

collective:

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IN THIS ISSUE

06

LIFE ON THE LAND:

Three farming families
share their stories



22

SAILING FOR ALL:

Sailability are breaking
down barriers



24

SECRET MEN'S BUSINESS:

Maroochy Men's Shed
provides a safe space



18

WHEELS IN MOTION:

Family fun that is not
for the faint-hearted



30

COVER STORY:

Farming is in
Ian Burnett's blood



40

SPICED PUMPKIN SOUP:

Warming winter recipe
for the cooler months



WELCOME TO THE second issue of collective:

We have been busy gathering more stories for you and hope that you find them inspiring and enjoyable.

While winter is well and truly upon us, the devastating effects of the current drought are still playing out for families across the country.

We are humbled by the generosity of some farming families in sharing both their time and stories with us. They have offered insight not only into the trying conditions that have marked the last few years for farmers, but also the overwhelming positives of living life on the land.

Also in this edition, you will find more stories from successful Community Grants recipients, some warming winter recipes, practical health advice from both the Dietitians Association of Australia and Bowel Cancer Australia, and plenty more.

From the tropical heat of the Atherton Tablelands to the old-world charm of the Blue Mountains, we have met plenty of memorable personalities on our journey to bring this magazine to you.

As always, we welcome any feedback or suggestions you may have. Please send them to:

collective@westfund.com.au

We hope you enjoy the second issue of collective:

The collective: team

westfund.com.au





Putting our members first

“The experience made me appreciate the challenges our communities in drought-affected areas face, and the resilience demonstrated by those who live in these regions.”

WELCOME TO THE second edition of collective: This edition features more great stories across our membership community, including our Westfund Community Grant recipients, as well as informative pieces about the recent reforms to private health insurance and our new product range.

In January this year, Westfund launched a number of new products to address the affordability concerns of members and implementation of private health insurance reforms introduced by the federal government. Our expanded product range continues to provide competitive and value-for-money health insurance, while also offering more price points to suit varying circumstances. This has enabled Westfund to grow considerably in the first half of 2019. I look forward to this trend continuing as more Australians choose Westfund to insure their most important asset – their health.

I spent the first 24 years of my life on a small Poll Hereford cattle farm at Marrangaroo, just outside Lithgow. During this time, I learned the importance of rain to the farm. Not only the amount, but also the timing and the flow-on effects it can have across multiple years. In March this year, I was fortunate enough to visit two farms in the Narromine region that belong to members of Westfund.

There, I was able to see firsthand the ongoing impact of the dry conditions and the challenges these families face. The experience made me appreciate the challenges our communities in drought-affected areas face, and the resilience demonstrated by those who live in these regions. A highlight of the visit was seeing Nano Moody’s dad’s invention that allows her to feed cows with a 450 kilogram rectangular bale of hay by herself.

In June this year, Westfund hosted its inaugural luncheon to recognise our ‘Rose Member’ group. This was a great event to connect with these members who have been part of the fund for more than 50 years. Without the loyalty of members such as these, Westfund would not be in the strong position it is in today. Members who attended also had the opportunity to listen to the ABC’s Dr Norman Swan, who provided some insights into ‘the ageing myth’. One of the key points from Dr Swan’s address that resonated with me (as a father of two children) was the importance of education, and the benefits and impact that can be directly attributed to it.

I trust you will enjoy this July edition of collective:



Matt Banning
Chief Executive Officer

Strength in proactive planning

WESTFUND IS PLEASED to be in a position to be able to both absorb the rising healthcare costs and claims-related costs this year, and to deliver the lowest premium increase to our members. This year, Westfund's average premium increase rate as at 1 April 2019 was 1.64 per cent, which was the lowest across the industry, as well as below the industry average of 3.25 per cent. Our extremely modest headline rate is aligned with our community values and commitment to genuine member-focused experiences by providing value-for-money health insurance and general wellbeing.

Over the past six months, Westfund implemented the federal government's private health insurance reforms effective 1 April 2019. This was through simplifying the categorisation of products to Gold/Silver/Bronze/Basic and the implementation of standardised definitions for treatments to make it clear what is and is not covered in our policies. In addition, Westfund introduced an additional excess option of \$750 to complement our existing excess options of nil, \$250 and \$500 per adult per calendar year. From 1 July 2019, Westfund introduced age-based discounts of up to 10% for hospital premiums for 18- to 29-year-olds.

The Australian Prudential Regulation Authority (APRA) continued to progress with its three-year plan for private health insurers, with a focus on governance, fit and proper standards, audit and the role of the appointed actuary. More broadly, APRA's focus has been on governance, accountability and culture, and the financial sustainability challenges facing the industry. These challenges include the declining affordability for policyholders and the impact of government policy changes in response to cost pressure across the wider health system. Westfund is well placed to meet these challenges and the Board is committed to ensuring Westfund meets good practice governance, risk management, capital and financial management.



Graeme Osborne
Chair

“Our extremely modest headline rate is aligned with our community values and commitment to genuine member-focused experiences by providing value-for-money health insurance and general wellbeing.”





Living on the land can be extremely unpredictable. The harsh weather conditions of recent years, particularly the current drought, have had devastating effects for many – yet most farming families will tell you that the positives far outweigh the negatives. Three families from NSW share their perspective with us.

Life on the land

IT IS NO CLICHÉ – life on the land is hard, no matter how you look at it. At the mercy of an unpredictable mistress in Mother Nature, battling against often uncontrollable factors, and the whims of the weather paired with an endless cycle of hard work.

Yet ask any farmer and they will be quick to tell you it is all worth it. The payoff for the hard work and uncertainty is a lifestyle like no other, one that often carries on through generations, from parent to child; that inexplicable, indescribable, ‘love of the land’.

It is not a concept that is easy to explain, but all farmers will do their best to describe it in their own terms. Although every explanation is unique to the individual, they all lead to one place – that love of the land.

It is a love that has been tested time and time again.

“There are times when you just think it’s too hard. But it’s in my blood, I’ve always lived on a farm. The thought of living anywhere other than on the land – I just can’t get my head around that,” says Narromine-based Richard Moody.

Richard and wife Nano’s property is located west of Narromine in NSW.

The most recent years have proven to be difficult ones in this traditionally reliable area.

“2016 was set up to be probably what we thought would have been our bumper year,” says Nano.

“That would have been the year for all of us to get in front. Unfortunately, in August and September it just continued to rain, so all our crops actually got waterlogged. So we went from looking like getting a bumper harvest to getting just below average income for that year. And then 2017 started off well, the crops got established, but we just had no finish whatsoever.”

Another poor year in 2018 followed, with a loss of around 95 per cent.



● Richard and Nano Moody are positive about the future for farmers



“I think that’s what makes it so hard is that it’s not just the marginal areas, it’s reliable areas and it’s everywhere. It’s not just one area, it’s all over the state,” says Nano.

One of the most crucial things is conversation, and plenty of it. Over time, people become accustomed to the warning signs and signals given off by a friend who might be doing it particularly tough. One of the big benefits to come out of the media saturation of the current drought was the spotlight shone on mental health issues.

“I think that’s what you find when it gets really tough, is that people do tend to pull together because we’re all in the same boat, everybody is struggling. So it’s actually a relief when you go somewhere and talk to other people that are having the same struggles that you are,” says Nano.

Despite the challenges of recent years, both Nano and Richard are optimistic that the future will be bright.

“I like living in this area because I do see the potential... for agriculture in this area. It’s not always going to stay bad. And when it does turn around, there’s a light at the end of the tunnel. That’s what I’m looking for anyhow – and I think it can happen here,” says Richard.

The couple has also chosen to diversify their business, purchasing a spraying business, which their son also works on.

Richard and Nano are incredibly proud of their three children, who have all chosen careers that help them keep in touch with the land and rural communities.

“Growing up on the land is an amazing teacher for the kids,” explains Nano.

“It gives them direction. It gives them responsibility. They know that it doesn’t matter how hard the job is, you’ve got to get it done and then get that reward later on.”

Alison Kensit is equally positive about the benefits of a farming lifestyle for her children.

“I think for the kids to grow up on a property is just the most amazing experience. I grew up on a property and absolutely loved it, and you really want that experience for your kids as well,” she says.

There are also plenty of lessons to be learned, with the value of hard work and decision making emerging as character-building traits.

“I think understanding the importance of some of the decisions that you have to make when you’re on the land. It’s not all fun and games all the time, and the kids can completely accept that. But they’ve all got their pets, they’ve got their open space, and love fishing and riding their bikes. It’s a really great experience for them.”

Alison’s property is located just south-west of Dunedoo.

One of the strongest ties that binds farming families is the sense of community in their area. There is a true support network to draw on when times are tough, and to celebrate with when things go well.

Sophie Kensit, Alison's 12-year-old daughter, also loves being a part of the Dunedoo community.

"The community helps each other out, especially since we just had the Sir Ivan bushfire, and now the drought. The community's been a great help to each other," she explains.

It's a sentiment shared by her 13-year-old brother Charlie.

"What I like about living in Dunedoo is the community's really close. If you go down to the street, you pretty much know everyone who you see."

"Everyone gets together... and they support each other, which is good," he says.

Both children, as well as their two older brothers, love the freedom and space that comes with living on a property.

As well as the farm, Alison works at the local stock and station agent, which includes working the sale yards every fortnight.

She's in a position to notice any changes in sales that may have been caused by the drought.

"Certainly in the last nine months we've had some big yardings, but really big yardings of cows, which would be people selling their breeders, making those really hard decisions. I can remember one particular sale, being on the catwalk, and keeping the books, and just looking down and seeing how... sad some of the farmers looked, watching their cows being sold. That was a really tough day. They really didn't want to be selling their breeding cows, but that's the way the season was."

"Tough decisions".

The ability to make those tough decisions is a benefit for those who choose a farming lifestyle, and is a definite advantage when times are tough.

Equally as important is knowing where the limits are, particularly in a time of drought.

"Being on the land it's instilled in us. You know I'm from a farming background, so it's sort of in the subconscious that you know you don't push the limits when it starts getting dry. My mother had a famous saying, all our family still repeat it: 'you only fold the toilet paper once'. You pull back on your spending, you pull back on things," says Andrew Flinn.



"The community helps each other out, especially since we just had the Sir Ivan bushfire, and now the drought."





“I think it’s just a part of me. I couldn’t imagine it any other way,” says Alison.



