



SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: Friday, April 3, 2026.** Please include this submission form as the first page of your electronic entry. Contact [Gage Harter](#) with any questions.

PROGRAM INFORMATION

County: _____

Program Title: _____

Program Category: _____

CONTACT INFORMATION

Name: _____

Title: _____

Department: _____

Telephone: _____ Website: _____

Email: _____

SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: _____

Title: _____

Signature: Monica Smith-Callahan

Program Overview

Nearly 20% of Henrico residents are 65 years and older, yet they account for over 55% of all 911 calls. Research shows that ageism in healthcare contributes to poorer health outcomes for older adults. To address this, nearly 100 Henrico Division of Fire (DOF) officers participated in training to increase awareness of ageism, identify how it looks in healthcare and emergency response settings, and challenge common myths about aging.

The training equipped providers with strategies to improve communication to better support older adults, promoting more respectful care and improved interactions during emergency encounters. Respondents of the post-training survey demonstrated a significant impact on their knowledge. Respondents of a post-training survey noted that their awareness of ageism in healthcare increased by 48%. More than 80% indicated they could explain the effects of ageism on health outcomes. Importantly, nearly one in four participants identified practice changes they plan to implement, including avoiding elderspeak, mirroring patient language, and more intentionally including seniors in conversations about their care and treatment.

Problem/Challenge/Situation Faced by Locality

Ageism in healthcare contributes to higher rates of illness, inaccurate diagnoses and treatments, reduced quality of life, increased healthcare costs, and decreased life expectancy for older adults. It also erodes trust between patients and care providers. Training first responders to

understand the impacts of ageism, recognize how it presents in healthcare settings, and apply strategies that promote respectful, person-centered interactions directly addresses these challenges. By emphasizing person-centered practices, this initiative strengthens communication, improves interactions with emergency services, builds trust in the healthcare system and reduces the harmful effects of ageism for older adult residents.

A needs assessment survey completed by 140 officers indicated a need for ageism-focused training. Responses to statements, such as “Most people age 60 and older are incompetent,” “Most people age 60 and older are unable to change,” and “Most people age 60 and older are Frail”, suggests the presence of age-related misconceptions. Notably, only one respondent, who was age 65 or older, selected “Strongly Disagree” for these statements, highlighting an opportunity to strengthen awareness and understanding of aging among officers.

How The Program Fulfilled Award Criteria

While ageism trainings are widely available for medical providers, few, if any, are tailored to emergency service professionals, making this program a unique and innovative approach to addressing ageism at the point of first contact in the healthcare system for many older adults.

The curriculum reflects diverse perspectives and emphasizes the role of culture in effective communication, highlighting the importance of using person-preferred language, honoring individual experiences and allowing older adults to guide conversations about their care.

This training is replicable across localities and transferable to many local government agencies

and nonprofits. The curriculum is modular and adaptable, allowing content to be tailored to different service settings while maintaining core learning objectives. Training and evaluation materials can be standardized and shared, enabling efficient implementation without high cost. The program is designed for integration into existing professional development structures, such as in-service trainings while supporting scalability without needing new infrastructure. As demand grows, the training can be delivered to larger groups with few changes, maximizing reach while maintaining quality and impact.

How The Program Was Carried Out

Combating Ageism in Emergency Care aimed to foster an understanding of how ageism impacts Henrico and the health outcomes of our residents, increase awareness of ageism in healthcare, explore myths about aging and share practical strategies to support older adults in Henrico. Research demonstrates that preventing ageism requires education on its impacts and intentional efforts to challenge common myths about aging. This training integrates these evidence-based strategies and goes further by including a role-play specific to emergency services to reinforce learning and practical application.

Guidance throughout the development and implementation process was provided through the Virginia Center on Aging's "Creating Interprofessional Readiness for Complex & Aging Adults (CIRCAA)" program, as well as in collaboration with a retired DOF Fire Captain, Brent Boshier,

who offered anecdotal experience and training support. This program was developed in October 2024. A needs assessment survey was developed based on Kogan's Attitude Toward Old People Scale. In collaboration with the DOF, 140 Officers completed the needs assessment survey between January and March 2025 during Officer-In-Service training. This survey took approximately ten minutes to complete, and after analyzing, it demonstrated that an ageism-focused training would be beneficial.

