





GARDEN CITY NEWS

Volume 31 Issue 7 August 2025

Garden City News is a free newsletter produced by Barcaldine 60 & Better Program (aimed to support older people to stay safe and maintain and strengthen connections to the community and reduce risk of harm and social isolation) with contributions from others, for participants and older people in the community. Please share this newsletter. In Barcaldine, volunteers deliver newsletters, or you can collect one from *The Willows*. The newsletter can be emailed to you, or you can find it on Barcaldine Regional Council website.

Barcaldine Regional Council 2025 Get Gardening Competition

Gardens nominated in the Get Gardening Competition must be situated in Barcaldine Regional Council area.

Entry is free. Entries must be received by 12:00pm 29th September. Judging will be between Monday 8th and Friday 12th September.

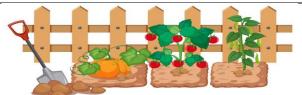
Award Ceremony is at the GET GARDENING EXPO JERICHO SATURDAY 13TH SEPTEMBER.

You may nominate in as many categories as applicable to your garden.

The Best Regional Garden will be selected from class winners and will receive a voucher, name on the perpetual trophy and an individual trophy. All class winners will receive a certificate and voucher. Vouchers are redeemable at local business houses in the Barcaldine region, not transferrable or redeemable for cash.

Categories

Best Regional Garden	Best Senior's Garden		
Best Town Garden	Best Non-Residential Garden		
Best Rural Garden	Best Fairy Garden		
Best Edible Garden	Best Scarecrow		



For more information please contact

Sharni Neisler: Ph. 46515650 Email: Sharnin@barc.gld.gov.au

From the Coordinator

It's almost August. We've had some cold mornings and lovely winter's days and some not so warm days. Now we notice the lengthening of daylight hours and we know the warmer weather is not far away.

At 60 & Better we had the committee Annual General Meeting on 15th July. Mrs H. Duncan was re-elected President; Mrs P. E. Miller, Secretary; Mrs S. Jackson, Treasurer. Mrs J.E. Williams is the Vice President. We welcome every eligible person to be an active participant and join us for activities and to help make decisions and implement improvements.

Our regular Tuesday activities have not changed with talks, hoy, meeting and bingo being following tai chi and smoko. Exercises and tai chi start Thursday mornings. Friday mornings will find us playing our form of croquet in the park in Oak St.

Currently we are playing indoor bowls on Thursday mornings from 10:00 o'clock. If you'd like to come along, please do. There is a cuppa after tai chi then bowls. While we are still learning the fundamentals, our accuracy and strategies to place the bowl nearest to kitty are improving.

Singalongs and lunch have been mentioned as possible convivial happenings. If this interests you, please say so and we'll try and make it happen.

Seniors Month is October and there are a couple of activities are planned. One is a Picnic in the Park. There is potentially an Age Well, Stay Connected Event in Longreach on 10th October being delivered by Council on the Ageing (COTA), ADA Australia and Queensland Public Advocate.

A date has not been set for the Elder Olympics. When the Mini Olympics started 30 years ago, all the senior's interest groups jointly hosted and ran the day with some outside help. It has fallen on 60 & Better to continue providing the event to a smaller group of people with dwindling interest. If you would like to help rekindle the spirit and design some events, please do so and share them with us. Some fresh ideas, inspiration and more helpers might create a day with more participation by more people.

Planning for the older persons photo-board is taking place. All people over 60 years are invited to submit a photo and a few details about themselves or have their photo taken and provide their details so we can put together a comprehensive social picture of the older people in Barcaldine. We can arrange a morning tea and photographer if that suits people. Please let me know.

I don't have much news to share at present but at this newsletter is meant to be a collaborative effort, I invite others to share short pieces of interest they have with us.

Use time as a tool, not a stick with which to beat yourself.

Which do you think wastes the most time and energy: losing your temper or counting to twenty?

Deal with difficult challenges one step at a time.

Till next time. Cheers Jean

August Birthdays

We say happy birthday to Christina Stewart and anyone else who is having a birthday in August.

If you have an upcoming birthday and would like it mentioned please let us know.

Smoke Alarms

Plan to survive - get compliant smoke alarms today

New smoke alarm laws are coming.

Interconnected compliant smoke alarms means when one goes off, they all go off.

