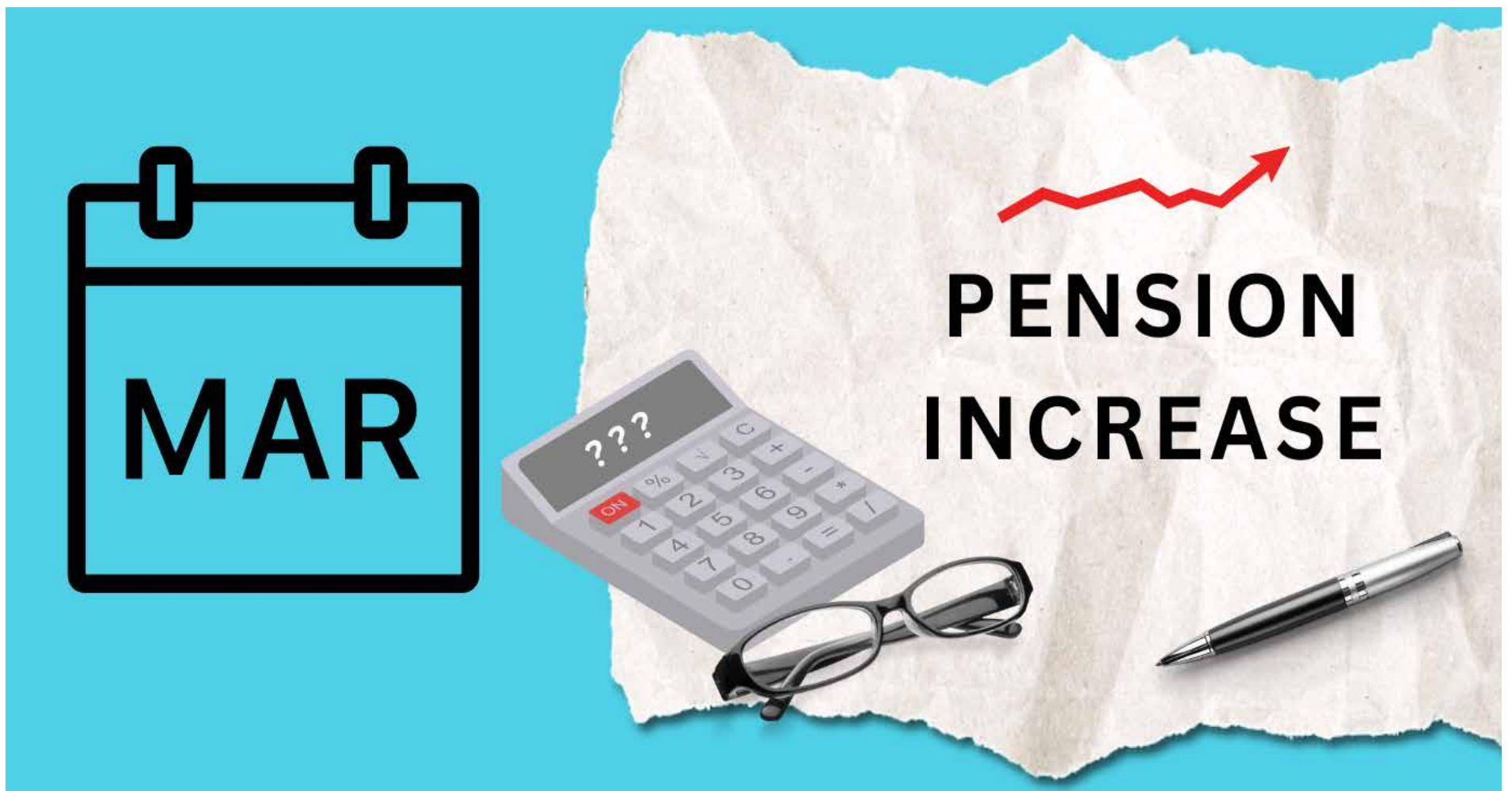


INFLATION EASES BUT PENSIONERS WILL FEEL THE PINCH



WELL, the figures are in – some of them, at least.

The Consumer Price Index (CPI) increase has been announced for the December 2024 quarter. It has remained at 0.2%, the same figure reported in the September 2024 quarter.

This means that the cost of living is still going up but has slowed considerably. In fact, 0.2% is the lowest quarterly CPI increase since 2021. Annual inflation is currently at 2.4% and has been steadily dropping since its peak of 7.8% in December 2021.

What does this mean? Well, it's good news for households who are hoping to see interest rates drop in coming months, but it's a double-edged sword for those who are relying on income support payments or pensions as it means the March increase will be much lower than one might hope.

Whilst every dollar counts, those who are already struggling to make ends meet won't see much relief after the upcoming indexation kicks in.

As most readers of *THE VOICE* already know, the Age Pension, Disability Support Pension (DSP)

and Carer Payment are indexed twice a year. Increases take effect on 20 March and 20 September.

Indexation is based on several figures. The big ones are CPI and the Pensioner and Beneficiary Living Cost Index (PBLCI).

CPI is the official measure of inflation in Australia. It is calculated monthly to measure how much prices have gone up for a selected list, or 'basket', of goods and services.

The PBLCI was introduced in 2009 and reflects prices for things people

Continued page 4

CPSA Letters

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THE VOICE

OF PENSIONERS AND SUPERANNUANTS

Phone: 1800 451 488

Email: voice@cpsa.org.au

Editorial Team: Ash Fowler
and Billy Pringle

Design: Antoine Mangion

Printer: Spotpress

24/26 Lilian Fowler Place,
Marrickville NSW 2204

All content is prepared by the
CPSA VOICE editorial and
production team.

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CPSA

Level 3

17-21 Macquarie Street
Parramatta NSW 2150

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Should teeth really cost an arm and a leg?

DENTAL care is something which is important for overall good health, yet for many of us it can be prohibitively expensive. As a consequence dental care is often avoided, ignored, delayed and deferred.

