of our photographs that appears in the hallways of high-visibility venues like airports, libraries, state houses, and schools. Putting images of occupational therapy in the public’s eye helps illustrate what we do as well as its value. Alison Sullivan, assistant professor of occupational therapy at the American International College, did just that! She and her students explained what occupational therapy was through images on a bulletin board located in their college that more than 400 students from various health professions passed by daily. Now more than 400 people in Springfield, Massachusetts, know more about occupational therapy. Cassie Britton, an occupational therapy student at the University of New England, created a similar exhibit for display in school settings.

Actions

Our everyday actions—what we do—can promote occupational therapy and help create new opportunities for the profession. The actions of our colleagues and students, along with the actions of the occupational therapy practitioners who came before us, have built a rich history of promoting the profession. I will share many occupational therapy practitioners’ and students’ everyday actions in this lecture and explain how their actions are helping occupational therapy to be widely recognized.

We have a rich history of promoting our profession through words, images, and actions. In doing research for this lecture, I spent many hours knee deep in the AOTA/American Occupational Therapy Foundation (AOTF) Wilma L. West Library in Bethesda, Maryland. There I discovered countless gems that were new to me even after all my years of involvement with AOTA. Today, we need to continue using both the new and powerful tools of social media and other, more traditional means of communication to help us promote occupational therapy.

Tools for Promoting Occupational Therapy

Social Media

In the past 5 years, there has been a fundamental shift toward using social media to reach large audiences. Even if you have not personally set up a Facebook account or bought a smartphone, many of your clients, whether prospective or current, certainly have. Your congressperson has, and billions of other people have, too.

1 I used a modified participatory action learning approach to prepare this 2012 Eleanor Clarke Slagle lecture. I collected, analyzed, and used information to better understand how to promote occupational therapy. My participatory action learning used an evolving methodology consisting of a review of the evidence literature, use of diagram tools, hands-on learning, and a participatory process of communicating with key audiences such as thought leaders within and outside the profession and occupational therapy practitioners and students, historians, and content experts. And, in a genuine occupational therapy strategy, I took a class in making clay pots to stay centered.
According to the Pew Internet Research Center, 65% of Internet users are social media users (Madden & Zickuhr, 2011). These are not just students accessing social media outlets with smartphones, iPads, and notebook computers while sitting in coffee shops. Social media are used by all populations (Chou, Hunt, Beckjord, Moser, & Hesse, 2009).

These new opportunities provide us with the powerful means to amplify our profession’s societal footprint. And the rather amazing part is that these new tools are both democratized and personalized—anyone can become an occupational therapy advocate and reach out to a potentially global audience. An example of this is the Occupational Therapy Global Day of Service (OTGDS) that took place on February 25, 2012. We were able to enlist more than 2,500 participants nearly exclusively with social media. Later on in this lecture, I will describe the Occupational Therapy Global Day of Service in more depth.

Marketing and Promotion

These days, learning to use and apply the tools of marketing, promotion, and communication is as vital to being a good occupational therapy practitioner as keeping up with the evidence literature and best practices.

What comes to mind when you hear the term marketing? Do you see advertisements on billboards in Times Square or in a favorite magazine or imagine a 15-second audio spot on Pandora Web radio?

Philip Kotler, one of the most renowned contemporary authors on marketing, defined it as “the human activity directed at satisfying needs and wants through an exchange process” (Kotler & Zaltman, 1971, p. 4). Marketing develops markets—that is, customers.

Promotion keeps our product line in the minds of our audiences and helps stimulate demand for our services. According to one blogger, “Promotion is really about getting someone interested in what you do so that they’ll do the ‘selling’ for you” (Muse Flash, 2008). That is, we use marketing principles designed to promote ideas such as the following:

- Occupational therapy is a great profession.
- Lots of jobs are available.
- Enroll in an occupational therapy education program to get a career for a lifetime (F. Whiting, personal communication, January 4, 2012).

To understand the promotion of occupational therapy, the focus of this lecture, it is important to understand marketing activities as a whole. For example, inbound marketing is market (customer) research to find out what groups of potential customers exist, what their needs are, which of those needs can be met, [and] how they should be met. Inbound marketing also includes analyzing the competition, positioning a new product or service (finding a niche in the market), and pricing your products and services. (Gigi5600, 2009)

The other side of the coin, outbound marketing, includes using promotion tools such as advertising, personal selling, publicity, sales promotion, public relations, and word of mouth to promote your services. Outbound marketing is where the concept of promotion lives and is therefore the focus of this lecture.

One outbound marketing tool, business cards, is a simple and effective promotion tool that each of us can and should use daily. Make sure you are identified as an occupational therapy practitioner or student, and include a simple definition of occupational therapy using the word occupation in your definition on the card. Give out two cards at a time—one for the person to keep, the other for him or her to pass on to another person.

The most important outbound marketing tool is still word of mouth. Studies have shown that clients still trust friends and family members for recommendations (Shore, 2005). A personal experience or the retelling of that experience to a friend or family member still has the greatest impact on a brand or reputation (Sarel, Rodriguez, Marmorstein, & Barach, 2005). Personal interactions create strong impressions. Our goal must be to communicate the value and benefits of occupational therapy in every interaction.

Always identify yourself as an occupational therapy practitioner or student. Lead by example by sharing what you do with everyone wherever you are:

- Standing in line at the supermarket
- Waiting for your children at gymnastics
- Sitting on a plane or bus.

For example, introduce yourself to the people sitting next to you on the plane, train, or bus, and give an example of the value of occupational therapy, such as “Occupational therapy helps people stay in their homes by enhancing safety.” I call this the “what’s in it for me?” factor. If those people go home and share this interaction with their friends and family members, 5–10 more people know about the value and benefits of occupational therapy.

