



Heartbeat Happenings

April 2019

Heartbeat Victoria Council Inc.

ABN 76 073 229 523

Address: P.O. Box 144, Parkville, Vic, 3052

Facebook: HeartbeatVictoria

Website: www.heartbeatvictoria.org.au

Email: info@heartbeatvictoria.org.au

Tel: 0474 866 474

BOARD OF MANAGEMENT

Acting President: Peter Georgiadis

Board Secretary: Louise Zambello

Treasurer: Chris Kunaratnam

Board Members: Robyn Fennell, Lynda Andrews, Meredith Crowe

VISION: To be an excellent and well recognised peer support organisation which assists in improving the emotional, social and physical wellbeing of people living with heart disease or a heart condition.

MISSION: To advise and promote associated support groups in conducting peer support activities for people living with heart disease, to ensure they have a better understanding of the impact of their heart disease or condition; how they might seek ongoing services and support in their local area; and how to raise funds to improve cardiac services.

© Heartbeat Victoria Council Inc. 2019

Message from the Editor

I read recently that many of the world's centenarians share one common hobby and it's gardening. Which begs the question, if we all took up this pursuit, could it extend our life and reduce stress? An article on this can be found on page 2.

Ojas Mehta, currently Cardiology Registrar at Monash Health and a former Board Member of Heartbeat Victoria is now an Advisory Consultant to the Board. Ojas has contributed an interesting real-life article entitled *Aah! It's that tooth playing up again!* See page 3.

In late February 2019, it was identified in research by the Baker Heart and Diabetes Institute that Australians most at risk of heart disease are those who have already had a stroke or heart attack and are not receiving optimal treatment or making healthy lifestyle changes.

The Baker Heart and Diabetes Institute is an independent, internationally renowned medical research facility, with a history spanning more than 90 years. The Institute's work extends from the laboratory to wide-scale community studies. The Institute's goals are to prevent chronic disease, and to reduce death and disability from cardiovascular disease, diabetes and other related health disorders. Inside this edition see article regarding the Institute's recent research *Change of Heart* on page 5.

Tess Pryor, who chalked up many years of work with the Heart Foundation Victorian Branch has recently retired. See *A Terrific Tribute to Tess* on page 10.

In our November edition of *Heartbeat Happenings*, you were introduced to our new President, Kamaree Houllis-Berry. Due to personal and work commitments, as many of you now all know Kamaree has resigned from the Board. The Board of Management takes this opportunity to thank Kamaree for completing various research projects up to her taking on the important President's role at the last AGM as an Advisory Consultant and also thanks her for her contributions to the Board over the last 6 months. We wish her every success for the future. The Board is currently going through the process of working on recruiting more board members. In the meantime, board member Peter Georgiadis has stepped up as Acting President until the next AGM on 12 September 2019.

At our Recent Delegates Meeting held in Bendigo on Tuesday 26 March 2019, the Board launched its ambitious Strategic Plan 2019-2021. Also on that day three board members gave presentations on risk management, the recent Heartbeat survey results and a financial update regarding ACNC requirements. See page 11 for a summary.

Jokes, photos and information on what all our Branches and Affiliates have been doing over the last few months are also contained in this April 2019 edition of Heartbeat Happenings.

I wish you all the very best heart health.

Louise Zambello, Editor

Gardening could well be the hobby that helps you live to 100

I read recently that many of the world's centenarians share one common hobby and it's gardening. Which begs the question, if we all took up this pursuit, could it extend our life and reduce stress?

Incidentally, I LOVE gardening! I love the colour and scent of flowers. Despite the work involved I get a kick out of growing vegetables and absolutely enjoy and savour eating the fruits of my labour. I like the earthy smell of compost and do a little skip when I see plenty of worms in the soil. I have come to the conclusion that tending a vegetable patch is sheer passion and there's no money to be saved by growing your own produce. But I do so get a kick out of producing something from a seed and then sharing far too much produce with my family and friends. In fact, by the time I pump water, fertiliser, my time and effort into my vegetable garden, I estimate it costs me three times as much to produce edible vegetables, but goodness me, you just cannot beat the taste of a homegrown tomato, a beetroot, a corn cob or a bean!

