

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

2 **Authors**

- 3 • Lucio Naccarella, Centre for Health Policy, Melbourne School of Population and Global Health,
4 The University of Melbourne
- 5 • David Pickering-Gummer, Western Bulldogs Community Foundation (former), Community Health
6 and Wellbeing Manager
- 7 • Dimity Gannon, Western Bulldogs Community Foundation, (current) Community Health and
8 Wellbeing Manager.
- 9 • Catherine Dell'Aquila, Western Bulldogs Community Foundation Health Pathways Coordinator
- 10 • Alyssa Huxtable, Western Bulldogs Community Foundation Community Health Promotion
11 Coordinator
- 12 • Kieran Keane, Western Bulldogs Community Foundation (former) Community Health Promotion
13 Coordinator
14

15 **Key Corresponder Author:** Lucio Naccarella, l.naccarella@unimelb.edu.au

16

17 **Abstract**

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

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37 Introduction

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

46

47 Many of the health issues experienced by the men living in Victoria's West are preventable through
48 lifestyle behaviour change and better access to health services and information. A number of men's
49 health and well-being initiatives have been developed to support men to take action to improve
50 their health and wellbeing ([https://www.livingwell.org.au/wp-](https://www.livingwell.org.au/wp-content/uploads/2012/11/Victoria_mens_health_strategy.pdf)
51 [content/uploads/2012/11/Victoria_mens_health_strategy.pdf](https://www.livingwell.org.au/wp-content/uploads/2012/11/Victoria_mens_health_strategy.pdf)). Evidence exists that professional
52 sporting organisations can encourage engagement in lifestyle-based health improvement Programs
53 by acting as a vehicle for connecting with and attracting men from hard-to-reach populations
54 (Pringle *et al.* 2013; Pringle *et al.* 2014; Curran *et al.* 2016). Within the United Kingdom, English
55 Premier League Football clubs have delivered multiple health Programs for hard-to-reach men in
56 collaboration with local community partners. For example: the Liverpool Football Club's Men's
57 Health Program (<http://foundation.liverpoolfc.com/mens-health>); Burton Albion Football Club Older
58 Adults Program (Pringle *et al.* 2014); the Premier League's Creating Chances' Program (White *et al.*
59 2012); and the Premier League Health Program (White *et al.* 2012).

60

61 Evidence indicates that health improvement Programs associated with professional sporting
62 organisations can have positive outcomes. These include; connecting people from all walks of life,
63 attracting those experiencing health inequalities and at risk of developing chronic disease, increasing
64 levels of physical activity, improving fruit and vegetable intake, decreasing high fat food consumption,
65 reducing alcohol consumption and improving quality of life (Pringle *et al.* 2014; Hunt *et al.* 2014). Using
66 professional football as a platform to recruit and engage hard-to-reach men to lifestyle-based health
67 improvement Programs has been premised on the complex interplay of three factors: *place* (football
68 ground or training venue); *the people* (the players and facilitators); and *the process of delivery*
69 (Program, promotions and packaging) (White *et al.* 2012). Sporting clubs also play a significant role in
70 the facilitation of community health, given their prominence in the media and popularity

71 ([https://www.clearinghouseforsport.gov.au/data/assets/pdf_file/0010/558685/Sports_role_mod](https://www.clearinghouseforsport.gov.au/data/assets/pdf_file/0010/558685/Sports_role_models_and_their_impact_on_participation_in_physical_activity_-_a_literature_review.pdf)
72 [els_and_their_impact_on_participation_in_physical_activity_-_a_literature_review.pdf](https://www.clearinghouseforsport.gov.au/data/assets/pdf_file/0010/558685/Sports_role_models_and_their_impact_on_participation_in_physical_activity_-_a_literature_review.pdf)..¹⁴

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74 To address poor health outcomes for men in Melbourne Victoria's West, the Western Bulldogs
75 Football Club through its Western Bulldogs Community Foundation (WBCF) leveraged its capacity as
76 a community leader and established a Men's Health Program called Sons of the West (SOTW) in
77 2014 (<http://sonsofthewest.org.au/>). Based off a similar concept implemented by the Liverpool
78 Football Club, The SOTW Program is an asset-based population health promotion Program targeting
79 men aged 18 years or older living in Victoria's West. The SOTW Program uses sport (primarily AFL) as
80 an engagement tool to support men to be physically active, increase social connectedness and
81 improve mental well-being and overall health by encouraging behaviour change.

