



MELBOURNE SCHOOL OF
**POPULATION
& GLOBAL
HEALTH**

HEART SAFE COMMUNITY PILOT FINAL REPORT

Tatura, Inverloch and Bellarine Peninsula

Associate Professor Lucio Naccarella PhD
Centre for Health Policy Melbourne School of Population
and Global Health The University of Melbourne

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Ambulance
Victoria



Heart
Foundation

Ambulance Victoria and Heart Foundation
working with communities to save lives

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For research correspondence please contact:

A/Prof Lucio Naccarella

l.nacccarella@unimelb.edu.au

For project correspondence please contact:

Joel Marley (Ambulance Victoria)

joel.marley@ambulancevic.gov.au

Or Eugene Lugg (Heart Foundation)

eugene.lugg@heartfoundation.org.au

CALL

Call Triple Zero (000) now.

The call taker will talk you through CPR and using a defibrillator (AED).



PUSH

Push on the chest between the nipples.

**Push hard.
Push fast.**



SHOCK

If available, **turn on the defibrillator (AED) and follow the instructions.**



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Executive Summary

Background: In Australia only one in twelve Australians will survive an out of hospital cardiac arrest (OHCA). Heart Safe Community (HSC) is a public health initiative being implemented by the Heart Foundation in partnership with Ambulance Victoria (AV). It aims to improve survival from OHCA by improving public access to 24 hour Automated External Defibrillators (AEDs) and by building local community skills and confidence, via informal training in bystander cardiac arrest recognition, and willingness to respond with Call, Push Shock. Over the period 2017-2020, the University of Melbourne was commissioned to evaluate the implementation, effectiveness, partnerships and sustainability of HSC Pilots in Tatura, Inverloch and the Bellarine Peninsula, Victoria.

Key evaluation questions included:

1. To what extent has the HSC initiatives been implemented as intended and what contextual factors (enablers, barriers) exist at the individual, organisational, and community level? **(Implementation)**
2. To what extent have the HSC initiatives had an impact on the targeted community and organisations and beyond in the two pilot sites (Inverloch, Bellarine)? **(Effectiveness)**
3. To what extent have the organisational and community partnerships contributed to the benefits of the HSC initiatives? **(Partnerships)**
4. To what extent are the HSC initiatives resulting in sustainability of the benefits to the targeted communities and organisations and beyond? **(Sustainability).**

Mixed methods were used: local evaluation data; HSC Project team focus group discussions; and local community stakeholder focus group discussions.

Evaluation process and participation: Overall, 8 key stakeholder focus group discussions were conducted involving 64 key stakeholders: Tatura (n=2, Oct 2018, Aug 2019; n=22); Inverloch (n=3: Jan 2019, May 2019, Aug 2019; n=22); and Bellarine (n=3: June 2019, Nov 2019, Feb 2020; n=20). Please note at each focus group a HSC staff member from the Heart Foundation, Ambulance Victoria and the Pilot site HSC Project Coordinator also participated. To answer key evaluation question four re: Partnerships; one formal reflective session was conducted with key HSC Heart Foundation (Victoria) and Ambulance Victoria staff members.

Key Findings: Overall, the HSC pilot activity has delivered hundreds of community presentations on bystander resuscitation and 2700 participants have been exposed to the call to action; 'Call, Push Shock' and 'anyone can save a life'. Presentations were delivered in multiple community settings where locals interact and meet, including schools, community groups, workplaces, and government facilities. All three communities have more registered AEDs available for bystander use with 25 public AEDs available in Tatura, 17 in Inverloch and 10 on the Bellarine, of which 13 are publicly accessible 24-hours a day.

Overall, the HSC pilots have built local community capacity to respond to OHCA as demonstrated by increased community knowledge, confidence and skills to call 000, attempt chest compression and acquire and use an AED. Community leadership to advocate for improved access to AEDs and to propagate HSC initiatives amongst numerous community settings and cohorts has occurred. Key HSC implementation enablers included: a strong visible local partnership between the Heart Foundation, Ambulance Victoria and local community members; professional and engaging HSC Project Coordinators and presenters; working through and with local community members volunteer, networks and organisations. Observed implementation challenges have

included reaching all population cohorts; reliance on community volunteers for sustainability; reliance on HSC Project Coordinator to manage HSC social media profile; community fears initially about using AEDs, vandalism and maintaining AEDs; containing HSC activities to a single site due to considerable appetite for Call Push Shock sessions. The evaluation also revealed that despite early HF and AV partnership challenges that influenced the HSC Tatura Pilot implementation, strategic, structural and staff changes at AV led to optimal partnership functioning and synergy that had positive implications on the HSC Inverloch and Bellarine Peninsula pilots.

Conclusion

Given that HSC planning and implementation has varied across the three pilot communities, nine principles have emerged from the evaluation as key to building, implementing and sustaining future HSC efforts:

- 1) **Invest in a strong visible local partnership** between the Heart Foundation (Victoria), Ambulance Victoria and local community organisations and community members.
- 2) Promote and embrace **local community ownership and commitment** for all HSC related initiatives with clearly defined roles, responsibilities and expectations that elicits a sense of community pride and cohesion.
- 3) **Support local coordination of all HSC initiatives** by a recognised local community contact (go to) person (e.g., Lion's Club Secretary) who has the know-how, capacity, and established community networks and rapport to adapt HSC activity to the pre-existing assets of each unique community and act upon locally relevant opportunities.
- 4) **Utilise established local networks of community** (e.g., Lion's Club, Senior Citizens, Parkrun) and business (e.g., Mitre 10, Bakery,) organisations support and advocate HSC initiatives utilising and supporting volunteers via multiple media strategies (e.g., radio, newspaper).
- 5) **Ensure there is a visible presence of emergency services** (e.g., Ambulance Victoria, CFAs) providing authority and legitimacy to HSC messaging and activity – aiding community 'buy in', advocacy, promotion, delivery and sustaining HSC initiatives.
- 6) **Ensure the roles and responsibilities of emergency services (AV)** are clear in that the community members know who hosts and organises community presentations, who check batteries and maintains AEDs, who can arrange a public access AED cabinet etc.
- 7) **Simplify messaging and ensure community exposure in multiple settings** in which the community works, plays and lives, amongst varying cohorts. Knowledge and skills presented should be brief, simple and achievable to all- Call, Push, Shock.
- 8) **Reinforce that it takes a whole community to save a life in a cardiac arrest** and all HSC initiatives rely on the participation of the majority. An abundance of community members with the knowledge and confidence to call, push, shock, to understand the importance of public access AEDs and to improve availability is essential to HSC success and will overcome common barriers (theft or vandalism of AEDs).
- 9) **Engage local media and celebrate community HSC success, stories and outcomes** to promote HSC initiative and to build and maintain HSC momentum (e.g., celebrate 24-hour AED, successful resuscitation, large community presentations).

1. Introduction

In Australia only one in twelve Australians will survive their cardiac arrest (Beck et al, 2018). Immediate action to maintain blood flow to the brain and restart the heart is required, and for each minute that passes without these simple interventions, the chances of survival reduce by 10 percent (Larson 1993). If a bystander steps in when witnessing a cardiac arrest, performs chest compressions and acquires a defibrillator, the chances of survival increase dramatically (Beck et al, 2018). Unfortunately, of all cardiac arrest that ambulance staff attend in Australia, bystander response only occurs in 42 percent of cases (Beck et al, 2018). Globally, there is a concentrated effort to improve bystander recognition of a cardiac arrest and to build confidence to respond and take the three simple steps that can save a life; call 000, push hard and fast on the chest, and shock with an external defibrillator if available.