As mature Australians, many of us are on reduced or fixed incomes. Most are transitioning to retirement, reducing hours of work, semi-retired, or on pensions - either full or part. The cost of dental care is a greater impost. It is something which should be added to Medicare.

I broke a tooth recently and attended a dentist for care. I had the choice of having a tooth removed or undertaking an expensive root canal treatment. I have chosen the latter. X-rays found issues with two other teeth.

I am a person who grinds their teeth, which risks further damage to my teeth, necessitating repair. I have also had some rear teeth removed which has led to other issues. A common issue that affects individuals is commonly referred to as 'TMJ', which is dysfunction of the Temporomandibular Joint. This leads to jaw pain and other issues. I saw my doctor who was quick to diagnose the problem. As I had more teeth on one side

and fewer on the other, I was chewing more with one side of the mouth.

An example of how dental issues can affect other aspects: the cost of treatment was over \$2,000. This is unaffordable to many.

A second issue also arose, relating to health insurance. This insurance is quite expensive and its value is increasingly questioned. I have a 'Gold' policy, including Extras Cover. It's now debatable whether or not it's worth paying the extra money out for this cover.

My dental bill is estimated at \$2,070, with health insurance covering just 30-35% of this. I have also had physiotherapy with private health rebating \$44 of a \$80 fee.

Clearly reform is needed in the areas of dental care and health cover. Patients and consumers are experiencing large out of pocket expenses.

Peter Sutton

Has Canberra forgotten about us?

I TOTALLY agree with Lynda Forbes's letter (*THE VOICE* Dec 24-Jan 25) on the billions of dollars Canberra is spending on defence at the expense of the aged care and other 'local' budgets. Throughout history the world has spent more money on wars - read, killing people - than on



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- Please send me information about my nearest Branch.
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- Please add a \$5 / other: _____ donation to my membership so I can be a CPSA supporter. (All donations above \$2 are tax deductible.)
- Please send me information about making a bequest to CPSA in my will.
- Yes, I agree to CPSA using my mobile number to send me information and other Member communication.
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any other thing. There is obviously more money to be made killing people than on saving people.

Why does Australia persist in punishing its elderly? We all still pay tax every time we go shopping in the form of GST. We are all still a part of the education system in every history lesson. We don't have to read about modern history; we ARE modern history. Our ex-service personnel don't have to sit in a class and listen to a teacher talk about the wars in the Middle East, Vietnam, Korean, or Europe; they were there dodging bullets for the freedom of Australia only to grow old fighting the hardest war of all, staying alive on home soil.

Trying to make ends meet on an embarrassing pension scheme. The Australia as we once knew it has gone. Today, it seems the less you do or have done, the better off you are.

Canberra, you have lost my respect AND you have lost my vote. I can't and don't vote for any government who punishes their elderly who have contributed to building this country into what it once was. Whatever a country has is what old people have built. In the whole financial scheme, how much would it really cost to allow your senior citizens to live out their remaining years with dignity without having to worry about money?

We are not your enemy Canberra. We are not your opposition. We are your senior citizens, not asking for anything more than to live with dignity. We have our own health worries that are going to kill us, we don't need you to add any more worries.

By the way, next time you visit the Australian War Memorial spare a thought for those who didn't become senior citizens, and all the money being saved by not having to pay them. They shall not grow old to worry about where and how they are going to die, and whether they can afford death.

William Griffith

(Ed: This letter was edited for length.)

Unfair rule

I AM writing to you about what I feel is a very unfair rule for seniors

Call for letters to the editor: we need you!

If you have comments about an article or any other topic, please consider sending a Letter to the Editor. We have heard from readers that they enjoy comments from other Members and subscribers, but we aren't Dorothy Dix...we can't write them ourselves!

It would be helpful if you could let us know whether you would like us to include your letter or comments in a future edition of *THE VOICE*, and whether we have permission to include your name. Contributions are welcome and appreciated, so please do drop us a line if you feel so inclined.

You can get in touch with us via email at voice@cpsa.org.au or by sending a letter to:

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within Centrelink. Any property owned by a pensioner or pensioner couple that is in excess of 5 acres in area is automatically deemed as an asset. This rule applies regardless of the ability of the property to generate income. Since Centrelink has access to all/any income information it would seem fair and reasonable that income alone should be the determinant of the proportion of the pension payment, not land size related.

Take the simple example where a couple have bought, say, 12 acres of bushland upon which to retire. Their pension will be reduced substantially

because they have 7 acres of land in excess of the 5-acre rule and none of it can generate any income. When the 7 acres is multiplied by the dollar value per acre it according to Centrelink becomes a valuable asset and is treated the same as savings in the bank. However if they bought a property of equal value of 5 acres or less (and still have the same effective value of assets) their pensions would be increased substantially.

Is there any way we can publicise this and warn people of this unfair and inequitable rule and attempt to have it changed?

Ian Fairweather

Garden of Remembrance

CPSA Life Member Joan Teale will be remembered for her enormous contributions to CPSA through her work for numerous years as Dubbo CPSA

Branch Assistant Secretary; Dubbo CPSA Branch Secretary; Dubbo/Orana Secretary and CPSA Returning Officer in 2009, 2010, 2011, 2012, 2013 and 2015. Association Life Membership was awarded to Joan on 29 October 2019.

After many years of ill health, Joan passed in early January. She is remembered for her years of dedicated service as a nurse and in the local community in Dubbo.

REST IN PEACE

CPSA News

From page 1

who are living on a pension (or other government benefit) are more likely to spend their money on. For example, it does not include the cost of buying a new home.

When it's time to calculate the next indexation figure, CPI and PBLCI figures for the past 6 months are compared. The highest of the two will determine the amount that payments are increased. CPI has increased by 0.4% over the past 6 months, but we won't know the final PBLCI figures until mid-February.

People in "GP deserts" miss out on care

SOME communities are "GP deserts", where there are too few GPs to ensure everyone can get the care they need when they need it. These communities are typically sicker and poorer than the rest of Australia, but receive less care and face higher fees.