82 The SOTW Program is a three-year model. This means, over the course of three years, participants
83 are empowered to make substantial behaviour changes. Men attending their first Program are called
84 "*Recruits*", those returning for a second year are called "*Graduates*", those in their third year are
85 called "*Captains*". (Year 1- "*Recruits*"; Year 2 - "*Graduates*" and Year 3 - "*Captains*"). In 2016 and
86 2017 the SOTW Program was delivered over 10-weeks and comprised of two hours of contact time
87 per week. Participants attended hour-long information sessions on a topic relevant to men's health,
88 followed by an hour of fun and supportive group-based physical activity. Education topics in the
89 2016 and 2017 SOTW Programs focussed on: nutrition and healthy eating; mental health and
90 resilience; importance of physical activity and reducing sedentary behaviour; promoting regular
91 cancer screening, gambling and how to access support services; raising awareness of family violence
92 within the community by challenging masculinity and promoting gender equality. To cater for a
93 range of physical abilities, the physical activity sessions were facilitated by exercise physiologists and
94 personal trainers and included input from Occupational Therapy students to minimise barriers to
95 participation in activities. Participants also had access to a provisional psychologist with whom they
96 were able to build rapport and trust within a de-stigmatised, intimate group environment. In 2016,
97 the WBCF identified an opportunity to engage and empower participants who had completed the
98 Program. As a result, the *Leadership Academy* was established for participants who wished to build
99 further leadership skills and have a positive impact in their community.

100 The WBCF uses a partnership approach to deliver the SOTW Program. Partners include key entities
101 from across health (i.e., Victorian Health Promotion Foundation, Primary Health Networks; local
102 health services), sport (i.e. Western Bulldogs Football Club), education and not-for-profit (i.e., Heart
103 Foundation); corporate and government sectors (i.e. Department of Health and Human Services and

104 local Councils). Partnering with a diverse range of organisations strengthens SOTW Program
105 credibility, accountability, transparency and sharing of resources and expertise. In 2016/17 the
106 SOTW Program was delivered in multiple locations in nine local government areas across Victoria's
107 Western region.

108

109 Questionnaires administered pre and post Program by the WBCF with Victoria University in 2016 and
110 2017 revealed that the SOTW Program positively contributed to the physical and mental health of its
111 participants. In particular, improvements in health literacy, physical activity, resilience, social
112 connections and engagement with primary health care were reported. Anecdotal reports also
113 revealed that the SOTW Program was creating 'ripples' far beyond the SOTW Program expectations.

114 **Methods**

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

119

120 Evaluating changes in individuals, groups, organisations, or communities resulting from population-
121 based community health promotion Programs are recognised as challenging (Rennekamp and Arnold
122 2009). Such Programs traditionally seek to empower the community, recognising and valuing
123 diversity, and build upon the individual and local community strengths. Adhering to the
124 interdependence principle of systems theory and ecological theory, planned multilevel community
125 interventions often create unanticipated ripples in the community; which either go unobserved,
126 unappreciated, or simply undocumented (Trickett 2009). Traditional impact evaluation,
127 experimental and other quantitative methods are not sufficient to demonstrate the effectiveness
128 and outcomes of such Programs. Thus, these methods provide limited insights into the process that
129 brought about change or the context of change observed because of the population-based
130 community health promotion Programs.

131

132 Investment in the English Premier Football League's lifestyle-based health improvement Programs
133 led to debates about the difficulties and strategies for evaluating football-led improvement schemes
134 (Pringle *et al.* 2014). Recognition exists for the need to balance the demands of intervention delivery
135 with demands of evaluating the effects of the intervention. In a community setting, approaches that
136 blend practicality – addressing low literacy, suspicion about completing forms – with concerns for
137 validity and reliability are advocated (Pringle *et al.* 2014). Pringle *et al.* (2014) advocated for

138 evidence informed evaluation approaches and frameworks such as - realist evaluations (*What works*
139 *for whom in what circumstances?*) (Pawson and Tilley 1997).

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

143

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

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

157 With regard to evaluation methods, Patton (2006) has argued that it is important to maximize
158 community engagement by involving communities in evaluation methods that inform and motivate
159 them. An evaluation approach was required that *engaged, empowered and energized* SOTW
160 Program participants in assessing the ripples resulting from the SOTW Program. An existing
161 participatory qualitative realist impact evaluation approach and method was used - namely: *Ripple*
162 *Effect Mapping* (Kollock 2011)- developed as a method to conduct impact evaluation that engages
163 stakeholders to retrospectively and visually map the “*ripple effects*” resulting from a Program,
164 complex intervention or initiatives. Ripple Effect Mapping has been used to evaluate multiple
165 community *development Programs*. For example, the “*Horizons Program*” - an 18-month
166 community-based Program delivered to strengthen leadership to reduce poverty (Welborn *et al.*
167 2016) and to evaluate the impacts of youth Programs on building social capital (Baker and Johannes
168 2013).