Evidence suggests that bystanders hesitation to respond to a cardiac arrest scenario is a result of a lack of awareness of cardiac arrest, lack of confidence to know what to do, and a lack of understanding of the impact of CPR and defibrillation on survival (Pollack 2018). Evidence exists that: people need to understand the symptoms of heart attack and cardiac arrest; people need to provide immediate CPR and defibrillation; and people have access to defibrillators (Pollack et al, 2018).

The Heart Foundation (Victoria) and Ambulance Victoria jointly redeveloped 'Heart Safe Community (HSC)' for the Victorian context after successes overseas. HSC is a public health initiative that aims to improve survival from cardiac arrest in a specified locality. It has proven to be successful in international studies and is now being investigated in Victorian regional communities. The HSC concept essentially works by building the capacity of a community to activate the internationally recognised 'Chain of Survival' concept (Boland et al, 2017) - which consists of a series of links (Recognise, Dial 000, CPR, Defibrillate, Ambulance, Hospital) known to increase survival rates after OHCA.

The HSC initiative is premised upon building community skills and confidence in bystander symptom recognition, response, CPR and AED use. The HSC initiative aimed to achieve this through multiple strategies including:

- community members trained in CPR and use of AEDs
- community members have increased access to AEDs
- community registers all AEDs with Ambulance Victoria
- community engaged in first responder smart phone technology (Good Sam)
- community understand importance of early call to 000
- community recognises the signs and significance of cardiac arrest.

A HEART SAFE COMMUNITY...

Integrates community presentations into existing programs and events.



Recognises a cardiac arrest and knows what to do to save a life.



Registers AEDs and makes them accessible 24 hours a day.



Call
000



Responds to cardiac arrest with the GoodSAM app.

EMPOWERS COMMUNITIES TO TAKE LIFE-SAVING ACTION WHILE THE AMBULANCE IS ON ITS WAY



1 CALL

CALL TRIPLE ZERO (000)



2 PUSH

PUSH HARD AND FAST ON THE CHEST



3 SHOCK

SHOCK WITH AN AED

2. Evaluation

Over the period 2017-2020 the University of Melbourne was commissioned to evaluate the implementation, effectiveness, partnerships and sustainability of HSC Pilots in Tatura, Inverloch and Bellarine Peninsula, Victoria. Mixed methods were used: local evaluation data; HSC Project team focus group discussions; and local community stakeholder focus group discussions.

Key evaluation questions included:

1. To what extent has the HSC initiatives been implemented as intended and what contextual factors (enablers, barriers) exist at the individual, organisational, and community level? **(Implementation)**
2. To what extent have the HSC initiatives had an impact on the targeted community and organisations and beyond in the two pilot sites (Inverloch, Bellarine)? **(Effectiveness)**
3. To what extent have the organisational and community partnerships contributed to the benefits of the HSC initiatives? **(Partnerships)**
4. To what extent are the HSC initiatives resulting in sustainability of the benefits to the targeted communities and organisations and beyond? **(Sustainability)**

Evaluation approach

The evaluation used focus group discussions (endorsed by the evaluation funder) to collect qualitative data from

- the HSC Project Team (Heart Foundation and Ambulance Victoria) to contextualise the evaluation
- HSC key stakeholders (e.g., Community House staff and volunteers, service group leaders such as Rotary, Men's Shed, and business owners such as Mitre 10, Bakery) involved in the HSC pilot sites to assess the HSC initiatives implementation, effectiveness, partnerships and sustainability.

Focus group discussion outline is provided in **Appendix 1**.

***Please note:** Key Evaluation Question 3: To what extent have the organisational and community partnerships contributed to the benefits of the HSC initiatives? **(Partnerships)**- one formal reflective session was conducted with the Heart Foundation (Victoria) and Ambulance Victoria.*

Research Data Analysis Process

The focus group discussions were audio-recorded and transcribed for analysis to identify emerging themes. The evaluation received ethics approval from The University of Melbourne Human Ethics Advisory Group (ID: 1853462.1)

3. Evaluation Findings

Overall 8 focus group discussions were conducted involving 64 key stakeholders: Tatura (n=2, Oct 2018, Aug 2019; n=22); Inverloch (n=3: Jan 2019, May 2019, Aug 2019; n=22); and Bellarine (n=3: June 2019, Nov 2019, Feb 2020; n=20). Please note at each focus group – a HF, AV and HSC Project Coordinator also participated.

This section presents evaluation findings organised according to the three HSC pilot sites and presents: 1) Background; 2) HSC key outputs and achievements; 3) Perceived benefits arising from HSC pilot; and 4) contextual factors influencing HSC implementation and sustainability.

3.1. HSC Tatura Pilot

Background: Tatura is a regional town in north west of Victoria with a population of 4,669. The HSC pilot was coordinated by an experienced AV Project Coordinator located in Tatura, providing AV visible authority and presence to the HSC initiatives. Over the period of the evaluation, an AV station also opened in Tatura - a welcomed addition to the town by its community members.

Overall, two focus group discussions were conducted in Tatura with 22 community members in October 2018 (n=8) and August 2019 (n=14). The size and broad composition of the focus group discussions- especially the August 2019 group – involving community networks (Lion's Club, Rotary Club, Senior Citizens, RSL) and business organisations (e.g., Bakery, Department of Primary Industries [DPI], Primary School) revealed the extent of HSC reach, engagement and commitment within the Tatura community. The focus groups also revealed the presence of pre-existing community volunteer networks that HSC engaged with.

Tatura HSC key outputs and achievements

Total Participants in HSC Call Push Shock Presentations	1184 Community Members
Total AEDs in Tatura	25 AEDs
Total AEDs 24 Hour Public Access	7 AEDs

Community Groups/ Businesses Engaged and Call Push Shock Presentation delivered:

Rotary, Probus, Lions	Department Of Economic Jobs and Transport
Sporting- Basketball, Bowling	Dhurringile Prison
Business- Bakery, Real estate agencies	HeartBeat Peer Support Group
Schools- Sacred Heart	Church
Gyms, Personal training Group	Hospital Auxiliary
Town Centre Street	TatFest
Seniors Centre	Tatura 200 Bike Ride

- Before HSC there were 3 Registered AEDs in town and as of Jan 2019 the town has 23 registered AEDs.
- Seven 24-hour access AEDs are available in high density areas.
- Local paramedics and community ambulance officers have committed to sustain HSC activity at the close of the pilot.

Survey results Tatura

- A four-fold increase in the confidence of participants to know when to start CPR, how to perform CPR and be willing to take action in an OHCA.
- Participants reported a seven-fold increase in their confidence to use an AED, how to use an AED and willingness to use an AED in an OHCA.

Perceived benefits arising from HSC pilot

Multiple benefits were mentioned by key community stakeholders as arising from the HSC pilot including:

- increase in community members and organisational staff (e.g., Department of Primary Industries) trained in CPR and AED use
“from the HSC presentations, we became aware of where defibs are and if they are not accessible”
- increased awareness, knowledge and confidence about using CPR and AEDs
“no-one’s frightened to have a go”
- increased discussions about AEDs in local community media (newspapers)
“People are talking about it – we see defibs and an increased confidence that is not doing damage”
- increased access to AEDs (e.g., two 24-hour AEDs)
Defibs being put in publicly accessible spaces – so all can access – recognition that “it’s a waste if defib not accessible”
- increased sense of community responsibility to look after AEDs
“more community mind people are becoming involved and asking who is looking after the defibs”
- increased community members inspiring and advocating heart safe thinking and approaches within their local community, organisations and networks
“Encourage all others to get involved – “as we are a community and we should act like a community”
- increased HSC advocates in local community organisations (e.g., DPI, Primary School, Lions Club, Rotary Club)
“A Community duty – Lions recognise it’s a waste if public can’t access Defibs, we know where it is, but we need to be able to access it”

Contextual factors influencing HSC

Key stakeholders mentioned multiple contextual factors influencing the HSC pilot implementation and sustainability. **Table 1** provides a summary of using the SWOT framework.

