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Our CEO
shares his vision

Living life in the
volunteer sphere

Community Grant
recipients have stories to tell

collective:

Westfund Magazine • January 2019



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The first of many...

HELLO AND WELCOME to the first issue of *collective*. We're very excited to be bringing this magazine to you.

Firstly, a note on the name. Collective is a word that may mean different things to different people but regardless of the context, it never fails to evoke strong feelings of togetherness, community and teamwork. We consider a collective to be a group of people brought together by common values and that is what we believe the Westfund community is all about.

Secondly, why are we doing this? We are so lucky to have amazing members who have even more amazing stories. We're also lucky to have relationships with a wide range of groups and individuals who we also consider part of the Westfund community and we want to share their stories with you.

We feel very privileged to have met some unique people while creating this magazine for you and we're proud to include them as part of *collective*. Their stories will leave you feeling inspired, proud and hopefully part of something special.

If you have any feedback or suggestions we'd love to hear them – send them through to

collective@westfund.com.au

We hope you enjoy this magazine as much as we enjoyed compiling it for you.

The collective: team

westfund.com.au





Shaped by our community

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INTRODUCTION

“We have found the values of our staff align with those of our members, which have been shaped by the communities we operate within.”

WESTFUND HAS ENJOYED considerable success over the last 20 years built on our close ties and the relationships we have developed within our regional communities. This is a direct result of our team being regionally based and being able to gain insights and have a great understanding and appreciation for our members.

Westfund is proud to be a part of the community, just like our members. We have found the values of our staff align with those of our members, which have been shaped by the communities we operate within. These community values have resonated with an expanding number of members from across Australia.

Earlier this year Westfund became the number one health fund on Product Review. As an organisation we are extremely proud of this achievement and are excited that our members are advocating Westfund as their private health insurer. This has been accomplished on the back of a concerted effort to improve the service we provide to our members, with additional investment being made into training of our staff and increasing our digital capability.

“Member Experience” has been identified as a key theme within Westfund’s three-year strategic plan. We will continue to improve our ability to service the private health insurance needs of our members as we embark on this journey. Moving forward, enhancements will be made and implemented in line with some of Australia’s leading service organisations.

I would also like to take this opportunity to thank our valued members for being part of the Westfund community. It is a privilege to be given the responsibility of insuring your health, the most valuable asset to you and your families.



Matt Banning
Chief Executive Officer

Fit for the future

I AM PLEASED to present the first edition of our new *collective* magazine. As the new Chair, I look forward to continuing Westfund's commitment to supporting community values and increasing our opportunities to provide genuine member-focused experiences.

Westfund has been built on solid foundations and is in a healthy position going forward to respond to the upcoming government initiatives.

The federal government's private health insurance reforms continue to be a significant focus for Westfund as we get ready to implement the reforms on 1 April 2019. The federal government is committed to making private health insurance simpler and more affordable for all Australians. This includes, supporting Australians in regional and rural areas with improved travel and accommodation benefits, simplifying the categorisation of products to gold/silver/bronze/basic, the implementation of standardised definitions for treatments to make it clear what is and isn't covered by policies and enhancing the powers of the Private Health Insurance Ombudsman. Thank you to the Westfund management and staff for their dedication to implement these reforms, and for striving to build a fund that is fit for the future.

The Australian Prudential Regulation Authority (APRA) continues to progress with its three-year plan for private health insurers, with a focus on governance in 2019. Westfund also recognises the importance of the Ombudsman and the Australian Competition and Consumer Commission (ACCC) in relation to consumer information and protection. The Board is committed to ensuring Westfund continues to meet good practice in relation to governance, along with risk and capital management and other regulatory standards.

On behalf of the Board, I would like to take this opportunity to recognise our former Chair, Howard Fisher, for his dedication, leadership and support throughout his 31-year tenure. We thank him for his service and wish him all the best for the future.

Lastly and most importantly, thank you to our members for staying committed to Westfund and entrusting us to provide assistance in their times of need.



Graeme Osborne
Chair



“Westfund has been built on solid foundations and is in a healthy position going forward to respond to the upcoming government initiatives.”





Introducing Matt Banning

CEO

“It has always been important to me that Westfund continues to evolve and to develop as a source of pride for Lithgow.”

A COMPETITIVE NATURE paired with a pragmatic sense of fairness — an amalgamation of traits often desired and cultivated in leadership, yet seemingly naturally endowed on Westfund CEO Matt Banning.

Matt may be just at the start of his leadership career, yet he has the great advantage of years of learning and a steadfast foundation to work from as he steers his Westfund team to further cultivate and develop services for an increasing membership across the nation.

The ability to take a down-to-earth approach to all challenges before him can be attributed to Matt’s strong and stable upbringing on the family farm on the outskirts of Lithgow.

The youngest of three children born to a well-known local family, Matt gained appreciation throughout his formative years as a polite, intelligent young man going places. His skills as a sportsman and committed learner, combined with his respectful and humble approach, enabled him to gain the respect of his peers and elders.

The perfect fusion of regional town living and the more rural aspects of farm life instilled in Matt an ethic of hard work and resilience. It also provided him with the stability and security to reach beyond everyday life to make the most of every opportunity afforded him.

Central to his drive to develop Westfund as a key player in the private health insurance industry is a keen pride in his hometown of Lithgow.

“It has always been important to me that Westfund continues to evolve and to develop as a source of pride for Lithgow,” he says.

“It is not all that often you see high-profile national businesses emerge from a regional town and I am always conscious and proud that Westfund is that opportunity for Lithgow.”

Matt was appointed as Westfund CEO in 2017, following on from an executive role in finance and administration.

It was also at Westfund where Matt started his accounting career as Health Fund Accountant back in 2004.



“I’m always humbled by stories from staff and from members about how Westfund has helped them and how they appreciate our commitment to them,” he said.

The years in between saw Matt take on various accounting roles across NSW’s Central West, which teamed with a strong commitment to sustained learning, resulted in Matt securing his CPA, Master of Business Administration and, more recently, Australian Institute of Company Directors (GAICD) qualifications.

Determination is something Matt has based his work ethic on – not only in his professional life but also as a sportsman and in his dedication to his studies.

Throughout his teens and early twenties, the keen young hockey player and cricketer travelled the lengths of NSW, and often interstate, to represent in his chosen sports.

His competitive nature serves him well in the business arena. Yet he never loses sight of his organisation’s purpose – service to its valued members.

“I think it comes back to our values. The history of private health insurance in our area was founded on mates helping mates, on providing support during times of need. In essence, we are continuing this theme at Westfund through both our product offerings and in our support of our Westfund community,” he says.

Essential to this view of community is also the vital component of family.

Matt and his wife Emily are proud parents to their two children and have made their home in Bathurst – not far from his hometown of Lithgow.

“I was fortunate to have the support of great parents who supported my many activities and development as I grew up,” he said. “In turn, it’s very important to me that I provide the same opportunities for my kids.”

The concept of family and community is integral to Matt’s vision for Westfund.

“I’m always humbled by stories from staff and from members about how Westfund has helped them and how they appreciate our commitment to them,” he said.

“Our success into the future will be dependent on continuing to appreciate the way we are able to help and assist our membership by protecting their health and their families.”

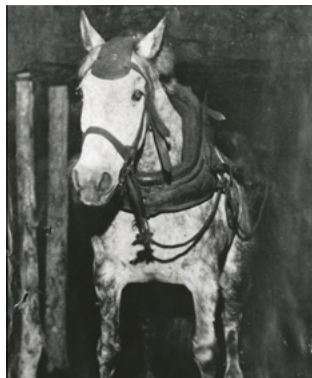
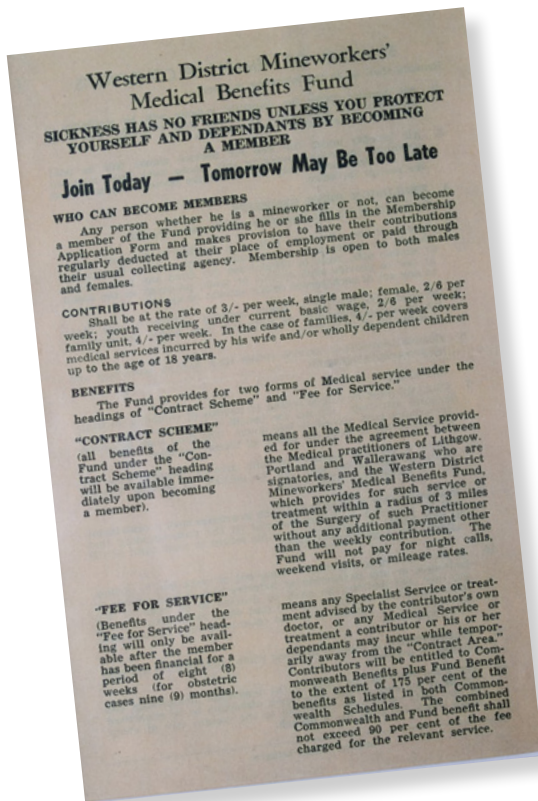




Our proud history

Westfund has had a long and colourful history. We can trace our origins back to 1881, when a group of like-minded miners banded together to form what was essentially a precursor to private health insurance.