All existing private homes, townhouses, and units require interconnected photoelectric smoke alarms by **1 January 2027**. All registered caravans and motorhomes must also be fitted with a photoelectric smoke alarm.

Legislation introduced on 1 January 2017 requires all smoke alarms to comply with Australian Standard 3786-2014, and requires pre-existing smoke alarms to be replaced with interconnected smoke alarms if the smoke alarm has expired; does not work anymore and/or converting the home into a rental property.

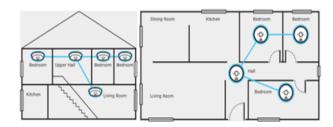
Smoke alarms must:

- be photoelectric.
- be interconnected with every other smoke alarm in the dwelling so all activate and go off together.
- comply with the Standard AS3786-2014 which is marked on the body of the alarm. To locate the marking, you may need to remove from the bracket to look underneath.
- not contain an ionisation sensor.
- be hardwired installed by a licensed electrician (e.g. 240v) to the mains power supply with a secondary power source (i.e. non removable 10 year battery) or;
- be powered by 10 year non-removable batteries type photoelectric smoke alarm that can be installed yourself.
- In July 1997, the Building Code of Australia required smoke alarms to be hardwired but had different alarm locations than current legislation. The Building Regulation 2021 requires all new dwellings to have smoke alarms hard wired and interconnected in specific locations. The Fire Services Act 1990 has retrospective requirements, for existing dwellings. For this reason, there may be a combination of hard wired and battery powered smoke alarms in a dwelling. When replacing expired/defective smoke alarms they.

should be replaced with whichever device was applicable to the time of construction.

Installing smoke alarms Private homes, townhouses and units

- Smoke alarms must be installed:
- on each storey
- in each bedroom
- in hallways that connect bedrooms and the rest of the dwelling
- if there is no hallway, between the bedroom and other parts of the storey; and
- if there are no bedrooms on a storey, at least one smoke alarm must be installed in the most likely path of travel to exit the dwelling.



QFD recommends recording or setting a reminder for when you need to update your alarms.

At least one working photoelectric smoke alarm should be installed inside the on the ceiling and is recommended to include one in the annexe if you sleep there.

Smoke alarms should be regularly dusted or vacuumed to make sure they continue working properly.

Although accidental alarms may go off when there is no fire, it can become dangerous and put you and/or your family at risk if you remove the alarm batteries or disable an interconnected system to silence the alarm.

Make sure you regularly test your smoke alarms to ensure they are working correctly.

The fire service is not permitted to disable sounding alarms in unattended residences.

Source: ttps://www.fire.qld.gov.au/prepare/fire/smoke-alarms

Falls Prevention

The World Health Organization's definition of a fall is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level. Falls are the leading cause of unintentional injury of older Australians

More than twice as many women were hospitalised as men, and fractures were the most common type of injury associated with a fall. Falls can cause loss of confidence and fear of falling, so older people become less active over time, which increases their risk of falling. Evidence suggests falls can be reduced by exercise (home exercise programs or group exercise programs targeting balance and strength, and tai chi), reducing psychotropic medications, cataract surgery, home assessment and behavioural modification by occupational therapists, and multi-factorial interventions. Source: https://www.health.vic.gov.au/

What is astigmatism? Why does it make my vision blurry? And how did I get it?

Have you ever gone to the optometrist for an eye test and were told your eye was shaped like a football? Or perhaps you've noticed your vision is becoming increasingly blurry or hard to focus? You might be among the 40% of people in the world who live with astigmatism.

What causes astigmatism?

The eye acts like a camera, capturing light through the front surface (the cornea) and focusing it onto the "film" at the back of the eye (retina). To get a clear picture, the eyeball and all of its surfaces (cornea, lens and retina) have to meet certain specifications of size and shape. Otherwise, vision can appear blurred and out-of-focus, known as "refractive error".

Astigmatism (uh-STIG-muh-tiz-um) is a type of refractive error where one or more of the eye's surfaces are not smooth and/or round. It is broadly classified into two types: regular and irregular. Regular astigmatism is the most common. It typically comes from changes in the shape of the cornea. Instead of being round, it is more oval, like a football or an egg. We don't fully understand why some people develop regular astigmatism, but it's partly due to genetics. Irregular astigmatism is rarer. It occurs when a part of the cornea is no longer smooth (from scarring or growths on the cornea), or its shape has changed in an uneven or asymmetrical way.

