

**OF PENSIONERS AND SUPERANNUANTS** 

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#### **SPEAKING OUT FOR PENSIONERS SINCE 1931**

## PENSION UP \$38 BUT INDEXATION MUST GO QUARTERLY



PENSION indexation this month will add just short of \$38 to the single pension and \$58 to the couple's pension. These are significant increases, but pensioners are still losing out big time.

The May Budget is quickly approaching, and this is where the rules can be changed.

The Treasury focuses on the freshly

objectively and ensure everyone has an acceptable standard of living.

But there are a few things in particular that CPSA would like to see the committee consider.

Firstly, most people living off income support payments aren't even living above the poverty line.

Those receiving JobSeeker CPSA pre-budget submission to Payments get just \$668.40 a fortnight. This is just over half the poverty announced Economic Inclusion line for adults below pension age at

Pensioners are only slightly

squeaking past the \$499.99 a week

poverty line for a single pensioner.

Clearly something is not right.

to thoroughly review the adequacy

CPSA wants the new committee

But even if payments are set at a higher rate, the current way they are indexed leaves recipients falling behind.

March 2023

If you receive an income support payment you probably know that most are indexed twice a year on 20 March and 20 September.

The amount they increase depends on CPI changes from the previous December and June quarters.

So, if you're noticing the price

Advisory Committee. \$616.62 a week.

If you missed it, this is an better off with their payments just independent body made up academics of economists, and advocates. Their job is to advise Government on policy settings and the effectiveness and adequacy of income support payments.

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CPSA welcomed the news of the of these payments. At an absolute introduction of an independent minimum, everybody should be living above the poverty line. body to address economic inclusion

increasing for a lot of your staple purchases, this will be accounted for in March when indexation occurs. But until then, you're losing money.

This might not be such a huge deal if prices were only rising marginally. But with blow-out inflation rates this is having a real impact on the hip

#### **Continued page 3**

#### March 2023

## Letters

#### **CPSA Executive**

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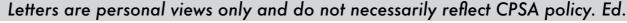




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THE VOICE CPSA Level 3 17-21 Macquarie Street Parramatta NSW 2150



**Inflation and hourly pricing** I WOULD like to suggest that the indexation of all pensions be quarterly. While this won't fully address the inflation currently being experienced, it

will go some way. Also, fuel and grocery pricing is enabled by technology to change hourly. This stacks the cards unreasonably against consumers. This foils careful planning by more astute consumers.

Helen Ducker

#### Stamp duty and GST

I WAS under the impression that stamp duty on all documents was to cease after the GST was introduced in the year 2000. *Helen Orchard* 

(The GST was intended to replace a range of state taxes, including some types of stamp duty. However, GST exemptions negotiated between the Australian Government and the Democrats saw the retention of some state taxes to cover the GST revenue hole. Ed.)

#### Consumer data right

YOU have to see the exemptions granted by the Australian Consumer and Competition Commission ('A safer way to share your data', *VOICE* February 2023). It is astounding. I have seen nine pages with exemptions, ten exemptions per page. *Gary Haley* 

## Nursing home rating system perfection now!

REGARDING the five-star rating system for nursing homes ('It's here: a New Michelin Guide to Nursing Homes!', *VOICE* February 2023), it should NOT be given a chance.

It should be done properly from the beginning, otherwise it becomes the typical "shoddiness" that seems to reoccur in a lot of political and other efforts.

If it is allowed the "chance" as per CPSA, it risks having another government, whether Labor or Liberal, ignoring the shortfalls of this rating system in the future or for politicians to play around with it.

As in Europe, let's get down to the nitty gritty and deal with it pragmatically in the search for high quality.

Margie Peters-Fawcett

#### Fifth COVID shot

THANKS for the article ('Who can get antiviral treatments for COVID-19 when?', *VOICE* February 2023) It does



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Please send me information about my nearest Branch.

I do not wish to join CPSA but would like to subscribe to THE VOICE (1 year—\$32.00 incl. GST).

I belong to an organisation and would like information about how we can become a Branch or an Affiliate of CPSA. (NB: Branches are covered by CPSA's \$20 million Public Liability Insurance.)

Please add a \$5 / other: \_\_\_\_ donation to my membership so I can be a CPSA supporter.

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Please send to: CPSA, Level 3, 17-21 Macquarie St, Parramatta NSW 2150

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#### March 2023

seem our disinterested pollies should award themselves a COVID award.

Only people with severe immune problems are allowed a fifth booster.

The new boosters provide some protection against Omicron, but as I've had four, I cannot get it.

I am 77 with diabetes and have been advised I'm likely to become severely ill if infected.

