

**Community Clinic Association of Los Angeles County  
Presents the Annual**



# 2012 AWARDS APPLICATION

RECOGNIZING OUTSTANDING ACHIEVEMENT IN COMMUNITY HEALTH CARE

**\$10,000 in Total Cash Grants**

## CATEGORIES

*DR. ROBERT TRANQUADA MISSION IMPACT STAR AWARD* **(\$5,000)**

Given to a CCALAC Member Clinic  
to support clinic programs/activities  
**Sponsored by L.A. Care Health Plan**

*JUDITH ZITTER CLINICAL LEADERSHIP STAR AWARD* **(\$5,000)**

Given to a clinician of a CCALAC Member Clinic  
to support clinical program/service(s)

**Applications must be received by 5:00 p.m.,  
Wednesday, Jan. 11, 2012**

Award Presentation on Friday, February 17, 2012  
at the Hyatt Regency Huntington Beach in Orange County  
during the luncheon at the Annual Health Care Symposium

This application for Community Health Star Awards is available also on the website at  
[www.ccalac.org](http://www.ccalac.org).



*THE VOICE FOR ACCESS TO QUALITY HEALTH CARE*

# COMMUNITY HEALTH STAR AWARDS

## *A Celebration of Commitment, Leadership and Vision*

- Recognizing outstanding achievement in community health care and the important contributions of Community Clinic Association of Los Angeles County member clinics in advancing the health and human services of communities throughout Los Angeles County, creating a viable community health network.
- Through leadership and program innovation ensure and expand access to quality health care services to every member of our community.

### *ELIGIBILITY*

**Only Member clinics of CCALAC are eligible for an award.** All individual nominees must be employed by a CCALAC Member clinic. However any staff, volunteer, friend, colleague, relative, or patient can submit a nomination application on another person's behalf; you do not need to be associated with a clinic. Clinics may nominate themselves.

**Please read the requirements carefully. The application must reflect each area clearly and completely. When writing the statement, reflect on the content as if you were putting the information on a story board. Be succinct, but inform the reader about specifics related to each area. Winners of the *Mission Impact* and *Clinical Leadership* categories will not be from the same clinic.**

### *AWARD CATEGORIES & CRITERIA*

#### **Dr. Robert Tranquada Mission Impact Award** (Competitive - Organization)

The Dr. Robert Tranquada Mission Impact Award will honor an outstanding **CCALAC Member community clinic** on the basis of successfully making a significant and defined contribution to the improvement and/or enhancement of the health of the community through implemented comprehensive programs/services that support and convey the clinic's mission.

- s Include the organization's mission statement.
- s Identify and describe **at least two (2)** programs/services that best demonstrate compliance to the organization's mission. Use programs/services that set the clinic apart from others with a similar mission and describe what makes this clinic stand out in the community. Remember you are not describing the importance of the clinic's mission, but describing the importance and impact of the programs/services that reflect the mission.
- s Describe the **measurable outcomes** of each program/service that demonstrate its effectiveness. Outcomes must represent more than patient numbers but must also illustrate its impact on service provision. The work of the organization is clinical, so measures should reflect improvement in clinical practice, access to appointments, patient satisfaction, provider satisfaction, and/or staff satisfaction, to name a few.
- s Expanding community partnerships may also be a significant part of the mission impact. If this area is mentioned, please be specific in describing joint program efforts. Please indicate any program enhancements implemented to support and sustain positive growth.

#### **Judith Zitter Clinical Leadership Award** (Competitive - Individual)

The Judith Zitter Clinical Leadership Award is presented to an **individual** who has demonstrated outstanding clinical leadership in the design and/or delivery of services by his/her clinic. This individual must be a clinician by degree (i.e. MD, RN, PharmD, NP, PA, LCSW/MSW, DDS, Psychologist, etc).

- s Describe the program(s) or activities the nominee has designed and/or delivered in the organization. The program or service may be a specific clinical initiative or may be a group of clinical activities that

demonstrate the clinical direction of the organization. Be sure to state how this individual's leadership contributed to the effectiveness and success of the program. The clinical program or activity should demonstrate some innovation. "Innovation" may be present when something has never been done before or never done in a particular type of environment.

- s Describe the measurable outcomes of each program/service that demonstrate its effectiveness. Outcomes must represent more than patient numbers but must also illustrate its impact on service provision. The work of the organization is clinical, so measures should reflect improvement in clinical practice, access to appointments, patient satisfaction, provider satisfaction, and/or staff satisfaction, to name a few.
- s Expanding community partnerships may also be a significant part of your mission impact. If this area is mentioned, please be specific in describing joint program efforts. Please detail strategies developed and put in place by the nominee to improve future outcomes and ensure consistency in quality service delivery.
- s Describe any challenges the nominee contended with to successfully design and/or implement the aforementioned program(s) or activities. Challenges can be related to space, staffing, other resources and/or the community.
- s Discuss future plans and/or strategies developed by the nominee to sustain the delivery and progress of the clinic's program/service(s).

