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LIVIN life
at the top

Learn more about
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Staying healthy
in the heat

WESTFUND

collective:

December 2019



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WELCOME TO THE third issue of *Westfund collective*: It is very exciting for the team to arrive at our third issue. As mentioned in our previous two editions, it is our great privilege to share the stories we have collected for this magazine with you.

As the weather heats up and we move into the summer months, we hope you will find a story in this issue to pique your interest.

We have once again met with a unique and diverse range of groups and individuals on our journey to compile *Westfund collective*:

You'll find interviews with members, health-based advice, recipes, and stories from successful Community Grants recipients. Try the zesty Thai noodle salad; find out more about blood donation; learn about the important work of Bear Cottage; and read how LIVIN is breaking the stigma of mental health, supported by grassroots movements and people like the inspirational Curtis Young.

We would like to thank everyone who has contributed, and who continues to contribute, to this magazine.

As always, we welcome any feedback or suggestions you may have. Please send them to: collective@westfund.com.au

We hope you enjoy the third issue of *Westfund collective*:

Westfund collective: team

westfund.com.au



Committed to caring

WESTFUND WAS FOUNDED on the principle of caring, and it has been part of our organisation ever since. Our staff thrive on genuinely caring for members and it makes me so proud that this is an intrinsic behaviour demonstrated on a daily basis.

There are few more rewarding tasks in life than caring for someone you love, or the community you are a part of. It is also important that we take care of ourselves with regular exercise, having a healthy diet and getting a good amount of sleep, whilst also keeping our minds active.

In keeping with the caring foundation upon which Westfund was built, we are pleased to be offering a number of broader health care initiatives to our members. Healthy Weight for Life, Mind Step and Rehab in the Home are all programs designed to improve the quality of life of its participants.

In 2019, Westfund was awarded four Canstar awards for outstanding value of our Hospital and Hospital

combined with Extra's policies in New South Wales and Queensland. We are thrilled to be able to offer these products and our services to more Australians as our membership continues to grow. Our Dental Provider of Choice network has also grown this year, giving more of our members access to preventative dental treatment with nil out-of-pocket costs at participating dental practices.

Westfund was proud to achieve another accolade in 2019: a Product Review award for consistently positive reviews, which resulted in a 4.6-star rating on this independent platform. It is great for Westfund to be recognised in this way and is a reflection of the member focus all our staff share.



Matt Banning
Chief Executive Officer

“There are few more rewarding tasks in life than caring for someone you love, or the community you are a part of.”



“When you’re vulnerable, you give yourself the chance to heal, and have people open up to you, and give them the chance to help themselves.”



It ain't weak to speak



Using five simple words, LIVIN is breaking down the stigma of mental health, and inspiring real action among their ever-growing community along the way. LIVIN's co-founder Casey Lyons and one of its supporters, Curtis Young, share with us the ways in which LIVIN is changing conversation around mental health in Australia.





AS A CO-FOUNDER of LIVIN', a Burleigh-based organisation dedicated to breaking down the stigma of mental health, Casey Lyons is familiar with the power of the lived experience.

"We started in 2013 after we lost a great man, my best mate, Dwayne Lally, to suicide," explains Casey.

"Dwayne lived with depression and bipolar for a number of years and the stigma kept him quiet and stopped him from accessing support.

"I met Dwayne the first day of Grade 1; I knew him like a brother inside and out.

"Mental illness certainly came on during his late teens to early 20s.

"He always felt ostracised, he felt different, he felt he was weird and shouldn't feel this way.

"After his tragic passing, we were confronted by the statistics around mental health and suicide in this country. They are quite alarming," Casey says.

They are indeed alarming. Statistics reveal that Australia's suicide rate is above the World Health Organization's global average.

Data from the Australian Bureau of Statistics shows that 3048 Australians died by suicide in 2018; males accounted for 76.2 per cent of deaths by suicide.

According to this data, suicide was the leading cause of death among people aged 15–44.



“It has created this unique sort of community where people will see each other wearing a LIVIN shirt and they give each other the head nod; they understand.”

didn't want to feel different; he didn't want to be a burden to people.

“After his passing, we were hearing this was too common a tale.”

“We just knew we had to do something and that's why we (Casey and co-founder Sam Webb) started LIVIN.”

From the tragedy emerged hope, and a movement that has shaken up the way we as a nation approach and discuss mental illness.

“Our goal is to, through education, break down the stigma and encourage people to access support, because there is plenty of support in this country.”

LIVIN takes a proactive approach to support this, and to help people in 'LIVIN their life at the top'.

It can be easy to hide behind mission statements, statistics and purely awareness-based activities, but that is not the LIVIN approach.

The LIVIN approach involves hours of hard work developing and delivering on their three pillars.

“Awareness is a word we have tossed around for a long time, but we are more about action and education, because that is what we are trying to do through our awareness.

“Awareness is probably just a by-product of the action and education.

“We're actually out there doing something.”

LIVIN's first pillar is 'LIVINWell' – their education pillar.

“We go around the country into schools, businesses, sporting clubs, community groups, mining groups, corporates – you name it, we've been there.”

In a 45-minute presentation, LIVIN talks about the mental health warning signs and symptoms, where to get help and how to help not only yourself, but those around you.

The sessions use the most up-to-date research; however, Casey is a firm believer in the importance of sharing lived experience.

While statistics can alarm people, they do not become relatable until they meet personal experience.

“We are a little bit more relatable and it (anecdotal evidence) seems to have a lot more cut-through.”

Another of LIVIN's pillars, and one where it has had great success, is merchandise.

“Our merchandise is a great conversation starter; people are walking, talking billboards,” explains Casey.

“It has created this unique sort of community where people will see each other wearing a LIVIN shirt and they give each other the head nod; they understand.”

“People who don't know LIVIN, they'll ask 'what is that?'”

This creates a dialogue and even more awareness for LIVIN and their mission of breaking down the stigma of mental illness.

LIVIN's third and final pillar is community-based events and fundraisers that, according to Casey, “could look like anything”.

“Those are our three pillars, that's how we get our message of 'it ain't weak to speak' across into the community.”



Something needs to be done, and breaking down the stigma of mental illness is the place to start.

“Dwayne came from a beautiful family. He was good looking, funny, always smiling – the life of the party as they say.

“He was also quite tough; he was an Australian champion boxer at one stage,” says Casey.

“But the stigma kept him quiet and stopped him from accessing the support (he needed) because he just

To Lithgow's Curtis Young, the third pillar looked like a gruelling 14-kilometre run wearing a weight vest.

The LIVIN mantra of 'it ain't weak to speak' is one that has really resonated with Curtis.

He is passionate about encouraging those around him to speak up if they are doing it tough mentally.

While preparing to enter his seventh City2Surf – an annual road running event held in Sydney – Curtis, 22, noticed that this year, things felt different.

"This year, I don't know what the go really was with me. My training just didn't seem to be there, I wasn't enjoying my training. So I was, kind of in a weird way, almost looking for something to change everything up," explains Curtis.

A conversation with a mate who was already involved with LIVIN ensued and from that point, something clicked for Curtis and he knew that running in support of LIVIN is what he wanted to do, having had his own dark days.

While the demanding course would be a challenge for most, Curtis wanted to up the stakes, and decided to do the run wearing a nine-kilo weight vest, to raise both funds and awareness for LIVIN by actually turning awareness into action.

The vest, he explains, was symbolic of the hidden burden that 'carrying' a mental illness can have.

"The idea of it was to encapsulate the whole idea of actually carrying a burden," he explains.

"Obviously the difference for me was at the end of the race I could take off my burden, but I also wanted to show a lot of people that it can reflect... a lot of people are walking around with something that we don't even see."

"The amount of support I got leading up to the actual run, and the amount of support in the run itself was unreal.

"For people to be there, I had a support network I never thought

I actually had, and to then finish the race, to be able to take that (weight) off; it was almost a metaphor for people dealing with whatever is actually happening inside of them."

"They do have that support network and if they do reach out for that support network, they do get that option to take off whatever is resting on their shoulders."

Curtis was also grateful for the support he received from the LIVIN team throughout his training for the City2Surf.

He finished the race with a time of 58:22; not too far off his personal best of 56:26.

Setting a target of \$2000, Curtis was pleasantly surprised to top this goal, raising a total of \$2056.62 at time of print.

Stories like Curtis's are one of Casey's favourite parts of seeing the organisation he founded flourish and grow, and it is something that he always finds humbling.

"It's a beautiful part of the job, the people we meet," he says.

LIVIN has done a lot in the mental health space in a few short years; however, never one to rest on his laurels, Casey believes there is still much to be done.

"We have started something that we should be proud of, although we don't often have time to sit and reflect on what we've done."

"It's always very interesting to see where we've gone and where we've been."

"It's very satisfying in a way, but there is just so much more work to do, so satisfying might not be the right word."

Why has LIVIN resonated so well with people in what is quickly becoming quite a crowded space?

"People just relate to us and trust us because... you know we're vulnerable," says Casey.

There is an innate strength in that vulnerability.

"When you're vulnerable, you give yourself the chance to heal, and have people open up to you, and give them the chance to help themselves."

"I had a support network I never thought I actually had, and to then finish the race, to be able to take that (weight) off; it was almost a metaphor for people dealing with whatever is actually happening inside of them."



● Curtis decided to run City2Surf wearing a nine-kilo weight vest, to raise both funds and awareness for LIVIN

It can be extremely difficult living with a rare disease, particularly one that even doctors may not be familiar with, and especially when that disease affects something that most of us take for granted.



● Eddie Woo is proud to support the work of ausEE

WHEN THE INFORMATION, understanding and awareness don't exist, what can you do? You can create them yourself. And that is precisely what Sarah Gray and the community she created are doing.

ausEE Inc. is a registered Australian charity dedicated to providing support and information to anyone diagnosed with, or caring for someone with, an eosinophilic gastrointestinal disorder (EGID), including eosinophilic oesophagitis (EoE).

The driving force behind ausEE is the group's founder, Sarah Gray, who started the group in 2009.

As the mother of a child with EoE, Sarah found the lack of information and understanding in Australia disappointing and set out to do something about it.

"My daughter Bella, who's now 16... when she was diagnosed at 18 months old I spent the first couple of years just thinking she would

medical professionals that have an interest in it," she explains.

ausEE's ever-growing achievements are directed to six key areas: information, research, resources, advocacy, awareness and support.

The development of patient resources has been of huge benefit, not just to those who may have an EGID, but also in spreading awareness.

Children's books have been created to help explain EGIDs in an accessible way for younger people.

Another aspect of the ausEE network are the support groups and forums, both online and face to face.

Thanks to social media, individuals and families across Australia are able to connect and share stories, food swaps, recipes and information.

"We've got over 1500 in one support group, and another that's got 500 in it," says Sarah.

help as much as possible. He began recording lessons and posting them on YouTube, where they quickly grew in popularity, and his channel, WooTube was born.

He is a proud father of three children who have all experienced issues with allergic disease. One of his children has EoE.

Although he and his wife had experience with allergies, EGIDs were something new when their then 10-month-old son was diagnosed with EoE.

"There are just so many questions, so little understanding around it. We really were searching pretty hard for people who understood the issues that we were facing and could provide us support," he explains.

"So that's where the journey (with ausEE) all started."

Eddie and his wife soon realised that living with EoE meant adjustments to the family's

Food for thought

outgrow it (EoE) and not knowing anything about it, because there was literally nothing in Australia on it. I just had to google about it... I did find some American support groups, which I participated in. Then I was like... there shouldn't be nothing in Australia. There must be other people in Australia living with it. And so I just... That's what inspired me to start a website to try to bring people together in a forum for Australia," she explains.

Some of the most important work the group does is around information provision. As a condition that is often misdiagnosed or misunderstood, Sarah knew that getting the right information out there would involve working with medical professionals.

"As soon as we started, we knew that if we wanted to put out information about the condition, we had to build a medical advisory board. It's all volunteered by

"(the forums are) A great way to communicate and people can come and just share their own experiences and just get that support.

"If they're having an endoscopy that day, those sort of things. Or just asking questions, because a lot of this is outside-of-the-box stuff that people can go through.

"Not everyone's the same; there are so many variances with it.

"It's just really support... your external family members and external friends might not understand it and so it's good to have that support."

ausEE's charity ambassador, 2018 Australia's Local Hero and host of ABC's *Teenage Boss*, Eddie Woo, is also a firm believer in the benefits of support.

A mathematics teacher for the NSW Department of Education, Eddie has been teaching for over 10 years. In 2012, when a student of his had pancreatic cancer, he wanted to

relationship with food. "By its nature, food is a social thing, right? We all relate. We conduct relationships over food. So I think the most unexpected thing – and it's probably one of the most challenging – has been that everywhere you turn, there is the consideration of food. We've been on very few holidays as a family, because you can't just, you know, roll out, go to the hotel, go to a restaurant. It's a very arduous process," he explains.

Even when all due diligence is done, an unexpected ingredient can still make its way into a dish at a café or restaurant.

"You know, life is full of risk. We drive cars every day, even though that's a risky thing. So it's not like you can eliminate risk from everything, but the level of risk and the commonality of the risk is so much more than what anyone else is really used to."



“Oh. All right, this is normal, and someone else understands what I’m going through, and someone else has ideas as well for how to navigate this world, which is not designed for people with diseases like this.”

Working with ausEE has provided support and information, and Eddie is proud to lend his profile to a cause so close to his heart, and one that has helped his own family through their journey.