I was advised to get the booster but refused due to guidelines.

I'm sure I'm not the only senior subject to this discrimination, which is why I'm drawing this to your attention.

Tom Thom

(Since we received Tom's letter, the Australian Government has announced that a fifth COVID shot (Omicron variant-specific) would be available from 20 February. Ed.)

## Send a letter to THE VOICE

THE VOICE, CPSA Level 3, 17-21 Macquarie Street, Parramatta NSW 2150 <u>voice@cpsa.org.au</u>

You must include your name for the letter to be published, though this may be omitted in publication if the letter contains personal information. Letters may be edited for length and clarity.

#### **CPSA Constitution and Annual Report**

Please ring Head Office on 1800 451 488 if you would like a copy of the CPSA Constitution or CPSA's 2021/22 Annual Report to be posted to you. Alternatively, copies can be obtained online at

www.cpsa.org.au/about-combined-

#### From page 1

pocket of payment recipients.

Over the twelve months to September 2022, pensioners lost 1.8 per cent purchasing power from their payments. This is \$457.25 per annum not being spent on vital services like housing, electricity and groceries.

So, CPSA also wants the Economic Inclusion Advisory Committee

#### Let us tell you how happy you will be in your nursing home: regulator

LAST month, we published an article here praising the introduction of the five-star rating system for nursing homes. We're not stepping away from this, but we do think it's important to point out a few of the weaknesses in and of this system.

The first weakness is one common to all rating systems which award a single overall rating. That weakness is simplification: the nursing home rating system tells you whether a nursing home is totally unacceptable (1-star), unacceptable (2-star), acceptable (3-star), good (4-star) or excellent (5-star).

A lot of information goes into arriving at such a rating. The rating will only be as sound as not only the information used in the calculations but also as the method of translating that information into a numerical score.

The new nursing home fivestar rating system looks at four categories of performance: residents' experience, compliance, staffing and quality measures. The MyAgedCare website shows the rating for each individual category and offers a link to how each category rating was calculated. to consider increasing how often indexation occurs, especially in times of high inflation.

Even indexing payments quarterly, just twice more a year, would significantly ease the burden faced by income support recipients.

These two asks are vital in making sure that at the bare minimum recipients are able to live above the poverty line and maintain a decent standard of living.

the survey questions.

To get around that, questions can be answered by family, friends or visiting volunteers who are deemed to know the resident well. Clearly, the answers collected in this way are not always accurate, and in some cases, answers may be misleading.

For example, a family member may say the resident is happy in the nursing home because the family member doesn't want to have the hassle or the additional expense of moving the resident to a better nursing home.

To take such wrong answers into account, a 'data integrity' measure is used when a nursing home's overall star rating is calculated. This means that only 70 per cent of the score on residents' experience is counted in the overall score.

The responses to residents' experience survey questions make up one-third of the overall star rating.

Another issue is the question residents are asked about how safe they feel: "Do you feel safe here?" Like all questions in this category, the response can be one of four responses: never; some of the time; most of the time; and always.

Residents who say they feel safe 'some of the time' are really saying they feel unsafe most of the time. Those who are saying they feel safe 'most of the time' are really saying they feel unsafe some of the time.

pensioners-and-superannuantsassociation/

#### **CPSA Funding**

CPSA receives funding support from the NSW Government Department of Communities and Justice and from NSW Health, as well as from the Australian Government Department of Health.

There are twelve questions, which are answered by a minimum sample of 10 per cent of residents. This means that in a typical nursing home of 100 beds, ten residents are surveyed.

About half of nursing home points residents countrywide are Two cognitively impaired because of propo diseases like dementia. Many of they fe them would be unable to answer three

Yet both those responses attract nome points in the five-star rating system. are Two points multiplied by the proportion of residents who say they feel unsafe most of the time and three points in the case of residents

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who feel unsafe some of the time.

Clearly, a nursing home should not be rewarded with points at all for resident safety unless all residents are safe.

For example, 69 per cent of residents surveyed in an eightybed nursing home said they felt safe 'always'. The remaining 31 per cent said, 'most of the time', meaning almost one-third of residents in this nursing home said they felt unsafe some of the time.

According to the five-star system, this nursing home got 3.38 points for resident safety. Note that the survey on which this score was based indicated just under one-third of residents were not always feeling safe.

Take away those 3.38 points, and this nursing home's residents' threestar experience rating ('acceptable') falls from an overall 39.28 to a twostar rating ('improvement needed') at 35.59 points. 'Improvement needed' means bad.

As you can see, arriving at a rating for residents' experience is not straightforward.