Dan Buettner¹ has studied five places around the world where residents are famed for their longevity: Okinawa in Japan, Nicoya in Costa Rica, Icaria in Greece, and Loma Linda in California and Sardinia in Italy.

¹ Dan Buettner is a National Geographic Fellow and New York Times-bestselling author. He is an explorer, educator, author, producer, storyteller and public speaker. He co-produced an Emmy Award-winning

documentary and holds three Guinness records for endurance cycling. Buettner is the founder of the Blue Zones and Blue Zones, LLC.



PHOTO: Okinawa in Japan has one of the world's highest concentration of centenarians (Credit: Getty Images)

People living in these so-called “blue zones” have certain factors in common – social support networks, daily exercise habits and a plant-based diet, for starters. But they share another unexpected commonality. In each community, people are gardening well into old age – their 80s, 90s and beyond.

Could nurturing your green thumb help you live to 100? Read the entire article at <http://www.bbc.com/capital/story/20181210-gardening-could-be-the-hobby-that-helps-you-live-to-100>

Aah! It's that tooth playing up again!



Author:

**Dr Ojas Mehta, Advisory Consultant
to HBVCI and Cardiology Registrar,
Monash Heart**

65 year old Jane Holloway (name changed for confidentiality reasons) came into hospital with a stroke. She had a large stroke which rendered the right side of her body paralysed, and she found herself having difficulty expressing words.

When the ambulance officers brought her into hospital, a code stroke was immediately called and in she went, through the scanner, and the diagnosis of a stroke was confirmed. Once the stroke team ensured there was no bleed in the brain, they proceeded to perform a clot retrieval, where they use high-technology gadgets to pull the clot back out from the artery in the brain and restore the blood flow in the area.

One of the doctors on the stroke team came up to me later that day and showed me an ECG that they were concerned about. Looking at this ECG, I was concerned that she may have had a heart attack, or even worse, was having one as we spoke! We quickly did a blood test which confirmed that she had had a recent heart attack or was currently having one – unfortunately a single blood test could not tell us. We reviewed the story that she and her family gave us and it was noted that she had been

complaining about right jaw pain 2 weeks ago. She had been to her local general practitioner who understandably gave her some simple medication for the pain and asked her to come back the following week. The pain was intermittent and so the GP, who admittedly sees hundreds of patients with jaw pain every year, referred her to the dentist.

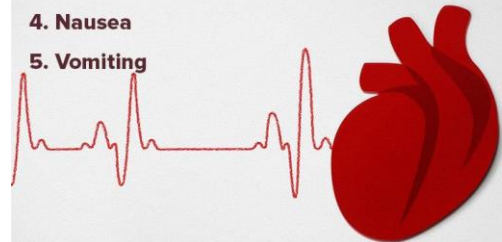
Once it was safe to do so, we performed a coronary angiogram, which involves injecting contrast into the coronary arteries in a special room with X-ray equipment, to illuminate the arteries supplying the heart. As predicted, she had suffered a heart attack in one of the most important arteries of the heart and she was lucky to be alive. We proceeded to stent the area in order to maintain that artery open and preventing it from blocking it off again. An ultrasound of her heart showed a weak and damaged heart. Jane spent almost two months in hospital with a series of life-threatening complications. Fortunately for her, she did eventually get out to get some rehabilitation. Six months later, it was incredibly rewarding when I saw her in our outpatient cardiology clinic. She was there with her daughter. Her repeat ultrasound of her heart showed significant improvement on medical therapy and her heart was contracting very well! She had also almost fully recovered from her stroke. In the end, it was a success story for Jane, but whilst she was a patient in the hospital, it certainly did not seem that way for the treating staff and her family. Lucky for Jane, she was alive to see her family. Others may not have been so lucky.