“To become part of this community... my wife and I have really been delighted to see just how many people are like, ‘Oh. All right, this is normal, and someone else understands what I’m going through, and someone else has ideas as well for how to navigate this world, which is not designed for people with diseases like this’”

“I guess I am really passionate to help people see that this is not something to be afraid of, even though it’s tough. It’s something that is part of everyday life... there are few things as universal as food, right? It’s a big part of our lives, and I want people to be able to say, ‘Oh okay, I understand the issues and I can be positive around that’”

Support will soon be provided in yet another format, with plans underway to develop an ausEE cookbook.

With food playing such a large part of the condition, it was a natural fit to produce such a resource.

One ausEE member who is excited to work on this project is Kathleen Hedger.

A chef based in the Illawarra region, Kathleen has two sons with EoE.

She describes the group as her lifeline and is enthusiastic about the impact a cookbook will have for adults and children alike.



● Chef Kathleen Hedger’s creativity in the kitchen has allowed her to explore food swaps

“A cookbook is a good way to get kids involved and then they can learn that, well, hey, if we can do this, we’ll try it. That’s the biggest thing with kids with this disease, is their fear. They need to overcome that fear (of food),” she explains.

One thing in particular that she is invested in is providing comprehensive information about food swaps, which can be a lifeline for people with EGIDs, bringing back some normality and control over food.

“If you’re making a cake and think, Oh I can’t have egg, what am I going to make cake with?”

“So most kids think, well, I can’t have cake. But you can use things like apple sauce and bananas,” she explains.

Kathleen thrives off creativity in the kitchen and developing recipes with substitutes.

Is there anything that has eluded her so far?

“I’m still working on macarons... you can’t use almond flour, so I’m working on macarons with coconut flour. That’s one I’d really like to try and perfect,” she says.

ausEE shows no signs of slowing down, with several other projects aside from the cookbook in the pipeline, including the development of standards of care guidelines on EoE.

“We have to cover all areas. Well, that’s what I’m passionate about anyway. Making sure that we’re providing information, providing support, providing the funds for research and those sort of things in Australia. Covering all the areas that we can, as much as we can,” says Sarah. “Advocating for the people with government policies where required as well.”

What are eosinophilic gastrointestinal disorders?

Eosinophilic gastrointestinal disorders (EGIDs) occur when eosinophils (pronounced ee-oh-sin-oh-fills), a type of white blood cell, are found in above-normal amounts within the gastrointestinal tract.

Eosinophils are an important cell in your body. It has many roles, including defence against parasitic infections (e.g. worms), and involvement in some forms of hypersensitivity and allergy. In some individuals, eosinophils accumulate in the gut, potentially in response to drugs, food, airborne allergens and other unknown triggers. This infiltration can cause inflammation and tissue damage.

In EGIDs, abnormal amounts of eosinophils found in different regions have different names:

- oesophagus (eosinophilic oesophagitis)
- stomach (eosinophilic gastritis)
- duodenum (eosinophilic duodenitis)
- small intestine (eosinophilic enteritis)
- large intestine (eosinophilic colitis)
- throughout the gastrointestinal tract (eosinophilic gastroenteritis)

What is eosinophilic oesophagitis?

Eosinophilic Oesophagitis (EoE) is the most common type of EGID. The exact cause of EoE in most individuals is unclear. In some,

it appears to be due to an allergy to food(s) and/or aero-allergens.

The current estimated prevalence of EoE is one in 2000 individuals and rising. People with EoE may have other allergic diseases such as IgE (immediate) food allergies, asthma, eczema and/or hayfever. EoE affects people of all ages, gender and ethnic backgrounds. In certain families, there may be an inherited (genetic) tendency. Males are more commonly affected than females.

In its most severe form, EoE may cause scar tissue (called fibrosis) in the oesophagus.

What are the symptoms of EGID and EoE?

The symptoms of eosinophilic oesophagitis vary from one individual to the next and can include:

- feeding difficulty (such as needing to puree foods, being slow to chew foods, avoidance of textured foods)
- difficulty in swallowing foods and/or regularly requiring a drink after eating
- a food suddenly becoming stuck in the oesophagus (called food impaction)
- nausea, persistent vomiting and retching
- abdominal or chest pain
- reflux that does not respond to antacid medication
- failure to thrive (failure to put

on, or loss of, weight) due to inadequate intake

In other types of EGIDs, symptoms depend on which part of the gut is affected (e.g. diarrhoea and bloody stools if the small or large intestine is involved).

How is EGID and EoE diagnosed?

Endoscopy with biopsies are the only way to confirm the diagnosis of an EGID and EoE at present. The diagnosis cannot be based upon symptoms alone.

What is the treatment for EGID and EoE?

There is no cure for EGID and EoE, but the goal of treatment is to eliminate the eosinophils in the affected area, thereby alleviating symptoms and reducing inflammation to minimum safe levels. Treating specialists should discuss the treatment options with patients/families and tailor treatment to the individual. EGIDs are chronic diseases that require ongoing monitoring and management.

Treatment options for EoE include:

- elimination diet/elemental diet
- antacid medications/proton pump inhibitors (PPIs)
- corticosteroids (usually topically administered)
- oesophageal dilation



Located near historic Carcoar, NSW, is a unique property steeped in history. Every wall and window at Old Errowanbang has a story to tell, and owner Jann Harries is passionate about sharing those stories for generations to come.

A property with a purpose



OLD ERROWANBANG could be considered unique based on its age alone; it is, after all, the first homestead built over the Blue Mountains by William Lawson Junior – son of William Lawson of Blaxland, Wentworth and Lawson fame.

Old Errowanbang's history is entwined with that of the early settlement in New South Wales.

“The house was the first house built over the mountains by William Lawson the younger (William Lawson Junior),” explains property owner, Jann Harries.

“His son, William Isley Lawson, ended up living here and dying in the area; he’s buried in the cemetery at Carcoar. William Lawson senior died in Prospect and William Lawson Junior, which is our William, he ended up moving back to Prospect to look after his father’s interests,” she explains.

This is just one facet to Old Errowanbang’s fascinating story.

Another of the property’s unique aspects is the distinctive woolshed.

A huge structure with a design well before it’s time, the woolshed is an

architectural wonder and, according to the NSW Office of Environment & Heritage, it may well be the only one in Australia to have been designed as such.

“The woolshed was built in 1886, by a partnership called Wilson and Hopkins – Alex Wilson and Rawdon Hopkins. They replaced the original shed that William Lawson Junior built, which burnt down during the time that a gentleman called Lomax had it – Henry Grimshaw Lomax,” explains Jann.

The woolshed has proven to be a drawcard for tourists, who travel from far and wide to see it.

It’s not just an impressive building, but is also a fascinating look at the history of shearing. With 26 of the 40 stands never adapted for mechanical shearing, it is a clear example of two major phases of shearing in the country.

“It’s built on four levels, it’s got 40 stands, it’s an amazing structure,” says Jann.





A huge structure with a design well before it's time, the woolshed is an architectural wonder.

The woolshed also has a certain air of mystery due to its uncertain origins.

"We don't know anything about the designer other than his name was Watt," says Jann.

"He is a mystery figure; no one has any been able to locate anything about him, find out anything about him at all. I don't even know where the name Watt came from because there doesn't appear to be any records anywhere of the shed's design, nor the designer, nor the architect. We can't find a death certificate for him either."

"He could just be a very, very old man running around," she laughs.

"Watt' isn't the only name that has proven to be a mystery, with the name 'Errowanbang' itself proving to be of difficult origin for Jann to source.

"The property was named in Lawson's day. There's no real record as to how or where it came from," she says.

"These guys have all come from England so it is a mystery; we can't find anything.

"I've tried to track down to see whether it's an aboriginal name, but haven't had any success doing that either."

A mystery indeed. Other than one or two elusive names, Jann is a wealth of information on Old Errowanbang, a property that has become her passion.

"I tell everybody I live in goddess country," she says.

"The country itself is beautiful, it's undulating, we're in a valley. Everybody comes to the top of the hill and says 'Oh my gosh, look at that!'"

"We've got a perfect location; we look straight through to Mount Canobolas. The view is amazing."

The woolshed in particular has also proven to be a labour of love for Jann.

"It's been my passion to maintain it (the woolshed); (encourage) tourists so that the money from tourism can help with the maintenance. It's had several lifetimes of maintenance to keep it above ground, so that has been my passion," she explains.



While the woolshed is a huge part of the property, sheep are no longer found at Old Errowanbang; however, there is plenty to keep Jann busy.

“I don’t have any sheep anymore; they just get a little bit too hard to run when you’re on your own,” says Jann,

She does, however, have a handful of cattle. Keeping her even busier than the cattle are horses – and plenty of them.

“I run my son and daughter-in-law’s horses for Bullwaddy... (an) Australian stock horse stud and so I foal down. I’ve had eight foals hit the ground so far and one to go. I’ll have the stallion here for the off season.

“They’re big campdrafters and they live at Daly Waters in the Northern Territory,” she says.

At time of print, Jann was waiting for another ten horses to arrive, which would bring her total count to around 50.

Difficult conditions in rural and regional areas have meant that many property owners have turned to alternative industries to diversify their income.

At Old Errowanbang, this has taken the form of tours and a homestay business, providing visitors with a glimpse of Australia’s pastoral history and a feel for life on the land, while generating off-farm income.

“When I had my business side, I worked out of home to start with and then it just got too big so I built an office complex, but I designed it so that I could turn it into a farmstead if I ever needed to or wanted to, which I did,” she explains.

“It’s been running as a farmstay since 2014. We pick up people from Sydney who want to come and have a tree change for the weekend. I’ve had it hired out to mining companies at some stages; I’ve also had it hired out to a team from Vanuatu who were here cherry picking 18 months ago.”

As with any heritage building, constant maintenance is required to keep Old Errowanbang in the best condition possible and Jann admits that it is definitely a big job, particularly for the woolshed.

Finding manpower to complete the work required can be a particular challenge. She has plenty of ideas,

though, and one of the innovative methods of ensuring that the woolshed will be around for future generations to experience is the ability for people to sponsor a window.

The positive response means that there are now a number of windows in the woolshed with a plaque to thank the sponsor who has made it possible.

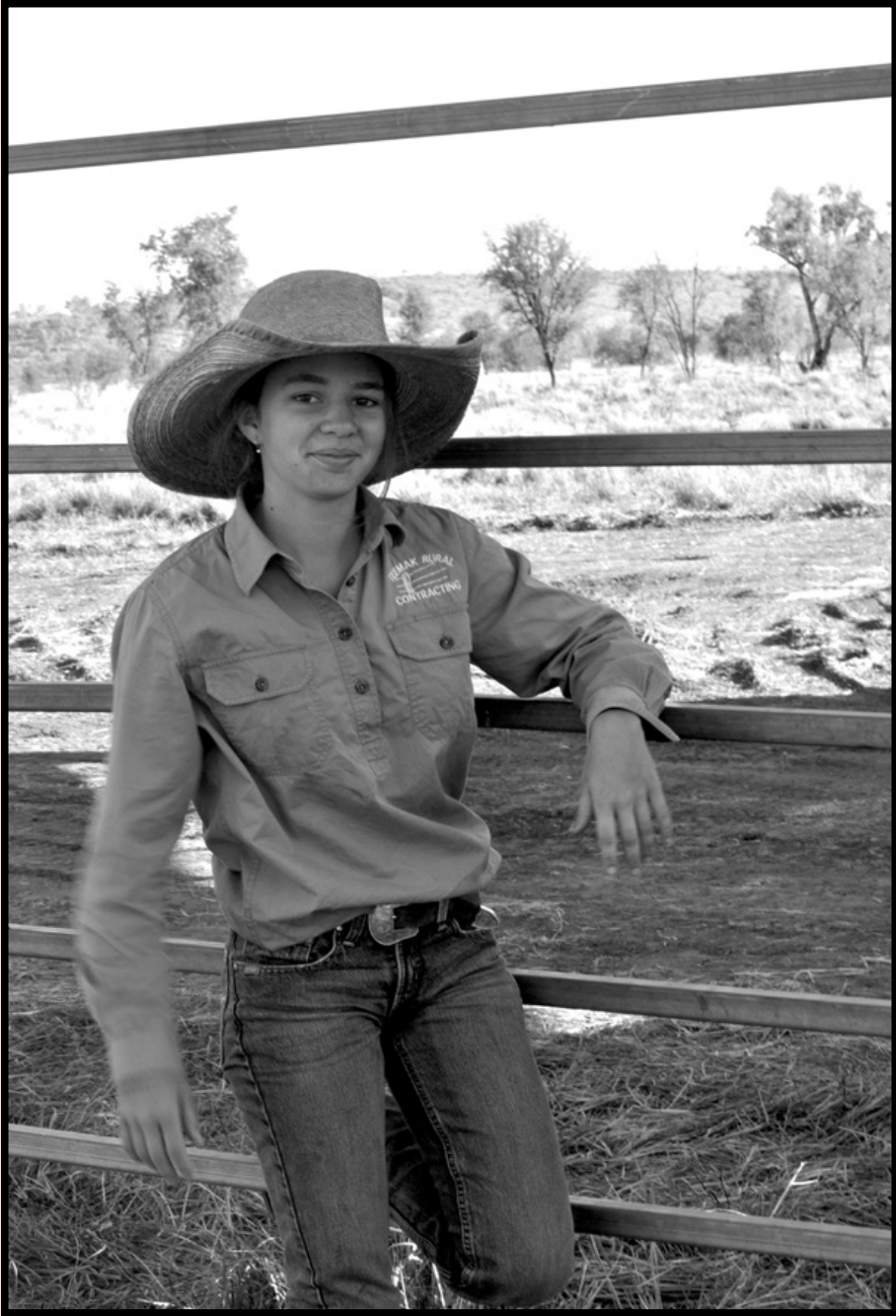
Jann is keen to see the property stay in the family and is pleased that her children share her passion for Old Errowanbang’s past, present and future.

