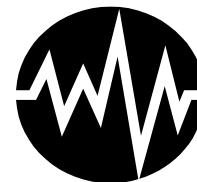


Goulburn Valley Heartbeat



The Newsletter of
Heartbeat Victoria Inc.
Goulburn Valley Branch
Established Dec.1986
HBVC ABN 76 073 229 523

- Registered Address
- P.O. Box 6320
- SHEPPARTON 3632
- President, Max Hyland
- Telephone 0412 992 271
- Secretary, Robyn Fennell
- Telephone 0427 241 724
- Editor, Robyn Fennell

Email gvheartbeat@outlook.com



GOULBURN VALLEY

**January - February
2024**

www.heartbeatvictoria.org.au

HEARTBEAT VICTORIA INC

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

MISSION: to advise & 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 on going services & support in their local area & how to raise funds to improve cardiac services.

Hello All members and friends,

Welcome and hope you can continue to benefit from the support of another year of activities provided by Heartbeat Victoria - Goulburn Valley Branch.

It continues to be a challenge to enable people in the community to know who we are as an organisation, what we provide and the benefits to heart health and individual wellbeing.

Don't forget to spread the word about *Heartbeat* providing safe place to connect with other people affected by heart and circulatory diseases. The benefits of the social connections, activities and sharing experience including being able to talk to other people who understand what its like to be affected by a heart condition is beneficial in maintaining wellbeing.

Spread the word among other community groups you may be involved with. Heartbeat Board of Management or our local branch Committee can provide speakers to present at any interested clubs etc.

I have attached a copy of HB GV Branch 2024 Calendar of activities. There will be other events to add, but this gives you a good start with diary entries for the activities you would like to attend.

The *Newsletter* will now contain extra detail of events for two months, so please put the detail in your diary or phone calendar. During the year we will be looking at obtaining some personal stories of your heart health journey, similar to what your read on the Heart Foundation and British HF websites. Please give this some thought.

**Bye for now,
Robyn.**

**In the end, it's not the years in your life that count. It's the life in your years. -
Abraham Lincoln**

February diary of activities HB GV Branch.

PEPPERMILL INN SHEPPARTON CONFERENCE ROOM.

Monday, 5th February 2024

Dinner: 6.00pm

Meeting: 7.00pm

Video: 7.30pm

Heart anatomy and function and heart quiz.

Coffee/tea socialise: 8:00pm

Looking forward to seeing you all again.



Welcome to President 2024

Max Hyland



COFFEE

MORNING

CHAT,CHEW &

SHARE

Thursday Feb 22nd 10.30am

Baking Dough Café, 251-253 Maude St. Shepparton
Free parking at back of café.

Cardiac Rehab participants invited.

BIRTHDAY GREETINGS



To all members with Birthdays in February.

**Arnold Gough 2nd
Annette Grimes 2nd
Rudi Grossman 2nd
Jeanette Powell 4th
Max Hyland 11th
Astrid Gough 13th
John King 24th
Jenny Hyland 27th**

WISHING YOU A WONDERFUL BIRTHDAY AND GOOD HEALTH AND HAPPINESS

SOROPTIMIST INTERNATIONAL
Soroptimist International of Shepparton Inc

GV Health foundation

Sunday February 11, 2024
12pm to 3pm

Valentine's Light Lunch

The Woolshed, Emerald Bank
7719 Goulburn Valley Highway, Kialla

Tickets \$60
Proceeds to GV Health Foundation

Bookings essential – Dot 0439 033 126

Guest speakers, raffle, trading table, door prizes

Fundraising event ,

GV Health Foundation

Member Welfare

HB GV Branch is there to help you.

Please contact,
Welfare coordinator .

Jenny Hyland
M. 0422 820 491

No walk or lunch in February.

March diary of activities HB GV Branch

PEPPERMILL INN SHEPPARTON CONFERENCE ROOM.

Monday, 4th March 2024

Dinner: 6.00pm

No Meeting

Speaker: 7.00pm

Aged Care Assessment Service,
Information



L. Past treasurer: Deanne Brown,
Acting Treasurer 2024: Arthur Fennell.



Walk & Lunch



Tuesday MARCH 19th

11am Victoria Lake walk, meet at rotunda next
to SAM.

Lunch 12oon, GV Hotel, High St. Shepparton.

For transport assistance contact:

Kevin M.0419 644 771 or Arthur 0428 875 790

KEY POINT:

Regular physical activity is one of the best things you can do for your heart health. Increasing your physical activity from as little as 10 minutes a day to the Australian Government's recommended 30 to 45 minutes a day, five or more days of the week can help reduce your risk of heart disease and heart attacks. It can also prevent and manage many conditions and diseases, including some cancers, type 2 diabetes and depression. <https://www.heartfoundation.org.au>

HAPPY BIRTHDAY

BIRTHDAY GREETINGS

*To all members with Birthdays in
March*

Hans Vandebosch 11th
Allan Beare 20th
Kerry Baulmer 24th

*Wishing you lots of joy, laughter and
unforgettable moments as you cele-
brate another birthday!*



COFFEE

MORNING

CHAT, CHEW &

SHARE

Wednesday, March 13th 10.30am

Ruby Saltbush Cafe, Billabong Nursery,
Numurkah Road, Shepparton

*Cardiac Rehab participants invited.
See you there.*

Member Welfare

Support and information is only a phone call or email away. Please let Jenny know if any members are unwell or need help.

Coronavirus (COVID-19) Victoria

Coronavirus (COVID-19) Victoria has now moved all COVID-19 information to a new home on the **Better Health Channel**.