My challenge to you is to ask your clients to share their own occupational therapy success stories with their friends and family. You, in turn, could submit stories to the local media. It is the job of every one of us to promote occupational therapy, and our clients can help in this task.
Tailoring Our Communication

How can we tailor our words, images, and actions to meet the needs of our various markets? One important fact to keep in mind when tailoring communication is the extent to which demographic and psychographic information and behavioral factors affect the audience’s response, as Kreuter, Farrell, Olevitch, and Brennan (2000) pointed out in their book Tailoring Health Messages. Behavioral factors include beliefs, attitudes toward health care, medical risk factors, health knowledge, skills, resources, and barriers to health. I will offer an example of a campaign that took these factors into account when trying to educate a particular constituency about better health.

In a campaign to promote healthier eating among a Hispanic/Latino population, health care consultants took into account socioeconomic, educational, and cultural differences; age and use of media; and reaction to “influencers” such as politicians, faith communities, law enforcement, and Latino community leaders. They also forged partnerships to influence behavior, including highly productive partnerships with restaurants, whom they urged to incorporate healthier menu options. The keys to the campaign’s communications were their link to trusted community members and the incentive they gave to people to improve their own health (Weiss, 2008).

Kielhofner, Hammel, Finlayson, Helfrich, and Taylor (2004) posited that “the ultimate rationale for the value of any service is that it legitimately addresses identified client needs” (p. 16). Therefore, part of communicating the value of what occupational therapy has to offer requires making sure that our work closes the gap between a client’s occupational desire and his or her current situation. That is, communication and intervention should be client-centered.

For example, a study by Helfrich and Fogg (2007) began with the premise that homeless shelters offered group educational programs that addressed community re-integration but did not “teach independent living skills in a way that allows for practice, integration, retention, and generalization to occur” (p. 314). Further studies by Helfrich and colleagues (Helfrich, Chan, & Sabol, 2011; Helfrich, Peters, & Chan, 2011) noted that there was a positive association between the ability of consumers to choose and control their services and their ability to function independently, and so the researchers sought to use a client-centered, occupation-based intervention to help clients with mental illness at risk for homelessness learn and retain specific life skills. The methodology included allowing participants to choose the modules in which they would take part. Modules included money management, food management, room and self-care, and safe community participation. The results indicated that the participants significantly improved their life skills and retained these skills 6 months later as a result of the occupation-based intervention and their ability to exercise choice. In this example, the intervention was designed to meet the needs of a specific group of individuals; activities were further tailored to each person’s needs. The gaps in specific areas were closed using real-life activities, tailored materials to which the participant could refer, and persistent follow-up to measure retention and satisfaction with the process. One of the most important findings of this research was that people decompensate when they are undergoing transitions; the authors acknowledged that this is an important factor for occupational therapy practitioners to be aware of because we almost always see people in the midst of a transition in their lives (Helfrich, Chan, & Sabol, 2011; Helfrich, Peters, & Chan, 2011). This research adds to our growing body of strong evidence that can be used to demonstrate the value of occupational therapy when promoting our services.

To effectively respond to consumer needs, we must have “a true and deep understanding of who they are, what they want, and what they aspire to be” (Mimoun, 2008, p. 19). The good news is that occupational therapy is and always has been consumer-centric.

History of Promoting Occupational Therapy

The history of promoting occupational therapy can be viewed through the use of words, images, and actions. In the next section of this lecture, I am going to highlight examples from throughout the U.S. history of our profession with some international illustrations.

1920s

Promoting the profession was a key value from the outset. Our membership organization, established in 1917, was originally named the National Society for the Promotion of Occupational Therapy (NSPOT) because, as founding member George E. Barton remarked, “S.P.O.T. suggests the ever alert ‘Johnie’” (Dunton, 1926, p. 435). William Dunton, Jr., was the first chairperson of the Committee on Finance, Publicity and Promotion. In 1921, our association’s name was changed to the American Occupational Therapy Association because Herbert Hall felt these words were “crisper” (“American Occupational Therapy Association Is New Name,” 1921, p. 554). In addition, we were taking initiatives to align ourselves with local and national associations such as the American Hospital Association and service groups such as the Junior League (Smith, 1931). These attempts were very practical because our association...
had few funds, which limited publicity efforts. It is clear, though, that from its very outset, our professional association has been concerned with spreading awareness of what we do and shaping how we are perceived by the public.

Eleanor Clarke Slagle believed that the best way to promote occupational therapy was by networking with interprofessionals—that is, with those outside of occupational therapy. She believed that professionals from other fields should learn from and about each other to improve collaboration and the quality of care for the people we serve. AOTA effectively implemented this approach by holding its annual meetings with the American Hospital Association’s meetings (AOTA, 1923). This was a resourceful approach because we made use of the same facilities, borrowed speakers, received publicity and media attention, and networked with other health care professionals. Slagle also emphasized the development of occupational therapy schools, believing these, too, were an important way to promote occupational therapy.

During the early days of the profession, founders and members of AOTA were also publishing in journals such as *The Modern Hospital* and *Maryland Psychiatric Quarterly*, which reached other professionals. In one of my favorite articles in *The Modern Hospital*, “Training Occupational Therapists,” Hudson (1923) wrote, “Occupational therapy is still in its infancy, and there is waiting a rich field of research in the study of the mental and manual processes in each occupation” (p. 396). Already there is a call for science-driven evidence to guide best practice and to promote occupational therapy. Our founders knew that published evidence supporting the effectiveness of our interventions would promote occupational therapy. Evidence-based research and the publication of this research continue to be an important factor not only in improving the effectiveness of our work, but also in attracting attention from the health care community and media.

As an aside, I found the article “Occupational Therapy Pioneering in China” (Bliss & Stedman, 1923) particularly interesting because of the five People to People Ambassador Program Occupational Therapy delegations I have led to China and the World Federation of Occupational Therapists’ (WFOT’s) work in promoting the development of occupational therapy in China. Our founders were promoting a globally connected work force nearly 90 years ago!

A creative mechanism used to promote occupational therapy was the traveling exhibit, which included photographs and some examples of products created by occupational therapy clients (Figure 1). The growing number of state associations used this exhibit and added their own local photos. Our Canadian colleagues actively used traveling exhibits, too. These exhibits look to me like predecessors of the exhibits promoting occupational therapy that can be found today during National Occupational Therapy Month, during which we reach out to the public and inform it of the benefits of occupational therapy.