This case raises a few questions. We know that having a large stroke can do funny things to a patient's ECG. Was it all too coincidental that she

12 Heart Attack Symptoms and Early Warning Signs

Knowing the early warning signs of heart attack is critical for prompt recognition and treatment. Many heart attacks start slowly, unlike the dramatic portrayal often seen in the movies.

1. Chest discomfort, manifest as pain, fullness and/or squeezing sensation of the chest
2. Jaw pain, toothache, headache
3. Shortness of breath
4. Nausea
5. Vomiting
6. General epigastric (upper middle abdomen) discomfort
7. Sweating
8. Heartburn and/or indigestion
9. Arm pain (more commonly the left arm, but may be either arm)
10. Upper back pain
11. General malaise (vague feeling of illness)



had a heart attack and a stroke at the same time? Perhaps. But, we do know that large heart attacks in particular areas of the heart, can lead to clots being formed and flicked off to the brain, causing a stroke. What is it all preventable? Perhaps, but should everybody with jaw pain see the cardiologist? Probably not.

Often we find patients in hospital being investigated for cardiac chest pain, but really it was just reflux or heart burn. Less often, but more importantly, we have patients in hospital thinking their pain was reflux disease but are later found to have a heart attack. This is why Medicine is not only Science, but also an Art.

The Heart Foundation has beautifully listed a number of symptoms that patients can

experience, that manifest as a heart attack -

<https://www.heartfoundation.org.au/your-heart/heart-attack-symptoms>

While symptoms point to certain conditions, it is not one hundred percent accurate. It is far from that. Symptoms guide doctors toward particular diagnoses. My recommendation to patients and partners is to pay attention to symptoms, be as descriptive as possible (which is not an easy task) and if symptoms do not go away, to seek medical attention sooner rather than later. Remember, heart attacks often present in a typical way but occasionally, they can get you by surprise. Unfortunately, or fortunately, the world of medicine is not just black or white.



² Baker Heart & Diabetes Institute,
<https://www.baker.edu.au/impact/advocacy/change-of-heart>, downloaded April 2019

CHANGE OF HEART

TIME TO END CARDIOVASCULAR COMPLACENCY

²

As one of Australia's leading independent medical research institutes, the Baker Heart & Diabetes Institute is committed to playing a significant leadership role in health and medical research.

The Baker Institute has recently put together a report that calls for cardiovascular health to be prioritised among community, health professionals and governments. Below are some excerpts from this Report, particularly in relation to secondary prevention that certainly matches Heartbeat Victoria's mission and vision and the Board of Management of Heartbeat Victoria Council Inc. endorses.

Although advances in medicine and public health have helped to control the epidemic of atherosclerotic disease (coronary heart disease and stroke), which peaked about 50 years ago, cardiovascular disease (CVD) remains the leading disease in Australia — accounting for 19 per cent of the burden of disease.

A CALL TO ACTION

The Baker Institute is advocating for a 'Change of Heart' to prioritise cardiovascular health among the community, health professionals and government. We must not be complacent; the fight against CVD is far from over. The Institute proposes:

- ▶ Implementing the recently-developed national diabetes strategy.
- ▶ Active development of public policies by government such as fat taxes, sugar taxes, and more restrictive smoking regulations.

- ▶ A national CVD strategy.
- ▶ Wider use of the absolute risk calculation and 24-hour blood pressure measurement to guide treatment.
- ▶ Developing disease management programs that include frequent follow-up of people with established CVD and sufficient time during appointments to discuss questions with patients and provide patients with encouragement.
- ▶ New lipid-lowering therapies should be considered for statin intolerant people and people (especially in secondary prevention) who fail to attain their targets for treatment.
- ▶ Wider access to and more sophisticated delivery of cardiac rehabilitation programs.
- ▶ Effective anticoagulation for atrial fibrillation.
- ▶ A nationwide effort to reduce readmission of heart failure patients to hospital.

