

NOVEMBER 2021

be well.

MEET OUR
MEMBERS:
NOLA HOWARD

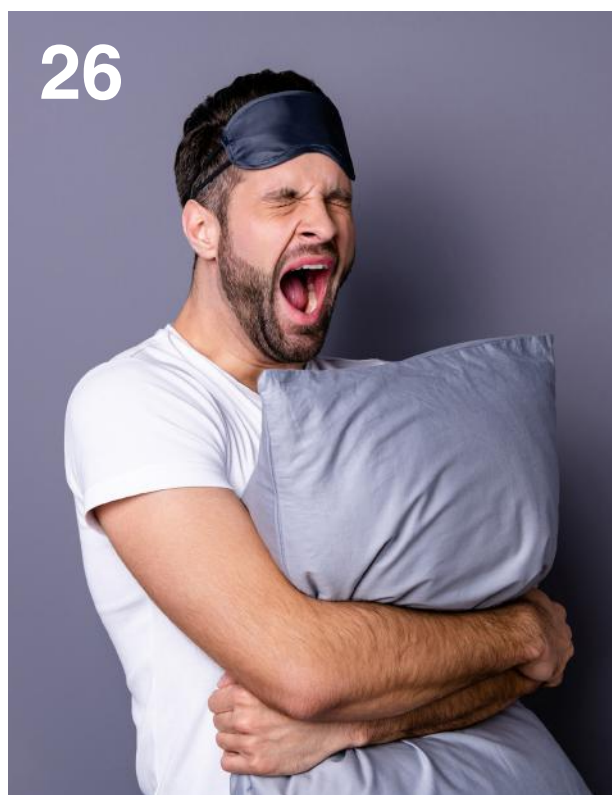
A HISTORY OF
RT HEALTH –
AUSTRALIA'S
FIRST REGISTERED
HEALTH FUND



rt health

Contents

From the CEO	News	04
What the merger will mean for our members	News	06
A history of rt health – Australia’s first registered health fund	Feature	08
Meet our members: Nola Howard	Community	14
Top 10 rt hospital claims	Private Health Insurance	18
Meet our members: Gerry and Audrey Doran	Community	20
Diabetes, smartphones and robots	Health and wellbeing	24
Can’t sleep? You’re not alone	Health and wellbeing	26
Beetroot and chickpea salad	Health and wellbeing	28
Asian chicken salad	Health and wellbeing	30





rt Families Foundation

We're in the business of helping people. It's why we started way back in 1889, and it's what we still do today. But these days, with so many rules and regulations governing the way health funds work and what we can and can't cover people for, there are times when we'd like to be able to help, but we're simply not allowed. That's why we started the rt Families Foundation.

The rt Families Foundation is an independent charity that is run by rt staff. By day we might be mild-mannered insurance company folk, but after hours and on weekends we're out there running golf days, chocolate drives, Easter raffles and getting sponsored to do crazy things like run in fun runs so we can raise money to give away. And we love it. Even though we haven't been able to do all of these things in lockdown, we have been working behind the scenes to ensure that we will be back on deck asap so the rt Families Foundation can continue doing its good deeds.

In the past couple of years we've had the incredible privilege of being able to lend a helping hand to a number of families when they had nowhere else to turn.

For more information about the rt health Families Foundation – and to read about some of the people we have helped – please check out our website under Community. You can also apply for a grant, or make a donation via this page.

www.rthealthfund.com.au/rt-families-foundation



From the CEO

As I am writing this morning, many of you, like me, will be taking your first tentative steps back into the community with the end of NSW's four-month long lockdown. In my neighbourhood, shops are opening their shutters, cafes are welcoming back seated customers and hairdressers are working their magic. It's both wonderful and a bit daunting to face the return to life. If you're feeling some hesitancy about the return to 'normal' you're not alone. There is a lot to be read in the media at the moment about what sits behind some of these mixed emotions. For some it's the anxiety associated with rusty social and conversational skills, for others it's a genuine reluctance to have to speed the pace of life up again after so many months of not having to scramble to get themselves and their families out the door on time every day, and of course there will be plenty of people who are still very concerned about the risks of the virus itself. No matter how you're feeling about the end of lockdown, remember you're not alone. Just like we all had to make the sometimes difficult and challenging adjustments to life within 5km of home, we'll also need to make the adjustments to getting back to life as we knew it before. We're still all in this together.

Our team will continue to work and serve you from home, just as we've been doing seamlessly now for the past 19 months.

The other significant news for us is the upcoming merger with HCF, which we were pleased to announce the progression of a few weeks ago. We received approval for the merger from the private health insurance regulator APRA, on Friday 15 October, and the merger will take place on 1 November.