Andrew and wife Sandy have lived at their property at Narromine for 29 years.

Andrew knows all too well that it is definitely dry.

“I’ve been here 29 years and last year (2018) was our driest year. And I’ve got records ever since I came here,” he says.

Following the latest drought, which still has countless families in its grip, the struggles of our farmers were more publicised than ever. There is so much more to this story, however, than the fickle news cycle would have you believe. It can often feel that after so long in the media spotlight, when it moved on to the next big story, the drought is no longer such a serious issue.

Andrew has pretty simple advice for those who may be unaware of the current conditions.

“Hop in the car and have a drive around,” he says.

Andrew is pragmatic about the drought and as a born and bred farmer he knows that preparation and planning, along with the decisions made, will help the property moving forward to the next season.

He doesn’t always find the representation of farming communities in the media completely accurate.

“Sandy and I are always very positive. We don’t want to come across as whingeing farmers. We hate that the media go out and they’ll interview 20 people and show the bloke that is doing the whining, where the other 19 are being fantastic and come across as a positive story.

“And most farmers don’t like that,” he explains.

All three families are optimistic that conditions will improve and that the cycle of life on a property will continue through the peaks and troughs that they have become accustomed to after years on the land.

With generations of farming behind them, all eyes are squarely fixed on the future, whatever it may hold.

One thing is for certain – the love of the land will endure.

Dr Norman Swan is a multi-award-winning broadcaster and journalist. He is host of the *Health Report* on ABC Radio National, presenter of *Health Minutes* on ABC NewsRadio and is health commentator, speaker and facilitator for ABC Television's *Catalyst*.



Dr Norman Swan
Broadcaster, journalist,
health commentator,
speaker and facilitator

A perspective on ageing

“Social class is everything, and it overlaps with geography. One of the most important determinants of how long you live is your postcode.”

WESTFUND WAS HONOURED to host Dr Swan as guest speaker at our inaugural Rose Member Luncheon, held to thank members of more than 50 years with Westfund for their loyalty.

He also recently presented the ABC *Four Corners* presentation ‘*Mind the Gap*’, which outlined the part that doctors and specialists play in out-of-pocket costs encountered by private health insurance consumers.

We had the pleasure of being able to ask Dr Swan a few questions to get an insight into his years of experience in promoting knowledge about health and healthcare in Australia.

Retirees now enjoy better health into later life. What would you name as three main factors that contribute most to increased life expectancy for Australians?

It's very rare to find someone who is over 50 who smokes, so by and large retirees in Australia are non-smoking and that's probably contributed the most to it. The second thing is

that retired people may, in general despite what we hear about obesity and everything else, be eating a bit more healthily and have more time for being active. Finally, the other very important reason is that they are getting better detection and treatment for things that will kill them later in life... so they're getting screening for bowel cancer, cervical cancer and breast cancer – and it is vital as you get older to continue those screenings tests because cancer becomes more common. They are also having their blood pressure and their cholesterol controlled, which potentially makes a huge difference to longevity. So those things all together contribute to living younger, longer.

You speak often about ‘the ageing myth’ and the perception of ageing in society. Can you see this gradually changing?

I think a lot of it is politically driven, that departments of finance often want an excuse to cut health service costs, to claim that we're living in an era of crisis in tax payments to support retirees, when the reality is people are working longer.

It is a little bit different in manual occupations where it is pretty hard for a bricklayer to work hard for longer because their bodies get worn out. But, for people who work in more professional occupations we are tending to work longer; so they're retiring with more money so they're not the burden on the system that people say they are. Really, there's no evidence that people are falling apart... they're travelling a lot, they're doing a lot, they are contributing hugely to volunteerism in Australia, even if it's involuntary care of their grandchildren so that then they're allowing their children to go out and work.

You are Scottish-born but have lived in Australia for more than 40 years. What do you think are some major differences in the way Scots and Australians differ in their views to their health?

I come from the west of Scotland, which has the highest rate of coronary heart disease in the world, apart from parts of India. You do not see fried haggis in Australia very much!

In the west of Scotland there is a lot of deprivation. We talk about the totally unacceptable life expectancy gap with Aboriginal people (about 11 years) and it is actually widening, not getting narrower. Even though Aboriginal life expectancy is going up, the rest of the community's life expectancy is going up faster, so the gap is widening. The city where I come from, Glasgow, the life expectancy gap is 25 years between the longest living suburbs to the shortest living. I don't think we've reached that kind of gap in Australia, I think that we're a fairer society in that respect.

Are there cultural contributors that affect Australian life expectancy? What are the measures we can take to guard against our laid-back lifestyle?

Well, I'm not sure we should guard against our laid-back lifestyle. I think that it is one of our strengths. They've studied people who live to 100. There's a study in New England in the United States of people who've reached 100 – trying to find out why. Is it genes, is it environment, is it the way they live and so on. So, some of it is genes, but more and more it's about environment. And, there is also a personality link. People had thought that stress reduces life span and there's a little bit of evidence to support that when it's chronic stress, but when you actually look at centenarians in that New England study, they had plenty of stress in their lives – they have lost jobs, they've lost children, they've been in the holocaust and so on. They've had plenty of stress. But, the one thing that was common to a lot of them is that they get over it. They don't fester. They don't ruminate. They get over it. So our laid-back lifestyle is not necessarily a bad thing for our longevity. You ask about cultural differences. Culture is huge in terms of how long you live. If you are Greek, and you keep to your Greek culture, and don't acquire too much of the Australian culture, you live on average six years longer than an Australian-born Australian. Same goes for Japanese and other groups who tend to live longer than us. But, that's just not about what you eat – it's about family, it's about eating

with family, it's about how you cook, it's about your dietary patterns, it's about your cuisine – there's a lot that happens. There are some cuisines, like Indian cuisine, which are not that healthy for you, and you're probably better migrating to an Australian pattern without losing the nice things about Indian cultural life, which is about family and community... so it's not always about cuisine.

Does 'class' affect life expectancy? How relevant is income to our general health and wellbeing?

Social class is everything, and it overlaps with geography. One of the most important determinants of how long you live is your postcode. Along with your postcode is that people tend to aggregate. In addition, your level of education is really important. You could have two people with very similar lifestyles but the person who has gone on to get an education will live longer. And that's not about health education, it is just about being more in control of your life and probably having a higher income. Your education and your income are huge contributors to how long you live in good health.

Your career achievements have been many and varied. What are you most proud of?

Well, I am most proud of my children, and I'm not just saying that but that's what I always come back to. Look, there's no one high point. What I'm proud of, in a sense, is being a conduit for the general population. When I started, there was no-one translating complicated medical information for ordinary people so that they could ask the right questions of their doctor – and I think that's what I've done. I think other people have started to do it as well. It is really unfair that people get launched into a medical system without the right language and without knowing what to ask... and that's been my mission.

You were originally trained in paediatrics. Please tell us a little about how your career has evolved and outline what was the impetus for your career change into the media?

I had a mid-life crisis in my twenties. It is much more affordable to have a mid-life crisis in your twenties

(laughs). Look, before I started university, when I was at high school, my choices were actually going to drama school or high school. Try telling that to a Jewish mother – that her son, the doctor was going to be her son, the actor. It didn't work. So I became a doctor, but I did a lot of acting and directing at university so I always had that sense that I wanted to do something else. After I graduated and I started to specialise, I took a year off and tried writing and doing various things, and I took the path to where I am now.

You have won numerous media awards for your contribution to health awareness throughout your career. What would be the highlight? Why?

Look, the Gold Walkley has to be it. That's the highest prize in Australian journalism and there can be no better reward. It is awarded by your peers, so that has to be the high point.

Your broadcast work centres around a desire to keep the public informed and abreast of health developments and promoting equity in the health system. What drives your passion in this respect?

What drives my passion is that it is very hard to change doctors, very hard to influence clinical behaviour and people often get a poor deal. What drives me is giving knowledge – not information, but knowledge. Knowledge is information attached to the ability to understand it and to ask the right questions, to drive better care and for people to demand better care for themselves. It's often cheaper care, more effective care rather than more expensive care. It's all about giving people who want to have the best possible health and the shortest possible illness to get back on their feet with the right questions to ask and the right journey to go on.

Tell us your favourite piece of health advice?

I'll plagiarise the writer Michael Pollan – "Eat food. Eat food that your grandmother would recognise as food." That's his advice, and it's pretty good advice.

Grants gather momentum



Westfund's Community Grants Program continues to grow from strength to strength following the inaugural round in 2018. The second round of the program was also well-received, with applicants seeking to empower their local communities.

SUPPORTING COMMUNITIES is in Westfund's DNA and one of the primary ways in which the proudly not-for-profit organisation aims to offer support is through the Community Grants Program. The program, familiar to collective: readers from issue one, offers opportunities for community groups and organisations to apply for funding that will be used in accordance with the pillars of Fit for Life, Healthy, Community and Family.

As was the case in the inaugural round, the applications were diverse and of an extremely high quality, showcasing some of the important work that is done by community groups in supporting their local areas.

We're excited to bring you the stories of just some of our grants recipients and the great work they do, from the starting gates at Walkerston BMX Club to the testing booth in the Hear Our Heart Ear Bus.

Spanning both NSW and Queensland, these organisations truly encompass the four pillars of the program.

All five stories really highlight what the Westfund Community Grants Program, and indeed Westfund itself, is all about – supporting communities to thrive.

We look forward to seeing the program grow and develop in line with the changing needs of communities and the organisations that serve them.

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.



The sound of success

Hear Our Heart Ear Bus

All parents want their children to get the best start in life. Key to that is the solid foundation of education. Health problems, however, can adversely affect a child's ability to learn and develop. One factor that may affect a child's learning is their hearing.

HEARING DIFFICULTIES OR issues with ear health can hinder development and like any health-related concern, it's imperative to diagnose and treat any issues as early as possible.

One organisation that aims to promote and encourage ear health is the Hear Our Heart Ear Bus.

The Ear Bus is the brainchild of the Dubbo and District Support Group for the Deaf and Hearing Impaired Inc. and has been on the road since 2017.

The bus has emerged as a solution to a gap in services.

"We were finding a lot of ear health problems in the rural areas so the bus came about to fill that gap," says Hearing Test Co-coordinator Lauren Hawkins.

"The need for the Hear Our Heart Ear Bus was huge. We didn't realise until we started going out into the schools just how much of a difference it actually made."