Table 1: Tatura Focus Group Discussion SWOT Analysis

Dimension	October 2018 (n=8)	August 2019 (n=14)
Strengths for HSC	<ul style="list-style-type: none"> Community members buy in Involvement of local Ambulance Victoria in HSC initiatives (presentations, training etc.) Involvement of local Ambulance Community Officers (ACOs) Willingness of volunteers in community groups Clear engaging HSC presentations Local Ambulance Victoria Champions (Scott & Ben) Community member buy in Local community knowledge of ways to engage Community sees HSC as a priority Existing community networks Tatura viewed as a resilient community 	<ul style="list-style-type: none"> “Having an Ambulance stationed in Tat is essential – Tat is growing quickly – it’s awesome” Lions festival in March Rotary Club can buy Call Push Shock kits – a real commitment to getting them to all Need to connect – if see Ambulance – the need to think “do we have a Defib” – in a small community- we know each other – we are connected – car accident affects the whole community A Community duty – Lions recognise it’s a waste if public can’t access Defib – know where it is but need to access it Rotary Club donated \$ for AEDs Lions Club donated AED to Senior Citizens
Weaknesses for HSC	<ul style="list-style-type: none"> Variable understanding of urgency regarding HSC i.e., CPR and AED use Limited teenager engagement Variable visibility of Tatura as a HSC Reliance on volunteers in community groups Existing AEDs not accessible Variable media (social, newspaper etc.) attention to HSC training Need to maintain momentum 	<ul style="list-style-type: none"> Fear of causing harm with AED exists. Public access AED vandalism and theft concerns Females in Lions Club have fears re: when using AEDs and “<i>seeing breasts</i>” Need refresher courses to maintain confidence – as we forget things Reliance on volunteers in community groups who are often overcommitted already
Opportunities for HSC	<ul style="list-style-type: none"> Internal organisation champions (right contact person) Ambulance Victoria perceived as professional authority Success stories Social media options exist (e.g., Facebook) Local organisation buy-in Organisations (e.g., DPI) have 1st aid Committee Organisations (e.g., DPI) recognises CPR is an additional skill set for staff 	<ul style="list-style-type: none"> Community House is also critical – opp for education for all public – an opp for HSC Refreshers. We have new Bakery staff, so we need a refresher to bring staff up to date and refresher for existing staff RSL never had HSC present – hence an opportunity for up to 20 people Lions do a BBQ & people always come and this is an opportunity for HSC presentation refreshers Having Tatura Fest – get CFA SES demo – maybe have AV involved – have HSC displays to get it out into community – incorporate AV with CFA & SES events Tatura Lions draws Lions members from surrounding communities as the interest is there Tat Seniors Open day as it attracts other Seniors e.g., Shepparton Senior Citizens
Threats for HSC	<ul style="list-style-type: none"> Multiple priorities exist Multiple local organisation opportunities exist to engage with, however, limited resources to engage all No secondary schools to engage teenagers Maintaining momentum and sustaining HSC activities after formal project period ceases. 	<ul style="list-style-type: none"> AED as an asset that you may never use – a Blocker Difficult for sporting groups – in there hours of operation or their seasonality or only there for a few days a week Tat experiencing pop expansion – new and young families – most not involved in community – need to engage these people in our community via social media



Scott Angove teaches how simple it is to use an AED. Tatura.



Scott Angove trains a community of life savers at Tatura Football Club.

3.2. HSC Inverloch Pilot

Background: Inverloch is a seaside town located 143 kms from Melbourne in south – east Victoria, with a population of 3996. The HSC pilot was coordinated by an experienced, energetic and committed local AV Project Coordinator. A total of 22 community members participated in three focus group discussions: Jan 2019 (n=6); May 2019 (n=7), and August 2019 (n=9). The size and composition of the focus group discussions, which included community networks (e.g., Neighbourhood House, Parkrun, Lion's Club, Rotary Club, Men's Shed, SES, Oz Kick) and business organisations (e.g., Shire; Bakery, Mitre 10) revealed the extent of HSC reach, engagement and commitment within the Inverloch community. The focus groups also revealed the presence of pre-existing community networks that HSC engaged with.

Inverloch HSC key outputs and achievements:

Total Participants in HSC Call Push Shock Presentations	920 Community Members
Total AEDs in Inverloch	17 AEDs
Total AEDs 24 Hour Public Access	3 AEDs

Community Groups/ Businesses Engaged and Call Push Shock Presentation delivered:

Rotary	Big 4 Tourist Park	The Hub/Library
Sporting- Auskick, Soccer, Local Gyms, Bowling	Supermarket	Seniors Centre
Business- Foodworks, Mitre 10, Large Dairy	Radio station	Men's Shed
Community Services- CFA- Red Cross, Lions	Primary School	Community Market
Walking Groups	Park Run event	Scouts

Survey results Inverloch Call Push Shock Sessions: 275 participants.

- 77% had never done CPR and 88% never practiced or used an AED.
- 49% were not confident to perform CPR in an emergency pre and only 2% post HSC Session.
- 4-fold increase in those who felt they were confident to perform CPR after attending HSC session.
- 3-fold increase in those that rated themselves as confident to know when and how use an AED post HSC session.

Perceived benefits arising from HSC pilot

Multiple benefits were mentioned by key community stakeholders as arising from the HSC pilot including:

- increase in community members and organisation staff (e.g., Mitre 10) trained in CPR and AED use
"Mitre 10 staff do not hesitate to use AEDs"
- increased awareness, knowledge and confidence about using CPR and AEDs
"staff feel confident in using AEDs- if a AED device is in reach they will use it"
- increased discussions about AEDs in local community media (newspapers)
"we feel confident and comfortable to use AEDs..."
- increased public access to AEDs
".. the cherry on top is making publicly accessible AEDs"
- increased sense of community responsibility to look after AEDs
"Inverloch is very community minded and keen to be involved"
- increased community member recognition of the need to own HSC
"we need community ownership of HSC"
- increase in HSC advocates in local community organisations (e.g., Parkrun, Mitre 10, Shire, Neighbourhood House, Lions Club, Rotary Club)
"Parkrun can support HSC refresher presentations on a regular basis"

Contextual factors influencing HSC implementation and sustainability

Key stakeholders mentioned multiple contextual factors influencing the HSC pilot implementation and sustainability. **Table 2** provides a summary of using the SWOT framework.