Perhaps, resident safety should be a stand-alone subcategory within the five-star rating system. In combination with data collected using the Serious Incident Reporting System, an assessment of resident safety based on how safe residents

feel can produce a more reliable measure.

Obviously, the five-star nursing home rating system wants to look like Google Reviews, which allows people to comment freely on how a business or service provider performed for them. Google Reviews may not be appropriate and create legal problems for government, industry and care recipients, but the current five-star rating system for nursing homes leaves a lot to be desired.

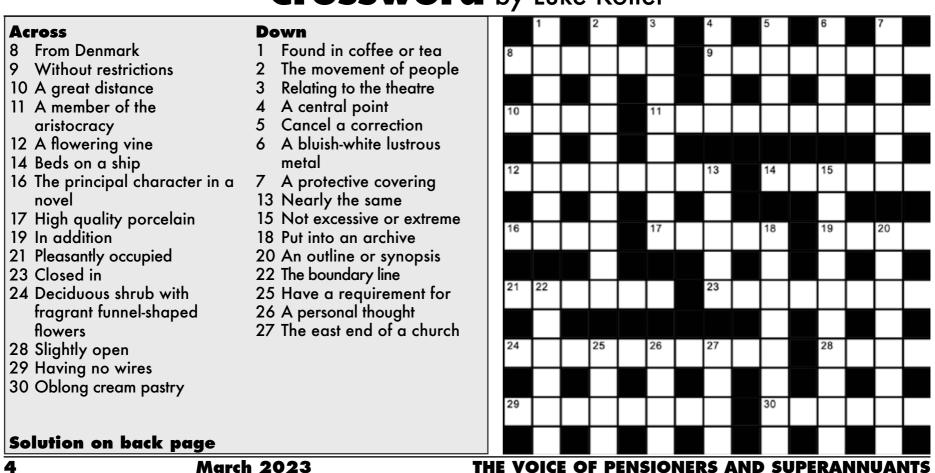
Keep the five-star ratings system, by all means, but put a program in place to improve it progressively and continuously.



## FIVE STAR RATING

#### **Crossword** by Luke Koller

#### Across



## The myth of cheaper self-managed home care

FROM 1 January this year, providers of home care packages can no longer charge more than 20 per cent of your package level for care management and no more than 15 per cent of your package level for package management.

All up, you could be paying 35 per cent of your package level before you see any actual care.

If this seems steep, the 20 and 15 per cent caps have been put in place to stop providers charging even more. It's supposed to be an improvement, in other words.

Take the case of a CPSA member who contacted us late last year to ask what could be done about 47 per cent of his wife's level 4 package being eaten up by care and package management charges. That was 47 per cent of \$52,000 a year, well over \$24,000.

His specific question was: "Could you advise whether I would be able to ditch the provider and employ carers myself using that threshold, so leaving funding for other options (or more hours)?"

In response, we pointed out that from 1 January he could expect a reduction in care and package management charges of between \$5,000 and \$6,000 a year. He could also try and find a less greedy Home Care Package provider.

Changing your provider has become easier since 1 January as a result of a ban on the infamous exit fees providers could charge to deter you from switching to a better provider.

But the CPSA member was really



asking if 'self-management' would mean that his wife would have more to spend on care hours.

Self-managed care is at the centre of the Department of Health's thinking on how to combine the Home Care Package program and the Commonwealth Home Support Program.

In the Department's mind, there is a groundswell of demand for self-managed care. CPSA thinks the Department's got that wrong. There's a groundswell alright, but CPSA believes it is a groundswell of people wanting providers not to rip them off.

Obviously, putting in place price caps of 20 and 15 per cent helps to curb the enthusiasm of the greediest providers, but it also gives the green light to providers who were charging less than 20 and 15 per cent to increase their charges to the new max.

Back to the CPSA member's question whether self-management of his wife's package would free up more money.

The short answer is: yes, although far less than you might think.

Because what does self-managed care actually mean?

As mentioned, the Department of Health distinguishes between 'care management' and 'package management'.

Care management is about making sure that a care recipient's package delivers what it is supposed to deliver. A substantive care management task is to "regularly assess the person's needs, goals and preferences".

It seems very pricy to charge 20 per cent of someone's package level for care management on a continuous basis. Surely, this is not a daily task? level, unless you can find a provider who has been able to resist charging the maximum 20 per cent allowed.

You can self-managemuch (but not all) of your package management. Package management is basically hiring and firing staff, buying any equipment and such like.

People often view package management as limited to finding staff they like, but a lot more goes into it. What if your regular staff rings in sick? It'll be up to you to find a replacement. You'll have to make sure staff get paid.

