Title: Western Bulldogs Sons of the West Program Ripple Effects: Building Community Capacity.

Authors

• Lucio Naccarella, Centre for Health Policy, Melbourne School of Population and Global Health, The University of Melbourne
• David Pickering-Gummer, Western Bulldogs Community Foundation (former), Community Health and Wellbeing Manager
• Dimity Gannon, Western Bulldogs Community Foundation, (current) Community Health and Wellbeing Manager.
• Catherine Dell’Aquila, Western Bulldogs Community Foundation Health Pathways Coordinator
• Alyssa Huxtable, Western Bulldogs Community Foundation Community Health Promotion Coordinator
• Kieran Keane, Western Bulldogs Community Foundation (former) Community Health Promotion Coordinator

Key Corresponding Author: Lucio Naccarella, l.naccarella@unimelb.edu.au

Abstract

Professional sporting organisations can provide lifestyle-based community health improvement Programs. Since 2014 the Western Bulldogs Australian Football League Club through its Western Bulldogs Community Foundation (WBCF) has invested with community partners in the Sons of the West (SOTW) Program, a 10-week Program targeted at hard-to-reach men aged 18 years and over living in Victoria’s West. The SOTW Program aims to increase its participants physical activity, social connectedness, and overall health. Evaluations by the Western Bulldogs Community Foundation revealed SOTW is positively contributing to improved healthier lifestyles and health of participants. Anecdotal reports revealed the SOTW was creating ripples far beyond the Programs expectations. To evaluate the SOTW Program ripple effects, in 2016/2017 the Western Bulldogs Community Foundation’ funded the University of Melbourne. An adapted ‘Ripple Effect Mapping’ approach was used including 13 focus group discussions with 100 SOTW participants. The SOTW Program is improving men’s social connections, health promoting behaviours, health literacy and creating ripple effects including: local community participation, increased volunteerism; enhanced reciprocity; and increased leadership. Community capacity building frameworks can explain the SOTW Program ripple effects. Professional sporting organisations can provide lifestyle-based health improvement Programs and empower men to contribute to building community capacity.
Introduction

Men’s health and wellbeing is recognised as an important issue for the whole community (Peerson and Saunders 2009). Men are reported to be less proactive with their own health; engage in a range of lifestyle risk factors such as smoking, excess alcohol consumption and insufficient fruit and vegetable consumption; underutilise health services; have smaller social networks; and have lower rates of participation in health promotion activities (Smith et al. 2006). These factors contribute to high rates of preventable chronic diseases including mental illness, cardiovascular diseases and cancer (Australian Institute of Health and Welfare 2012; Grealy et al. 2016). Men living in Victoria’s West face some of the toughest health challenges across the state (Grealy et al. 2016).

Many of the health issues experienced by the men living in Victoria’s West are preventable through lifestyle behaviour change and better access to health services and information. A number of men’s health and well-being initiatives have been developed to support men to take action to improve their health and wellbeing (https://www.livingwell.org.au/wp-content/uploads/2012/11/Victoria_mens_health_strategy.pdf). Evidence exists that professional sporting organisations can encourage engagement in lifestyle-based health improvement Programs by acting as a vehicle for connecting with and attracting men from hard-to-reach populations (Pringle et al. 2013; Pringle et al. 2014; Curran et al. 2016). Within the United Kingdom, English Premier League Football clubs have delivered multiple health Programs for hard-to-reach men in collaboration with local community partners. For example: the Liverpool Football Club’s Men’s Health Program (http://foundation.liverpoolfc.com/mens-health); Burton Albion Football Club Older Adults Program (Pringle et al. 2014); the Premier League’s Creating Chances’ Program (White et al. 2012); and the Premier League Health Program (White et al. 2012).