TREATMENT GAPS AND RESPONSES

Primary and Secondary Prevention

Primary prevention is concerned with preventing the

onset of disease. It involves interventions that reduce the levels of risk factors. Primary prevention of CVD is achieved via lifestyle changes or the use of medication. Secondary prevention seeks to reduce the impact of a disease once it has developed. It may target the prevention of either the recurrence of an episode of disease or the progression from early disease to more advanced disease. In both cases, it involves steps to halt or slow the progress of disease, including medical therapy as well as personal strategies to prevent recurrence. After an acute presentation (e.g. heart attack or stroke), secondary prevention is a part of programs to return people to their original health and function (rehabilitation) and to prevent long-term problems. For CVD, it focuses on those who have already had an event, such as a heart attack or stroke

As mentioned above, secondary prevention of CVD aims to prevent the progression of disease. The medical aspects of secondary prevention include the use of aspirin, statins, angiotensin converting enzyme inhibitors, and beta blockade in people with established CVD. Using these

treatments needs to be supported by also modifying behavioural risk factors, psychosocial care, education and support for self-management (including adherence to prescribed medicines). Secondary prevention approaches should be evidence-based and multidisciplinary. These processes involve more than exercise training, although this is of clear value in cardiac rehabilitation for both coronary artery disease and heart failure. Such systems are coordinated systems of care which involve individual assessment, modification of risk factors with medication, exercise programs, education, behaviour modification strategies and supported self-management.

And this is what Heartbeat Victoria is all about! Cardiac rehabilitation is currently under-used, but has been shown to reduce readmissions, and to improve quality of life, symptoms, lipid levels and survival rates. Both cardiac rehabilitation and multidisciplinary congestive heart failure management are cost effective. Because the greatest barrier to rehabilitation is failure to refer the patient, the direct access of

people to COACH (a coaching program for the prevention of coronary heart disease, heart failure and primary prevention for those at high risk of cardiovascular disease) may provide many of the benefits

through web-based education. The approach to this is inconsistent across Australia, with availability state-wide in some states (e.g. Queensland), and access through public hospital programs in some and

through Private Health Funds in other

For the entire report see <https://www.baker.edu.au/impact/advocacy/change-of-heart>



What's happening at our Branches and Affiliates?

Ararat

Ararat continues to meet bi-monthly for lunch and a chat at their local RSL Club. Lunch is followed by a meeting. A small number continue to attend exercises together every Friday morning at the East Grampians Health Service.

Ballarat

Ballarat holds regular meetings to chat, share stories, practice CPR and learn more about heart disease and treatments from each other and from guest speakers. They also have formed a Lake Walking Group which meets every Tuesday.

Congratulations to Linda Macaulay, President who recently gave a presentation on understanding the needs of Takotsubo Cardiomyopathy clients at the "Matters of the Heart and Mind" conference for the Victorian Branch of the Australian Cardiovascular Health and Rehabilitation Association in March 2019.

Takotsubo cardiomyopathy³, also known as stress cardiomyopathy, is a type of non-ischemic cardiomyopathy in which there is a sudden temporary weakening of the muscular portion of the heart. This weakening may be triggered by emotional stress, such as the death of a loved one, a break-up, rejection from a partner or constant anxiety. This leads to one of the common names, broken heart syndrome. Stress cardiomyopathy is now a well-recognised cause of acute heart failure, lethal ventricular arrhythmias, and ventricular rupture.

Bendigo



Bendigo's current membership is approximately 274 with around 40 to 50 people attending each meeting. They usually have a guest speaker at meetings e.g. Dusty the Hearing Dog in February 2019 [*Gillian Laughton with Dusty in photo on left*] was popular. In March 2019, the local CFA presented on dangers in the house and a presentation by Centrelink is planned. Bendigo recently donated \$9,800 towards cardiac equipment to Bendigo Health.

³ Wikipedia, https://en.wikipedia.org/wiki/Takotsubo_cardiomyopathy, downloaded April 2019. The name "takotsubo syndrome" comes from the Japanese word takotsubo "octopus trap", because the left ventricle takes on a shape resembling an octopus trap.

