File No. 210979 **Committee Item No.** 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee **Date** April 11, 2022

Board of Supervisors Meeting **Date** _____

Cmte Board

Cmte	Board	
☐	☐	**Motion**
☐	☐	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget and Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☐	☐	**Introduction Form**
☐	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**Memorandum of Understanding (MOU)**
☐	☐	**Grant Information Form**
☐	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☐	☐	**Contract/Agreement**
☐	☐	**Form 126 - Ethics Commission**
☐	☐	**Award Letter**
☐	☐	**Application**
☐	☐	**Form 700**
☐	☐	**Information/Vacancies (Boards/Commissions)**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____

Completed by: Victor Young **Date** April 7, 2022
Completed by: _____ **Date** _____

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: SFHP Governing Board

Seat # (Required - see Vacancy Notice for qualifications): 2

Full Name: Jian Zhang

Home Address: 1826 Castenada Dr, Burlingame, CA Zip Code: 94010

Home Phone: 6502707209 Occupation: Healthcare Executive

Work Phone: 4156772477 Employer: Chinese Hospital

Business Address: 845 Jackson St, SF, CA Zip Code: 94133

Business Email: jianz@chasf.org Home Email: jzhangliu@yahoo.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☐ No ■ If No, place of residence: San Mateo

18 Years of Age or Older: Yes ■ No ☐

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes ■ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am an innovative healthcare executive with 25+ years of hand-on experience in business development, operation, marketing, growth/expansion, innovation, strategic planning and clinical practice. Expertise includes but not limited to team building, leadership development, performance improvement, multi-specialty clinic development, managed care, population health, healthcare delivery system design, payment model design, grant writing, health plan, medical group, etc.

I have served as a family nurse practitioner/clinic administrator for over 20 years in community clinics seeing mainly Medicare and Medi-Cal patients, many were SFHP members. I have involved with many SFHP quality and access initiatives. I have served as SFHP board director for 4 years.

I am confident I can bring significant values to the board of SFHP

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

CEO of Chinese Hospital 2017-present
COO of Chinese Hospital 2015-2017
Chief outpatient and innovation office of Chinese Hospital 2012-2015
Family Nurse Practitioner/Clinic Administrator 1996-2012

Associate Clinical Professor of UCSF SON 2014-present
Assistant Clinical Professor of UCSF SON 2004-2014

Civic Activities:

N/A

Have you attended any meetings of the body to which you are applying? Yes ■ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 03/24/2022 Applicant's Signature (required): Jian Zhang

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

Hospital Council
Northern & Central California

March 24, 2022

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(K)(1)(B) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Hospital Council Northern and Central California hereby designates Dr. Jian Zhang, CEO of Chinese Hospital to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Michon A. Coleman

Michon Coleman
Regional Vice President
Hospital Council Northern and Central California

cc: Dr. Jian Zhang

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

1430982

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Zhang,	Jian	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable: Health Authority

Your Position: Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of San Francisco
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Francisco
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2021 through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle)
  - ○ The period covered is January 1, 2021 through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- ☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
Chinese Hospital 845 Jackson Street	San Francisco	AL	94133

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(415) 677-2477	jianz@chasf.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/16/2022 *(month, day, year)*

Signature Jian Zhang *(File the originally signed paper statement with your filing official.)*

FPPC Form 700 - Cover Page (2021/2022)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Authority

Seat # (Required - see Vacancy Notice for qualifications): #3

Full Name: Roland Thomas Pickens

Home Address: 145 Lincoln Way #1 Zip Code: 94585

Home Phone: 4157316194 Occupation: Health Care Executive

Work Phone: 4155542711 Employer: CCSF

Business Address: 101 Grove Street Zip Code: 94102

Business Email: roland.pickens@sfdph.org Home Email: rolandthomaspickens@gmail.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ■ No ☐ If No, place of residence: _____

18 Years of Age or Older: Yes ☐ No ☐

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes ■ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have over 30 years of progressive management experieince in health care delivery with 20 of those years with the CCSF Department of Public Health.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

In addition, I am a Board member and past Chair of the California Association of Hospitals and Health Systems, which represents undersserved populations across California.

Civic Activities:

I am a resident of Sup District 5 and serve on the Board of a Sup Dsitrict 5 low income housing development.

Have you attended any meetings of the body to which you are applying? Yes ■ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 03/23/2022 Applicant's Signature (required): Roland Thomas Pickens

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

DRAFT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Pickens, Roland

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Public Health Department of

Your Position

Administrator DPH

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County
- ☐ City of
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Francisco
- ☐ Other

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2021 through December 31, 2021

-or-

The period covered is _____/_____/_____, through December 31, 2021

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____

(Check one circle)

○ The period covered is January 1, 2021 through the date of leaving office.

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► **Total number of pages including this cover page:** 4

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) | STREET | CITY | STATE | ZIP CODE

c/o San Francisco Department of Public Health
101 Grove Street, Room 308 | San Francisco | CA | 94102

DAYTIME TELEPHONE NUMBER: (415) 554-2610

E-MAIL ADDRESS: roland.pickens@sfdph.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____ *(month, day, year)*

Signature Draft Document only *(File the originally signed paper statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Roland Pickens

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
City and County of San Francisco	Public Health Department of	Administrator DPH	Annual 1/1/2021 - 12/31/2021	060600029-NFH-0029
City and County of San Francisco	Health Authority	Member	Annual 1/1/2021 - 12/31/2021	060600029-NFH-0029

DRAFT

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Pickens, Roland

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
city and county of san francisco

ADDRESS *(Business Address Acceptable)*
101 grove street
san francisco, ca 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
DPH, Administrator

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City and County of San Francisco

ADDRESS *(Business Address Acceptable)*
101 Grove Street Room 308
San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Employer

YOUR BUSINESS POSITION
Director, San Francisc Health Network

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

DRAFT

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Pickens, Roland

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City and County of San Francisco

ADDRESS *(Business Address Acceptable)*
101 Grove Street
San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Director, San Francisco Health Network

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Authority

Seat # (Required - see Vacancy Notice for qualifications): St. Luke's Hospital Seat

Full Name: Emily Webb

Home Address: 1014 Clarendon Crescent Zip Code: 94610

Home Phone: _____ Occupation: Vice President External Affairs, Bay Area

Work Phone: 415-377-2015 Employer: Sutter Health

Business Address: 2000 Powell Street, Emeryville CA Zip Code: 94608

Business Email: WebbE@sutterhealth.org Home Email: emilyw3@gmail.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☐ No ■ If No, place of residence: Oakland, CA

18 Years of Age or Older: Yes ■ No ☐

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes ■ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

California Pacific Medical Center is one of the largest not-for-profit medical centers in California. At our four campuses located throughout San Francisco, we provide exemplary inpatient emergency and outpatient services, including specialized care for women and children, organ transplant programs and innovative orthopedic treatments. Our patient population is reflective of San Francisco's amazing diversity and we serve patients from diverse ethnicities, races, sexes, sexual orientations, gender identities and disabilities.

As a not-for-profit organization, we reinvest our resources back into the community. Sutter hospitals serve more of the Medi-Cal patient population in Northern California than any other health system.(2018 OSHPD) We proudly fund and partner with community programs to help ensure those in need have access to care and social services.

In San Francisco we are the at-risk hospital partner for North East Medical Services and collaborate to provide comprehensive care to 32K Medi-Cal members through this partnership. We also partner with the Hill Physicians Medical Group to provide hospital care to their SFHP member base.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

See Resume

Civic Activities:

See Resume

Have you attended any meetings of the body to which you are applying? Yes ■ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 03/25/2022 Applicant's Signature (required): Emily Webb

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

Emily A. Webb

1014 Clarendon Crescent • Oakland, CA 94610 • 530.304.2562 • emilyw3@gmail.com

Education

Master of Public Health, Health Policy and Management, 5/2012
University of California, Berkeley

Bachelor of Arts, Double Major in Economics and Communication, 12/2005
University of California, Davis
Honors: Dean's List Two Quarters, Member Omicron Delta Pi International Economics Honor Society

Work Experience

Vice President External Affairs, Bay Area, 8/2020-present
Bay Area Director of Community Health Programs, 5/2018 - 8/2020
Sutter Health, Emeryville, CA
Lead strategic direction and implementation of Sutter Health Bay Area's $565M annual community benefit investment portfolio and government affairs activity. Effectively manages a team of sixteen staff across the Bay Area to implement the community benefit and government affairs strategy in Sutter's affiliates and communities across the region. Lead local county and city elected official, public department, and community partner collaborations strategy (including Medi-Cal partnership strategy across the Bay to ensure effective relationships with a key healthcare policy and regulatory partner). Collaborate with key stakeholders—affiliate leaders, Bay Operating Unit, and Sutter System office—to manage and strategize on External Affairs issues management, policy landscape and community investments.

Director of Community Health Programs, 2/2012 - 5/2018
California Pacific Medical Center, Sutter Health Affiliate, San Francisco, CA
Responsible for developing and executing CPMC's community benefit strategy and programs, which invests almost $165M into the San Francisco Community annually. The program included managing two health clinics (an innovative chronic disease management program and a multidisciplinary pediatric primary care practice), an early intervention developmental and behavioral health screening, and treatment program at a community clinic, a breast health program and partnerships with more than 70 community-based organizations. Additionally, responsible for CPMC's Medi-Cal and charity services, including a risk-based partnership with North East Medical Services that coordinates care for more than 32,000 Medi-Cal managed care beneficiaries. Finally, executed the healthcare commitments in CPMC's Development Agreement with the city and county of San Francisco—a $1.1B community investment package.