Evidence indicates that health improvement Programs associated with professional sporting organisations can have positive outcomes. These include; connecting people from all walks of life, attracting those experiencing health inequalities and at risk of developing chronic disease, increasing levels of physical activity, improving fruit and vegetable intake, decreasing high fat food consumption, reducing alcohol consumption and improving quality of life (Pringle et al. 2014; Hunt et al. 2014). Using professional football as a platform to recruit and engage hard-to-reach men to lifestyle-based health improvement Programs has been premised on the complex interplay of three factors: place (football ground or training venue); the people (the players and facilitators); and the process of delivery (Program, promotions and packaging) (White et al. 2012). Sporting clubs also play a significant role in the facilitation of community health, given their prominence in the media and popularity...
To address poor health outcomes for men in Melbourne Victoria’s West, the Western Bulldogs Football Club through its Western Bulldogs Community Foundation (WBCF) leveraged its capacity as a community leader and established a Men’s Health Program called Sons of the West (SOTW) in 2014. Based off a similar concept implemented by the Liverpool Football Club, The SOTW Program is an asset-based population health promotion Program targeting men aged 18 years or older living in Victoria's West. The SOTW Program uses sport (primarily AFL) as an engagement tool to support men to be physically active, increase social connectedness and improve mental well-being and overall health by encouraging behaviour change.

The SOTW Program is a three-year model. This means, over the course of three years, participants are empowered to make substantial behaviour changes. Men attending their first Program are called "Recruits", those returning for a second year are called “Graduates”, those in their third year are called "Captains". (Year 1 - “Recruits”; Year 2 - “Graduates” and Year 3 - “Captains”). In 2016 and 2017 the SOTW Program was delivered over 10-weeks and comprised of two hours of contact time per week. Participants attended hour-long information sessions on a topic relevant to men’s health, followed by an hour of fun and supportive group-based physical activity. Education topics in the 2016 and 2017 SOTW Programs focussed on: nutrition and healthy eating; mental health and resilience; importance of physical activity and reducing sedentary behaviour; promoting regular cancer screening, gambling and how to access support services; raising awareness of family violence within the community by challenging masculinity and promoting gender equality. To cater for a range of physical abilities, the physical activity sessions were facilitated by exercise physiologists and personal trainers and included input from Occupational Therapy students to minimise barriers to participation in activities. Participants also had access to a provisional psychologist with whom they were able to build rapport and trust within a de-stigmatised, intimate group environment. In 2016, the WBCF identified an opportunity to engage and empower participants who had completed the Program. As a result, the Leadership Academy was established for participants who wished to build further leadership skills and have a positive impact in their community.

The WBCF uses a partnership approach to deliver the SOTW Program. Partners include key entities from across health (i.e., Victorian Health Promotion Foundation, Primary Health Networks; local health services), sport (i.e. Western Bulldogs Football Club), education and not-for-profit (i.e., Heart Foundation); corporate and government sectors (i.e. Department of Health and Human Services and
local Councils). Partnering with a diverse range of organisations strengthens SOTW Program credibility, accountability, transparency and sharing of resources and expertise. In 2016/17 the SOTW Program was delivered in multiple locations in nine local government areas across Victoria’s Western region.

Questionnaires administered pre and post Program by the WBCF with Victoria University in 2016 and 2017 revealed that the SOTW Program positively contributed to the physical and mental health of its participants. In particular, improvements in health literacy, physical activity, resilience, social connections and engagement with primary health care were reported. Anecdotal reports also revealed that the SOTW Program was creating ‘ripples’ far beyond the SOTW Program expectations.

Methods
In 2016 and 2017 the WBCF engaged the University of Melbourne to evaluate the SOTW Program ripple effects. The evaluation approach and methods were informed by debates about evaluating population-based community health promotion Programs in general and those specifically about the English Premiers League’s football-led improvement Programs.

Evaluating changes in individuals, groups, organisations, or communities resulting from population-based community health promotion Programs are recognised as challenging (Rennekamp and Arnold 2009). Such Programs traditionally seek to empower the community, recognising and valuing diversity, and build upon the individual and local community strengths. Adhering to the interdependence principle of systems theory and ecological theory, planned multilevel community interventions often create unanticipated ripples in the community; which either go unobserved, unappreciated, or simply undocumented (Trickett 2009). Traditional impact evaluation, experimental and other quantitative methods are not sufficient to demonstrate the effectiveness and outcomes of such Programs. Thus, these methods provide limited insights into the process that brought about change or the context of change observed because of the population-based community health promotion Programs.

Investment in the English Premier Football League’s lifestyle-based health improvement Programs led to debates about the difficulties and strategies for evaluating football-led improvement schemes (Pringle et al. 2014). Recognition exists for the need to balance the demands of intervention delivery with demands of evaluating the effects of the intervention. In a community setting, approaches that blend practicality – addressing low literacy, suspicion about completing forms – with concerns for validity and reliability are advocated (Pringle et al. 2014). Pringle et al. (2014) advocated for
evidence informed evaluation approaches and frameworks such as - realist evaluations (What works for whom in what circumstances?) (Pawson and Tilley 1997).