“They’re great supporters. I just say ‘I’m doing it’ and they’re there, they’re here to help, they’re very, very supportive as far as all my wild ideas go,” she laughs. “I certainly have a few (of those).”

Most of all, she is excited to continue sharing her piece of paradise with others, who will no doubt come to appreciate Old Errowanbang’s unique place in history.



**Opening her home for
a special cause**



The tragedy surrounding Dolly's death was felt across the country, and the image of Dolly as a child wearing her Akubra was seared into our national consciousness as a hard-hitting reminder of the devastating effects of bullying.

Recently, Old Errowanbang welcomed visitors for a very different reason.

Jann was proud to host an 'open homestead' day for the first time, inviting the public into her home to absorb the history and join her in fundraising for an incredibly worth cause: Dolly's Dream.

Emotions are high for Jann as she explains why she made the decision to support Dolly's Dream.

"Dolly's Dream is... I've known the Everett family for... 12 years coming up, so I just wanted to do something," she says.

"They're amazing, Tick and Kate (Dolly's parents), absolutely amazing. What they do and the way they're carrying out Dol's legacy is amazing."

Amy 'Dolly' Everett took her own life in 2018 after an extended period of relentless bullying and cyber bullying.

The tragedy surrounding Dolly's death was felt across the country, and the image of Dolly as a child wearing her Akubra was seared into our national consciousness as a hard-hitting reminder of the devastating effects of bullying.

As a close friend of the Everett family, Jann felt the tragedy more acutely than others.

"Tick and Kate are the godparents of my oldest Territory grandson; they have always been part of each other's lives ever since they went to the Territory," she explains.

The experience has firmed Jann's stance on the dangerous effects of bullying.

"It's the bullying. She did not deserve to die, (she was) such a gem of a child.

"How do you handle a child of 14 that is so seriously affected by bullying that they need to take their own life?

"It's (bullying) very appalling but the programs that they're (Dolly's Dream) putting through the schools... they're still working towards the greater good of getting these programs into the schools and Tick and Kate's dream is to literally go from school to school and tell their story."

Wanting to offer what support she could, the idea to support Dolly's Dream through the open day was born, and Jann was pleased to see the plan come to fruition and to contribute to Tick and Kate's mission of educating young people, their families and schools about bullying.

ABOUT DOLLY'S DREAM

Anti-bullying initiative, Dolly's Dream was started by Tick and Kate Everett after their 14-year-old daughter Dolly took her life in January 2018, following sustained bullying and cyber bullying.

Supported by national children's charity, the Alannah & Madeline Foundation, Dolly's Dream aims to increase awareness about bullying and young people; prevent bullying and cyber bullying in Australian schools; educate parents about bullying, and advocate governments.

For more information, visit dollysdream.org.au

Community Grants Program

Westfund's Community Grants Program again attracted a diverse range of organisations dedicated to the program's four pillars of Healthy, Fit for life, Family, and Community.

AS WE'VE SEEN in previous issues of *Westfund collective*, some truly inspiring stories have emerged through our Community Grants Program.

Building on the success of the first two rounds, the program continues to grow in popularity with organisations across the country, with applications received from a variety of locations, including Western Australia through to country New South Wales (NSW).

From the list of successful applicants, we are proud to share another five stories with you in this issue. These are stories generously shared with us by passionate people working hard to nurture, develop and support their communities.

Read about the importance of nutrition at Bear Cottage, how Lithgow's Can Assist are lessening the financial burden for cancer patients in their area and what drives the Dream Makers at Dreams2Live4.

We eagerly look forward to the continued growth of the Westfund Community Grants Program and to bringing you more stories from the program in the future.

If you would like to know more about the program, further information is available at westfund.com.au/grants

Our four pillars



Healthy:

We realise the importance of maintaining your health and wellbeing. We're committed to supporting our members and our communities in activities and events that promote and encourage a healthy approach to life and general wellbeing.



Fit for life:

Physical activity and social engagement are vital contributors to a healthy life. We support events and organisations that join us in encouraging members and communities to increase and sustain healthy exercise and an increase in physical movement.



Family:

Healthy families are at the centre of our commitment to our members and communities. Encouraging families to gather and to share the social side of community or group fitness activities is important to us.



Community:

We remain committed to fostering good health within our communities. Healthy members and healthy families help us cultivate healthy communities. Our regional roots mean we understand the importance of community support, and a sense of belonging.





● Bear Cottage's
Clinical Nurse
Specialist,
Philly Smith

It is clear from the moment you walk through the gates at Bear Cottage that you have entered a special place. Tucked away above Sydney's Manly Beach, Bear Cottage is one of only three dedicated children's hospices in Australia, and the only one in New South Wales.

Nutrition on the menu at Bear Cottage

"IT'S AN ESSENCE of Bear Cottage, I think, which is really hard to describe to people. You either get it or you don't. And if you don't get it, it doesn't matter what people say, you can't describe it," says Bear Cottage's Clinical Nurse Specialist, Philly Smith.

The facility opened in 2001 and was built entirely thanks to community donations.

They provide respite, support and end-of-life care for children with life-limiting conditions in a warm, homelike environment.

"We are set up for children with disabilities, or children who are very sick, but we can support the whole family."

As part of Philly's role, she meets all Bear Cottage's new referrals and is responsible for teaching families about what they do and what is available.

This can be a difficult time for families.

"A children's hospice is quite a confronting concept. Their (the families) understanding of

hospice is like adult hospice, so that's where you go to die. And we're much more than that. So I do a lot of education," she explains.

It is a place that has meant a lot to countless families, and one that continues to play a role for many.

"We talk about Bear Cottage as being a family. I say to families when they first come, 'Once you're part of the Bear Cottage family, you're stuck with us until you tell us that you don't want to belong to that family anymore,'" says Philly.

"After your child has died, that's when they (the families) need the support. Everybody else, all the other clinicians, that all stops straight away.

"So they suddenly feel not only have they lost their child, but they've lost that professional family that they've had around them. So what we try and do is ensure that that support continues."

This support takes many forms, including the several barbecues a year held at Bear Cottage as an opportunity for bereaved families to come together.

They are a chance for parents to visit staff and spend time with others who have also experienced the grief of losing a child. For siblings, it is a place that has been a familiar one to them and one that they find comfort in revisiting.

"That peer support is something that is so beneficial for them. Nobody else really understands what it's like," says Philly.

It gives an opportunity to have difficult conversations in a safe and supportive environment.

"They talk about, how do you memorialise your child? What do you do on birthdays? How do you celebrate Christmas without them?"

Bear Cottage also facilitates a range of camps for children, parents, siblings and grandparents.

At Bear Cottage itself, there are many activities and options on offer for children and their families.

There is a multi-sensory room, spa, multimedia games room, sensory garden, wheelchair-accessible play areas, parents' retreat and quiet area and much more.



There is even an in-house pet – the (very popular) Beau, a fully trained assistance dog.

Play, music and art therapy are all on the agenda.

A clinical team provides 24-hour care on site, and the house staff also make sure everything runs as smoothly as possible.

Bear Cottage also benefits from the assistance of over 140 trained volunteers.

Activities are centred around providing families with respite and bringing them together to make the most of every minute.

Another part of Bear Cottage that brings people together is food.

There is a real ritualistic aspect to the practice of sitting down to share a meal, one that has long been a part of Australian culture.

At Bear Cottage, sharing a meal is an opportunity for staff and families to continue building strong bonds.

families at Bear Cottage get tasty, nutritious food.

Shannah's approach is to engage with families to ensure that food-wise, they have everything they need.

"It's really lovely to be able to just cook for the families and make it nice for them in any way possible," she says.

After 28 years as a chef, Shannah acknowledges that even when you've spent so long around food, there is still plenty to learn.

"What tastes good... is cream, butter and salt. So for me, personally, I didn't really know much about nutrition. I always felt like 'more salt, more salt'.

"I find it important to know these things like... brown rice is so much better to digest than white rice; sweet potato is very low GI and has a lot of vitamins in it. Whenever we have a lunch here or dinner, we put a fruit salad out to give an option of

comes with ensuring that everyone, regardless of dietary restrictions, has something tasty on their plate.

She also has a few specialties up her sleeve.

"I have actually got one... it's an eggplant with ricotta and tomato and it's a bake. I do get asked to make that quite a lot at dinner time," she says.

Shannah was not overly familiar with Bear Cottage before she started working in the kitchen; however, she has quickly come to love her job and the special work that Bear Cottage does, including the role that food can play.

"Once I sort of realised what it (Bear Cottage) was, I thought it was amazing. I just got a beautiful feeling about it.

"Food... it brings everyone together, really. It brings us all together. It gets the conversations flowing. It's a ritual, really."

"It's just so nice to be able to give that to the families and they are so appreciative about it. When people are appreciative, you want to do more, so you do more and more."

There is no division in the kitchen – staff share tables with families.

"That sitting at the table all together is when those relationships really begin. For us as staff sitting at the table, they (families) forget that we're staff, and everybody's just talking as you do when you eat lunch with your family. Just talking about what's going on," says Philly.

Recently, there has been a renewed focus on nutrition.

"Most of our families have spent a lot of time in hospital. When you're the parent of a sick child it's even harder to have decent food, because you don't want to leave the bedside," explains Philly.

While the instinct to reach for comfort foods in stressful or difficult situations is a natural one, traditionally they may not have always been the healthiest of options.

Chef Shannah Travis is part of the team making sure that

having a fruit salad. We always put a green salad out with lots of leafy greens and cucumbers and tomatoes," she explains.

She gets a great deal of satisfaction from ensuring that families have nutritionally balanced and flavourful food, without having the stress of preparing it themselves, and loves interacting with them in the dining room.

"I will quite often see them, and I'll introduce myself and I just make them feel welcomed."

"It's just so nice to be able to give that to the families and they are so appreciative about it. When people are appreciative, you want to do more, so you do more and more."

"We make it approachable for them to want to come to the kitchen if they need anything."

There are often specific dietary requirements to adhere to and Shannah loves the creativity that

Philly agrees. "Food is good for your soul," she says.

"To give them (families) decent food to feed their soul, and give them energy... but also to get them out and to make them sit down with other people.

"And it's good food, it's tasty and comforting food. Food's a real comforter."

While there are plenty of good days at Bear Cottage, there are also sadder moments.

It takes a special kind of person to be part of the team.

Philly is philosophical about some of the challenges that staff face working in such an environment.

"The way I've always dealt with it is, you can't stop the children from dying, but what you can do is try and make it as easy as possible for the families to deal with. So take away all the other stuff that they have to cope with, and allow them just to focus on their child."







Smart Pups learning new tricks

Smart Pups Assistance Dogs

Queensland's Sunshine Coast is home to some special four-legged friends that are making a difference to children's lives.

SMART PUPS ASSISTANCE DOGS is the brainchild of founder and CEO, Patricia McAlister, who is passionate about the benefits that a canine companion from Smart Pups can provide for children with special needs.

"I founded this organisation because I was asked to help a friend who had a child with a disability. They asked me to train a dog for them and I've seen the amazing success and the difference it made," she explains.

This experience was the catalyst for Smart Pups as it exists today.

The dogs don't just provide comfort and companionship – they offer potentially lifesaving skills and support.

"We train dogs for children with epilepsy, children with autism, children with diabetes, mobility issues... really any task that we can train the dog (to do) to give children with disabilities a more independent life," explains Patricia.

The demand for Smart Pups' services has grown exponentially since the organisation started.

"The reception of the wider community about Smart Pups is just amazing," says Patricia.

"I never imagined for one moment it was going to grow to this extent. The demand is massive.

"We never have less than 50 people on our waiting list and it grows every day. As the word gets out there, the demand gets bigger," she says.

With growing demand comes a growing team, and Patricia now has 15 staff on board including seven dedicated trainers. The other members of the team provide invaluable support as kennel staff, puppy raisers and socialisers.

As of early 2019, Smart Pups has approximately 50 dogs in training and Patricia is proud to say that the organisation has placed about 150 dogs Australia-wide, with each pup improving the quality of a child's life.

The dogs are mainly labradors and golden retrievers, with labradoodles chosen for children who may have hair allergies. "They fit the role best," says Patricia.



For Patricia and her team, the result of their hard work and dedication is the joy on the faces of children whose lives have been forever changed for the better.



Patricia has also been instrumental at a legislative level, and has truly paved the way for change in this area.

“It took us five years, but we did change legislation... to allow dogs to be placed with children under 18 providing they had an alternative handler,” she says.

Working with such cute and cuddly team members does come with challenges. Public perception can cause difficulties.

It takes many hours of training to get the pups where they need to be to work as an assistance dog; however, not everyone sees them as working animals.

“One of the challenges is that the public all want to pet assistance dogs and that does distract the dogs from their work,” explains Patricia.

The flipside is that public awareness and recognition of the dogs can have unexpected benefits for their owners.

“It really does make a difference to these children when they’re in the community. People come up, they want to talk about what their dog does. They want to talk to these kids and this helps them get this interaction into the community, particularly when they hear some of the tasks that these dogs can do,” explains Patricia.