Although the hot new technology of the time was the radio, a mass communication medium, I could find no evidence that it was used to promote occupational therapy (K. Reed, personal communication, January 20, 2012). The lesson here is an opportunity lost—this is exactly the kind of technology that could have reached a larger group or the general public rather than just the local public.

Figure 1. Traveling exhibits used to promote occupational therapy. (A) New York State Fair exhibit, Syracuse, NY, 1931 (photo courtesy of the AOTA/AOTF Wilma L. West Library); (B) Canadian National Exhibition, Toronto, Ontario, circa 1919 (photo courtesy of Sharon Brindell).

1930s–1940s

It’s important to realize that any promotional endeavor will be affected by what is happening in the United States and in the world at large. During the Great Depression of the 1930s, for example, the promotion of occupational therapy rapidly declined. There were a limited number of occupational therapy positions, and little money was available to promote the profession (Dunton, 1933).

The second wave of occupational therapy promotion started in 1939. *Reader’s Digest* published an article called
“The Work Cure,” which described getting workers with injuries back to work (Stern, 1939b; see also Stern, 1939c). Edith M. Stern, the author of the article, also collaborated with occupational therapist Meta R. Cobb to publish *Betty Blake, O.T.: A Story of Occupational Therapy* (Stern, 1939a). The book helped promote occupational therapy as a career (Figure 2). In the current language of social media, Stern and Cobb would be considered “super fans” of occupational therapy because they had their own large followings of readers. They used the technology of the time—magazines, books, and word of mouth—to promote occupational therapy.

The profession grew rapidly with the onset of World War II as occupational therapists worked with soldiers who were wounded. In 1944, the Office of the Surgeon General sent a request to the Commanding General of the Army Service Forces for an emergency course at a variety of schools to train approximately 600 OTs (Vogel, Manchester, Gearin, & West, 1968). Not only did our numbers grow, but the profession also gained more national press.

In 1948, Gail Fidler and the occupational therapy staff at the Lyons Veterans Administration Hospital in Lyons, New Jersey, created an occupational therapy educational exhibit comprising four detailed dioramas with figures in each box and a recording that explained the meaning of each of the activities (Figure 3). The exhibit’s first public showing was in a store window in Plainfield, New Jersey, during a statewide Mental Health Association Public Education initiative. After that time, it was displayed at several state occupational therapy conferences and at the Veterans Administration facilities (R. Fleming-Castaldy, personal communication, September 14, 2011).

By the mid- to late 1940s, the new information transmission medium was television. One can only imagine the potentially wider public impact of Fidler’s diorama exhibit translated to this new medium, perhaps as a public service announcement (PSA) or short documentary. It was not until the late 1960s, however, that stories about occupational therapy appeared on any station (K. Reed, personal communication, January 20, 2012). The lesson is that it is important to understand the newest technology and to use it, when appropriate, to promote occupational therapy. Mobile Web 2.0 technology is now, and it is time to get more of us on board.

1950s

Although the promotion of occupational therapy tapered off in the 1950s, the profession arrived on the global stage when AOTA became one of the 10 founders of the WFOT. Another type of promotion was the addition of the occupational therapy section to the Strong Vocational Interest Inventory in 1959 (K. Reed, personal communication, January 20, 2012), another AOTA strategy to promote occupational therapy as a career.

1960s

In the 1960s, AOTA created PSAs to recruit people into the profession. These PSAs were made possible by a grant from the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. Popular entertainers of the time, like Soupy Sales, Bess Myerson, Eli Wallach, Leslie Uggams, Betsy Palmer, and Kate Smith, participated in these PSAs. Here is the PSA by Soupy Sales (AOTA, n.d.-b):

No pie in the face this time. Instead, we are going to talk about pie-in-the-sky hopes. That’s your future, baby. Hi! Soupy Sales here, and if you are a young man or woman out there, how much thought have you given to your future? What do you want out of life? What are you willing to give? Compassion? Caring for your fellow man? Then give this a thought: a career as an occupational therapist. The chance of a lifetime to help others. The wounded veteran whose hardest fight is learning how to walk again; the child who doesn’t know how to laugh or smile; the accident victim whose back hurts too much to bend over and tie his shoes. If
you want a rewarding career that is more than just a job, occupational therapy is the chance to do your thing. For information, get a card and a pencil and write to Occupational Therapy, Box 5555, New York City 10001.

Here is the PSA by Bess Myerson (AOTA, n.d.-a):

If you are a young man or woman who has just gotten out of school, your friends and relatives are probably asking the same question: What are you going to do now? Oh, they probably have thrown out all kinds of suggestions, but it is your future, and the decision must be yours. Hi! This is Bess Myerson, and if you’re not sure which direction you are going in, consider this for a moment: A life filled with helping others. The satisfaction of helping someone overcome a handicap. A life filled with day-to-day challenges. This is a career as an occupational therapist. An occupational therapist is a skilled and vital member of a medical team whose job is to help people overcome mental or physical disabilities. If you want a life filled with the reward of helping people resume useful and productive lives, then picture yourself as an occupational therapist. You’ll have the satisfaction of helping an accident victim return to his normal activity, helping the oldest citizen and the very young as well. If you want a career as up-to-date as tomorrow, then consider occupational therapy. For information, get a card and a pencil and write to Occupational Therapy, Box 5555, New York City 10001.
therapy. For more information, write Occupational Therapy, Box 5555, New York City 10001.

