The Impact of a National Strategy to Increase Physical Activity Among Older Adults on National Organizations

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This study was designed to evaluate the impact of the National Blueprint (NB) on the policies, programs, and organizational culture of selected national organizations. The theoretical model selected to assess the impact of the NB on organizational behavior was Burke’s system theory of organizational change. Three organizations, AARP, the American College of Sports Medicine (ACSM), and the Administration on Aging (AoA), were selected for the study. Two individuals in each of these organizations were selected for interview. Semistructured interviews and document reviews were used in the data-collection process. Findings showed that the publication and establishment of the NB resulted in changes in the operating procedures of AARP, ACSM, and AoA. The results were broadly consistent with Burke’s system theory of organizational change. The publication of the NB was shown to affect the behavior of organizational leaders, organizational culture, policies, programs, and individual and organizational performance. The new information generated has increased our understanding of the impact of health campaigns on organizational behavior.

**Keywords:** health, seniors, organizational changes

There is now considerable evidence regarding the benefits of physical activity for older adults (American College of Sports Medicine [ACSM] et al., 2009). However, in spite of a wealth of evidence about the benefits of physical activity, there has been little success in convincing older adults to adopt physically active lifestyles (American Geriatrics Society, British Geriatrics Society, & American Academy of Orthopaedic Surgeons Panel on Falls Prevention, 2001). For example, based on data from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System, less than a third of older individuals engage
in regular physical activity, with the proportion meeting recommended guidelines progressively decreasing with advancing age (CDC, 2007). Physical inactivity levels are even higher for some subgroups of older adults; for example, in women over 75 years of age the percentage of sedentary individuals may be as high as 53% (Chodzko-Zajko, 2001).

Until fairly recently little effort was made to promote physical activity specifically to older adults (Chodzko-Zajko & Schwingel, 2009). In response to a perceived need for a strategic plan to do so, with funding support from the Robert Wood Johnson Foundation, the *National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older* (NB) was developed by more than 50 national organizations (Chodzko-Zajko et al., 2005). When the NB was released in 2001, representatives from 50 national organizations made a long-term commitment to collaborate in supporting and endorsing regular physical activity for Americans age 50 and older. Led by a steering committee of representatives from the National Institute on Aging, the National Council on Aging, the CDC, the American Geriatrics Society, the ACSM, and the Robert Wood Johnson Foundation, the NB was the first national coalition to focus exclusively on addressing the comprehensive issues involved in helping older Americans become physically active.

The goals of the NB were to identify societal barriers to participation in physical activity and to recommend strategies to overcome identified barriers in the areas of research, home and community programs, medical systems, public policy, and marketing (Sheppard et al., 2003). The NB partners identified strategic priorities and produced Web sites, toolkits, publications, and other products and programs to promote physical activity. From local communities to the nation’s capital, the NB initiative attempted to influence public policy, the research community, the health care field, and the aging network by advocating for an active and healthy lifestyle for older adults (Chodzko-Zajko et al., 2005).

To date, no researchers have systematically evaluated the impact of the NB on the physical-activity-related policies and programs of the 50 participating organizations. Thus, the purpose of the current study was to do so to develop a better understanding of how organizations respond to national initiatives in the area of public health. The theoretical perspective through which we chose to assess organizational responses to this public health initiative was Burke’s system theory of organizational change (Burke, 1994). Organizational change is a highly abstract process that cannot be readily simulated or modeled in a laboratory setting (Jex, 2002). However, Burke’s system theory has been previously used as a research tool to explore the organizational change and development processes in organizations (Burke, 2008). This study employed Burke’s system theory for the first time in physical activity research to shed light on organizational dynamics in response to a significant public health initiative promoting physical activity in older adults.

**Methods**

**Research Design**

Two qualitative research approaches were employed in this study. Specifically, both semistructured interviews with employees and document reviews were used to assess the impact of the NB on organizational change in three national organizations.
Qualitative research designs are best suited to provide the information-rich samples necessary to develop an in-depth understanding of the impact of health campaigns on organizational culture (Patton, 2002). Specifically, the evaluation of individual and organizational responses to the NB using qualitative research designs has the potential to provide new insight into the impact and effectiveness of a major public health campaign. In addition, the procedures and findings from this study could serve to inform future efforts to evaluate broad-based public health interventions.