As a proudly not-for-profit organisation, Smart Pups volunteers are kept busy fundraising and also have a local charity shop that assists them in their efforts; however, like many not-for-profits they do rely heavily on donations.

For Patricia and her team, the result of their hard work and dedication is the joy on the faces of children whose lives have been forever changed for the better, thanks to their Smart Pups companion.

“It’s overwhelmingly rewarding to see that we can make this kind of difference.”



Putting people first

“I love working with people to (help them) make good choices, because there’s a lot of times in my life where I would’ve benefited from a bit of guidance like that.”



Through Clinic 30, the Queensland AIDS Council (QuAC) is providing an inclusive, safe space for members of the LGBTI-identifying community to seek medical advice, treatment, or just to discuss their concerns.

“BASICALLY, CLINIC 30 is a general medical practice. We specialise in sexual health, trans health and mental health,” explains Clinic 30’s Practice Nurse, Clinton Morgan.

As “an independent community organisation funded by government grants, community fundraising, donations and sponsorships,” QuAC works hard to address HIV prevention and management, as well as issues around stemming out into STI treatment management, reproductive health, women’s rights and trans health.

Working in Clinic 30, Clinton is deeply involved in this important work. “The whole idea of Clinic 30 is a medical practice designed as a place, or a safe haven, for those who are LGBTI-identifying. But also, it’s open to anybody.”

A need has also been identified to move into more support in the mental health space, as well as addressing the needs of a culturally diverse population.

“We’re getting a few more psychologists in our clinic. We’re sort of reorientating, realigning with what the community wants from us, and involving Aboriginal and Torres Strait Islander peoples, to get more culturally appropriate care going,” says Clinton.

Expansion is also underway. “We’re extending our services out to remote areas around Queensland. We are Queensland AIDS Council, and we found in the past that we may not have been representing the whole state or doing as much as we should be,” he explains.

Clinton has been kept busy with a new project: a satellite clinic in Hervey Bay.

The clinic is open once a month and offers members of the community a space to proactively manage their sexual health.

“We’re thinking about extending that further to other sites in Queensland that need good access to services,” says Clinton. Access is definitely one of the biggest issues for QuAC.

“I think it’s all about access at the moment” – and as experts in the field, Clinton feels that they are well placed to make a difference.

“We know what we’re doing, we know what the community wants, we know how to listen to them,” he says.

“We have a lot of people who respect the clinic.” And awareness is building.

It is important to create an environment that is as welcoming as possible, where people feel comfortable and safe.

“I think having the waiting room like it is, with flags on the walls and posters, is really going to help people just walk in and know that they’re in a safe space and they’re in a place where they can open up and talk,” he says.

Clinton arrived at Clinic 30 after working for years in the pressure-cooker environment of the Emergency departments of Gold Coast University Hospital and Princess Alexandra Hospital.

At one point, Clinton was managing team of 180 in a dynamic, high-flow department, which created an extremely intense environment.

“I do love Emergency; I’ll always love it. It’s just very challenging and I thrive on that chaos.”

Juggling full-time work and a full-time Biomedical Science degree soon became too much and Clinton burnt himself out. He was volunteering at Clinic 30 at the time and made the choice to ask if there was any availability there. He hasn’t looked back.

“I think this is where I’m meant to be now, because I think I’m just doing much more for the community than what I was doing or could do in Emergency.”

“I love working with people to (help them) make good choices, because there’s a lot of times in my life where I would’ve benefited from a bit of guidance like that,” he explains.

For Clinton, the move to Clinic 30 has meant a huge amount of growth, both professionally and personally.

He is working towards a nurse practitioner qualification in sexual health – ‘that means I can prescribe medications, I can travel around and help people’ – and he has also developed nursing network meetings to combat feelings of ‘silenced nursing’, discuss issues and develop professionally.

It has also solidified his belief in ‘person-centred health care’, which he finds deeply rewarding.

“I feel like that’s real health care, rather than saying, ‘Yep, I’ve got five different choices of pathways of treatment. You’ve got this problem; I’ll try and jam you into one of those that best fits.’

“I don’t think that’s what health care’s about.

“Health care is supposed to be, you design that whole piece, the puzzle. So listening and working together is, I think, the key to this. I think, for me, that’s the biggest reward.”



The group that Can Assist

Lithgow's Can Assist

When someone is diagnosed with cancer, everyday costs like phone bills, rates and electricity bills can be low on the priority list as health and wellbeing takes centre stage. Fortunately, there are groups like Lithgow's Can Assist to help relieve the burden.

IT'S A SUNNY MORNING on the bowling greens of the Lithgow Workmen's Club when we get the chance to meet some of the hardworking members of Lithgow's Can Assist branch.

Through happy coincidence, many members of the group are also talented on the bowling green and they agree to chat with us just before Thursday bowls begins.

Can Assist is an organisation that all members are truly passionate about.

"It's a good organisation, caring for people," says Ruth Harries.

"I love being involved because it helps a lot of people; that's what I love most about it," says Cheryl Schram.

Cheryl's sentiments are echoed by her fellow Can Assist-ers.

As one of the instigators of the group, Noela Williams has been thrilled to watch the group really gather momentum.

"It (Can Assist) has just been a wonderful organisation to be able to assist people with cancer," says Noela.

"We help local people. I love Can Assist because it helps local people only; we don't go out of town," adds secretary Lesley Townsend.

Fellow Can Assist member Wendy Constable agrees.

"I joined Can Assist as I'm a survivor of cancer and (I know) you do it hard when you've got bills and things. The good thing about Can Assist as opposed to any other association is that the money stays in town for the local people and that's why I really support it," says Wendy.



● Lithgow's Can Assist members are fortunate to also spend time together on the bowling green

"I feel so proud to belong to Can Assist because as they say, money stays in the local government area of Lithgow. And it's just a friendly group and they're very supportive of each other and supportive of the community," explains another member Kay Adams.

The household costs that Can Assist help with are many and varied, and really highlight the financial toll that having cancer can cause.

"We pay electricity, gas, car registration, water rates. We even give food vouchers to people who are finding it difficult to buy food for their family, which can be very hard for them because of the medications that they have," says Kay.

The need for Can Assist's services has been huge. However, the group is tireless in its fundraising efforts

and they are driven by their desire to ensure that all families are supported.

"Cancer just affects so many people in Lithgow, it's unbelievable. We now have 123 clients, so that's a lot of people to help," says Kay.

The group is more than up to the challenge. Street stalls, baking, fundraising events; Can Assist members have done it all and more.

They have also been blown away by the support from local businesses and individuals, with many donating generously to the cause.

"I think you've only got to say 'Look, we're having a fundraiser for cancer' and people have got their hands in their pockets, they're just so generous," says Lesley.

"Just say Can Assist, people are just willing to give you."

Confidentiality is a big part of the group, with a strict privacy policy in place.

There can be a lot of pride associated with asking for financial assistance, and Can Assist wants people to feel as comfortable as possible.

"There is a lot of pride involved in asking for money, but it's there. We raise it for that reason. So take it, take it!" says Kay.

While the reasons for becoming involved with Can Assist differ among members, they all come from a similar place of wanting to support those in the local community who may be doing it tough.

Cynthia summarises the sentiment well: "It makes you feel good inside that you're able to help someone."

Dreams2Live4

Nobody ever plans to become seriously ill. The reality of a metastatic cancer diagnosis is incredibly confronting and life can quickly become a routine of hospital visits, treatment, nausea and fatigue. Rinse and repeat.

As difficult as the physical toll can be, the mental toll can be just as heavy. It can be hard to see positives amid the fog of negativity.

Dreams2Live4 is here to break through the fog and give power and positivity back to adults with metastatic cancer.



Meet the Dreams team

LOUISE MAHONEY is CEO and also a Dream Maker at Dreams2Live4, and her connection with the organisation is a deeply personal one.

“It (Dreams2Live4) was started by Annie Robinson, who is my sister. She had metastatic breast cancer and she saw a real need, at the Prince of Wales Hospital where she was being treated, for people to think about their dreams and realise their dreams,” explains Louise.

“I always tell the story of when I used to take her for treatments sometimes, to the chemo rooms where they’d be sitting and having their treatment in their treatment chairs on their IVs and she’d wander around – this was before Dreams started – and speak to them all.

“She’d come back to me and she’d say, ‘Now they’ll think about their dreams... when they go home, they won’t talk about their illnesses. They’ll say, ‘I met Annie at the chemotherapy room and I’m thinking about doing whatever’”.

“So from that little seed grew this thought of Dreams2Live4,” she says.

Annie approached Prince of Wales Hospital, got a team of her friends together and a committee was formed. The fundraising began and Dreams2Live4 was born.

“I became Annie’s carer late in her life and she asked me to take over Dreams2Live4. So, when she passed away, I started work at the foundation,” says Louise.

“I know from such a deep part of me that it is exactly what she would have wanted. Exactly, because she spoke about it so often and that gives you so much peace, really, that you’re doing the right thing,” she says.

After starting at Prince of Wales, the need became apparent and in the

first year they received 100 referrals and word continued to travel.

In those early days they were not a charity in their own right, but after seeing firsthand the demand for their services, Dreams2Live4 took the ‘leap of faith’ in 2015 and became a national charity.

Spreading the word at hospitals across the country, operations quickly outgrew the garage where they were based and they now work from an office in Sydney’s Belrose.

“Now we’re in 160 hospitals all around Australia,” says Louise proudly.

The Dreams team is small but mighty and they are kept busy making a dream come true for someone at the rate of approximately one every 24 hours.

They are a unique organisation in that they are making dreams come true for adults. While there are many worthy organisations supporting sick children, adults can often be overlooked. Adults who are also driven to make memories and bring joy back into their lives.

“They’re told when they have to be operated on, they’re told what treatment they’re going to have, they’re told where they’re going to die and then we come in and say, ‘What do you think? What would you like? Where do you want to go?’

“Everything gets taken, and the dignity that we give back to them, by giving them a choice; they’re saying, ‘Really, I can choose?’

“There’s no catch; it’s just a random act of kindness. This is the time where you (the dreamer) can be happy.”

Dreams2Live4 has simple criteria: adult patients who have been diagnosed with metastatic cancer (any cancer that has spread from its original site), advanced glioma

stages 3 and 4, relapsed lymphoma or relapsed leukaemia can apply.

They are a national organisation and are proud to say that there are no difficult hoops to jump through or long waiting lists – everyone gets a dream.

“Everybody here (who fits our criteria) and applies for a dream gets a dream.

“We don’t want to ever have to say no,” says Louise.

The benefits for the dreamers are two-fold. They get the joy of their dream, but also the added benefits that come with having something positive to plan and look forward to. Being able to think of something other than cancer can have a remarkable effect.

“The joy that they (the patients) get from the anticipation for that dream is incredible. It changes conversations when a family member comes in, when a friend comes in, the doctors come in, the nurses come in, they can say, ‘Oh, I saw Louise today, or I saw Annabelle today; this is what I’m going to do.’ You know they’re not talking about their pain,” explains Louise.

The happiness Dreams2Live4 brings to its dreamers is immeasurable. However, Louise is quick to point out that the Dreams team themselves are lucky to be in the position to share in this journey.

“The joy we get... you know what it’s like when you give a gift to someone? You get so much joy from that, don’t you? I get that all the time. I’m so lucky. So lucky to do what I do,” says Louise.

“We all feel like that here.”

Westfund's Health and Wellbeing Programs

MindStep



Anxiety and depression can be debilitating. MindStep is a six-week, phone-based program, designed to support you with practical and convenient delivery of services.

You are supported by a personal mental health coach, trained to empower you with practical strategies and tools to better manage your mental health.

As a tailored program, MindStep is personalised to your needs and provides support while you are receiving care from your general practitioner, psychologist or psychiatrist – all at a time that suits you and in the privacy of your home or familiar surroundings.

The MindStep program is fully funded for eligible Westfund members.*

Eligibility

*All financial members aged 18 years and over and covered by our Gold Hospital product are fully covered for the MindStep program. Eligible members will have served their two-month waiting period for Hospital Psychiatric Services.

Rehab at Home



Extended hospital treatment and stays are often uncomfortable and tedious – you are away from your family and the familiar surroundings of your own environment.

Rehabilitation at Home provides members with access to a range of rehabilitation and healthcare services from the privacy, safety and comfort of their own homes.

The program provides access to services associated with rehabilitation following a surgical procedure, or for medical conditions. These include:

- joint replacement
- fracture
- neurological conditions
- respiratory conditions
- cardiac conditions
- physical therapy
- problems and falls
- spinal conditions

Your care will be fully personalised and a dedicated coordinator will oversee and support your rehabilitation program.

The following services can be provided, depending on your needs:

- physiotherapy
- nursing
- occupational therapy
- personal care
- home care
- meals

Eligibility

Rehabilitation at Home is available to all financial Westfund members, who have held hospital cover for at least two months. (This excludes our Basic Hospital cover).

Healthy Weight for Life



We understand that the hectic pace of today's society can often impede our path to better health, so we have partnered with Healthy Weight for Life to offer our members a trio of health and wellbeing programs.

The programs are delivered by qualified health professionals and are designed to be tailored to your needs – whether that's to help get you in shape, to keep you out of hospital, to improve your physical and mental wellbeing, or to facilitate a speedy recovery after hospitalisation.

Healthy Weight for Life programs are fully funded for eligible members.

Type 2 diabetes program

Losing weight can make it easier to manage your blood glucose level. This, in turn, could help you reduce, or even eliminate, the need for diabetes medication.