Although we have evolved significantly since then, it's fascinating to look at the history of not only Westfund, but private health insurance in general.



1881

Members of the Vale of Clwydd Lodge of miners negotiates with Bathurst Hospital to set up a designated bed for its members.

1929

Labor Premier of NSW, Jack Lang, legislates that ambulance officers and a doctor are to be readily accessible at all mining sites.

At this time, a group of miners in Lithgow joined together to organise weekly pay deductions – a subscription of a 'couple of bob' a week was collected by the union. This meant miners were able to join a 'medical club'. These subscriptions funded contracted doctors and ambulance services to members.



1900

NSW Parliament passes the *Miners' Accident Relief Act*. This Act provided for a fund, contributed equally to by miners, the coalmining companies and the government, which could make payments in the case of death or disability.

1953

Country Party stalwart Dr Earl Page introduces voluntary health insurance in the *National Health Act*, which subsidises hospital and medical fees through registered funds. The Miners' Fund is registered under this Act by union official Jim Wilson in November 1953 as the 'Western District Mineworkers Medical Benefits Fund' – today's Westfund.



1966

The fund becomes 'Western District Medical Benefit Fund' to reflect the change to a new fee-for-service system of medical cover for the then 5000 members.

1998

The fund launches into regional Queensland with the opening of the Emerald Care Centre.



2014

A Queensland state office opens in Maroochydore.

1984

Australia's federal government, led by Prime Minister Bob Hawke, introduces Medicare, universal health cover for all Australians. Medicare revolutionises Australia's healthcare landscape.

The fund becomes registered as a hospital fund and renamed 'Western District Health Fund' to broaden markets and grows to 12,000 members. The first Dental and Eye Care Centres open.

2016

The 'King Building' – the fund's new head office administrative headquarters is opened in Read Avenue, Lithgow. The offices, located on the site of the former Lithgow RSL building, were named as such in honour of long-time Lithgow RSL Club Secretary–Manager James Wesley King (Wes). The late Mr King was Secretary–Manager of the Lithgow RSL Club for 25 years throughout the 1950s, 60s and 70s and was extremely well respected by RSL members and the community in general. He also served 25 years as Honorary Secretary of the Lithgow RSL Sub-Branch and deserves particular mention for his input as Pensions and Welfare Officer, where his sympathetic and kindly approach were most valued.



2019

Westfund Health Insurance, as the fund is known today, is proud to provide cover for more than 100,000 individuals across the country.

(figure correct as at 30 September 2018)



Ronald McDonald House

When an organisation depends on volunteers, it's only as good as the people who choose to give their time. Luckily for Ronald McDonald House North Queensland, they have people like Kenny and Margaret Christie.







VOLUNTEERING IN ALL its forms is admirable and plays a huge part in our communities. Some volunteering, however, changes lives. It takes a special sort of person to make that contribution.

Ronald McDonald House Charities (RMHC) North Queensland is privileged to have many of these extraordinary people as volunteers. The crucial work of the house is to support sick children and their families, and they do this in a variety of ways.

You will find RMHC volunteers at Townsville Hospital in the Ronald McDonald family room. You will also find them close by at Ronald McDonald House, Townsville.

To do all this amazing work, RMHC relies heavily on its team of 150 volunteers.

Ronald McDonald House Townsville has a wide range of facilities, including 25 bedrooms and several other common and outdoor areas (there's even a mini-golf course) – all lovingly maintained by volunteers.

Two such volunteers are Kenny and Margaret Christie. Kenny emigrated to Australia from Belfast 43 years ago. He met Margaret at the post office (he spent his working life with Australia Post) shortly after arriving in Australia. They have been together ever since.

Despite decades in Australia, Kenny has retained his strong Irish accent, which he puts to good use as he explains his eye-catching red and white striped socks are in fact Ronald McDonald House Silly Socks.

"I've got a pair at home too; I just didn't wear them today – I should have worn shorts!" laughs Margaret.

● The grounds and gardens are lovingly maintained by volunteers like Kenny and Margaret, offering a peaceful environment for families

“... people are in stressful situations and if we can take a little bit of that stress out of them, that’s nice”

The couple is happy to explain their love for volunteering with RMHC; however, they are humble about the impact they have on the lives of families.

The couple volunteers in several different roles. Kenny is handy in the garden and spends his time ensuring that the grounds are always their best.

He has been volunteering with RMHC for more than six years. Margaret has taken on a couple of roles, doing shifts in the family room at the hospital and also assisting administrative support. She has been volunteering since January 2018.

“I like the whole idea of the charity helping families,” she explains.

“The family room can be quite a challenging place, as families deal with a huge spectrum of emotions and are forced to deal with news, both good and bad.”

RMHC volunteers are extraordinary people. When a family has a sick child it isn’t simply a diagnosis for one individual; it’s a diagnosis for the entire family.

The stress that comes with having a sick child is not easy to cope with, particularly if distance becomes a factor when treatment is required. It is impossible to understand the gravity of this situation unless, like Kenny and Margaret, you have been that family seeking help.

Kenny and Margaret’s own personal experience has helped shape their approach to volunteering at Ronald McDonald House.

“We had a child with cancer years ago and we actually used Ronald McDonald House in Brisbane. We were supported by charities as well during those few years,” adds Margaret.

“You don’t realise what’s out there until you need it.

“You don’t realise how many families actually need support until you’re in the midst of it or you’re with a charity where you see the families come through,” she says.

Of all the things that make RMHC most admirable is their commitment to supporting entire families.

Kenny and Margaret both attest to the importance of supporting the family as a whole.

Margaret says: “It affects everybody, including grandparents, aunts and uncles – the whole family and extended family. It’s good to have support and external support as in, you know, charities and things. I don’t think we could have survived without the support that we did get.”

“Our daughter, she was four at the time she was diagnosed with a cancer and believe it or not, she’s 33 now. It’s been a long time but the emotions are still raw. You think it’s not going to happen to you then all of a sudden something happens to you... you know?” says Kenny.

Kenny and Margaret both believe that the relationships they have made with fellow volunteers as well as staff at the house have really had a positive impact on their lives. They consider their work truly rewarding and encourage anyone considering volunteering to get involved.

“I’d probably just say... do it! It may not be for everyone, but if you have any thoughts that you might like to volunteer, then Ronald McDonald House is a really good place to start,” says Margaret.

“I’d mirror that,” adds Kenny.

To find out more about the work of Ronald McDonald House North Queensland, or to start your volunteering career, refer to rmhc.org.au/how-you-can-help/volunteer

Love of the game

Three inspirational female athletes share their thoughts on the growing number of women competing in traditionally male-dominated sports on fields across Australia and discuss the direction their own personal journeys have taken.

● AFL is an important part of Kelsey's identity on and off the field



“YOU DO WHAT you do because you love it.” A simple sentiment, and one that can be applied to a range of activities. It is an expression, however, that we frequently hear attributed to sportspeople – that inexplicable yet universally acknowledged ‘love of the game’.

For some athletes, the path their sporting journey has taken has not always been the clearest. In some cases, a path didn’t exist at all.

This has been the dilemma for our talented sportswomen – while dedication and skills are not in question, how can they make the most of opportunities that may be few and far between?

Fortunately, the tide is turning for women and girls who dream of becoming elite athletes in sports and codes that have not traditionally been considered ‘female’.

And while this has been a gradual change over a period of years, the movement has arguably reached its biggest surge of momentum yet, as evidenced in the number of competitions and opportunities emerging from the grassroots level all the way to national and international competitions.

Gone are the days of having only male idols to emulate – girls can now take their pick of talented sportswomen to respect and admire. They can follow in the footsteps of their female leaders and know that they are heard, represented and most importantly of all, taken seriously as athletes.

Chatting to players across football codes, it becomes clear that to them, this is only the beginning.

For Bathurst Lady Bushrangers AFL club captain and Auskick coordinator Kelsey Richards, it’s an exciting time for women in AFL from a variety of perspectives.

Kelsey’s love of AFL has filtered through to all aspects of her life, including work. Bringing her AFL knowledge to the academic arena, Kelsey’s fascinating research into female leadership roles within the AFL will add huge value to the narrative for future generations.



● Kelsey is keen to share her passion for AFL with her young family

This kind of contribution is valuable and really holds a spotlight on women's participation and influence on sport at multiple levels, not just as players.

It's important that the 'seat at the table' is more than just a token gesture.

"It's been very, very interesting listening to their stories, both positive and negative, to see how the sport's changing," explains Kelsey.

"It's incremental change. You can't change the culture of a masculine sport quickly, but I think the way that the women's game is growing, and there's more recognition of women in journalism, in particular, in the men's game as well. I think it's slowly, slowly changing the perception of women in the sport," she says.

A young mum, academic and dedicated player and clubperson, Kelsey also works at Charles Sturt University. She clearly has a lot on her plate but is philosophical about the balancing act.