Grampians

Grampians has 27 financial members of whom up to 20 make it regularly to meetings. They have placed flyers in doctors' surgeries and the hospital rehab area and sometimes give small presentations about the group to the cardiac rehab unit.

Six meetings are held per year with the December meeting always as a Christmas get together and meal at a local venue. The other 5 includes talks by health professionals. Some meetings are a sing along since there are 2 musicians in the group. Another couple in the group are photographers so have a pictorial tour of their holidays etc. They sometimes include dinner and all meetings finish with a chat and a cuppa. Grampians generally donate to the rehab group for cardiac equipment.

Latrobe Valley



PHOTO ABOVE: A proud moment for Heartbeat Victoria Latrobe Valley Branch with President David Leonard and several Latrobe Valley members presenting Traralgon hospital cardiac rehab with 6 oximeters for the unit in March 2019.



Knox

Knox holds a formal meeting once a month where they usually have a speaker. At the March 2019 meeting a short walk around nearby Lewis Park took place before the meeting since Rhett Preston Walking Coordinator from the National Heart Foundation was the guest presenter. Knox has some fundraising activities in the pipeline, including a Bunnings Sausage Sizzle, a Trivia Fundraising and a Film Fundraising night. Contact is being made with a local retirement village in an effort to attract more members, and plans are afoot to advertise the monthly meetings in the local newspapers.



Goulburn Valley

Goulburn Valley has an approximate membership of 85. They hold regular walks around Lake Victoria followed by lunch where 14 to 19 members usually participate.

Goulburn Valley holds regular social functions e.g. a recent dinner at Tatura, a film fundraising night coming up in May 2019. They have introduced a member story segment at each meeting where each member tells their story which has proved not only popular, but informative.

A donation of \$18,800 for Heart Holter Monitors was recently made to Goulburn Valley Health. \$6,000 for cardiac equipment went to Numurkah District Health Service which once the equipment arrives became a media opportunity. Goulburn Valley appeared on two local television stations.

PHOTO LEFT: From left GV Walking Coordinator Gerald Quinn, GV Vice President Kevin Reid, GV Secretary Robyn Fennell, GV Health Aaron Giles presenting Heart Holter Monitors to GV Health in March 2019.

Sunbury

Sunbury currently has 17 members which meet monthly. They have a small housekeeping meeting, then a guest speaker, then socialise with supper. At the last meeting the President with the endorsement of the members, introduced a 5-minute member story segment with 5 minute discussion to foster sharing experiences.

There are plans on the agenda to meet socially in the day between each monthly meeting. A trip to the cinema is planned including Morning Melodies held locally with lunch afterwards, an excursion to somewhere of interest nearby, coffee catchups, a short walk etc.



Sunraysia

Sunraysia has a membership of approximately 24. Congratulations to the Committee which recently published its first Newsletter and plans to distribute 4 editions a year. Sunraysia holds monthly meetings in the Conference Room at Mildura Base Hospital. They have monthly Morning Cuppa catch ups and will be holding a lunch to celebrate Heart Week in the first week of May. They held a hot cross bun drive in early April as a fundraising event. They recently made a donation to Pooncarie Health Clinic and a trip was organised to meet staff and check out the donation on 11 April 2019.



All Heart Foundation supporters, their family and friends are invited to its Annual Memorial Service to be held at on Sunday 5 May 2019 at St Patricks Cathedral at 1 Cathedral Place, Melbourne.

This heartening, non-denominational service allows family and friends the chance to come together and remember loved ones who have passed away from heart disease, light a candle in their memory and pay tribute through music and prayer.

Board Member, Louise Zambello will be attending and participating in the service by reading out some of the names of people who have lost their lives to heart disease. Tea and coffee will be provided after the service.

A Tribute to Terrific Tess



No doubt many of you have heard of or met Tess Pryor of the Heart Foundation at various Heartbeat Delegates Meetings in the last few years. Having joined the Heart Foundation in 2010, the Board of Management advises with a heavy heart, that Tess has recently resigned.