Health Systems Innovation and Community Benefit Consultant, 5/2011 -1/2012
Project manager for medical home pilot project that focused on integrating chronic disease management and adult primary care at St. Luke's Hospital. Managed facility build-out planning using lean design principles and initiated plans for electronic medical records and clinical workflow redesign. Conducted assessment of safety-net pediatric primary care clinic and made recommendations to management during time of transition and restructuring. Performed data analysis and conducted research around charity care and Medi-Cal to better inform CPMC's discussions with the city and county of San Francisco around increasing Medi-Cal volume.

Provider Relations Specialist, 9/2009 -5/2011
Provider Relations Coordinator, 10/2007 -9/2009
San Francisco Health Plan and Healthy San Francisco Program, San Francisco, CA
Provider Relations departmental lead on key cross-functional strategic initiatives including Medicaid 1115 Waiver implementation, California Department of Managed Healthcare Timely Access Regulations implementation, network expansion, process improvement, and managed care system implementation. Increased responsibilities to include focus on developing, leading, and presenting provider training commitments at contracted hospitals, clinics, and provider sites. Assumed responsibility for health plan credentialing activities, management of provider network and oversight of delegated medical groups. Provider representative for data quality and information technology projects, quality improvement programs and marketing efforts.

Reimbursement Counselor, 2/2006 - 6/2007
Lash Group H ealthcare Consultants, San Bruno, CA
Processed applications and maintained a database with relevant healthcare trends and updates. Consistently ranked in top five in productivity and accuracy within the department, three times ranked in the top two.

Volunteer Experience

Member, Governing Board and Finance Committee, 3/2015-present
San Francisco Health Plan

Member, Board of Directors and Finance Chair, 9/2014 - 2/2020
Portola and Excelsior Family Connections

Member, Board of Directors, 9/2013 - 10/2019
Center for Youth Wellness

Graduate, Class of 2013-2014 Leadership San Francisco
San Francisco Chamber of Commerce

March 30, 2022

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(k)(1)(B) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Sutter Health hereby designates Emily Webb, Vice President External Affairs, Bay Area of Sutter Health to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Grace Davis

Grace Davis
Chief Public Affairs Officer
Sutter Health

cc: Emily Webb

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

1431096

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Webb, Emily Ann			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Health Authority

Your Position

Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Francisco
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2021 through December 31, 2021.

-or-

The period covered is _____/_____/_____, through December 31, 2021.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____

(Check one circle)

○ The period covered is January 1, 2021 through the date of leaving office.

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► **Total number of pages including this cover page:** 2

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
Sutter Health Bay Area 2000 Powell Street, 12th Floor	Emeryville	CA	94608

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(510) 450-7472	webbe@sutterhealth.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/16/2022 *(month, day, year)*

Signature Emily Ann Webb *(File the originally signed paper statement with your filing official.)*

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Webb, Emily Ann

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Sutter Health

ADDRESS *(Business Address Acceptable)*
2000 Powell Street 12th Floor
Emeryville, CA 94608

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare system

YOUR BUSINESS POSITION
Vice President, External Affairs Bay Area

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Plan Governing Board

Seat # (Required - see Vacancy Notice for qualifications): #6

Full Name: Eddie Chan

Home Address: 1310 Avondale Road, Hillsborough, CA Zip Code: 94010

Home Phone: 650-483-9916 Occupation: President & CEO

Work Phone: 415-391-9686 Employer: North East Medical Services (NEMS)

Business Address: 1520 Stockton Street, San Francisco Zip Code: 94133

Business Email: eddie.chan@nems.org Home Email:

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☐ No ■ If No, place of residence: Hillsborough

18 Years of Age or Older: Yes ■ No ☐

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes ■ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

President & CEO of North East Medical Services (NEMS), a non-profit federally qualified health center (FQHC) since 2008.

NEMS is a member of the San Francisco Health Plan.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

(2008-Present) NEMS, President & CEO
(2005-2008) Kaiser Permanente, Clinic Operations Manager

Civic Activities:

President & CEO

Have you attended any meetings of the body to which you are applying? Yes ■ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 3/21/22 Applicant's Signature (required): Eddie Chan

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

SFCCC
Community Clinic Consortium

www.sfccc.org

170 Capp Street, Suite C | San Francisco, CA 94110 | P: 415.355.2222

March 17, 2022

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
P.O. Box 194247
San Francisco, CA 94119

Dear Mr. Grgurina:

In accordance with Section 14087.36 (g) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Clinic Consortium hereby designates Eddie Chan, Pharm D to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Maria Powers
Acting President and CEO of the San Francisco Community Clinic Consortium

cc: Eddie Chan

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

1404334

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Chan, Eddie			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Health Authority

Your Position

Governing Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of San Francisco
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Francisco
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2021 through December 31, 2021.

-or-

The period covered is _____/_____/_____, through December 31, 2021.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____

(Check one circle)

○ The period covered is January 1, 2021 through the date of leaving office.

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► **Total number of pages including this cover page:** 2

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☒ **Schedule B -** *Real Property* – schedule attached
- ☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1520 Stockton Street		San Francisco	CA	94133

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(415) 391-9686	eddie.chan@nems.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/08/2022 *(month, day, year)*

Signature Eddie Chan *(File the originally signed paper statement with your filing official.)*

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Chan, Eddie

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3075-3077 Market Street

CITY

San Francisco

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

70 Karen Court

CITY

San Francisco

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: SAN FRANCISCO Health PLAN

Seat # (Required - see Vacancy Notice for qualifications): 7

Full Name: Joseph W. WOO

Home Address: 385 SAN BENITO WAY SF CA Zip Code: 94127

Home Phone: 415 937 0623 Occupation: PHYSICIAN

Work Phone: 415 216 0090 Employer: CCHCA

Business Address: 827 PACIFIC AV SF CA Zip Code: 94133

Business Email: Joseph.WOO@CCHCA.COM Home Email: JWOOMD@MSN.COM

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: I also own a home in Brentwood CA where I spend 1/3 of my time.

18 Years of Age or Older: Yes ☒ No ☐

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes ☒ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have lived / worked in San Francisco for most of my life having graduated from Aptos Middle School, Lowell H.S. and U.S.F.
Since completing my Emergency Medicine residency, I have been on staff at Chinese Hospital since 1995
I represent the doctor's group that provides care to more than 5000 Medi-CAL members.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

See attached

Civic Activities:

See attached

Have you attended any meetings of the body to which you are applying? Yes ☐ No ☒

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 3/8/2022 Applicant's Signature (required): [signature]

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

JOSEPH W. WOO, MD
jwoomd@gmail.com

EDUCATION:

University of San Francisco, San Francisco, California
Bachelor of Science, Summa Cum Laude
June 1987

Medical College of Wisconsin, Milwaukee, Wisconsin
Doctor of Medicine (M.D.)
May 1991

RESIDENCY

Transitional Residency: July 1991-June 1992
St. Joseph's Hospital
Medical College of Wisconsin, Internal Medicine Program
Milwaukee, Wisconsin

Emergency Medicine Residency: June 1992-May 1995
University of California, Davis
School of Medicine
Sacramento, California

PROFESSIONAL AFFILIATIONS

Medical Staff (Emergency Medicine), 1995
Doctor's Hospital of Manteca
Manteca, California

Medical Staff (Emergency Medicine), 1995-2001
Methodist Hospital
Sacramento, California

Medical Staff (Active and Affiliate), 1995-present
Chinese Hospital of San Francisco
Chief of Medical Staff 2005-2010
Board of Trustees 2014
Medical Director, Emergency Department, 2012-2015
Chairperson of Ethics
Chairperson, East/West Medicine Committee
Peer Reviewer, Department of Internal Medicine
Chairperson of Multi-disciplinary Practice Committee
(Ethics, Pharmacy, Infection Control, Laboratory, Medical Records)

Medical Care Coordinator/Utilization Review 2002-2015
Co-Chair, Medical Staff Fundraising 2011-2015
Chair, Patient Flow Committee 2014-2015

On Lok Senior Health Services
Ethics Committee 2003-2007
1333 Bush Street
San Francisco, California

San Francisco Marin Medical Society
Chinese Hospital Liaison to the Board, 2006-2010
Board of Directors, 2010-2015, 2017-present
Executive Committee, 2021-present
Nominations Committee, 2009-2010, 2017-2018
Alt. Delegate to CMA 2017
Political Action Committee, 2017-present
PAC, Treasurer 2018-2019
PAC Chairperson 2020-present
Finance Committee, 2018-present

Chinese Community Health Care Association (IPA)
Director Community Relations, Physician Liaison July 2019-present
Medical Director July 2015-July 2019
Board Member, 2006-2011, 2013-2015
Secretary, Chair of Membership 2013-2015
Executive, Utilization, QI, Membership, Finance, Real Estate Committees
827 Pacific Avenue
San Francisco California

Chinese Community Health Plan (CCHP)
445 Grant Avenue
San Francisco California
Board of Trustees 2014
Chair, Hospital Liaison Committee
Long Range Planning, Quality, Network Committees

Federation of Chinese American and Chinese Canadian Medical Societies
Board of Directors 2005-2012; 2019-present
Treasurer 2011-2012

San Francisco Health Plan
50 Beale Street
San Francisco California
Quality Improvement Committee, 2015-2020
Physician Advisory Committee 2015-2020

All American Medical Group (AAMG-IPA)
827 Pacific Avenue
San Francisco, CA
Chief Executive Officer June 2015-July 2019
President July 2019-present

NICOS Chinese Health Coalition
1208 Mason Street
San Francisco, CA
Board of Trustees 2019-present;
Public Policy Committee, 2019-present
Vice-President January 2021-November 2021
Interim President November 2021-January 2022
President January 2022-present