From our point of view, considering the needs of our members, the importance of our history, the opportunities for our future, and how our members and team would be the most well served and looked after, we are delighted to be joining HCF. HCF is Australia's leading not-for-profit mutual health fund. For 90 years they have been providing fantastic value health cover to their members, and like us, they have a single-minded focus on putting members at the centre of everything they do. Having had the opportunity to work with the team at HCF over the past several months, we are convinced there could be no better match for our organisation than HCF.

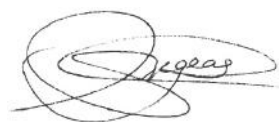


In brief, here is what the merger will mean for you. Technically, you will become a HCF member, but you'll be part of a group inside HCF branded as rt health. You'll keep your rt product, your current price, your rt membership card, you'll keep using the rt claims app, you'll keep logging in to the rt website, you'll call the rt number and you'll speak with the rt team. There's a great deal, as you can see, that is not changing. We'll continue to exist more or less exactly as we do today, but we'll be inside the HCF health fund. All of our staff are remaining and will continue to perform their roles and provide service to you, more or less exactly as they do today. HCF is committed to both helping protect and preserve our incredible rail, transport and energy heritage and to help us build that focus in future. We will continue to uniquely serve the needs of our industry segments, we'll continue to promote and grow the rt branded group of members within HCF and we'll continue to look after you, just as we've always done. We'll be able to offer you access to additional services and facilities that are currently enjoyed by HCF members. Most importantly, we can continue to do all of that without the pressures of future sustainability that are becoming increasingly more significant for small,

stand alone funds. With HCF we'll be able to focus all of our efforts on how to serve you better, and we'll be stronger together.



Group Chief Executive Officer, Simone Tregagle



Simone Tregagle
Group Chief Executive Officer

What the merger will mean for our members



Same staff, same service

Your policy remains the same. Your contributions remain the same. The rt health brand remains the same. The dedicated rt health staff serving you remain the same.



Still here for industry

The merger will see rt health and its policies sit under the HCF umbrella, while remaining an independent brand dedicated to the rail, transport and energy industries.



Preservation of value

The value of your corporate membership of rt health is preserved within HCF.



Greater access to dental and optical networks from 2022

You'll gain access over time to HCF's extensive dental & optical networks, starting sometime in 2022. There will also be access to health and wellbeing programs in the future.

rt health & HCF Stronger Together



2 months' free health insurance

Following the merger, and subject to how long you remain a HCF policyholder, you'll receive two months' free cover (one month free 12 months after the merger and the second month free 24 months after the merger). This amounts to a saving of hundreds of dollars for most members.



More competitive pricing

With HCF's scale, your premium increases are likely to be lower over the next three years compared with what we would expect to be able to offer you as a small, stand-alone fund.



Voting rights

rt health members will have the same voting rights as HCF policyholders if they meet the same eligibility requirements for voting which apply to HCF policyholders under HCF's Constitution.



Loyalty discounts

You'll gain access over time to discounts on e-gift cards and vouchers.





A history of rt health

AUSTRALIA'S FIRST REGISTERED HEALTH FUND

In 1889, a small group of railway employees in Eveleigh Railway Workshops in Sydney got together to form a cooperative where each person regularly contributed a small amount of money to help out any members who became ill or were injured at work. The Railway and Tramways Hospital Fund was born.

Since that time, the fund has been through some incredible changes. Two world wars, the Spanish Flu, the introduction of Medicare, the inclusion of bus, electrical and energy workers as eligible members, and the expansion of the fund into all states and into regional areas.

In 2019, the Board made the decision to preserve the fund's proud history, by seeking a merger with a larger fund. HCF, the largest not-for-profit health fund in Australia at the time, was selected as the perfect merger partner.

Australia's oldest health fund continues to represent those Australian workers and their families who contribute to keeping the lights on and the country moving. Our proud fund is about to begin a new chapter and we look forward to many more successful years to come.



1889

A small but enterprising group of railway employees at Eveleigh Railway Workshops in Sydney got together to form a cooperative. They all agreed to contribute a small portion of their wages to create a fund that would help any member who became ill or was injured at work. The Railway and Tramways Hospital Fund was born.



1890

The fund grew rapidly, spreading its wings through regional NSW. It soon had a presence in Goulburn, Bathurst and Newcastle, and increased its membership to 7,000 before the turn of the century. By 1900 the fund was working with as many as 60 hospitals throughout the colony. In 1903, membership exceeded 11,000.



1914

The outbreak of World War I had a huge impact on the Australian population. By late 1915, around 3,000 railway and tramway employees had enlisted for active service.