"I just get on with it like anyone else does, I suppose. I think it's quite hard. You have a bit of natural guilt when you're doing one thing and you're thinking about the other or you wish you could do something uninterrupted, but it's all... I enjoy every single aspect of it," she says.



"Gone are the days of having only male idols to emulate – girls can now take their pick of talented sportswomen to respect and admire."



“We’re starting a new era so
it is going to be a slow process.”





“I enjoy my teaching, I enjoy my studying, I love motherhood as well and playing footy, obviously, so I just think it makes it a bit easier to balance it when I really enjoy each aspect of it. I obviously struggle at times, but I just get on with it and hope that I can contribute the best I can to each aspect.”

Like Kelsey, Kezie Apps believes that change, although incremental, is definitely happening.

“I guess we’re just beginning our competition. It’s just like the men back in 1908 when they established rugby league. That’s when they started and we’re just starting now,” says Kezie.

“We’re starting a new era so it is going to be a slow process.”

In a career full of representative highlights, including a spot on the Australian Jillaroos and NSW representative teams, 2018 was another landmark year for Kezie who was chosen as a member of the inaugural St George Illawarra Dragons’ Holden Women’s NRL Premiership team. This competition was a turning point for women who play rugby league and places Kezie, along with her fellow competitors, at the vanguard of a powerful shift towards greater representation for women in rugby league.

Like many professional athletes, Kezie has faced her fair share of obstacles while building her career. The dual tyrannies of distance and lack of opportunity collided when she was still a junior player for the Bega Roosters, resulting in an unplanned break from the game she had grown to love.

“Girls weren’t able to continue playing rugby league because there was no competition (for them). So I had to stop playing.”

Rediscovering the game after watching the Jillaroos win the 2013 World Cup, Kezie hasn’t looked back and she is now a role model for girls dreaming of rugby league careers of their own.





“It’s certainly a nice feeling that you’re inspiring younger girls to play the game,” she says.

Increased opportunity for female players is something Amanda Ferguson has seen first-hand during her years of involvement with rugby union.

“I wish I were 15 years younger with the pathways now!” she says.

“There is so much more opportunity, support, a lot more coaching and development for our players now for them to get out and even just simply try it,” she explains.

The union stalwart has experienced years of representative play, culminating in a place in the Wallaroos train-on squad. Amanda is now part of the women’s coaching team and she is perfectly poised to observe the progress of the game.

While she is excited about the changes she has already seen throughout her career,

Amanda believes there is still some room for improvement.

“I would love to see... the girls being given more opportunity, some more test matches and those games to be televised, which would be amazing,” she says.

“And I think just the opportunity for them to be able to potentially be full-time professionals, would be amazing.”

As the future for Australia’s sportswomen continues to evolve Kelsey, Kezie and Amanda all believe that regardless of skill level, more women playing sport can only be a good thing.

“Just get out there and have a go,” says Amanda.

“No matter what it is, if you really want something in life just go for it,” says Kezie.

● Local competition is dear to Amanda’s heart and she’s incredibly proud of her club’s achievements

“I would love to see, definitely, the girls being given more opportunity, some more test matches and those games to be televised, which would be amazing.”



Giving back



In 2018, Westfund formalised its community support initiatives by introducing its Community Grants Program. The program provides greater opportunity for organisations across Australia to access funds to support initiatives aimed at empowering and strengthening their local communities.

AS A PROUD not-for-profit organisation, Westfund has been supporting local community groups since its inception. An increase in funding requests prompted the development of a formalised structure to acknowledge and support projects under the four pillars of Health, Fit for Life, Family and Community.

With these ideas in mind, the Westfund Community Grants Program was born.

Although we were initially unsure what to expect for the inaugural round of the Westfund Community Grants Program, we were understandably thrilled to receive a large number of quality applicants from a diverse range of organisations.

Having such a large pool of deserving applicants did make the decision-making process a difficult one; however, the organisations that were successful in securing a grant truly embodied what being a member of the Westfund community is all about.

It's a privilege for us to share some of their stories with you here, so you too can find out more about the great work they do to support their communities.

Westfund Community Grants Program



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 who 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.



Oasis Life Lounge

HUMANS LOVE TO communicate and we have many conversations throughout any one day. It's not always common that one of these conversations will leave you feeling inspired, uplifted and thinking that anything is possible.

Conversations with Jacki Larsen, however, do just that.

Jacki is one of those rare people who seeks to tackle life's difficult problems head on, regardless of whether there is a clear solution. Rather than putting these problems in the 'too hard' basket, Jacki relishes the challenge.

● Creating connections is the mantra of Moranbah's Oasis Life Lounge, from mothers' groups to senior citizens



Since arriving in Moranbah, Queensland from the Gold Coast five years ago Jacki, along with her family, has dedicated her life to solving the community's problems. Her approach has been a unique one, and the result has been a game-changer for the entire Moranbah community – the Oasis Life Lounge.

“I’m 57 years old – this is the culmination of all the experience and qualifications I’ve ever had. This is it. This is something I’ve dreamt of and thought it’ll never happen,” says Jacki proudly.

The Lounge aims to meet a variety of needs by fostering meaningful and crucial connections across the community.

It has become a go-to for many residents, despite some initial hesitation and scepticism.

The source of some of this hesitation was Jacki’s role as a pastor, along with her husband, at the town’s Oasis Life Church.



**“Everyone is
welcome, and
most importantly
everyone feels
welcome.”**

“I saw a lot of people coming in with mental health issues and often their thing was there’s nowhere in town where I can just ‘be’.”

“Initially they were like ‘it’s a church thing, they’re going to preach at us’. But there’s no preaching, there’s no anything, this is just connecting – that’s it. So now people know that it’s actually okay, we’re normal people (because they tend to lump church people all in together).

“Now we get referrals from the other services, we get referrals from the doctor, from the hospital, from anyone and everyone,” explains Jacki.

“I used to work for another organisation as a support worker and so I saw a lot of people coming in with mental health issues and often their thing was there’s nowhere in town where I can just ‘be’.

“There’s nowhere safe if I’m feeling suicidal... there’s nowhere where there’s someone around if I need it.

“So when we got offered this building I was like ‘This is it! This is perfect!’ Because people can do whatever. There can be as much or as little interaction as they want there to be,” she says.

Opening just over 12 months ago, the Lounge has blossomed.

There are a range of programs, resources and groups available, including (but not limited to): Cooking on the Cheap, Seniors Connect (with other services in the town), guest speakers, a multicultural cafe, emergency food, a parenting program, a young mums’ morning tea and much more.

Everyone is welcome, and most importantly everyone feels welcome.

Jacki is proud of the work the Lounge does in fostering connections; of finding a person with a need and connecting them to another person or a group who can assist with that need. This is the primary goal of Oasis Life Lounge.

“Basically I try and hook people up all the time, connect them... it’s kind of keeping that flow, keeping that contact with the other services,” explains Jacki.

“It’s all that kind of stuff. It’s good, it’s exciting!”

Open Monday to Thursday from 10am until 2pm, it takes dedicated volunteers to keep the Lounge going.

“I’ve got my regulars four days a week, so four volunteers that come in regularly and me – so that’s five. Then I’ve got people I can call on, so probably about at least another five; it’s great, it’s amazing!” she says.

With so much happening, it would be easy to continue along at the same pace, but Jacki of course has other plans.

“We’re actually going to start free babysitting... we’re just trialling it on a Monday morning, just making it available and see what happens with that,” says Jacki.

“It’s all about the connecting,” she emphasises.

A few more laptops are also on the wish list, to assist jobseekers and others who may have no access to a computer or the internet.

There is no doubt that with Jacki driving the project these things will happen. But for now, how does she feel about her creation?

“It’s most wonderful.”



Riding for the Disabled



ROCKHAMPTON RIDING FOR the Disabled is a not-for-profit organisation that focuses on the therapeutic benefits of horse riding. Their approach allows riders to build skills, teamwork and confidence, while focusing on the most important thing – fun.

The Queensland group caters for riders with a range of disabilities, both physical and intellectual.

“It’s not only physical; a great number of our kids have autism and they have varying degrees of that depending on what level they are on the spectrum. Some of them can be quite high functioning,” explains secretary Enid Bunt.

As the group caters to such a wide range of needs, volunteers are a must to keep this important work going. Due to the nature of the activities, requirements and ratios are non-negotiable. Unfortunately, volunteer numbers can be an issue at times.

“We have to have a leader and usually two side walkers (per rider). Some riders can ride independently but they still need somebody to lead their horse... they definitely need a side walker while they’re not in the arena because from here to there they could topple off, the horse could shy or something. They need to have somebody there to grab them if they are going to fall, because they’re already vulnerable; you don’t want them falling and getting hurt as well. They may not react as quickly, so that’s why the side walkers are there,” says Enid.

There are also requirements around the number of accredited coaches who must be present at all times.

“Our two coaches, who we have to have on the ground – or at least one of the level one coaches on the grounds – they’re both in their late eighties so we’re hoping to get some new younger coaches up. They don’t tend to do the lessons so much anymore, but they have to be on the ground. They have to be present, that’s the rules of RDA, you have to have a level one coach on the ground,” explains Enid.