Chinese Community Task Force on COVID-19
C/O of Self-Help for the Elderly
1483 Mason Street
San Francisco, CA
Convener and Member, 2020-2021
Community Education through media including appearances on local and national TV, radio, and print forums

Learning Journeys
Chinese Community Palliative Care Workgroup
November 2020-present

Chinese Community Grant Awards Committee
On behalf of the Stupski Foundation
December 2021-present

For Your Benefit Health Plan
827 Pacific Avenue
San Francisco, CA
Board of Directors; 2020-present, Treasurer 2020-present

Special Commendation from the City of San Francisco for COVID education and vaccination in the Asian Community
San Francisco Board of Supervisors, presented by Sup. Gordon Mar
February 1, 2022

CERTIFICATIONS

California Medical Board G 076863
Diplomate, American Board of Emergency Medicine
Fellow, American College of Emergency Physicians (FACEP)

COMPLEMENTARY MEDICINE

Academy of Pain Research, 5th North American Symposium on Acupuncture, 200 Hours of Acupuncture/Chinese Medicine Training
May-October, 1999

Moderator, 10th, 12th, 20th International Conferences on Health Problems Related to Chinese in North America
Federation of Chinese American and Chinese Canadian Medical Societies
2000, 2004, 2020

Chairperson, East-West Medicine
Chinese Hospital, San Francisco 1999-2000

PUBLICATIONS

Aufderheide,TP, Martin DR, Olson DW, Aprahamian C, **Woo, J.W.**, et al. "Pre-Hospital Bicarbonate Use in Cardiac Arrest" *The American Journal of Emergency Medicine,* 1992 Jan;10(1):4-7

Aufderheide TP, Hendley GE, **Woo, J.W**. et al. "A Prospective Evaluation of Pre-Hospital 12-lead Electrocardiography; Application in Chest Pain Patients" *Journal of Electrocardiography,* 1992; *24* (suppl): 8–13

Medical Community News-Chinese Hospital Monthly Column
San Francisco Medicine 2005-2010

Situ, E, **Woo J**, Zhang X. "Impact of DSME on A1c on high risk & low income Chinese Immigrant populations residing in Urban Communities", *79th ADA Conference*, June 2019

Woo, J, Leung M.K. "Novel Concepts to Preserve Traditional Private Practice, How a Medical Group is Saving Independent Physician Owned Practices in the Time of COVID." *San Francisco Marin Medicine* vol. 93, no.3, pp 22-23, May June July 2020

Leung, Michelle, **Woo J**. "Confronting Anti-Asian Hate and Violence" *San Francisco Marin Medicine* vol. 94 no 2, pp12-13 April May June 2021

Kwok, V., **Woo J**. "Palliative Care and Our Community" *San Francisco Marin Medicine* vol. 94 no 4, pp 26-27 October November December 2021

LANGUAGES: Fluent in Cantonese (Toisan) and English

JOSEPH W. WOO, MD
jwoomd@gmail.com

EDUCATION:

University of San Francisco, San Francisco, California
Bachelor of Science in Biology, Summa Cum Laude (B.Sc.)
June 1987

Medical College of Wisconsin, Milwaukee, Wisconsin
Doctor of Medicine (M.D.)
May 1991

RESIDENCY

Transitional Residency: July 1991-June 1992
St. Joseph's Hospital
Medical College of Wisconsin, Internal Medicine Program
Milwaukee, Wisconsin

Emergency Medicine Residency: June 1992-May 1995
University of California, Davis
School of Medicine
Sacramento, California

PROFESSIONAL AFFILIATIONS

Medical Staff (Emergency Medicine), 1995
Doctor's Hospital of Manteca
Manteca, California

Medical Staff (Emergency Medicine), 1995-2001
Methodist Hospital
Sacramento, California

Medical Staff (Active and Affiliate), 1995-present
Chinese Hospital of San Francisco
Chief of Medical Staff 2005-2010
Board of Trustees 2014
Medical Director, Emergency Department, 2012-2015
Chairperson of Ethics
Chairperson, East/West Medicine Committee
Peer Reviewer, Department of Internal Medicine
Chairperson of Multi-disciplinary Practice Committee
(Ethics, Pharmacy, Infection Control, Laboratory, Medical Records)

Medical Care Coordinator/Utilization Review 2002-2015
Co-Chair, Medical Staff Fundraising 2011-2015
Chair, Patient Flow Committee 2014-2015

On Lok Senior Health Services
Ethics Committee 2003-2007
1333 Bush Street
San Francisco, California

San Francisco Marin Medical Society
Chinese Hospital Liaison to the Board, 2006-2010
Board of Directors, 2010-2015, 2017-present
Executive Committee, 2021
Nominations Committee, 2009-2010, 2017-2018
Alt. Delegate to CMA 2017
Political Action Committee, 2017-present
PAC, Treasurer 2018-2019
PAC Chairperson 2020-present
Finance Committee, 2018-present

Chinese Community Health Care Association (IPA)
Director Community Relations, Physician Liaison July 2019-present
Medical Director July 2015-July 2019
Board Member, 2006-2011, 2013-2015
Secretary, Chair of Membership 2013-2015
Executive, Utilization, QI, Membership, Finance, Real Estate Committees
827 Pacific Avenue
San Francisco, CA 94133

Chinese Community Health Plan (CCHP)
445 Grant Avenue
San Francisco, CA 94108
Board of Trustees 2014
Chair, Hospital Liaison
Long Range Planning, Quality, Network Committees

Federation of Chinese American and Chinese Canadian Medical Societies
Board of Directors 2005-2012; 2019-present
Treasurer 2011-2012

San Francisco Health Plan
50 Beale Street
San Francisco, CA
Quality Improvement, 2015-2020
Physician Advisory Committee 2015-2020

Asian American Medical Group (AAMG-IPA)
827 Pacific Avenue
San Francisco, CA
Chief Executive Officer 2015-July 2019
President July 2019-present

NICOS Chinese Health Coalition
1208 Mason Street
San Francisco, CA
Board of Trustees 2019-present; Vice-President 2021-preseent

Chinese Community Task Force on COVID-19
C/O of Self-Help for the Elderly
1483 Mason Street
San Francisco, CA
Convener, 2020-present
Community Education through media including appearances on local and national TV, radio, and print forums

Learning Journeys
Chinese Community Palliative Care Workgroup
2020-present

For Your Benefit Health Plan
827 Pacific Avenue
San Francisco, CA
Board of Directors; 2020-present, Treasurer 2020-present

CERTIFICATIONS

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Diplomate, American Board of Emergency Medicine
Fellow, American College of Emergency Physicians (FACEP)

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May-October, 1999

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Federation of Chinese American and Chinese Canadian Medical Societies
2000, 2004, 2020

Chairperson, East-West Medicine
Chinese Hospital, San Francisco 1999-2000

PUBLICATIONS

Aufderheide,TP, Martin DR, Olson DW, Aprahamian C, **Woo, J.W**., et al. "Pre-Hospital Bicarbonate Use in Cardiac Arrest" *The American Journal of Emergency Medicine,* 1992 Jan;10(1):4-7

Aufderheide TP, Hendley GE, **Woo, J.W**. et al. "A Prospective Evaluation of Pre-Hospital 12-lead Electrocardiography; Application in Chest Pain Patients" *Journal of Electrocardiography*, 1992; *24* (suppl): 8–13

Medical Community News-Chinese Hospital Monthly Column
San Francisco Medicine 2005-2010

Situ, E, **Woo J**, Zhang X. "Impact of DSME on A1c on high risk & low income Chinese Immigrant populations residing in Urban Communities", *79th ADA Conference*, June 2019

Woo, J, Leung M.K. "Novel Concepts to Preserve Traditional Private Practice, How a Medical Group is Saving Independent Physician Owned Practices in the Time of COVID." *San Francisco Marin Medicine* vol. 93, no.3, pp 22-23, May June July 2020

Leung, M., **Woo J**. "Confronting Anti-Asian Hate and Violence" *San Francisco Marin Medicine* vol. 94 no 2, pp12-13 April May June 2021

LANGUAGES: Fluent in Cantonese (toisan) and English

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
WOO	JOSEPH	WILLIAM

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
SAN FRANCISCO HEALTH PLAN

Division, Board, Department, District, if applicable

Your Position
BOARD

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of SAN FRANCISCO
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  The period covered is January 1, 2021, through the date of leaving office.
  -or-
  The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* _____

Schedules attached

- ☒ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☒ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D** - *Income – Gifts* – schedule attached
- ☒ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
827 PACIFIC AV	SAN FRANCISCO	CA	94133

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(415) 216-0090	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/8/2022 *(month, day, year)*

Signature _____ *(File the originally signed paper statement with your filing official.)*

Print **Clear**

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joseph Woo

1. BUSINESS ENTITY OR TRUST

Name: WOO LIMITED PARTNERSHIP

Address *(Business Address Acceptable)*: 237 Columbus AV

Check one
- [x] Trust, *go to 2*
- [ ] Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $0 - $1,999
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INVESTMENT
- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)
- [x] None or
- [ ] Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- [ ] INVESTMENT
- [x] REAL PROPERTY

211-241 Columbus AV SF CA
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Commercial Real Estate
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [x] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INTEREST
- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [x] Partnership
- [ ] Leasehold _____ Yrs. remaining
- [ ] Other _____
- [ ] Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
- [ ] Trust, *go to 2*
- [ ] Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $0 - $1,999
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INVESTMENT
- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)
- [ ] None or
- [ ] Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- [ ] INVESTMENT
- [ ] REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INTEREST
- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership
- [ ] Leasehold _____ Yrs. remaining
- [ ] Other _____
- [ ] Check box if additional schedules reporting investments or real property are attached