It is interesting how contemporary these messages are after over 60 years! You can listen to these PSAs by contacting the AOTA/AOTF Wilma L. West library at www.aotf.org

The AOTF was created in 1965 to promote the scientific advancement and to increase public understanding of occupational therapy (AOTF, 2011). I asked Katherine Reed, occupational therapist and historian, to reflect on this time period and describe what lessons we learned to help promote occupational therapy. She suggested that one goal should have been developing occupational therapy academic programs in each state, because “that’s what brings in the resources, particularly in a state-funded institution,” which, as she points out, increases each state’s awareness of occupational therapy:

Legislators become aware of us because they are budgeting money to support our programs. This is a good way to get their attention. OT programs in a community bring OT people power and services; where you have OT services, you automatically have a built-in mechanism to promote OT, and all the people who interact with us know something about OT. (K. Reed, personal communication, January 20, 2012)

As Reed pointed out, occupational therapy students are a significant means of conveying what occupational therapy is.

1980s

In the early 1980s, AOTA wisely chose to “target their promotional efforts towards groups who could further directly affect the acceptance, education, or employment of [occupational therapy practitioners]” (Kotler & Clarke, 1987, pp. 231–232). The association created a series of brochures aimed at specific key audiences: for the school audience, “Occupational Therapy Makes Learning Possible” (1983); for the pay audience, “Occupational Therapy Makes Good Sense” (1984); and for the client audience, “Occupational Therapy: Improving Function” (1986; W. Krupnick, personal communication, January 4, 2012). This promotional campaign represented a range of goals, including attracting clients and garnering reimbursement for our services. It was during this time that AOTA Fact Sheets were created, and they continue to be an important resource to the profession (see www.aota.org/factsheets).

In 1986, the AOTA public relations department focused on the biggest problem the profession faced at that time—surplus jobs for occupational therapy practitioners. Their task was to increase the public’s awareness of occupational therapy so that more people would choose it as a career (F. Whiting, personal communication, January 3, 2012). We learned, then, that Slagle’s vision and Reed’s recommendation had been right on and that we should have been encouraging the development of occupational therapy academic programs earlier.

1990s

In the 1990s, AOTA launched a National Awareness campaign. The agency involved in this campaign came up with a remarkable series of advertisements that were built on one of the profession’s biggest weaknesses: the confusion in the public mind between the words occupation and job. They addressed that problem brilliantly. They interviewed OT professionals, asking them how they described themselves and what they do. “Well, I teach my clients skills,” said one. Skills for what? “Skills for living,” was the reply, and this became the tag line: “Occupational therapy: Skills for the job of living.” Members loved the new tagline. For the first time, they found a way to capture and communicate the essence of what they do and why it is important. These advertisements appeared in magazines such as People, Better Homes and Gardens, and Ladies Home Journal, among others (F. Whiting, personal communication, January 3, 2012). They were also made into posters, which you can still find hanging in many occupational therapy departments (Figure 4).

A humorous cautionary tale that surfaced during the National Awareness campaign was about the dangers of not considering alternative ways of interpreting your words. AOTA set up a toll-free phone number that included real words: 1–800–6-OT-TALK. What they failed to consider, however, was that some people might interpret the “O” as “zero,” not recognizing the abbreviation OT. It was a particularly glaring mistake, in this case, because 1–800–6-OT-TALK connected callers to a sex chat line in Florida (F. Whiting, personal communication, January 3, 2012).

2000s and Present

In 2001, AOTA launched the National School Backpack Awareness Day campaign. This campaign, which will enter its 12th year, is our longest social marketing initiative. Thousands of occupational therapy practitioners and students have used the “Pack It Light, Wear It Right” tagline to reach hundreds of thousands of students and their families, schools, and administrators to underscore our role in helping students actively engage in promoting healthy living choices. A campaign such as this increases awareness of occupational therapy: Improving Function.” (1986; W. Krupnick, personal communication, January 4, 2012). This promotional campaign represented a range of goals, including attracting clients and garnering reimbursement for our services. It was during this time that AOTA Fact Sheets were created, and they continue to be an important resource to the profession (see www.aota.org/factsheets).

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our visibility and our credibility among a population that might otherwise not know what it is that we do. For example, we reached an MTV audience when backpacks were featured on the show *Big Urban Myth*. By the way, MTV found to be true the “myth” that a backpack worn incorrectly or too heavy can be a contributing risk factor for discomfort, fatigue, muscle soreness, and musculoskeletal pain!

The year 2001 also saw an occupational therapy character cast in a well-known television show, *Providence*—an excellent opportunity to reach a wide audience with information about the role of occupational therapy. I recall how excited I was to see occupational therapy portrayed fairly accurately and what a boon it was for informing the public about the value of occupational therapy. Occupational therapy is also portrayed in India in a television soap opera, *Yahan Main Ghar Ghar Kheli*, in which a main character is an occupational therapist (Desi Tashan, 2012).

The branding for the AOTA (2007) *Centennial Vision* encourages each of us to promote our profession with the tagline “Occupational Therapy: Living Life to Its Fullest.” AOTA uses an integrated marketing communication approach so that all audiences have a congruent, sustainable, and high-level brand experience with the profession. AOTA has also created promotion tools for our use, including sales promotion, fact, and tip sheets; a podcast series with the brand title; and a social media presence on sites such as OTConnections, Facebook, Twitter, Pinterest, and YouTube. These and other resources help us all better...
communicate with others both inside and outside the profession.

The WFOT and its member countries have also created materials and developed strategies for promoting occupational therapy. In 2012, I helped WFOT with an updated survey asking member countries to share how they promote occupational therapy. The audiences for over 90% of the promotion materials were the general public, specific client groups, and prospective occupational therapy students. Over 90% of the member countries used printed materials and publications, national association conferences and events, and presentations to individuals and groups as promotion strategies (Figure 5). Sixty-two percent of these member countries’ promotion efforts involved use of online material or publications on their Web sites or social networking pages to promote occupational therapy. Many commented that they plan to grow their social media presence.

This abridged history brings us to where we are today with the promotion of occupational therapy. To communicate the value of our profession and make the brand meaningful, we must demonstrate how occupation makes life worth living, how we do what we do, and how well we do what we do. That means using our science and evidence to clearly demonstrate what we do and why it matters. AOTA’s current media campaign seeks to define the profession and to make it clear to the public how occupational therapy can serve the needs of our society and make a difference in people’s lives. As occupational therapy practitioners and students, we must take this message a step further, using our words, images, and actions in our own daily communications to create a personal and memorable connection with our clients and potential clients.