At the 2025 federal election, all parties should commit to changing that. The next government – whether Labor or Coalition, majority or minority – should set a minimum level of access to GP care, and fund local schemes to fill the worst gaps.

About half a million Australians live in GP deserts. These are communities in the bottom 5% for

Hopefully the PBLCI will be higher than the 0.4% increase promised by the most recent CPI figures, but this seems unlikely. The September 2024 quarter saw only a 0.3% increase to the PBLCI.

Whilst it is impossible to be sure at this time, it seems very likely that the next indexation will be between 0.4% and 0.6%. This means pensioners can expect an increase of around \$10 per fortnight for couples, and \$6.70 for singles. CPSA will publish a more accurate estimate in the March edition of *THE VOICE*.

GP services per person. Most GP deserts are in remote Queensland, Western Australia and the Northern Territory, and some are in Canberra.

People in GP deserts receive 40% fewer GP services than the national average. This means less of the essential check-ups, screening and medication management GPs provide.

Nurses and Aboriginal health workers help plug some of the gap, but even then GP deserts aren't close to catching up to other areas.

And some people miss out altogether. Last year, 8% of people older than 65 in these areas didn't see the GP at all, compared to less than 1% in the rest of the country.

GP deserts are in the worst

The JobSeeker Payment will also be indexed at the same time, but it is always increased by CPI. Unless the Australian Government announces an increase to the base rate, people receiving the JobSeeker Payment will receive a measly \$2.80 (for singles) and \$4 (for couples) extra a fortnight.

CPSA believes that everyone deserves to live a dignified life, and urges the Australian Government to increase all pensions and payments significantly to ensure that no one lives in poverty.

possible places. These communities are typically sicker and poorer, so they should be getting more care than the rest of Australia, not less.

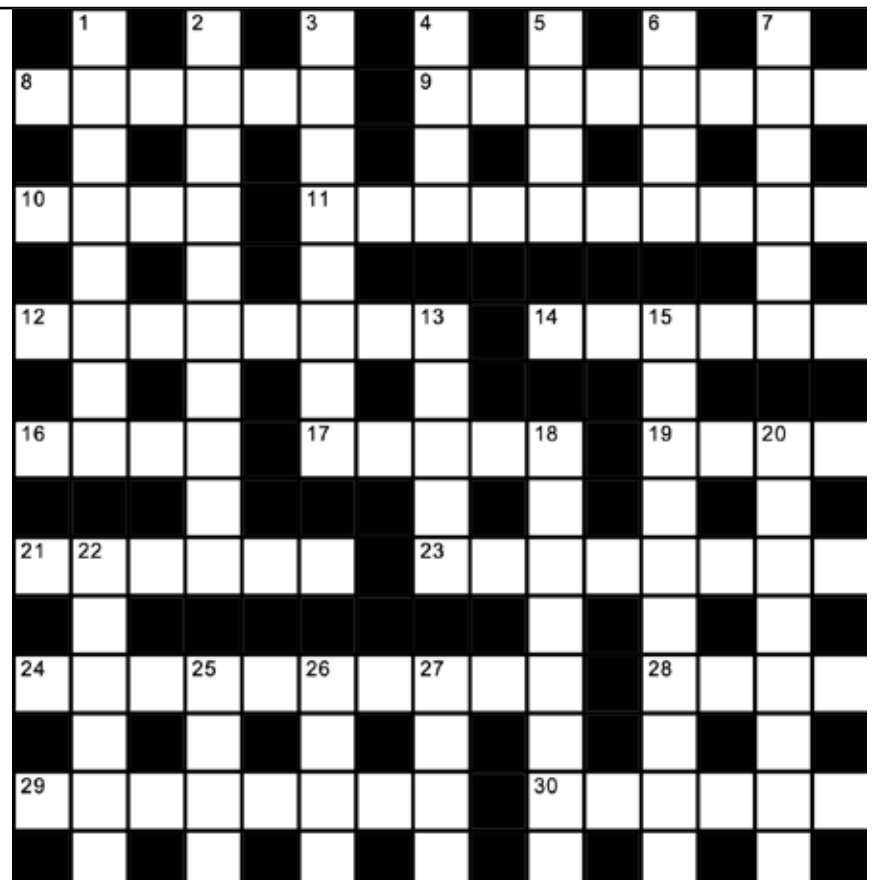
People in GP deserts are almost twice more likely to go to hospital for a condition that might have been avoided with good primary care, or to die from an avoidable cause.

Most GP deserts are in the bottom 40% for wealth, yet pay more for care. Patients in GP deserts are bulk billed six percentage points less than the national average.

These communities miss out year after year. While rises and falls in national bulk billing rates get headlines, the persistent gaps in GP care are ignored. The same communities have languished well

Crossword by Luke Koller

- | | |
|--------------------------------|--------------------------------|
| Across | Down |
| 8 Silver screen venue | 1 Australian state |
| 9 Toughened over time | 2 Systematic |
| 10 Persistent urge to scratch | 3 Mobile holiday homes |
| 11 Project given by a teacher | 4 The other one from that |
| 12 Soon-to-be degree recipient | 5 Amphibian |
| 14 Elaborately decorated | 6 A column of light |
| 16 Soft mineral powder | 7 _____ butter |
| 17 Leafy dish | 13 Valleys in northern England |
| 19 Floor protectors | 15 Naming a candidate form |
| 21 Graceful staged dance | 18 Charitable contribution |
| 23 Words with similar meanings | 20 Salt-tolerant shrub |
| 24 Find a way around | 22 Beehive collection |
| 28 Set period of time | 25 Duplicate |
| 29 Suggested for consideration | 26 Crush into pulp |
| 30 Double-reed instrumentalist | 27 Finishes |



Solution on back page



QACAG NEEDS YOU!