Table 2: Inverloch Focus Group Discussion SWOT Analysis

Dimension	January 2019 (n=6)	August 2019 (n=7)	May 2019 (n=9)
Strengths for HSC	<ul style="list-style-type: none"> Community Group member endorsement & know-how: HSC training recognised as needing to be integrated into existing events Key community stakeholders exist (Shire, YMCA, Surf Life Saving Club, Cellar door) A community volunteer base exists Neighbourhood house has population health survey Prior initiatives and success Stories exist (e.g., 4 steps for life) Restart a day can provide a HSC opportunity Surge in tourism supports creating HSC infrastructure 	<ul style="list-style-type: none"> Local newspapers engaged / buy in to promote HSC Emergency services (e.g., AV, CFA) have authority, respect and presence due to uniform Local Community organisations Coordinator precedence e.g., SES has a Coordinator who keeps all going 	<ul style="list-style-type: none"> Multiple community organisations engaged with HSC (e.g., Men's Shed, Neighbourhood House, Rotary Club, Mitre 10) Community groups keen to be involved and participate in HSC presentations Committed enthusiastic HSC Project Officer Inverloch is very community minded HSC presentations – engaging, non-threatening and can be tailored to differing community groups Community is really engaged as demonstrated by questions at HSC presentations
Weaknesses for HSC	<ul style="list-style-type: none"> Community Fears of defibrillators / hesitant to be involved Engaging kids as don't come to organised events Prior initiatives – Bendigo Bank funded 12 AEDs Resources available - one AV Project Officer Access to AEDs- existing AEDs not accessible or only limited hours Volunteers roles & expectations not clear Many locals travel over winter which influences volunteer capacity in town 	<ul style="list-style-type: none"> Need to keep HSC front of mind due to competing priorities for organisations Local govt have shire focus not town Need a recognised person in each organisation to champion HSC Community fears about “pushing” in Call Push Shock Community confidence in who is conducting CPR training Need to identify in orgs (e.g., CFA, SES, Sporting Clubs) who wears multiple hats, has networks and capacity to drive HSC Council challenged to provide intense intervention in one town when responsible for entire LGA 	<ul style="list-style-type: none"> Location of existing AEDs makes them non-accessible to public How to contain HSC to Inverloch – what about Wonthaggi? Community organisation involvement in HSC only known by HSC Project Officer
Opportunities for HSC	<ul style="list-style-type: none"> Community run events to do launch, training - ParkRun, Walkie Talkies, Jazz Festival, Markets Key / Beacon community organisation – e.g., Bakery, Neighbourhood house Vibrant Active clubs – Rotary, RSL, Probus, Bowling, GYM Tom Fit, Men's Shed Willing Civic participation - Volunteer pool Engaged Organisations – Primary School Active media & comms – Facebook, local newspapers, community radio 	<ul style="list-style-type: none"> Shire can review its Health & Well-being and to build in HSC Shires can support HSC by assisting; mapping AEDs, providing com grants, encouraging organisations to register AEDs Existing events e.g., Re-Start a Heart Day AV has Community Engagement roles GoodSam app exists 	<ul style="list-style-type: none"> Shire can promote HSC initiatives and advocate for mapping of AED locations Surf Life Saving Club & CFA have defibs and can be involved AEDs in Primary Schools Parkrun can support HSC refresher presentations on a regular basis Emergency services (Fire Brigade, SES, CFA) can advocate for HSC
Threats for HSC	<ul style="list-style-type: none"> Timing – seasonality of Inverloch population profile– local disappear in June- Sept Organisations- No Secondary School - No big Companies/businesses- No Shire office Over-committed - sporting clubs, volunteers Participation in sport – teenagers declining participation 	<ul style="list-style-type: none"> Volunteers are passionate but already stretched Need to build HSC work into what people are paid do and put into organisation workplans Multiple tasks exist for HSC – reaching new community members; providing refreshers; coordinating HSC activities and championing accessible AEDs Need a local coordinator to keep all HSC activities going Community needs to take responsibility and ownership over HSC 	<ul style="list-style-type: none"> Need to maintain HSC momentum using multiple strategies e.g., Heart Safe Week of Celebrating 2nd Birthday of HSC Need to saturate HSC via flyers, multi-media (online, newspaper, radio) Volunteers all have vested interests – so need a local coordinator With HSC Project Officer going need a list of which organisations involved – to enable community ownership of HSC Need HSC refreshers every 2-3 yrs Goodsam App not just for health professionals



Danielle Saxton and Amy Skelton proud to see Inverloch's first public access defibrillator - Inverloch Men's Shed.



Amy Skelton rallies support for the Heart Safe Community Inverloch at the initial launch at the town's Park Run.

3.3. HSC Bellarine Peninsula Pilot

Background: The Bellarine Peninsula Pilot was conducted across three coastal towns on the Bellarine Peninsula - Port Arlington, St Leonards and Indented Heads in south east Victoria. A total of 20 community members participated in three focus group discussions: June 2019 (n=8), November 2019 (n=8) and February 2020 (n=4). The Bellarine Peninsula HSC Pilot was coordinated by a passionate local nurse with experience in community-based programs. Overall, the Bellarine Pilot differed in several key ways from the Tatura and Inverloch pilots, namely: HSC Project Coordinator was not an AV staff member; the HSC pilot was run across three coastal towns (not in one defined town as previously implemented); there was variable engagement by community organisations (e.g., Community Health Service participated in the 1st focus group only; the Shire and Primary Schools were not receptive to the HSC Project Coordinator invitations to engage and be involved in HSC). While the focus groups discussions were attended by an array of community organisations (i.e. Lions Club, Rotary Club, Neighbourhood), the focus groups revealed a lack of pre-existing relationships/networks amongst community organisations, presenting challenges for the HSC Project Coordinator to engage them in HSC initiatives. Furthermore, the February 2020 focus group was attended by only two community members - further indicative of the challenges engaging the local Bellarine Peninsula communities in the HSC initiatives.

HSC key outputs and achievements

Total Participants in HSC Call Push Shock Presentations	668 Community Members
Total Call Push Shock Sessions Delivered During Pilot	34 Sessions
Total AEDs in Bellarine Cluster	10 AEDs
Total AEDs 24 Hour Public Access	4 AEDs

Community Groups/ Businesses Engaged and Call Push Shock Presentation delivered:

Portarlington Lions	Pedal Shed	Indented Head General Store
Portarlington Tennis club	Portarlington Senior Citizens	Stockdale Leggo Office
Portarlington Barber shop	Drysdale Probus	Springs Village
Clifton Springs Garden club	Drysdale Anglican Church	Portarlington Village
St Leonards Hotel	Indented Head Association	Clifton Springs Womens Golf Club
Bellarine Aged Friendly Expo	Bellarine Estate	Portarlington Miniature Railway
Aging on the Bellarine	Curves gym	St Leonards Cricket club
Bellarine Womens Network	Portarlington gym	Wildings café St Leonards
Bellarine Quilters	St Leonards Men's Shed	Tox Bar
Great Beginnings	Drysdale Rotary	St Leonards Bowls Club
Portarlington mobile Library	St Leonards Playgroup	St Leonards mobile Library

Survey results Bellarine post Call Push Shock session

82 people:

- 73% had never performed CPR and post session there was a 7-fold increase in those who felt they were now confident to perform CPR.
- 91% of the sample had never use an AED pre session.
- After the session, 70% rated themselves as confident to use an AED' A 7-fold increase in self rated confidence.

Perceived benefits arising from HSC pilot

Key stakeholder mentioned several benefits as arising from the HSC pilot including:

- increase in community members (e.g., Lions Club, Tennis Club) trained in CPR and AED use
“Community members now trained in CPR and using AEDs”
- increased awareness, knowledge and confidence about using CPR and AEDs
“..our confidence has increased to call 000”
- increase in HSC advocates in local community organisations (e.g., Lions Club) to coordinate HSC presentations and advocate for 24-hour accessible AEDs
“Lion’s Club as a service industry has capacity and people to advocate buying AEDs, coordinating and organising HSC presentations”



Samantha Robinson (HF) leads a Heart Safe Community presentation in a local gym on the Bellarine.

Contextual factors influencing HSC implementation and sustainability.