We have now looked at how members of our profession have promoted occupational therapy through its history. We have also considered what the research has to tell us about the role of occupational therapy practitioners and the key values and strategies we should use when promoting occupational therapy. What I would like to do now is turn to some current examples of how people are promoting occupational therapy through words, images, and actions. It is exciting to learn about the creativity and success of our colleagues’ work and to consider how we can do our part to promote the role of occupational therapy in helping people live life to its fullest.

Figure 5. Brochures promoting occupational therapy around the world, produced by (A) the Icelandic Occupational Therapy Association (image courtesy of Icelandic Occupational Therapy Association) and (B) the New Zealand Occupational Therapy Association (image courtesy of the New Zealand Occupational Therapy Association).
Promoting Occupational Therapy Exemplars

PAR FORE

PAR FORE was created by occupational therapist Alex Lopez and is affiliated with Stony Brook University in New York and Touro College in New York City. According to the program’s Web site (www.parfore.org), PAR FORE was developed utilizing current and best evidence practice in occupational therapy, cognitive behaviorism, occupational justice and psychology. The program’s name stands for perseverance, accountability, resilience, fellowship, opportunity, respect, and empowerment, its core values and themes. The program incorporates concepts in environmental adaptability, delinquent resiliency, self-esteem building, self-determination, civic engagement, and community service learning. (PAR FORE, n.d.)

PAR FORE currently has over 100 youth participants and is still growing, thanks to grassroots initiatives that use various media and people who promote it through word of mouth. Thanks to PAR FORE’s success and visibility, occupational therapy itself is coming to the attention of local politicians and school administrators, who are now asking why more occupational therapists are not working with at-risk children in various settings (A. Lopez, personal communication, January 9, 2012).

Interprofessional Evidence-Based Action Teams

Penny Moyers Cleveland is dean of the Henrietta Schmoll School of Health at St. Catherine University in St. Paul, Minnesota, and a former AOTA President. She described her work in promoting occupational therapy by facilitating the participation of occupational therapists in interprofessional staff teams. The North Memorial Medical Center in Robinsdale, MN, is working to solve issues related to pain and comfort, and occupational therapy is taking a center role in two evidence-based projects whose focus is not immediately associated with occupational therapy. These practitioners are working to decrease the pain of people who are on ventilators and to help them communicate their pain problems; they are also educating hospital staff on how to address the pain issues of clients with opioid tolerance.

This project is already garnering statewide attention for occupational therapy and has the potential to become a national model for evidence-based practice that involves students, faculty, and hospital staff (P. Moyers Cleveland, personal communication, January 8, 2012). This work is an example of how the actions of one group are promoting occupational therapy practice and spreading the word that occupational therapy delivers best-practice, customer-driven, quality care using evidence-based decision making.

WORK: A Journal of Prevention, Assessment and Rehabilitation

In the 1980s, I realized that there was a gap in global interprofessional communication methods around the construct of work. I had the idea to create an interdisciplinary, international journal, and in 1990, WORK: A Journal of Prevention, Assessment and Rehabilitation was begun. WORK has advanced the evidence-based literature on a range of topics, including ergonomics with children and youth and workplace violence. It provides readers with knowledge to inform the evidence base and conceptual information that can promote theory to practice. It has also provided a platform to promote occupational therapy. WORK publishes 12 issues each year, is indexed widely, has a modest but respectable impact factor, and is endorsed by the International Ergonomics Association.

To celebrate the 20th anniversary of WORK, we identified new priorities for the journal, one of which was to enhance knowledge transfer (KT) mediums. We added two columns to reach this goal. One is edited by occupational therapist, scientist, researcher, and associate professor Lynn Shaw from the School of Occupational Therapy, University of Western Ontario, London, Ontario. This column is designed to provide readers with knowledge (evidence, theory, and practical knowledge) for use in enhancing knowledge brokering and networking in work-related practice, education, and research and in the community and workplace. The other column is associated with “KT—Pay It Forward” communiqués, which are one-page pullouts designed to be copied and shared with others. The purpose of this type of document is to support the wide dissemination of information from research or policy so as to ensure that knowledge is put into the hands of the end users (L. Shaw, personal communication, January 25, 2012).

Children’s Books

Children’s literature can be a powerful tool for promoting occupational therapy because we can use images and words that teach children about occupational therapy through engaging stories. The Canadian Association of Occupational Therapists created such a book, You, Me and My OT (Bourgeois, 2009), which has sold over 4,000 copies in English and French. As an aside, the author was trained as an occupational therapist, but is more well
known as the author of the *Franklin the Turtle* children’s book series.

With easy access to technology that makes self-publishing possible, I worked with Leah Miller and illustrator Elizabeth Hewitt to prepare a children’s book as part of the participatory action learning for this Slagle lecture. We created a children’s book, *How Full Is Sophia’s Backpack?* (Jacobs & Miller, 2012a), with the intention of promoting occupational therapy through an engaging story about a grandmother and her two grandchildren, one of whom has autism and receives occupational therapy (Figure 6). The book also provides backpack tips and can be used in connection with National School Backpack Awareness Day. Next, I worked with a computer science professor and one of his students to publish this book in an electronic format (Jacobs & Miller, 2012b). Their involvement alone gave them exposure to occupational therapy, even if their main focus was on the book’s distribution. The electronic version of the book is free and can be found at http://blogs.bu.edu/kjacobs/how-full-is-sophias-backpack/

**24-Hour Virtual Exchange**

I teamed up with five other occupational therapists—Anita Hamilton, Susan Burwash, Merrolee Penman, Angela Hook, and Sarah Bodell—from around the globe to form Online Technology 4 Occupational Therapy (OT4OT), an initiative aimed at advancing our profession’s knowledge and skills in the use of online technology. OT4OT successfully hosted two 24-hour virtual exchanges in 2010 and 2011 to celebrate and promote World Occupational Therapy Day. These exchanges included 48 one-hour presentations by more than 50 presenters, including former WFOT president Kit Sinclair from Hong Kong discussing “Disaster Response and Recovery.” A thousand participants from 31 countries participated in 2010, and even larger numbers participated in 2011 (OT4OT, 2011).