Burke’s system theory suggests that organizational transformation emerges from a variety of interrelated factors. The external environment is a key factor in initiating organizational change because transformation is often motivated by extrinsic factors such as the desire to capitalize on a new opportunity (Burke, 1994). The model proposes that the external environment has a direct impact on leadership, mission and strategy, organizational culture, individual performance, and organizational performance (see Figure 1).

Participants

To evaluate the impact of the NB on selected national organizations, three organizations were chosen from the more than 50 NB partner national organizations. AARP was selected because it is the largest nonprofit and nonpartisan membership-based organization for people 50 years of age and older. The ACSM was selected as a representative professional organization in the area of sports medicine and exercise science. Finally, the Administration on Aging (AoA) was chosen because it is the primary federal agency with responsibility for older adults and their concerns. Each of these groups represents a distinct type of organization in the NB coalition.

Two individuals were selected for interview in each organization: a senior-level administrator (SL) with direct responsibility for policy and/or strategic planning decisions (e.g., CEO, senior vice president) and a junior-level staff member (JL) working on specific projects under the supervision and guidance of a senior staff member. Participants were selected using a purposeful sampling strategy from a

Figure 1 — Burke’s system theory of organizational change.
list of potential participants, wherein the researcher identifies a case (participant) whose unique background and experiences have the potential to provide valuable insight into a research topic (Yin, 1989). Specifically, participants were chosen because they were familiar with the NB and its impact on their organization and they indicated a willingness to participate in the study.

Data Collection

Interviews. One formal interview was conducted with each of the representatives of the selected organizations. The following five questions related to organizational change were included in the interviews:

- Did the publication of the NB result in changes to the mission/strategic plan of your organization with respect to your policy and programs in the area of physical activity?
- Did the publication of the NB result in changes in the behavior of the leadership of your organization?
- Did the publication of the NB result in changes in the beliefs, attitudes, and values of your organization related to your policy and programs in the area of physical activity and aging?
- Did the publication of the NB result in changes in the day-to-day job-related behavior of individuals within your organization with respect to their duties in the area of physical activity and aging?
- Did the publication of the NB result in changes in the performance of your organization in the area of physical activity and aging?

An interview guide was developed to ensure that the same basic lines of inquiry were pursued with each person interviewed. The guide also helped elicit meaningful responses to the major research questions posed in this study.

Document Review. Records, documents, artifacts, and archives constitute a particularly rich source of information about many organizations (Hill, 1993). A review of organizational documents was used to supplement the interview data to increase the authenticity and trustworthiness of the findings. The documents selected for review included the annual reports for each of the three organizations. Annual reports were analyzed for two time periods: (a) 1999, 1 year before the genesis of the NB, and (b) 2003, 2 years after the NB publication. In addition, information regarding annual meetings, conference presentations, publications, and grant-funding opportunities related to physical activity were collected for both 1999 and 2003. The documents collected from each organization are summarized in Table 1. The 1999 and 2003 annual reports were available and evaluated for each organization. No other documents were available for all three organizations for both 1999 and 2003. Accordingly, every effort was made to identify sets of documents available for both 1999 and 2003 within the same organization. In addition to the annual reports, at least one set of documents was identified and analyzed for each organization. One of the challenges of this process was that
some documents never existed, others could not be found, and others had been lost or destroyed.

**Data Analysis**

Both inductive and deductive approaches were used to analyze and interpret the interview and document data. The analytic induction approach was employed to analyze the interview transcripts. Analytic induction begins with an analyst’s deduced propositions or theory-derived hypotheses (Patton, 2002). After or alongside this deductive phase of analysis, the researchers employed inductive analysis to look at the data afresh for undiscovered patterns and emergent understandings (Kaplowitz, 2000).

Data were analyzed by conducting a within-case analysis followed by a cross-case comparison (Creswell, 1998). Within-case analysis was used to examine data on an individual participant level. These analyses provided a rich description of each person’s reaction to the NB and helped identify emerging themes. Cross-case comparisons were used to compare responses and reactions across individuals within and across organizations. Themes that emerged from the interviews were independently identified by three of the researchers and cross-validated until consensus was achieved (Creswell, 1998).

The documents collected by the researchers were analyzed using inductive approaches. All documents were examined using a detailed line-by-line analysis. A careful and systematic search was conducted to identify any information pertaining to physical activity, the NB, elements identified in Burke’s theory of organizational change, and other related topics that had emerged during the interview phase of the study.

