Community Care Hub Demonstration to Scale Evidence-Based Falls Prevention Interventions Through Clinical-Community Partnerships

Appendix A. Health Care Screening and Referral Partners

Identify current and proposed health care screening and referral partners. For each key partner, describe the relationship, clinical setting(s), population served, geographic reach measured by the number of counties the partner operates, current use of STEADI, anticipated role and commitment to the project, (optional) provide any additional context about the partner such as market share or experience that may support your application.

Major partners that are central to the proposed screening and referral strategy should provide letters of commitment as described in **Appendix C.**

Health Care Partner	**Current Partner (Y/N)**	**Clinical Setting(s) e.g., outpatient, inpatient, emergency department, urgent care, post-acute care, specialty, home health, or other health care setting**	**Population(s) Served** (urban, suburban, rural)	**Geographic Reach** (number of counties)	**Current Use of STEADI (Y/N)**	**Anticipated Role/Commitment**	**Additional context about health care partner (optional)**