Eye conditions such as keratoconus – where the cornea weakens over time and becomes cone-like in shape – causes irregular astigmatism. If the cornea is no longer round or smooth, light entering the eye is scattered across the retina. This can cause blurry or distorted vision, reduced sensitivity to contrast, shadows or double vision and increased sensitivity to bright lights.

How is astigmatism measured?

Optometrists usually detect and measure regular astigmatism during refraction, when they place different lenses in front of the eye to determine a spectacle prescription. As irregular astigmatism can involve very small rough patches or bumps, it is best seen with specialised imaging such as corneal

topography. This creates a 3-dimensional map to show local bumps and irregularities on the cornea.

I've got astigmatism, what do I need to know?

Astigmatism can present at any age but becomes more common as we get older. You can develop astigmatism over time, and the level of astigmatism can change as well. With mild astigmatism, you may not notice any problems with your vision. With increasing levels of astigmatism, your vision becomes less crisp. This can lead to reduced vision, eye strain, or fatigue.

You may need astigmatism correction to see clearly and effortlessly. Correcting astigmatism aims to compensate for the differing curvatures of the cornea, to ensure that light entering the eye focuses correctly on the retina.

To correct regular astigmatism, cylindrical lenses compensate for each curvature in the "football". Cylindrical lenses are prescribed as either glasses or contact lenses. Astigmatism can also be corrected with laser eye surgery.

Orthokeratology (ortho-k) can also be used. This involves wearing specialised hard contact lenses overnight. These hard contact lenses temporarily reshape the cornea, allowing the wearer to be glasses-free during the day.

To manage irregular astigmatism, it is important to treat the underlying condition causing astigmatism as well. But often, hard contact lenses are needed for clear vision during the day, as they can sit on the surface of the eye to compensate for local uneven patches in a way that glasses or soft contact lenses cannot.

Surgery, such as corneal transplants, is also sometimes needed as a last resort to replace a damaged, misshapen cornea and manage the irregular astigmatism.

Untreated astigmatism is not dangerous, but high levels of astigmatism in young children can cause other vision problems such as "eye turns" or "lazy eye" (amblyopia).

But don't worry, regular eye checks with the optometrist for children (and adults) allows for early detection and management.

Source: https://theconversation.com/what-is-astigmatism

What is incontinence?

Incontinence is the accidental loss or bladder or bowel control. Incontinence covers a range of symptoms, from:

- having just a small leak of urine (wee)
- completely losing control of your bladder or bowel (doing a wee or poo when you didn't mean to)

In Australia, 1 in 4 people have incontinence. It affects females and males of all ages. Your symptoms will depend on the type of incontinence you have.

Urinary incontinence

There are different types of urinary incontinence. The following are the most common:

Urge incontinence is the involuntary loss of urine (wee) associated with urgency (a sudden and strong need to urinate).

Stress incontinence is the leaking of small amounts of urine during activities such as coughing, sneezing, laughing, walking & lifting.

Urinary retention is the inability to empty the bladder completely. This may result in leaking small amounts of urine (wee) on a regular basis.

Functional incontinence is also known as disability associated urinary

incontinence. It occurs when the person's bladder and/or bowel is working normally but they are unable to access the toilet. This may be due to a physical or a cognitive condition. Risk factors for urinary incontinence include:

- being pregnant
- having ever been pregnant
- menopause
- being overweight or obese
- having a urinary tract infection (UTI)
- being constipated
- having problems with mobility (which can stop you getting to and using the toilet)

Other risk factors for urinary incontinence are:

- having prostate problems or surgery to remove some or all of your prostate
- having had a hysterectomy (removal of your uterus)

- having a condition that affects your nerves or muscles
- some other health conditions, such as diabetes or an ongoing (chronic) cough
- some medicines

Faecal incontinence

People with faecal incontinence poo at the wrong time or in the wrong place. You might accidentally pass wind (fart) or stain your underwear.

Diarrhoea is a common problem involving the frequent passing of loose bowel motions (also known as stools, faeces or poo. Diarrhoea has many possible causes.

Constipation is when your bowel motions ('poo' or faeces) are infrequent / incomplete and you have trouble passing them because they are often dry and hard.