Some package management you won't be able to do, such as interacting with Services Australia about claims, although that's being looked into.

It's very likely that a package provider will charge for those parts of package management you let them handle. Up to 15 per cent, in fact.

But there are things you can do yourself, such as the hiring and firing of staff. Will that save you money?

To recruit staff you will almost certainly need the services of an online staff recruitment platform, which vets workers advertising their services on the platform's website.

A typical arrangement is for the recruitment platform to require the worker to pay 10 per cent of their wages. The platform also typically requires your provider to pay 5 per cent of the worker's wages.

But effectively you will be paying that on top of the care management and package management fees charged by your provider.

So, you could be paying in excess of the 35 per cent maximum mandated by legislation.

Online platforms obviously have

Care management is a mandatory service. Mandatory for providers to deliver, mandatory for a care recipient to pay for. And this applies to care recipients

who self-manage their care, too. In other words, you can't selfmanage your care management. Your care management is going to cost you one-fifth of your package

a few approved providers lined up who will make it cheaper, but who effectively will be doing little if any care management and the absolute minimum in package management. If you want to get the most out of your Home Care Package, the best way is to look around for the best fully managed deals and take your business to whichever provider offers it.

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#### Why mobile coverage in the bush won't be getting a boost

ANYONE living in regional or rural areas knows mobile reception can be spotty at best.

Telstra and TPG proposed a plan that they claim would improve regional mobile reception, but the Australian Competition and Consumer Commission (ACCC) has blocked it.

The proposal was for a network sharing arrangement between the two telcos. This basically would have meant that TPG would transfer its mobile sites in regional areas to Telstra. They would also have access to each other's mobile network services and they'd be able to expand their coverage.

Telstra claims that this widened coverage would reduce congestion and improve connection in regional areas.

Which everyone can agree is much needed.

But what they didn't mention is all the possible consequences of Telstra controlling more mobile infrastructure.

Telstra is already Australia's largest telco holding a 44 per cent share of the mobile market. Their next biggest rival is Optus, but they only hold a 33 per cent share.

The ACCC's role is to regulate markets and make sure that consumers get the best deal. To do

## A better way to assess older drivers

LIKE the rest of the developed world, all Australian states and territories require a medical by a GP to determine if people aged 75 and over are still fit to drive a car. NSW also requires a road test for drivers over 85 every two years. Problems with eyesight are relatively easy to spot. Disqualifying somebody from driving a car because of such problems are also likely to be accepted more easily. It's a different story where somebody presents with loss of cognitive skills. A form of dementia, in other words. Even in cases where it might be pretty obvious that a

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this they need to make sure that there's always competition in the market since this is what motivates companies to improve services and offer better pricing.

The ACCC does agree that the deal would bring short-term advantages for regional and rural consumers and would also provide better service.

But with widened coverage and extra infrastructure, Telstra's control over the market would only increase. This means that Optus would struggle to keep up and remain competitive, let alone smaller telcos trying to reach a competitive position.

Before approving these deals, the ACCC has a statutory test they must consider. This says the deal can't be approved unless the ACCC is satisfied that it won't substantially lessen competition and that benefits to the public outweigh any negative consequences.

Despite the immediate positives, they've decided that in the long term neither of these conditions are satisfied.

All this doesn't help those in regional and rural areas who don't have access to reliable mobile services now.

The test will be whether ensuring competition between telcos will lead to much needed improvements for regional and rural consumers. It's doubtful, because if competition will achieve this, why hasn't it already done so? Telcos have been competing for a great many years already.

Is this a case of the ACCC putting ahead the interests of city mobile users over the interests of regional mobile users?



driver with dementia should hang up their car keys for good, getting the driver to accept they have to stop driving might be difficult.

Then there are the cases where the dementia is not advanced, and a GP might not be able to judge driving capacity. To solve this problem, University of Queensland researchers have been awarded a \$1.3 million grant to develop video-based driver safety tests for use by GPs. That may seem a lot of money, but if you consider that there are between of 386,000 and 488,000 Australians a, living with dementia, it may be a good investment.

researchers are developing a videobased hazard perception test that can be used to aid GP assessments of older drivers.

The test aims to test an older person's ability to predict a traffic incident by spotting a hazard before it's too late.

The researchers are working with people with dementia to fine-tune the test, which will incorporate real on-road footage that individuals view and respond to.

Apart from making life easier for GPs, what this new video approach may achieve is that the transition from being able to drive to not being able to drive is done in a respectful

The University of Queensland way.

#### March 2023

Three options to address this are explored in the paper.