1919

Not long after the war, in 1919, Melbourne reported the first case of a deadly influenza, which came to be known as the Spanish Flu. Within two months, it was raging across the country, and within a year it had claimed nearly 12,000 Australian lives.



1951

In 1951 the fund was enjoying a boom with approximately 60,000 members. Around 2,500 railway staff in jobs associated with electricity were transferred to the Electricity Commission. The fund rules were changed so they would remain eligible members.



1953

Before 1953 the fund had operated free of government intervention. That changed when the Federal Government decided to implement new schemes like the National Health Act. Fortunately, our Board became very good at lobbying politicians in order to protect the rights of our members.



1983

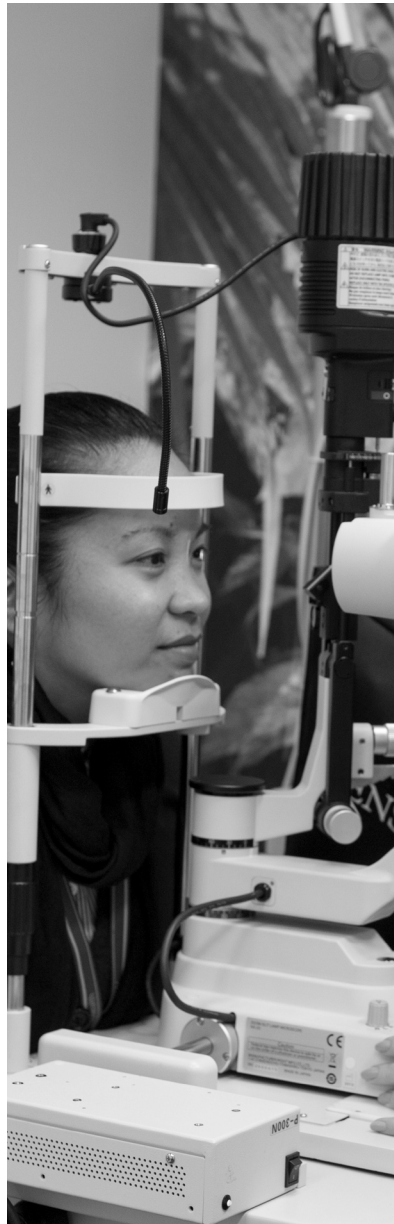
Fast forward to the 1980s, which saw significant change for the fund. The government's proposed introduction of Medicare and its likely impact on membership became a matter of concern for the Board as people decided to rely on Medicare alone. The fund decreased to less than 17,000 members.

1989

In 1989 the fund celebrated its 100th anniversary, a huge milestone.

2011

In 2011 we returned to our roots in Central Sydney, not far from the Eveleigh Railway Workshops where it all began. Eveleigh House was officially opened in 2011 by Governor of NSW, Her Excellency Professor Marie Bashir AC CVO.



The images shown for 1889, 1890, 1914, 1919 and 1951 are courtesy of the State of NSW through the State Archives and Records Authority of NSW. The image shown for 1953 is courtesy of the National Library of Australia and the image shown for 1983 is courtesy of the Sydney Morning Herald, smh.com.au.

2014

The Government approved the expansion of eligibility from electricity to energy.

2019

The fund's ability to continue to invest in additional long term member benefits was in doubt. The Board investigated the possibility of merging with another fund, in order to preserve its proud legacy. HCF, the largest not-for-profit in Australia at the time, was the perfect partner.





Meet our members: Nola Howard

Meet Nola, 92 years young. With her grandfather, father and brother all working on the railways, Nola has a long and happy history of involvement with rail. She joined rt health in 1945 which means she has now been a member for 76 years. Here Nola talks about her family's railway experiences over the years.

Nola's grandfather was a "big, strong man", who was the youngest driver on a train at the time, and at 19 years of age he broke the time record for driving a train from Dubbo to Bourke.

Her father started work as a cleaner on steam engines, then soon followed in his father's footsteps, becoming a driver. He started driving steam trains and ended up on the electric trains, based at Flemington in Sydney's west.

Railways 'in the blood'

"He was a solid worker and a stickler for time keeping and would run the length of the platform at Blacktown to get the train out on time," she says.

"Unfortunately, he had a heart attack doing that; the doctor said he was burnt out and so he retired.

"We all loved trains; it must be something in the blood," says Nola of herself and her siblings.

"We loved those handcars that you had to push up and down, but Dad always said to stay away from those things. We lived near the train track and when Dad was going past he'd toot the horn. He even mended our shoes with bits of train line."