Faecal incontinence can be caused or made worse by several things including:

- long term straining
- medications, e.g. antibiotics, drugs for arthritis and diabetes
- lifestyle, e.g. heavy lifting leading to weak pelvic floor muscles
- weak back passage muscles due to having babies, getting older, some types of surgery, or radiation therapy
- bowel disease, e.g. Coeliac disease, Crohn's disease
- nerve disorders resulting from Multiple Sclerosis and Parkinson's

Additional risk factors for faecal incontinence are:

- having urinary incontinence
- having chronic (ongoing) diarrhoea
- having <u>dementia</u>

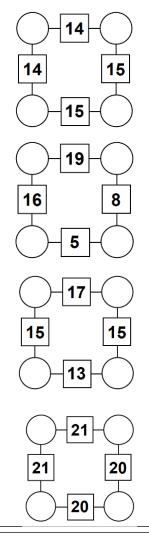
Your doctor will ask about your symptoms and how they are affecting your life. They may do a physical examination to help find a cause for your incontinence.

Continence Health Australia encourages Australians to invest time in 5 healthy habits to help prevent incontinence:

Drink Enough Fluids. Eat Well, Lead a Healthy Lifestyle, Get Active, Practise Good Toilet Habits.

Sources: https://www.continence.org.au/ https://www.healthdirect.gov.au/incontinence See if you can solve these four Square arithmagons.

The aim of an arithmagon is to work out which numbers go in the empty circles. The numbers in the square boxes are made by adding together the numbers in the circles either side.



I can be short and sometimes hot. When displayed, I rarely impress.

What can be driven although it doesn't have wheels, sliced but stays whole?

Mulligatawny Soup

- 2 tbsp vegetable oil
- 2 large brown onions, chopped

1/4 cup mild Indian curry paste (Korma, butter chicken)

500g chicken thigh fillets, trimmed, chopped

- 3 medium **zucchini**, finely chopped
- 2 tbsp tomato paste
- 1 tbsp chicken stock powder

1/3 cup Basmati rice



Heat oil in a large saucepan over medium heat. Add onion. Cook for 5 minutes or until onion has softened. Add curry paste. Cook for 1 minute or until fragrant. Add chicken. Stir to coat. Add zucchini and tomato paste. Cook for 10 minutes or until vegetables are just tender and chicken browned.

Add stock and 6 cups cold water. Bring to the boil. Add rice. Reduce heat to low. Simmer for 30 minutes or until rice is tender and chicken cooked through. Serve.

French Onion, Bacon and Mashed Potato Bake

1.5kg potatoes

100ml cream

40g packet French onion soup mix

50g butter, softened

400ml sour cream

400g bacon rashers, cut into 1cm pieces

1 1/2 cups grated tasty cheese

1/2 bunch chives, finely chopped

Wash potatoes, peel half and leave the remaining skin on. Cut into 3cm dice.

Steam for 20-25 minutes or until tender. Leave to cool, uncovered.

Combine soup mix, butter, sour cream and cream in a bowl.

Pan fry the bacon until crispy and leave to drain on a paper towel lined plate.

Mash the cooled potatoes and mix in sour cream mixture, bacon and half the cheese.

Spoon into a baking dish and smooth to the edges. Create a few swirls with the back of a spoon and scatter over remaining cheese.

Bake for 35-40 minutes or until the cheese is golden.

To serve, scatter over chopped chives.

Double Citrus Syrup Cake

200g unsalted butter, softened

200g caster sugar

3 eggs

Zest of 1 orange and 1 lemon, see tips above for citrus substitutions

1 teaspoon vanilla extract

225g plain natural yoghurt, plus extra to serve

250g (1 2/3 cup) self raising flour

For the citrus syrup:

Juice of an orange and a lemon

100g caster sugar

Preheat the oven to 180°C. Grease and line a 21cm round cake tin.

In a mixing bowl cream butter and sugar until pale and fluffy. Add in the eggs, one at a time, beating between each addition, followed by the orange and lemon zest and vanilla.

Add half of the yoghurt followed by half of the flour and mix to combine. Repeat with the remaining yoghurt and flour, mixing until just combined, being careful not to over-beat the batter.

Spoon into the prepared tin and bake in the oven for 40–45 minutes or until a skewer or knife comes out clean when tested.

To make the syrup, combine the citrus juice and sugar in a medium pot over a medium heat and stir until the sugar has dissolved. Bring to a simmer and cook the syrup until slightly thickened, for around 2–3 minutes.