### *APPLICATION INSTRUCTIONS*

Complete all portions of the application form. Please respond to all criteria specific to the award category. Supporting documents will be accepted but only to enhance the narrative. It cannot be used in lieu of the narrative to answer award criterion. Do not introduce new information in the supporting documents. **No video or electronic attachments will be accepted.**

Each official entry will include ALL of the following items:

- s A completed application form with narrative and all appendices.
- s The narrative portion will have no more than five (5) pages and will adhere to the following formatting specifications: Typed, single-sided, 12-point typeface, single-spaced with 1" margins.
- s Supporting documents will have no more than five (5) pages per application. Supporting materials must be referenced within the body of the narrative.
- s Entries may be submitted by email as a PDF attachment sent to [info@ccalac.org](mailto:info@ccalac.org) OR by mailing five (5) sets of hardcopies to:

**CCALAC**  
1055 Wilshire Blvd, Suite 1400  
Los Angeles, CA 90017-4505  
**Attention: CHSA Nominations**

**Submission Deadline:**  
**Wed., Jan. 11, 2012**  
**at 5:00 p.m**  
APPLICATIONS WILL NOT BE  
ACCEPTED AFTER THIS DATE.  
NO EXCEPTIONS WILL BE MADE.

### *SELECTION PROCESS*

An independent, non-CCALAC affiliated panel of judges will review all submitted applications for eligibility and final selection of the recipients of the **2012 Community Health Star Awards**. Every effort is made to create a diverse representation of the community clinic network of stakeholders and supporters to ensure the integrity of the award recognitions are maintained. Judging and due diligence will be completed by end of January of 2012. Award recipients will receive confirmation by phone and/or e-mail by early February 2012 and invited to attend the Awards Ceremony to be held during the Symposium lunch on February 17, 2012 at the Hyatt Regency Huntington Beach in Orange County, California. All other applicants will be notified in writing after final selections are made.



## PREVIOUS AWARD WINNERS

### **Dr. Robert Tranquada Mission Impact Award**

Eisner Pediatric and Family Medical Center

Northeast Valley Health Corporation

JWCH Institute, Inc.

The Los Angeles Free Clinic (now The Saban Free Clinic)

St. John's Well Child & Family Center

East Valley Community Health Center

AltaMed Health Services Corp.

Westside Family Health Center



### **Judith Zitter Clinical Leadership Award**

Jose Quiroga MD & Ana Deutsch (Venice Family Clinic)

Eleanor Gray, RN (Northeast Valley Health Corp.)

Elisa Nicholas, MD (The Children's Clinic, Serving Children & Their Families)

Sister Kathleen Wood, FNP, PHN, MS (QueensCare Family Clinics)

Marilyn Norwood, RN (T.H.E. Clinic)

Luis Artavia, MD (Community Health Alliance of Pasadena)

Debra Rosen, RN, MPH (Northeast Valley Health Corp.)

Elizabeth Jenkins, MPH, CNM & Laila Al-Marayati, MD  
(Eisner Pediatric & Family Medical Centers)



## APPLICATION FORM

### INFORMATION OF AWARD NOMINEE (Please use separate forms for each category)

\_\_\_\_\_ **Mission Impact (Organization)** \_\_\_\_\_ **Clinical Leadership (Individual)**

\_\_\_\_\_  
Nominated Organization/Clinic or Individual

\_\_\_\_\_  
(Professional Title if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Member Clinic

### INFORMATION OF PERSON MAKING THE NOMINATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title if applicable

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Relationship to Organization (if any)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email

## COMMUNITY HEALTH STAR AWARDS *A Celebration of Commitment, Leadership and Vision*

### *VERIFICATION*

I hereby certify that, to the best of my knowledge, the statements contained in this nomination accurately reflect the circumstances that occurred. In addition, I certify that the description of an innovation, program, project or technique accurately reflects the circumstances that occurred. I further authorize CCALAC to publicize this information for use by others.

\_\_\_\_\_  
Signature of Chief Executive Officer of the Organization or Individual being nominated

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



*THE VOICE FOR ACCESS TO QUALITY HEALTH CARE*

## Mission

Founded in 1994, the mission of the non-profit Community Clinic Association of Los Angeles County (CCALAC) is to promote its 47 member free and community clinics as providers of and advocates for expanding access to quality comprehensive health care for medically underserved people in Los Angeles County. Community clinics are defined as organized outpatient health facilities that provide general medical, primary, and preventive health care services. Clinics have been responsible for bringing a multidisciplinary team of health care workers and an array of health services and facilities together to serve the County's neediest communities. These clinics provide care to the working poor, the uninsured, and the medically indigent as well as high-risk and vulnerable populations, regardless of a person's ability to pay.

## Vision & Purpose

CCALAC's vision is to advance the health and human services of communities throughout Los Angeles County, creating a viable health care safety net. We assist members in the procurement of public and private funding and other resources, provide for and coordinate educational forums and technical assistance, and encourage members to actively participate in county, state and national policy discussions.



Community Clinic Association of Los Angeles County  
1055 Wilshire Blvd, Suite 1400  
Los Angeles, CA 90017  
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[www.ccalac.org](http://www.ccalac.org)