The family went by train on holidays to Sawtell on the NSW North Coast. With Mum, Dad and six children, they had a whole box carriage to themselves. They made the tables into beds for the children so they could sleep on the way.

Continued over page >



Holidays via railways

“We’d leave Central Station at eight o’clock at night and get to Sawtell at nine the next morning. I’d sleep all the way,” says Nola. “We had wonderful holidays at Sawtell, and we’d see all of Dad’s mates on the railways. And we all went out together as families.”

Nola joined rt health in July 1945. “My father insisted I had to join because it was the law and I joined before my 16th birthday. Sixpence a week, then it went up to ninepence a week, and when I got married it was a shilling a week. But it didn’t cover ambulance – that was separate – so you had to join an ambulance fund as well and that was two shillings a week for the ambulance service.”

Her husband was in the British Navy during the war. He joined the Australian Navy in England, and he was drafted to the war in Korea, but he was taken off the ship in Sydney. He spent six years in the Australian Navy, then he worked at Otis Elevator company for 35 years until he retired.

Nola has always believed strongly in private health cover. She says: “Who was going to look after you if

you were sick or injured? If your health goes, you’ve had it. Health insurance is more important than a glass of beer or a glass of wine; if it means you have to cut off some of these things to pay for health insurance then you have to cut them off.

“I had a pacemaker done last year. I went to see the specialist on a Wednesday and he said ‘I’m doing you tomorrow’ because I was in a private hospital fund. He just rang the surgery and said ‘I’ve got a vacancy for seven o’clock, so put her in there’.”

World War II charity work

Nola started doing charity work after the Second World War and has kept it up until today. It began with her being on the committee to entertain the troops at Concord Hospital visiting returned, injured soldiers. Her father came home from the war and was based in Darling Harbour because the POW ships used to go there.

“He was in tears because he said some of the men had no arms, no legs, and he said, ‘Those poor buggers’,” she says.

“I had a pacemaker done last year. I went to see the specialist on a Wednesday and he said ‘I’m doing you tomorrow’ because I was in a private hospital fund.”

Nola adds that there were returned soldiers who were physically injured and also psychiatric patients. She says the administration said that “when the psychiatric patients became agitated, we had to leave straight away, as it might not be safe for the girls”.

Nola said they would write letters for the soldiers, as some of their parents were in the country and they knew they were home but didn’t know where they were. “So, we’d write letters for them as the nurses were too busy. We’d just talk to them, entertain them and write letters for them. I’ve carried it on ever since, just welfare.

“I’m on the committee here (at the retirement home) and have been for 19 years. I organise the monthly barbecue – not that I do the cooking anymore; I get the men to do that. And we have bowls, and happy hour of a Tuesday afternoon. And there’s Bingo, so there’s something to do all the time. There’s craft to do in here. I used to do a lot more, but I’ve started to back off a bit. Because I’ve got to remember my age, my son tells me. But age is a figment of your imagination.”

At age 80, Nola decided she wanted to get a computer, despite her son saying she was “too old”. Her daughter-in-law, a teacher at TAFE, advised her to go and get lessons to see if she was capable of it.

“And that was like shaking a red rag at a bull. So, I went out the next day and I bought a laptop, a printer and a desk. And I can do SMSs on my mobile phone too.”

Nola’s love of trains and train travel has never dimmed. “I’ve been to Melbourne by train, and I’ve been by plane, but I’d rather go by train. I’ve gone down in the sleeper and come home sitting up, but I just love trains. I could go round the world in a train.”



Top 10 rt hospital claims

You might not ever need to be hospitalised for acute respiratory failure, but isn't it good to know that you're covered, just in case? For one member, this illness resulted in one of the highest claims paid by rt health in the past year, with treatment and a hospital stay costing a total of \$126,445.

Or perhaps you are planning on starting a family or having another child? In this case you know you will probably be going to hospital, but you may need to upgrade your hospital cover to include pregnancy. That way if everything doesn't go according to plan, you're covered for life's emergencies, to protect you and your precious family. Some of the highest hospital claims paid by rt health are for premature births and complications; two such cases in the past year amounted to \$199,711 and \$183,154.

Another high claims category is heart disease. A top claim for the past year was for chronic ischaemic

heart disease, at \$111,064. This is a condition where the heart is starved of oxygen due to a reduced blood supply. It causes severe chest pain and an irregular heartbeat, and can be fatal.

Similarly, heart disease such as angina pectoris may require a coronary bypass and a long hospital stay, with one such case recently covered by rt health for \$94,944.

The public health system in Australia is great, but what if you can't wait for treatment in the public system? Private hospital cover helps you to avoid long public hospital waiting lists.