As with many organisations that depend on volunteers, age can be a factor.

Some of the group’s volunteers have been members of the organisation for 40 years or more and are incredibly passionate about the impact Riding for the Disabled can have on people’s lives.



● It takes a team effort to support the riders, but Rockhampton’s volunteers truly love what they do



Some of the group’s volunteers have been members of the organisation for 40 years or more and are incredibly passionate about the impact Riding for the Disabled can have on people’s lives.



“The changes you see – it’s just so rewarding to see them, it’s amazing.”

Cherie Weatherall, for example, has been a part of Rockhampton Riding for the Disabled since it first formed and she knows all too well how crucial it is to have that support.

“You can’t work without volunteers,” she says.

Despite the obstacles, Rockhampton Riding for the Disabled remains focused on providing the best possible experience for their riders and has plenty of plans to expand the organisation, including other therapies. They currently cater for 35 riders in multiple sessions on Wednesdays and Sundays each week. However, there are 37 people on their waiting list and they would love to alternate riders so they’re able to fit more people in. Some of their riders compete in state events in Brisbane, and some even go on to compete in the Special Olympics, a huge achievement.

For Enid, volunteering with the organisation has become a hugely rewarding part of her life.

“It’s just the difference you see in the kids, you know? Especially in some of the kids with severe disabilities... you see them go from not even being able to walk unaided, to walking independently. Some of the kids with autism just communicate, whereas when they first come they just tend to be so, so, stressed out.

“After a few times coming, with the interaction with the older volunteers and other riders and the horses, they tend to have calmed down considerably, they’ll communicate. Some of them will be non-verbal but they’ll be waving, doing their usual sort of communication things,” says Enid.

“The changes you see – it’s just so rewarding to see them, it’s amazing.”





Women's Shed

"I think it's something
really positive to build."





Offering friendship, acceptance and a safe place, LAWS gives women an opportunity to become more confident in their abilities, learn new skills and share ideas.



WHAT DO LOCAL women need? That was the simple question asked at an International Women's Day event at the Lithgow Library and Learning Centre; a simple question that became the catalyst for the Lithgow Area Women's Shed (LAWS).

The aim of LAWS is to 'provide a place where all women in the Lithgow area are welcome to come and join us' and a strong emphasis is on 'building women'.

Offering friendship, acceptance and a safe place, LAWS gives women an opportunity to become more confident in their abilities, learn new skills and share ideas.

In a nutshell, it's all about empowering women.

President Leanne Hopkins and committee member Gabrielle Kirby are both passionate advocates for LAWS and are excited to watch it evolve.

For Leanne, joining the group was a natural choice. Throughout her professional life she has witnessed the benefits of feeling connected for both individuals and the community.

"Most of my life I've worked in the community service sector, so I know there's a big need out there for people to be connected to the community. So when this (LAWS) was mentioned I just thought *That's a great base to start with*, basically. You know, learn skills, people become independent, make things – that just makes people happy. They're in an environment where they can talk to other people, creating that really nice happy space," she says.

Although the group aspect is very important, of equal importance is the opportunity for individuals to choose their level of participation on any given day.

"The individual can choose what they're going to do, to what extent they're going to become involved. It's not regimented."

"I just think it's something really positive to build," Leanne says.

Gabrielle shares some of Leanne's reasons for joining the group, and is keen to learn new skills of her own that will help in everyday life.

"I'm a bit like Leanne. In my working life I've been involved in education, I've worked in child protection, domestic violence, disabilities. So I've got a bit of an overview of some of the needs... wanting to be able to engage people from the community. But also for myself, being able to learn those skills too and to think *Oh I don't have to pay \$70 for a plumber to come to the door*," she says.

"We also see it as very much a women's mental health issue," says Gabrielle.

"You get women who have had all sorts of experiences that haven't been good for them, then to have somewhere they can come and know that they're learning to be able to do things that previously they've thought they couldn't do (is important)," she says.

While the Men's Shed movement is very well-known across the country, Women's Sheds are still comparatively few and far between, although they are gaining plenty of momentum.

LAWS members are understandably thrilled with the response they have received from local organisations who have lent their support and expertise to the cause.

"It's been on the whole a really positive experience," says Leanne.

Unlike some other Women's Sheds, LAWS will be focusing on learning to use power tools and other construction-based learning, as opposed to things like craft.

"We're tool-based, because there's already quite a few craft centres," explains Leanne.

They also have plans to implement gardening into their activities when they find a suitable premises. The next big task for LAWS is to find a permanent home to allow them to really start building and creating.

One thing is certain – LAWS is a group to watch.

"We're thinking big," says Gabrielle.



● Age is no obstacle to joining LAWS; everyone is welcome to go along and learn a new skill

COMMUNITY GRANTS PROGRAM

Indigenous Diabetes Clinic





“Education is not only just about reading, writing and arithmetic. From an Indigenous perspective, it covers our spiritual world, our health, our wellbeing, our mental health.”



“The beauty of the clinic and the services they offer, it’s not only just about preventative measures, but it’s a lot to do with education, and educating people on how to actually look after and control their diabetes,” says Laurie.

MARATHON HEALTH INDIGENOUS Chronic Disease Clinic in Kelso, NSW, is a multidisciplinary clinic providing a range of health services to Indigenous patients.

The clinic, funded through the Rural Doctor’s Network, has been serving the community for seven years and has 100 active clients at any given time.

“We have alternating services come each fortnight. So one week we’ll have a dietician, diabetes educator, exercise physiologist and a case worker here, and then the next week we will have the exercise physiologist back again, but a podiatrist, a psychologist and an endocrinologist possibly once a month as well,” explains Marathon Health Primary Health Service Manager, Shellie Burgess.

This multidisciplinary approach to managing chronic disease means that patient education is a focus.

“In terms of chronic disease, education makes up a massive component of what you’re doing. So whether it’s the exercise physiologist trying to educate them on some gentle walking programs or things like that, or the dietitian on certainly nutritional advice for them and their family.

The educational approach is one that patient Laurie Crawford finds highly effective.

“The beauty of the clinic and the services they offer, it’s not only just about preventative measures, but it’s a lot to do with education, and educating people on how to actually look after and control their diabetes,” says Laurie.

“And that’s the thing I find the most rewarding, is the education side of it, and being able to point me in the right direction of making sure that I’m doing the right thing,” he says.

Laurie is a man who appreciates the power of education. A self-professed late starter to the teaching profession, Laurie was the first qualified Indigenous infants teacher west of the Blue Mountains. After 18 years teaching in Eglinton, Laurie moved on to Charles Sturt University and spent around 22 years lecturing future teachers, earning his doctorate in education along the way.

“Education is the key to our future for everyone, not just for Indigenous people, but for everyone.

“And education is not only just about reading, writing and arithmetic. When you look at education from an Indigenous perspective, it covers all this stuff – our spiritual world, our health, our wellbeing, our mental health; it encompasses everything,” Laurie explains.

The holistic approach to managing diabetes has been hugely beneficial for Laurie, who has had issues in the past keeping his condition under control.

“It’s certainly kept me on track, well and truly. My diabetes has sort of been bouncing around all over the place... one of my difficulties is just trying to stabilise it. And that’s why I’m sort of fairly regular out here, to talk to the service providers, and to help me try to stabilise it,” he explains.

“I must say, you know, they’ve done a wonderful job because I feel quite fine – fit and healthy,” he says.

Another big part of the work at the clinic is making patients feel comfortable so that they will return and continue to receive the support and treatment they need. Consistency is an important factor for patients managing a chronic condition.



“I think it’s really important that we’re putting lots of effort into developing our services to be really, really culturally safe for people who identify as being Aboriginal.”

“People feel really comfortable to come and see our clinicians,” she says.

From Laurie’s perspective, the clinic is well and truly achieving this goal.

“Before the Kelso Clinic was set up, I sort of had nowhere to go and I was just floundering around... they put the clinic in place and that solved all my problems. And I had a place to come now and to be able to talk to someone and that sort of thing,” he says.

● The Kelso Clinic utilises a holistic approach to chronic disease management, coupled with a focus on education

Westfund’s Community Grants Program opens for applications twice a year.
For more information, refer to westfund.com.au/grants

Friendship through volunteering

What does volunteering look like to you? Three proud members of Emerald Rotary share their experiences living life in the ‘volunteer sphere’, which has been richly rewarding for them and their community.

SERVICE CLUBS HAVE long been a part of the Australian social fabric. From the conventions of fellowship, charity and civic responsibility have emerged clubs and organisations including Freemasons, Lions and perhaps the most celebrated of all – Rotary International.

Rotary Australia, the localised arm of the international organisation, has flourished with more than 1100 clubs now in place across the country. Rotarians work hard to ensure that their efforts stick to the organisation’s simple motto of ‘service before self’.

Nowhere is this motto evidenced more than at the Rotary Club of Emerald.

Drawing strength from its long history and now boasting more than 25 members, Emerald Rotary continues to support and give back to the community. The group is heavily involved in a number of initiatives aimed at ensuring positive outcomes for at-risk youth and supporting individuals from a range of socio-economic backgrounds.