She will be remembered by the Board not only for the valuable research work she has carried out over the years, but also for her dedication, mentoring and passion with regard to promoting cardiac peer support.

Tess entered the world of journalism from the age of 18. In her late 20s she joined the Health Promotion Unit of the Department of Health to assist with a new public health campaign which was the commencement of her career in the health industry including positions a little later with VicHealth and Beyond Blue.

In 2010, Tess was approached by the Heart Foundation's Manager of Clinical Engagement, Harry Patsamanis, to undertake a research project to identify the issues that required ongoing support for people who have completed a cardiac rehabilitation program. As we all know, surviving a serious cardiac event is a stressful and traumatic experience, often resulting in major changes to a person's lifestyle, work, finances and family dynamics. Harry was convinced that a gap existed in post-cardiac rehabilitation support.

As part of that study, Tess interviewed people who had attended cardiac rehab asking them what they felt they most needed after a cardiac event and what they enjoyed learning about at cardiac rehab. Many of those interviewed felt that 6 months down the track after completion of cardiac rehab they often started to "fall off the rails" i.e. they often returned to old habits such as smoking, eating incorrectly and they reduced their physical activity. They were asked what would assist them

to get back on track and most stated that talking to someone, sharing experiences and nutritional and physical information would give them extra motivation.

The conclusion of this valuable study was that the participants felt that the delivery of information and psychological and social support were all imperative in enabling recovery. Also clearly identified was a need for ongoing support to assist with lifestyle changes. As Harry had indeed predicted the study highlighted the gap in ongoing support for people after they had completed a cardiac rehabilitation program and different levels of support were required during their recovery.

Following on from this project, Tess undertook a pilot project in partnership with Heart Foundation's Health Information Service [now referred to as Heart Foundation Helpline] which is manned by several health professionals including cardiac nurses. Tess ran a 3-month pilot program with Northern Hospital called PATHS in 2012. PATHS stood for Promoting Access to Heart Health Support. Every patient who was admitted to that hospital experiencing a heart event was handed a postcard asking if they would like the Heart Foundation to call them and help them with any information or support needs they may have. Of the 280 people admitted over 3 months, a staggering 120 asked for the Heart Foundation to contact them.

Shortly after, the Health Department announced a grant to promote peer support programs and Tess subsequently contacted Heartbeat Victoria, Heart Support Australia and Cardiomyopathy Australia with the idea of all working together to obtain a grant. The submission was successful and a project they called *Supporting Hearts* was developed together. A key component of the program was the production of *Supporting Hearts – A toolkit for heart support groups ... a Manual* we still use today to help run our Heartbeat Branches and Affiliates. In line with the production of the Manual, two educational workshops per annum on how to use the Manual were offered to each organisation, an annual forum for several organisations in regional areas of Victoria was held and a regular Newsletter distributed by Tess.

In 2015, a partnership was created between Heart Foundation Victoria and Heartbeat Victoria to create the *Manual Heart to Heart – A guide to fostering successful Heartbeat Victoria Inc. peer support groups* and a subsequent grant obtained from the Ian Potter Foundation and the Joe White Bequest was obtained with the help of Tess to fund this project. Again, this is an informative Manual that we use today. Tess was also in the background offering advice and information in relation to the production of the current Heartbeat Victoria Policy and Procedures Manual.

Among many other highlights of Tess' Heart Foundation career, she created *Supporting Young Hearts* – a program for people living with a heart condition who are under 40 years of age. At last count, this group had over 200 young people nationally connecting regularly online. Tess and the Supporting Young Hearts team would run monthly awareness campaigns and distribute information via Facebook, Instagram and other social media platforms, as well as run workshops for these young people focussing on issues pertinent to them at this crucial life stage around coping with body image, stress, anxiety, fertility, work and lifestyle changes.