The Quality Aged Care Action Group (QACAG) was established to advocate for quality aged care. We are a small group of like-minded individuals who meet every two months to campaign for quality aged care, including safe staffing. We lobby Government, make submissions and collaborate with other consumer advocacy organisations.

Meetings are usually held every two months in Sydney and concurrently via Zoom to allow those in regional areas to be involved. However, you do not have to attend the meetings to be an active member. Most members are aged care nurses, people who have experiences of aged care, or who live in aged care themselves.

Membership costs \$20 a year for individuals and \$50 a year for organisations.

If you would like to join us please contact us in any of the following ways:

- ✉ 50 O'Dea Avenue, Waterloo NSW 2017
- ☎ 0417 567 374
- @ dmurphy@nswnma.asn.au

below the national average for more than a decade.

Most GP deserts are rural, so recent policies to boost rural primary care could help a bit.

In response to rising out-of-pocket costs, the government has committed A\$3.5 billion to triple bulk-billing payments for the most disadvantaged. Those payments are much higher for clinics in rural areas. An uptick in rural bulk billing last year is an early indication it may be working.

New rural medical schools and programs should help boost rural GP supply, since students who come from, and train in, rural areas are more likely to work in them. A "rural generalist" pathway recognises GPs who have trained in an additional skill, such as obstetrics or mental health services.

But broad-based rural policies are not enough. Not all rural areas are GP deserts, and not all GP deserts are rural. Australia also needs more tailored approaches.

Some communities have taken matters into their own hands.

In Triabunna on Tasmania's east coast, a retirement in 2020 saw residents left with only one GP, forcing people to travel to other areas for care, sometimes for well over an hour. This was a problem for other towns in the region too, such

as Swansea and Bicheno, as well as much of rural Tasmania.

In desperation, the local council has introduced a A\$90 medical levy to help fund new clinics. It's also trialling a new multidisciplinary care approach, bringing together many different health practitioners to provide care at a single contact point and reduce pressure on GPs. Residents get more care and spend less time and effort coordinating individual appointments.

Murrumbidgee in New South Wales has taken a different approach. There, trainee doctors retain a single employer throughout their placements. That means they can work across the region, in clinics funded by the federal government and hospitals managed by the state government, without losing employment benefits. That helps trainees to stay closely connected to their communities and their patients. Murrumbidgee's success has inspired similar trials in other parts of NSW, South Australia, Queensland and Tasmania.

These are promising approaches, but they put the burden on communities to piece together funding to plug holes. Without secure funding, these fixes will remain piecemeal and precarious, and risk a bidding war to attract GPs, which would leave poorer

communities behind.

The federal government should guarantee a minimum level of general practice for all communities. If services funded by Medicare and other sources stay below that level for years, funding should automatically become available to bridge the gap.

The federal and state governments should be accountable for fixing GP deserts. These regions typically have small populations, few clinicians, and limited infrastructure. So governments must work together to make the best use of scarce resources.

Funding must be flexible, because every GP desert is different. Sometimes the solution may be as simple as helping an existing clinic hire extra staff. Other communities may want to set up a new clinic, or introduce telehealth for routine check-ups. There is no lack of ideas about how to close gaps in care, the problem lies in funding them.

Lifting all GP deserts to the top of the desert threshold – or guaranteeing at least 4.5 GP services per person per year, adjusted for age, would cost the federal government at least A\$30 million a year in Medicare payments.

Providing extra services in GP deserts will be more expensive than average. But even if the cost was doubled or tripled, it would still be only a fraction of the billions of dollars of extra incentives GPs are getting to bulk bill – and it would transform the communities that need help the most.

GP deserts didn't appear overnight. Successive governments have left some communities with too little primary care. The looming federal election gives every party the opportunity to make amends.

If they do, the next term of government could see GP deserts eliminated for good.

Article by Peter Breadon (Program Director Health and Aged Care, Grattan Institute) and Wendy Hu (Associate, Grattan Institute). Published in The Conversation January 27 2025.

CPSA News

Nuclear energy has no future in Australia

IN 1969, Australia began laying the groundwork for a nuclear power station at Jervis Bay, around 150km East of Canberra. Just two years later, the plan was paused and then scrapped after a government report found that nuclear energy would be considerably more expensive than coal-fired power. So while some other countries went down the path of nuclear energy, Australia continued to build coal-fired power stations for the next 40 years, with the most recent plant having been opened in 2009.

Fast forward to 2025. Many of these coal-fired power stations have now closed, and the remaining ones are all scheduled to be gone by 2040 at the latest. Partly, these closures are due to the age of the power stations (the average lifetime for a coal plant is around 45 years), but mostly it is because these power stations can no longer make enough money.

Coal-fired power stations are slow and very expensive to start



up and power down, so they can only really afford to operate if they are running constantly. Historically, this wasn't a problem because Australia's electricity needs were very predictable and fairly even throughout the day. This meant that coal stations could slowly increase or decrease their electricity generation in advance of high and low periods of demand.

In the past couple of decades though, several things changed.

First, many electricity intensive industries like car manufacturing began to shrink or disappear in Australia. Second, many households began installing rooftop solar panels that reduced the amount of electricity they needed to draw from the grid during the day. Third, large scale solar and wind plants were built that could provide cheaper electricity than coal.

These three factors changed Australia's electricity usage, leading to less demand during the middle of the day and more in the evening.

The problem for coal-fired power stations is that the power that they generate must be used. If electricity is flowing into the grid but not flowing out again, it can damage infrastructure and create blackouts. And because coal plants are very expensive to shut down and start up, it is more affordable for them to

pay to send electricity into the grid when demand is low than it is for them to stop production.

For many coal plants, especially older ones that face high maintenance and refurbishment costs, these numbers no longer stack up and they cease to be as profitable as they once were. This can lead their owners to decide to close them ahead of schedule.

Like coal-fired power stations, nuclear power stations are more expensive to shut down and restart than they are to run around the clock. And unless modified, they are at their most cost efficient when running near to their maximum capacity (on average, nuclear energy around the world runs at around 80% capacity).