The Ear Bus is based in Dubbo and visits a range of communities including Nyngan, Trangie, Warren, Gilgandra, Wellington and Yeoval and Narromine.

The aim is to provide health education, targeted hearing testing and free access to ear specialists.

Although the Ear Bus does occasionally screen older children, the focus is predominately on younger children.

“The first years of a child’s life are the crucial years for learning and behaviour so we aim for that age,” explained Lauren.

“Hearing is so important in those younger first years of life because a lot of speech and development happens, and if they can’t hear in the classroom then they can’t learn. So, fixing that hearing before they start school makes all the difference,” she said.

The Ear Bus contains a soundproof booth, which allows for regular hearing screening as well as ear health checks and clinical testing. When testing the target age group of pre-primary to Year 6, audiologists are checking for conditions like otitis media.

Fun also plays a part in the Ear Bus’s work, with two puppets used to demonstrate correct sneezing techniques, and games as part of the screening and education processes. The impact of hearing on a child’s education is one that audiologist Robyn Little knows all too well.

“I had quite a significant hearing loss due to middle ear as a child and I actually jumped two grades when my hearing cleared,” says Robyn.

Although Robyn will readily admit her personal experience is a more extreme example, she has also seen firsthand the benefits for other children who have had their ear health problems addressed.

“There is so much that I’m finding enjoyable and rewarding – being able to assist children and to detect hearing losses, or ear problems requiring management to prevent hearing losses. Also educating teachers to be able to manage the children with the hearing losses

and how to detect these children,” she says.

While the testing is an important part of the Ear Bus’s work, of equal importance is the education provided to schools.

“A lot of them (the students) actually know what the process is going to be before they come because of the

education program that Hear our Hearts runs within the school,” said Robyn.

For Lauren, the undeniable impact of the testing and health education is what makes the work of the Ear Bus so important and rewarding.

“I find it very heartwarming that we’ve made a difference in those children’s lives,” says Lauren.



Wheels in motion

Walkerston BMX

A brief silence falls at the top of the starting hill at Walkerston BMX track just before the gate drops. It only lasts a couple of seconds, but that time is precious for the riders of all ages who wait with nervous energy, ready to fly down the hill and onto the bumps, lumps and curves of the track. As all riders know, getting a good start is crucial to the race.



WITH THE INCREASED popularity of events like the X Games and the inclusion of BMX (an abbreviation of Bicycle Moto Cross) in the Summer Olympics, awareness of the sport has increased greatly and it has become a much more accessible option for those who want to try something other than the more traditional sports on offer.

Walkerston BMX Club was established in 1982 and members have watched it grow since then.

It is one of the fastest growing sports in Australia and has the added benefit of being something the entire family can enjoy, with the emphasis on both fun and inclusivity.

Mums, dads and kids are all welcome. Walkerston has riders ranging from Mini Wheelers to, in the club's own words, 'mature age'.

"It is very much a family affair," explained club fundraising coordinator, Kirsty Skaines.

Seen by some as a more 'extreme' sport, there's no question that the benefits of BMX outweigh anything else.

"You get the fitness, the fun, the friendships, all that side of it. That definitely outweighs the few little scuffs here and there," said Kirsty.

"I like how boys and girls are both equal in it (BMX)," added 11-year-old rider Sarah Tickle.

"My favourite thing about riding BMX is doing it with my friends."

The social aspect of BMX also appeals to 13-year-old Liam Skaines.

"I've been riding BMX for about eight years now."

"My favourite thing about racing BMX is about meeting new people and seeing old friends I haven't seen in a while," he said.

Five-year-old Georgia enjoys the social side too, but not as much as the fun on the track itself.



“You get the fitness, the fun, the friendships, all that side of it. That definitely outweighs the few little scuffs here and there,” said Kirsty.

“The most fun part is the bumps,” she said.

Lincoln, also five years old, agrees.

“My favourite part of BMX is the jumps. I like to go fast.”

It has not always been an easy ride for Walkerston BMX Club.

“In March 2017, our region was affected by Cyclone Debbie. We didn’t catch the cyclone so much, but we caught the aftermath of the floods. So our track and our registration area had flooded and our track washed away,” explains Kirsty.

“Lots and lots of fundraising dollars down the drain.”

“So we essentially had to start fundraising and get our track up and running so our kids could race again,” she said.

Despite the setbacks, club members pitched in and worked tirelessly to get their facility back up and running. Help also came from the wider community.

“It’s quite amazing how we got the track back up and running for the riders. Lots and lots of hard work. Volunteers from the community that aren’t involved in the sport came in, helped us with our track, helped fundraise, and we were up and running again,” she says.

They are rightfully proud of what they have achieved and the results have been outstanding, with Walkerston riders achieving

Queensland, Australian and World ratings.

Support from the wider community has been fantastic, but one of the biggest assets for the club is the dedication of their regular volunteers.

“We’re quite a tight-knit little club, so everyone pitches in and helps. No-one’s afraid to give a hand,” she says.

For riders and volunteers who have been involved with the club for a long time, it has been very interesting to watch the sport develop and evolve.

Michael Wallin has ridden BMX for nearly his whole life and has been involved with the Walkerston club for over 30 years.

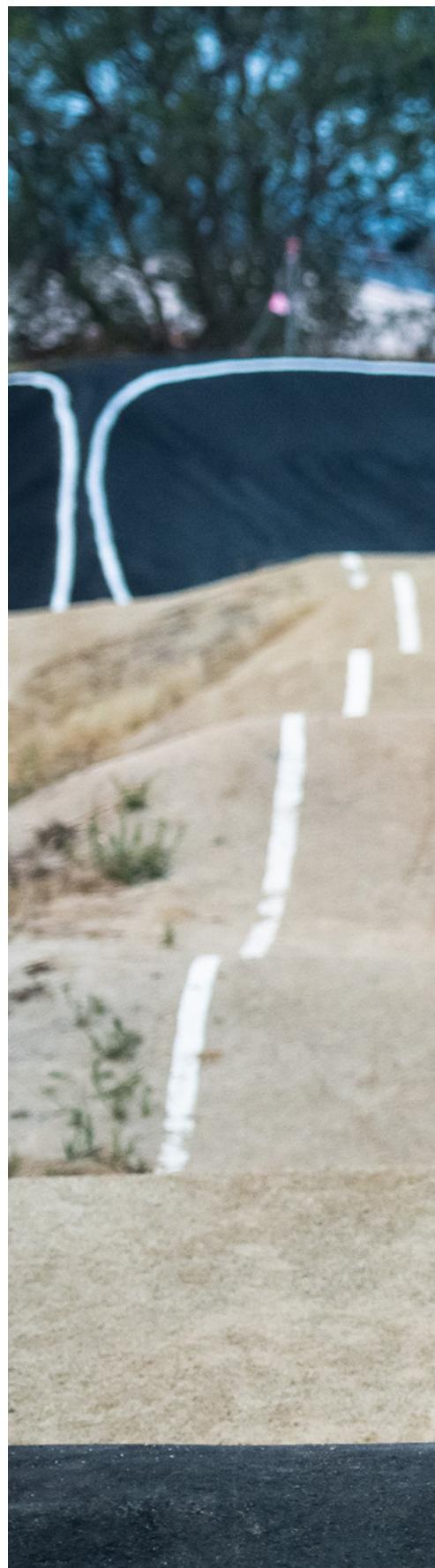
“It’s very positive to see the next generation coming through. It keeps you keen to want to help out with the coaching and all that as well,” he says.

Michael still races competitively and enjoys sharing his years of experience with younger riders.

“When they see me race on a weekend and do well and then come down on a Monday to coach them, they respect you and look up to you and listen to what you say because you actually do the sport.”

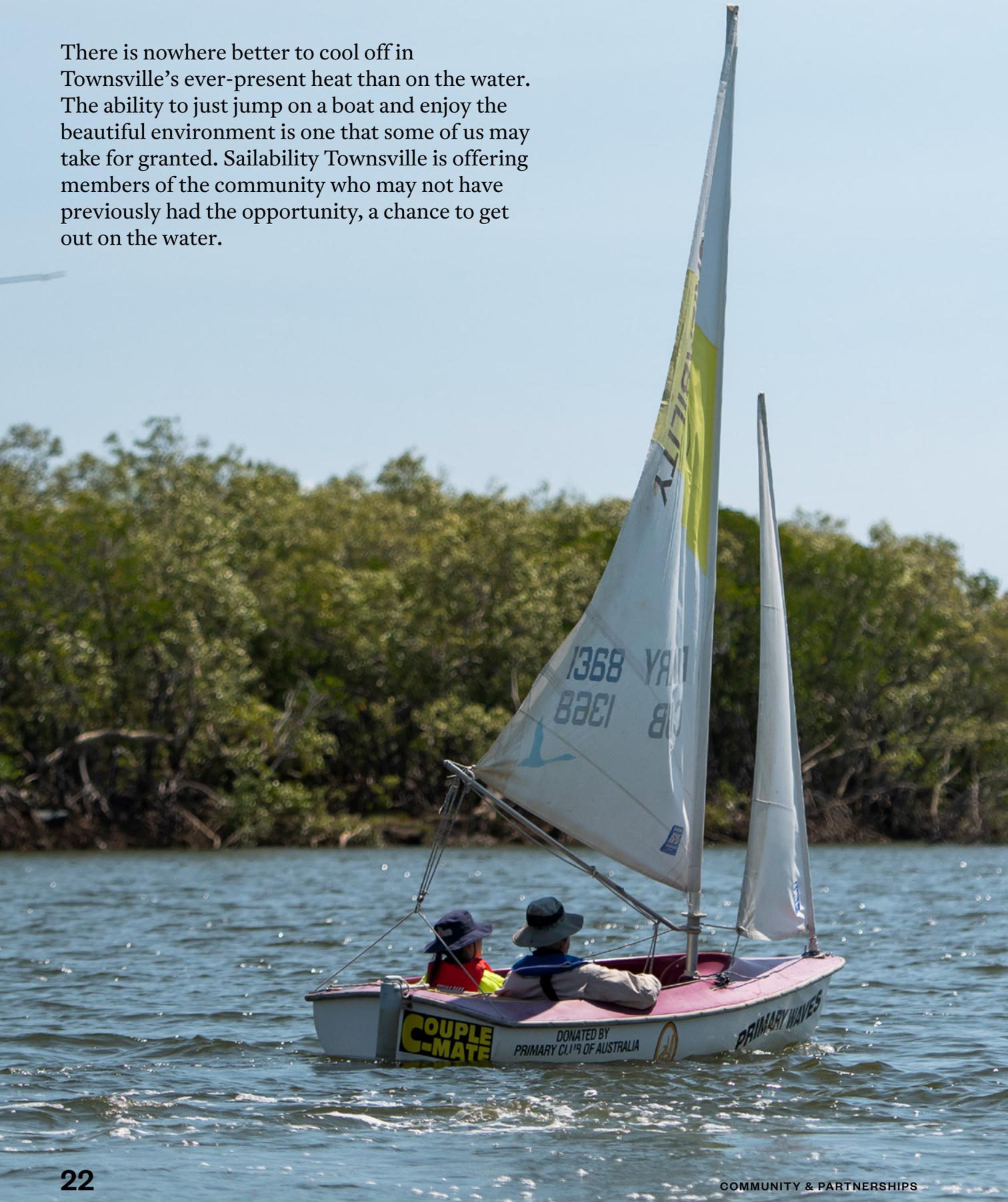
“You see the kids come from Mini Wheelers to Sprockets, then they work their way through the age groups and then eventually you see them doing Pro.”