The light option is to fix up the Industry Code and make providers use an 'affordability assessment'.

A slightly heavier touch is to make BNPL follow some relevant sections of the Credit Act. This would mean BNPL providers have to get an Australian Credit Licence and follow modified Responsible Lending Obligations. In addition, the Industry Code would be fixed.

Lastly, the heaviest option would be to change the Credit Act. This would make BNPL follow all the same requirements that apply to other cards.

BNPL only makes up around 2 per cent of all Australian credit

## Are big changes for online services on the horizon?

ONLINE services are constantly changing. Figuring out how to best protect yourself from online harms seems to be getting harder and harder.

This is one of the reasons for the Australian Competition and Consumer Commission's (ACCC) digital platform services inquiry.

Digital platform services include many things from search engines to social media to online marketplaces. If you have a computer, you've definitely used one before.

The main purpose of the inquiry is to look at how competition in the market and supplier practices could cause consumer harm. They'll be finding key issues in the market and then making recommendations to Government on how to prevent said harm.

Since October 2020 the ACCC

and debit card purchases but it is quickly growing. There's no reason this market shouldn't be regulated just as heavily as traditional credit

t is products.

Otherwise, we'll only see vulnerable consumers continue to be taken advantage of.



has been releasing an interim report every six months addressing potential issues with the current system.

They've noticed a rise in scams designed to access consumer data, harmful apps and fake reviews.

When these issues do come up, the dispute resolution process is unclear, expensive and slow so consumers have no way to resolve problems.

They've also found that service providers have been using their power in ways that decrease competition and lead to worse outcomes for consumers.

At the moment the Competition and Consumer Act 2010 regulates these markets, but the ACCC doesn't think it's doing a good enough job.

So, in the most recent report they've suggested four interventions to try to address these issues.

Firstly, they want economy wide

changes to consumer measures. This includes prohibiting against unfair trading practices and unfair contract terms.

Next is the targeted measures for digital platform services. This includes a mandatory process to prevent scams and remove them once notified of their existence. They also suggest mandatory internal and external dispute resolution standards.

To address competition issues, they're suggesting compulsory codes of conduct specific to each type of digital platform. These codes would apply to certain platforms that meet criteria around their potential to do harm.

And finally these codes of conduct should be developed in consultation with key stakeholders to address specific competition issues relevant to each platform.

Treasury released a consultation paper and is receiving input on whether these suggestions are the best way to go

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best way to go.

There have already been big changes in digital protections recently with the passing of legislation prohibiting unfair contract terms and the introduction of both Consumer Data Rights and a National Anti-Scam Centre.

But with online platforms, and their risks, showing no sign of slowing down, more protection for consumers is always welcome.

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#### Missing diabetes medications

NSW Labor's 2023 affordable housing policy promises "thousands of real homes each and every year in perpetuity for people to live in at an affordable price".

Affordable housing is not about first-home buyers.

Affordable housing is rental accommodation generally intended for people working in not-well-paid jobs in essential-services sectors, such as nurses, police, firefighters and schoolteachers.

Affordable housing is often confused with social housing, but the two are different.

Social housing is secure and affordable rental housing for people on low incomes with housing needs. It includes public, community and Aboriginal housing.

NSW Labor appears to recognise that helping first-home buyers is not the be-all and end-all of housing policy.

Good government housing policy recognises that buying your own home is an aspiration, but that living with dignity in a home is a basic necessity. Dignity in housing means your home is affordable (to you personally), in good repair, big enough for your household and located where work and community are.

That's where good government housing policy starts.

NSW Labor's affordable housing policy says that, if elected, it will conduct a full audit of all publicly owned land.

Suitable parcels will be put on a new Affordable Housing Land Register. This presumably means land set aside for affordable housing can't be withdrawn by subsequent governments. Land on the register will be fasttracked for development through a government agency which already exists, called UrbanGrowth. It will have a mandate of 25 per cent affordable housing. UrbanGrowth will be given greater powers to push development through. a 15 per cent affordable housing mandate on privately developed land. This means that 15 per cent of new dwellings or floor space on any land to be developed must be for affordable housing.

NSW Labor says that it will work closely with Community Housing Providers "to formulate the rules around this [affordable housing] policy". It's not clear if, say, a nurse who moves into a high-paying health administration job will be able to stay in affordable housing or will have to move to make way for somebody on a lower income.

Unfortunately, the elephant in NSW Labor's policy room is social housing. That's housing for people unable to afford affordable housing.

The Sydney Morning Herald

reported that NSW Labor said it would improve the delivery of social housing in NSW by merging three existing government agencies (the Land and Housing Corporation, Aboriginal Housing Office and Department of Communities and Justice Housing) into a single body, Homes NSW.