If you don't have private hospital insurance and the public system cannot help you urgently enough, the hospital costs can be astronomical, as the chart on the next page shows.

Having hospital cover with rt health gives you peace of mind, even if you're not expecting to end up in hospital.

#1

Premature birth

\$199,711



#6

Chronic
ischaemic heart
disease

\$111,064



#2

Premature birth

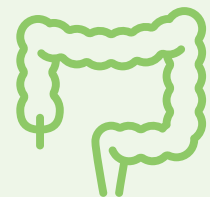
\$183,154



#7

Malignant neoplasm
of rectosigmoid/
sepsis

\$108,654



#3

Acute respiratory
failure

\$126,445



#8

Amputation
below knee

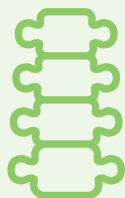
\$102,558



#4

Spinal fusion for
deformity

\$118,004



#9

Total knee
replacement

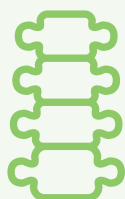
\$101,463



#5

Spinal stenosis

\$117,216



#10

Coronary bypass

\$94,944





K.B.F.C.
Fishing Club



Meet our members: Gerry and Audrey Doran

Gerard 'Gerry' and Audrey Doran grew up in Campsie and Belmore NSW, respectively. Although they lived in different suburbs of Sydney, their homes were just one street apart. But they didn't meet and fall in love until they both worked on the buses.

Audrey lived for a time on the NSW south coast at Ulladulla with her grandparents, but she moved back to Kingsgrove in Sydney to attend high school.

The pair originally met when Gerry was a bus driver and Audrey a bus conductress. Gerry still remembers the day he started working on the buses: 22 April 1963. He said the attraction of being employed as a bus driver was that you could earn an adult wage at 18. Audrey started working on the buses on her 18th birthday.

Says Audrey: "And that's where I met my wonderful, wonderful husband."

A lifetime of love and work 'on the buses'

Gerry said when he met Audrey there was a strong attraction and they went out together for a couple of years. Then the couple were engaged for two more years and married on 17 May 1969, at St Mel's at Campsie.

"It was a wonderful event. And 52 years later, we still think back and enjoy those moments and memories," says Gerry.

Gerry said it was a great life working as a bus driver in those days. "Working on the buses was very sociable then; it had a very sociable atmosphere in the early days. There were only really two peaks: you'd start at six am, finish at nine am, start again at three pm and finish at six pm, kind of thing.

"So you had numerous things to do in your breaks, and at the depot there were four snooker tables, two table tennis tables, two tennis courts and other facilities out the back.

"And also in those days you could play a lot of sport between the two peak hours. You either played soccer or football, or did running or swimming; all the various clubs were available to you. So I stayed there for the rest of my career until 9 April 2021, when I retired."

Continued over page >



Joined up young and never looked back

“My mother was a single mum from the time I was 11 – that’s when my father died. I worked in the post office at first, but my friend’s father was a rep for R and T on the railways and he signed me up to join the fund, which has been wonderful,” says Gerry.

“I’ve always had great support from the fund. I’ve had a brand-new nose, which would have cost \$35,000 without the fund, and treatment for various cancers. I’ve never been out of pocket. So I’ve been more than happy with rt health.”

Adds Audrey: “And I’ve had two new knees through rt health and got my eyes done; they’ve always looked after us. And our daughter, Anne Maree, and granddaughter, Jerri Lee, they really looked after them as well. It’s really been through the family. And that’s all because we took out the policies back in the day.

“To me personally, it’s a peace of mind. I’m not concerned about death or sickness, but I’d like to be able to provide for my wife and me, in the case of some kind of sickness or a break, or something whereby you can get immediate help from a specialist of your choice or, you know, go into a private hospital,” adds Gerry.

Great job with social activities

In 1990, Gerry was elected as the social secretary for the Bus Institute Sporting Association (B.I.S.A.), which he says is like a social club. From 1990 until April this year, when he retired, he was involved in organising the Christmas party, the Christmas tree for the kids, the annual road race, ANZAC Day celebrations, the sub clubs, which were soccer, league, tennis and cricket, as well as all the various sporting activities that take place in a big industry like the buses.

The couple has a strong belief in having private health cover, remaining with rt health – which was Railway & Transport Health when they joined – since they were quite young. Audrey joined the fund when she started working as a bus conductress, and Gerry joined before he started working on the buses, when he was just 15 years old.



“My friend’s father was a rep for R and T on the railways and he signed me up to join the fund, which has been wonderful,” says Gerry.