17 and RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) - a public health promotion framework that recognises the complex and dynamic nature of population health promotion initiatives (Glasgow et al.1999).

On the basis of debates and discussions with the WBCF, the SOTW Program ripple effects evaluation was informed by a realist evaluation approach and the RE-AIM framework. Overall, the evaluation aimed to assess what makes the SOTW Program work for whom, and in what circumstances. Specific evaluation objectives included:

- To assess the reach of the SOTW Program impacts
- To assess the level of engagement and interaction of the SOTW Program with the participating men, their families, colleagues and/or friends
- To assess to what extent SOTW Program was implemented as intended, and what contextual factors may exist
- To assess the effectiveness - key achievements – outputs/actions and outcomes/ripples resulting from the website and communication campaign
- To assess the sustainability of actions/outputs and effects/outcomes resulting from the SOTW Program, and what contextual factors may influence their sustainability?

With regard to evaluation methods, Patton (2006) has argued that it is important to maximize community engagement by involving communities in evaluation methods that inform and motivate them. An evaluation approach was required that engaged, empowered and energized SOTW Program participants in assessing the ripples resulting from the SOTW Program. An existing participatory qualitative realist impact evaluation approach and method was used - namely: Ripple Effect Mapping (Kollock 2011)- developed as a method to conduct impact evaluation that engages stakeholders to retrospectively and visually map the “ripple effects” resulting from a Program, complex intervention or initiatives. Ripple Effect Mapping has been used to evaluate multiple community development Programs. For example, the “Horizons Program” - an 18-month community-based Program delivered to strengthen leadership to reduce poverty (Welborn et al. 2016) and to evaluate the impacts of youth Programs on building social capital (Baker and Johannes 2013).
Given time and resource constraints, an adapted Ripple Effect Mapping process with SOTW participants was used (via focus groups using a discussion outline). This focused on five domains:

1. Motivations to participate in SOTW Program
2. Actions taken by men participating in the SOTW Program
3. Ripples resulting from participants in the SOTW Program
4. Contextual factors influencing actions and effects on men participating in the SOTW Program
5. Sustaining the SOTW Program actions and effects

The group discussions transcriptions were coded and analysed using the constant comparative thematic analysis approach (Strauss and Corbin 1998), which identified themes through a three step iterative coding process: 1) Open coding – identifying coding categories; 2) Axial coding - identifying coding categories that reflect the nexus of open codes; and 3) Selective coding – identifying the central story(ies) by examining the relationships between the codes.

The 2016/2017 SOTW Program evaluation received ethics approval from The University of Melbourne Human Ethics Advisory Group.

Results

Evaluation Participants

A total of 13 focus group discussions were conducted with 100 men: six in 2016 (n=53 men) and seven in 2017 (n=47 men). Participants involved in the focus groups represented all three SOTW Program year levels: Year 1 (n= 54); Year 2 (n=34); and Year 3 (n=12) and were diverse in ages and cultural background. Given that approximately 2500 men have participated since 2014, the 100 evaluation participants are not necessarily representative of the entire cohort but they do illustrate an array of experiences.

The next section presents findings from the combined 2016 and 2017 evaluations under the five domains listed above. Key illustrative quotes are provided in Table 1.

Insert Table 1 here

Motivations for participating in the SOTW Program

SOTW Program participants reported extrinsic and intrinsic motivations influencing them attending the Program. Extrinsic motivations included: advertisements on radio, in newspapers, on TV (e.g.,
Footy Show), in public places (e.g., library), on billboards, via Facebook, Men’s Shed, Heart Foundation Walks; encouragement by family members (wife, brother), neighbours and workplace mates; referrals by health care professionals (physiotherapists, Community Health Service staff); the link to the Western Bulldogs and provision of free t-shirts. Intrinsic motivations included: desire to improve knowledge about social, physical and mental health, their health and well-being; or to build a sense of belonging and social connections.