Poke holes in the cake using a skewer and pour the hot syrup over the still-hot cake. Allow the cake to cool completely in the tin then serve with extra yoghurt.

Most people have heard of Murphy's Law. But most people, when they're referring to Murphy's Law, are actually referring to the rather pessimistic Finagle's Law, which is "Anything that can go wrong, will go wrong."

Murphy's Law is quite different, and is actually a message of hope. Not only does it warn you about what things can go wrong, it'll even tell you how you can work around them, so as to make it impossible for Murphy's Law to actually happen.

Now the AeroSpace industry, where things move very rapidly under very harsh and extreme conditions, is an unforgiving environment. And that's where Murphy's Law was first invented. In 1949, the US Air Force was running a test series (Project MX981) to see what sort of acceleration (or G-forces) a human being could withstand. They were using a volunteer strapped into a rocket sled at what is now called Edward's Air Force Base, in California. The sled would accelerate up to about 1,000 kilometres per hour, and then stop suddenly. One of the volunteer human torpedoes was Colonel Stapp, who was also a medical doctor.

Now our hero, Air Force Captain Edward A. Murphy Jnr., had designed a harness which strapped onto the volunteer. This harness held 16 sensors to measure the acceleration, or the G-forces, on different parts of the poor volunteer. As luck would have it, there were two ways that each sensor could be installed. The rocket sled took off, and stopped suddenly, generating 40 Gs. Under 1 G, the average person weighs about 70 kg, but under 40 Gs, they weigh 40 times more - about 2.8 tonnes. 40 Gs is an enormous amount of acceleration - enough to push your ears onto the front of your head.

At the end of the experiment Colonel Stapp staggered off the rocket sled with blood-shot eyes and bleeds from a number of bodily orifices. When he looked at the results, he wasn't very happy - all the sensors registered zero! He called for Captain Murphy, who examined the sled - and found that every single one of those 16 sensors had been installed the wrong way round. Colonel Stapp had been strained in vain.

In a voice like thunder, Edward A. Murphy Jnr. proclaimed, "If there are two or more ways to do something and one of those results in a catastrophe, then someone will do it that way". This is the true and original form of Murphy's Law.

Of course, you have to notice that little word, "If" in "If there are two or more ways......". Suppose that there's only one way. For example, if you design something that can be installed only one way, then it can't be put in the wrong way. So once he had realised the message of Murphy's Law, Murphy himself redesigned the G-force sensors so that they could be installed only one way - and that particular problem was solved.

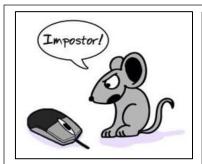
The next day Murphy's Law was officially declared at a Press Conference about the rocket sled test. A few months later Murphy's Law began to be mentioned in AeroSpace manufacturer's advertisements, and finally by the Flight Safety Foundation. As Murphy's Law spread across the planet, two things happened - people forgot that there was a real person called Murphy, and the Law got modified into the pessimistic form of "If anything can go wrong, it will go wrong".

Consider 240 V electrical power. You definitely don't want the full 240V power to jump directly to any of the other wires. So look at your standard 3-pin 240V electrical power plug. It's not symmetrical. There's only one way to insert it into a 240V electrical power socket.

But sometimes, it doesn't matter which way a thing goes in, so long as it goes in. So another way around Murphy's Law is to design something so that it doesn't matter which way it goes in.

The fact that many people confuse the optimistic Murphy's Law for the pessimistic Finagle's Law, is proof that Murphy's Law can even act upon itself.

Source: https://www.abc.net.au/science/k2/moments/gmis9906.htm

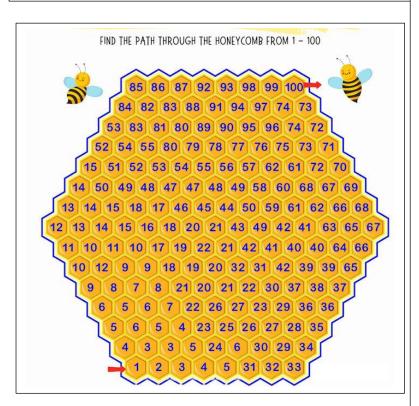


Did you hear the story about the claustrophobic astronaut?

He just needed some space.