Heart health program

Weight loss is heart protective. Benefits may include reduced blood pressure and improved cholesterol levels. You can also reduce your risk of developing other lifestyle-related diseases.

Osteoarthritis management program

This program has been proven to alleviate symptoms of knee and hip osteoarthritis, by reducing the load and stress on joints, improving range of motion and relieving pain.

Eligibility

Each program is open to all financial Westfund members aged 18 or over, who have held hospital cover for at least 12 months, and who have been medically diagnosed with either:

- Type 2 diabetes
- a cardiovascular condition
- X-ray diagnosed osteoarthritis of the knee or hip, which your GP feels could benefit from a weight loss and strengthening program

and:

- have a body mass index (BMI) greater than 28
- are under medical supervision and have approval from a medical practitioner to participate
- have no allergies or intolerances to KicStart meal replacements
- are not pregnant or breastfeeding, or intending to become pregnant during the 18-week program
- are willing to provide personal and medical data
- have regular internet access and a personal email address

Further information about our programs is available online at healthwellbeing.westfund.com.au

Although like most volunteers Jan has never offered her time for any kind of recognition, her hard work has definitely been noticed by others and in 2012, she was the recipient of the Citizen of the Year award.



We were privileged to catch up with Janice Hawken, one of our Rose Members, who has spent many dedicated years supporting the Lithgow community.

A lifetime of giving

FEW HAVE GIVEN back to their community as much as Lithgow's Janice Hawken.

Giving generously of her time and skills over many years, Jan is perhaps best known for her work with the Vale Ladies.

Formed in Lithgow's Vale of Clwydd in 1941 as a group whose original purpose was to provide care packages for soldiers during World War II, the Vale Ladies have evolved since then to support a huge number of local charities through their dedicated fundraising efforts.

"They used to make socks and things and send hand-made biscuits over (to the soldiers)," says Jan.

That spirit of giving has remained constant over the years and still remains relevant today.

Jan has been a member of the Vale Ladies for over 30 years. It was somewhat of a chance partnership, but one that has been of huge benefit to the local community.

"My next-door neighbour asked me to join, so I did. And I've been there since then," explains Jan.

Through their catering efforts and regular bingo nights, the Vale Ladies donate around \$12,000 a year to local charities, as well as hosting a Christmas in July event for local nursing home residents and a Christmas party for pensioners.

They are a group renowned for their cooking skills, so much so that they are the authors of a sell-out book.

"We did do a cookbook, but we sold them all; we've got none left," explains Jan.

It wasn't just locally that the recipes were a hit.

"We used to get people come up from Sydney; they came up about twice a year and had afternoon tea at the (Vale) hall. They bought nearly all our cookbooks," she says.

Does Jan have any popular requests?

"Yes. Sausage rolls, quiches... and butterfly cakes."

Jan enjoys the rewards that come with being part of such a tight-knit group.

"It's just the companionship, and meeting people, and raising money for charity (I enjoy)," says Jan.

All this would be more than enough to keep anyone busy; however, Jan also spends her time helping out in other areas.

As a member of the local Hospital Auxiliary for the last five years, Jan can also be found volunteering in the canteen at Lithgow Hospital.

She and husband, Max, have also donated twice a year to Careflight for the past 30 years.

They have also been involved in disability support services, with Jan driving the bus for Sunny Bank School (later Challenge Foundation), which their late daughter attended, for 15 years.

These activities are just the tip of the iceberg for Jan, who has also been involved with countless other organisations and initiatives through her life of community service.

Although like most volunteers Jan has never offered her time for any kind of recognition, her hard work has definitely been noticed by others and in 2012 she was the recipient of the Citizen of the Year award.

It was an honour that took Jan by surprise.

"I was a bit flabbergasted; I didn't think of it."

Aside from her volunteering and community work, Jan has also been kept busy raising her family, and she and Max have seen it grow to include grandchildren and great-grandchildren.

They have watched this growth from their house in the Vale, where they have lived for 56 years.

"We started off as the youngest ones in the street when we shifted here. Now we're the oldest ones," laughs Max.

Staying in one place was a change for Jan, who moved often as a child.

"Dad was a mine manager and we shifted every four years. Mum shifted 23 times in 28 years. And, she had nine children," says Jan.

For Jan and Max, 2019 was a big year, as they celebrated their 60th wedding anniversary on 1 August.

Jan's advice for reaching such a momentous milestone?

"Just be patient," she says.

We are privileged to have members from a diverse range of backgrounds and locations. Members like Mooloolaba's Patricia Forbes.



All in a day's work for Trish

AS A DUMP TRUCK operator at Moranbah's Peak Downs mine, Trish, a mother of two, has become accustomed to the intensity of such a demanding role.

Trish generously took time from her busy schedule to chat to us about the pros and cons of working in such a challenging environment for the past nine years.

What made you decide to become a dump truck operator?

I was living in Emerald (when I decided to take on the job). Living in a mining town, I figured I might as well increase my income and give myself a better roster, I suppose.

What is it you enjoy about the job?

I suppose two things: financial freedom and freedom of lifestyle, because I only work six months out of the year.

What are some of the challenges you have faced choosing this career path?

I think the hardest thing about this role is having to relocate away from family and friends, so you've got to be prepared to sacrifice.

Has it been hard being away from family for an extended period?

Well, again that's probably one of the major sacrifices... people always think that we're so fortunate to do what we do, and we are in a lot of ways.

But there's a lot of sacrifices to achieve the things that we do.

What does a typical day look like for you, Trish?

A 4.30 am start, 7.30 pm finish. Day or night shift, it doesn't matter. We do seven day shifts, we have seven off; we do seven night shifts, we have seven off.

You divide your day into what they call three 'stints', and we get at least one stint off per day, so they alternate us around. I've been on what they call a 'spare' this week, so I put my hand up when I arrive in the morning to say "All right, well, I'm happy to take a truck out first up, you know, you guys went out yesterday morning so I'll go out this morning, you have the morning off". So we're relieving each other and giving each other a break.

What is it like working in such a close, intense environment with people?

I call it the dysfunctional family. That's the best way to look at it, we're just a dysfunctional family. You spend more time with your co-workers than you do with your family at home.

You know that you're trusting the person next door (who is) working beside you to keep you safe and vice versa. So you do become a close-knit little community.

How important is it to build a safety culture in your industry?

It's huge. Procedures and documents are a very good way to go. A few

years ago, I was actually chosen to be in what they call an 'optimisation project', so for three months we optimised the whole mine site. In just three weeks, we gave the company back \$5 million a week just by optimising the way that they do their shift changes, the way that they park up, changing operating procedures. That taught me so much; it was incredibly rewarding.

That probably makes me a better operator for the company that I work for, because I've done all of that and I know the best way to operate. I'm also a trainer/assessor, so I teach other people depending on what site I'm on. I like to think that I have a lot of skills and information that I can pass on to new people in the industry and people who are upskilling.

There has been a recent shift to encourage more women to consider working in the mining industry. Have you faced any challenges specifically as a woman in the industry?

Many. My advice to any female friends who want to get started in the industry is that... you've got to become a very strong person and be able to stand up for yourself.

It's been a male-dominated industry for forever and a day, so it's definitely a change in roles to be able to step up and integrate women more and more into the workforce.

Your current company is committed to supporting an increase in female participation in mining. What are your thoughts on that?

It's wonderful. It's very rewarding and it's good to see that they're embracing that culture and that side of the industry.

I've always been in leadership roles and I think that's why they embraced my personality to do the same when I got into mining. I've been very fortunate in that aspect.

The truck you drive is a fairly big one.

I hear that every day.

Is it easier to operate than people think?

The best way I can explain it is that you've got to remember that everything is in perspective. So because they're large trucks, we drive on large roads. They're speed limited so we don't do over 50 kilometres per hour. Everything is relative, which makes our role much easier.

(My current truck) is probably the best truck I've driven in my whole time in mining.

So, they are a very high quality truck and the luxury is... you can adjust your seats, the height, the lumbar support, they have heated seats for winter, they've got everything you could possibly imagine. So the comfort level is quite high, which makes our job much easier.

What would you say to people who don't understand what it's like to have a job like yours?

If you can drive a car, you can drive a truck (laughs).

The best thing that you can do to be able to handle the role is stay healthy. The healthier you are, the better you manage your fatigue, which comes with diet, exercise, lifestyle. Also, having a support network behind you, family and friends that understand what you do and will support you in any way they can – that's quite a big thing to enable us to do what we do.

You are working in a very intense environment. What do you like to do in your down time?

It's a combination. I like to relax. Living at Mooloolaba, I like the beach, of course. I like to walk my little dog down to the beach. Gardening; I'm a gardener, I like to potter around in my little courtyard with my plants.

I think you unwind and relax and that's your recoup time. We rest as much as we can and build ourselves up to come back to work because it's such a big, full-on week when we're at work. We work 87 hours, plus all your travel time to and from site. They're quite huge days – as much as 14-hour days, travelling from camp and back. You've just got to be prepared to make the sacrifice; it does become your lifestyle.

Is this a career you can see yourself in for the next nine years?

This will be it for me until I retire.





Garry shares his story

We first spoke to Westfund member Garry Stanford in 2017, when he generously agreed to share his story with us. A lot has changed since then, and we were pleased when Garry agreed to catch up with us again for an update.



“I think the biggest thing that we’ve got out of it is the fact that you’re perfectly at ease, you know that you’re getting the best care, you haven’t got a worry in the world,” he says.

GARRY AND ROS Stanford’s two ‘fur children’ Fergus (“Garry’s baby,” jokes Ros) and Millie rest in the mid-morning heat as we’re filled in with what has been happening since we last visited their Gulgong home.

Unfortunately for Garry, there have been additional medical issues.

He developed a blood infection in November 2017 and immediately went to his local hospital in Mudgee. From there, he was sent to Dubbo for a CT scan and that, says Garry, “is when they found the aneurysm.”

While the two were unrelated, “it’s just that one found the other,” Garry says that if the aneurysm had not been detected, it could have continued to stay under the radar with dangerous consequences.

Despite initial plans for Garry to be treated at Dubbo, a call to his cardiologist meant he was taken to Westmead for further testing and installation of a PICC (peripherally inserted central catheter) line.

Garry soon found himself having heart surgery again – “to have my aneurysm repaired,” says Garry.

When we first spoke to Garry in 2017, he shared his experience of having cardiothoracic surgery to replace his aortic valve.

Not happy with the first surgeon he spoke to, Garry and Ros were directed to Westfund’s Access Gap scheme to help find a surgeon who would help them avoid any out-of-pocket costs.

In a twist common for Australians who hail from a small town, the Stanfords settled on Dr Graham Meredith, a former Gulgong resident.

The Gulgong connection was a comforting one for both Ros and Garry.

“I worked at the hospital when he was born and he went to school with our daughter,” said Ros.

“His grandfather always said to Garry that he (Graham) was going to be a great surgeon,” she said.

It was Dr Meredith who made the call for Garry to be taken to Westmead again in 2018.

Garry cannot speak highly enough of the staff at his local hospital.

“The staff at Mudgee Hospital are incredible, they are really incredible.”

He is full of praise for his doctors in Westmead as well, and claims that “you couldn’t get any better”.

After a slightly longer recovery than before, due to another infection upon his return home, Garry has started taking it a bit easier after his latest experience, and says that it has changed his overall outlook.

“You don’t take life for granted anymore,” he says.

“(now) I know when I’ve had enough, when I’ve done enough.”

Annual check-ups are still a part of his routine, but they are a small price to pay to monitor his health moving forward, particularly given the closeness of his surgeries – the first in June 2016 and the second in January 2018.

“I don’t want a third one; I know that,” he quips.

He is also pleased that in his personal experience, his cover with Westfund meant peace of mind for himself and Ros.

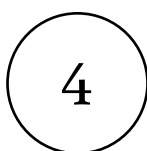
“I think the biggest thing that we’ve got out of it is the fact that you’re perfectly at ease, you know that you’re getting the best care, you haven’t got a worry in the world,” he says.

“You don’t have to wait. You just go in there, you know that you haven’t got a bill of thousands of dollars when you’re finished and that’s it.”



Summer is the perfect time to enjoy a fresh, delicious meal; whether it's a flavourful salad or something cooked on the barbecue. We've featured three delicious recipes in this issue, thanks to the Dietitians Association of Australia.

Apple and sultana Bircher muesli



SERVES

Ingredients

- 2 cups rolled oats
- 1½ cups unsweetened apple juice
- 2 cups vanilla yoghurt
- 1 cup sultanas
- ¼ tsp nutmeg
- ½ tsp ground cinnamon
- 2 apples, peeled and grated
- Pepitas, to sprinkle on top

Method

1. Place the oats, apple juice, yoghurt, sultanas, nutmeg and cinnamon in a large bowl and mix well. Leave to sit in the fridge overnight, or at least six hours.
2. Once the Bircher has soaked overnight, stir through peeled apple. Serve topped with a small handful of pepitas. The Bircher muesli will keep for a few days.

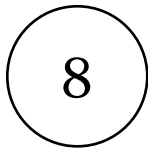
| NUTRITION INFORMATION | (PER SERVE) |
|-----------------------|------------------------|
| Energy | 2211 kJ (528 calories) |
| Protein | 15g |
| Total Fat | 11g |
| Carbohydrates | 86g |
| Saturated Fat | 4g |
| Sugars | 63g |
| Dietary Fibre | 10g |
| Sodium | 80mg |

Recipe courtesy of Anna Muir, Accredited Practising Dietitian.