**Actions taken because of the SOTW Program**

SOTW Program participants reported taking multiple actions related to: social connections, health promoting behaviours, and improved health literacy capacity. SOTW participants commented about connecting with old and new friends. In addition they discussed multiple health promoting behaviours including: participating in recommended health checks (e.g., prostate cancer), becoming more physically active; increased walking; joining Heart Foundation walking groups; joining Life Programs; joined Gyms; reducing weight; reducing smoking; reducing alcohol consumption; dealing/coping better with life and work pressures; seeking health care (i.e., spoke to psychologist regarding pain management; joined “Locker Room”); and reading food product labels more. SOTW participants also reported increased health literacy capacity. This was demonstrated through: increased knowledge about men’s issues; increased skills and confidence to take action on their health (e.g., weight).

**Ripples resulting from participating in the SOTW Program**

Multiple ripple effects emerged from focus group discussions. These have been clustered into four domains: 1) local community participation, 2) increased volunteerism; 3) enhanced reciprocity; and 4) increased leadership. Men reported increased local community participation including: joining other local men’s specific initiatives and community groups; starting committees for golfing, fishing; and reaching out to local Lion’s Clubs and Rotary Clubs. Men also reported increased volunteerism as demonstrated by men volunteering with local community groups and their local community. Men reported an enhanced sense of reciprocity – as illustrated by seeing the bigger picture; being outward focussed; having an increased sense of joy; becoming more mindful of family members; and changed ways of thinking. Lastly, while the men did not use the term “leadership”, they reported increased leadership attributes, such as: sharing information with their families, friends, workmates, clubs, community groups (e.g., Indian Senior Citizens) and inspiring others to join the SOTW Program.

A key quote illustrating the community capacity building ripple effects can be seen below:
“I think the core of the success is it’s actually creating community. The communities are growing...This is supposed to be a 10-week course - and there are breakout communities. There are larger ones, there are those little communities affecting other communities. Those ripples are huge”. (2017 SOTW Program participant)

Factors influencing the men’s actions and benefits.

SOTW Program participants reported multiple enablers and barriers influencing their actions and benefits (Table 2)

Another theme which emerged was the SOTW Program can support participants to sustain their health actions and the perceived health benefits. These have been clustered into an individual, organisational and community level (Table 3).

Discussion

This evaluation has confirmed that using the brand of professional sporting organisations (e.g., Western Bulldogs) can be a vehicle for delivering population-based community health Programs (e.g., SOTW) to improve the health and well-being of its participants.

At an operational level, the SOTW Program has clear strengths including: a three-year model and local Program Coordinators (who are non-judgemental and personable); the ability to provide a free, safe and supportive environment for all men to improve their health knowledge and skills related to mental, social, physical health and well-being; foster social connections with other men – irrespective of whether the men are attending for their first, second or third year. The SOTW Program is a community driven and place-based initiative which capitalises on the Western Bulldogs Football Club brand to engage community members. The WBCF builds reputable local community partnerships to deliver the Program which will be particularly important for sustainability into the future.

The SOTW Program faces key challenges including: Program expansion secondary to growing interest, catering for participant diversity (e.g., culturally and linguistically diverse participants), maintaining momentum and ongoing participant connection remaining a locally tailored and responsive Program.
The evaluation has revealed multiple ripple effects beyond the SOTW Program expectations. Examples of these ripples include: increased local community participation, increased volunteerism; enhanced reciprocity; and increased leadership. At a conceptual level, these ripples resonate and align with existing theories about community capacity building (Wendel et al. 2009) hence evaluation findings will now be discussed from the theoretical concept of community capacity.

Over two decades ago, community capacity as a theoretical framework was explicitly linked as community level approach to health promotion and reducing health disparities through the WHO Ottawa Charter for Health Promotion (World Health Organization 1984). Community capacity has been viewed as both a means of achieving community health development as well as an outcome of community health interventions (Burdine et al. 2007). Community capacity has been conceptualised as “a set of dynamic community traits, resources, and associated patterns that can be brought to bear for community-building and community health improvement” (Wendel et al. 2009).

Furthermore, Wendel et al. (2009) have identified seven established dimensions of community capacity. These are 1) skills, knowledge and resources; 2) social relationships; 3) structures and mechanisms for community dialog; 4) quality leadership; 5) civic participation; 6) value system; and 7) learning culture. Table 4 illustrates the SOTW Program ripple effects using Wendel et al. (2009) dimensions of community capacity.