While remaining involved in and contributing to Rotary’s international efforts, the Emerald group does, however, aim to meet the needs of their local community first and foremost.

“Our focus primarily is on our local folk, because that’s where we live and that’s who we really care about,” says President Ross Drayton.

Ross, along with fellow long-term Rotarians Ian Burnett and Peter Bailey, talks with great passion about the group’s work. Ian is the longest serving of the three, having been involved for close to 20 years.



“I wouldn’t swap it for anything; I think it’s really just a very important part of my life now.”





A former president of AgForce, the peak representative organisation of Queensland's rural producers, Ian recalls the development of Rotary in Emerald.

"I got interested in the community projects and devoted what time I could to Rotary. I was club president for a term and then remained involved on the Board at different times."

"It's been a good organisation," says Ian.

As newer members, both Ross and Peter echo Ian's sentiments.

Ross is also appreciative of the role Rotary plays in the wider community.

"Somehow I've been appointed president this year; there's an old adage I learnt as a child which is 'always be seated when the music stops'.

“I obviously didn’t hear the music,” laughs Ross.

“I’m enjoying it, I have a great team. I’m a business owner in town, I’ve got time now to do this. I’ve got this and a few other things I’m involved in, but I enjoy Rotary probably the most out of all of them.”

Like Ross, Peter has been involved with the club for a few years now.

He draws attention to the board on the wall of Rotary’s clubhouse.

“I look up the top there at that list of presidents – those men up there, or most of them, were really big in my life when I was growing up,” he says.

The ties that bind both past and present members of Rotary and the wider Emerald community are evident as Ian, Peter and Ross discuss their involvement with the club and the value of volunteering.

“In smaller communities, a lot of people are involved in multiple organisations – to the point where you could really just have a day of meetings,” says Ross.

With all three men clearly passionate about their town and the role that Rotary plays, the simple question must be asked – why volunteer?



“I think for me it’s... this community made me who I am today, and I want to give back to them and that’s why I volunteer.”

● Rotary is a well-known group across the world and visits among international groups are popular

“If I stop working, you’ll probably find me at the neighbourhood centre or something like that helping out down there,” says Peter.

“Community is very important to me.”

“It’s a great feeling when someone comes in and someone’s doing it tough that they know of and we can give them a couple of dollars to help them out. That makes it all worthwhile, it really makes you feel good,” he says.

Ross shares these sentiments.

“You tend to find if you’re a volunteer, you’re a volunteer. Growing up, looking around, my father was a Rotarian going back many, many years.

“You see Rotarians and you see Lions, all these things out there in the community doing things, and I think when you get the tap on the shoulder and someone says ‘Hey, how would you like to come to a Rotary meeting?’ you think *Oh yeah, that would be great*,” he says.

“Then you go and find out what it’s all about, then I think you start to realise *Gee whiz – this is really great, this is enjoyable*.

“I think once you get that in your DNA it’s really hard to get rid of,” he says.

“I wouldn’t swap it for anything; I think it’s really just a very important part of my life now.”

Diabetes explained

Approximately five per cent of Australians are living with some form of diabetes, with 298 people diagnosed each and every day. Our understanding of the condition has progressed in leaps and bounds throughout the years, meaning there is a range of treatment options for type 1, type 2, gestational and other forms of diabetes to enable people living with diabetes to manage it.

WORKING PROACTIVELY TO improve the day-to-day lives of people living with diabetes, Diabetes NSW & ACT provide much-needed information and support. Here they answer some of the most frequently asked questions about diabetes.

What are some of the key symptoms of type 1 diabetes?

The symptoms of type 1 diabetes are often referred to as the 4T's – thirsty, tired, toilet (i.e., excessive urination) and thinner.

What care and management options are available for people with type 1 diabetes?

People with type 1 diabetes depend on insulin every day of their lives to replace the insulin the body cannot produce. They must test their blood glucose levels several times throughout the day.

Is there a specific cause of type 1 diabetes?

Type 1 diabetes is an autoimmune disease for which there is no known cause or cure.

There are some serious complications that can emerge if diabetes is not managed correctly. What are some of these potential complications?

Potential complications from diabetes include kidney disease, vision impairment and blindness, amputation, heart disease and stroke.

What are some of the key symptoms of type 2 diabetes?

The key symptoms for type 2 diabetes include thirst, tiredness, excessive urination, blurred vision, skin infections, tingling and numbness in the feet.

What care and management options are available for people with type 2 diabetes?

Type 2 diabetes is generally managed with lifestyle (healthy eating, exercise). It may require diabetes medication and overtime insulin therapy.

Is there a specific cause of type 2 diabetes?

Type 2 diabetes occurs when the pancreas is not producing enough insulin and the insulin is not working effectively.

What are some of the risk factors for type 2 diabetes?

Risk factors include age, family history, ethnic background and being overweight – particularly around the waist.

How can people help mitigate their likelihood of developing type 2 diabetes?

While there are a number of risk factors that can't be avoided (eg., family history, age and ethnicity), leading a healthy lifestyle, eating well and exercising can help reduce your risk of developing type 2 diabetes.

Generally speaking, what are the key things to remember when it comes to managing diabetes in terms of lifestyle and overall health?

- Eat well. The diet should include a broad range of fresh fruit and vegetables, lean proteins, fibre and good sources of carbohydrate.
- Limit consumption of sugars and highly processed food.
- Exercise regularly – at least 30 minutes each day.
- Manage mental health and wellbeing.

Information published courtesy of Diabetes NSW & ACT.

In Australia:

298

people are diagnosed with diabetes every day

Almost 108,000 people
were diagnosed with
diabetes over the past
12 months.

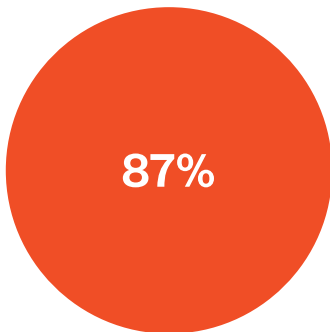
1.29 million

people are living with diabetes, this is approximately 5% of the overall population

832,570

people with diabetes
were aged 60 years
or older as at 30
September 2018

TYPE 2



TYPE 1



GESTATIONAL



Zucchini, carrot and feta slice

25

mins

PREP TIME

35

mins

COOKING TIME

4

SERVES

Ingredients

2 medium zucchini, grated
3 medium carrots, grated
1 brown onion, finely chopped
2 garlic cloves, crushed
80g breast chicken or other leftover meat
EVOO spray
Pepper
Herbs of your choice
100g self-raising wholemeal flour
3 eggs, lightly beaten
1/3 cup skim milk
60g Danish feta
3 tablespoon EVOO (extra virgin olive oil)

Method

1. Preheat oven to 160°C (fan-forced)
2. Lightly spray square tray with EVOO
3. Combine zucchini, carrot, onion, garlic, cheese and flour
4. Add chicken or any leftover meat you would like to use (chop into small pieces first)
5. Season with pepper and herbs of your choice
6. Add eggs, milk, feta and oil
7. Mix well
8. Spread evenly into baking tray
9. Bake for 30–35 mins or until golden brown

NUTRITION INFORMATION (PER SERVE)

Energy	1632 kJ (390 calories)
Protein	18g
Total Fat	22g
Carbohydrates	25g
Saturated Fat	5g
Sugars	9g
Dietary Fibre	9g
Sodium	462mg

Recipe courtesy of Anika Rouf, Accredited Practising Dietitian from the Dietitians Association of Australia (DAA) *Smart Eating Recipes*.

For more healthy eating ideas, please visit the **Smart Eating for a Healthier You** section on the DAA website.





In the event of Sudden Cardiac Arrest (SCA), time is of the essence – and every second counts, explains the Defibshop's Carpet Hughes.

Here for hearts

DO YOU KNOW where the nearest defibrillator is? It's a question that many would not be able to answer, however the Defibshop's Carpet Hughes is making it his mission to make sure everyone knows the answer.

Carpet is a registered Intensive Care Paramedic with more than 28 years of experience in paramedicine practice. He has trained many paramedics in their field and was the regional Paramedic Educator for a major Australian ambulance service, managing the education of more than 500 paramedics.

It was as a paramedic that Carpet first began to learn about and use defibrillators.

Carpet is extremely passionate about the life-saving role of defibrillators in our communities and is dedicated to improving access to them.

It is this passion that helped forge a strong partnership between Westfund and the Defibshop – a partnership with the goal of bringing defibrillators to communities.

● Moranbah Highlanders Swimming Club received an AED through the Community Grants Program. The device could one day save a life

Through the 'Here for Hearts Program', Westfund and the Defibshop have helped bring AEDs (Automated External Defibrillators) to a range of community and sporting organisations and schools across Queensland and NSW. Here for Hearts is now a cornerstone of Westfund's Community Grants Program, continuing to improve AED access and awareness.

AEDs are a specific kind of defibrillator which are, as the name implies, fully automated, meaning people of all ages can easily learn to use them and perhaps one day save a life.

Carpet was happy to sit down with us and share his knowledge about defibrillators, SCA and why every second counts.