**Results**

This section presents findings regarding the responses of the interviewees to each of the five theory-derived interview questions.
Organizational Mission and Strategic Plan

Overall, the interview data from AARP, ACSM, and AoA suggested that the publication of the NB influenced the mission and strategies of participating organizations.

The SL staff member from AARP stated,

We have a specific goal for Americans 50-plus to achieve improved health status through healthy behaviors. . . . We were working on the Blueprint when we began to develop this 10-year agenda. . . . I actually think the National Blueprint has significantly influenced it. . . . Healthy behaviors and physical activity made it onto the agenda.

The SL executive from ACSM stated,

Our Strategic Health Initiative on Aging is a planning document that lays out general goals and objectives for the college. . . . Our work within the National Blueprint probably stimulated further development of these objectives and of what we wanted to achieve.

Similarly, the JL staff members affirmed that their strategies related to physical activity and healthy aging were influenced by participating in the NB process:

We continue to infuse active aging into our department planning, our committee planning, our strategic planning for the college. . . . We have committed to working on several strategic priorities of the Blueprint. (ACSM-JL)

The results of the document analysis were also consistent with the interview data. Comparing the documents collected from 1999 with those from 2003, there was evidence that all three organizations’ mission and/or strategy in the area of physical activity was influenced by the NB coalition. For example, the documents of the 2003 strategic action plan from AARP included specific long-term goals related to physical activity. In addition, the 2003 annual report provided information about AARP’s 10-year social-impact agenda, which included a physical activity component.

ACSM’s 1999 and 2003 annual reports and the board of trustees’ minutes were analyzed. Comparison of these documents indicated that ACSM’s planning and strategies with respect to physical activity and healthy aging had changed from 1999 to 2003. For example, unlike in 1999, the 2003 annual report included two strategic priorities directly related to the promotion of physical activity for seniors. Similarly, reports from the ACSM Strategic Health Initiative on Aging in Exercise Science and Sports Medicine specifically mentioned the impact of the NB on ACSM programming.

In comparison with the 1999 document, AoA’s 2003 annual report was supportive of the primary focus of the NB coalition. It included two priorities related to health and physical activity: to help older people stay active and healthy and to make it easier for older people to access an integrated array of health and social support. However, the other reviewed document, AoA Grants Comprehensive Summary, did not provide any specific information with respect to physical activity.
Leadership Behavior

All interviewees responded positively that the NB coalition had influenced the behavior of their organization’s leadership. AARP’s SL staff member particularly emphasized that the leadership of her organization was more aware of and committed to the NB:

It has supported our leader and reinforced him. He was always committed to the issue of physical activity . . . but the publication of the National Blueprint has enhanced his commitment to it.

The JL colleague concurred:

Yes, the leaders of my organization are aware of the National Blueprint and its goals. The Blueprint is on our operational plan, and we continue to be involved in it. (AARP-JL)

ACSM staff members also concluded that their leadership was aware of and committed to the NB coalition:

The leaders of the organization are aware of the National Blueprint and its goals. I think in general there’s been a good effort under way to make sure that they’re aware of the efforts of ACSM, how ACSM fits in it, and the fact that there is a National Blueprint. (ACSM-SL)

The JL staff member added that the wide variety of NB strategies matched well with the diversity of ACSM’s leadership team:

The awareness factor has increased, [there are] many more members who are older adult specialists, the older adult experts are getting more involved, and that’s a good thing.

The leadership’s strong awareness of and commitment to the NB was discussed by both the SL and JL staffers at AoA:

I’m sure our leader is aware of the Blueprint and its goals, and I think she told us to participate in the Blueprint, and that’s why we did. (AoA- SL)

They definitely are aware of the National Blueprint and its goals because both our assistant secretary and deputy assistant secretary have been keynote speakers at Blueprint organization conferences, so that makes them very aware of what’s going on and what’s happened. (AoA- JL)

Overall, in each of the three organizations the interview data strongly suggested that the leaders of the organizations were aware of and committed to the promotion of physically active and healthy lifestyles.

The document analysis revealed that there were many documents that attested to the leadership’s growing commitment to physical activity. This was particularly apparent in the 2003 documents. For each organization, at least one document included information about the leadership’s commitment to physical activity and healthy aging. The document-analysis data were broadly consistent with the findings from the interview analysis.
The 2003 AARP annual report specified that its leaders were more aware of and more concentrated on issues related to quality of life. In addition, the document noted that the organizational leadership was conscious of the need for collaboration to improve the health of its members. In contrast, the documents published in 1999 did not contain any specific references to the leadership’s awareness and commitment to physical activity.