Comments: _____

Print Clear

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joseph Wood

▶ NAME OF BUSINESS ENTITY: Agilent

GENERAL DESCRIPTION OF THIS BUSINESS: Stock - Scientific Solutions

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/21 ACQUIRED __/__/21 DISPOSED

▶ NAME OF BUSINESS ENTITY: AIC 3

GENERAL DESCRIPTION OF THIS BUSINESS: Sofware

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/21 ACQUIRED __/__/21 DISPOSED

▶ NAME OF BUSINESS ENTITY: Apollo Medical

GENERAL DESCRIPTION OF THIS BUSINESS: Medial group

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/21 ACQUIRED __/__/21 DISPOSED

▶ NAME OF BUSINESS ENTITY: Charge Healthcare

GENERAL DESCRIPTION OF THIS BUSINESS: Sofware

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/21 ACQUIRED __/__/21 DISPOSED

▶ NAME OF BUSINESS ENTITY: Comcast

GENERAL DESCRIPTION OF THIS BUSINESS: Entertainment

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/21 ACQUIRED __/__/21 DISPOSED

▶ NAME OF BUSINESS ENTITY: Cisco

GENERAL DESCRIPTION OF THIS BUSINESS: Computer

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/21 ACQUIRED __/__/21 DISPOSED

Comments: _____

Print Clear

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY
General Electric
GENERAL DESCRIPTION OF THIS BUSINESS
Energy
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Johnson and Johnson
GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Grocery Outlet
GENERAL DESCRIPTION OF THIS BUSINESS
grocery
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Keysight
GENERAL DESCRIPTION OF THIS BUSINESS
software
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Intel
GENERAL DESCRIPTION OF THIS BUSINESS
Computers
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Microsoft
GENERAL DESCRIPTION OF THIS BUSINESS
Software
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☒ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

Comments: _____

Print Clear

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY
Nividia

GENERAL DESCRIPTION OF THIS BUSINESS
Computers

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
ATT

GENERAL DESCRIPTION OF THIS BUSINESS
Communication

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Yum Brands

GENERAL DESCRIPTION OF THIS BUSINESS
Yum Food

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Snowflake

GENERAL DESCRIPTION OF THIS BUSINESS
Stock · software

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

Comments: _____

Print Clear

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joseph Woo

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

SAN FRANCISCO

CITY

3283 - 112

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None

Christine Khan

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

SAN FRANCISCO

CITY

2959 - 007

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None

Leondre Davis

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

None

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

BBT/TRUIST BANK

ADDRESS *(Business Address Acceptable)*

Lender

BUSINESS ACTIVITY, IF ANY, OF LENDER

214 N Tryon Charlotte NC

INTEREST RATE 4 % ☐ None

TERM (Months/Years) 30

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

Print Clear

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joseph Woo

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Emeryville
CITY
49-1528-258

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

Mike Randell

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
SAN FRANCISCO
CITY
3283-111

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

Matthew Watson

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
None
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE _____% ☐ None
TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*
None
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE _____% ☐ None
TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

Print Clear

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joseph Wood

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: CCHCA

ADDRESS (Business Address Acceptable): 827 Pacific Av SF CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Director

YOUR BUSINESS POSITION:

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ (Describe)

- [ ] Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: FyB Health Plan

ADDRESS (Business Address Acceptable): 827 Pacific Av SF CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Board Member

YOUR BUSINESS POSITION:

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ (Describe)

- [ ] Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*: NA

ADDRESS (Business Address Acceptable):

BUSINESS ACTIVITY, IF ANY, OF LENDER:

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: _____% [ ] None

TERM (Months/Years):

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ (Street address)

_____ (City)

- [ ] Guarantor _____
- [ ] Other _____ (Describe)

Comments: _____

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joseph Woo

► NAME OF SOURCE *(Not an Acronym)*
NA

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

Comments: _____

Print Clear

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joseph Wod

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
NA

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

Print Clear

SAN FRANCISCO MARIN MEDICAL SOCIETY

September 10, 2021

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

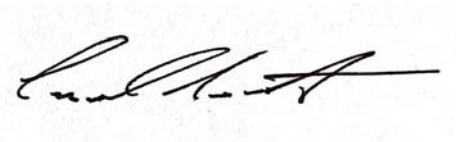
Dear Mr. Grgurina:

In accordance with Section 14087.36(k)(1)(E) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Marin Medical Society (SFMMS) hereby designate Dr. Joseph Woo, the Medical Director of the Chinese Community Health Care Association, to serve on the Governing Board of the San Francisco Health Authority.

Dr. Woo is key strategic voice and dedicated leader for both the Medical Society and the broader medical profession in San Francisco. Dr. Woo possess a deep and vital expertise regarding the needs of the Medi-Cal patient population, and has consistently sought new and better ways to identify and serve underserved and underrepresented patient populations in general. Dr. Woo currently serves as Chair of SFMMS' Political Action Committee, and thus has developed important relationships with legislators and other policymakers. Finally, Dr. Woo's robust volunteerism, and ability to recruit physicians to campaigns designed to serve underserved patient populations, has proven indispensable to the profession and the communities it serves.

Dr. Woo is an immensely dedicated physician and a proven leader in the physician community in San Francisco. SFMMS is proud to advance his candidacy to the Governing Board.

Sincerely,



Conrad Amenta
Executive Director
San Francisco Medical Society

Cc : Dr. Joseph Woo

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 544-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Plan Board

Seat # (see Vacancy Notice for qualifications): Seat #*

Full Name: Steven Hugh Fugaro

Home Address: 90 Kite Hill Lane, Mill Valley, CA Zip Code: 94941(home) 94123(work)

Home Phone: 415-388-1715 Occupation: Physician

Work Phone: 415-694-7500 Employer: Self (MD² - San Francisco)

Business Address: 2001 Union St., Suite 570, SF Zip Code: 94941(home) 94123(work)

Business Email: fugaro@md2.com Home Email: sfugaro@mac.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes ☐ No ■ If No, place of residence: Mill Valley, CA, 94941

18 Years of Age or Older: Yes ■ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As former President of the SF Medical Society, I have had a multi-year interest in providing care to our vulnerable population and to establishing more access to care via MediCal. I have served on the Board of the SF Health Authority for 12 years and have been Chair of the Board for almost six years. The SF Health Authority has worked tirelessly to provide equitable access to excellent healthcare for all residents of San Francisco, irrespective of race, age, ethnicity, sex, sexual orientation, gender identity, ethnicity, or disabilities.

I was a resident in internal medicine at UCSF from 1981-1985, on the faculty at UCSF practicing general internal medicine from 1985 to 1993, and have been practicing general internal medicine in my private practice in SF from 1993 to now.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

1) Board Member of SF Health Authority 2009 to 2021 and Chair of Board 2016-2021.
2) President of the SF Medical Society in 2008 and on the Board of the Medical Society since 2000.
3) Current Chair of the Search Committee to identify the next CEO of the SF Health Authority
4) Practicing MD in SF since 1985 - general internal medicine.
5) Delegate to the California Medical Association 2008-2015.

Civic Activities:

1) SF Health Authority positions as above
2) Congregation President, Sausalito Presbyterian Church
3) Volunteer MD at Berkeley Repertory Theatre
4) Volunteer MD at Marin Theatre Company

Have you attended any meetings of the body to which you are applying? Yes ☒ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 10/20/21 Applicant's Signature (required):

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

CURRICULUM VITAE

STEVEN FUGARO, M.D.

Work Address: 2001 Union St., Suite 570
San Francisco, CA 94117
(415) 694-7500
fugaro@gmail.com

Date of Birth: June 20, 1956; Columbus, Georgia

Education:

1977	B.S.	Stanford University, with Honors
1981	M.D.	Yale University

Thesis: Value and Limitation of Echocardiography in the Diagnosis of Aortic Stenosis

Postgraduate Medical Training:

1981-1982	Intern in Internal Medicine, University of California, San Francisco-Moffitt Hospitals
1982-1984	Resident in Internal Medicine, University of California, San Francisco-Moffitt Hospitals
1984-1985	Chief Resident in Internal Medicine, University of California, San Francisco-Moffitt Hospitals, Veterans Administration Medical Center, San Francisco, CA

Faculty Positions:

1985-1986	Clinical Instructor, Department of Medicine, Division of General Internal Medicine, University of California, San Francisco-Moffitt Hospitals

1986-1992	Assistant Clinical Professor of Medicine, Department of Medicine, Division of General Internal Medicine, University of California, San Francisco-Moffitt Hospitals
1988-1993	Medical Director, General Medical Consultation Service, University of California, San Francisco-Moffitt Hospitals
1986-1993	Medical Director, Executive Registry, University of California, San Francisco-Moffitt Hospitals
1990-1993	Assistant Director, Medical Service Firms, Department of Medicine, University of California, San Francisco-Moffitt Hospitals
1992-2014	Associate Clinical Professor of Medicine, Department of Medicine, Division of General Internal Medicine, University of California, San Francisco-Moffitt Hospitals

Current Employment

1993-present	Full-time Private Practice in General Internal Medicine and as a Primary Care physician, currently at 2001 Union St., #570, San Francisco, CA 94123

Hospital Affiliations and Privileges

1985-present	University of California, San Francisco Medical Center
2007-present	California Pacific Medical Center

Honors and Fellowships:

1981	Alpha Omega Alpha Honor Society
1981	Lange Medical Publishing Award
1989	Outstanding Leadership in a Clinical Preceptorship Award, MED I
1991	Excellence in Small Group Instruction Award, MED I
1996	Best Doctors in America - Woodward & White
1997	Best Doctors in America - Woodward & White
1998	Best Doctors in America - Woodward & White

1999	Best Doctors in America - Woodward & White
2000	Best Primary Care Physicians in US – Town & Country Magazine
2000-2	Best Doctors in America - Woodward & White
2001	Top 500 Physicians in the Bay Area – San Francisco Magazine
2003	Top 500 Physicians in the Bay Area – San Francisco Magazine
2003-4	Best Doctors in America - Woodward & White
2005	Top 520 Physicians in the Bay Area – San Francisco Magazine
2006-12	Best Doctors in America - Woodward & White
2015	Top 520 Physicians in the Bay Area – Marin Magazine

Licensure:

1982	California - G48694

Board Certification:

1984	American Board of Internal Medicine

Memberships:

American College of Physicians
San Francisco Medical Society
California Medical Association
American Medical Association

Public Service:

1989-1995	San Francisco Medical Society AIDS Task Force
2003-2005	San Francisco Medical Society Nominations Committee
2003-now	San Francisco Medical Society Board of Directors
2006	Treasurer, San Francisco Medical Society
2006	San Francisco Medical Society Technology Task Force
2007	Chairman, Membership Committee, SF Medical Society
2008	President, San Francisco Medical Society
2008-16	House of Delegates, California Medical Association
2009	Past-President, San Francisco Medical Society
2010	Chair, Medical Review and Advocacy Committee, SF Med Society
2009-now	Board Member, San Francisco Health Plan
2011-2017	Committee on Legislation, California Medical Association
2015-now	Board Chairman, San Francisco Health Plan
2017-2019	Chair of PAC, San Francisco Medical Society

Medical School Committees:

1984-1985	Therapeutic Agents and Pharmacy, San Francisco Veterans Administration Medical Center
1984-1985	Library and Learning Resources, San Francisco Veterans Administration Medical Center
1984-1985	Internship Selection, Internal Medicine, University of California, San Francisco
1989-1992	School of Medicine Admissions, University of California, San Francisco
1989-1991	Medical School Curriculum and Art of Medicine, ad hoc committee of the Committee on Curriculum and Educational Policy
1986-1993	Internship Selection, Internal Medicine, University of California, San Francisco
1986-1993	Internship Selection, Primary Care Internal Medicine, University of California, San Francisco
1988-1993	Administrative Council, Association of the Clinical Faculty, University of California, San Francisco
1990-1993	School of Medicine Committee on Curriculum and Educational Policy
1991	Chair, Charlotte Baer Memorial Award Selection, University of California, San Francisco
1991-1993	Medical Records Committee, Medical Center at the University of California
1989-1995	Utilization Review and Quality Assurance, Health Net, University of California, San Francisco
1987-1993	Chancellor's Award for Public Service, University of California, San Francisco

Teaching Responsibilities:

Introduction to Clinical Medicine: Teach periodic six-week sessions on history-taking and physical examination to second-year medical students.

Medical Problem Solving: Teach periodic eight-week sessions on introductory medical reasoning and differential diagnosis to first-year medical students.

Invited Lectures:

6/12/86	"Outpatient Evaluation and Management of Syncope," Primary Care Grand Rounds, University of California, San Francisco
4/19/87	"Syncope: Approach to Outpatient Evaluation," Primary Care Grand Rounds, University of California, San Francisco
8/18/87	"Syncope: Outpatient Diagnosis and Treatment," Primary Care Rounds, San Francisco General Hospital
9/9/87	"Syncope in the Elderly," Primary Care Medicine: Principles and Practice, CME Course, San Francisco
7/21/88	"Syncope: New Approaches in the Outpatient Evaluation," Primary Care Grand Rounds, University of California, San Francisco
3/16/89	"Steroids and Surgery: Perioperative Evaluation of the Surgical Patient," CME Course, sponsored by the University of California, San Francisco
7/25/89	"Preoperative Care of the Elderly Patient," Medical Staff Conference, Sonoma Valley Hospital, Sonoma
2/11/90	"Preoperative Evaluation of the Geriatric Patient," Primary Care Grand Rounds, University of California, San Francisco
8/15/90	"Update in General Internal Medicine," Internal Medicine Boards Review Course, Department of Medicine, University of California, San Francisco

10/11/90 “Syncope: An Approach to Outpatient Evaluation,” Primary Care Grand Rounds, University of California, San Francisco

3/19/91 “Perioperative Care of the Geriatric Patient,” Medical Staff Conference, University of California, San Francisco

4/17/91 “Controversies in Syncope,” Department of Medicine Ambulatory Care Conference, University of California, San Francisco

5/14/91 “Evaluation of Syncope,” Advances in Internal Medicine CME Course, sponsored by the University of California, San Francisco

8/8/91 “Update in General Internal Medicine,” Internal Medicine Boards Review Course, Department of Medicine, University of California, San Francisco

10/2/91 “Syncope Update 1991,” Primary Care Medicine: Principles and Practice CME Course, sponsored by the University of California, San Francisco

1/10/92 “Outpatient Approach to Syncope,” ENT Grand Rounds, Department of Otolaryngology, University of California, San Francisco

7/30/92 “Oral Anticoagulant Therapy,” Primary Care Grand Rounds, University of California, San Francisco

8/27/92 “Update in General Internal Medicine,” Internal Medicine Boards Review Course, Department of Medicine, University of California, San Francisco

5/25/93 “Rational Use of Oral Anticoagulants,” Advances in Internal Medicine CME Course, sponsored by the University of California, San Francisco

10/7/93 “Outpatient Use of Oral Anticoagulants,” Primary Care Medicine: Principles and Practice CME Course, sponsored by the University of California, San Francisco

BIBLIOGRAPHY

1. Autrup H, Harris CC, Fugaro S, and Selkirk J. Effect of various chemicals on the metabolism of benzo (a) pyrene by cultured rat colon. Chem-Biol Interactions, 1977; 18:377-397.

2. Autrup H, Harris CC, Stern G, and Fugaro S. Explant culture of rat colon: A model system for studying metabolism of chemical carcinogens. In Vitro, 1977; 13:192.

3. Fugaro SH. Primary Care Rounds (series). Medical English, 1989; 6:30.

4. Peabody J, Saldivar J-S, Swagel E, Fugaro S, Paculdo D, and Tran M. Primary care variability in patients at higher risk for colorectal cancer: evaluation of screening and preventative care practices. Current Medical Research and Opinion, 2018, January 21.

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing Official Use Only

E-Filed
03/29/2021
10:31:09

Filing ID:
200215730

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Fugaro, Steven

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Health Authority

Your Position

Governing Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County
- ☒ City of San Francisco
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Francisco
- ☐ Other

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2020 through December 31, 2020

-or-

The period covered is _____/_____/_____, through December 31, 2020

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____

(Check one circle)

○ The period covered is January 1, 2020 through the date of leaving office.

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► **Total number of pages including this cover page:** 5

Schedules attached

- ☒ **Schedule A-1 -** *Investments* – schedule attached
- ☒ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET (*Business or Agency Address Recommended - Public Document*) | CITY | STATE | ZIP CODE

San Francisco | CA | 94123

DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS

( )

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/29/2021 (*month, day, year*)

Signature Steven Fugaro (*File the originally signed paper statement with your filing official.*)

060600029-NFH-0029

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven Fugaro

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Health Authority	Member	Annual 1/1/2020 - 12/31/2020
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2020 - 12/31/2020

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Fugaro, Steven

► NAME OF BUSINESS ENTITY
Amazon
GENERAL DESCRIPTION OF THIS BUSINESS
Tech retail and delivery
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☒ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/ 20 ____/____/ 20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Google
GENERAL DESCRIPTION OF THIS BUSINESS
Internet / software
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/ 20 ____/____/ 20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Microsoft
GENERAL DESCRIPTION OF THIS BUSINESS
Computers and Software
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☒ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/ 20 ____/____/ 20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Apple Computer
GENERAL DESCRIPTION OF THIS BUSINESS
Computers / Software
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☒ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/ 20 ____/____/ 20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/ 20 ____/____/ 20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/ 20 ____/____/ 20
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Fugaro, Steven

▶ 1. BUSINESS ENTITY OR TRUST

MD2 - San Francisco
Name

San Francisco, CA 94123
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Physician Practice

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/20 ACQUIRED ___/___/20 DISPOSED

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Owner/Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/20 ACQUIRED ___/___/20 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Fugaro MD Med-Legal Consulting
Name

San Francisco, CA 94123
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Medical-Legal Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/20 ACQUIRED ___/___/20 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Owner/Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/20 ACQUIRED ___/___/20 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:_____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Fugaro, Steven

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Medical Legal Consulting

ADDRESS *(Business Address Acceptable)*

San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal consulting

YOUR BUSINESS POSITION

Owner/ Physician

GROSS INCOME RECEIVED

- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☒ Other Sole Proprietor / owner *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

MD2 - San Francisco

ADDRESS *(Business Address Acceptable)*

San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Physician Practice

YOUR BUSINESS POSITION

Owner/ Physician

GROSS INCOME RECEIVED

- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☒ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

_____

ADDRESS *(Business Address Acceptable)*

_____

BUSINESS ACTIVITY, IF ANY, OF LENDER

_____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

_____

SECURITY FOR LOAN

- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: San Francisco Health Plan Govering Board

Seat # (Required - see Vacancy Notice for qualifications):

Full Name: Steven Fields

Home Address: 760 Vincente Avenue Berkeley, Ca. Zip Code: 94707

Home Phone: (510) 527-4666 Occupation: Executive Director

Work Phone: (510) 334-9808 Employer: Progress Foundation

Business Address: 368 Fell St. San Francisco Zip Code: 94102

Business Email: sfields@progressfoundation.org Home Email: sfields760@aol.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☐ No ■ If No, place of residence: Berkeley, Ca.