The Board of Management takes this opportunity to thank Tess for her time and efforts. We appreciate your talent and determination and wish you every success in your future endeavours.

Summary of Delegates Meeting held on 26 March 2019 at Bendigo

Approximately 22 members attended representing most Branches and Affiliates.

Peter Georgiadis gave a brief presentation on the Strategic Plan that the Board has spent considerable time over the last few months fine-tuning. The Plan embraces the Heartbeat Vision and Mission and has developed what the Board considers are relevant Objectives and Goals and Milestones. The Board is currently working through an Action List of tasks to meet the challenges in the Strategic Plan.

The emphasis in Milestones is:

- **Good Corporate Governance** - to build the capability and financial stability of HBVCI.
- **Membership Profile and Reach** – to communicate and promote HBVCI's mission and vision to stakeholders and enhance HBVCI's network and growth.
- **Collaborate Partner and Engage** – to maintain and build relationships with like-minded organisations and networks.

Each Board Member has taken on a specific Portfolio which includes Board Learning, Legal and Compliance, Marketing and Communications, Information Technology, Knowledge Management, Finance and Funding, Membership and Best Practice.

Risk Management

A risk management plan is an essential aspect of planning any event. With this in mind, Peter Georgiadis, Board Member produced a risk management template.

A well thought out risk management plan identifies all the potential risks that may arise from holding an event and then lists the steps event organisers will take to reduce identified risks.



A risk can mean many things. For Heartbeat events, it was identified that the main risks to consider are anything that could:

- cause harm to another person
- cause damage to equipment, infrastructure or an event site, or
- harm the future of the Heartbeat Branch and/or Affiliate and event itself.

Financial Presentation

Chris Kunaratnam, Board Treasurer gave a short update on the new financial information required by the Australian Charities and Non-For-Profit Commission [ACNC].



Chris introduced a new template she has created to distribute to each Branch in an effort to standardise financial record keeping and for transparency that as Board Treasurer she is obliged to present to the ACNC.

Branches and Affiliates were reminded to send their financial information to her as Board Treasurer for the financial year as at 30 June 2019 by 31 July 2019.

2018 Members Survey Report Heartbeat Victoria

Meredith Crowe, Board Member presented the findings of the recent 2018 Members Survey Report. Meredith explained that the following three core themes were evident in the survey findings, namely:

- Indications were that Branches and Affiliates know their members well, and are successful in their efforts to support their members in looking after their heart health
- Heartbeat Victoria members experience good health outcomes (physical and emotional) as a result of being a Heartbeat member, and
- Digital and print Heartbeat Victoria resources are not widely used by members.

Of particular note that helps make the results very positive and indicates that Branches and Affiliates are taking the right steps to support their members in looking after their heart health is that:

- Most respondents know how to access a calendar of their branch or affiliate events, and make an effort to attend all of them
- Branches and affiliates are running meetings at a very convenient time and location
- The content presented and the activities run by branches and affiliates are of high quality, are very relevant to members, and support them in making good decisions
- There is interest in more branch or affiliate wellness activities taking place such as walking groups, meditation, and other exercises, and an interest in more networking opportunities to meet fellow branch or affiliate members, or members of other groups
- 57 of 89 respondents joined Heartbeat Victoria because they have a heart condition and of those members, three quarters have not been admitted to hospital in the past 12 months for a heart event
- Being in a position to support others, and share knowledge and experiences is seen as a key benefit by respondents who feel connected and understood with their Heartbeat Victoria peers
- The survey findings strongly support peer support as being a key contributor to continued health when living with a heart condition
- Most respondents indicated they would feel comfortable contacting the Heartbeat Victoria Board if they had questions or comments.

It was acknowledged that use of the Constitution and the Heartbeat Policies Procedures Manual was low and that there was still a large part of the membership with low digital confidence. The Board sees this as an opportunity for the Heartbeat Victoria Council Inc to support members in digital confidence to encourage them to fully participate with Heartbeat Victoria because digital confidence enables other support and networking opportunities.