

## 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. The training will be conducted virtually for three days April 15-17, 2026, in addition to a two-hour post-training fidelity (adherence) observation session. Upon completion of the entire training and certification process, individuals will be approved for both 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 (two 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, while prioritizing counties that had an average age-adjusted rate of unintentional fall death amount adults 60 years and older from 2020-2023 above the state rate, and have either a high social vulnerability index score and/or low uptake of Stepping On in their community in 2024 reported to ODH. All individuals are encouraged to apply for the SO Facilitator training, with special consideration will be given to applicants that plan to serve one (1) or more of the following counties.

### High Burden Counties

Allen	Fairfield	Huron	Montgomery
Athens	Fayette	Lake	Perry
Champaign	Franklin	Licking	Paulding
Clark	Henry	Lucas	Ross
Defiance	Hocking	Medina	Wyandot

Funding Disclosure: This project is supported, in part or whole, by the Preventive Health and Health Services Block Grant (1 NP01PW000097-01-00), U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official of U.S. Department of Health and Human Services.

## Training Dates & Venue

### March 2026

- Day 1: Wednesday, April 15, 2026
- Day 2: Thursday, April 16, 2026
- Day 3: Friday, April 17, 2026
- Fidelity Observation (To Be Scheduled)

### Training Location

- Location: Virtual
- Online Platform: Zoom

## Special Considerations

---

### Applicant must:

- a. Reside in Ohio.
- b. Be willing to facilitate the program in Ohio only.
- c. Implement the program as a two-facilitator team.
- d. Initiate the first workshop series within 90 days and the second workshop series within 12 months.
- e. Complete the application, including the participant agreement, in its entirety.
- f. Submit the completed application to the Ohio Department of Health at [preventfalls@odh.ohio.gov](mailto:preventfalls@odh.ohio.gov) by **February 1, 2026 at 5 p.m.** Applicants will be notified of their selection into the training on or before Feb. 9, 2026.

## Applicant Information

---

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name (Complete Spelling): \_\_\_\_\_

Mailing Address (Preferred): \_\_\_\_\_

Email Address (Professional): \_\_\_\_\_

Email Address (Personal): \_\_\_\_\_

Phone Number (Preferred): \_\_\_\_\_

## Applicant Information

---

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

- ☐ In-Person Only      ☐ Virtual Only      ☐ Both In-Person & Virtual

2. Please briefly describe your interest in participating in this training.

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

4. Please provide a brief outline of your experience as a healthcare provider, aging network affiliate, or other related professionals (be sure to include relevant interactions with older adults, individuals with chronic conditions, and exercise instruction).
5. Please list all of the Ohio counties that you plan to facilitate the SO program in, considering both in-person and virtual delivery.
6. Are you seeking a SO Facilitator certification in direct relation to your current position of employment?
- ☐ Yes      ☐ No

## Co-Facilitator Information

---

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 of the required prerequisite training documentation and online modules by **Monday, March 9, 2026**. If selected for the training, the MTs will provide information about the prerequisite online training modules (two hours).
2. Participate in and adequately complete all of the scheduled training and post-training fidelity observation sessions.
3. Produce a flyer for your initial workshop series, which should be submitted to MTs by **Monday, April 6, 2026**. The flyer should include the program dates and location, contact information for registration, and a description of the SO program.
4. If applicable, secure a letter of support from the organization that'll be physically hosting the first in-person workshop series, which should be submitted to ODH ([preventfalls@odh.ohio.gov](mailto:preventfalls@odh.ohio.gov)) by **Monday, April 6, 2026**. This letter is not required if the host organization is affiliated with the SO Co-Facilitator(s) or if the first workshop series is being implemented virtually.
5. Commit to facilitating at least two workshop series (virtual or in-person), the first workshop series within 90 days and the second workshop series within 12 months, after completing the entire training process. To obtain both virtual and in-person certifications, the first workshop series must be implemented virtually. To obtain in-person certification only, the first workshop must be implemented in-person.

6. 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.
7. 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.
8. Attend the quarterly Ohio SO Workgroup meeting, which is held virtually.
9. Utilize the ODH-provided data collection forms and submit the documents to the ODH through Tiffany Boykins at [preventfalls@odh.ohio.gov](mailto:preventfalls@odh.ohio.gov) upon completion of the program.
10. Adhere to the principles, components, techniques, standards, and procedures taught throughout the training.
11. Instruct workshops in strict accordance with the program, as written in the training manual and as taught by the MTs.
12. Maintain regular contact, based on the preferred methods of communication, with the MTs throughout the training process.
13. 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.
14. Notify MTs, Stephanie Lambers and Krista Jones, and the Ohio Department of Health ([preventfalls@odh.ohio.gov](mailto:preventfalls@odh.ohio.gov)) with any changes to contact information or ability to facilitate workshops.
15. 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 certification.**

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ODH Section Only

**Date Received - Application:** \_\_\_\_\_ **Date Received - Participation Agreement:** \_\_\_\_\_

**High Burden County(ies):** ☐ Yes ☐ No **Low Uptake County(ies):** ☐ Yes ☐ No

**Training Status:** ☐ Recommended ☐ Not Recommended ☐ Waitlisted