Insert Table 4 here

As demonstrated in Table 4, the dimensions of community capacity can enhance our theoretical understanding of what makes the SOTW Program work, for whom and in what circumstances at a community level. It is acknowledged this evaluation only provides a snapshot of the SOTW Program at a point in time - and that the sustainability and economic benefits of the community capacity building dimensions require further evaluation. Furthermore, it is recognised that challenges exist in the best ways to evaluate the community capacity building dimensions lifestyle-based health improvement Programs which use professional sporting brands as an engagement tool, and the multiple interactions and multiple contexts within which community capacity changes over time because of these Programs.

Reflections on Evaluation Methodology

The Ripple Effect Mapping methodology generated rich evidence about the complexity of the SOTW Program impacts and ripple effects. As a participatory evaluation method, the methodology highlighted the deep connections developed by men while participating in the SOTW Program. The
methodology also brought participants together, enabling them to reconnect with other men from across the Program. In turn, building social capital among SOTW participant, via bonding capital (re-kindling existing connections with men) and bridging capital (connecting with new male peers) (Putnam 2000). While the Ripple Effect Mapping methodology has multiple benefits, a limitation is the risk of bias in participant selection, resulting in selective or incomplete information about actions or outcomes. However, given the range of views expressed by all evaluation participants during the focus groups, we consider the methodology to be successful in capturing the diversity in the SOTW participant experiences.

Conclusions

Professional sporting organisations, such as the Western Bulldogs Football Club, have potential to be powerful channels for engagement within local communities. Health and lifestyle focused Programs which are endorsed by and have symbolic attachment to professional football clubs (e.g., SOTW) have been shown to effectively connect with subgroups of the population who have routinely been considered as “hard to reach” (i.e., vulnerable men) and empower them to contribute to community capacity building. Given that key contextual enablers and barriers exist to the SOTW Program and that key requirements exist to consolidate the investment in the SOTW Program by the WBCF, funding bodies and Program partners, to sustain the effect and ripples, the following recommendations have been made:

- Continue to invest in local community partnerships, have an emphasis on community capacity building, and support the men to be change agents in their local context.

- Expand community focus of SOTW by applying principles of Community Capacity to inform SOTW Program development, implementation and evaluation.

- Support other professional sporting organisations to implement lifestyle-based health improvement Programs, and to empower participants to contribute local community capacity building.

ACKNOWLEDGEMENTS

This evaluation was funded by contributions from State Government of Victoria (Department of Health and Human Services), Victorian Health Promotion Foundation, Watergardens Town Centre, EML, North West Melbourne Primary Health Network and the Helen MacPherson Smith Trust.
We wish to acknowledge the contribution and support from several major Program partners and would like to thank all who assisted in the delivery of the 2016 and 2017 SOTW Program. We also wish to thank the SOTW Program participants, as without their cooperation this evaluation work would not have been possible.
References


Published.


Table 1: Key Illustrative Quotes

<table>
<thead>
<tr>
<th>Illustrative Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motivations for participating in the SOTW Program</strong></td>
</tr>
<tr>
<td>• <strong>Extrinsic Motivations</strong> - For me I started because I just saw it advertised and I thought it would be a good thing. (2016 SOTW participant)</td>
</tr>
<tr>
<td>• <strong>Intrinsic Motivations</strong> - I just wanted to do the exercise and to learn a bit more about men’s health because I’m getting to that age where things have got to be checked and so I just wanted a bit more understanding and I enjoy the exercise part of it as well. (2017 SOTW participant)</td>
</tr>
<tr>
<td><strong>Actions taken as a result of participating in the SOTW Program</strong></td>
</tr>
<tr>
<td>• <strong>Social Connections</strong> – I now know about 50 guys that I never knew before, and 99 per cent of them are really nice blokes (2016 SOTW participant)</td>
</tr>
<tr>
<td>• <strong>Health Promoting Behaviours</strong> – Well I’m more out and about and doing more things. I get on me bike regularly and go riding. I do a lot of walking (2016 SOTW participant)</td>
</tr>
<tr>
<td>• <strong>Improved health literacy capacity</strong> – Education. So getting educated about what to do with your health and diet. Mateship and exercise. (2016 participant)</td>
</tr>
<tr>
<td><strong>Ripples resulting from participating in the SOTW Program</strong></td>
</tr>
<tr>
<td>• <strong>Local community participation</strong> – Since the Sons of the West finished, we thought that we need something to carry it on, so we’ve started a walking group. (2017 SOTW participant)</td>
</tr>
<tr>
<td>• <strong>Increased volunteerism</strong> – I get something out of it because I feel like I’m helping someone, helping other people and I’ve been wrapped to be speaking this year, and the amount of people who have come up and said, thanks for telling us, it’s helped us a little bit. (2017 SOTW Program participant)</td>
</tr>
<tr>
<td>• <strong>Enhanced reciprocity</strong> – I think the Program is very generous to us, and then I think it’s natural we want to reciprocate and people were very open and willing to share in that environment and come together. We hear people telling their story and then we feel, oh, my God, what’s my little problem? (2017 SOTW Participant)</td>
</tr>
<tr>
<td>• <strong>Increased leadership</strong> – Just spread the word with the guys at work. (2016 SOTW participant)</td>
</tr>
</tbody>
</table>
Table 2: Contextual Factors influencing SOTW participants’ actions and benefits