However, NSW Labor has made no commitment to building new stock in numbers.

CPSA has written to both the NSW Government and the NSW Opposition asking them to address the glaring shortfall in social housing needed to eradicate the 51,000 households on the general waiting list and end homelessness as well as asking them to clarify their policies on social housing.



**Meetings of CPSA's Foveaux Street Branch** 

At the same time, there will be

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March 2023

Mara Tudorin, President of the 'Foveaux Street' CPSA Branch, is convening branch meetings during 2023 (28 April, 30 June, 27 October, 8 November).

The 'Foveaux Street' branch meetings are organised to discuss issues and policy relating to ageing and older people. The 'Foveaux Street' branch can submit policy motions to CPSA's annual conference.

The 'Foveaux Street' meetings are for all CPSA members, that is, whether you belong to another CPSA branch or are a member without branch affiliation.

Meetings will be held at the offices of the Public Service Association, 160 Clarence Street, Sydney. Contact Mara Tudorin on 0422 075 366 or email carrabiniere@optusnet.com.au to register your interest.

#### **NSW Election: property** tax versus stamp duty relief

IN the March NSW election, the annual property tax v one-off stamp duty issue is unlikely to be the main issue.

But since in the long run the introduction of a property tax would result in an unaffordable financial burden for so many people, it's worth outlining the positions taken up by the parties contesting the March election.

The NSW Government, made up by the NSW Liberal Party and the NSW National Party, has pursued the introduction of a property tax for a number of years. It started with the Fire and Emergency Services Levy in 2017, which was a disguise for a property tax. This proposal was abandoned after a public backlash.

The NSW Government again proposed a property tax in 2020. Its gradual introduction was to take decades, as home buyers would have had the choice between stamp duty and property tax. But once a home had become subject to the property tax, subsequent owners

#### Life-saving salt!

DID you know that iodine is used by the thyroid, a gland that controls heart, muscle and digestive function, development and bone brain health? According to the federal Department of Health, our food supply is low in iodine content, and this is a real concern given that the thyroid is the central health control unit of the body.

The human body does not itself produce iodine, so it must come from your diet. There are various foods which contain iodine. But unless you are a daily oyster eater or milk drinker you have to try hard to get to the 150 micrograms a day adults need. That's why the World Health Organisation recommends 'fortification'. In other words, iodine should be taken as a supplement by itself, or it should be added to something you eat. In Australia, it is compulsory for iodised salt to be used in bread, but this may not be would have had to pay property tax. This proposal was abandoned after it became clear that, crucially, there would be no federal financial support.

Undeterred, the **NSW** Government introduced a two-year property tax trial for first-home buyers. They will have the option of paying the upfront cost of stamp duty or a small, annual property tax payment of \$400 plus 0.3 per cent of the land value of the property. Homes purchased under this scheme revert to stamp duty once they are onsold to a non-first-home buyer. The scheme, which is operating now, will cost \$664 million though over the two-year trial period because annual revenue from property tax is lower than stamp duty revenue.

Arguably, the current property tax trial is in reality just another subsidy scheme for first-home buyers. Once they move on, they will have no option but to pay stamp duty on their second and subsequent homes.

NSW Labor and the NSW Greens opposed the first-home buyer property tax trial on the basis that it was a thin-end-of-the-wedge



attempt to introduce wider а property tax scheme.

NSW Labor has vowed to abolish the property tax trial if it wins office in March this year. In addition, it has announced that the budget set aside for the property tax trial will be used to give stamp duty discounts to first-home buyers. There would be a stamp duty exemption for homes under \$800,000 and a concessional rate up to \$1 million.

CPSA's position is that there should be no annual property tax on homes as this tax will become unaffordable for many people once they reach retirement. Even a two-year property tax trial for a limited category of homebuyers is inappropriate as it can serve as a model for the introduction of a general property tax without any real consideration of how people on low incomes would pay it.



the most effective way of trying to make sure everyone gets enough iodine.

This is where table salt comes in. use iodised salt when you use salt. Just as most drinking water supply systems in the developed world add fluoride to protect dental health, iodine is commonly added to table salt to keep your thyroid gland and yourself hale and hearty. Everyone drinks water, everyone uses salt. Iodized salt contains 45 micrograms of iodine per gram of salt. Too much salt, as we all know, is

not good for you.

So, it's not a good idea to increase your salt intake to make sure you get your iodine, but it is a good idea to

Unfortunately, iodised table salt

is being pushed out by salt without the vital iodine additive.

