

**Presentation on Services from St. Vincent de Paul focused on Seniors (65 and older)**

**Volunteers:** 20 in number, retired and in our 60s, 70s and 80s. Our Conference is based at *Our Lady of the Mountain Catholic Church* and serves Ashland & Talent doing “home” visits (mix of phone and in-person). We answer a help line Monday-Friday, till 4 p.m.

**Database timeline:** 10/1/2020-03/12/2023, (~ 30 months). **1980** requests for services, **avg. 66/month.**

**Residency:** Ashland 78%, Talent 12%, remaining 10% across the valley or transient.

**Senior requests:** 296/1980 or 15%

**Concerns Noticed:** Navigation skills (where and how to get help), mental health issues, isolation, subsistence income, not used to asking for help. There is a need for affordable housing, access to health care, transportation. Wait times are long for needed services.

**Services Provided:** From Oct, 2021-Mar, 2023 [better tracking] we’ve had 176 senior requests, distributed as follows:

Help	Amount	Number
Auto Registration	\$100.00	1
Auto Repair	\$3,263.82	10
Clothing	\$118.89	2
Food	\$119.68	4
Furniture/Appliances	\$0.00	1
Gas Card	\$570.00	14
Gasoline	\$124.67	2
Goodwill Voucher	\$50.00	2
Housing Deposit	\$8,853.00	13
Identification Card	\$40.00	1
In-Kind	\$525.00	17
Medical/Prescriptions	\$804.15	5
Mortgage	\$158.24	1
Motel	\$892.02	2
Other	\$580.00	3
Rent	\$15,048.68	46
Telephone	\$259.98	3
Utilities	\$10,954.49	48
Welcome Box	\$120.00	1
<b>Grand Total</b>	<b>\$42,582.62</b>	<b>176</b>

**In-Kind assistance** covers a range of items: Food cards, bus tokens, tents, sleeping bags, & tarps. Most of the in-kind for seniors has been Ashland Coop food cards (8 @ \$50 each), along with 5 requests for bus tokens, 2 for sleeping bags, 1 tent and 1 tarp).

*Volunteer Reflections on Serving Seniors*

Regarding seniors, I think many of the low-income people have little idea of where to get help navigating things like applying for utility assistance, the internet, how to get free rides to doctor appointments, free bus passes.

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There is a great need for access to affordable housing. The waitlists are most often several years long. Accessible health care is also greatly needed. The wait times are most often many months long to see a provider. This is true of the clinics such as Rogue Health Center and La Clinica. These two clinics are what are available to low-income seniors for an initial assessment. Then there is an additional months-long wait to see a provider to begin to address the issues.

Transportation is a problem for seniors in order to conduct the business of life. Isolation and depression are frequent with little available to address this situation. The waitlist for the PEARLS program is many months long. These are the main issues seen over multiple decades and each issue is compounded since the onset of Covid and the current economic climate.

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I just helped a 62-year-old grandmother living in our warming shelter with her 14-year-old granddaughter. She was looking for a safer place to stay.

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In my experience the seniors who request financial help from St Vincent are, roughly, a quarter of calls. They, typically, are single and living on Social Security. Many are not getting rent subsidies.

Sometimes they are confused or have mental health issues. They often could benefit from help from the Senior Center for additional resources like meals, peer counseling etc.

I've encountered seniors living alone without family or community connections (church, activity friends, etc.) who have mild to moderate cognitive impairment. These folks often have good social skills and engage in conversation but have limitations in identifying needs, planning, problem solving and engaging in new activities, like reaching out for help. They often have mobility issues and may not drive. These changes are fairly typical for folks as we age, but when combined with significant social isolation, can become major risk factors.

When there's family or close friends, the elder has someone who observes these vulnerabilities, and advocates for them. The isolated elder does not. It would be nice to have a program where someone checks in with them weekly. Phone contact would not be adequate, since conversation skills are often intact, masking serious issues.

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The pandemic has provided new challenges for many volunteers and clients. Seniors seeking help often have new medical challenges which were unfamiliar to them, and invisible to others. I should also mention veterans, who swore oaths to dedicate their lives to service to this country. It is particularly difficult to change roles from providing service to asking for service. These folks still want to serve. Accepting help is hard for many of them.

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