This means that all the problems facing coal-fired power plants in Australia – low demand during the day and cheaper electricity from renewables – would also face nuclear power stations.

Because nuclear energy is very expensive to set up in the first place, these costs need to be recouped by guaranteeing a steady and predictable income over the long life of a nuclear reactor. The problem is, Australia's electricity demand is very hard to predict, especially as more households continue to add rooftop solar and battery storage.

Find-A-Word by Luke Koller

A N J O U L J O H N G S O V A
M O T H L S Y U E U S G F I O
F A Z A I C K O N O P M L O W
C R W N S C E S R O U E O L E
U B O A R O Y R Y I C U R A N
K D R T Y B A L T D K L E A R
A I S A H W A T H E N S N L L
P O I T I E R S E N S E T R Y
G N L Y Z B D P 8 I L R I H S
C H I R O N E C T E U O N U A
A G U E O L Z E H R C S E R N
E F S T C P I N C H E S P S D
S E X T U S O A M I E N S U E
A E S O N I H U G H W Y E L R
R M O U L D Y C T O A M B A S

SHAKESPEARE

Adonis
Aeson
Ague
Ambas
Amiens
Anjou
Arde
Athens
Caesar
Cato
Celia
Certes
Chiron
Clepe
Cobweb
Curan
Denier
Dion
Ely

Eros
Exton
Florentine
Froth
Helena
Henry the 8th
Hugh
Iago
Iras
John
Juno
Lear
Lion
Luce
Lysander
Moth
Mouldy
Nym
Owen

Pinch
Poitiers
Puck
Ross
Sextus
Silius
Snug
Theseus
Tybalt
Tyre
Ursula
Viola
Wall
Wye
Yorik

**Solution on
back page**

Australia currently has a higher proportion of households with rooftop solar than any other country and this is likely to increase over time, which will continue to reduce our demand for electricity during the day.

In order for nuclear energy to be a reliable and profitable investment, the Australian Government would likely have to discourage the uptake of new rooftop solar and batteries, something which they would probably be unwilling to do.

This means that private companies are unlikely to ever invest in nuclear energy in Australia when they could more affordably invest in renewables or battery storage.

Nuclear energy may once have been an option for Australia's electricity production, but that time has long since passed.

Older driver testing: It's time for a review

FOR the past 10 years, CPSA has campaigned to improve the fairness and transparency of the older driver testing system in New South Wales.

Unlike all other states and territories, and all other jurisdictions in the world except for Illinois, USA, NSW has mandatory on-road testing for drivers aged 85 and over.

In NSW, drivers aged 75 and over require a medical assessment from a GP to ensure that they are still safe to drive. Certain medical conditions, including some forms of dementia, can result in GPs recommending that a driver has their licence cancelled. A doctor may also recommend an on-road test to assess whether a medical condition impacts someone's driving ability.

At age 85, NSW drivers continue to require a yearly medical check from their GP, but must also take a mandatory on-road driving test every two years in order to keep their unrestricted licence. Here's where things get a little complicated.

Drivers can take this test for free at a Service NSW centre, but if they need to re-sit the test because they have not passed, they are only allowed a total of three attempts. However, they can also pay an



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accredited older driver assessor who can come to their home and conduct an on-road test in their local area. If drivers choose to pay an assessor rather than visiting a service centre, they can re-sit the test as many times as they need to unless they commit a 'Serious Fail' during the assessment.

According to the Transport for NSW 'Guide to Older Driver Licensing', any driving behaviour that represents an immediate danger to the driver or other road users is deemed a 'Serious Fail'. Committing a Serious Fail during a driving test with either a Service NSW assessor or an accredited older driver assessor will result in the driver having their licence revoked. While this decision can be appealed in a Local Court, if the court then agrees with the assessor's decision the licence will remain cancelled. CPSA has been informed by the NSW Minister for Roads that after an older driver's licence is cancelled due to a Serious Fail, they are unable to reapply for their licence in the future.

If NSW drivers are concerned about doing an older driver test or do not need to drive frequently or far, then they can also opt to switch to a 'modified licence'.

Drivers aged 85 and over can apply to switch to a modified licence

that limits the distance that they are allowed to drive, but which does not require them to take an older driver test every two years. Early medical checks are still required though, and if a doctor has recommended that someone switch to a modified licence then an on-road test will still be required.

Modified licence holders are limited to only driving within a certain radius of their home, as agreed to by the local Service NSW centre. This limit could be 5, 10 or 15km for people in non-rural areas. For drivers in rural areas whose nearest town is outside of a 15km radius, this limit can be amended to allow them to drive to their nearest town.

If a driver opts for a modified licence but then changes their mind, they are able to regain their unrestricted licence after completing an on-road test.

Western Australia and Tasmania previously required all older drivers above a certain age to take on-road tests, but both states have since removed this requirement. WA opted to end the requirements after finding that the tests were based on misconceptions about the ability of older drivers, and that the testing requirement was potentially

discriminatory.

Likewise, Tasmania decided to stop mandating on-road testing for older drivers in 2011 after the Tasmanian Anti-Discrimination Commissioner found that the requirement breached the state's Anti-Discrimination Act.

By contrast, the NSW Anti-Discrimination Act has an explicit carve-out for older driver testing. This means that, unlike in WA and Tasmania, NSW's testing requirements do not breach the law because the law has been written specifically to allow them.

Despite the decisions by WA and Tasmania to abolish mandatory older driver testing, the NSW Government has consistently rejected calls to change the rules for older drivers. In two separate reviews published in 2018, one conducted by the Joint Standing Committee on Road Safety, and the other by Transport for NSW Centre for Road Safety, the NSW Government opted to leave the system unchanged.

Transport for NSW's review argued that "the current NSW licensing approach continues to



balance the quality of life for older drivers with road safety for the community". Likewise, the Joint Committee argued that the current older driver testing rules are "robust and defensible, and to recommend its alteration into a less robust system would be retrograde".