How does a defibrillator work?

A defibrillator looks at the electrical activity within the heart at the time of applying the monitor/defibrillator leads. The electrical activity is analysed to see if the heart appears to be functioning properly, or in the case of an SCA, to see if ventricular fibrillation is occurring, in which case it will defibrillate. Defibrillation hopefully allows the natural pacemakers to kick back into proper function and restore a natural heartbeat to the cardiac system.

Who should know how to use an AED?

Almost anyone and everyone should know how to use an AED. For instance, in other parts of the world, children learn about CPR (Cardiopulmonary Resuscitation) and defibrillators at school.

What is it that makes AEDs such a crucial piece of life-saving equipment?

Its ability to deliver a shock immediately to assist with restoring the heart's natural heartbeat. This then allows for the restoration of blood flow and oxygen to all vital organs of the body, including the brain.

Why is it important that AEDs are readily available in all communities?

Simply because defibrillation needs to be administered immediately when SCA strikes.

With every minute that passes by, it is believed that your chance of survival diminishes by about 10 per cent. We cannot always rely on ambulances to be at our side within minutes, and hence it is important to have publicly accessible AEDs.

What is the difference between SCA and a heart attack?

An SCA arrest is simply when the patient is unconscious and not breathing.

A heart attack patient may be suffering from any or all of the following:

- chest pain
- chest tightness
- chest discomfort
- shortness of breath
- pale in colour
- decreased level of consciousness
- pain radiating into either arm from the chest
- pain radiating into the jaw from the chest
- profusely sweaty
- chest pain/tightness with nausea and/or vomiting
- any sign or symptom you may have had with a previous heart attack or cardiac condition

The above are only examples of what a heart attack may present with. If you have any concerns about your health, and in particular a heart attack, you should always seek a professional opinion and assistance. In a medical emergency, call '000' to get your local paramedics.

What is your advice to someone who may be in the company of a person suffering an SCA?

- Remain calm.
- Call 000.
- Commence CPR immediately – don't run, and don't panic!
- Call for your nearest AED to be obtained, apply it as soon as possible and then follow the instructions.
- If possible, summons others to assist you – they can assist with doing compressions or setting up the AED.

For enquiries about the above information, please refer to the Defibshop's website: defibshop.com.au

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Breast screening saves lives

It is estimated that 18,235 people in Australia will be diagnosed with breast cancer in 2018, which would make breast cancer the most commonly diagnosed cancer in Australia.¹

WHILE WE DON'T know exactly what causes breast cancer, we do know there are several risk factors that may increase our chances of developing the disease. For example, age is key, with more than 75% of breast cancers developing in women over the age of 50.²

Breast cancer screening using mammograms are a crucial tool in the early detection of breast cancer and thanks to BreastScreen Australia, free screening mammograms are available in over 600 locations throughout Australia.

We were lucky enough to catch up with Queensland's Chief Health Officer, Dr Jeannette Young, who was happy to share her knowledge about breast cancer and breast screening.

Why is it so important for women of a certain age to have regular mammograms?

BreastScreen Australia recommends and actively encourages women aged 50–74 years who do not have any signs or symptoms of breast cancer to have a breast screen every two years. This is because the benefit of screening is strongest in this age group. If women have any signs or symptoms they should immediately consult their doctor.

Mammograms can detect breast cancer early before a woman or her doctor might feel or see any changes. This early detection leads to better outcomes for Australian women. We know that if we find breast cancer early, it means that women usually require less invasive treatment and have more treatment choices. Breast cancer screening has also led to reduced deaths from breast cancer in Australia amongst women aged 50–74 years, from 74 deaths per 100,000 women in 1991 to 44 deaths per 100,000 women in 2015.³

Women in their forties and aged 75 years and over are also able to have a breast screen with BreastScreen Australia for free and should talk to their health care provider about whether screening is right for them.

What about younger women who have concerns about breast cancer?

Women under the age of 40 are not eligible to have a breast screen with BreastScreen Australia. This is because there is not enough evidence that population screening is effective in reducing deaths from breast cancer in this age group.

It is important for all women at any age (including women who have two-yearly breast screens) to be breast aware because breast cancer can develop at any time. BreastScreen Australia recommends that women know the normal look and feel of their breasts and if they experience any of the following they get this checked by their healthcare provider without delay:

- a new lump or lumpiness in your breasts, especially if it is in only one breast
- a change in the size and shape of your breast
- a change to the nipple such as crusting, an ulcer, redness or the nipple pulled in
- a discharge from your nipple that happens without squeezing the nipple
- a change in the skin of your breast such as redness or dimpling or puckered skin
- a pain that does not go away⁴

How many mammograms does BreastScreen complete in a year?

The latest information available shows that during 2015 and 2016, 1.77 million women aged 50–74 years had a breast screen with BreastScreen Australia. While this may sound like a lot and the number of women screening each year has been increasing, this only represents 54.8% of women in Australia in this age group.⁵ We aim as a program to screen more than 70% of women in this age group, so we have a way to go. If you are aged 50–74 years and haven't had a breast screen in the last two years, I urge you to call 13 20 50 today and make that appointment, as it could save your life.

“If you are aged 50–74 years and haven’t had a breast screen in the last two years, I urge you to call 13 20 50 today and make that appointment, as it could save your life.”

18,235

It is estimated that 18,235 people in Australia will be diagnosed with breast cancer in 2018



More than 75% of breast cancers develop in women over the age of 50

1991

74 DEATHS / 100,000 WOMEN

2015

44 DEATHS / 100,000 WOMEN

Breast cancer mortality has decreased since BreastScreen Australia began – from 74 deaths per 100,000 women in 1991 to 44 deaths per 100,000 women in 2015

What are some of the risk factors for breast cancer?

There are many factors that can contribute to the risk of developing breast cancer, including simply being a woman and getting older. Family history can also be a risk factor; however, most women who are diagnosed with breast cancer don’t have a family history of the disease. Other risk factors include a previous diagnosis of a breast cancer and certain reproductive, hormonal and lifestyle factors.

There are things we can do, however, to reduce our risk such as reducing our alcohol consumption, not smoking, maintaining a healthy weight, being active every day and of course, having a breast screen every two years.

Regular public awareness campaigns about the importance of mammograms run throughout the year; why do you think there may still be a reluctance to have a mammogram?

Some of reasons identified by women include being busy and juggling multiple priorities, being concerned about discomfort and embarrassment. However, I can assure women that radiographers working in the program are specially trained and treat all women with respect. As a mum, friend and doctor, I understand the multiple demands on our time, however, I make having a breast screen every two years a priority as part of keeping myself healthy. I strongly encourage women 50–74 years to do this one thing every two years for themselves as well.

1 – Cancer Australia (2018), Breast Cancer In Australia <https://breast-cancer.canceraustralia.gov.au/statistics>. 2 – Australian Institute of Health and Welfare (2018) BreastScreen Australia monitoring report 2018 <https://pp.aihw.gov.au/getmedia/c28cd408-de89-454f-9dd0-ee99e9163567/aihw-can-116.pdf.aspx?inline=true>. 3 – Ibid. 4 – BreastScreen Australia, BreastScreen and You Information about mammographic screening <http://cancerscreening.gov.au/internet/screening/publishing.nsf/Content/breastscreen-and-you>. 5 – Australian Institute of Health and Welfare (2018) BreastScreen Australia monitoring report 2018 <https://pp.aihw.gov.au/getmedia/c28cd408-de89-454f-9dd0-ee99e9163567/aihw-can-116.pdf.aspx?inline=true>

“I was always told when I went into my race, look at the crowd, listen to them, and just get a vibe for how it all works, I guess. And it was just unreal.”



It would be hard to find an elite athlete as down-to-earth as the Sunshine Coast's Logan Powell. But don't be fooled; the young swimmer is keenly aware of the hard work required to excel in the pool.

Heart of gold

CHATTING TO PARALYMPIAN
Logan Powell is an incredibly refreshing experience. The young swimmer's hard work in the pool has yielded huge results and opened many doors for the kid from a cane farm in Mackay.

Losing his lower right leg in an accident at 18 months of age has not slowed him down, as he instead focused on keeping up with his dirt bike-riding older brothers.

One of four sporty children, Logan grew up enjoying a huge range of outdoor activities before discovering swimming (at his mother's insistence) at age nine – and he hasn't looked back.

Representing Australia in the Men's S9 400m Freestyle, Men's S9 100m Backstroke and Men's S9 100 Butterfly in the 2016 Paralympics at Rio de Janeiro gave Logan a taste of competition on the world stage. This translated to a bronze medal in the Men's S9 100m Backstroke in front of a home crowd at the 2018 Gold Coast Commonwealth Games.

Now swimming for the University of the Sunshine Coast Spartans, Logan's positivity is infectious and after spending time with him, it becomes quickly evident that anything is possible for this remarkable young man.

Logan is practical about his success in the pool, attributing it to good old-fashioned hard work and the support of his family – in both the traditional and swimming sense.

Focusing on just living his best life – one without any limitations – it's a joy to speak to Logan about swimming, staying cool under pressure and everything in between.