“That’s the rewarding part of it – watching them get better and better.”





There is nowhere better to cool off in Townsville's ever-present heat than on the water. The ability to just jump on a boat and enjoy the beautiful environment is one that some of us may take for granted. Sailability Townsville is offering members of the community who may not have previously had the opportunity, a chance to get out on the water.



Sailing for all

Sailability Townsville

SAILABILITY TOWNSVILLE is a localised version of the wider Sailability organisation, a volunteer-based not-for-profit that aims to enrich the lives of people of all abilities through sailing.

The mission for the Townsville group can be condensed to two clear objectives: to remove barriers, and to support and encourage inclusion.

“Sailing for all; it’s so simple. I think that’s the key to it – inclusion,” explained vice-president, Richard Corduke.

The barriers to an activity like sailing can, for people living with disability, seem insurmountable. That is where Sailability comes in.

“To try and create a dream like this, in your own mind, is incredibly difficult,” said Richard.

“Right, I want to go sailing. Where do I get a boat; where do I get someone to help; where do I get this?”

“So, we give them (the sailors) the chance to enjoy that beautiful recreation, the great feeling of being out on the water, and the confidence to come down here and get in a boat.”

“All the obstacles that may well be there: we remove those. So we stick ‘em in a boat and away they go out in the water.”

A former Paralympian and world record holder, Richard is all too familiar with the benefits offered by physical activity.

“It’s self-confidence, self-esteem; the ability to simply move around in the community,” he said.

Sailability is able to offer all this and more.

It isn’t just on the water that Sailability Townsville opens up opportunities.

“It’s a little bit different, the Townsville Sailability. We’re all people with disabilities that are actually within the group,” explained current president, Peter Gurr.

In Sailability’s own words, they are a club formed by people with disabilities, for people with and without disabilities.

“You’ve got myself in a wheelchair; I’ve got Multiple Sclerosis,” said Peter.

“Richard has got a spinal injury. You’ve got Kim, our treasurer. She’s deaf. And then you’ve got a few others within the group that are sailors, that are actually skippers. And they’ve got different disabilities as well,” he said.

This gives the group a unique perspective and collective experience with which to create an inclusive environment for sailors.

It can be a demanding task, with many hands needed to get the boats on the water. Thankfully, the core volunteer group is always willing to pitch in to get the job done, whether that be boat maintenance or fundraising.

Since we had the opportunity to meet with the Sailability Townsville volunteers, they have held their ‘official’ launch and a crucial element to the group’s success, a hoist, has finally been used on the pontoon.

The hoist is designed to assist sailors with a physical disability to get in and out of the boat, which will allow a safer environment for many more to enjoy the unique freedom that comes with spending time on the water.

“Once we get a hoist here, you won’t keep me out of it,” says Peter.

“I’ll just want to skipper the same as when I was sailing as a kid. It’s just one of those things that gets into your blood.”

Secretary Marion Rowley initially heard about Sailability through some other groups she was a member of, and thought it would be a good opportunity for her daughter, who has a disability, to enjoy something new.

While there were other activities on offer, Marion did not want her daughter limited by her disability in terms of the activities she pursued.

“She’s got her limitations, but there are so many things that she can do,” explained Marion.

Sailability offered what Marion describes as a ‘normal’ activity.

“You do what you want, and going sailing is normal,” she said. “Whether you’ve got use of your legs or not, or you can speak or not. You get out there and it’s you and the wind.”

It has now become a huge part of Marion’s life.

“I joined not realising just how much I would end up actually learning; to be a skipper and doing all sorts of other things that I hadn’t planned to do,” she said.

The dedicated crew at Sailability Townsville look forward to seeing their group grow and even more people enjoying the sailing experience, taking the skills they learn to the highest level.

“It can only grow. With the support that we have, the passion that our committee has... I’m confident we will train a Paralympian,” said Richard.

Secret men's business

Maroochy Men's Shed

Beneath the surface is a thriving support network for men of all walks of life. Companionship, craftsmanship and above all, a good time. This is the recipe for success enjoyed by Men's Sheds across the country, and Maroochy Men's Shed is no exception.

LOCATED IN BEAUTIFUL Maroochydore on the Sunshine Coast, beneath the shed's surface is a thriving support network for men of all walks of life.

Enjoying a range of activities, Maroochy 'shedders' can engage in woodwork, metalwork, the photography group, reading (the shed comes complete with a library) and much, much more – the shed also boasts a world-exclusive craftsman in residence; matchstick sculpture maker Len Hughes.

There are also, of course, the obligatory cups of tea or coffee.

It's over a cuppa when some of the most important work is done.

Isolation is a serious issue and is often a motivating factor for those who join a Men's Shed. Although much work has been done to break down the stereotypes around men's emotional wellbeing, there is still much to be done and this is where organisations like the Maroochy Men's Shed come in.

"It's a health thing for men. You know they've worked all their life and then they get to retirement and they feel they just can't sit down and read the paper. You know you only read it once and morning TV is nothing flash is it?" says Maroochy Men's Shed president, Graeme Giles.

No longer do men who may not have anyone at home need to sit in solitude – they can come to the shed, get some work done and make new friends to boot.

"We've got so many cases where men really are at their wits' end at home and getting them out into a place where they can chat with others is... they don't have to do woodwork or metalwork, they can just sit down and chat and a lot them do that," said Graeme.

It's the social interaction that can be the biggest drawcard.







“We see the need for this Men’s Shed as bringing people, men, together to just sit down, have a yarn. If they want to be active they can get in the workshop and make something, create something or repair it.”

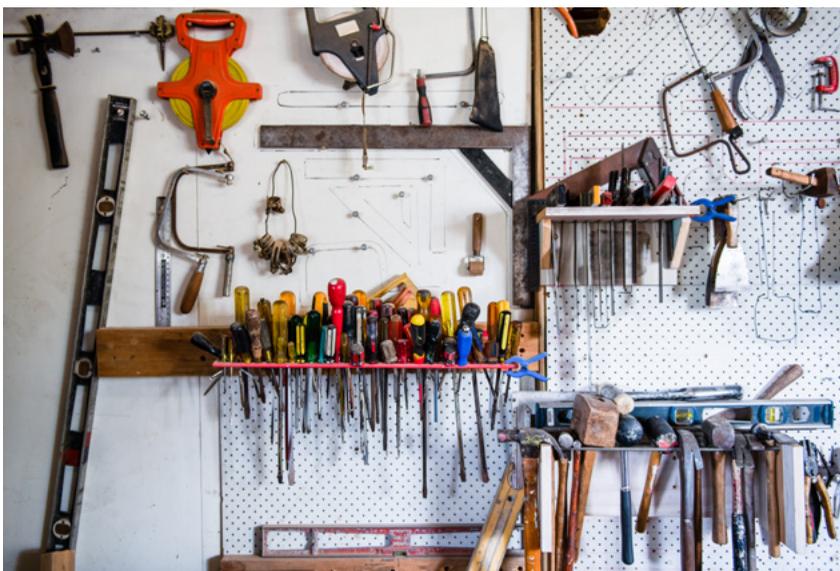




“We see the need for this Men’s Shed as bringing people, men, together to just sit down, have a yarn. If they want to be active they can get in the workshop and make something, create something or repair it,” he said.

Maroochy Men’s Shed has been fully embraced by the local community and the popularity of the organisation has meant that they need to find a bigger premises in order to keep up with the demand. The group will be pleased to have a shed of their own.

At time of writing, members were busy preparing for the big move to their new shed.



“Shortly we’re going to have our own shed and it will be much larger, and we will be able to increase our membership, perhaps to well over 100, perhaps 200 within the foreseeable future. I’m sure that will fill a great need and there will be no shortage of takers,” says secretary, Otto Alder.

Otto, like many members, found the organisation through a friend and it has since become an important part of his life.

“One of the existing members of the Men’s Shed, whom I used to know when I worked in Darwin, asked me if I’d come along with him to the shed and I agreed to do that one day and I’ve never looked back,” he says.

With the Sunshine Coast a popular spot for retirees, Graeme expects that the popularity of Maroochy Men’s Shed will only continue to grow.

“The last census, the figures on the coast in our targeted area were about 15, 16,000 men over the age of 60 and of course that’s increasing every year,” he said.

“We believe more sheds will be required in the future.”





Peace of mind with a defib

Malanda State High School

Malanda State High School's successful application for a defibrillator will not just benefit the school, but the entire Malanda community.

MANY PEOPLE WHO live in a smaller community would be quick to argue that the positives far outweigh the negatives, for a range of personal reasons.

For Malanda State High School students, the positives of living in such a beautiful area, complete with a tightknit and friendly community, are overwhelming.

There is one negative for residents of Malanda, however, that could easily have far-reaching implications.

There is no hospital located in the town itself, with the nearest being Atherton, which is about a 20-minute drive.

In the case of a medical emergency, particularly a Sudden Cardiac Arrest (SCA), it is crucial to be aware of the nearest resources as every second counts.

This is where a defibrillator becomes such an important asset to a community, in particular a smaller one where schools can be high traffic areas and community hubs.