Professor of Medicine, Creswell Eastman, lamented in the Sydney Morning Herald recently that "it is frequently difficult to find any iodised table salt on display in our grocery stores, where the shelves are dominated by un-iodised crude, pink crystalline salts imported from salt mines in Pakistan and labelled

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as 'Himalayan salt' – somehow conveying some mystic qualities on these products".

Professor Eastman admits to very un-professorial acts: "When I get the opportunity, I furtively look for the iodised salt products and bring them to the front of the shelf and push the un-iodised products to the back".

Apart from keeping you healthy day-to-day, adequate, long-term iodine ingestion also makes you live longer a 2020 Danish study found.

The study compared residents of the coastal city of Skagen and the inland city of Randers. Skagen uses groundwater for its drinking water. This drinking water contains high levels of iodine. This meant that people from Skagen had adequate levels of iodine. Randers didn't have the benefit of drinking water high in iodine. Its residents as a group showed a slight iodine deficiency.

As a result, there was far more thyroid-related disease around in Randers (26 per cent) than in Skagen (6 per cent).

The Danish study then tried to find out if there was link between long-term residency in Skagen and Randers and life span. This followup occurred twenty years after the initial investigation showing the difference in the incidence of thyroid disease in Skagen and Randers. The follow-up looked at what had happened to people aged 55 to 60 after twenty years.

It turned out that overall, 88 per cent of Skagenians had died compared with 95 per cent Randersians. Skagenians had stayed alive longer!

The study noted that an inadequate iodine intake is linked

Spaghetti is good for you!

THE Mediterranean diet, the website of the respected Mayo Clinic says, "is a way of eating that's based on the traditional cuisines of Greece, Italy and other countries that border the Mediterranean Sea.

"Plant-based foods, such as whole grains, vegetables, legumes, fruits, nuts, seeds, herbs and spices, are the foundation of the diet. Olive oil is the main source of added fat.

"Fish, seafood, dairy and poultry are included in moderation. Red meat and sweets are eaten only occasionally."

Not included in this list of ingredients is pasta, even though pasta is big in Italy and dates back to China BC and was a feature of the ancient Greek diet.

It may be that pasta gets left out of descriptions of the Mediterranean diet because it has a bad reputation. After all, pasta is supposed to be 'just carbohydrates'.

So, is pasta as bad as lollies, useless as a food and fattening?

First of all, cooked pasta is twothirds water, and water doesn't make you fat.

And when pasta is cooked and cooled, some of the carbohydrates convert to 'resistant' starch, that is, resistant to digestion. So, your leftover pasta, even if you reheat it, is lower in calories than when first cooked and eaten and therefore less fattening. Now, to the real benefits.

In a bowl of 150 grams of cooked pasta, there are about 40 grams of carbohydrates, 8 grams of protein and half a gram of fat. The rest of the 50 grams of the pasta (uncooked) is made up of vitamins (B1 and B9) and minerals (iron).

Carbohydrates, generally, are not as bad as they are sometimes made out to be.

In a healthy diet, we should get between 45 and 65 per cent of our energy from carbohydrates, between 10 and 30 per cent from proteins, and between 20 and 35 per cent from fats.

In pasta, for every five grams of carbohydrates, there's one gram of protein. This means pasta actually has enough protein to balance with the carbohydrates.

Because pasta is rarely eaten just by itself and usually comes with vegetables or meat or both, pasta can be a very healthy meal.

Use wholegrain pasta, which has a higher fibre content, and things look even better.

Instead of avoiding pasta as a bad food or feeling guilty about indulging, consider reducing portion sizes.

Pasta is a good thing, but you can also have too much of a good thing!

(This article draws on an article by Emma Beckett, a senior lecturer in Food Science and and Human Nutrition at the University of Newcastle.)



to thyroid disease. Importantly, the study notes that this link becomes stronger with advancing age.

Now, what type of salt are you going to buy next time you go to the supermarket?

That's right, and while you're at it, move some of those iodised salt containers to the front of the shelf, will you?

Professor Eastman approves!