The 2003 ACSM annual report also included information about the commitment of the leaders to the promotion of physical activity and healthy aging. Compared with the messages of the 1999 leaders, the three representatives quoted in the 2003 annual report emphasized a positive relationship between exercise and aging. The document emphasized the leadership’s strong belief in the need for collaboration and partnerships with other organizations. Although the 1999 annual report briefly discussed the need for collaboration, the references to it were less specific and less concrete than in 2003. Compared with the ACSM 1999 board of trustees’ meeting minutes, the 2003 document covered more topics related to physical activity and healthy aging.

The 1999 AoA annual report was one part of a comprehensive government annual report titled “U.S. Senate Special Committee on Aging, Developments in Aging: 1999 and 2000,” and it did not include any information related to physical activity and aging. However, the 2003 AoA annual report included statements from SL administrators about the importance of active and healthy aging. One AoA leader stated that “AoA helps older people stay active and healthy.” Neither the 1999 nor the 2003 compendium of active grants provided any insight regarding the commitment of the leadership to physical activity and aging-related issues.

Organizational Beliefs, Attitudes, and Values

Most of the interviews indicated that employee beliefs, attitudes, and values regarding physical activity and healthy aging were directly influenced by the NB. However, AARP’s SL executive and JL staff member had a different perspective on this issue. The SL staffer claimed that the NB had strengthened the organization’s belief in the importance of physical activity:

It clearly provides reinforcement to our belief. . . . It absolutely has had an effect on our culture. We have introduced quite a lot of programmatic efforts within the organization to influence our own levels of physical activity.

In contrast, the JL staff member acknowledged the presence of the employee physical activity programs but did not agree with the position that the NB initiative had greatly changed the organization’s culture and the employees’ beliefs about the importance of regular physical activity:

[It’s true] that we were focusing on physical activity, [and] we now have a wellness coordinator with the focus on getting employees to be more active. The change in the organization’s culture . . . the biggest difference I see was not due to the Blueprint but [came] when the association decided to have a social-impact agenda, which was in 2003, and that meant across the association we were working very cross-functionally on issues. (AARP-JL)
The ACSM’s SL and JL staff members affirmed that the NB had influenced the organization’s culture, as well as individual members’ beliefs, attitudes, and values with respect to physical activity and healthy aging:

The National Blueprint overall has helped underscore the whole idea of beliefs, attitudes, and values about the importance of physical activity and healthy aging. . . . ACSM has a commitment and contribution to make in this area and needs to always be thinking along those lines. (ACSM-SL)

The continual involvement is what has changed our culture because we know it’s not just folks who are engaged in physical activity, whether they’re instructors, physical therapists, or personal trainers, who are going to impact change. It’s building the awareness among our members that we have the ability to work on affecting policy changes, we have the ability to become advocates for physical activity in a lot of arenas, and that we have one voice with ACSM. (ACSM-JL)

The AoA’s SL and JL staffers also articulated that the NB had influenced their organization’s culture and beliefs about the advantages of physical activity for healthy aging:

Most of our managers and our program staff would agree about the importance of physical activity for healthy aging, and I suspect that would be something that’s changed over the last 3 or 4 years. (AoA-SL)

The SL participant added,

Nobody would have ever said anything against it (physical activity) or said that it’s not important, but I would say they think it’s more important now [than] they did. So it’s a big change, and the Blueprint contributes to that.

Burke’s theory of organizational change suggests that culture is “the way we do things around here” and addresses deeply held beliefs, attitudes, and values (Burke, 1994). Because of the intangible characteristics of organizational culture, it was hard to document organizational culture relative to physical activity from a simple review of publications. However, an example of an organizational cultural change that could be discerned from the document analysis was that each organization included and discussed more information about physical activity and healthy aging in 2003 than in 1999.

**Job-Related Behavior**

In general, the interview data suggested that the publication of the NB influenced the behavior and responsibilities of individuals working in areas related to physical activity and healthy aging. We note that AARP’s SL and JL staff members did not come to consensus on this issue. The SL employee strongly believed that individual work related to physical activity was directly influenced by the NB:

Individuals’ work in my organization changed because of the National Blueprint. I credit the Blueprint with solidifying our intention to work on physical
activity. It has therefore consumed the work of a significant number of our staff here at our National Office. . . . Their workload is a little different than it was before the Blueprint because now they’re working on this issue [physical activity and healthy aging].