“I know the public system is wonderful, but sometimes there is a wait or a time that you’ve got to wait until such time as you get in; whereby, I suppose I’ve been spoiled by being in a health fund for so long.

“When we required an operation or whatever it may be, we’ve been able to go in there straight away. So, I always would want to be in a health fund.

A family affair

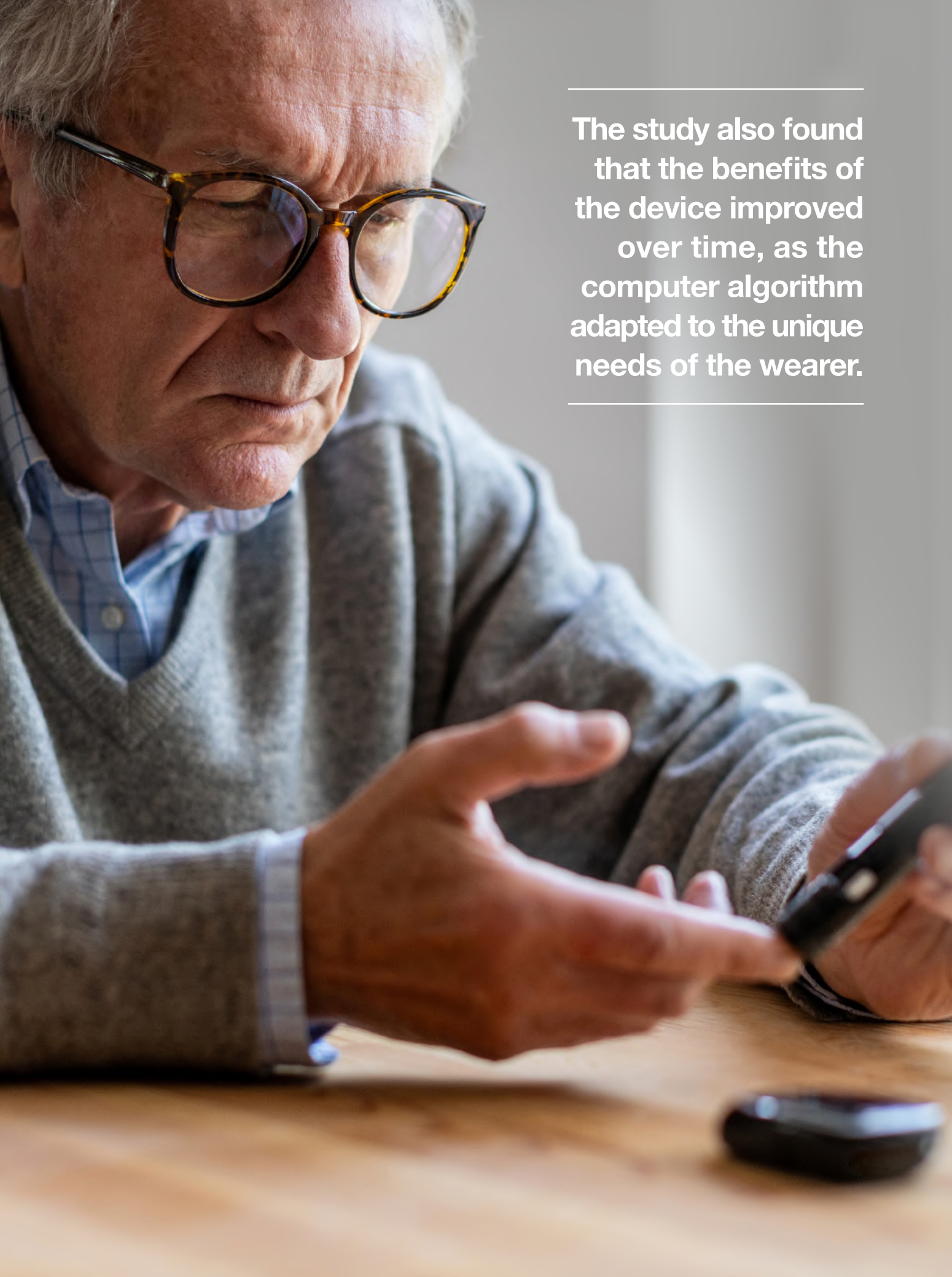
“And knowing that if anything happened to our daughter before she had our granddaughter, we had put her into the fund. And now we know that both our daughter and granddaughter are covered with rt health, should anything happen to them.”

Now the couple have both retired they keep up with their hobbies. Audrey loves to cook: “I make a terrific rock cake!” she says.

Having only retired in April this year, Gerry says he’s on a bit of a learning curve. “I indicated to the bus depot that I was happy to still help out with barbecues, the road race or the Christmas party if they require assistance. Or just to be a visitor and enjoy the activities.”