For more recipes, visit the Dietitians Association of Australia Smart Eating for a Healthier You recipe webpage daa.asn.au/recipes/



Zesty Thai noodle salad



SERVES

Ingredients

- 1/2 cup edamame beans (fresh or frozen)
- 1 packet of vermicelli rice noodles
- 1 packet coleslaw mix from supermarket, leave out the dressing.
- 1 packet mixed leaves
- 1 cup snow peas, sliced on an angle
- 1 red capsicum, sliced
- 2 spring onion stems, chopped
- 1 avocado, sliced
- 1 large handful coriander, chopped with stalks removed
- 1 large handful of mint leaves, removed from stem
- 1/2 cup of bean shoots

SALAD DRESSING

- 2 tbsp soy sauce
- 1 tsp sesame oil
- 1 tsp rice wine vinegar
- 1 tbsp sweet chilli sauce
- 1 tbsp coconut sugar (or regular sugar)
- Juice of 1/2 lemon
- 1/4 cup extra virgin olive oil
- 1/2 tsp fish sauce

Method

1. In a bowl, pour boiling hot water over rice noodles and edamame. Sit for 5 minutes or until cooked. Drain well.
2. In a separate serving bowl, add edamame, noodles, coleslaw, mixed leaves, snow peas, capsicum, spring onion, avocado, coriander and mint and toss ingredients.
3. Mix salad dressing ingredients in a jar and pour over salad. Toss well.
4. Finish by laying bean shoots on top of salad.

NUTRITION INFORMATION (PER SERVE)

| | |
|---------------|------------------------|
| Energy | 1169 kJ (279 calories) |
| Protein | 5.8g |
| Total Fat | 13g |
| Carbohydrates | 31.6g |
| Saturated Fat | 2g |
| Sugars | 7.7g |
| Dietary Fibre | 4.6g |
| Sodium | 286mg |

Recipe courtesy of Lyndi Cohen, Accredited Practising Dietitian.

For more recipes, visit the Dietitians Association of Australia Smart Eating for a Healthier You recipe webpage daa.asn.au/recipes/







Rosemary lamb skewers and carrot turnip salad

2

SERVES

Ingredients

- 200 g minced lamb, seasoned with salt and pepper
- 2 cloves of garlic, finely chopped
- 1 tbsp of rosemary leaves, finely chopped
- 6 long rosemary sprigs (15–20 cm)
- 2 tbsp of vegetable oil (to brush the rosemary lamb skewers)
- 6 Dutch carrots (washed and not peeled)
- 1 heirloom carrot (purple variety, washed and not peeled)
- 2 turnips (washed and not peeled)
- 4 tablespoons of low-fat plain yoghurt

ROSE WATER PISTACHIO DRESSING

- 2 tbsp of white wine vinegar
- 2 tbsp of olive oil
- 1 tbsp of rose water
- 30 g of shelled pistachios

Method

1. Preheat griddle pan or fry pan to medium–high heat. Combine minced lamb with chopped rosemary leaves and garlic. Shape mixture into 6 sausages and thread onto rosemary sprigs. Brush with oil and cook for 10 minutes (or until cooked through), turning occasionally. Once cooked, set aside skewers to rest.
2. Place carrot and turnip in a saucepan of cold water and bring it to the boil. Turn down to a simmer and cook for 5 minutes or until just tender. Drain, then slice the carrot in half and the turnip in quarters.
3. Combine white wine vinegar, olive oil, rose water and pistachios in a bowl for the dressing.
4. To assemble, place 3 rosemary lamb skewers on one side. Put yoghurt on the other side of the plate, then add carrot turnip salad on top. Dress the salad with rose water pistachio dressing.

NUTRITION INFORMATION (PER SERVE)

| | |
|---------------|------------------------|
| Energy | 3122 kJ (746 calories) |
| Protein | 31g |
| Total Fat | 52g |
| Carbohydrates | 30g |
| Saturated Fat | 8g |
| Sugars | 27g |
| Dietary Fibre | 20g |
| Sodium | 275mg |

Recipe courtesy of Sandy Chan, Accredited Practising Dietitian.

For more recipes, visit the Dietitians Association of Australia Smart Eating for a Healthier You recipe webpage daa.asn.au/recipes/



Prevention is the key to good oral health, and our oral health plays a significant role in our overall health and wellbeing.

Focus on dental health



WHILE DENTAL CARE basics are often drummed into us from a young age, a couple of extra steps here and there can ensure that the health of your mouth, teeth and gums is well looked after.

With this in mind, we asked our team of dental professionals some of the most frequently asked oral health questions.

How often should I go to the dentist?

This changes from patient to patient and the ideal time between visits should be assessed by your dentist. Generally speaking, the average is for you to have your teeth cleaned every six months and new X-rays every two years.

At what age should children first visit the dentist?

It is appropriate to start visiting the dentist as soon as your baby's first tooth erupts. Initial visits in the early years are more to get children used to the sights, sounds and smells of the dentist and make it a fun experience, to beat any stigma or fear about going. Five years old is probably the latest age we would recommend scheduling your child's first visit as this is the point where adult teeth will soon be erupting and long-lasting damage can start to occur.

Why is it important to make regular visits to the dentist?

Your dentist will check your teeth and mouth for decay and gum disease at your regular check-ups. Dental decay can occur painlessly, especially at its early stages when it can still be either reversed without a filling or restored with a filling. Your dentist can also give you advice on how to prevent decay.

Gum disease is caused by bacteria accumulation around the gums, which causes inflammation. Inflammation over a long period

will cause gum recession, which is not aesthetic, and bone recession which will lead to wobbly teeth.

Your dentist will also screen for oral cancer – an area that your general practitioner may not examine closely.

All the above are better to prevent or address at an early stage.

What should I look for in a toothbrush/toothpaste?

The main reason we brush our teeth is for removing plaque. We recommend soft or extra-soft brushes as they are firm enough to remove plaque from teeth and gums, but not too firm to be abrasive to your enamel or gums.

Consider an electric toothbrush, which simplifies brushing technique. Look for ones that have a timer to make sure you are brushing for long enough, and a charging dock so you don't have to worry about replacing batteries when they go flat.

We recommend regular adult toothpaste with fluoride for all adults and for children who can spit the toothpaste out without swallowing. Younger children should use child-specific toothpaste, which contains less fluoride until they learn to spit competently. Adults and adolescents at high risk of decay should consider a toothpaste with a higher concentration of fluoride, which can be bought over the counter at pharmacies.

What causes discolouration of teeth?

There are two types of discolouration:

1. INTRINSIC

This is any type of discolouration that is incorporated into the body of the tooth. Examples include:

- discolouration due to trauma
- tooth decay

- fluorosis (too much fluoride during formation of the tooth)
- discolouration caused by tetracyclines or antibiotics consumed during tooth formation
- hypomineralisation or malformation of a tooth due to an upset to the formation process
- discoloured fillings
- aging (teeth naturally get more yellow with time)

2. EXTRINSIC

Staining on the surface of the teeth due to external sources. Examples include staining from tea, coffee, red wine, smoking, turmeric and curry.

What whitening options are available?

Teeth can be whitened in a number of ways.

1. SCALING/CLEANING THE TEETH

Used for removal of extrinsic stains. Can be achieved using whitening toothpastes or by getting a professional cleaning from your dentist.

2. COVERAGE OF TEETH

Coverage of a discoloured tooth with a crown, veneer or white filling.

3. BLEACHING OF TEETH

- Internal bleaching is when bleach is applied to the inside of the tooth. It is useful for intrinsic stains, especially for grey discolouration due to trauma. The tooth must have previously had root canal treatment for this method.
- External bleaching is when bleach is applied to the outside surface of the tooth. This can be done in several ways. The most common approach is by using whitening trays. These are similar to mouthguards and are filled with bleach and worn over the teeth for a specified amount of

time per day, for a number of weeks. External bleaching can also be done in the clinic. In this process, a strong bleach is placed on the teeth and a light is shone on the teeth to activate the bleach. There are numerous other whitening systems on the market, including whitening strips and whitening pens.

Dr Nessa Finlay – What are the top three tips for good oral health?

1. DIET

- Reducing the frequency of intake of foods/drinks that have a high sugar content.
- Avoiding snacking between meals.

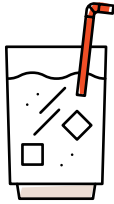
2. HYGIENE

- Brushing twice daily with an electric toothbrush.
- Brushing for at least two minutes.
- Flossing or using interdental brushes once daily.

3. REGULAR EXAMINATIONS

- Patients should inspect their own mouths regularly for any obvious abnormalities of the teeth or soft tissues.
- Patients should see a dentist every six months, for detection of any remaining abnormalities.

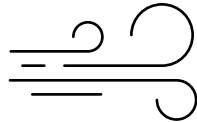
How to stay healthy in the heat



1

DRINK PLENTY OF WATER

- Drink plenty of water even if you do not feel thirsty – check the colour of your wee – if it's pale, you're drinking enough.
- If your doctor normally limits your fluids, check how much to drink during hot weather.
- Avoid alcoholic, hot or sugary drinks including tea and coffee (they can make dehydration worse).
- If you go outside, carry a bottle of water with you.
- Stock your fridge with cold water and the freezer with ice.



2

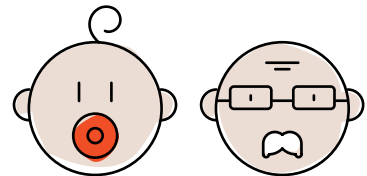
KEEP COOL

Keep your body cool

- Drink cold drinks and eat smaller, cold meals such as salads and fruit.
- Wear light-coloured, loose-fitting clothes made from natural fibres like cotton.
- Stay out of the sun.
- If you must go outside, apply sunscreen, wear a hat.
- Plan your day around the heat – avoid being outdoors between 11am and 5pm.
- Put wet towels or cool packs on your arms or neck, or put your feet in cool water.
- Take cool showers or baths.
- Minimise physical activity; do all household chores early in the morning when it is coolest.

Keep your house cool

- Cool your house by closing windows, shutting curtains and blinds, and opening windows at night if you can, to let in cool air.
- Use air-conditioning if you have it (make sure it's set to cool).
- If you don't have air-conditioning, spend time in a cool place like a library, shopping centre or cinema.
- Know which room in your house is the coolest (this will often be on the ground floor on the south side).
- If there is no power or you can't get to an air-conditioned space, spend time in the coolest part of your house.
- Use your stove and oven as little as possible.

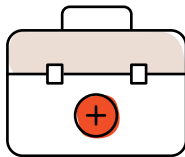


3

TAKE CARE OF OTHERS

- Visit or telephone elderly friends, neighbours and relatives at least once a day.
- Check that they have water in the fridge.
- Encourage them to drink plenty of water.
- Help them to find the coolest room in the house.
- Consider taking them to a cool place (e.g. shopping centre, library or cinema).
- Take particular care to keep children cool and get them to drink lots as they won't often do this by themselves.
- Never leave babies, children or animals alone in a car even if the air-conditioner is on.

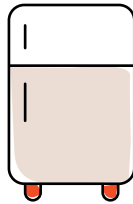
Summer is here and with it comes rising temperatures. Many of us know the basics of staying healthy as the mercury rises, but do you know what to do in case of heat stroke, or how to keep food safe in hot weather? We're sharing some of the top tips to stay happy and healthy this summer.



4

HAVE A PLAN

- Know who to call if you need help.
- Follow your doctor's advice if you have any medical conditions.
- If you feel unwell, seek medical advice from your doctor or nearest hospital.
- Know where to find your emergency kit in case of a power failure.
- Keep an eye on the weather forecast.
- Know what to do in case of a bushfire. Information on bushfire preparedness is available from the NSW Rural Fire Service webpage rfs.nsw.gov.au



5

KEEP YOUR FOOD SAFE

- Make sure food that needs refrigeration is properly stored (the temperature in the fridge should be between 0°C and 5°C). Defrost foods in the fridge, not on the kitchen bench. For more information about keeping food safe, please refer to the NSW Food Authority webpage foodauthority.nsw.gov.au/foodsafetyandyou/keeping-food-safe/key-tips
- If your fridge and freezer is affected by a power failure, please refer to the NSW Food Authority webpage.



6

AFTER THE HEAT HAS PASSED

- Continue to drink plenty of fluids so your body can get back in balance.
- Take time to rest and recover, as coping with extremely hot weather can be very tiring.
- Go to your doctor if you feel unwell after the heat has passed.
- Open windows and doors to let your house cool down, but make sure you don't compromise the security of your home.
- Contact family and friends to see if they have coped during the heat and if they now need help with anything.
- Think about how well you coped during this time of extreme heat and what, if anything, you would do differently next time.
- Make any changes in your home so it will be more comfortable for you during another time of extreme heat.



Heat-related illness

Heat-related illness includes dehydration, heat cramps, heat exhaustion, heat stroke and worsening of existing medical conditions. If you have a medical condition such as heart disease, diabetes, or kidney disease, and if you take certain medications, heat can make your symptoms worse. No matter what heat-related illness, the best way to prevent it is to drink plenty of water and to stay as cool as possible.

● DEHYDRATION

Mild to moderate dehydration makes the heart work faster and leads to reduced fluid available for sweating.

Symptoms

- dizziness
- tiredness
- irritability
- thirst
- bright or dark yellow urine
- loss of appetite
- fainting

What to do – first aid

- Drink plenty of water or diluted fruit juice (1-part juice in 4-parts water); avoid tea, coffee or alcohol.
- Move somewhere cool, ideally somewhere air-conditioned.
- If possible, use a spray bottle with water in it to cool yourself down.
- If you start to feel unwell, seek medical advice.