On the other hand, the JL staff member did not agree with the SL staffer’s point of view:

Individual duties changed because AARP has been changing. . . . There were things outside of the National Blueprint that were causing change that had much deeper ramifications than the National Blueprint.

Ironically, the SL staff member mentioned during the interview having hired the JL staffer, an expert in physical activity, because of their organization’s commitment to the NB.

Both SL and JL staff members in ACSM responded that the NB had positively influenced individual performance. They observed increases in work capacity and effectiveness related to physical activity and healthy aging:

Individuals’ performance in my organization has been changed by the National Blueprint. I thought it [National Blueprint] was important from the standpoint of how we would make contributions or how we would organize our contributions in this area [physical activity and healthy aging]. . . . If we had not been involved in the National Blueprint, the division of labor would not have dramatically changed. (ACSM-SL)

My role became much more complicated, my workload increased 10-fold, but I’m not complaining, it was all great. I would not trade a moment of it. . . . In terms of looking at my messy desk with all my papers and stacks of work, if I have to walk in in the morning and say, “What would I prefer to work on today?” it’s always the Blueprint because I find such satisfaction in working with members of the Blueprint representative groups. It’s always a pleasure; they’re always so hard working and very goal oriented. (ACSM-JL)

Both AoA staff members had similar opinions regarding the influence of the NB on individual duties and workloads:

I was doing some work [related to physical activity] before, but since the Blueprint, I have been doing more. . . . I think it’s fair to say that people always do more if it’s easier, and the Blueprint’s definitely made it easier for me to pursue [these] interests in the physical activity area. (AoA-SL)

A handful of individuals in my organization [have] been changed by the National Blueprint. Our leader has been influenced by it, and I certainly have in my work, and the “You Can!” campaign certainly has been influenced by it. (AoA-JL)

Because the collected documents from the three organizations did not specify or identify any individual’s work description related to physical activity and healthy aging, it was not possible to obtain any documentary evidence regarding this particular research question.
Organizational Performance

All agreed that the NB process had enhanced their organization’s performance in the area of physical activity and healthy aging. Both SL and JL staff members at AARP agreed that their organization’s participation in the NB helped develop and strengthen their organizational performance in the area of physical activity and healthy aging:

We’re trying to enhance our work as one organization that has decided this is one of our priority areas, and it is a way for us to enhance our work by collaborating with the other organizations that are doing work on the Blueprint. (AARP-SL)

Our work in physical activity has been strengthened by the National Blueprint. For example, our dashboard goal for 2005 in physical activity is that we will increase from something like 35 to 40 percent the number of people who increase their walking as a result of AARP’s “Can We Walk It?” program. (AARP-JL)

The ACSM’s SL and JL staffers reached similar conclusions. They stated that their organization’s commitment to promoting physical activity among adults age 50 and older was influenced by the NB:

The efficiency and the collaborative opportunities have been available to us. The kind of constant reminders of the importance of the issue and all of those things I think have been strengthened by the National Blueprint. (ACSM-SL)

It [National Blueprint] enhanced our organization. We were looked at as experts in physical activity, but now we have elevated ACSM to again being prominent leaders in the field of physical activity and the older adult. (ACSM-JL)

At AoA, both the SL and JL staffers agreed that their organizational performance related to increasing physical activity and healthy aging was clearly enhanced by the implementation of the NB:

We are just beginning to get more done in the physical activity area, and we have a long way to go but we’re making progress. We are working on the development of national legislation, which is the reauthorization of the Older Americans Act. It is a national issue, at least for older people, and we’re trying very hard to have a new physical activity program be a major part of the Older Americans Act. (AoA-SL)

It [National Blueprint] has reinforced that physical activity is very important, should be a concentration, and should be a part of what we do. We knew it before the Blueprint, but if we hadn’t participated in the Blueprint, our work in this area may have been minimal or nonexistent. (AoA-JL)

In comparison with documents from 1999, 2003 publications demonstrated increased organizational activity in the area of healthy aging and physical activity. For instance, the AARP 2003 annual report and strategic action plan emphasized
the importance of AARP’s collaborative work with other organizations to enhance their work in the area of healthy aging and physical activity promotion.