18 Years of Age or Older: Yes ■ No ☐

Pursuant to Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: Yes ■ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have been a member of the SFHP Governing Board since its inception. Because the design of the Medi-Cal "two-plan model" does not cover direct services for San Francisco residents who are part of the behavioral health population receiving "specialty mental health services" under Medi-Cal, I have been asked to serve on the SFHP Board to bring the concerns and health care needs of those with significant mental health and substance use treatment needs to the discussions of the SFHP.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

I have been the Executive Director of Progress Foundation, a non-profit behavioral health provider in San Francisco, for 52 years. Progress Foundation contracts with the City and County of San Francisco to provide Specialty Mental Health Services to San Francisco clients of the public health system of care.

I have been a member of the SFHP Board since its inception and have served on the Finance Committee of the Board, in addition to proving the perspective of behavioral health treatment and service needs to SFHP Board deliberations.

Civic Activities:

I have been active in the formation and ongoing activities of a coalition of non-profit service providers, called the Human Services Network, to advocate for the continued development and support for non-profit agencies that provide essential behavioral health services to San Francisco residents.

Have you attended any meetings of the body to which you are applying? Yes ■ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 3/24/22 Applicant's Signature (required): Steven Fields

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

DocuSign Envelope ID: 32D68FE9-C306-448B-85F5-D629D49D41AD

SAN FRANCISCO HEALTH PLAN™
Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

Date: March 22, 2022

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Mr. Grgurina:

On behalf of the Governing Board, I am pleased to forward the recommendation that Steve Fields continues to sit on the Governing Board of the San Francisco Health Authority.

Sincerely,

DocuSigned by:
Steven Fugaro
34D4996FE23F4D6...

Steven Fugaro, MD
Chair, Governing Board

Cc: Steve Fields

DocuSign Envelope ID: 32D68FE9-C306-448B-85F5-D629D49D41AD

SAN FRANCISCO HEALTH PLAN™
Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

Date: March 22, 2022

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Mr. Grgurina:

On behalf of the Governing Board, I am pleased to forward the recommendation that Steve Fields continues to sit on the Governing Board of the San Francisco Health Authority.

Sincerely,

DocuSigned by:
Steven Fugaro
34D4996FE23F4D6...

Steven Fugaro, MD
Chair, Governing Board

Cc: Steve Fields

060600029-NFH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed
03/24/2022
11:36:08

Filing ID:
203007422

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Fields, Steven

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Health Authority

Your Position

Governing Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☒ County of San Francisco

☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2021 through December 31, 2021.

-or-

The period covered is _____/_____/_____, through December 31, 2021.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____

(Check one circle)

○ The period covered is January 1, 2021 through the date of leaving office.

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► **Total number of pages including this cover page:** 4

Schedules attached

☒ **Schedule A-1 -** *Investments* – schedule attached

☐ **Schedule A-2 -** *Investments* – schedule attached

☐ **Schedule B -** *Real Property* – schedule attached

☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached

☐ **Schedule D -** *Income – Gifts* – schedule attached

☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)

CITY: San Francisco

STATE: CA

ZIP CODE: 94102

DAYTIME TELEPHONE NUMBER: ( )

E-MAIL ADDRESS:

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/24/2022 *(month, day, year)*

Signature Steven Fields *(File the originally signed paper statement with your filing official.)*

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Fields, Steven

► NAME OF BUSINESS ENTITY
Verizon
GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

► NAME OF BUSINESS ENTITY
Fortune Brands Home And Security INC SHS
GENERAL DESCRIPTION OF THIS BUSINESS
Home and Security Services
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

► NAME OF BUSINESS ENTITY
Chevron
GENERAL DESCRIPTION OF THIS BUSINESS
Petroleum
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [X] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

► NAME OF BUSINESS ENTITY
Merck and Co. Inc. SHS
GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals
FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[ ] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
[ ] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT
[ ] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Fields, Steven

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Progress Foundation

ADDRESS *(Business Address Acceptable)*
San Francisco, Ca 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit agency

YOUR BUSINESS POSITION
Executive Director

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Progress Foundation

ADDRESS *(Business Address Acceptable)*
Berkeley, Ca 94707

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit agency

YOUR BUSINESS POSITION
Executive Director

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Fields, Steven

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Progress Foundation

ADDRESS *(Business Address Acceptable)*
San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

HEALTH AUTHORITY – SAN FRANCISCO

The below listed summary of seats, term expirations and membership information shall serve as notice of **vacancies, upcoming term expirations** and information on currently held seats, appointed by the Board of Supervisors. Appointments by other bodies are listed, if available. Seat numbers listed in **bold** are open for immediate appointment. However, you are able to submit applications for all seats and your application will be maintained for one year, in the event that an unexpected vacancy or opening occurs.

Membership and Seat Qualifications

Seat #	Appointing Authority	Seat Holder	Term Ending	Qualification
1	**BOS**	**VACANT**	**Indefinite**	Member of the Board of Supervisors or designee
2	**BOS**	**Jian Qing Zhang**	**1/15/20**	Must be employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California, for a three-year term
3	**BOS**	**Roland Pickens**	**1/15/18**	Must be employed in the senior management of San Francisco General Hospital, for a three-year term
4	**BOS**	**Emily Webb**	**1/15/21**	Must be employed in the senior management of St. Luke's Hospital (San Francisco), for a three-year term
5	**BOS**	**VACANT**	**1/15/21**	Must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term

6	**BOS**	**Eddie Chan**	**1/15/19**	Must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term
7	**BOS**	**Lawrence Cheung**	**1/15/21**	Must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term
8	**BOS**	**Steven Fugaro**	**1/15/21**	Must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term
9	**BOS**	**Dale Butler**	**1/15/09**	Must be nominated by the San Francisco Labor Council, or any successor organization, for a three-year term
10	**BOS**	**Maria Luz Torre**	**1/15/19**	Must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term
11	**BOS**	**Irene Conway**	**1/15/18**	Must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term
12	**BOS**	**Steve Fields**	**1/15/21**	Must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the

				Health Authority, for a three-year term
13	**BOS**	**VACANT**	**1/15/22**	Must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for a three-year term
14	**BOS**	**Joseph David Woods**	**1/15/21**	Must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a three-year term
	Mayor	VACANT		Appointed by the Mayor
	Public Health	Greg Wagner		Shall be the Director of Public Health or his/her designee
	Chancellor of UCSF	Reece Fawley		Shall be the Chancellor of the University of California at San Francisco or his/her designee
	Director of Mental Health	VACANT		Shall be the Director of Mental Health or his/her designee
	Health Commission	VACANT		Nonvoting member shall be appointed by the Health Commission

Additional Seat Requirements: One of the members in seats 1, 10, 11, 12, or 13 must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

BOARD OF SUPERVISORS (BOS) APPLICATION FORMS AVAILABLE HERE

- English - https://sfbos.org/sites/default/files/vacancy_application.pdf
- 中文 - https://sfbos.org/sites/default/files/vacancy_application_CHI.pdf
- Español - https://sfbos.org/sites/default/files/vacancy_application_SPA.pdf
- Filipino - https://sfbos.org/sites/default/files/vacancy_application_FIL.pdf

(For seats appointed by other Authorities please contact the Board / Commission / Committee / Task Force (see below) or the appointing authority directly.)

Pursuant to Board of Supervisors Rules of Order 2.19 (Motion No. 05-92) all applicants applying for this body must complete and submit, with their application, a copy (**not**

original) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not received.

FORM 700 AVAILABLE HERE (Required)
https://www.fppc.ca.gov/Form700.html

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.

Applications and other documents may be submitted to BOS-Appointments@sfgov.org

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment of the individual(s) who is recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

The Health Authority was established as the Local Initiative under the Medi-Cal program to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate; and to ensure preservation of the safety net. The powers and responsibilities of the Health Authority are stated in Administrative Code, Section 69.3.

The Health Authority-San Francisco consists of nineteen (19) members, fourteen (14) voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board is as follows (Welfare and Institutions Code, Section 14087.36(k)):

A) One (1) member of the board or any other person designated by the Board;
B) One (1) shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California;
C) One (1) member shall be employed in the senior management of San Francisco General Hospital; (D) One (1) member shall be employed in the senior management of St. Luke's Hospital (San Francisco);

D) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;
E) (Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;
F) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;
G) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;
H) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and
I) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

Additional Seat Qualifications: One (1) member specified in "A," "H," or "I" above must represent the discipline of nursing and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Each member shall be appointed to a term of three years, except the member of the Board of Supervisors or any other person designated by the Board ("A" above).

The composition of the other five (5) members is as follows:

- One (1) member appointed by the Mayor;
- One (1) member shall be the Director of Public Health or his/her designee;
- One (1) member shall be the Chancellor of the University of California at San Francisco or his/her designee;
- One (1) member shall be the Director of Mental Health or his/her designee; and
- One (1) nonvoting member shall be appointed by the Health Commission.

The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority they are required to nominate a person for the position and must be submitted within 30 days.

Authority: California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69 (Ordinance No. 408-94)

Sunset Date: None

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(415) 615-4235
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Updated: December 27, 2021

GENDER ANALYSIS OF COMMISSIONS AND BOARDS

City and County of San Francisco
London N. Breed
Mayor

Department on the Status of Women
Emily M. Murase, PhD
Director

Acknowledgements

The data collection and analysis for this report was conducted by Public Policy Fellow Diana McCaffrey with support from Policy and Projects Director Elizabeth Newman, Associate Director Carol Sacco, and Director Emily Murase, PhD, at the San Francisco Department on the Status of Women.