● Malanda State High School's principal, Gary Toshach, with Year 12 students

A defibrillator can provide peace of mind for students, teachers and visitors alike in the case of SCA.

As successful applicants in Round Two of the Westfund's Community Grants Program, Malanda High School will receive a defibrillator, which will be an asset not only to the school, but also the wider community.

"Here at Malanda High, we're not anywhere near a large city or anything. It's maybe five minutes before the ambulance from Malanda can get here. And in that time we could have a loss of life. It's very important to have a defibrillator on hand at the school," said Malanda High Year 12 student Jem Chapman.

For Jem, the importance of defibrillators really hits home.

"I think a defibrillator's very important, because in my personal experience, my father's had a heart attack and that makes me genetically susceptible to one as well. The incidents of heart attacks and other cardiac arrests are very common, far more common than you may think," he said.

Fellow Year 12 student Casey Delben agrees.

"You might not think that a fairly young student body, a small school, rather remote place... you might not think it needs a device such as a defibrillator, but anything can happen, and that's why the defibrillator is here and that's why it's important," she says.

Speaking to students at Malanda State High School, it's clear that they love their school and enjoy every opportunity it has to offer.

"What Malanda offers, which is quite different to a school in a built-up area, is our connection with nature and our agricultural opportunities... and the very on-hand support we have with our teachers in the classrooms," said Year 12 student Lily Moore.

Malanda State High School's principal, Gary Toshach, is proud that the school will be providing another asset to the community.

"We do have one other one (defibrillator) in our community that we are aware of. And we know that if we needed it we'd have to get that device to our school as quickly as possible," he says.

"But now that we are going to be provided with one on our location, we become another resource for our community, as well as specifically to the school in times of need."

Malanda State High School's principal, Gary Toshach, is proud that the school will be providing another asset to the community.



Third-generation farmer Ian Burnett is a passionate member of the Emerald community. Never hesitating to put up his hand and volunteer when he sees a need, Ian is equally proud of his land and relishes the opportunity to work closely with family. He graciously took some time from his busy schedule to share of his story with us.

Watching the community grow

How long have you lived in the area?

Oh, we've been in the area 37 years now, so quite a while. I grew up north of Clermont, which is about 120 kilometres north of here, moved to Emerald and started growing cotton in 1983. We've expanded from there and certainly bought some of the family into the operation.

What do you love about living in Emerald?

Well certainly, we enjoy the social aspects of Emerald. We're well catered for as far as the community goes and Rotary plays quite a large part of my life, but we've got some very good friends and community-wise there's always plenty to do so we enjoy that.

How have you seen Emerald change over the time you've been here?

It has changed considerably and part of that has been the construction of the Fairbairn Dam, which we rely fairly heavily on, providing water for the agricultural sector. Also the mining sector, so Emerald has really developed as a service centre for

those industries, it's become a hub. Although in recent years there's been a levelling out of that development, we're seeing it starting to rise again now. We're seeing things picking up with the increased activity in the resource sector and if we could get some rain, we'd see agriculture grow again also.

Are you a first-generation farmer?

No, I would be a third-generation farmer. My operation here has changed considerably from what my father did, he was a cattle producer. We ventured into the farming, the agricultural side of the operations and growing cotton, which hasn't been part of the family operations previously. It's something that my sons and grandchildren certainly are looking to continue with the cotton production.

What do you grow or farm on your properties?

Well, our main crop is irrigated cotton, and we grow it every season. This year we had to reduce the area planted because of the shortage of

water but given the rainfall, and the season, we grow chickpeas, sorghum, wheat and sometimes sunflowers. It all depends on when we get the rain and how the season pans out.

What do you love about farming?

Oh, I think the pleasure from farming is being able to produce good products, be a good guardian of the land and really take care of what we really cherish – and that's the soils, the nutrients and really the whole ecology on the farm. We get great pleasure out of doing the best we can for that.

Professionally, you've had a bit to do with Agforce so you've kind of been an advocate and a voice for farmers. Could you tell us how you got involved with that and why you decided to?

Originally when I first got involved with farming, I became involved with representative organisations and in those days it was the Queensland Grain Growers and the Cattleman's Union, United Graziers Association. So I suppose an interest developed



“The pink bales are an initiative of the cotton industry to raise funds for the McGrath Foundation, for breast cancer support.”

there and then Agforce was formed in 1999 and I got more involved with the representative organisation, and then became a regional president and vice-president of the organisation, and then the general president for a two-year term.

That was quite a good part of my life and I really enjoyed that work but I've gone back to pretty well just involved with the family operation now.

How do you feel that living on a property or living life in a regional area has shaped your family? What kind of skills or qualities did your children get from the upbringing they've had on the land?

I think it's a very good upbringing. They certainly weren't forced into coming back into the farming organisation; it was something that they chose to do, all of the children, three boys and a daughter, all went and had tertiary training. The boys have been involved with the farming operations, and it makes me very proud that they're continuing an interest. That's their choice and they are showing an interest in representing their industry as well, which is pleasing.

Did you ever see a different future for you, or do you think this was always the road you were going to go down?

I think it was always the road I was gonna go on; we've got some cattle production, but in general agriculture was always for me. The diversity of it, I suppose, has come along and the opportunities to do something different, and that's how we got into the cotton production.

Finally, can you tell us about these pink bales?

The bales are an initiative of the cotton industry to raise funds for the McGrath Foundation, for breast cancer support. The cotton industry has taken part in that fundraising; the manufacturer of the pink wrap on the bales donates 50 cents per bale to the Foundation... it's providing good funding for a very important research and organisation.

Rose Member Luncheon



We were honoured to host a group of our longest serving members when we staged our inaugural Rose Member Luncheon recently.





THE LUNCHEON recognised members who have been with Westfund for 50 years or more.

Guest speaker on the day was Gold Walkley award-winning health broadcaster, Dr Norman Swan.

Dr Swan spoke about the perception of ageing and how culture, education and social status all impact on life expectancy.

Our CEO, Matt Banning, addressed the gathering, thanking them for their decades of loyalty to the fund.

“As CEO, it is an honour to be with you all today, and I’m sorry you have had to wait so long for this recognition,” he said.

“As Westfund grows as a nationally-recognised fund, it is important we don’t lose sight of where we have come from and the people that have been loyal to us, right from the beginning.”





Home is where the heart is



**“I just love Lithgow. It’s
been my home, my kids
were born and bred here.
It’s a very faithful town.”**

We caught up with one of our long-serving members Jessie Bennett at our inaugural Rose Member Luncheon, which was an opportunity to honour members who have been with Westfund for 50 years or more.

JESSIE BENNETT is a people person. Anyone who knows her also knows that she is quick to stop for a minute – or two – for a chat.

It is a personality trait that served her well in her many years of business and one that continues to serve her well in her active social life.

Jessie is a lifelong Lithgow, NSW resident, raising her family there and running a successful business for many years alongside husband, Ted.

“I was in Main Street for 45 years, with the dry cleaners and a frock shop,” she explained.

“I loved it. I miss the people dearly from the business. It was a good opportunity to meet lots of people.”

She has fond memories of a lively Main Street.

“I’m going back years ago – Main Street was alive. Friday nights we would have a carnival, Saturday mornings there was a band playing in the street,” she says.

It comes as no surprise that one of her favourite things about the area is the people.

“They’re so friendly; that’s never changed,” says Jessie.

She’s not just a fan of her fellow residents. Jessie is proud to call Lithgow home.

“I just love Lithgow. It’s been my home, my kids were born and bred here,” she said. “It’s a very faithful town.”

She is an active member of the local community and is kept busy with her charity work and involvement in organisations such as Quota.

Jessie thinks it is important to be involved and give back to the community, and maintains that having such a full calendar has both physical and mental benefits.

“It makes you independent and you’ve got lots of friends,” she said.

She’s also a keen dancer, although a recent knee replacement means that Jessie has had to slow down slightly – but not for long.

She’s already looking forward to returning to her dancing and has still been active in many of her other activities while recovering from the operation.

While many would baulk at the prospect of such major surgery, Jessie has taken it all in her stride and is now looking forward to getting back to her normal active self.

“I’m very pleased that I’ve had the surgery; it took me a long while to think about because I’m not a young person.”

“But I had arthritis that bad in the knee that there was only one answer and I’m very pleased I had it done,” she explained.

She recalls joining Westfund in its early days and has remained a member ever since. She is pleased that the fund has chosen to remain true to its roots, keeping its Head Office and the centre of the operations in Lithgow.

She has seen a lot of changes in her lifetime and is pleased that Westfund for her has remained a constant.

“It’s been very interesting to watch things change, because lots of things change,” she said.

“But generally I don’t like changes and that’s why I stuck with Westfund, because I’m quite happy with them.”

Jessie is proud advocate for her hometown and is eager to see what the future holds for the region.

“You feel at home in Lithgow,” she said. “I can’t picture myself anywhere else.”



Winter is here and what better way to have a cosy evening meal than with a warming bowl of curry or soup? We've got a delicious recipe for both, thanks to the Dietitians Association of Australia. Enjoy!

Chickpea coconut curry

 <p>20 mins</p>	 <p>25 mins</p>	 <p>4</p>
PREP TIME	COOKING TIME	SERVES

Ingredients

- 2 tsp minced garlic
- 1 tbsp curry powder
- 1 onion, chopped
- 1 red capsicum, chopped
- 250g pumpkin, chopped
- 250g sweet potato, chopped
- 200 g can chickpeas, rinsed and drained
- 1 x 375ml can light coconut milk

Method

1. Heat a large non-stick frypan. Add the garlic, curry powder, onion and capsicum and cook over medium heat for 2 minutes.
 2. Add pumpkin, sweet potato, drained chickpeas and coconut milk to the pan. Bring to the boil and simmer until vegetables are tender (~20mins), stirring occasionally.
- Best served with rice and some fresh green beans or peas on the side.