**Study Circle**

The interprofessional Study Circle group was started in November 2011 to address the very limited recognition of the occupational therapy profession in Slovenia among the public as well as among other health care professionals. A *study circle* is a form of informal adult learning in which a small group of peers come together to achieve similar goals. Participants gain knowledge on the particular topic, but at the same time they transfer their knowledge to the community and contribute to its development. The Study Circle plans activities throughout the year, one of which is the OTGDS. This form of gathering is a good forum for planning and implementing the promotion of occupational therapy, and the hope is that this group will inspire and stimulate other occupational therapists toward similar endeavors (T. Krizaj, personal communication, January 11, 2012).

**Social Marketing, Social Media, and Social Media Marketing**

I have just shared some current examples of how people are promoting occupational therapy through words, images, and actions. I want to shift now to how we can use social marketing, social media, and social media marketing to promote occupational therapy.

**Social Marketing**

In today’s cultural and business climate, marketing efforts are increasingly focused on social marketing and the use of social media outlets. Social marketing takes the techniques of marketing and deploys them to create a positive social change. Although the concept of social marketing predates the Internet (the term was first used in 1971 by Kotler & Zaltman), the Internet has given a decided advantage to those who wish to spread a message to a wide audience. As mentioned previously, the AOTA National School Backpack Awareness Day campaign is a good example of social marketing. Rebuilding Together (a nonprofit providing rebuilding services to low-income communities)
homeowners) and CarFit (an educational program for older drivers) are other examples.

Social Media

Kaplan and Haenlein (2010) have characterized social media, or what some refer to as social networking, as “a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and allow the creation and exchange of User Generated Content” (p. 61). In lay terms, the revolutionary shift heralded by the advent of social media is that the delivery of information to the masses is no longer limited to traditional gatekeeper distribution outlets like the news media—any person with access to the Internet can create content and share it widely.

Some examples of social media are social networking sites, such as Facebook and LinkedIn; collaborative projects, such as Wikipedia; blogs and microblogs, such as Twitter; content communities, such as YouTube; virtual social worlds, such as Second Life; and virtual game worlds, such as World of Warcraft (Kaplan & Haenlein, 2010, p. 255). Social media create a whole new world where groups of people connect and interact in a virtual space any place and any time.

Facebook is the most widely used social media site, with over 900 million users (Facebook, 2012). LinkedIn, with over 150 million members, is considered the more professional of the social media sites and has been used to develop professional connections, find jobs, and share information. Twitter is a microblogging site that connects individuals to the latest trending information, including events, stories, ideas, opinions, and news. Twitter is a real-time information network made up of 140-character messages called tweets. Currently, Twitter has over 200 million registered users (Twitter, 2012). Globally, YouTube has over 3 billion video views per week and is the second largest search engine after Google (YouTube, 2012). Clifton and Mann (2011) found that YouTube videos increased engagement, promoted critical awareness, and facilitated deep learning in student nurses.

Social media are considered a hybrid of promotion and a highly magnified form of word of mouth. Consumers are turning more frequently to social media outlets to conduct information searches that aid in health care or purchasing decisions (Lempert, 2006; Vollmer & Precourt, 2008). That is not to say that all sources had equal impact. Silence, Briggs, Harris, and Fishwick (2007) found that individuals preferred sites that were run by reputable organizations or had a medical or expert “feel.” They especially trusted the information when the credentials of the site and its authors were made explicit. They also appreciated inclusion of “familiar” (plain) rather than “technical” language and personalized content (i.e., stories from clients like themselves). According to Foux (2006), “social media is perceived by consumers as a more trustworthy source of information regarding products and services than corporate-sponsored communications transmitted via the traditional elements of the promotion mix” (p. 38). To be trusted, consumers need to believe that individuals on social media are authentic, thankful, and honest (Solis, 2011). How can we use this information to promote OT?

Social Media Marketing

Social media marketing refers to the use of the social media outlets and methods described previously as promotion tools that create direct access to people within intended populations. It enables us to speak directly to our audiences to enlist members of those communities to further spread the message. These resources are available to each of us today, and understanding and using them are crucial to the efforts we make to promote occupational therapy. Two representative examples of social media marketing for the promotion of occupational therapy are presentations to Rotary Clubs and activities related to the OTGDS.

Rotary Clubs. Besides being an occupational therapist, I am a Rotarian. I see an important connection between occupational therapy and Rotary. Rotary is a global community service organization with approximately 1.2 million members in 166 countries (www.rotary.org). Just like occupational therapy, Rotary helps people across the lifespan participate in the things they want and need to do. Given this connection, as part of my participatory action learning, I started the Pay It Forward Initiative. My call to action was for occupational therapy practitioners and students, as the best ambassadors for promoting our profession, to contact their local Rotary Club to ask if they could provide a presentation on occupational therapy during one of their weekly meetings. However, few people jumped at the opportunity like Boston University occupational therapy graduate students Rashni Grant and Claire Kelly, who provided a presentation at the Jaipur Rotary Club in Jaipur, India, and Navah Ratzon, chairperson of the Department of Occupational Therapy at Tel Aviv University, who presented at a Lion’s Club in Israel. Many occupational therapists explained they were nervous about public speaking. I realized that because we are masters of action, another tactic might be more effective.

Occupational Therapy Global Day of Service. I, with the help of others, initiated an Occupational Therapy Global
Day of Service on February 25, 2012. It was modeled after a successful global day of service sponsored by the Boston University Alumni Association. In this event, people were paired with alumni who organized service activities.