The San Francisco Department on the Status of Women would like to thank the various policy body members, Commission secretaries, and department staff who graciously assisted in collecting demographic data and providing information about their respective policy bodies.

San Francisco Commission on the Status of Women
President Debbie Mesloh
Vice President Breanna Zwart
Commissioner Shokooh Miry
Commissioner Carrie Schwab-Pomerantz
Commissioner Andrea Shorter
Commissioner Julie D. Soo

Emily M. Murase, PhD, Director
Department on the Status of Women

This report is available at the San Francisco Department on the Status of Women website, https://sfgov.org/dosw/gender-analysis-reports.

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Executive Summary

In 2008, San Francisco voters overwhelmingly approved a City Charter Amendment (section 4.101) establishing as City policy for the membership of Commissions and Boards to reflect the diversity of San Francisco's population, and that appointing officials be urged to support the nomination, appointment, and confirmation of these candidates. Additionally, it requires the San Francisco Department on the Status of Women to conduct and publish a gender analysis of Commissions and Boards every two years.

The *2019 Gender Analysis of Commissions and Boards* includes more policy bodies such as task forces, committees, and advisory bodies, than previous analyses, which were limited to Commissions and Boards. Data was collected from 84 policy bodies and from a total of 741 members mostly appointed by the Mayor and Board of Supervisors. These policy bodies fall under two categories designated by the San Francisco Office of the City Attorney.[1] The first category, referred to as "Commissions and Boards," are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission. The second category, referred to as "Advisory Bodies," are policy bodies with advisory function whose members do *not* submit financial disclosures to the Ethics Commission. This report examines policy bodies and appointees both comprehensively as a whole and separately by the two categories.

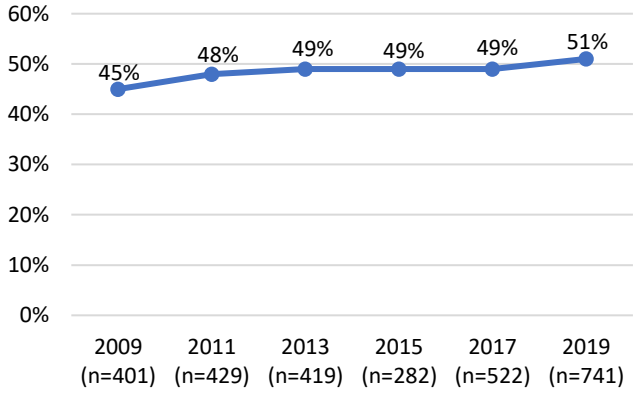
The *2019 Gender Analysis* evaluates the representation of women; people of color; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; people with disabilities; and veterans on San Francisco policy bodies.

Key Findings

Gender

- Women's representation on policy bodies is 51%, slightly above parity with the San Francisco female population of 49%.
- Since 2009, there has been a small but steady increase in the representation of women on San Francisco policy bodies.

10-Year Comparison of Representation of Women on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

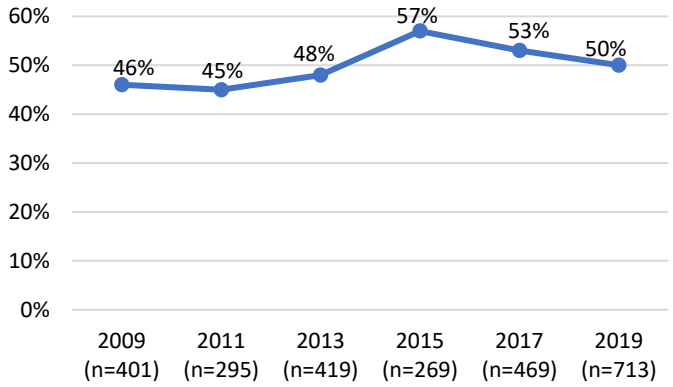
[1] "List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute," Office of the City Attorney, https://www.sfcityattorney.org/wp-content/uploads/2016/01/Commission-List-08252017.pdf, (August 25, 2017).

Race and Ethnicity

- People of color are underrepresented on policy bodies compared to the population. Although people of color comprise 62% of San Francisco's population, just 50% of appointees identify as a race other than white.

- While the overall representation of people of color has increased between 2009 and 2019, as the Department collected data on more appointees, the representation of people of color has decreased over the last few years. The percentage of appointees of color decreased from 53% in 2017 to 49% in 2019.

10-Year Comparison of Representation of People of Color on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

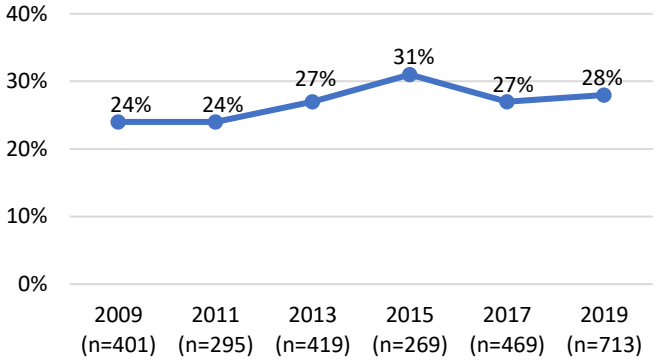
- As found in previous reports, Latinx and Asian groups are underrepresented on San Francisco policy bodies compared to the population. Latinx individuals are 14% of the population but make up only 8% of appointees. Asian individuals are 31% of the population but make up only 18% of appointees.

Race and Ethnicity by Gender

- On the whole, women of color are 32% of the San Francisco population, and 28% of appointees. Although still below parity, 28% is a slight increase compared to 2017, which showed 27% women of color appointees.

- Meanwhile, men of color are underrepresented at 21% of appointees compared to 31% of the San Francisco population.

10-Year Comparison of Representation of Women of Color on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

- Both White women and men are overrepresented on San Francisco policy bodies. White women are 23% of appointees compared to 17% of the San Francisco population. White men are 26% of appointees compared to 20% of the population.

- Black and African American women and men are well-represented on San Francisco policy bodies. Black women are 9% of appointees compared to 2.4% of the population, and Black men are 5% of appointees compared to 2.5% of the population.

- Latinx women are 7% of the San Francisco population but 3% of appointees, and Latinx men are 7% of the population but 5% of appointees.

- Asian women are 17% of the San Francisco population but 11% of appointees, and Asian men are 15% of the population but just 7% of appointees.

Additional Demographics

- Out of the 74% of appointees who responded to the survey question on LGBTQ identity, 19% identify as lesbian, gay, bisexual, transgender, nonbinary, queer, or questioning, and 81% of appointees identify as straight/heterosexual.

- Out of the 70% of appointees who responded to the question on disability, 11% identify as having one or more disabilities, which is just below the 12% of the adult population with a disability in San Francisco.

- Out of the 67% of appointees who responded to the question on veteran status, 7% have served in the military compared to 3% of the San Francisco population.

Proxies for Influence: Budget & Authority

- Although women are half of all appointees, those Commissions and Boards with the largest budgets have fewer women and especially fewer women of color. Meanwhile, women exceed representation on Boards and Commissions with the smallest budgets and women of color reach parity with the population on the smallest budgeted Commissions and Boards.

- Although still underrepresented relative to the San Francisco population, there is a larger percentage of people of color on Commissions and Boards with both the largest and smallest budgets compared to overall appointees.

- The percentage of total women is greater on Advisory Bodies than Commissions and Boards. Women are 54% of appointees on Advisory Bodies and 48% of appointees on Commissions and Boards. However, the percentages of people of color and women of color on Commissions and Boards exceed the percentages of people of color and women of color on Advisory Bodies.

Appointing Authorities

- Mayoral appointments include 55% women, 52% people of color, and 30% women of color, which is more diverse by gender and race compared to both Supervisorial appointments and total appointments.

Demographics of Appointees Compared to the San Francisco Population

	Women	People of Color	Women of Color	LGBTQ	Disability Status	Veteran Status
San Francisco Population	49%	62%	32%	6%-15%*	12%	3%
Total Appointees	51%	50%	28%	19%	11%	7%
10 Largest Budgeted Commissions & Boards	41%	55%	23%			
10 Smallest Budgeted Commissions & Boards	52%	54%	32%			
Commissions and Boards	48%	52%	30%			
Advisory Bodies	54%	49%	28%			

*Sources: 2017 American Community Survey 5-Year Estimates, SF DOSW Data Collection & Analysis, 2019, *Note: Estimates vary by source. See page 16 for a detailed breakdown.*

I. Introduction

Inspired by the 4th UN World Conference on Women in Beijing, San Francisco became the first city in the world to adopt a local ordinance reflecting the principles of the U.N. Convention on the Elimination of All Forms of Discrimination (CEDAW), an international bill of rights for women. The CEDAW Ordinance was passed unanimously by the San Francisco Board of Supervisors and signed into law by Mayor Willie L. Brown, Jr. on April 13, 1998.[2] In 2002, the CEDAW Ordinance was revised to address the intersection of race and gender and incorporate reference to the UN Convention on the Elimination of all Forms of Race Discrimination. The Ordinance requires City Government to take proactive steps to ensure gender equity and specifies "gender analysis" as a preventive tool to identify and address discrimination. Since 1998, the Department on the Status of Women has employed this tool to analyze the operations of 10 City Departments using a gender lens.