NUTRITION INFORMATION	(PER SERVE)
Energy	995 kJ (238 calories)
Protein	8.5g
Total Fat	9g
Carbohydrates	26.5g
Saturated Fat	6g
Sugars	26.5g
Dietary Fibre	8.6g
Sodium	152mg

Recipe courtesy of Genna Verriest, Accredited Practising Dietitian.

daa.asn.au/recipes/chickpea-coconut-curry/

For more recipes, please visit the Dietitians Association of Australia Smart Eating for a Healthier You recipe webpage



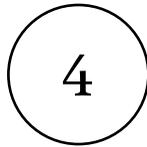
Spiced pumpkin soup



PREP TIME



COOKING TIME



SERVES

Ingredients

SOUP

- 4 large (200g) golden shallots, or 1 large leek
- 2 cloves garlic, peeled and crushed
- 1 tablespoon extra-virgin olive oil
- 1 tablespoon margarine or dairy blend
- ½ teaspoon celery seeds (or 1 stalk celery)
- 2 large carrots
- 800g Jap pumpkin (about a large half), peeled, deseeded and chopped
- 1 tsp ground cumin
- ½ teaspoon ground ginger
- ¼ teaspoon ground cinnamon
- ¼ teaspoon ground coriander
- 1L reduced-salt chicken or vegetable stock
- Pepper

TO SERVE

(optional; not included in nutritional information)

- Red cabbage, chopped, tossed with olive oil, pepper and cumin, roasted
- Parboiled and drained cubes of potato, cooled slightly, and tossed in olive oil, pepper and roasted turmeric
- Greek yoghurt, unsweetened
- Crumbled feta
- Coriander, washed, dried and roughly chopped
- Roasted almonds, chopped (or pumpkin seeds/sunflower seeds)

Method

1. If using the shallots, peel and roughly chop. If using the leek, trim and cut in half through the centre. Rinse well to remove any grit, and then chop into pieces; set aside.
2. Warm the olive oil and margarine over a medium-low heat in a large, heavy-based soup pot, while you prepare the carrots. Peel the carrots, or simply give them a scrub to clean the skins. Chop into pieces and once the oil has warmed, add the shallots/leek, garlic, chopped carrot and celery seeds (or chopped stalk of celery).
3. Sauté the vegetables, covered with a lid, for a good 10 to 15 minutes, stirring occasionally, until softened and fragrant.
4. Add the pumpkin, stir together, and replace lid, continuing to cook like this for another 10 or so minutes. Stir occasionally to ensure it doesn't catch. If you need to add a little more oil, you can, or else a little water will also help to loosen the vegetables from the base of the pot if needed. (Check the heat isn't too high, as the veg shouldn't be sticking at this point.)
5. Add the spices, and continue to cook for a few minutes, lid off and stirring every minutes or so, until spices release their fragrance.
6. Add the stock, a good grind of fresh pepper and cover, bringing everything to a boil. Once at a boil, reduce and simmer for 20 minutes, or until pumpkin is soft. Puree using a stick blender. Taste for seasoning and adjust as needed. I always like to add a squeeze of lemon or lime juice to balance and round out the flavours, too. Serve with the optional extras.

NUTRITION INFORMATION (PER SERVE)

Energy	822 kJ (196 calories)
Protein	4.6g
Total Fat	9.6g
Carbohydrates	16.6g
Saturated Fat	2.6g
Sugars	14.2g
Dietary Fibre	9.6g
Sodium	750mg

Recipe courtesy of Sarah Marfurt, Accredited Practising Dietitian.

daa.asn.au/recipes/spiced-pumpkin-soup/

For more recipes, please visit the Dietitians Association of Australia Smart Eating for a Healthier You recipe webpage.





The impact of bowel cancer

Every year, more than 15,600 Australians are diagnosed with bowel cancer, Australia's second deadliest cancer. With the assistance of Bowel Cancer Australia, we have compiled some answers to the most frequently asked questions about Bowel Cancer.

THE DISEASE CLAIMS the lives of over 5,300 men and women annually, and yet the vast majority of bowel cancer cases could be successfully treated, if detected early.



● 98 per cent of bowel cancer cases could be successfully treated, if detected early.

According to Colorectal surgeon and Director at Bowel Cancer Australia, Associate Professor Graham Newstead AM, early detection and education are key.

“Australia has one of the highest bowel cancer rates in the world.”

“Being aware of bowel cancer, and the steps to prevent and detect it early, are paramount,” he says.

15,600

● Every year, more than 15,600 Australians are diagnosed with bowel cancer, Australia's second deadliest cancer.

What is bowel cancer?

- Bowel cancer, also known as colorectal cancer, is cancer in any part of the colon or rectum
- Most bowel cancers develop from tiny growths known as polyps
- Over time, some polyps can become cancerous and narrow or block the bowel or cause bleeding. In advanced cases, the cancer can spread to other parts of the body, often affecting the liver or lungs.

What is my risk?

- Hereditary conditions such as Lynch Syndrome (HNPCC) and Familial Adenomatous Polyposis (FAP), family history and personal health history can all influence bowel cancer risk and cannot be changed. They are referred to as non-modifiable risk factors. If you have any of these risks, it is important to discuss them and develop a plan with your GP in order to detect bowel cancer early, if it develops
- Advancing age is another non-modifiable risk factor.

50+

● Most commonly affecting adults aged 50 and over, new information reveals bowel cancer is increasingly affecting younger Australians.

What are the symptoms?

It is vitally important to recognise possible signs of bowel cancer and have them investigated if they persist.

Not everyone experiences symptoms, but the following are a few to look out for:

- Abdominal pain, especially if severe
- A persistent change in bowel habit, especially going to the toilet more often or having looser, more diarrhoea-like movements for several weeks

- Blood in the bowel movement or rectal bleeding
 - A change in appearance of bowel movements
 - Unexplained anaemia causing tiredness or weight loss
 - A lump or mass in your abdomen
- These symptoms can also be due to other medical conditions, some foods or medicines. However, if you are experiencing any of the above for more than two weeks, see your GP immediately. Symptoms suggestive of bowel cancer require further investigation via colonoscopy within 30 days.

2,000

- Over 2,000 Australians under age 55 are diagnosed with young-onset bowel cancer each year.

Prof. Newstead urges people to be aware of the importance of not only at-home screening, but also other methods of detection.

“We know 98 per cent of bowel cancer cases can be successfully treated if detected early, but at-home screening alone is not enough – timely access to colonoscopy is essential, or the opportunity for early cancer detection is lost.”

He has a simple message for anyone who may put off seeing their GP if they feel something is not quite right.

“If you are aged 50 years and over, doing nothing is not an option when it comes to bowel cancer risk.”

What can I do to reduce my risk?

While certain risk factors cannot be changed, there are certain diet and lifestyle choices that can assist in reducing your bowel cancer risk:

- Quit smoking
- Avoid processed meats and limit red meat consumption
- Avoid weight gain and/or increases in waist circumference
- If you drink alcohol, limit the amount
- Eat naturally high-fibre foods
- Be physically active as part of your everyday life
- Participate in bowel cancer screening according to your individual level of risk, using an at-home screening test, every one to two years
- If you carry an increased risk, speak to your GP about ongoing monitoring.

Where can I find out more about bowel cancer?

To find out more about bowel cancer, including where you can get support, visit

bowelcanceraustralia.org

or call the Bowel Cancer Australia Helpline at **1800 555 494**.

More often than not in the case of a cancer diagnosis, it is not just the individual receiving the news, but also their entire network of family and friends. This has been the case for Christine McKenna, who was one of the 15,600-plus Australians diagnosed with bowel cancer in any given year.



Christine McKenna
59 years old

A life-changing diagnosis

SHE HAS FACED her diagnosis head-on and is grateful for the support she has received from family, friends and medical staff throughout her cancer journey.

Read her confronting, brave and inspiring story in her own words:

“I was 59 years old and in fairly good health when I was diagnosed with cancer of the left descending colon stage 3B.

“I was a dressmaker and theatrical costume maker working casually from home, teaching dressmaking at evening college and volunteering for several not-for-profit organisations.

“My stomach was sensitive to spicy and rich foods, and I suffered from gastric reflux and had *Helicobacter Pylori* (pre-ulcer).

“I ate a fairly good diet with plenty of fruit and vegetables, probably liked sweets a bit too much and carried a bit too much weight.

“I had some niggling kidney stone pain and felt a little unwell.

“Thinking I might have a relapse of *Helicobacter*, I visited my GP for a referral to my gastric specialist.

“I was able to get a fairly quick appointment and after talking to me, the doctor suggested I undergo a colonoscopy since I was about to turn 60.

“*Happy birthday to me*, I thought.

“Thinking I had already seen the doctor and been told what they found, the nurse said to me in recovery after the procedure, ‘That’s not such a good result is it?’

“I forgot about the comment, until the doctor asked me to make an urgent appointment to see her in two days in her rooms.

“It was then that I realised there was a problem.

“When my husband and I arrived that day, she welcomed us then asked us to sit down.

“She announced she had found cancer and asked if we’d like to see the photos.

“My husband had to ask what the prognosis was. I think I was in shock.

“She was very frank and reassured me that it looked like it was early stage, but still arranged an urgent appointment for me with a surgeon for the next week to discuss treatment options.

“He suggested surgery, and depending on the staging, possible chemotherapy, but he also believed from the photos they had found the cancer early.

“He offered keyhole surgery, with the option to progress to open surgery if necessary.

“It was quite a whirlwind, and there was no time to think about the consequences.

“We were frank with our family, but didn’t really know what to expect as we had no cancer experience.

“My advice if you experience long-term ‘stomach issues’ is to seek medical advice, and if you are not happy, seek a second opinion.”

“Surgery was in a private hospital, which progressed to open surgery as the procedure was more involved and the cancer more extensive than the photos suggested.

“During the surgery the doctor also removed some diverticulosis along with 18 cm of descending colon.

“As it turned out, the tumour tested stage 3B, and had penetrated the bowel wall.

“Two lymph nodes from 14 taken revealed cancer, but no other organs were involved.

“Both of the specialists were very surprised by this result and referred me to an oncologist for further treatment.

“My doctor suggested six months (of) chemotherapy.

“I began my treatment in November 2013.

“In general, I did well with my treatment and I settled into the routine quickly.

“The biggest issue for me was the extreme tiredness.

“Despite sleeping fairly well, I struggled to get out of bed some days for more than a few hours and napped during the day.

“My husband offered to cook our evening meals, and he still does this three or four days per week.

“I had my last six-monthly check recently and all tests are still clear for a recurrence of the cancer.

“My specialist doesn’t want to see me for 12 months now, unless I have any further issues.

“I’m three years clear and counting.

“My advice if you experience long-term ‘stomach issues’ is to seek medical advice, and if you are not happy, seek a second opinion.

