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Scholarship Application, Fall 2016

Geriatric Social Workers of Northeast Michigan

 My journey began with my grandmother. At the time, I didn’t understand how dementia affected the mind or how, but I recognized the pain it was causing her. I saw her begin a sentence and try to remember thoughts or memories, then see the frustration and sadness that followed when she couldn’t recall them. I heard her moans when she was being bathed or turned, and saw her personality change as the disease advanced. This was the first leg of my journey.

 I shortly after began working at a hospital as a liaison, essentially a patient advocate who dealt with more data collection. I met Mary here, who would change the course of my life and career. I learned a plethora of information on patient care and the role of social workers and case management staff. It was fascinating to see how roles perceived illness’ so differently and worked to meet both ethical and federal guidelines.

 Mary, on the other hand, was a senior who was diagnosed with colon cancer. She had decided to go on hospice. I followed her from unit to unit, so she could see a familiar face and had someone to talk to during her last days. I saw her illness progress, as pain meds became less effective and delirium took place. Her words were the most instrumental in my path- the gratitude and connection is something that can never be duplicated. I knew at this moment that geriatric social work was where I belonged, that I wanted to give back to seniors who had given our society so much.

 From there I took a position at American House senior living as an activity director, seeking to work more exclusively with the elderly. The residents became like family, and some even attended my wedding. I planned their outings and activities, taking them to places like museums, picnics, restaurants. For those who were handicapped or disabled, we brought entertainment and activities to the facility. When someone passed, we all grieved. When one cried, we all cried. The sense of unity and community were overwhelmingly joyful, and I recognized seniors had so much to give back if they were given the chance.

 Currently I am a community health navigator at Amerihealth, who serves as a Medicaid/Medicaid provider. While I don’t exclusively work with seniors, a majority of our population are the disabled, elderly, uneducated, and poor. We assist them with resources such as food pantries or finding homes to medical case management, explaining plans of care, assessments, and the importance of things such as regular physician’s appointments. It is amazing to be able to provide both personalized care and medical care, something found infrequently now.

 My future career goals are to become a geriatric advocate. My passion lies with seniors, and I believe they are one of the most underserved and least represented populations. Frequently they have no family and are lonely and ill, unsure of where to turn. I would like to serve as their voice and stand up for their rights, in places where change needs to be made such as state systems. I seek to be in a position that allows me to make changes for the entire senior population and represents their needs adequately.

 Seniors are loving, sincere, and have values so different from today’s generations. I find it so educating and enlightening to listen to their personal histories. They appreciate you and support you. Of all populations I have worked with they are the most fulfilling. I am eager to hear their needs and act on them. I am so eager to be part of the geriatric social work community and to gain skills to efficiently advocate for change. Seniors are our family and ultimately ourselves their levels of care and coverage should reflect our reverence and admiration for them.