Just to begin, you said you lost your leg when you were 18 months old, so you don't really know any other way to be. Do you think that might have helped your attitude as compared to someone who may have had an accident and lost a limb later in life?

For sure, yeah. People who lose their leg (at an older age) always struggle... because they've just had a normal life the whole time and then something gets taken away. But for me, yeah, I've had it since I was 18 months old and so it's not any different for me. I've been asked to talk to people (who have lost a limb) before and I'm not really the best for it because I just go in with the attitude of 'suck it up'. Like, there's people out there with much worse conditions and there's always going to be someone out there struggling more than you, so you've just got to go for it. It's hard to approach that sort of thing because you can't just be brutal and you can't be all soft on them.

When did you first take up swimming?

Mum made me go when I was probably about... nine? We always had a pool and we always went tubing and stuff with the boats. Mum wanted me to be confident around the water, which I was already, but obviously with the leg, playing soccer or something as I got older was not going to be practical and swimming would just help so much with the leg and staying fit and all that sort of stuff. So that's why Mum got me into it originally.

And you weren't sold on the swimming at that time?

No, I hated it!



“I just love coming in with some of my best mates who’ll be my best mates forever, and we get to achieve so much together.”

How long did it take you to come around?

(Laughs) I’m still coming around! No, it’s weird because I definitely love what I’m doing. I love being able to come in and work hard... what I like about swimming now is you work hard for your block and then the feeling of achievement that you get after it. It’s not so much that I love swinging my arms around in a pool! There’s such a good atmosphere here with all the people I train with, I just love coming in with some of my best mates who’ll be my best mates forever, and we get to achieve so much together.

When did you start to think of swimming as something you could do competitively?

I got into swimming a bit more and started racing, but obviously up in North Queensland you don’t get to race other disabled people. When I started getting into it more seriously, when I was around 11 or 12, I started competing against people with the same disability and I think that kind of sparked something. It was like ‘Oh, these people are the same as me, I’m not trying to be competitive with people with two legs that are smashing me all the time, this is cool, I get to race people that have the same impairment’. So I guess that’s kind of where I started looking at it not as ‘Oh, I have to go to swimming training’; I found a new way of looking at it, I guess.

When did you swim in your first competition?

I’d only been swimming for about half a year or so... they have the Mackay carnival, and they’re like ‘Oh, come along do some races’ and I only raced myself because I didn’t want to race some of the boys I was training with; they had two legs and were super-fast and so I raced myself. I think I was about nine, and it made me feel really good about myself because I won like five gold medals or something because I was just racing myself. But I think that was her (coach Pat Wright’s) way of getting me into it more... and a couple of medals made me want to win a couple more.

You’re remarkably relaxed about your achievements – is it fair to say you don’t buy into being under pressure?

Yeah, no. In Rio I guess I was a bit nervous – first ever Paralympics swim. But literally after the first one I was fine and I was walking out and I was loving life. I just really go with the flow.

It’s more stressful making the team. Once you’re there you’re like ‘Right. This is what I train for. I trained to be at these meets and to be able to do this as my job’. So once you’re there, yes, there’s always that element of ‘I’ve got a job to do’, but also I think it’s very important to enjoy it... you’ve got to be able to look back on it and remember exactly what the crowd was like, remember what the team atmosphere was like and all that sort of thing.

You have a really refreshing attitude to your success as an elite swimmer. Do you feel grateful for the opportunities swimming has given you?

I never thought I was going to be in a position like this. Growing up on a cane farm in Mackay, like, just riding my dirt bike on the weekends and jumping into lakes and stuff; I never thought I was going to be in this position. I don’t want to take it for granted, because I feel like before I know it, I won’t be walking in here every day, seeing my three best mates, travelling all around the world. Before I know it I’ll be in a job, I’ll be in the next phase of my life and I’ll always look back and be like, these were the times where... I was having a great time.



● Logan's squad has had a big impact on his life with close, lifelong friendships made in the pool





“It goes right back to the days of Western Mineworkers Medical Fund. It was the thing to do back then. I joined when I began working, I would have been about 16 years old.”



Longest serving member

● Dick Austen strongly believes in the power of community and hard work

WESTFUND IS INCREDIBLY proud to have members who have chosen to be with the fund for more than 50 years.

This kind of loyalty is not something that is taken for granted. Long serving member, Richard 'Dick' Austen, was one of the very first to join. He generously agreed to share some of his memories of the earlier days of Westfund with us.

Dick's relationship with Westfund began at the same time as his working career.

"It goes right back to the days of Western Mineworkers Medical Fund. It was the thing to do back then. I joined when I began working, I would have been about 16 years old," he says.

Dick says that the processes of joining and claiming were quite easy in those early days.

"I remember Jim Wilson ran the scheme right out of the miner's office. He quietly went around, doing it as a service. I never put my hand in my pocket for a doctor's visit, it was all just covered – it's well to remember those original contributions covered doctors, hospital and ambulance," he explains.

Dick recalls that there was a real local, co-operative feel about the fund.

"We all strung along with it as part of the local effort. We took it for granted," he says.

"It made us feel better, it was a very big comfort for the working man."

Dick has observed the changing costs of wages, living and doing business over the years.

"As a proportion of income medical costs have grown enormously," he says.

"I was covered for doctor and ambulance for the price of about two shillings a week... I think it was one and sixpence.

"I was a first-year apprentice fitter on the railways and I made about three pounds a week or so... really barebone stuff."

Dick developed a prominent business presence in Lithgow when he and his business partner Angelo Butta first went into business in 1950, taking their company public in 1970.

Dick is full of praise for the community of people in which he himself flourished.

He defines the attitude as one of 'if we want it, we'll work for it', and emphasises the great work ethic.

He does agree, however, that the area has changed immensely over the years, much like Westfund itself.

Despite these changes, the values have remained the same for Dick and he feels the same way today as he did when he first joined.

"Underlying the whole thing is peace of mind, knowing that things are dealt with effectively and efficiently," he says.

"It's a big comfort."

Out of pocket

AFFORDABILITY AND CONCERN around out-of-pocket costs for hospital and medical services are issues we discuss with our members every day.

At Westfund, we're committed to providing our members with access to clear information about their options regarding 'gap' charges and any out-of-pocket costs resulting from their hospital treatment.

Knowing your rights as an insured patient will help you make informed choices about your care options and allow you to be clear on any charges you may encounter prior to any scheduled treatment or procedure.

Before you receive your treatment, you are entitled to ask your doctor and hospital about any extra money you may have to pay out of your own pocket, commonly known as a 'gap' payment.

Knowing how much your treatment will cost is called Informed Financial Consent.

Westfund is able to provide our members with the information necessary to obtain Informed Financial Consent and to foster greater peace of mind, often during challenging times.

Westfund participates in the Access Gap Cover (AGC) scheme facilitated by AHSA (Australian Health Service Alliance) for member funds.

AGC is designed to minimise or eliminate out-of-pocket expenses for inpatient medical services and helps our members by providing some financial clarity around costs.

**Does every doctor participate?
How can I approach my doctor about
Access Gap Cover?**

Doctors and specialists operate independently and can choose (on a case-by-case basis) whether they will participate in AGC.

This being the case, Informed Financial Consent is a right and you should discuss with your doctor the financial impacts arising from your hospital admission.

These four questions provide a starting point to initiate the conversation.

- Will you treat me under AGC?
- Will I have any out-of-pocket expenses? If so, can you provide me with a written estimate.
- Will any assisting doctors also use AGC? If so, please advise me on how to obtain a quote for their services.
- Are you prepared to send the bill to Westfund directly?

We understand that out-of-pocket costs and charges can be frustrating for our members.

Why do 'gaps' exist?

Gaps for doctors' fees come about when your specialist and/or other doctors involved in your hospital care charge more than the Medicare Benefits Schedule (MBS) fee. Westfund uses the AGC scheme (as outlined previously) to minimise 'gap' payments. While the federal government sets a fee for every medical service in the MBS, the federal government does not set doctors' fees and the doctor is free to decide on a case-by-case basis whether he or she wishes to use the AGC scheme.

Through AHSA, Westfund has hundreds of contractual arrangements with hospitals across the nation. It is rare, but if you go to a hospital that does not have an agreement, you may face significant out-of-pocket expenses for your treatment. If your policy has an excess, you will also need to pay the agreed amount of excess towards the cost of hospital treatment. If you are unclear on any charges that may be made, we're always here to help and can provide you with all the information you will need, prior to your treatment.

We're always here

We encourage our members to reach out to us with their queries and concerns. We want you to know everything you need to make informed decisions and to make the most of your private health insurance.



A simple A to Z of Westfund

WE'RE INVESTED IN ensuring our members understand their benefits and entitlements and each of the programs we offer to support them.

We aim to serve our members as individuals and value the opportunity to be entrusted with their private health insurance.

This simple glossary outlines a few terms applicable to Westfund members and to private health insurance.

A

ACCESS GAP COVER

Access Gap Cover is designed to minimise or eliminate out-of-pocket expenses for inpatient medical services and provide clear information to our members about potential out-of-pocket expenses. Doctors can nominate to participate in Access Gap Cover on a case-by-case basis to enable Westfund to pay above the Medicare Benefits Schedule fee.