The Combating Ageism training was developed in April 2025 and was presented to DOF leadership, including the Medical Director, QA Coordinator, Director of EMS, and a DOF Captain. The training was shared with Kimberly Davis, a Clinical Assistant Professor with VCU School of Nursing, who supports the Virginia Center on Aging. It was also presented to the County's Access and Opportunity Community Impact Specialist to ensure that principles of equity and inclusion were intentionally embedded throughout. Feedback was provided, and the training was revised accordingly. The training was delivered during Officer-in-Service twice daily for roughly 45 minutes during June 16th-18th, 2025, reaching over 100 Officers. A post-training survey was provided and 52 participants responded.

Financing and Staffing

Training development, including research, collaboration with subject-matter experts in the DOF, pre-training assessment, and delivery, required approximately 42 staff hours, with costs limited to salary. Replication of the training, including facilitation and minor audience-specific updates,

would require approximately 12 hours, with an estimated salary cost of \$480. The training was delivered at the Henrico Public Safety Training Center, incurring no travel or facility costs. An in-kind overhead contribution of \$160 reflects Rec & Park space utilization fees if this were to be replicated in a county space. Design was completed using Canva for \$14.99 per month. The total estimated cost to replicate the training is approximately \$655.

Program Results

Respondents of the post-training survey demonstrated a significant impact on their knowledge. Awareness of ageism in healthcare increased by 48% for respondents. More than 80% of respondents indicated they could explain the effects of ageism on health outcomes. Importantly, nearly one-quarter of participants identified practice changes they plan to implement. Specific examples include, “Avoid elder speak”, “Be more aware of incorporating the elderly in the conversation”, and “Double efforts to avoid elder speak and provide the same care to all pts regardless of age”. Lasting impacts may be evaluated by potential reductions in complaints from older adults, in collaboration with the DOF’s QA team.

Anecdotally, during a community education session for older adults prior to this training, one participant shared an experience with an emergency services provider who, while answering questions, repeatedly referred to attendees as “Grandma” and “Gramps.” She described feeling offended and dismissed, stating, “I’m not his grandma.” This interaction, though likely unintended, highlighted how ageist language can undermine dignity, trust, and effective

communication between providers and older adults, reinforcing the need for targeted ageism training among emergency service personnel.

Following the training, an officer approached the presenter to share how the session had changed his perspective. He expressed a commitment to sharing what he learned with colleagues at his station and emphasized that the training would be valuable for providers at all levels, particularly early in their careers. His feedback underscored the training's immediate impact on professional awareness and its potential to create broader cultural change within emergency services.

Executive Summary of Program

Ageism in healthcare contributes to poorer health outcomes for older adults, including misdiagnosis, inappropriate treatment, higher healthcare costs, reduced quality of life, and shorter life expectancy. It also undermines trust between patients and providers. For many older adults, emergency services serve as the first point of contact within the healthcare system. A needs assessment of Division of Fire officers revealed an opportunity to strengthen awareness of ageism and its impacts, challenge common myths about aging, and equip responders with practical strategies to better support older adults in Henrico.

This innovative program applies evidence-based practices to combat ageism and is

uniquely tailored to emergency services, a combination rarely found. Developed with guidance from the Virginia Center on Aging, the Division of Fire, and Henrico's Access and Opportunities office, the training ensures relevance, realism, and equity. The curriculum is modular, adaptable, and easily replicable.

This training was delivered to approximately 100 Division of Fire officers during routine Officer-In-Service training. Evaluation results demonstrate effectiveness, noting that awareness of ageism in healthcare increased by 48% for respondents. More than 80% of respondents indicated they could explain the effects of ageism on health outcomes, and nearly one-quarter of participants identified specific practice changes they plan to implement, showing the training successfully met its objectives.