● HEAT EXHAUSTION

Heat exhaustion is the body's response to an excessive loss of water and salt contained in sweat. Those most at risk of developing heat exhaustion are elderly people, people with chronic diseases, and people working or exercising in a hot environment. If heat exhaustion is not treated, it can turn into heat stroke.

Symptoms

- heavy sweating (cool and moist skin)
- pale skin
- fast and weak pulse rate
- breathing fast and shallow
- muscle weakness or cramps
- tiredness
- dizziness
- headache
- nausea or vomiting
- fainting

What to do – first aid

- Move to a cool place, if possible in an air-conditioned room and lie down.
- Remove excess clothing.
- Take small sips of cool fluids.
- Cool shower, bath or sponge bath.
- Put cool packs under armpits, on the groin, or on the back of the neck to reduce body heat.
- If symptoms worsen or if there is no improvement, seek urgent medical advice and call an ambulance if necessary.

No matter what heat-related illness, the best way to prevent it is to drink plenty of water and to stay as cool as possible.

● **HEAT CRAMPS**

Heat cramps usually affect people who sweat a lot during strenuous activity such as sport or gardening in hot weather. The sweating causes the body to lose salt and water. The low salt level in the muscles may be the cause of heat cramps. Heat cramps may also be a symptom of heat exhaustion.

Symptoms

- muscle pains or spasms

What to do – first aid

- Stop all activity and lie in a cool place, legs slightly raised.
- Drink water or diluted fruit juice (1-part juice in 4-parts water).
- Have a cool shower or bath.
- Massage your limbs to ease spasms, apply cool packs.
- Do not return to strenuous activity for a few hours after the cramps subside (exertion may lead to heat exhaustion/ heat stroke).
- Seek medical advice if there is no improvement.

● **HEAT STROKE**

In a person with heat stroke, the body temperature is not controlled properly. It occurs when the body temperature rises above 40.5°C. Heat stroke is a life-threatening emergency. Immediate first aid is very important and the aim is to lower body temperature as quickly as possible.

Symptoms

- a sudden rise in body temperature
- red, hot and dry skin (sweating has stopped)
- dry, swollen tongue
- rapid pulse
- rapid, shallow breathing
- intense thirst
- headache
- nausea or vomiting
- dizziness
- confusion, poor coordination or slurred speech
- aggressive or bizarre behaviour
- loss of consciousness
- seizures or coma

What to do – first aid

- Immediately call 000 and ask for an ambulance.
- Get the person into the shade, lie them down, and keep them as still as possible.
- Give small sips of cool fluids if conscious and able to drink.
- Bring their temperature down using any method available (sponging with cool water, cool shower, spraying with cool water from the garden hose or soaking clothes with cool water).
- Put cool packs under armpits, on the groin, or on the back of the neck to reduce body heat.
- Do not give aspirin or paracetamol; they do not help and may be harmful.
- If unconscious, lie the person on their side (recovery position) and check they can breathe properly.
- Perform CPR if needed.

The gift that keeps on giving

One in three Australians will need blood or blood products in their lifetime, yet only 3 per cent of us donate blood each year. Those who are eligible to donate are giving a precious gift, with each blood donation saving up to three lives. Curious about the blood donation process and the different types of blood products that can be donated? Read on!

BEST DONATION BY BLOOD TYPE

There are three kinds of donation: blood, plasma and platelets. Your blood type, also known as your blood group, helps determine what kind of blood donation might be best for you to give.

Australia needs a steady supply of donations, but the specific amounts of each kind change daily. Sometimes that may affect what we need you to donate too.

Even if you can't give a certain kind of blood donation for health or other reasons, keep donating what you can. Your donation will still change lives!

Type



Percentage of population
40%

Please donate
Blood, plasma or platelets

Why?
As an O positive donor, versatility is your strength. Your blood, plasma or platelets can all help people battling conditions from cancer to immune disorders.
Because your blood is so versatile, sometimes we may ask you to 'supercharge' your donation by changing to another kind needed more on the day.

Type



Percentage of population
9%

Please donate
Blood or platelets

Why?
In an emergency your blood can save the day. As an O negative donor, your blood is universal. It can be given to anyone with any blood type — making it truly precious.
Australia always needs more O negative donors to keep up with demand from hospitals, so please donate if you can.

Type



Percentage of population
31%

Please donate
Blood, plasma or platelets

Why?
As an A positive donor, versatility is your strength. Your blood, plasma or platelets can all help people battling conditions from cancer to immune disorders.
Because your blood is so versatile, sometimes we may ask you to 'supercharge' your donation by changing to another kind needed more on the day.

Type



Percentage of population
7%

Please donate
Blood, plasma or platelets

Why?
As an A negative donor, your versatility is your strength. Your blood, plasma or platelets can all help people battling conditions from cancer to immune disorders.
Because your blood is so versatile, sometimes we may ask you to 'supercharge' your donation by changing to another kind needed more on the day.

1 = 3

One blood donation can save up to three lives

Type



Percentage of population
8%

Please donate
Plasma

Why?

As a B positive donor, your plasma has serious potential. Even though only 8% of people are B positive, your plasma can be given to almost 60% of patients.

Plasma is a powerful and versatile part of your blood that can be used in 18 different life-giving ways.

To learn more about plasma go to donateblood.com.au/learn/plasma

Type



Percentage of population
2%

Please donate
Plasma or blood

Why?

Not only is your B negative blood rare, it's also versatile. You can give either plasma or blood to help people battling conditions from cancer to immune disorders.

Because your blood is so versatile, sometimes we may ask you to 'supercharge' your donation by changing to another kind needed more on the day.

Type



Percentage of population
2%

Please donate
Plasma

Why?

As an AB positive donor, your plasma has serious potential. Why? Because it's universal — it can be given to anyone with conditions from cancer to burns.

Plasma is a powerful and versatile part of your blood that can be used in 18 different life-giving ways.

Type



Percentage of population
1%

Please donate
Plasma or blood

Why?

As an AB negative donor, you're the rarest type. Plus, your plasma has serious potential — it's universal and can be given to anyone with conditions from cancer to burns.

Not only that, but you can give blood too, if you like. Because your blood is so versatile, sometimes we may ask you to 'supercharge' your donation by changing to another kind needed more on the day.



What happens when you give blood?

Every day more than 5000 Australians give blood at an Australian Red Cross Blood Service donor centre. It's your chance to relax, be pampered, enjoy a free snack – and feel great knowing that you're saving lives.

1

BEFORE YOU DONATE

- It's important that you look after your health on the day of your donation. In particular, make sure you drink lots of water and get plenty to eat.
- For a plasma or platelet donation, have three large glasses of water in the three hours prior to your appointment.
- For blood donation, have two large glasses of water in the three hours prior, and another two glasses when you arrive.
- If you're going to donate soon, read about what to do before and after you donate.

Welcome

- Arrive at the donor centre to a friendly welcome from our reception staff member. They'll greet you and quickly check your valid ID.
- Fill out the donor questionnaire they give you. It's completely confidential and there to protect you and the person who receives your blood.

Interview

- A trained staff member will go over your questionnaire answers with you and ask some questions to check that you're fine to donate.
- They'll give you a 'finger prick' test to check your level of haemoglobin (a protein which contains iron) and test your blood pressure.

2

WHILE YOU DONATE

- Sit back and relax on a comfy couch while you donate. You can read, chat with our team members or just enjoy some uninterrupted TV time.
- We'll keep a close eye on you while you're donating to make sure you're okay. Talk to a staff member if you feel uncomfortable or worried.
- To help you stay well and make your donation go quicker, you can do some exercises – ask a staff member for more information.

Relax and refresh

- After your donation's finished, rest on the couch for at least five–10 minutes.
- When you're done with the couch, head to the refreshments area and relax for at least another 15 minutes with a complimentary cool drink and savoury snack. This is the best part!
- Have a drink on us – grab a free water or sports drink to take with you. Drink it over the next hour to stay hydrated.

How long does donating blood take?

- Blood donations take five–15 minutes, and the whole appointment one hour.
- Plasma or platelets donations take 45 minutes, and the whole appointment takes one and a half hours.

3

AFTER YOU DONATE

- Most people feel absolutely fine after donating blood. In fact, you're likely to feel pretty good about yourself.
- Stay in our refreshments area for 15–20 minutes and enjoy a cool drink and snack.

In the next eight hours

- Drink plenty of fluids – at least three good-sized glasses of water.
- Don't stand for long periods. Avoid long queues or standing on crowded public transport.
- Try not to overheat. Avoid hot showers, sitting or standing in direct sun, and hot drinks.
- Avoid alcohol.
- Eat regular meals.

For at least 12 hours

- Avoid strenuous exercise (like cycling, jogging or going to the gym).
- Avoid hazardous activities, including activities or jobs where public safety may be affected. You should check any employment or safety requirements you have. If unsure, please discuss at your interview.
- If you feel unwell after you donate, or have any questions, just call the Australian Red Cross Blood Service on 13 14 95.

Facts and stats

Collections per day

| | |
|-----------|------|
| Blood | 1900 |
| Plasma | 1700 |
| Platelets | 154 |

Collection centres

| | |
|---------------|----------------|
| Fixed sites | 79 |
| Donor mobile | 18 |
| Donors | 460,800 |

1,329,849

Individual blood and plasma donations by Australian donors

29,000

- Australia needs more than 29,000 donations every week

1 in 3

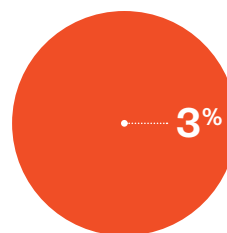
- One in three Australians will need blood or blood products in their lifetime

961,891

Fresh blood products delivered to hospitals and healthcare provides to help Australian patients

1 in 30

- One in 30 Australians gives blood each year



That's only 3% of Australians

Know what factors affect your premium

Government incentives and surcharges

At Westfund, we believe informing and helping our members to understand the various themes and terminologies used throughout the private health insurance industry is important.

WE ARE COMMITTED to providing our members with clear and succinct advice on matters concerning their membership and in helping them determine the ongoing value of their cover.

The federal government offers a range of financial incentives and penalties to encourage Australians to take out private health insurance and to maintain their cover.

We have compiled a snapshot of these initiatives to help you understand the financial factors that may affect your private health insurance.

Australian Government rebate on private health insurance

The Australian Government Rebate on private health insurance is a way to help offset the cost of private health insurance premiums for policyholders. The rebate is income tested and applies to hospital, extras and ambulance policies. The rebate can be claimed in the form of a regular premium reduction through your private health insurer, or can be claimed with your annual income tax return.

Medicare Levy Surcharge

Australians may choose to take out a hospital policy in order to avoid paying the Medicare Levy Surcharge (MLS). MLS applies to Australian taxpayers who do not have private hospital cover and who earn over a certain amount, with the aim of reducing the demand on the public system by encouraging those in higher income brackets to purchase and use private cover.

Lifetime Health Cover

Lifetime Health Cover (LHC) was implemented to encourage younger people to take out hospital cover earlier in life and to maintain that cover. LHC works by applying a financial penalty to those who choose to take out hospital cover after they turn 31 in the form of a two per cent loading for each year your age exceeds 30 when you do choose to join.

Discounts for 18-29-year-olds

The federal government has introduced a range of reform measures aimed at making private health insurance more transparent and affordable for consumers. As part of these reforms, private health insurers are now able to implement premium discounts of up to 10 per cent on eligible hospital cover for people aged between 18 and 29 years of age.

Spotlight: Lifetime Health Cover

Lifetime Health Cover (LHC) is an Australian Government initiative introduced in July 2000. It was implemented to encourage younger people to take out hospital cover earlier in life and to maintain that cover. LHC works by applying a financial penalty to those who choose to take out complying hospital cover after they turn 31 in the form of a two per cent loading for each year their age exceeds 30 when they do choose to join.

Who pays LHC?

LHC applies to everyone who takes out hospital cover after 1 July following their 31st birthday (this day is sometimes referred to as your LHC base day).

For example, if you take out hospital cover at age 40 you will pay 20 per cent more (two per cent for each year over the age of 30 x 10) than someone who first took out the same hospital cover at age 30.

If you are on a couple or family policy, your loading is calculated as an average between the individual loading of the two adults. For example, if one person has 20 per cent loading and the other person

has zero per cent loading, the loading applied to the couples' policy is 10 per cent. The maximum LHC loading is 70 per cent.

How long does the LHC loading apply?

Once you have paid an LHC loading on your private hospital insurance for 10 continuous years, the loading is removed.

Your loading will then remain at zero per cent as long as you retain your hospital cover; or, if you cancel your cover after the loading is removed, as long as you do not exceed your permitted days without hospital cover.

Permitted days without hospital cover allows for small gaps from hospital cover without impacting your LHC loading.

What are permitted days without hospital cover?

If you have taken up hospital cover on or after your LHC base day, then you can access the following 'permitted days without hospital cover' during which you don't have an active hospital policy, but your loading does not increase.

To cover small gaps, such as transferring between health insurers, you are able to be without hospital cover for periods totalling 1094 days (i.e. one day less than three years) during your lifetime, without impacting your LHC loading. If you have a gap of 1095 days, you will pay a two per cent loading. For every 365 days without hospital cover after that, your LHC loading will increase by two per cent.

If you apply to suspend your cover for a short period, for example to go overseas for a holiday, and your fund agrees, this period of suspension does not impact on your LHC loading and doesn't count towards your permitted 1094 days without cover (you are considered to be maintaining your cover).