The 2003 ACSM annual report and ACSM board of trustees’ meeting minutes included considerable information about its work in the area of aging and physical activity compared with 1999. For example, the 2003 ACSM board of trustees’ minutes contained three subsections that specifically discussed healthy aging and physical activity. Similarly, the AoA 2003 annual report and AoA compendium of active grants demonstrated an increased focus on AoA’s work related to physical activity compared with 1999. For instance, the 2003 report provided information on the “You Can! Steps to Healthier Aging” campaign, the National Resource Center on Nutrition and Physical Activity, and the Nutrition Services Incentive Program.

Discussion

The findings of this study suggest that the NB constructed a framework for planning and implementing collaborative actions of national organizations to promote physical activity to older adults. There are several distinct differences between the NB initiative and prior physical activity campaigns (Chodzko-Zajko & Schwingel, 2009). First, the NB initiative was designed to target primarily organizations as opposed to focusing on communicating messages to individual members of the public (Chodzko-Zajko et al., 2005). This focus on organizations resulted in a previously unprecedented level of communication and collaboration among organizations. For example, ACSM provided support and assistance to other organizations by hosting workshops and physical activity summits designed to produce specific products and consensus statements (ACSM et al., 2009). In addition, the NB office collaborated with AoA and the National Council on the Aging to develop and implement a new federal grant program designed to increase older people’s access to evidence-based prevention programs in the area of physical activity (National Council on Aging, 2007). Second, the NB strategic plan provided organizations with a clearly articulated plan of action (Park et al., 2008) in contrast to prior initiatives such as Healthy People 2000 and Healthy People 2010, which provided physical activity “targets” for the nation but did not provide any specific strategies by which to achieve these goals (U.S. Department of Health and Human Services, 1990 & 2000). Third, by funding local community minigrants, the NB for the first time explicitly attempted to translate national initiatives into effective local community interventions (Chodzko-Zajko et al., 2005).

The findings of this study suggest that the NB had a direct influence on AARP, ACSM, and AoA strategy related to physical activity. Both leaders and workers expressed an increased commitment to physical activity. Annual reports and other documents revealed an increased emphasis on physical activity from 1999 to 2003. Our data suggest that a “cultural shift” occurred in organizational attitudes and behaviors over the time course of the NB initiative. It is possible that these organizational changes may have occurred in the absence of the NB partnership. However, Burke’s system theory suggests that organizational change is most likely to occur in response to a clearly identifiable external stimulus. In this case, the infusion of a significant number of research dollars by the Robert Wood Johnson Foundation (2008) and others and the mobilization of 50 national organizations
around a consensus strategic plan is a plausible external factor that could have facilitated such changes in organizational behavior and culture.

How helpful was Burke’s system theory for understanding organizational response to the NB? Organizational change theory provides insight into the general processes involved in change in organizations and other groups (Jex, 2002). Burke’s system model (1994) predicts complex and often reciprocal interactions among the external and internal components of the model. The findings of this study are consistent with Burke’s model to the extent that in all three organizations we observed changes occurring with respect to leadership behavior, organizational culture, mission, and strategy, as well as individual and organizational performance.

This study was not designed to prescribe a step-by-step methodology to guide organizations with respect to how they should respond to a new public health initiative. Rather, we sought to describe the complex interactions among the elements of Burke’s organizational change model in each selected organization. Our goal was to provide new insight with respect to how organizations respond to new opportunities and initiatives. One of the clear findings that emerged from this study is that support and encouragement from senior leadership was a key element in fostering successful change in organizations in response to the publication of the NB. Furthermore, our data suggest that organization leaders are both aware of and responsive to external stimuli such as increased funding opportunities, increased national visibility, and an opportunity to partner with other “high status” organizations. Additional research that examines more closely the behavior and attitudes of CEOs and senior staff is needed to shed light on how they can facilitate or retard change and evolution in organizations.

In summary, this research was conducted to evaluate the impact of the NB on the policies, programs, organizational culture, and individual and organizational performance of three selected national organizations. The publication and establishment of the NB resulted in changes in the operating procedures of AARP, ACSM, and AoA. The results were broadly consistent with Burke’s system theory of organizational change. This was reflected in the behavior of leaders, organization culture, policies, programs, and individual and organizational performance. The evaluation of organizational responses to the NB using qualitative methods provides new insight into the impact and effectiveness of a major public health campaign.

References