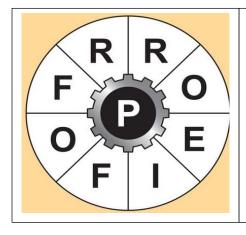




Cars

All the words are hidden vertically, horizontally or diagonally—in both directions. The letters that remain unused form a sentence from left to righ

RINCRDRAOBHSADN SBU MP E G G T E S R S S C T E E D E C K R C В G W T D D Т A O Ε L 0 S E В S K C В LGOFCESTO ETHEADL IGHTRGY



How many words of three letters or more can you find? Each word must contain the middle letter. What is the nine letter word?

AIRBAG	DASHBOARD	PISTON	
BACK SEAT	DIESEL	RADIATOR	
BODY	DOOR	RIMS	
BRAKE LIGHT	FOG LAMP	SEAT	
BRAKES	HANDLE	SEAT BELT	
BUMPER	HEADLIGHT	SPARK PLUG	
CLUTCH	HORN	TUNING	
COOLANT	INDICATORS	TURBO	
COUPE	MIRROR	WHEEL	
CYLINDER	PEDALS	WHEELS	

August 2025

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Barcaldine 60 & Better Cent Sale				1 Croquet	2	3
Saturday 27 th September				World Lung Cancer Awareness Day		
4	5	6	7	8	9	10
Men's Shed	60+ Tai Chi Talk	Cultural Assn	60 + Exercises Tai Chi Bowls	Croquet	Muttaburra Races	
		Men's Shed	Jeans for Genes Day			
11	12	12	1.4	1.5	1.6	17
11 Men's Shed	12 60 + Tai Chi Hoy	13 Cultural Assn	14 60 + Exercises	15 Croquet	16	17
	J	Men's Shed	Tai Chi Bowls			
18	19	20	21	22	23	24
Men's Shed 60	60 + Tai Chi		60 +	Croquet	Aramac	
	Meeting	Mass Cultural Assn	Exercises Tai Chi Bowls		Races	
		Men's Shed	Daffodil Day (Cancer Council)			
25	26	27	28	29	30	31
Men's Shed	60+ Tai Chi	Cultural	60 +	Croquet		
	Bingo	Assn Men's Shed	Exercises Tai Chi Bowls	Get Gardening Nominations Close		
				Barcaldine Art Exhibition		

Activity Times & Dates August 2025

Tai Chi: Tuesdays 9:00am
Thursdays 9:00am
Exercises: Thursdays 8:30am
Croquet: Fridays 9:00am

Talk: 10:00am 1st Tuesday 5th August **Hoy:** 10:00am 2nd Tuesday 12th August

Committee Meeting: 10:00am 3rd Tuesday

19th August

Bingo: 10:00am 4th Tuesday 26th August



Funded by

BARCALDINE 60 & BETTER PROGRAM

AUSPICEE OF



Queensland Department of Families, Seniors, Disability Services and Child Safety



Contact Information

The Willows

13 Willow Street

Barcaldine Q 4725

Phone: 4651 2354

Email: jeanw@barc.qld.gov.au

Hours of Operation:

Mon -Thu 8:00am - 1:00pm Fri 8:00am - 12:00pm

Committee Executive

President: H. Duncan

Vice President: J. E. Williams

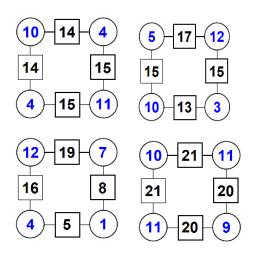
Secretary: P. Miller Treasurer: S. Jackson MISSION STATEMENT To enable older people at a community level to participate in decisions and activities which affect their health and wellbeing.

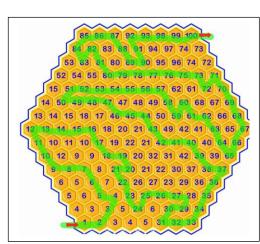
VISION STATEMENT Sustaining a strong age friendly community where older people are respected, valued and empowered.

DISCLAIMER The Barcaldine 60 & Better Program reserves the right to edit all articles as necessary. Opinions expressed in this newsletter do not necessarily reflect those of the 60 & Better Program. Information is of a general nature and not meant to be specific advice. Efforts have been made to ensure it is accurate.

FEEDBACK We welcome your feedback to help us improve our services.

PUZZLE SOLUTIONS





Brain Teasers Page 6 Temper Golf Ball

Nine Letter Word FIREPROOF