If you cancel your cover to go overseas for at least one continuous year (and do not return to Australia for more than 90 consecutive days), the days you spend outside of Australia are not counted towards your permitted 1094 days without cover.

Disclaimer: Information provided in this advice is correct as at 1 July 2019. Please note, the material in this article and the information provided are for general purposes only. It is not intended to provide or to be relied on for, tax, legal or accounting guidance. Information sourced from privatehealth.gov.au

Your frequently asked questions



We understand that private health insurance can be complicated, full of jargon and difficult to navigate. That's why we are committed to providing our members with as much information as we can to help them understand the ins and outs of their policy. We've compiled some answers to some of the most frequently asked questions straight from our Contact Centre team.

● **I have just transferred to Westfund from another health insurer – can you explain more about this process?**

Once your membership is active with Westfund we will request a Transfer Certificate from your previous fund.

They have 14 days to send this to us, but delays may occur depending on your financial status with that fund.

We recommend you contact them as well, as this may speed the process along for you, and will ensure they cease deducting premiums from your account.

We honour waiting periods served with your previous fund; however, waiting periods apply on new services or higher limits with Westfund.

You will be able to use your Westfund membership card as soon as your membership is financial and your Transfer Certificate has been processed.

More information about transfers and waiting periods can be found in our Membership Terms and Conditions, which are online at westfund.com.au/terms

● **What is the difference between 'outpatient' and 'inpatient' medical services?**

Inpatient medical services are services or treatments that a patient receives while admitted into hospital (or day hospital) by a medical practitioner. Any services a patient receives during this admission is considered to be inpatient. Both Medicare and health funds are able to pay towards inpatient services where the service has a Medicare item number and is not an excluded service on the member's policy.

Outpatient medical services are services or treatments that are not received while admitted to hospital; for example, treatments performed in a doctor's surgery or in an emergency department. By law, health funds are unable to pay for outpatient services; however, in most cases a Medicare benefit should be available.

We welcome any suggestions or questions you may have for inclusion in future editions of *Westfund collective*:

To submit a question for our next issue, simply email collective@westfund.com.au

● **What is Westfund's Provider of Choice Network? How do I find a provider in my area?**

Our Provider of Choice Network is a group of dental, physiotherapy and optical providers who are committed to providing exceptional treatment to our members while lowering or eliminating out-of-pocket costs for Extras services on preventative dental, physiotherapy and optical treatments.

The most up-to-date listing of our current providers is available online at westfund.com.au/choice

We look forward to the continued growth of the Network, which will be of great benefit to our members.

● **I did not receive a tax statement this year – why has this changed?**

Part of the Australian Government's recent private health insurance reform was a change to the information provision rules around the communication and distribution of annual tax statements to members.

A statement is no longer sent as all data is sent to the Australian Taxation Office (ATO) and will appear as pre-filled information when completing your tax return.

If for any reason you do require a statement, we are still able to produce this document upon request. There is also a provision for members to automatically generate a tax statement in their Member Online Area at any time.

● **What does 'schedule fee' mean?**

The Commonwealth Medicare Benefits Schedule (CMBS) is a list of the medical services for which the Australian Government will pay a Medicare rebate, to provide patients with financial assistance towards the costs of their medical services.

The schedule fee is the set amount defined by the government as the amount they believe is appropriate to pay for each of these services.

Doctors are not required to charge the schedule fee and may choose to charge above this amount. Any 'gap' between the schedule fee and the amount charged by your doctor would be an out-of-pocket expense.

An overview of claims costs

As a not-for-profit health insurer, we value cost-based transparency for our members. We're pleased to provide this snapshot covering some of the claims costs for the 2018/19 financial year, including the highest claims paid and some of the most commonly claimed procedures.

Top 5 highest claims

| | | |
|---|-----------------------------|------------------------|
| 1 | Benefit \$505,759 | Bed days 360 |
| 2 | Benefit \$164,016 | Bed days 23 |
| 3 | Benefit \$155,974 | Bed days 262 |
| 4 | Benefit \$142,460 | Bed days 191 |
| 5 | Benefit \$116,969 | Bed days 92 |

*Information includes hospital data for claims paid during 2018–19 financial year based on all hospital admissions for Westfund members.

Our most common procedures

Lens procedures

- Total cost \$5,639,394
- Patients 918
- Average benefit per member \$6,143

Coronary bypass

- Total cost \$2,326,808
- Patients 46
- Average benefit per member \$50,583

Caesarean delivery

- Total cost \$1,574,703
- Patients 144
- Average benefit per member \$10,935

Knee replacement

- Total cost \$7,328,824
- Patients 337
- Average benefit per member \$21,747

Psychiatry

- Total cost \$3,141,581
- Patients 151
- Average benefit per member \$20,805

Tonsillectomy

- Total cost \$665,452
- Patients 244
- Average benefit per member \$2,727

Hip replacement

- Total cost \$5,561,729
- Patients 238
- Average benefit per member \$23,369

Vaginal delivery

- Total cost \$1,276,812
- Patients 180
- Average benefit per member \$7,093

Other common procedures

Gastroscopy

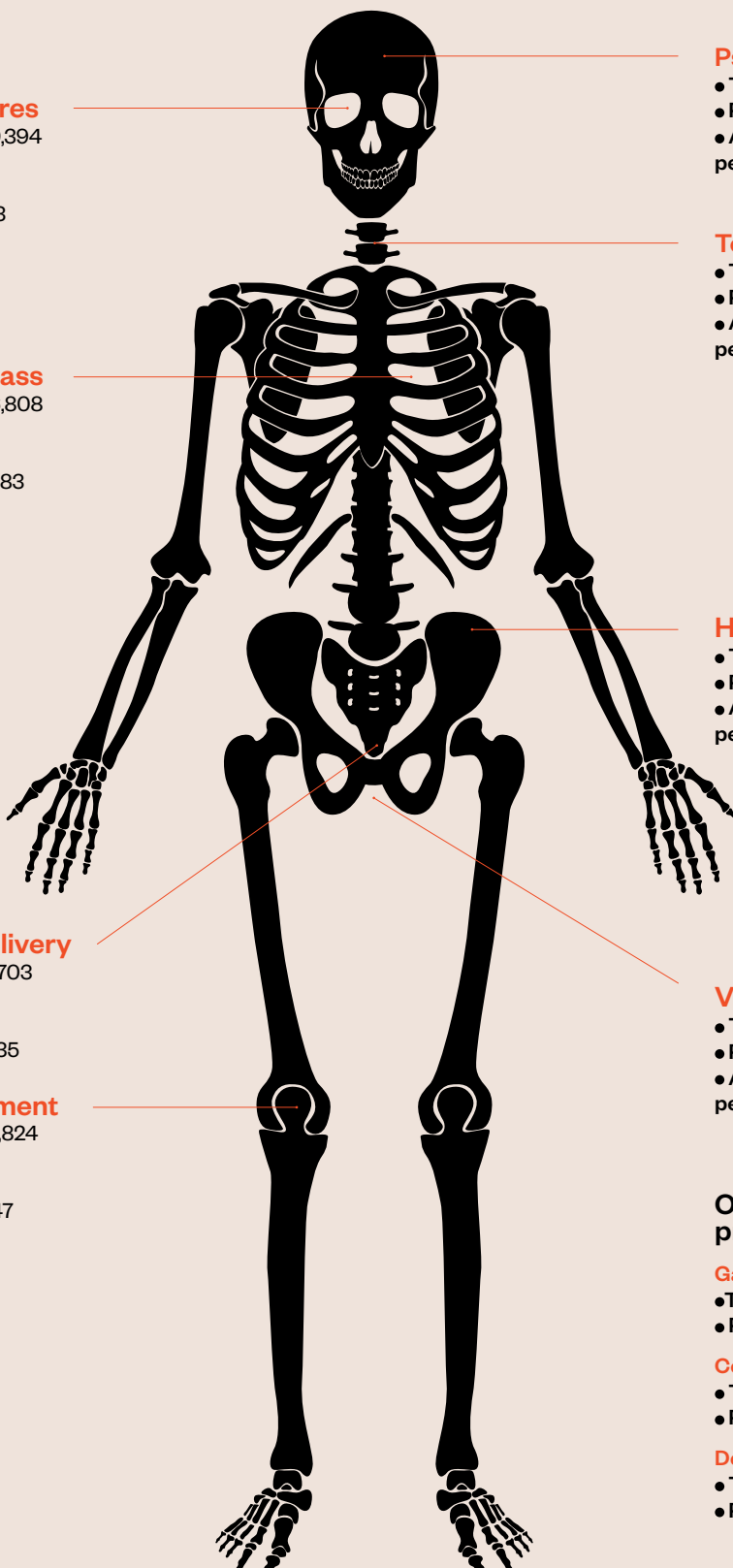
- Total cost \$3,929,028
- Patients 1,931

Colonoscopy

- Total cost \$3,022,393
- Patients 1,584

Dental extractions

- Total cost \$910,206
- Patients 521



*Information includes hospital and medical data for claims paid during 2018–19 financial year based on all hospital admissions for Westfund members.

It's easier than ever to claim with our Westfund app

We update our app regularly to add more features for our members. Make sure you have the latest version of the app for the most updated tools and features to help you manage your membership anytime, anywhere.

Make a claim (extras or medical)
View your claims history and status
View your cover and dependant details



At Westfund, we're privileged to have many longstanding members. We celebrate the growing list of members who have been with Westfund for 50 years or more.

CELEBRATING

OUR ROSE MEMBER GROUP

John Adams
Judith Alexander
Anthony Allan
Susanna Allan
Lauraine Ambrose
Joan Anderson
Lionel Anthes
Kaye Ashworth
Leonard Ashworth
Richard Austen
Yvonne Austen
Lola Barker
June Barnes
Leslie Barnes
Elizabeth Barnes
Peter Barnes
Kevin Barrett
Cherie Bennett
Thomas Bennett
Bernard Bennett
Beverley Bennett
Harold Bennett
John Berry
Shirley Berry
Leonard Bingham
Susan Bingham
Raymond Blackley
Darryl Blanch
Sylvia Blanchard
William Blanchard
June Boyd
Ernest Boyden
David Boyling
Colin Bradford
Ronda Bradford
Kevin Braithwaite
Lynda Brooks
Wayne Brooks
Marie Brown
John Burgess
Miriam Burgess
Margaret Burns
Gordon Case
Rosemary Case
Maureen Cole
Millicent Collins
Harold Collins

Margaret Collins
Margaret Combs
Michael Combs
Peter Compton
Doris Corney
Shirley Cullen
Judith Davies
Catherine Deacon
John Deacon
Trevor Dowsett
Joan Drury
Leslie Drury
Daryl Drury
Colleen Eather
John Eather
Beryl Fitzgerald
Beverley Fitzpatrick
Reginald Fitzpatrick
Barry Flynn
Maureen Francis
Thomas Francis
Fay Frandsen
Kurt Frandsen
Christine Furbank
Dennis Furbank
Graham Furbank
Lynette Gardiner
Malcolm Gardiner
Annette Geddes
Jeffrey Geddes
Gay Gee
Kevin Gee
John Giokaris
Sophia Giokaris
Peter Giokaris
Susan Giokaris
George Glencorse
John Goodwin
Dennis Goodwin
Marlene Goodwin
William Gregory
Douglas Hamilton
Denise Harradine
Graham Harradine
Gay Harris
Robert Harris
Esther Hart

Janice Hawken
Maxwell Hawken
Edward Healey
Maureen Healey
Margaret Hickie
Regina Hogan
William Hogan
Colin Hunt
Margaret Hunt
Rhonda Hurditch
John Jenkins
Sandra Jenkins
Allan Jenkins
Ian Kelly
Fay King
Wilbert King
Bruce Langford
Elaine Leishman
Ronald Lincoln
Hilton Livingstone
Rosalie Livingstone
Margaret Luchetti
Terrence Major
Wendy Major
Kathleen Mara
Richard Mara
Gary Marshall
Pauline Marshall
Carol Marsland
David Marsland
Anne Marsland
Richard Marsland
Diana Mason
Maurice Mason
David May
Sandra May
Gloria McCann
Carolyn McLean
John McManus
Marilyn McManus
Diana McPhail
Terrence McPhail
Judith Menchin
Phillip Menchin
Stanislaw Miskiewicz
Barbara Morris
Neville Morris

Lorraine Morris
Robert Morris
Anne O'Farrell
Annette Palmer
Shorty Palmer
Cheryl Pascoe
Wayne Pascoe
Robert Pate
Irene Patterson
Gary Phillips
Robyn Phillips
Henryk Prazner
George Redding
Reginald Roach
Fay Roberts
Frederick Roberts
Glen Ryan
Marilyn Ryan
William Simpson
Kevin Slaven
Marilyn Slaven
Dennis Smith
Douglas Smith
Fiona Smith
Brian Smith
Jennifer Smith
Carleen Taylor
Christopher Taylor
Cecil Thompson
Ruth Thompson
Thomas Thwaites
Ruth Trevitt
Patricia Wade
Warren Wade
Enid Walker
Clement Wallace
Therese Walsh
Karl Watson
Sandra Watson
Carolyn Williams
Stephen Williams
Cheryl Wotton
Colin Wotton
John Wren
Lynette Wren

New systems have changed the way we administer our member data. Every effort has been made to ensure data is accurate at time of printing. However, we understand that unintentional discrepancies may occur. If you believe there is an inaccuracy, please advise the *Westfund collective*: team.