Key stakeholders mentioned multiple contextual factors influencing the HSC pilot implementation and sustainability. **Table 3** provides a summary of using the SWOT framework.

Table 3: Bellarine Peninsula Focus Group Discussion SWOT Analysis

Dimension	June 2019 (n=8)	November 2019 (n=8)	February 2020 (n=4)
Strengths for HSC	<ul style="list-style-type: none"> Community stakeholder endorsements & relationships - e.g., RSL, Rotary, BCHC CAG Bellarine community pride - proud of what it does Existing AEDs - in community (e.g., RSL) Resources – a Local HSC Coordinator; Basic Presentation; Good Sam App Established Neighbourhood house networks – information & training Bellarine events/initiatives - e.g., 5th June AV Community Education Forum; 13th June RSL First Aid Course; Oct 4 Aged Friendly Expo; Football Matches Strong visible HF & AV partnership and sustainability focus Active media – local newspapers, community radio; Facebook pages 	<ul style="list-style-type: none"> Community willingness to be involved in HSC Stakeholder endorsements - e.g., Rotary, Lions Bellarine community events – e.g., Celtic Festival Strong visible Heart Foundation & Ambulance Vic. partnership 	<ul style="list-style-type: none"> Community knowledge that AEDs are easy to use Community members now trained in CPR & using AEDs Three accessible AEDs Bellarine community events – e.g., Celtic Festival Stakeholder endorsements - e.g., Lions Club
Weaknesses for HSC	<ul style="list-style-type: none"> Community Fears – “not knowing when to call 000 or what to do” Community know-how – “who is responsible for maintaining AEDs” Maintaining momentum – beyond funded period/ beyond Samantha – need for succession planning for all involved HSC Scope- containing HSC activities in North Bellarine; support available post cardiac event/ de-briefing and “strong connection back to BCHC” e.g., via referrals Existing HF/AV intelligence – e.g., Register of AEDs and accessibility Managing resources available - one HSC Project Officer (Samantha) Volunteers - clarity of roles & expectations Reputation of Heart Foundation- recent unsuccessful campaign had caused community distress (Heartless words) 	<ul style="list-style-type: none"> Limited public access to 24-hour AEDs Maintenance of AEDs Maintain momentum – beyond funded / Samantha Available funds Require local Coordinator/ Facilitator to keep all going Volunteers - keeping momentum up 	<ul style="list-style-type: none"> 24-hr access to existing AEDs still an issue Community not clear who is responsible for registering & maintaining AEDS (e.g., changing battery) AED and GoodSam registration issues Mobility and registration of AEDs issues
Opportunities for HSC	<ul style="list-style-type: none"> Established network e.g., Bellarine Aged Friendly Community networks ‘Be Safe in Bellarine’ website – a platform to inform & engage community Key active community groups & networks – e.g., Men’s Shed; Bowling club Active & willing civic participation - Volunteer pool Other Organisations – e.g., City of Gelong; High Schools; Barwon Health; Sporting clubs Communication - Need “good news/optimistic/ positive” stories & messages Multiple small group HSC launches – “just get going “ - more personal 	<ul style="list-style-type: none"> Recognised service responsibility – Lions & Rotary Clubs Community events – e.g., Open Swim, Rotary Markets Existing active & willing civic participation - Volunteer pool 	<ul style="list-style-type: none"> Lion’s Club (service industry has capacity and people to advocate buying AEDs, coordinating & organising HSC presentations) Community org proximity e.g., Bendigo Bank & Com Bank) supports surveillance of AEDs Local community organisations willingness to champion and invest in HSC (e.g., Lions Club, Men’s Shed) Local community members able to be contact person (e.g., Glen – Lions Club Sec) Bellarine newspapers can promote increased confidence due to HSC
Threats for HSC	<ul style="list-style-type: none"> Timing – transient Bellarine population profile – a coastal town Heart Foundation profile – “Heartless words campaign – negative reaction” Bellarine area diversity – e.g., North (3 towns) HSC focus vs South; Ageing population (35% over 65); CALD communities Other Heart Health Priorities – e.g., “a Prevention focus” 	<ul style="list-style-type: none"> Timing – transient Bellarine population profile – a coastal town Bellarine geographical area diversity – e.g., North vs South communities Keeping momentum up Lost opportunity- many volunteer and service organisations in surrounding Drysdale and Leopold which are not HSC target area 	<ul style="list-style-type: none"> Variable engagement by all local community networks in HSC AED vandalism and safety – it’s a struggle getting organisations to trust that 24-hour access to AEDs is safe Bellarine Peninsula geography create challenges for reaching all Lack of engagement by all community volunteer networks Keeping momentum up with no HSC Project Coordinator

3.4. HSC Partnership Focus Group

Please note: This section has been previously reported in April 2019, as part of the HSC Tatura Pilot Evaluation Report.

A formal reflective session was held in April 2018 at Ambulance Victoria (AV) involving the Ambulance Victoria and Heart Foundation (Victoria) HSC Project team members. A Collaborative Partnerships Evaluation framework was used covering three areas key to assessing if the collaborative partnerships are contributing to sustainable system change: 1) Member engagement; 2) Governance structures and processes; and 3) Accountability systems. Key emerging themes included:

- **Variable shared understanding about HSC Pilot and its system change focus**
 - at an individual level - HSC Project team have clear shared understanding. However, the value of HSC with staff peripheral to the community engagement project team is not guaranteed.
 - at organisational level- In the dynamic and complex environment that AV and HF operate, priority and ownership across levels of organisational hierarchy for the HSC Pilot varied. Perception of HSC within strategic priorities of both partner organisation was not unanimous across all levels of operations and management. Whole of organisation buy in is essential.
 - changing roles and relationships between HF and AV from historical partnerships. HF usually played an advocacy role/relationship with AV, whereas, in the HSC Pilot, HF and AV are in a collaborative partnership relationship with HF leading project implementation.
- **Variable clarity about HSC Pilot roles and responsibilities exists:**
 - a framework that articulates the capabilities of each organisation and synergies is required. Each AV Team Managers at local community level can provide an opportunity to HSC Pilot – However, it is not being realised.
 - Variable alignment of HSC Pilot with organisational goals: HSC Pilot aligns with AV strategically (via Strategic Plan) and operationally (via Community Capability Plan). However, HSC is “off-strategy” for HF with cardiac arrest not clearly identified as a priority heart health condition in recent strategic plan and retrofitted into heart attack prevention activity.
 - Evidence of sustainability of HSC Pilot effects (right place at the right time): Heart Foundation staff members relayed an example of a recent community meeting at Tatura – where through the efforts of a Committee Chairman and other community members - the HSC is being perceived as a community-led initiative, where community is asking how many people are to be involved; where the Committee is committed and accountable to the HSC – this led to discussion about:
- **What model is most appropriate to engage and sustain communities in being “capable heart safe communities”**
- **What “sustainability” terminology and mode was most appropriate to: “finish the Pilot in Tatura” to “handover the Pilot to the Tatura community” or “to transition the Pilot to the Tatura community”.**

3.5. HSC Partnership event- Ambulance Victoria, Melbourne University and Heart Foundation

On Monday 7th October, 2019 partners AV and HF hosted a successful event to present the key finding of HSC to stakeholders involved in pre-hospital care, resuscitation research and programs, heart health and community engagement.

The Heart Safe Community showcase attracted significant government and media attention but also promoted the pilot and key learnings to cross functional teams within AV and the Heart Foundation. Soon after the showcase, Ambulance Victoria Executive committed to a state-wide implementation plan across 17 new Victorian communities (See 4.5).