“Know your ‘normal’ health and act promptly if you suspect anything is not right.

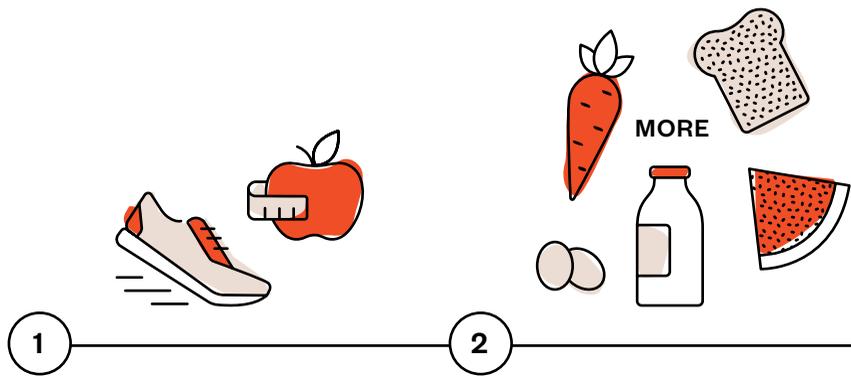
“If you are unlucky to be diagnosed yourself, take up every offer of help and be kind to yourself.

“Let your family and friends visit and share time with them, take time to ‘smell the roses’ and plan some outings and breaks when you feel up to it.

“My specialist reminded me at my last visit that I’m still a cancer patient even though I’ve been clear for three years now.

“I need to be monitored for the rest of my (hopefully long) life and I’m looking forward to enjoying my six grandchildren, seeing them grow up, and taking another overseas trip with my husband in the next few years.”

Eat your way to a healthy life



WHAT ARE THE DIETARY GUIDELINES?

The Australian Dietary Guidelines provide up-to-date advice about the amount and kinds of foods that we need to eat for health and wellbeing. They are based on scientific evidence and research.

The Australian Dietary Guidelines of most relevance to adults are:

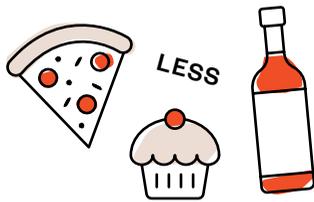
To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.

- Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.

Enjoy a wide variety of nutritious foods from these five food groups every day:

- Plenty of vegetables of different types and colours, and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high-fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat
- Drink plenty of water.

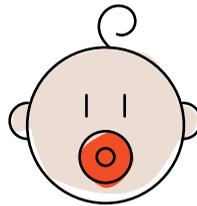
Healthy eating is crucial to our overall health and wellbeing. When we eat well, we feel well both physically and mentally. Making good food choices is even easier with the help of the Australian Dietary Guidelines.



3

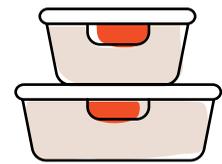
Limit intake of foods containing saturated fat, added salt, added sugars, and alcohol.

- Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks
- Replace high-fat foods that contain predominately saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods that contain predominately polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado
- Limit intake of foods and drinks containing added salt
- Read labels to choose lower sodium options among similar foods
- Do not add salt to foods in cooking or at the table
- Limit intake of foods and drinks containing added sugars such as confectionery, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks
- If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.



4

Encourage, support and promote breastfeeding.



5

Care for your food, prepare and store it safely.

Based on material provided by the National Health and Medical Research Council.



Key for a happy, healthy gut

The gut plays a big role in your total health, so eating more fibre-containing foods has many health benefits. Try to eat more wholegrains, fruits, vegetables, dried beans and lentils each day.

FIBRE IS THE part of food that is not digested in the small intestine. Dietary fibre moves largely unchanged into the large intestine or colon where it is fermented by friendly bacteria that live there. But there are different types of fibre, all with a role to play.

EATING FOODS HIGH IN FIBRE

Australians need to eat at least 25–30g fibre each day. Eating more dietary fibre can help keep your digestive system healthy and reduce the risk of:

- Constipation
- Diverticular disease
- Haemorrhoids
- Bowel cancer.

There is also a link between eating high-fibre whole grain foods and a lower risk of cardiovascular disease.

INSOLUBLE FIBRE

Insoluble fibre adds bulk, and helps to keep our bowels regular. It's found in the hard, scratchy outer skins and surfaces of roots, grains and seeds that are not as easily digested. Insoluble fibre is also very filling. This type of fibre works like a 'broom' through the bowel. Foods higher in insoluble fibre include:

- Wholegrain breads and cereals
- The outer skins of fruit and vegetables
- Nuts and seeds
- Raw lentils, kidney beans and chickpeas.

SOLUBLE FIBRE

Soluble fibre dissolves in water to form a thick gel in your intestines, slowing down digestion. Foods containing this type of fibre can help stabilise blood glucose levels in people with

diabetes and may help to lower LDL (unhealthy) cholesterol levels by collecting fatty deposits as it moves through the intestine. By slowing down digestion, foods that are high in soluble fibre can help people feel fuller for longer after eating.

Foods higher in soluble fibre include:

- Fruits and vegetables
- Dried beans and lentils
- Oats.

RESISTANT STARCH

While most starch is digested in the upper part of the gut, resistant starch resists digestion in the small intestine and so goes all the way to the large intestine. Once in the large intestine, friendly bacteria ferment the resistant starch. This process produces substances (gasses) that help to keep the lining of the bowel healthy.

Resistant starch can be found in:

- Slightly undercooked pasta ('al-dente')
- Under-ripe bananas
- Cooked and cooled potato
- 'Hi-maize', which is found in commercial food products such as breads and cereals.

Below is an example of how an adult may meet their daily dietary fibre requirements:

FOOD	FIBRE CONTENT
3/4 cup wholegrain breakfast cereal	4.5g
2 slices wholemeal bread	4.5g
1 apple (with skin) and 1 orange	5.5g
2 cups mixed raw vegetables	10g
1/4 cup legumes e.g. baked beans	3g
Total	27.5g



Information courtesy of the Dietitians Association of Australia, Smart Eating for a Healthier You Fast Fact. This is designed to complement advice from an Accredited Practising Dietitian. To find an Accredited Practising Dietitian who can provide personalised nutrition advice and assist you in reaching your health and nutrition goals, visit: daa.asn.au/find-an-apd/

YOUR GUIDE TO

Private health insurance reform

This year marks a period of change for the private health insurance industry with the rolling implementation of federal government reforms across the sector.

THE GOVERNMENT ANNOUNCED reforms to private health insurance back in 2017 with the view to increasing transparency and uniformity by providing a framework for the vast variety of products currently offered across the industry.

With the health sector under scrutiny amid ongoing concerns around complexity and affordability, the government-initiated reforms are aimed at promoting a greater understanding of the value of private health insurance.

Westfund supports the reform measures and has been proactive in introducing many of these changes from 1 April this year.

Increasing transparency, understanding and choice for our members is important to us.

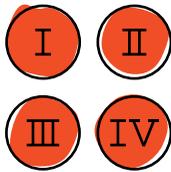
PROMOTING UNDERSTANDING

It is important to us that our members understand the various elements of private health insurance and have clarity about any changes made to their cover.

Any changes we have made to our products have been made with our members in mind: to increase transparency and to promote a greater understanding of our products and the value of private health insurance.

Some changes started in 2018 and there will be a rolling adoption of new initiatives across the industry into 2020.

We have outlined a number of the reform initiatives to provide Westfund's standpoint and how we have considered our members in adopting these changes.



FOUR TIERS OF COVER

This is a compulsory change and health insurers have until 1 April 2020 to adopt this system of classification for all hospital products.

Westfund introduced our reform-compliant products on 1 April this year.

Tiers of classification are Gold, Silver, Bronze and Basic.

The government has set minimum requirements for hospital treatments and services to be included in each tier.

Gold and Silver policies provide more comprehensive coverage than do their Bronze and Basic counterparts.

The tier system will promote transparency across the industry by making similar products easy to compare across the market. It also makes inclusions and benefits clearer to members.

Product tiers for Extras are yet to occur. However, changes to legislation on the naming of products meant we needed to rename our Extras products.



CLINICAL CATEGORIES

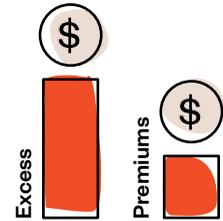
Health funds will be required to use standard clinical categories when describing and communicating about hospital treatments across all their documentation and all platforms.

This will ensure consistency and transparency across the industry with consumers provided with clear and concise information regarding the categories of treatment covered by their policies.

This is a compulsory change and must be implemented by all insurers by 1 April 2020.

Westfund adopted this change from 1 April this year.

We have adopted these clinical categories to assist our members' understanding of what they are and aren't covered for under their hospital policy.



INCREASE TO MAXIMUM EXCESS LEVELS

This is a voluntary reform item. The government will increase permitted excess levels on hospital policies from \$500 to \$750 for singles and from \$1000 to \$1500 for couples/families. This will allow consumers to choose products with higher excesses in return for lower premiums.

Increased excess options allow you to have more control over the cost of your cover. One of the primary reasons for federal government reform of private health insurance was to address affordability and being able to manage the cost of cover empowers members to make the choice that is right for them.

If you choose a higher excess option, this will mean that your premium will be lower.

The maximum excess option is \$750 per single policy/\$1500 for families.

Remember, with Westfund you won't pay an excess on any claim for day surgery, kids or hospitalisation resulting from an accident.*

(*may apply within 12 months of transferring from another fund)



Any changes we have made to our products have been made with our members in mind; to increase transparency and to promote a greater understanding of our products and the value of private health insurance.



REMOVAL OF NATURAL THERAPIES

During the reform process, the government commissioned a review of a number of natural therapies.

This review concluded that there is insufficient evidence that certain therapies are effective.

Therefore, as per the government's directive, health funds Australia-wide will no longer be able to pay benefits on certain natural therapies on complying health insurance products.

Health funds will no longer be able to provide benefits on the following natural therapies on complying health insurance products from 1 April 2019: Alexander Technique, Aromatherapy, Bowen Therapy, Buteyko, Feldenkrais, Western Herbalism, Homeopathy, Iridology, Kinesiology, Naturopathy, Pilates, Reflexology, Rolfing, Shiatsu, Tai Chi and Yoga.

This is a compulsory change for all health insurers from 1 April 2019.

