



Stepping On Facilitator Training – Virtual

Application & Participant Agreement

Program Overview

The Ohio Department of Health (ODH) is offering a **FREE** training opportunity to become a [Stepping On \(SO\)](#) Facilitator in Ohio. This training will occur virtually and be implemented by two SO Master Trainers (MTs), both of which are certified through the Wisconsin Institute for Healthy Aging (WIHA). There will be between 14-20 individuals (7-10 pairs) recruited to participate in this training, with an emphasis on healthcare providers, aging network affiliates, and other related professionals. This training will be conducted virtually during a 3-day time period (2 full days / 1 half day), in addition to a two-hour post-training fidelity (adherence) observation session (virtual). Upon completion of the entire training and certification process, individuals will be approved for in-person and virtual program delivery.

SO is an evidence-based fall prevention program, which is facilitated in a small group setting, within a community-based location, and as a seven-session (2 hours per session) series. The program is grounded in behavior change, preventative framework, and principles of adult education, with a focus on four critical domains: balance and strength exercises, medication review, vision review, and home modifications. WIHA serves as the national license holder for the SO program, whereas the ODH functions as the statewide license holder for Ohio.

ODH is offering this free SO Facilitator training in an effort to expand statewide balance and mobility programming, with a focus on counties that maintain high rates of unintentional fall-related deaths among older adults (high burden) and counties with low levels of or no evidence-based fall prevention programs (low uptake). All individuals are encouraged to apply for the SO Facilitator training, while special consideration will be given to applicants that plan to serve one (1) or more of the following counties.

| High Burden Counties |
|----------------------|
| Lake |
| Montgomery |
| Ross |
| Williams |
| Darke |
| Wayne |
| Vinton |
| Hocking |
| Preble |
| Lawrence |

| Low Uptake Counties (No Stepping On programming reported at the state level.) | | | | |
|---|------------|----------|------------|-----------|
| Defiance | Knox | Madison | Hardin | Muskingum |
| Wood | Allen | Clark | Crawford | Monroe |
| Putnam | Carroll | Fayette | Meigs | Miami |
| Sandusky | Tuscarawas | Clinton | Brown | Jackson |
| Ashland | Jefferson | Highland | Washington | Shelby |
| Paulding | Champaign | Perry | Fairfield | Union |
| Auglaize | Mercer | Adams | Scioto | Ottawa |
| Logan | Noble | Pickaway | Gallia | Wyandot |
| Marion | Morgan | Morrow | Guernsey | Coshocton |
| Harrison | Seneca | Van Wert | Preble | Belmont |

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Training Dates & Venue

January 2023

Day 1: January 25, 2023

Day 2: January 26, 2023

Day 3: January 27, 2023

Fidelity Observation Session
(To Be Scheduled)

Training Location

| | |
|------------------|---------|
| Location: | Virtual |
| Online Platform: | Zoom |

Special Considerations

Applicant must:

- reside in Ohio.
- be willing to facilitate the program in Ohio only.
- implement the program as a two-facilitator team.
- complete the application, including the participant agreement, in its entirety.
- submit the completed application to Morgan Pavol at Morgan.Pavol@odh.ohio.gov by **11/28/2022 at 4:00PM**. Applicants will be notified of their selection into the training on **12/02/2022 by 4:00PM**.

Applicant Information

Name: _____ Date: _____

Agency Name (Complete Spelling): _____

Mailing Address (Preferred): _____

Email Address (Professional): _____ Email Address (Personal): _____

Phone Number (Preferred): _____

Application Questions

Please select the method of delivery you intend to use when facilitating the SO program.

In-Person Only: _____ Virtual Only: _____ Both In-Person & Virtual: _____

Please briefly describe your interest in participating in this training.

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Please identify any training and experience you have in facilitating alternative fall prevention programs, if applicable.

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Please indicate any known fall prevention programs that are available in your personal service area, if applicable.

Please provide a brief outline of your experience as a healthcare provider, aging network affiliate, or other related professionals. (You should include relevant interactions with older adults, individuals with chronic conditions, and exercise instruction).

Please list all of the Ohio counties that you plan to facilitate the SO program in, considering both in-person and virtual delivery.

The SO program is required to be implemented by two certified facilitators. Please provide the following information for the individual that will also be applying to participate in this training and will serve as your co-facilitator.

Name: _____

Email Address: _____

Organization Affiliation: _____

Participant Agreement

If the applicant is selected for this training, that individual agrees to the following:

1. Complete all required prerequisite training documentation and online modules by **12/19/2022**. (Note: If selected for the training, you will receive information about the prerequisite online training modules from the MTs.)
2. Participate in and adequately complete all scheduled training and post-training fidelity observation sessions.
3. Provide a flyer for your initial proposed virtual SO workshop series by **01/04/2023**. (Note: The flyer should include the program dates, location, and contact information for registration as well as confirm the established plans for implementing the SO workshop series upon the completion of the training)
4. Commit to facilitating at least two workshop series (virtual or in-person) within the first 12 months after completing the entire training process. (Note: The first workshop series must be delivered virtually and begin within 90 days and the second workshop series must be delivered in-person and begin within 12 months, all following the training completion and receipt of certification.)
5. After the first year, facilitate at least one workshop series annually to maintain an active certification status, in exchange the ODH will pay the facilitator affiliate fee to WIHA.
6. Join the Ohio Older Adult Fall Prevention Coalition, through the Ohio Injury Prevention Partnership, which is a diverse network of individuals that strive to reduce the mortality and morbidity rates associated with falls among older adults in Ohio.
7. Attend the quarterly Ohio SO Workgroup meeting, which is held virtually.
8. Utilize the ODH-provided data collection forms and submit the documents to the ODH through Morgan Pavol at Morgan.Pavol@odh.ohio.gov upon completion of the program.
9. Adhere to the principles, components, techniques, standards, and procedures taught throughout the training.
10. Instruct workshops in strict accordance with the course, as written in the training manual and as taught by the MTs.
11. Maintain regular contact, based on the preferred methods of communication, with the MTs throughout the training process.
12. Understand that you're not permitted to facilitate a workshop series until successful completion of the training, participation in the fidelity observation session, and are officially certified by WIHA.
13. Notify MTs, Stephanie Lambers and Krista Jones, and Morgan Pavol (Morgan.Pavol@odh.ohio.gov) with any changes to contact information or ability to facilitate workshops.
14. Should a SO Facilitator be unable to fulfill the role and obligations described in this agreement, all of the program materials and products will need to be returned to ODH.

I understand that failure to comply with this agreement will result in the removal of my facilitator certification.

Name (Print):_____

Signature:_____

Date:_____

ODH Section Only

Dates Received: Application_____Participation Agreement_____

High Burden County: ☐ Yes ☐ No Low Uptake County: ☐ Yes ☐ No

Training Status: Recommend ☐ Yes ☐ No ☒ OR Waitlist ☐