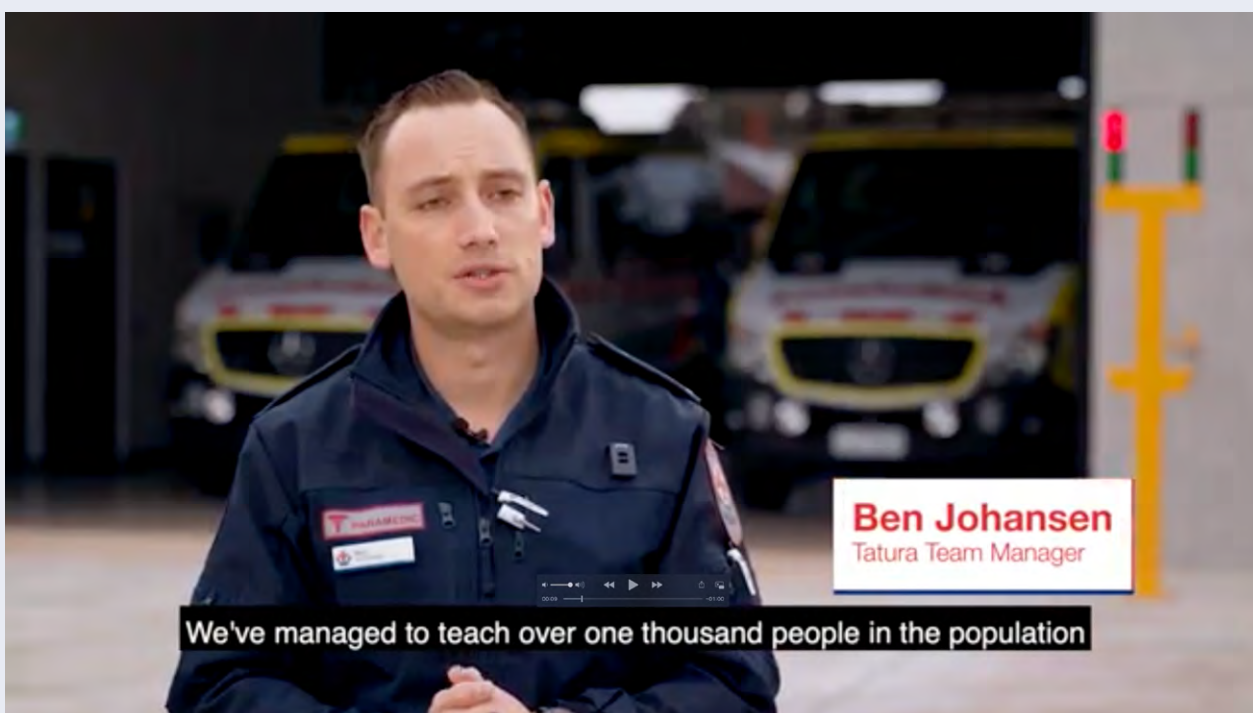
In each community, evaluation has revealed that celebrating successes and HSC activity is an essential ingredient in rallying community support. The merits of these celebrations also applies to partnership organisations as showcases allow for learned benefits to be broadly realised and support commitment to further implementation opportunities.

The showcase also saw the launch of two videos that promote the Heart Safe Community activity in Tatura and retell the inspiring story of David who was successfully resuscitated on Christmas day by his sister in law who had attended a HSC presentation.

David survives his cardiac arrest in Heart Safe Community- Tatura



What is a Heart Safe Community - Tatura



Evaluator Summary points of Partnership Showcase:

The HSC showcase:

1. demonstrated the leadership from HF and AV to provide a supportive environment for the planning, implementation and sustainability of the HSC pilots
2. illustrated the quality and depth of partnerships at multiple levels, including: at organisational level (between HF & AV); at the local community level (between local HSC Project Coordinators and local community members)
3. revealed benefit and impact in real-life case examples (Tatura video) that the HSC pilot worked
4. Overall, the event showcased how to build and sustain a HSC. More specifically, it was a celebration of three key ingredients for the success of HSC:

Purpose: the HSC provided the opportunity for community members to volunteer their time, generosity and enthusiasm to organise presentation and advocate for publicly accessible AEDs

People: the HSC revealed that community members were not motivated by self-interest, but by a social reciprocity (“we assist strangers”)

Place: the HSC revealed the strong sense of community that was key to the HSC not being just another event but a movement that had community ownership.



HSC Project team- Ben Johansen (AV), Eugene Lugg (HF), Danielle Saxton (AV), Samantha Robinson (HF), Amy Skelton (HF), Joel Marley (AV)

4. Discussion

The evaluation findings are synthesised and briefly discussed in relation to the four key evaluation topics.

4.1. HSC Implementation

Overall the evaluation has revealed that at an operational level, the HSC Pilot has clear implementation enablers including: a strong visible local partnership between Heart Foundation, Ambulance Victoria and local community members; professional and engaging HSC Pilot Coordinators and presenters; working through and with local community members volunteer, networks and organisations. The HSC Pilot is a community driven and place-based initiative which capitalises on the Heart Foundation and Ambulance Victoria brand to engage local community members, and to build reputable local community partnerships to deliver the HSC initiatives. Observed implementation challenges have included reaching all population cohorts; reliance on community volunteers for sustainability; reliance on HSC Project Coordinator to coordinate activity; social media profile; community fears initially about using AEDs, vandalism and maintaining AEDs; containing HSC activities to a single site due to considerable appetite for Call Push Shock sessions; variable clarity about AV and community roles and responsibilities re: AED registration and maintenance; maintaining HSC “*front of mind*”, and sustaining local coordination of HSC efforts.

4.2. HSC Effectiveness

Overall, the HSC pilots have built local community capacity to respond to OHCA as demonstrated by increased community knowledge, confidence and skills to call 000, attempt chest compression and acquire and use an AED. Community leadership to advocate for improved access to AEDs and to propagate HSC initiatives amongst numerous community settings and cohorts has occurred.

Overall, the evaluation activities have revealed that the HSC pilots are building Heart Safe Community Capacity in particular: building Heart Safe Community *literacy (knowledge and skills)*; *leadership*; *networks and partnerships*; and *infrastructure*.

1. **Building Heart Safe Community literacy (knowledge and skills)** i.e., Increase in community members trained in CPR and AED use; Increased awareness, knowledge and confidence about CPR & AED use; increased discussions about AEDs in local community media (newspapers)
2. **Building Heart Safe Community leadership** i.e., Increased people taking on responsibility to look after AEDs; community member inspiring and advocating heart safe thinking and approaches within their local community, organisations and networks
3. **Building Heart Safe Community networks and partnerships** amongst local community members and organisations to facilitate heart safe literacy knowledge transfer and exchange; Identified HSC advocates in organisations (e.g., DPI, Mitre 10, Primary School, Lions Club)
4. **Building Heart Safe Community infrastructure** i.e., increased access to AEDs and 24-hour accessible AEDS; increase in organisation staff (e.g., DPI, Mitre 10) trained in CPR and AED use; increased awareness of which organisations need to target

The evaluation has also revealed evidence of increased local Heart Safe community participation, volunteerism, enhanced reciprocity and increased leadership. Overall, these community changes resonate with existing theories about community capacity building (Wendel *et al.* 2009). 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). Wendel *et al.* (2009) conceptualised community capacity as “*a set of dynamic community traits, resources, and associated patterns that can be brought to bear for community-building and community health improvement*” and identified seven dimensions of community capacity. **Table 4** illustrates the HSC Pilot effects using known dimensions of community capacity.