The overall goal of OTGDS was to apply social marketing theory using social media tools to join occupational therapy practitioners and students globally to provide a cohesive and organized effort of their selected types of community service. We defined service as an unpaid activity intended to benefit others. OTGDS was also a unique opportunity for social participation and support of a global charitable organization, UNICEF. The publisher, Slack, agreed to make a donation to UNICEF based on OTGDS participation.

The Web site www.promotingot.org was filled with many examples of service ideas, and we provided what might be called a quick “elevator speech” on the value of occupational therapy—such as, “I’m an occupational therapist. I’m giving blood today as part of the Occupational Therapy Global Day of Service. Blood is essential to life, and OTs help people accomplish the essential tasks in their lives by helping them maximize their abilities” (Federwisch, 2012). Here are some other service ideas:

- **Mentoring:** “Occupational therapy helps remove barriers to learning and focuses on each person’s skills.”
- **CarFit event:** “Occupational therapy helps aging adults maintain safe community mobility.”
- **“Safety checks” for those aging in place:** “Occupational therapy helps people stay in their homes by enhancing safety.”

**Framework for Communicating Through Social Media**

How might the pragmatic goals of OTGDS be formulated within a framework and set of strategies for monitoring, understanding, and responding to social media? One can begin to do this by using the seven functional building blocks of social media, described by Kietzmann, Hermkens, McCarthy, and Silvestre (2011), as illustrated in the honeycomb structure of Figure 7. This honeycomb includes identity, conversations, sharing, presence, relationship, reputation, and groups and “allows us to unpack and examine (1) a specific facet of [the] social media user experience, and (2) its implications” (Kietzmann et al., 2011, p. 243). For example, focusing on the sharing component, it was important to help people become active participants.

![Figure 7. The honeycomb of social media.](http://ajot.aota.org/)

in OTGDS. We focused on making the messages and content on our Web site www.promotingot.org (which Kietzmann et al. called objects of sociality) engaging by trying to find out what potential users would like to hear, what they would like to talk about, and what they find interesting, enjoyable, and valuable.

Next, we took Kietzmann et al.’s (2011) framework and divided it into three phases to make implementation of the social media plan more user friendly. These phases were build, connect, and promote (Rao, n.d.).

**Phase 1: Build**

To build the social marketing initiative, we needed to establish a brand. The domain name “promotingot.org” was selected for the Web site to host the social media outlets (Figure 8). Additionally, “promotingot” was used to create a consistent brand for Facebook, LinkedIn, Twitter, Pinterest, and YouTube profiles.

We created the tag line “Changing the World Through Volunteering” and designed a logo. In addition, we spent time creating content about OTGDS using words, images, and actions. The brand required a human face. It needed to tell a good story to create value for occupational therapy practitioners and students to take time to participate in OTGDS. Using social marketing, the event was designed to encourage community service; participation generated a monetary donation to UNICEF, and occupational therapy was promoted in the process when individuals identified themselves as occupational therapy practitioners and students.

**Phase 2: Connect**

The foundation of most successful social marketing media initiatives is building and connecting with the audience. Phase 2 was all about networking and relationships. Three conditions that are needed to foster exponential promotion of any marketing project are described by Kaplan and Haenlein (2010) in simple and direct terms (Figure 9): “The right people need to get the right message under the right circumstances” (p. 256).

The right market mavens were identified in Phase 2. Market mavens are “individuals who have access to a large amount of marketplace information, and proactively engage in discussions with other consumers to diffuse and spread this information” (Kaplan & Haenlein, 2010, p. 256; see also Feick & Price, 1987). We started an e-mail list of market maven candidates for the OTGDS project that included occupational therapy practitioners and students, state occupational therapy associations, editors of occupational therapy–related journals, AOTA, and WFOT.

Direct communication was made through e-mail messages to these individuals and associations. The memorable and interesting message included a description of OTGDS and asked for recipients’ support in promoting it among their networks. These market mavens received the message first about OTGDS and were asked to share the message within their immediate social network. Social hubs are “people with an exceptionally large number of social connections” who are “connectors or bridges between different subcultures” (Kaplan & Haenlein, 2010, p. 256; see also Goldenberg, Han, Lehmann, & Hong, 2009). Salespeople “receive the message from the

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**Figure 8. Home page of the promotingot.org Web site.**

Image courtesy of Karen Jacobs.
Phase 3: Promote

Adopting the promotion strategy of word of mouth, I used my personal Facebook, Twitter, and LinkedIn sites to build and connect followers, friends, and contacts to the promotingot.org social media sites, thereby using a multiplatform or cross-promotional approach. We encouraged the posting of videos to promote OTGDS. Participants created and posted nine videos to encourage others to join OTGDS or to share what they accomplished, and collectively they received 3,000 views. One YouTube video was created by occupational therapists and interprofessional colleagues in Slovenia who named themselves the Study Circle Promoting OT in Slovenia (PromoDelovnaTerapija, 2012). Another video was made by occupational therapy students at Western Michigan University (WMUOT2013, 2012); the video can be viewed at www.youtube.com/watch?v=n8nOGZKWAZk. In terms of the categories for messengers, both groups would be considered salespeople.

Evidence-based practice influenced our decision to use analytic tools embedded within the promotingot.org Web site to track visits and to better understand the impact of our social marketing media plan. Google analytics was used to analyze our social media strategy and to track visitors to our Web site. In addition, two online surveys hyperlinked on the promotingot.org Web site were used to collect additional information before and after the event.

A total of 2,500 occupational therapy practitioners and students from 24 countries promoted and participated in OTGDS. An estimated 10,000 people learned more about occupational therapy through the initiative. We had over 4,000 visits to our promotingot.org Web site from people from 101 countries who spoke 69 different languages. One in every 8 visits was made using a mobile browser, underscoring the importance of mobile technology. People mostly found our Web site through a direct search using the Web address, called direct traffic (33%), or by typing related phrases such as promoting OT, OT promotion, or OT publicity into a search engine (e.g., Google, Bing, Yahoo), called referral traffic (39%). Direct traffic is a strong indicator of brand strength; it can also demonstrate success in e-mail or text message marketing. Referral traffic suggests successful social media marketing (AT&T, 2011).