169

170 Given time and resource constraints, an adapted Ripple Effect Mapping process with SOTW
 171 participants was used (via focus groups using a discussion outline). This focused on five domains:

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

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

182

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

185

186 **Results**

187 **Evaluation Participants**

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

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

196

Insert Table 1 here

197 **Motivations for participating in the SOTW Program**

198 SOTW Program participants reported extrinsic and intrinsic motivations influencing them attending
 199 the Program. Extrinsic motivations included: advertisements on radio, in newspapers, on TV (e.g.,

200 Footy Show), in public places (e.g., library), on billboards, via Facebook, Men’s Shed, Heart
 201 Foundation Walks; encouragement by family members (wife, brother), neighbours and workplace
 202 mates; referrals by health care professionals (physiotherapists, Community Health Service staff); the
 203 link to the Western Bulldogs and provision of free t-shirts. Intrinsic motivations included: desire to
 204 improve knowledge about social, physical and mental health, their health and well-being; or to build
 205 a sense of belonging and social connections.

206 **Actions taken because of the SOTW Program**

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

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

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

231 A key quote illustrating the community capacity building ripple effects can be seen below:

- 232 • *“I think the core of the success is it’s actually creating community. The communities are*
 233 *growing....This is supposed to be a 10-week course - and there are breakout communities. There*
 234 *are larger ones, there are those little communities affecting other communities. Those ripples are*
 235 *huge”.* (2017 SOTW Program participant)

236 **Factors influencing the men’s actions and benefits.**

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

239 **Insert Table 2 here**

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

243 **Insert Table 3 here**

244 **Discussion**

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

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

257 The SOTW Program faces key challenges including: Program expansion secondary to growing
 258 interest, catering for participant diversity (e.g., culturally and linguistically diverse participants),
 259 maintaining momentum and ongoing participant connection remaining a locally tailored and
 260 responsive Program.

261 The evaluation has revealed multiple ripple effects beyond the SOTW Program expectations.
262 Examples of these ripples include: increased local community participation, increased volunteerism;
263 enhanced reciprocity; and increased leadership. At a conceptual level, these ripples resonate and
264 align with existing theories about community capacity building (Wendel et al. 2009) hence
265 evaluation findings will now be discussed from the theoretical concept of community capacity.

266 Over two decades ago, community capacity as a theoretical framework was explicitly linked as
267 community level approach to health promotion and reducing health disparities through the WHO
268 Ottawa Charter for Health Promotion (World Health Organization 1984). Community capacity has
269 been viewed as both a means of achieving community health development as well as an outcome of
270 community health interventions (Burdine et al. 2007). Community capacity has been conceptualised
271 as “a set of dynamic community traits, resources, and associated patterns that can be brought to
272 bear for community-building and community health improvement” (Wendel et.al. 2009).
273 Furthermore, Wendel et al. (2009) have identified seven established dimensions of community
274 capacity. These are 1) skills, knowledge and resources; 2) social relationships; 3) structures and
275 mechanisms for community dialog; 4) quality leadership; 5) civic participation; 6) value system; and
276 7) learning culture. **Table 4** illustrates the SOTW Program ripple effects using Wendel et al. (2009)
277 dimensions of community capacity.

278 **Insert Table 4 here**

279

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

289 **Reflections on Evaluation Methodology**

290 The *Ripple Effect Mapping* methodology generated rich evidence about the complexity of the SOTW
291 Program impacts and ripple effects. As a participatory evaluation method, the methodology
292 highlighted the deep connections developed by men while participating in the SOTW Program. The

293 methodology also brought participants together, enabling them to reconnect with other men from
294 across the Program. In turn, - building social capital among SOTW participant, via bonding capital (re-
295 kindling existing connections with men) and bridging capital (connecting with new male peers)
296 (Putnam 2000). While the Ripple Effect Mapping methodology has multiple benefits, a limitation is
297 the risk of bias in participant selection, resulting in selective or incomplete information about actions
298 or outcomes. However, given the range of views expressed by all evaluation participants during the
299 focus groups, we consider the methodology to be successful in capturing the diversity in the SOTW
300 participant experiences.

301 **Conclusions**

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

- 311 • Continue to invest in **local community partnerships**, have an emphasis on **community capacity**
312 **building**, and support the men to be **change agents in their local context**.
- 313 • Expand community focus of SOTW by **applying principles of Community Capacity** to inform
314 SOTW Program development, implementation and evaluation.
- 315 • Support other **professional sporting organisations** to implement lifestyle-based health
316 improvement Programs, and to empower participants to contribute local community capacity
317 building.