Table 4: Dimensions of Community Capacity and examples of HSC Pilot Contributions

Dimensions of Community Capacity	Examples of how the HSC Pilot contributes to Building Community Capacity
Skills, knowledge and resources <i>(Development of and access to resources and skills within the community)</i>	The HSC Pilots are building local community members heart safe literacy capacity as demonstrated by increased knowledge, confidence and intentions to recognise and call an ambulance in an OHCA, have a go at CPR, use an AED and to take action to save lives
Relationships <i>(Sense of community; social capital)</i>	The HSC Pilots are supporting local community members to build a sense of community and social capital. The project enhanced relationships between Ambulance Victoria and the community and HSC constituted commitment to community's health and wellbeing as well as recognising their capacity to self-determine.
Structures and mechanisms for community dialog <i>(Social and inter-organisational networks)</i>	The HSC Pilots and the involvement of local community members and organisations has created opportunities to organise and deliver targeted and responsive HSC events in community settings across multiple cohorts.
Quality leadership <i>(Effective and sustainable community leadership and leadership development)</i>	The HSC Pilots are supporting and empowering local community members to become 'heart safe change agents' – by sharing information and lived experience on heart safe issues, inspiring others to engage in and advocate for a HSC. Delivery of HSC alongside and in collaboration with local AV staff and volunteers saw shared responsibility and leadership harnessed, aiding sustainability at pilot handover.
Civic participation <i>(Distribution of community power and ability for citizens to participate in community process)</i>	The HSC Pilots are supporting local community members to volunteer as a resource to their local community and advocate to other organisations and community groups (e.g., Men's Shed) to support HSC initiatives. HSC key messages aimed at inspiring civil responsibility to create an environment ready and skilled to respond to an OHCA.
Value system <i>(Shared community values that support inclusion, and social justice)</i>	The HSC Pilots are not just supporting local community members to improve their heart health literacy but supporting their community to change their attitudes and mindsets to become a Heart Safe Community, being driven by Community benefits (not limited to only their own individual needs) and Sense of Community Pride.
Learning culture <i>(Understanding and awareness of community history and ability to critically reflect on shared experiences)</i>	The HSC Pilot has supported local community members to critically reflect upon their own assumptions, knowledge and experiences living in the community, and to reflect upon opportunities within their communities to take action to become a HSC.

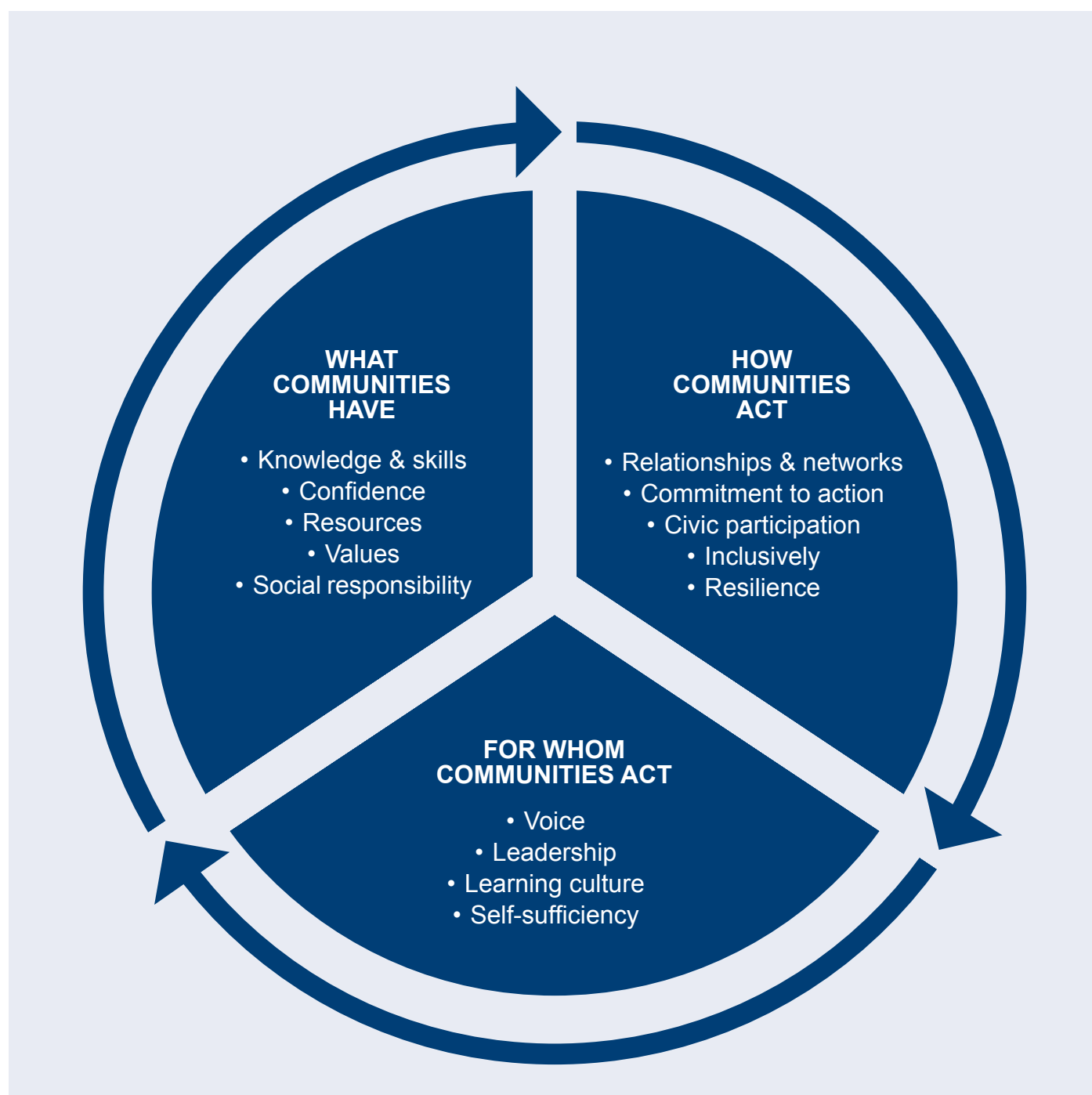
The dimensions of community capacity (**Table 4**) can enhance our understanding of what makes the HSC Pilot work, for whom and in what circumstances at a community level.

It is without doubt that a key HSC pilot enabler was increased community capacity, as exemplified by the quote:

“...we are a community and we should act like a community” (Tatura Community member)

However, the evaluation findings also reveal increased community capability, defined as the combined influence of a community’s social systems and collective resources that can address community problems and broaden community opportunities” (George et al 2013). Figure 1 reveals how HSC is building community capability. The three domains (1) What communities have? 2) How communities act? and 3) For whom communities act? further assist us to interpret and explain how and what makes the HSC pilots work.

Figure1 : HSC Building Community Capability



4.3. HSC Partnerships

The HSC partnership reflective sessions with the HF and AV revealed that in the early stages of the HSC Tatura Pilot implementation HSC faced key partnership functioning challenges including: engagement – due to variable level of engagement in the HSC Pilot at an individual (e.g., AV staff) and organisational (e.g., HF Strategic plan) level; Leadership – due to the variable level of authorised leadership within AV (e.g., mid-level management and Local AV Team Leaders); Management – due to variable transparency about planning, organising, staffing and resourcing by both HF and AV the local partner organisations; Accountability – due to the variable clarity about roles and responsibilities within HF and AV within HSC Pilot. An agreed upon Roles and Responsibilities framework is required; and Governance – due to variable clarity and transparency regarding decision-making processes and structures in both HF and AV.