However, there is little evidence to show that these rules actually make the roads safer. When debating whether to implement a similar testing system in Queensland, a spokesperson for Transport and Main Roads Queensland told ABC News that "Research shows that

additional testing of existing licence holders does not provide an accurate assessment of a person's driving behaviour in a 'non-test' driving environment".

Given that NSW is the only state with such a system, it should be easy to compare crash statistics between states to show the effectiveness of older driver testing. However, neither of the 2018 reviews did this. It's high time that NSW undertook a serious, independent review into its older driver testing system that considers all available evidence, not just ageist assumptions.

Health spotlight: Bowel cancer

BOWEL cancer, also known as colorectal cancer, refers to any cancer that starts in the lower part of the digestive system. This includes the colon, rectum and anus. Bowel cancer is the fourth most diagnosed form of cancer in Australia, making up 9.2% of all new cancer cases. The average age of diagnosis is 69 years old.

Bowel cancer is also the second most common cause of cancer-related death. One of the reasons that these cancers are so deadly is that they can grow for years without being detected, eventually spreading to other parts of the body.

Thankfully, in recent years we've gotten much better at talking about bowel cancer. This has led to lower rates of diagnosis and higher rates of survival, likely due to earlier diagnoses and treatment

This is further strengthened by an increase in targeted

campaigns delivered by Australian governments and advocacy bodies, which are helping to build greater public awareness about risk factors, warning signs and the importance of screening regularly.

According to the Cancer Council, warning signs of bowel cancer include:

- change in bowel habit including diarrhoea, constipation or the feeling of incomplete emptying
- change in the appearance (e.g. colour, shape or consistency) of bowel movements
- blood in the stools
- abdominal pain, bloating or cramping
- anal or rectal pain
- a lump in the anus or rectum
- weight loss
- unexplained fatigue
- tiredness and/or anaemia (pale complexion, weakness and breathlessness)
- blood in the urine or passing urine frequently or during the

night, change in urine colour – dark, rusty or brown

In Australia we are lucky to have the National Bowel Cancer Screening program, which mails out free at-home screening tests to eligible Australians aged 50 to 74 every 2 years. From July 2024, people aged 45-49 can also receive a free screening kit on request.

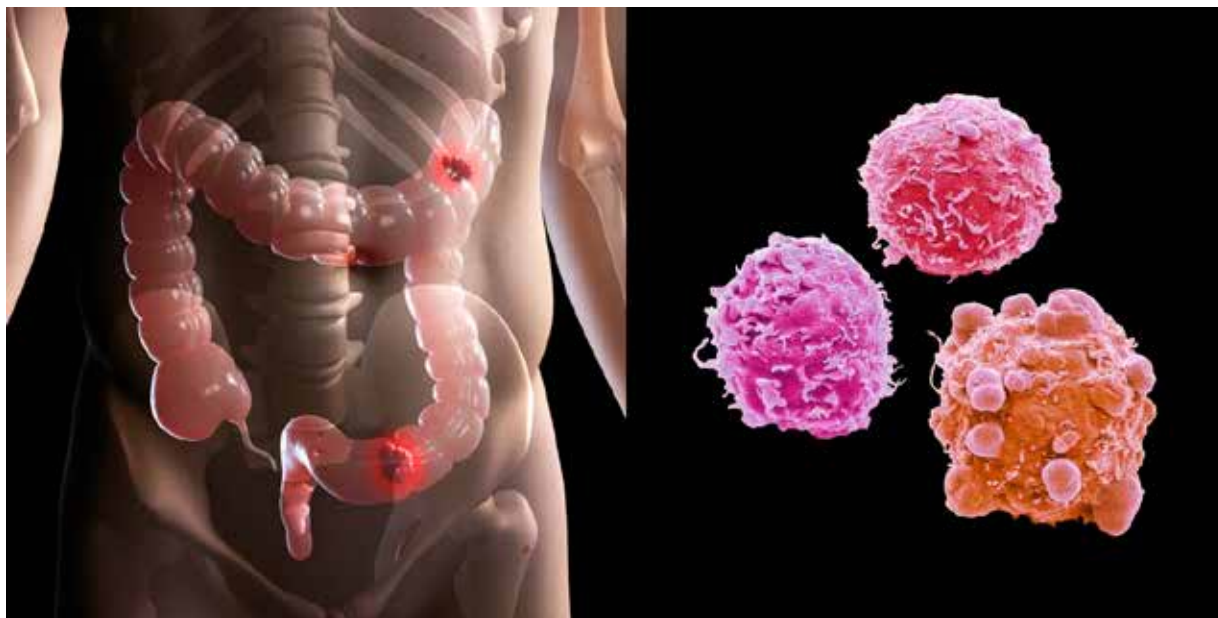
While a positive test doesn't mean that you have cancer, it is a cause for your doctor to send you for further testing. If found early, over 90% of bowel cancers can be successfully treated.

If you are between 50 and 74, you should receive a test kit in the mail automatically. You can call 1800 627 701 for more information or speak with your GP.

Some factors that increase your risk of bowel cancer include a diet low in fibre, high red meat consumption (especially processed meats), being overweight or obese, alcohol consumption, smoking

tobacco, inherited genetic risk and family history, inflammatory bowel disease such as Crohn's disease, and having a previous diagnosis of bowel cancer.

If you are not eligible for a free test but feel that you have reason for concern, it is a good idea to speak with your GP about other options as they may be able to refer you for a free test through Medicare. You can also purchase screening kits from some pharmacies.



Fact checking replaced by 'community notes' on Facebook

THE owner of Facebook, Mark Zuckerberg, has announced an end to fact checking on the social media website.

Facebook will instead move to a 'crowd sourced' system of verification known as 'community notes', where users collectively submit fact checks and vote on their accuracy, rather than relying on specialist professional fact checkers. This system first rose to prominence on X (formerly Twitter) after the website was bought by Elon Musk in 2022. Zuckerberg has announced that Facebook, Instagram and Threads will follow suit, starting in the United States.