318

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323

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328

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401 Table 1: Key Illustrative Quotes

	Illustrative Quotes
Motivations for participating in the SOTW Program	<ul style="list-style-type: none"> • Extrinsic Motivations - <i>For me I started because I just saw it advertised and I thought it would be a good thing. (2016 SOTW participant)</i> • Intrinsic Motivations - <i>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)</i>
Actions taken as a result of participating in the SOTW Program	<ul style="list-style-type: none"> • Social Connections –<i>I now know about 50 guys that I never knew before, and 99 per cent of them are really nice blokes (2016 SOTW participant)</i> • Health Promoting Behaviours –<i>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)</i> • Improved health literacy capacity –<i>Education. So getting educated about what to do with your health and diet. Mateship and exercise. (2016 participant)</i>
Ripples resulting from participating in the SOTW Program	<ul style="list-style-type: none"> • Local community participation –<i>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)</i> • Increased volunteerism –<i>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)</i> • Enhanced reciprocity –<i>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)</i> • Increased leadership –<i>Just spread the word with the guys at work. (2016 SOTW participant)</i>

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404 **Table 2: Contextual Factors influencing SOTW participants' actions and benefits**

Influencing Factors	Illustrative Quotes
<p>Enablers</p> <ul style="list-style-type: none"> • A free Program that is inclusive, does not judge but creates a safe space for men in different locations to share their stories • Program Coordinators with relational, technical qualities and lived experiences • Program presenters with real-life expertise, lived experience and inspiring stories • A Program built on partnerships; and community facilities • Goodwill from Community Health Centres; support from family and workmates; approachable health professionals (e.g., psychologists, physiotherapists and other allied health professionals) 	<ul style="list-style-type: none"> • <i>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)</i> • <i>I think one of the keys is no one has judged anyone. No one has asked why are you here? (2017 SOTW Program participant)</i>
<p>Barriers</p> <ul style="list-style-type: none"> • The participants reported 10 week SOTW Program is too short • Variable clarity as to why the SOTW Program content has changed from year to year • Variability in venues regarding: comfort (e.g., lighting, temperature, size) and access to transport • Lack of time to ask questions in the education component (first hour of the Program) • SOTW Program groups were too large (in certain locations), influencing ability to engage and interact 	<ul style="list-style-type: none"> • <i>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)</i> • <i>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)</i>

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407 **Table 3: SOTW Participant Suggestions for Sustaining Men's Actions and benefits.**

Individual level:	<ul style="list-style-type: none"> • SOTW providing more incentives to maintain motivation and momentum • Supporting SOTW graduates to be mentors, buddy's within the Program, encouraging ambassadors and advocates for the SOTW • SOTW providing ways for men to track and assess their own weight levels • 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) • SOTW providing opportunities to support local SOTW Program Coordinators • SOTW involving additional younger men in the SOTW Program • SOTW providing a 'Handbook' or 'Manual' for men to refer to after the Program has finished.
Organisational level:	<ul style="list-style-type: none"> • SOTW keeping the focus on men and social connections • SOTW keeping and expanding the "pre-season" Program and "Premiership Season" Programs • SOTW updating the SOTW Program website with current achievements from the participants • SOTW increasing the use of digital communication (e.g., text messages) to keep the motivated during and after the Program finished • Options for men to attend the SOTW Program during the day and the evening. • SOTW involving local councils more; providing an "off-season" Program (e.g., BBQs with walking groups or "Family Nights")
Community level:	<ul style="list-style-type: none"> • 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) • Promoting community capital building aspect of SOTW in addition to men's health and well-being; and continuing to support men "<i>giving back / goodwill</i>" to the local community.

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410 **Table 4: Dimensions of Community Capacity and examples of SOTW Program contributions**

Dimensions of Community Capacity	Examples of how the SOTW Program contributes to Building Community Capacity
Skills, knowledge and resources <i>(Development of and access to resources and skills within the community)</i>	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.
Social relationships <i>(Sense of community; social capital)</i>	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).
Structures and mechanisms for community dialog <i>(Social and inter-organizational networks; Mechanisms for communication and citizen input)</i>	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.
Quality leadership <i>(Effective and sustainable community leadership and leadership development)</i>	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..
Civic participation <i>(Distribution of community power and ability for citizens to participate in community process)</i>	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.
Value system <i>(Shared community values that support democracy, inclusion, and social justice)</i>	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.
Learning culture <i>(Understanding and awareness of community history and ability to critically reflect on shared experiences)</i>	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.

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