<table>
<thead>
<tr>
<th>Influencing Factors</th>
<th>Illustrative Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enablers</strong></td>
<td></td>
</tr>
<tr>
<td>• A free Program that is inclusive, does not judge but creates a safe space for men in different locations to share their stories</td>
<td>• Not judged on who you are. What you look like. Where you come from. Anything. You just walk in the room and you're all blokes. (2016 SOTW Program participant)</td>
</tr>
<tr>
<td>• Program Coordinators with relational, technical qualities and lived experiences</td>
<td>• I think one of the keys is no one has judged anyone. No one has asked why are you here? (2017 SOTW Program participant)</td>
</tr>
<tr>
<td>• Program presenters with real-life expertise, lived experience and inspiring stories</td>
<td></td>
</tr>
<tr>
<td>• A Program built on partnerships; and community facilities</td>
<td></td>
</tr>
<tr>
<td>• Goodwill from Community Health Centres; support from family and workmates; approachable health professionals (e.g., psychologists, physiotherapists and other allied health professionals)</td>
<td></td>
</tr>
<tr>
<td><strong>Barriers</strong></td>
<td></td>
</tr>
<tr>
<td>• The participants reported 10 week SOTW Program is too short</td>
<td>• Probably some of the instructors that came in were a bit heavy. Some of them didn’t realise the limitations of the people they were with. (2016 SOTW Program participant)</td>
</tr>
<tr>
<td>• Variable clarity as to why the SOTW Program content has changed from year to year</td>
<td>• I think they could have tailored it to a country environment a little bit better. ...Having local speakers that we can actually relate to and communicate with in our own environment. (2017 SOTW Program participant)</td>
</tr>
<tr>
<td>• Variability in venues regarding: comfort (e.g., lighting, temperature, size) and access to transport</td>
<td></td>
</tr>
<tr>
<td>• Lack of time to ask questions in the education component (first hour of the Program)</td>
<td></td>
</tr>
<tr>
<td>• SOTW Program groups were too large (in certain locations), influencing ability to engage and interact</td>
<td></td>
</tr>
</tbody>
</table>
Table 3: SOTW Participant Suggestions for Sustaining Men’s Actions and benefits.

<table>
<thead>
<tr>
<th>Individual level:</th>
<th>Organisational level:</th>
<th>Community level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SOTW providing more incentives to maintain motivation and momentum</td>
<td>• SOTW keeping the focus on men and social connections</td>
<td>• Increasing the SOTW Program links to other AFL clubs, Victorian Police; Country Fire Association, community groups, Men’s Shed’s, and other sporting clubs (e.g., Bowling clubs) and non-sporting clubs (e., Lions’ Club)</td>
</tr>
<tr>
<td>• Supporting SOTW graduates to be mentors, buddy’s within the Program, encouraging ambassadors and advocates for the SOTW</td>
<td>• SOTW keeping and expanding the “pre-season” Program and “Premiership Season” Programs</td>
<td>• Promoting community capital building aspect of SOTW in addition to men’s health and well-being; and continuing to support men “giving back / goodwill” to the local community.</td>
</tr>
<tr>
<td>• SOTW providing ways for men to track and assess their own weight levels</td>
<td>• SOTW updating the SOTW Program website with current achievements from the participants</td>
<td>• SOTW involving local councils more; providing an “off-season” Program (e.g., BBQs with walking groups or “Family Nights”)</td>
</tr>
<tr>
<td>• SOTW having new guest presenters; having different and new education content (e.g., Budgeting/Financial literacy; Kick boxing; Dealing with Autism; Dealing with Dementia; Podiatry)</td>
<td>• SOTW increasing the use of digital communication (e.g., text messages) to keep the motivated during and after the Program finished</td>
<td>• Options for men to attend the SOTW Program during the day and the evening.</td>
</tr>
<tr>
<td>• SOTW providing opportunities to support local SOTW Program Coordinators</td>
<td>• Options for men to attend the SOTW Program during the day and the evening.</td>
<td>• SOTW involving additional younger men in the SOTW Program</td>
</tr>
<tr>
<td>• SOTW involving additional younger men in the SOTW Program</td>
<td>• Options for men to attend the SOTW Program during the day and the evening.</td>
<td>• SOTW providing a ‘Handbook’ or ‘Manual’ for men to refer to after the Program has finished.</td>
</tr>
<tr>
<td>• SOTW providing a ‘Handbook’ or ‘Manual’ for men to refer to after the Program has finished.</td>
<td>• Options for men to attend the SOTW Program during the day and the evening.</td>
<td>• SOTW involving additional younger men in the SOTW Program</td>
</tr>
</tbody>
</table>