OTGDS Social Media Sites and Outcomes

Our Facebook site had 1,851 friends. An estimated 84 messages were sent out to help encourage individuals to share information and volunteer to participate in OTGDS, and 42 comments were made to our posts. We had 154 posts on our Facebook wall. Twitter had 321 followers who promoted OTGDS or retweeted our posting. Interactions were ongoing, and we had 94 mentions (tweets received) and 30 direct messages. LinkedIn had 153 members and 57 group discussions by the end of the campaign.

Hootsuite.com is a Web site that provides a free online social media management tool. To save and better manage time, we used Hootsuite to deploy and schedule messages to be sent out to Facebook, Twitter, and LinkedIn. Hootsuite was critical in managing and organizing these messages. It should be noted, though, that because LinkedIn, Twitter,
and Facebook have different cultures, we tailored the messages and content to best fit the needs of the particular group we were trying to connect with online.

We started promoting OTGDS in October 2011, which is only 3 months before the start of the event. Acknowledging that not everyone would be able to participate on the official February 25 date, we ran OTGDS for 1 month starting on January 25, 2012.

The following list contains several representative examples of the actions of occupational therapy practitioners and students who participated in OTGDS and the ways they used words and images to promote occupational therapy:

- Monica Robinson, OTR/L, president of the Ohio Occupational Therapy Association, organized seven different volunteer events. For example, Ohio State University students and faculty did cleaning, painting, tiling, grouting, and other similar duties at the Universal Design Living Laboratory.

- Terry Olivas-De La O, COTA, of Family Success by Design and Monrovia High School’s Anti Bully Club, made packages for soldiers.

- CommunityKIDS, in conjunction with other volunteers, sponsored a bowling day for children with special needs and their families, who often find community outings and activities challenging because of their child’s special needs.

- Professor LuAnne Demi and her Penn State occupational therapy assistant students in DuBois, Pennsylvania, hosted an event to provide care bags to veterans at the Veterans Affairs Medical Center.

- Students and a faculty member at the University of New England provided day care during the Maine Down Syndrome Network conference and participated in a polar plunge that benefited Camp Sunshine, a camp for children with life-threatening diseases.

- Students at Creighton University engaged in “random acts of kindness” such as writing letters to soldiers in Afghanistan and military wives and making blankets and care packages for homeless people. Other Creighton students volunteered at Bean’s Café, a nonprofit providing food and shelter in Alaska.

- Sixty-nine volunteers from Western Michigan University’s Grand Rapids Chapter helped out at the Kids’ Food Basket, a local organization dedicated to addressing childhood hunger by providing daily “Sack Suppers” to more than 4,800 children each day during the school year and to local sites in the summer. Volunteers decorated white paper sacks and collected funds and food for the Kids’ Food Basket. Approximately 1,400 people were assisted by their efforts.

- Tanja, a Slovenian occupational therapist, shared, “We are so happy about the success of our OTGDS events all over the country. We were guests on different TV and radio stations, and there were also a few articles written in Slovenian newspapers.” They made a video about their activities that I encourage you to view on YouTube at www.youtube.com/watch?v=V00rOzdCt2A (PromoDelovnaTerapija, 2012).

Promotion of occupational therapy was widespread during OTGDS and will continue to flourish as participants and beneficiaries of the events reflect on the day. The day itself was an action-oriented vehicle of promotion. Imagery and words were vital communication tools as participants in OTGDS introduced themselves as occupational therapy practitioners or students and wore occupational therapy memorabilia like T-shirts, hats, and buttons that said “Ask me about OT” or “What can OT do for you?” Others handed out brochures about occupational therapy and described occupational therapy using words that appealed to a variety of audiences.

Conclusion: Call to Action

We, as occupational therapy practitioners and students, are the ones best equipped to promote occupational therapy in our daily lives. Each of us should take responsibility for the promotion of occupational therapy and also learn strategies for promoting occupational therapy from one another and through our occupational therapy membership associations.

We have a great profession, and I strive to share this with people whenever I have the opportunity. Sharing our great profession is a goal that we as occupational therapy practitioners and students should all have. I love what I do. What drew me to occupational therapy is the human aspect of our interactions with people in our work, and it is our responsibility to show our love for our profession.

We live in uncertain and unpredictable times, and as Danish physicist Niels Bohr, once said, “It is difficult to predict, especially the future” (cited in Shapiro, 2006). Fradette and Michaud (1998) noted that “if we can no longer depend on our ability to predict the future, we can create a dynamic business design that can capitalize on the unpredictable, to turn it to our advantage” (p. 19). One way to capitalize on the unpredictable is to embed promoting occupational therapy into our daily occupations. Describe the value of occupational therapy while providing direct services to a client. Speak to parents about the benefits of occupational therapy while waiting to pick a child up from an after-school sport. Present on health and wellness at a local health fair for older adults.
When we think about using words, images, and actions to illustrate our work, they must be compelling to the target audience, and they must be instructive. They must also be easy to understand and to remember. They must encompass both the performance of our actions and the results we have achieved.

Finally, persistence is essential. We must continue to assess whether we are using the right promotional tools and how successful our efforts have been in terms of increasing our presence and value in the public eye. Each individual practitioner and student is his or her own best spokesperson. You have the knowledge; you have the personal contact; you have the motivation to promote occupational therapy and ensure its viability. As Australian occupational therapist Matthew Molinex shared, “As occupational therapists we must use the power of occupation to give us confidence to change the world!” (M. Molinex, personal communication, April 26, 2012). His statement echoes Margaret Mead’s famous statement, “Never doubt that a small group of thoughtful, concerned citizens can change the world.” Indeed, it is the only thing that ever has” (cited in Shapiro, 2006, pp. 507–508). We are a large, globe-spanning community of concerned citizens, practitioners, and students. Imagine what we can do.

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References


American Occupational Therapy Association is new name. (1921). Modern Hospital, 17(6), 554.