In line with the government's decision to remove certain natural therapies, we no longer include a benefit for the specified therapies on any of our health insurance products.



IMPROVED ACCESS TO TRAVEL AND ACCOMMODATION BENEFITS FOR REGIONAL AND RURAL AREAS

Health funds are able to offer travel and accommodation benefits under hospital cover instead of only under extras policies on a voluntary basis from 1 April 2019.

Westfund is pleased to already offer travel and accommodation benefits to our members; however, in line with the government initiative around these benefits we have chosen to extend our current travel benefit to include travel for inpatient services, not just outpatient services.

As per Westfund's current travel and accommodation benefit, members can receive up to \$600 per calendar year per policy, which includes:

- Up to \$150 per night for accommodation expenses incurred in relation to a hospital admission
- Up to \$70 per round trip (minimum 150km) towards travel expenses for inpatient and outpatient medical specialist services when referred by a Medicare Registered Practitioner.

This benefit is available to members after one year of continuous membership, on certain Westfund policies.*

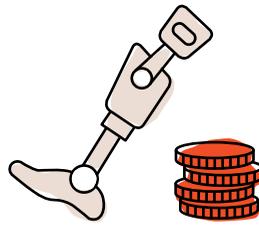
*The above amounts reflect the level of travel and accommodation benefits available on Westfund's Gold Hospital policy. See policy details for specific amounts for other levels of cover. Full terms and conditions apply.



DISCOUNTS FOR 18 TO 29-YEAR-OLDS

Under a voluntary reform item, Australian health insurers will be able to offer 18 to 29-year-olds a discount of up to 10 per cent on their premiums. Legislation previously prevented insurers from offering premium discounts to people based on their age.

Westfund has contacted eligible members regarding application of this discount.



PROSTHESES PRICING REFORM

Reductions in costs for prostheses paid by private health insurers commenced last year, with further reductions to costs for some devices planned for 2019 and 2020.

Savings generated by reducing costs associated with prostheses have already been passed on to members in the form of reduced premium increases in 2018.

Medical prostheses pricing reform commenced in 2018 with reductions in costs paid by private health insurers. These savings will continue, with further reductions to costs for some devices planned for 2019/2020.

Westfund is committed to passing on all savings gained from prostheses reform to our members.



SUPPORTING MENTAL HEALTH

As of 1 April 2018, a mental health reform was implemented by the Australian Government to make it easier for people with private health insurance to access mental health services. The reform allows those members with limited or restricted mental health cover to upgrade their policy to receive higher mental health cover immediately, without serving the usual two-month waiting period.

Patients can use this exemption from the existing two-month waiting period only once.

We welcome the government's commitment to supporting better options for mental health care. This change came into effect on 1 April 2018.

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 to 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:

Australian Government Rebate on private health insurance

In this issue we are explaining the Australian Government Rebate on private health insurance and how it impacts your membership and your premium.

What is the rebate?

The Australian Government Rebate on private health insurance provides a reduction in the premium cost of private healthcare. The rebate was designed to encourage more people to take up private health insurance.

It is recognised by the government that consumers who invest in private health insurance are taking responsibility for their own healthcare needs, while also contributing significantly to the Australian healthcare system.

It also recognises the fact that private healthcare users take pressure off the public system, especially with respect to public hospitals.

The rebate is income tested. This means that if your income is higher than the relevant income threshold, you may not be eligible to receive a rebate.

Your rebate entitlement depends on your family status on 30 June each year. Different thresholds apply depending on whether you have a single income or a family income.

Your entitlement is also based on the age of the oldest person covered by the policy. The rebate applies to hospital, general treatment and ambulance policies.

A guide to threshold amounts and tiers is explained below:

Singles	\$90,000 or less	\$90,001-\$105,000	\$105,001-\$140,000	\$140,001 and above
Couples/ Families	\$180,000 or less	\$180,001-\$210,000	\$210,001-\$280,000	\$280,001 and above
Rebate entitlement Based on age and income from 1 April 2019 to 31 March 2020				
	Base tier	Tier 1	Tier 2	Tier 3
Less than 65 years	25.059%	16.706%	8.352%	0%
65-69 years	29.236%	20.883%	12.529%	0%
70 years+	33.413%	25.059%	16.706%	0%
Medicare Levy Surcharge				
All ages	0.0%	1.0%	1.25%	1.5%

Claiming the rebate

If you are eligible for the rebate, there are two ways you can claim:

- As a premium reduction (you pay less each payment to Westfund)
- As a tax offset when lodging your annual tax return.

If you choose to receive your rebate as a premium reduction, you will be asked to nominate the tier you expect to fall into in order to avoid a tax liability. You can nominate your tier by contacting us (this will usually be done when you sign on as a Westfund member). You will also need to ensure that you have completed the "Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium form" in order to receive the rebate.

Changes to the rebate

The rebate percentage is adjusted by the federal government each year on 1 April and is gradually reducing.

Your age and your family situation also impact your rebate percentage. For example:

- Single parents and couples are subject to family tiers
- Families with children have their threshold increased by \$1,500 for each child after their first
- Your rebate amount increases significantly at age 65 and again at age 70.

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.

Our new products

At Westfund, we are committed to providing personalised service to our members. An integral function of this is the provision of relevant and concise information regarding our product range and services.

WHEN CONSIDERING our approach to the implementation of the federal government reforms of private health insurance, it was important to us to consider the impact on our membership and to ensure all changes were applied with minimal disruption.

We also intended to enhance our product range to enable greater flexibility and choice of products – increased options to suit our members across a variety of circumstances and life stages.

The end result is our new range of Your Cover, Your Choice options – six Hospital and seven Extras products that can be interchanged to provide personalised cover options to our members. This empowers our members to customise their cover with the options that best suit their family situation, their lifestyle and their budget.

SOMETHING FOR EVERYONE

Our *Your Cover, Your Choice* range has been developed in line with reforms and offers cover options as prescribed by the tier system.

Many of our loyal members will remain on our Gold combined policy, which was improved by a raft of benefit enhancements at the start of this year.

Enhancements include psychiatric hospitalisation benefits, increased benefits for orthodontia, dietetics/nutrition, clinical psychology and occupational therapy as well as the inclusion of benefits for group consultations for speech therapy, dietetics/nutrition, occupational therapy and clinical psychology.

We closed our Gold combined policy to new members from 1 January, but we continue to commit and invest in this popular product and the members it covers.

The new suite of *Your Cover, Your Choice* options provides increased flexibility into the future, with a range of cover choices.

A brief overview of our *Your Cover, Your Choice* options outlining the new range of products is as follows.



HOSPITAL

Gold

Protect your loved ones with our most comprehensive quality hospital cover, offering peace of mind with no exclusions or restrictions.

Silver Plus Assure

High-level hospital cover suitable for older adults, providing security for later in life.

Silver Plus Nurture

Look after your loved ones through our mid-level hospital cover, designed for those growing or planning their families.

Silver

An affordable hospital cover option suitable for established families and couples.

Bronze

Entry-level private hospital cover for the budget conscious. Most suited to young singles and couples.

Basic

Private patient coverage in a public hospital.



EXTRAS

Ultimate Pro Extras

Our highest extras cover, providing superior inclusions to support those with a commitment to enhancing and maintaining their health and wellbeing.

Ultimate Extras

Top-level extras cover suitable for those committed to maintaining a proactive and healthy lifestyle. Generous per person limits on a comprehensive range of benefits.

Esteem Extras

Top-level extras cover offering generous per person limits on essential Optical, Dental, Physiotherapy and Chiropractic services. Suitable for older singles and couples.

Advantage Pro Extras

Top-level extras cover for growing families, providing a higher level of benefit on fundamental services such as Optical, Dental, Physiotherapy and Chiropractic.

Advantage Extras

This mid-level cover provides additional benefits for key services such as Optical, Dental, Physiotherapy and Chiropractic.

Essential Pro Extras

Provides benefits on fundamental services designed for young singles, couples and families.

Essential Extras

Basic cover for the price conscious, suited to fit and healthy young singles, couples and families.

CELEBRATING OUR ROSE MEMBER GROUP

Ruth Trevitt was a very welcome guest at our recent Rose Member Luncheon.

Taking the time to travel all the way from Tasmania to enjoy the day's events, Ruth enjoyed the companionship of fellow Rose Members.

"I have just loved today. Everyone has been so lovely and welcoming. I am just thrilled to bits to have been part of such a lovely function," she said.



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 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
Elizabeth Barnes
June Barnes
Leslie Barnes
Peter Barnes
Kevin Barrett
Bernard Bennett
Beverley Bennett
Cherie Bennett
Harold Bennett
Jessie Bennett
Thomas 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
Douglas Burns
Margaret Burns
Gordon Case
Rosemary Case
Maureen Cole

Harold Collins
Margaret Collins
Millicent Collins
Margaret Combs
Michael Combs
Peter Compton
Doris Corney
Shirley Cullen
Judith Davies
Catherine Deacon
John Deacon
Trevor Dowsett
Daryl Drury
Joan Drury
Leslie 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
Raymond Geraghty
Vicki Geraghty
John Giokaris
Peter Giokaris
Sophia Giokaris
Susan Giokaris
George Glencorse
Dennis Goodwin
John 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
Allan Jenkins
John Jenkins
Sandra 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
Anne Marsland
Carol Marsland
David 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
Lorraine Morris
Neville Morris
Robert Morris
Anne O'Farrell
Annette Palmer
Shorty Palmer
Cheryl Pascoe
Wayne Pascoe
Robert Pate
Gary Phillips
Robyn Phillips
Henryk Prazner
George Redding
Shirley Redding
Reginald Roach
Fay Roberts
Frederick Roberts
Glen Ryan
Marilyn Ryan
Edward Seckold
William Simpson
Kevin Slaven
Marilyn Slaven
Brian Smith
Douglas Smith
Fiona Smith
Jennifer Smith
Carleen Taylor
Christopher Taylor
Cecil Thompson
Ruth Thompson
Thomas Thwaites
Ruth Trevitt
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 *collective* team.

Icons and text on a red plastic wrap band, including: 'Corte 1 m (3 FT)', 'Do NOT cut here', 'Corte 1 m (3 FT)', 'Do NOT cut here', 'Corte 1 m (3 FT)', 'Do NOT cut here', 'Corte 1 m (3 FT)', 'Do NOT cut here'.