• Options for men to attend the SOTW Program during the day and the evening. | • Options for men to attend the SOTW Program during the day and the evening. | • Options for men to attend the SOTW Program during the day and the evening. |
Table 4: Dimensions of Community Capacity and examples of SOTW Program contributions

<table>
<thead>
<tr>
<th>Dimensions of Community Capacity</th>
<th>Examples of how the SOTW Program contributes to Building Community Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skills, knowledge and resources</strong> <em>(Development of and access to resources and skills within the community)</em></td>
<td>The SOTW Program is building participants’ health literacy capacity as demonstrated by increased knowledge about health issues; behaviour changes and increased skills and confidence to take action to better their own health.</td>
</tr>
<tr>
<td><strong>Social relationships</strong> <em>(Sense of community; social capital)</em></td>
<td>The SOTW Program is supporting its participants to build social capital, especially bonding capital (re-connecting with men they were previously acquainted with) and bridging capital (connecting with new men).</td>
</tr>
<tr>
<td><strong>Structures and mechanisms for community dialog</strong> <em>(Social and inter-organizational networks; Mechanisms for communication and citizen input)</em></td>
<td>The SOTW Program and the involvement of local community partners has created a safe non-judgemental space for its participants to become aware of community issues and to identify opportunities for collective action in Victoria’s West (e.g., Men’s shed). This evaluation has shown how the SOTW Program is providing a place-based platform for men to support each other and be part of a peer support network. The SOTW is also providing the opportunity for multi-generational family members to support each other, to re-build relationships and respect between each other.</td>
</tr>
<tr>
<td><strong>Quality leadership</strong> <em>(Effective and sustainable community leadership and leadership development)</em></td>
<td>The SOTW Program is supporting and empowering its participants to become ‘change agents’ – by sharing information and lived experience on men’s health issues, inspiring other men and acting as role models to their immediate families, friends, and workmates to join in health improvement Programs.</td>
</tr>
<tr>
<td><strong>Civic participation</strong> <em>(Distribution of community power and ability for citizens to participate in community process)</em></td>
<td>The SOTW Program is inspiring and empowering its participants to give back, to work together and volunteer themselves as a resource to their local community. Men are joining and becoming members of other community organisations (e.g., Men’s Shed, Heart Foundation Walking groups) and becoming active citizens of their communities.</td>
</tr>
<tr>
<td><strong>Value system</strong> <em>(Shared community values that support democracy, inclusion, and social justice)</em></td>
<td>The SOTW Program is not just supporting its participants to: improve their health care practices; quality of life; and social behaviours, but supporting men to change their attitudes and mindsets, to have an outward focus, being driven by mutual benefits (not limited to only their own individual needs); mutual-awareness and compassion, empathy, gratitude and mindfulness for one another.</td>
</tr>
<tr>
<td><strong>Learning culture</strong> <em>(Understanding and awareness of community history and ability to critically reflect on shared experiences)</em></td>
<td>The SOTW Program has supported its participants to critically reflect upon their own assumptions and shared experiences as men living in Victoria’s West, and to consider alternative means of thinking about not only men’s health but their communities problems and ways of taking action to address these needs.</td>
</tr>
</tbody>
</table>