Gerry and Audrey say they’re hoping to move into a retirement village soon, which has a little gym, a swimming pool and “the various things that we can hopefully take part in to maintain good health.”





The study also found that the benefits of the device improved over time, as the computer algorithm adapted to the unique needs of the wearer.

Diabetes, smartphones, and robots

Managing blood glucose levels in people living with type 2 diabetes and kidney failure has historically been challenging. Good news, from an unlikely source, may be on the horizon.

A recent trial of an artificial pancreas has reported very positive results.

The technology, usually associated with managing type 1 diabetes, involves an external device that is made up of three components: a glucose sensor, a computer algorithm used to calculate insulin dosages, and an insulin pump. This is then connected to your smartphone. The software on your smartphone sends signals to the insulin pump to adjust the dosage as required.

The study, undertaken by the University of Cambridge and the University Hospital of Bern, Switzerland, shows that the use of an artificial pancreas device can safely and effectively help people with type 2 diabetes and kidney failure manage their blood glucose levels.

The study found that people using the artificial pancreas spent an additional 3.5 hours a day in the target blood glucose range. The study also found that the benefits of the device improved over time, as the computer algorithm adapted to the unique needs of the wearer.

An artificial pancreas should allow the wearer more freedom, as it means simpler management of blood glucose levels. At the end of the study, most users reported spending less time managing their diabetes, and less time being concerned about their blood glucose levels.

Research leader Dr Charlotte Boughton from the University of Cambridge said:

‘Patients living with type 2 diabetes and kidney failure are a particularly vulnerable group and managing their condition – trying to prevent potentially dangerous highs or lows of blood sugar levels – can be a challenge. There’s a real unmet need for new approaches to help them manage their condition safely and effectively.’

Type 2 diabetes is a major cause of kidney failure, accounting for just under a third of kidney failure cases.

Kidney failure increases the potential for hypoglycaemia and hyperglycaemia (extremely high or low blood glucose levels). Managing diabetes in people with both diabetes and kidney failure can be challenging.

People who have experienced full kidney failure also require kidney dialysis—the regular process of removing excess water and toxins from the blood in people whose kidneys can no longer do this naturally.

The device is now being developed for people with type 2 diabetes who do not require kidney dialysis.

Key points:

- Management of blood glucose levels in people with type 2 diabetes and kidney failure can be challenging
- This ‘artificial pancreas’ could be extremely useful for blood glucose management in this demographic
- Most users reported less day-to-day concern about their blood glucose levels when using the device

Can't sleep? You're not alone

Everybody has trouble sleeping at one time or another, but there are people who constantly suffer from insomnia. Approximately 33–45 per cent* of Australian adults suffer from inadequate sleep and its daytime consequences.

Insomnia can be caused by stress, anxiety, depression, medication, too much caffeine, or too much exercise or other stimulation before bedtime.

There is also the lesser-known Delayed Sleep Phase Syndrome (DSPS). This is when you find it hard to go to sleep until very late at night. DSPS makes it hard to fall asleep in the evening at a 'normal' time, usually two hours later than what is considered standard, and is related to your body clock. It also means that your body clock wants you to wake up approximately two hours later than 'normal', which is not great if you need to get up early to start work or study.

You can have DSPS at any age, but it is more common in teenagers. Talk to your doctor if you suspect you or your child may have this condition.

One of the things that affects the ability to fall asleep is using electronic devices like mobile phones, tablets and laptop computers too close to bedtime. Many people find reading a book in bed can help turn off the mind and induce sleep, but unfortunately electronic devices can have the opposite effect as they act as stimulants.

There are herbal and vitamin supplements that may encourage better sleep, which you take approximately half an hour before bedtime. These are non-addictive and contain herbs such as valerian, hops, passionflower and chamomile. Some of these are available as supplements, others as herbal teas. But always check with your healthcare practitioner before taking any new supplements or medicines.

Melatonin is sometimes prescribed for people who have trouble sleeping. You can purchase this over the counter at a health food shop or pharmacy, but there is also a prescription-only version available from your doctor.

Here are some tips to help you get a good night's sleep.

- Avoid using electronic devices in the hour before bedtime
- Try going to bed and getting up at the same times every day
- Avoid stimulants such as coffee and cola drinks for several hours before you go to bed
- Alcohol is also a stimulant to avoid. Although it might appear to relax you, too much alcohol will interfere with sleeping
- Exercise at least 15 minutes per day, but no vigorous exercise just before bed
- Avoid very heavy, fatty or fried foods before bed
- Limit daytime napping.