B

BENEFIT

The term 'benefit' is used to describe the amount returned to a member when they make a claim on a service offered or delivered by a Westfund recognised provider.

C

COMMUNITY GRANTS PROGRAM

In 2018, Westfund introduced our Community Grants Program offering annual grants, encouraging our members and communities to be involved in, and to support, initiatives relating to the four principles of Health and Wellbeing, Fit for Life, Family and Community. This includes our Here for Hearts program, which provides access to defibrillators for eligible organisations.

D

DEPENDANT

As it relates to Westfund membership, a dependant is a child aged less than 25 years of age and who does not have a partner. At Westfund Health Insurance, we recognise that society is changing – affordability is an ever-existent concern and that families are changing – kids are depending on their parents for longer and are staying in the family home until they're older. Westfund now offers automatic cover to all dependants on family memberships up to the age of 25. This means that all dependants can remain covered by the family policy (regardless of their education or training status) until they are 25 years of age.

E

EXCESS

Members can choose to apply an excess on an eligible policy as a way of reducing their premiums. This excess is then applied should the member utilise their hospital cover (but only once per adult member per calendar year). At Westfund, we're committed to ensuring affordable policy options to our members, so we do not apply excesses in any of the following circumstances:

- any day procedure or same-day hospitalisation
- hospitalisation as the result of an accident
- hospitalisation of a dependant

F

FUND RULES

Westfund functions under a set of operating guidelines called our 'Fund Rules'. These rules set out definitions and terms and conditions of membership and policies. We encourage our members to be aware of these rules (they are available on our website). As with any guidelines, Westfund's Fund Rules change periodically. However, any adverse changes to your membership conditions or your policy are always communicated to you in writing.



GAP

Medical gaps: Gaps for doctors' fees come about when your specialist and/or other doctors involved in your hospital care charge more than the MBS fee. Westfund uses the AGC scheme (as outlined previously) to minimise 'gap' payments. While the government sets a fee for every medical service in the MBS, it does not set doctors' fees and the doctor is free to decide on a case-by-case basis whether he or she wishes to use the AGC scheme.

Hospital gaps: Through AHSA (Australian Health Services Alliance), Westfund has contract arrangements with hospitals across the nation. It is rare, but if you go to a hospital that does not have an agreement, you may face significant out-of-pocket expenses for your treatment. If your policy has an excess, you will also need to pay the agreed amount of excess towards the cost of hospital treatment.



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 health and wellbeing programs. Each of the Healthy Weight for Life programs are delivered by qualified health professionals and 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. The programs are fully funded for eligible members.



INFORMED FINANCIAL CONSENT

Before you receive your treatment you are entitled to ask your doctor and hospital about any extra money you may have to pay out of your own pocket, commonly known as a 'gap' payment. Knowing how much your treatment will cost is called Informed Financial Consent.

We understand it can be difficult to negotiate the path of treatment and Informed Financial Consent and we encourage our members to reach out to us for advice on AGC and approaching the issue with your doctor or specialist.



JOINING

We want to provide the best possible cover for you and your family, so we've made joining easy.

We're available by phone, online, or email and in person at our care centres.

For more information on becoming a member, visit westfund.com.au



KNOWLEDGE

We've been around for more than six decades, so we've grown and developed with changes across our industry and in our communities. We're proud to put our members first – and our team of knowledgeable, helpful and caring staff are central to ensuring we continue to provide premium service.



LIFETIME HEALTH COVER

Lifetime Health Cover (LHC) is a federal government initiative that started on 1 July 2000. It was designed to encourage people to take out hospital insurance earlier in life and to maintain their cover. LHC is a financial loading that may be payable in addition to the base rate premium for your private health insurance hospital cover. If you purchase hospital cover earlier in life, and keep it, you will pay lower premiums compared to someone who joins when they are older. LHC loading only applies to private hospital cover.



MEMBER

When you're with Westfund, you'll always be a member – not a customer. You're a part of something greater – a valued member of our Westfund community.



N

NOT-FOR-PROFIT

Westfund is proudly not-for-profit and are honoured to be trusted with looking after our members' health. We aspire to foster a sense of belonging to an organisation that is dedicated to putting its members first.

O

OUT-OF-POCKET

Out-of-pocket costs are described previously in 'Gap'. Westfund is a signatory to the AGC scheme to help our members minimise these charges for hospital admissions and doctors' bills. Our Provider of Choice Network assists members to reduce or remove the out-of-pocket costs associated with dental and physiotherapy treatments.

P

PROVIDER OF CHOICE NETWORK

The Westfund Provider of Choice Network is a group of dental, optical and physiotherapy providers who are committed to providing exceptional treatment to Westfund Health Insurance members, while reducing or removing the gap for Extras services on selected preventative dental, optical and physiotherapy treatments.

We are currently working to expand our Provider of Choice Network throughout 2019. Keep an eye on our website for updates on the full list of current providers.

Q

QUICK

The quickest way to claim is through the Westfund app. Download the app for 24/7 claiming. It's free, easy and secure.

R

REBATE

Most Australians with private health insurance are eligible to receive a rebate from the Australian Government to help cover the cost of their premiums. The amount of rebate you are eligible for is based on the age and income of the adult/s on the membership. The rebate does not apply to the LHC loading. Overseas cover is not eligible for the rebate.

S

SINGLE PARENT FAMILY

Westfund recognises the modern family and proudly offers a 'single parent family' rate on all of our policies.

T

TRANSFERRING

Transferring from another fund is easy. You are able to move between funds without losing benefit entitlements, provided you transfer onto an equivalent level of cover.

However, if you choose to upgrade your cover, waiting periods will apply on the higher level of benefits.

If you transfer to Westfund from another registered health fund, we will guarantee continuity of cover for the benefits included in your previous cover. This applies only to the benefits you were entitled to under your previous cover, as long as they are included in your new Westfund cover.

U

UNDERSTANDING

Our member service principles are based around empathy and understanding, showing our members that we genuinely care and respect their individual circumstances.

V

VALUES

At Westfund, upholding our values is important to us. We lead with our values, which have stood the test of time. These values can be traced back to our origins and still exist today under a banner of community worth and belonging.

Our values speak to our commitment to the provision of genuine, considerate member service.

- We genuinely care
- We are open and honest
- We act with integrity and respect
- We cooperate and work together
- We always have empathy

W

WESTFUND HEALTH INSURANCE

Western District Mine Workers Medical Benefits Fund, Western District Health Fund or Westfund, by whatever name you've known or know us we've been proudly serving our members for 65 years and we look forward to providing the same genuine, committed approach to our members in the decades to come.

X

Y

Z

XYZ is often a term used to describe 'everything else'. One page could never encapsulate everything Westfund stands for, offers or supports. We're always here for our members and on hand to answer your questions or to deal with your concerns.

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

CELEBRATING
OUR
• LONG-TERM •
MEMBERS

Dale Alexander
Judith Alexander
Lauraine Ambrose
Lionel Anthes
Kaye Ashworth
Leonard Ashworth
Richard Austen
Yvonne Austen
June Barnes
Leslie Barnes
Peter Barnes
Kevin Barrett
Bernard Bennett
Beverley Bennett
Jessie Bennett
John Berry
Shirley Berry
Raymond Blackley
Darryl Blanch
Sylvia Blanchard
William Blanchard
June Boyd
Ernest Boyden
Colin Bradford
Ronda Bradford
John Burgess
Miriam Burgess
Douglas Burns
Margaret Burns
Gordon Case
Rosemary Case
Maureen Cole
Millicent Collins
Margaret Combs
Michael Combs

Peter Compton
Shirley Cullen
Joan Drury
Leslie Drury
Colleen Eather
John Eather
Beryl Fitzgerald
Beverley Fitzpatrick
Reginald Fitzpatrick
Barry Flynn
Fay Frandsen
Kurt Frandsen
Graham Furbank
Lynette Gardiner
Malcolm Gardiner
Gay Gee
Kevin Gee
John Giokaris
Sophia Giokaris
John Goodwin
Dennis Goodwin
Marlene Goodwin
Pamela Green
William Gregory
Douglas Hamilton
Denise Harradine
Graham Harradine
Gay Harris
Robert Harris
Esther Hart
Maxwell Hawken
Edward Healey
Maureen Healey
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
Kathleen Mara
Richard Mara
Gary Marshall
Pauline Marshall
Anne Marsland
Richard Marsland
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
Robert Pate
Robert Patient
Henryk Prazner
Reginald Roach
Glen Ryan
Marilyn Ryan
Edward Seckold
Brian Smith
Jennifer Smith
Cecil Thompson
Ruth Thompson
Thomas Thwaites
Ruth Trevitt
Therese Walsh
Karl Watson
Sandra Watson
Stephen Williams
Cheryl Wotton
Colin Wotton
John Wren
Lynette Wren

Unfortunately we were not able to gain consent from all our 50+ members at the time of printing. We hope to deliver a more comprehensive list in issue 002.

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 *collective* team.