While fact checking will continue in Australia for at least a year, it is

unclear whether that timeframe will be extended, or by how much.

Facebook's old fact-checking system works by employing independent fact checkers who are certified through the International Fact Checking Network. These fact checkers scan content on the website to identify potential cases of misinformation and disinformation then provide a correction or additional context.

While content is not removed in this process, anything that is flagged as false or misleading can be limited so that fewer people see it. In Australia, Facebook employs fact checkers from three organisations. The Australian Associated Press (AAP), Royal Melbourne Institute of Technology's RMIT FactLab and AFP Fact Check, part of the Agence France-Presse international news

agency.

By contrast to the traditional fact checking approach, a 'community notes' system relies on users to identify content which they believe to be inaccurate or false. These users then attach a note to the content explaining what they view as the inaccuracy and providing evidence to either correct it or provide more context.

Other users then vote on and review the note itself. If it receives enough positive feedback, then it is publicly attached to the initial content and becomes visible for all users. Unlike fact checking, the community notes system used on X doesn't reduce the visibility of posts that have been flagged as false or misleading, meaning that the original post, and the community note, can continue to be viewed by all users.

In the case of X, community notes and feedback on pending corrections can only be provided by users who have signed up to the program. Users must have held an X account for longer than 6 months, have a verified phone number and must not have committed any recent violations of X's rules in order to sign up. At this stage, it is not clear whether Facebook will also require users to register to write or vote on community notes.

Since the 2021 rollout of crowd sourced fact checking on X, back when it was still called Twitter, there is a growing body of research showing that, in some cases, 'community notes' style programs are successful in debunking misinformation and limiting its spread. For example,

10 QUESTIONS to ask about residential aged care

10 QUESTIONS is a series of leaflets about aged care written by nurses, doctors and experts in aged care. Each leaflet focuses on a different aspect of care and highlights a range of questions you might ask about aged care.

The leaflets were written to help people who are considering options for aged care, or who are supporting someone else on this journey.

There are leaflets available for **16 different topics**, including:

- Dementia care
- Dental and oral health
- Facilities and lifestyle
- Contracts and fees
- GP services
- Rural and remote residential aged care

All leaflets are available online: www.10questions.org.au

For those who cannot view these online or print yourself, you can contact CPSA on 1800 451 488 or email us at cpsa@cpsa.org.au and we will send out copies of the leaflets that interest you.



CPSA News

one recent study found that content with an attached community note providing a correction or context was significantly more likely to be removed by the original user who posted it, suggesting that community notes could encourage users to limit the spread of their own inaccurate or misleading content.

However, another study found that community notes were significantly less useful for fact-checking political content. In an investigation of community notes added to election day content in the most recent US presidential election, researchers found that fewer than 5% of the studied notes were rated helpful, while just under one third of the posts that received community notes were actually able to be fact checked (rather than being opinion-based or satirical, for example).

Some commentators have also

noted that crowd sourced fact checking is often too slow to actually limit the spread of misinformation, meaning that even when content is corrected, it may have already been seen by many users who will likely not see the later correction.

Others have pointed out that, even if a crowd sourcing approach can be effective, it would work even better when paired with traditional professional fact checking.

This raises the important question of why Facebook has decided to stop using professional fact checkers rather than combining both approaches for a stronger outcome. In his announcement about the change, Mark Zuckerberg said that fact checkers have been “too politically biased” but, ironically, he failed to provide any evidence of this.

For now, Facebook is continuing

to contract professional fact checkers in Australia, but the switch in the US highlights the risk of misinformation, scams and conspiracy theories on social media. In our mail survey conducted last year, we found that 29% of respondents received news from word-of-mouth (friends and family), and 46% received news online, including from Facebook. We know that scams and misinformation targeting older people are a real problem, so it’s important to be cautious about stories that spread on social media.

If you are unsure if what you are reading is true or not, try to find the story from a trusted news source like the ABC or SBS. You can also call CPSA’s info line on 1800 451 488 and we’ll try to find an answer for you.

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 2023/24 Annual Report to be posted to you. Alternatively, copies can be obtained online at

www.cpsa.org.au/about-combined-pensioners-and-superannuants-association/

CPSA Funding

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Donations

THE VOICE publishes donations to CPSA of \$35 and over. All other donations are most welcome and equally appreciated.

| | |
|-----------------|-------|
| Carmel McKeough | \$50 |
| Danielle Babb | \$35 |
| Max Littlefield | \$185 |
| Jo Harrison | \$50 |
| Tim Hunter | \$35 |



CPSA



Facebook and X (Twitter)

CPSA is very active on social media. Check out our Facebook page at facebook.com/combined.pensioners and our X (formerly Twitter) account [@CPSANSW](https://twitter.com/CPSANSW)



PATHWAYS TO EMPLOYMENT

For Women Over 50

Free one on one support to help older women get back to employment. Wherever you may be in the employment journey, we’re here for you.



AN INITIATIVE BY OLDER WOMEN FOR OLDER WOMEN.
EMAIL NOW: PATHWAYS@OWNNSW.ORG.AU
OR CALL SHARON ON 9519 8044
www.ownnsw.org.au