## **CPSA Information Directory**

#### **INCOME SECURITY**

Centrelink Age Pension **13 23 00** DSP/Carer benefits **13 27 17** Family Assistance 13 61 50

**Welfare Rights Centre** 1800 226 028

**British Pensions in** Australia 1300 308 353

**National Debt Helpline** 1800 007 007

#### HOUSING

**Housing NSW** Public and community housing 1800 422 322

**Tenants' Union Advice Line** 1800 251 101

**Tenancy Advice & Advocacy** Service Find your local service tenants.org.au

**No Interest Loans Scheme** 

Loans to purchase essential

household items 13 64 57

**Energy Made Easy** 

Price comparisons

1300 585 165

energymadeeasy.gov.au

Planning Australia

BE OPEN | BE READY | BE HEARD

1300 208 582

PLANNING

FUTURE HEALTHCARE

PREFERENCES

Advance Care

#### **GOODS & SERVICES**

**NSW Energy & Water Ombudsman (EWON)** 1800 246 545

**Telecommunications** Industry Ombudsman 1800 062 058

**NSW Seniors Card** 13 77 88



24/7 GENERAL ENQUIRIES HELPLINE

132 011

#### **HEALTH, WELLBEING & TRANSPORT**

**Office of Hearing Services** Subsidised hearing aids 1800 500 726

**National Dementia Helpline** 1800 100 500

> **VisionCare** Subsidised spectacles 1300 847 466

**Taxi Transport Subsidy** Scheme transport.nsw.gov.au/ttss 1800 623 724

**Carers NSW** 1800 242 636

**Aged Care Complaints Commissioner** 1800 951 822

> Lifeline 13 11 14

**Australian Men's Sheds** 1300 550 009

**NSW Public Dental Health** Services Call NSW Health for details 1800 639 398

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1800 200 422 www.myagedcare.gov.au



### **NSW Ageing and Disability Abuse** Helpline

NSW

1800 628 221 (Mon-Fri 9-5)



National Disability **Insurance** Scheme

1800 800 110 DISABILITY

SUPPORT FOR **PEOPLE UNDER 65** 

#### LEGAL

**Seniors Rights Service** Retirement village advocacy 1800 424 079

**Fair Trading** Rental bond and tenancy info 13 32 20



1800 931 678 **DISPUTE RESOLUTION** FOR FINANCIAL SERVICES

#### RIGHTS

**Australian Human Rights** Commission Complaints about discrimination 1300 369 711

> Commonwealth Ombudsman 1300 362 072

**NSW Ombudsman's Office** 

**National Continence Helpline** 1800 330 066

> **Rape Crisis Centre** 24hours/7days 1800 424 017

**National Domestic Violence** Helpline 1800 200 526

**NSW Health Care Commission** 1800 043 159

**Cancer Council NSW** 13 11 20

**Exit International** Information about euthanasia 1300 103 948

**Mental Health Crisis Team** 24/7 for mentally ill people in crisis 6205 1065

Law Access Referrals for legal help 1300 888 529

**NSW Dispute Resolution** 1800 990 777

Women's Legal Services NSW Family law, domestic, violence, sexual assault & discrimination 1800 801 501

1800 451 524

**NSW Trustee and Guardian** 1300 360 466

**Guardianship Tribunal** 1300 006 228

**Older Persons** Advocacy Network (OPAN) Individual advocacy for aged care recipients 1800 700 600

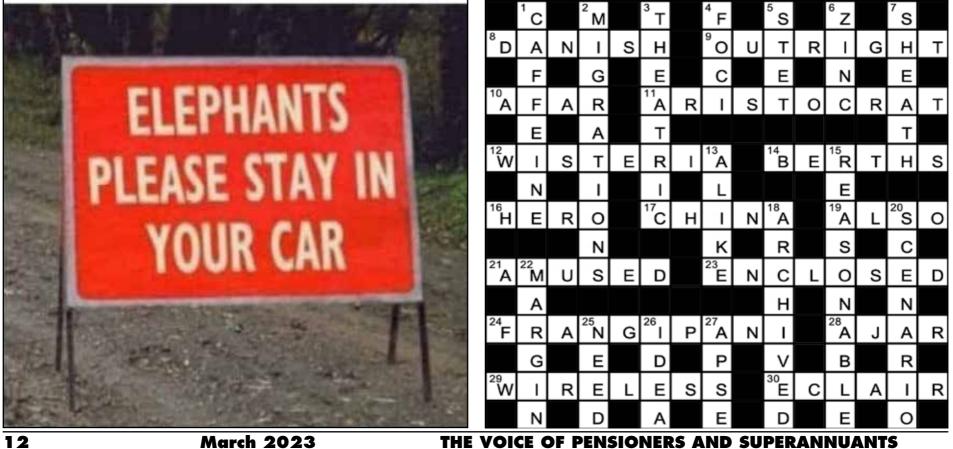
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## GigglePage



I didn't even know they could drive







**Crossword Solution Crossword on Page 4** 

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	Е		Α		т								Н	
<sup>12</sup> W	1	s	т	Е	R	I	<sup>13</sup> A		<sup>14</sup> В	Е	<sup>15</sup> R	т	Н	s