How Extras can help you sleep

There's no one easy fix that works for everyone; it can be trial and error to find out what is right for you. Some rt health Extras that you can claim that may assist with sleeping difficulties include massage, psychology, acupuncture, osteopathy and chiropractic, pharmaceutical prescriptions, hypnotherapy, exercise physiology, Chinese medicine and optometry (eye strain could affect your ability to sleep).

*These treatments are all available on Premium Extras, but check your policy to make sure you are covered.

*Sleep Health Foundation Australia www.sleephealthfoundation.org.au/pdfs/surveys/SleepHealthFoundation-Survey.pdf

Information on Delayed Sleep Phase Syndrome also from Sleep Health Foundation Australia, www.sleephealthfoundation.org.au/pdfs/Delayed-Sleep-Phase-Syndrome.pdf

DISCLAIMER: This wellbeing message is brought to you by the health and wellbeing team at rt health – a division of the Hospitals Contribution Fund. The health information provided here is intended to be informative only and should be carefully evaluated for its source, accuracy, completeness and relevance for your purposes. It is not a replacement for professional medical evaluation, advice, diagnosis or treatment by a healthcare professional. Always obtain appropriate professional advice relevant to your particular circumstances.

**33–45 per cent*
of Australian
adults suffer from
inadequate sleep**





15 min
preparation time

Beetroot and chickpea salad

Ingredients

400g can baby beets, drained and quartered
400g can no-added salt chickpeas, drained and rinsed
1 medium red onion, sliced
100g (large handful) baby spinach leaves, washed
1 tablespoon extra virgin olive oil
1 tablespoon balsamic vinegar
1/4 teaspoon mustard powder
1 clove garlic, crushed
100g low-fat feta, crumbled
2 tablespoons walnuts
ground pepper, to taste

Method

1. Place baby beets, chickpeas, onion and spinach leaves in a large bowl.
2. In a small screw-top jar, add olive oil, vinegar, mustard and garlic and shake to combine to make dressing.
3. Drizzle dressing over salad vegetables and toss to combine.
4. Sprinkle with feta and walnuts and, season with black pepper and serve immediately.

Serves 4

Nutrition Information

304g	Quantity per serving	Quantity per 100g
Energy	1341kJ	441kJ
Protein	16g	5.3g
Fat, total	14.5g	4.8g
– Saturated	3.4g	1.6g
Carbohydrate	25g	8.2g
– Sugars	12.2g	4g
Fibre	11g	3.6g
Sodium	588mg	194mg

20 min
preparation time

Asian chicken salad

Ingredients

2 skinless chicken breasts, visible fat removed (approx. 500g total)
Freshly ground or cracked black pepper
2 cloves garlic, peeled and halved
4 coriander stalks, including stalk and leaves, roughly chop leaves
100g rice stick noodles or vermicelli noodles
3 cups finely shredded Chinese cabbage (approx. 1/2 large Chinese cabbage)
2 carrots, peeled, cut into match-sized strips
4 spring onions, thinly sliced diagonally (include green tops)
3 cups bean sprouts (250g)
1/2 cup loosely packed mint leaves, roughly torn

Dressing

2 tablespoons lime juice
2 tablespoons sweet chilli sauce
2 tablespoons fish sauce
1 tablespoon water
40g unsalted peanuts, roughly chopped

Method

1. Place both chicken breasts in a medium saucepan with enough water to just cover. Season with black pepper.
2. Add garlic, coriander roots and stems. Reserve leaves.
3. Place over high heat and bring to the boil. Reduce heat and simmer with lid on for 2 minutes.
4. Switch off heat, cover and leave chicken to rest in the liquid stock while preparing salad.
5. Place the noodles in a large heatproof bowl and cover with boiling water. Set aside for 5 minutes to soften. Drain well.
6. Add cabbage, carrot, spring onions, bean sprouts, coriander leaves and mint to noodles. Stir well.
7. Remove chicken and garlic from liquid stock and set aside to cool slightly.
8. Make dressing by mashing cooked garlic in a cup and combining with lime juice, sweet chilli sauce, fish sauce and water.
9. Coarsely shred or thinly slice the chicken.
10. Add chicken and dressing to the salad and combine.
11. Serve immediately, topped with peanuts.



Nutrition Information

425g	Quantity per serving	Quantity per 100g
Energy	1498kJ	353kJ
Protein	41.3g	9.72g
Fat, total	9.4g	2.3g
– Saturated	2.3g	0.6g
Carbohydrate	21.6g	5.0g
– Sugars	14.7g	3.5g
Fibre	8.4g	2.0g
Sodium	532.96mg	125.19mg



Lily Doran, member of the Doran family