COVID-19 transmissions are increasing in Victoria. Visit the **Better Health Channel** to find out about:

- what the latest COVID-19 transmission risk conditions are
- COVID-19 resources
- COVID-19 advice for specific groups

Heartbeat Victoria Inc. Board of Management news

Heartbeat Victoria is pleased to inform members that a partnership and Memorandum of Understanding has been formed with the Baker Heart & Diabetes Institute, Victoria

If you go to the website (<https://baker.edu.au/who-we-are/our-partnerships>) under partnerships you will see the information provided below.

“We have established a great partnership with Heartbeat Victoria Council Inc. (Heartbeat Victoria) through our Community Engagement Group. Heartbeat Victoria is the umbrella organisation for Heartbeat Victoria Affiliates and Branches that provide heart peer support groups across Victoria run by volunteers.

The mission of Heartbeat Victoria is to advise and promote associated support groups in conducting peer support activities for people living with heart disease, to ensure that 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.

Through this partnership we engage with individuals with lived experience of heart disease and heart conditions”.

Daniel Olasoji | Community Engagement Coordinator
Community & Corporate Relations

Baker Heart and Diabetes Institute
75 Commercial Road, Melbourne VIC 3004 Australia



This opens up agreed opportunities to exchange information between the Baker Institute and Heartbeat Victoria Inc including, but not limited to:

consumer involvement opportunities; relevant educational material; consumer involvement in research and education.

A Memorandum of Understanding has been developed between the two organisations and we look forward to the benefits and positive outcome for both organisations and particularly Heartbeat members.

The role of Gender in bystander intervention

2 January 2024 <https://baker.edu.au/news/media-releases/bystander-cpr-intervention>

Media release



If you're having a cardiac arrest, are you more likely to be helped by a bystander if you are a man or a woman? The Australian data is in...

New Australian data over two decades provides some surprising and reassuring results, highlighting that both men and women are likely to receive cardiopulmonary resuscitation (CPR) from a bystander.

The study by the Baker Heart and Diabetes Institute and Ambulance Victoria, published in *Resuscitation Plus*, bucks the trend amongst western nations, with countries including Sweden, the Netherlands, the United States, Canada and Denmark having consistently shown reduced rates of bystander CPR for women compared to men.

In fact, this Australian research, the largest study of its kind, also shows rates of bystander interventions increased significantly for women over time from 42.7% in 2002–03 to 71.3% in 2020–21.

The researchers analysed data from 2002 to 2021 from the Victorian Ambulance Cardiac Arrest Registry and examined the role of bystanders in more than 32,500 out-of-hospital cardiac arrests.

But it's not all good news. The research did reveal that women were less likely than men to receive bystander defibrillation, with gender disparity increasing from 2010. Consistent themes in interviews with bystanders in other studies that might explain this relate to concerns around public exposure of women's chests, causing injury, and misattribution of a woman experiencing an out-of-hospital cardiac arrest.

Lead researcher and cardiologist, Dr Liz Paratz, says this study, whilst very reassuring when it comes to bystander CPR for both genders, still highlights areas for improvement.

"It shows that strategies to promote bystander defibrillation in women experiencing a cardiac arrest in the community with a shockable rhythm should be a priority," she says.

Continued page 6

The role of Gender in bystander intervention Cont.,

Multiple studies across Japan, the Netherlands and the United States have reported that female out-of-hospital cardiac arrest patients are less likely to have automatic external defibrillator (AED) pads applied to even ascertain cardiac rhythm in the first instance.

And studies in Asian countries, where bystander CPR rates are sometimes higher in women compared with men, highlight the same did not apply for defibrillation, with one large Japanese study showing men were almost twice as likely to receive bystander defibrillation.

‘We know there may be some reasons why bystanders may not perform defibrillation on women but it is critical that we address these issues as they could mean the difference between life and death,’ Dr Paratz says.

She says steps to address this could involve pursuing equal recruitment of women volunteers for CPR training, as well as using female mannequins with visible female anatomy to practise pad placement and defibrillation.

‘When it comes to defibrillation, people should keep in mind that in many cases, it is simply a matter of turning on the power and the Automated External Defibrillator (AED) will coach you through the rest of the steps with visual and/or audio prompts,’ she says.

‘If a person's heart is beating normally, they don't need a shock. The AED will check this. It won't give the person an electric shock unless it's necessary. So, you can't harm someone by using an AED. And if someone's heart has stopped, please don't be put off by embarrassment from getting defibrillator pads on their chest – it's their best shot at surviving.’

Ambulance Victoria Paramedic and Director of Research and Evaluation, Dr Ziad Nehme, says the study shows that more work needs to be done to bridge the gap in community care for women suffering a cardiac arrest.

‘The initiatives that we've used to enhance rates of community CPR over the last two decades have clearly been effective, but we now need to intensify our focus on bystander defibrillation.’

‘One of the important ways the community can help is to join GoodSAM. GoodSAM is a life-saving smartphone app that connects Victorians in cardiac arrest with members of the community who are willing to start CPR and apply an AED in the critical minutes before paramedics arrive.’

Out-of-hospital cardiac arrest is one of the major causes of death worldwide, affecting almost 4 million people globally each year. Every day, around 20 Victorians will suffer a cardiac arrest and only 1 in 10 survive. As with many disease conditions, it is an area in which women often experience poorer management and outcomes.

Bystander interventions include bystander CPR, application of AED pads and bystander defibrillation if a shockable rhythm is identified. Early intervention by bystanders has been shown to be superior to subsequent interventions by first responders or paramedics and may result in approximately a doubling in out-of-hospital cardiac arrest survival.