The reflective sessions also revealed key HSC Pilot partnership synergy challenges for the early stages of the HSC Tatura Pilot implementation including: Partnership assets – the existing resources (skills, information, connections) within both HF and AV and local community partner organisations; Partner characteristics – the existing and dynamic organisational cultures within HF and AV and local partner organisations; Partnership relationships – the existing trust and respect between HF, AV and local partner organisations at an individual and organisational level; and External environment – the existing and dynamic nature of the current local community characteristics (needs, priorities) and involvement, and public policies (e.g., Municipal Public Health Plans) related to Heart Safe Communities.

Overall the evaluation also revealed that despite early HF and AV partnership challenges that influenced the HSC Tatura Pilot implementation, strategic, structural and staff changes at AV led to optimal partnership functioning and synergy that had positive implications on the HSC Inverloch and Bellarine Peninsula pilots.

4.4. HSC Sustainability

Overall, the evaluation has revealed multiple requirements to sustain the benefits resulting from the HSC Pilots that can be clustered into three interconnected three levels:

- **Individual level** (e.g., willingness and receptivity of community volunteer members and networks to take it on and keep HSC going; a local Ambulance Victoria champion- providing presence and authority to HSC; maintaining local community members momentum across all HSC initiatives (Community training in Chain of Survival, AED registration and 24-hour access; GoodSam App) and not just on AEDs)
- **Organisation level** (e.g., buy-in and engagement from small (e.g., Bakery), medium (e.g., Mitre 10) and large businesses (e.g., Tatmilk; Goulburn Valley Water); identified HSC advocates in community (e.g., Lions Club) and business organisations (e.g., Mitre 10); multi-media strategies including; online, radio, newspaper)
- **Community level:** (buy in and engagement from a combination of sport (e.g., Tennis, Football, Soccer, Cricket etc) and non-sport clubs (e.g., Lions, Rotary, Italian Social Club, Community House) to be engaged; multi-media HSC coverage via radio, community newspapers announcements to keep HSC at forefront of community mindsets; a “sense of pride” e.g., like “Tidy Town Competition” and increase recognition/visibility/signage using a Sign “Tatura a HSC”; promoting and celebrating the tangible benefits of HSC e.g., 24 hour public accessible AEDs).

4.5. Implementation to scale post pilot

In December 2019, Ambulance Victoria committed to expanding the Heart Safe Communities initiative to 17 new communities across Victoria. They include: Rosedale; Euroa; Healesville; Red Hill; Port Fairy; Terang; Camperdown; Queenscliff; Murtoa; Clunes; Smythesdale; Boort; Donald; Robinvale; and Murrayville. The resources and learnings from the three HSC pilot sites are embedded in the scoping, engagement and implementation activity, forming the basis for localised engagement plans that have been developed to meet the needs of each unique local community with the aim of strengthening community resilience and the willingness of residents to respond appropriately to an out-of-hospital cardiac arrest.

Heart Safe Community activity at each of the 17 sites is led by local Ambulance Victoria paramedics and First responders. Program activity in these communities is planned to run until June 2020 but due to COVID-19 this has been extended pending the easing of restrictions to allow community gatherings.

The benefits of this pilot will continue with Ambulance Victoria integrating Heart Safe Community activity into its ongoing community engagement strategy and recently confirmed a commitment to establish another 24 Heart Safe Communities across Victoria in 2021 with ongoing expansion beyond this proposed.

5. Conclusions

Overall, the evaluation HSC pilots have built local community capacity to respond to OHCA as demonstrated by increased community knowledge, confidence and skills to call 000, attempt chest compression and acquire and use an AED. While the HSC pilot initiatives had a core set of strategies (e.g., community members trained in CPR and use of AEDs; community members have increased access to AEDs) and that key common themes emerged from the evaluation – given that HSC implementation varied across pilot communities, key principles to inform future planning, implementation and sustainability of HSC initiatives are now presented.

Overall, nine principles emerged from the evaluation as being key to building, implementing and sustaining HSC efforts:

1. Invest in a strong visible local partnership between Heart Foundation (Victoria), Ambulance Victoria and local community organisations and community members
2. Promote and embrace local community ownership and commitment for all HSC related initiatives with clearly defined roles, responsibilities and expectations that elicits a sense of community pride and cohesion.
3. Support local coordination of all HSC initiatives by a recognised local community contact (go to) person (e.g., Lion's Club Secretary) who has the know-how, capacity, and established community networks and rapport to adapt HSC activity to the pre-existing assets of each unique community and act upon locally relevant opportunities.
4. Utilise established local networks of community (e.g., Lion's Club, Senior Citizens, Parkrun) and business (e.g., Mitre 10, Bakery,) organisations support and advocate HSC initiatives utilising and supporting volunteers via multiple media strategies (e.g., radio, newspaper)
5. Ensure there is a visible presence of emergency services (e.g., Ambulance Victoria, CFAs) providing authority and legitimacy to HSC messaging and activity – aiding community 'buy in', advocacy, promotion, delivery and sustaining HSC initiatives
6. Ensure the roles and responsibilities of emergency services (AV) are clear in that the community members know who hosts and organises community presentations, who check batteries and maintains AEDs, who can arrange a public access AED cabinet.
7. Simplify messaging and ensure community exposure in multiple settings in which the community works, plays and lives, amongst varying cohorts. Knowledge and skills presented should be brief, simple and achievable to all - Call, Push, Shock.
8. Reinforce that it takes a whole community to save a life in a cardiac arrest and all HSC initiatives rely on the participation of the majority. An abundance of community members with the knowledge and confidence to call, push, shock, to understand the important of public access AEDs and to improve availability is essential to HSC success and will overcome common barriers (theft or vandalism of AEDs)
9. Engage local media and celebrate community HSC success, stories and outcomes to promote HCS initiative and to build and maintain HSC momentum (e.g., celebrate 24-hour AED, successful resuscitation, large community presentations).

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Appendix 1: Heart Safe Community Key Stakeholders (Tatura Example)

Focus Group Discussion Outline (90 mins)

Facilitator: Associate Professor Lucio Naccarella, The University of Melbourne

Overview of focus group discussion: purpose and objectives: The University is leading an evaluation to assess the implementation, effectiveness, partnerships and sustainability of the Heart Safe Community initiatives.

- What changes, if any, have you noticed in Tatura individuals, organisations or in the community more broadly as a result of the Heart Safe Community activities?
- To what extent is the Tatura community aware that sustained HSC activity is important to continue to improve the community's readiness and response to an Out of Hospital Cardiac Arrest?
- To what extent does the Tatura community feel that sustained commitment to HSC activity is important?
- To what extent is there community appetite and support for planning, implementing and evaluating ongoing HSC activities in Tatura?
- To what extent are there local Tatura HSC champions who are committed to advocating and delivering ongoing HSC initiatives?
- To what extent does the Tatura community have the resources and expertise to effectively deliver ongoing, quality and relevant HSC activities (e.g., community presentations content and calls to action)?
- Where can HSC activities be integrated into broader Tatura community activities (e.g., Ambulance Community engagement, LGA health and wellbeing activity, Worksafe etc)?
- How can HSC activities be maintained as a priority within the complex needs of Tatura?
- To what extent are there established and enduring partnerships & relationships within the Tatura community stakeholders to maintain and grow HSC activities?
- Now that the HSC project is in sustainability mode in Tatura, what ongoing involvement would you expect from Ambulance Victoria / and the Heart Foundation?

Thank you for your time and commitment.

For further information please contact: Lucio Naccarella l.naccarella@unimelb.edu.au