CPSA Information Directory

INCOME SECURITY

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

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

Find the help you need with

myagedcare



myagedcare

1800 200 422

www.myagedcare.gov.au

GOODS & SERVICES

NSW Energy & Water Ombudsman (EWON)
1800 246 545

Telecommunications Industry Ombudsman
1800 062 058

NSW Seniors Card
13 77 88

No Interest Loans Scheme
Loans to purchase essential household items
13 64 57

Energy Made Easy
Price comparisons
1300 585 165
energymadeeasy.gov.au



Emotional, practical and financial support for carers

1800 422 737

NSW Ageing and Disability Abuse Helpline



1800 628 221
(Mon-Fri 9-4)

medicare

132 011

24/7
GENERAL ENQUIRIES
HELPLINE

Advance Care Planning Australia

BE OPEN | BE READY | BE HEARD

1300 208 582

PLANNING
FUTURE HEALTHCARE
PREFERENCES



National Disability Insurance Scheme

1800 800 110

DISABILITY
SUPPORT FOR
PEOPLE UNDER 65



Australian Financial Complaints Authority

1800 931 678

DISPUTE RESOLUTION
FOR FINANCIAL
SERVICES

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

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

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 679 336

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

Griefline
Phone support for coping with grief
1300 845 745

Grief Australia
1800 62 066

LEGAL

Seniors Rights Service
Retirement village advocacy
1800 424 079

Fair Trading
Rental bond and tenancy info
13 32 20

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

RIGHTS

Australian Human Rights Commission
Complaints about discrimination
1300 369 711

Commonwealth Ombudsman
1300 362 072

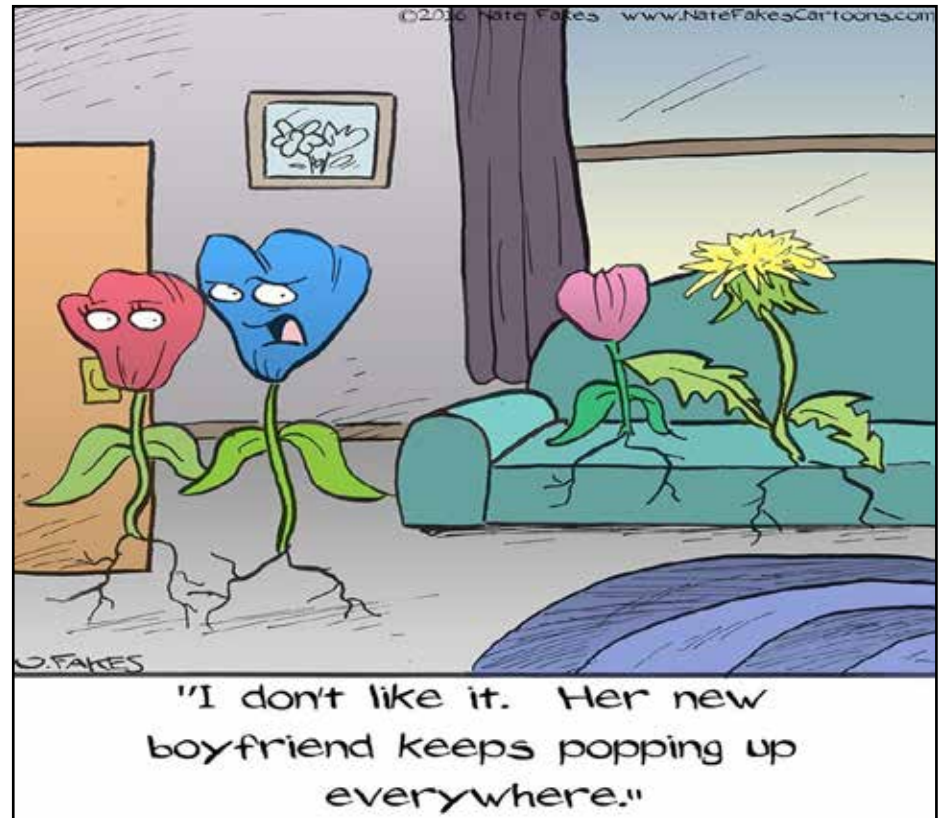
NSW Ombudsman's Office
1800 451 524

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

Giggle Page



Crossword Solution

Crossword on Page 4

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| 8 | C | I | N | E | M | A | | | | 9 | H | A | R | D | E | N | E | D | | |
| | C | T | | R | | I | | O | | A | | A | | | | | | | | |
| 10 | I | T | C | H | | | 11 | A | S | S | I | G | N | M | E | N | T | | | |
| | O | | O | | V | | | | | | | | | | | | | | | U |
| 12 | G | R | A | D | U | A | N | D | | | 14 | O | R | N | A | T | E | | | |
| | I | | I | | N | | A | | | | | | | | | O | | | | |
| 16 | T | A | L | C | | | 17 | S | A | L | A | D | | | 19 | M | A | T | S | |
| | | | | A | | | | E | | O | | | | | | I | | | | A |
| 21 | B | A | L | L | E | T | | | 23 | S | Y | N | O | N | Y | M | S | | | |
| | P | | | | | | | | | A | | | | | A | | | | | A |
| 24 | C | I | R | | 25 | C | U | M | V | E | N | T | | | 28 | T | E | R | M | |
| | A | | O | | A | | N | | | I | | | | | I | | | | | I |
| 29 | P | R | O | P | O | S | E | D | | | 30 | O | B | O | I | S | T | | | |
| | Y | | Y | | H | | S | | | N | | | N | | | | | | | K |

Find-A-Word Solution

Find-A-Word on Page 6

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| M | O | T | H | L | S | Y | U | E | U | S | G | F | I | O |
| F | A | Z | A | I | C | K | O | N | O | P | M | L | O | W |
| C | R | W | N | S | C | E | S | R | O | U | E | O | L | E |
| U | B | O | A | R | O | Y | R | Y | I | C | U | R | A | N |
| K | D | R | T | Y | B | A | L | T | D | K | L | E | A | R |
| A | I | S | A | H | W | A | T | H | E | N | S | N | L | L |
| P | O | I | T | I | E | R | S | E | N | S | E | T | R | Y |
| G | N | L | Y | Z | B | D | P | 8 | I | L | R | I | H | S |
| C | H | I | R | O | N | E | C | T | E | U | O | N | U | A |
| A | G | U | E | O | L | Z | E | H | R | C | S | E | R | N |
| E | F | S | T | C | P | I | N | C | H | E | S | P | S | D |
| S | E | X | T | U | S | O | A | M | I | E | N | S | U | E |
| A | E | S | O | N | I | H | U | G | H | W | Y | E | L | R |
| R | M | O | U | L | D | Y | C | T | O | A | M | B | A | S |