In 2007, the Department on the Status of Women conducted the first gender analysis to evaluate the number of women appointed to City Commissions and Boards. The findings of this analysis informed a City Charter Amendment developed by the Board of Supervisors for the June 2008 Election. This City Charter Amendment (Section 4.101) was overwhelmingly approved by voters and made it city policy that:

- The membership of Commissions and Boards are to reflect the diversity of San Francisco's population,
- Appointing officials are to be urged to support the nomination, appointment, and confirmation of these candidates, and
- The Department on the Status of Women is required to conduct and publish a gender analysis of Commissions and Boards every 2 years.

The *2019 Gender Analysis* examines the representation of women; people of color; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; people with disabilities; and veterans on San Francisco policy bodies primarily appointed by the Mayor and the Board of Supervisors. This year's analysis included more outreach to policy bodies as compared to previous analyses that were limited to Commissions and Boards. As a result, more appointees were included in the data collection and analysis than even before. These policy bodies fall under two categories designated by the San Francisco Office of the City Attorney. The first category, referred to as "Commissions and Boards," are policy bodies with decision-making authority and whose members are required to submit financial disclosures to the Ethics Commission, and the second category, referred to as "Advisory Bodies," are policy bodies with advisory function whose members do not submit financial disclosures to the Ethics Commission. A detailed description of methodology and limitations can be found at the end of this report on page 23.

[2] San Francisco Administrative Code Chapter 33.A. http://library.amlegal.com/nxt/gateway.dll/California/administrative/chapter33alocalimplementationoftheunited?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$anc=JD_Chapter33A.

II. Gender Analysis Findings

Many aspects of San Francisco's diversity are reflected in the overall population of appointees on San Francisco policy bodies. The analysis includes 84 policy bodies, of which 823 of the 887 seats are filled leaving 7% vacant. As outlined below in the summary chart, slightly more than half of appointees are women, half of appointees are people of color, 28% are women of color, 19% are LGBTQ, 11% have a disability, and 7% are veterans.

Figure 1: Summary Data of Policy Body Demographics, 2019

Appointee Demographics	Percentage of Appointees
Women (n=741)	51%
People of Color (n=706)	50%
Women of Color (n=706)	28%
LGBTQ Identified (n=548)	19%
People with Disabilities (n=516)	11%
Veteran Status (n=494)	7%

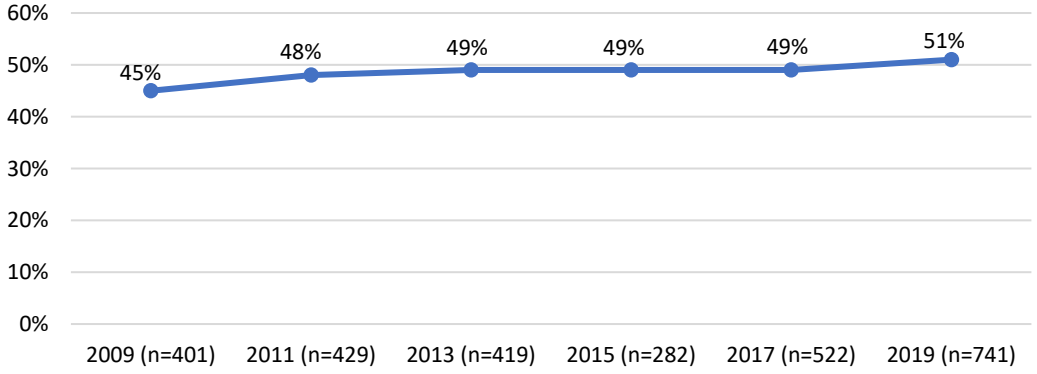
Source: SF DOSW Data Collection & Analysis.

However, further analysis reveals underrepresentation of particular groups. Subsequent sections present comprehensive data analysis providing comparison to previous years, detailing the variables of gender, race/ethnicity, LGBTQ identity, disability, veteran status, and policy body characteristics of budget size, decision-making authority, and appointment authority.

A. Gender

On San Francisco policy bodies, 51% of appointees identify as women, which is slightly above parity compared to the San Francisco female population of 49%. The representation of women remained stable at 49% from 2013 until 2017. This year, the representation of women increased by 2 percentage points, which could be partly due to the larger sample size used in this year's analysis compared to previous years. A 10-year comparison shows that the representation of women appointees has gradually increased since 2009 by a total of six percentage points.

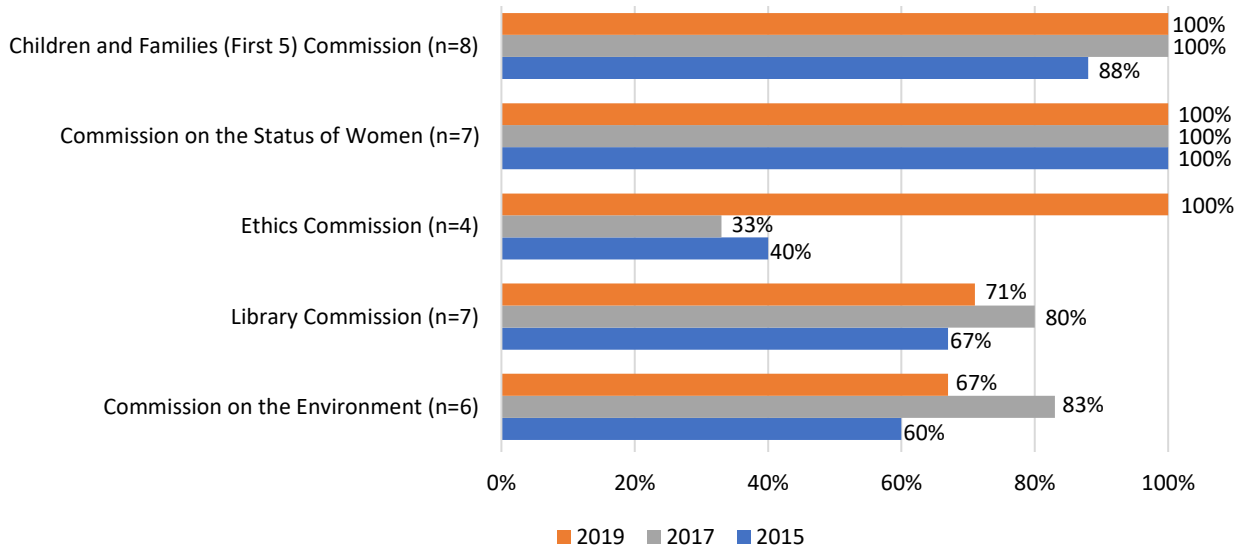
Figure 2: 10-Year Comparison of Representation of Women on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

Figures 3 and 4 analyze Commissions and Boards. Figure 3 showcases the five Commissions and Boards with the highest representation of women appointees as compared to 2015 and 2013. The Children and Families (First Five) Commission and the Commission on the Status of Women are currently comprised of all women appointees. This finding has been consistent for the Commission on the Status of Women in 2015 and 2017. While the Ethics Commission has 100% women appointees, much more than 2015 and 2017, its small size of five appointees means that minimal changes in its demographic composition greatly impacts percentages. This is also the case for other policy bodies with a small number of members. The Library Commission and the Commission on the Environment are fourth and fifth on the list at 71% and 67% women, respectively, with long standing female majorities on each.

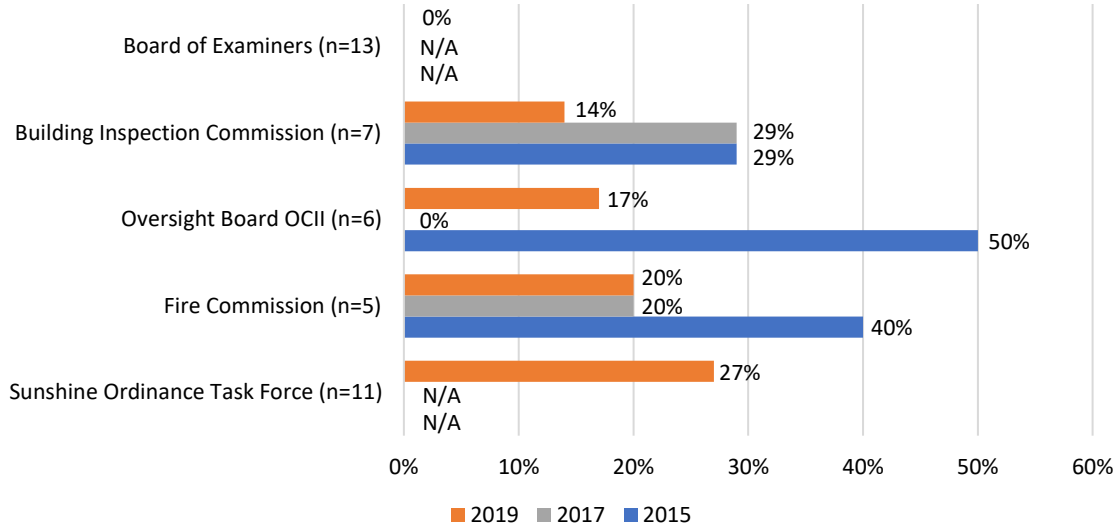
Figure 3: Commissions and Boards with Highest Percentages of Women, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

Out of the Commissions and Boards in this section, 23 have 40% or less women. The five Commissions and Boards with the lowest representation of women are displayed in Figure 4. The lowest percentage is found on the Board of Examiners where currently *none* of the 13 appointees are women. Unfortunately, demographic data is unavailable for the Board of Examiners for 2017 and 2015. Next is the Building Inspection Commission at 14%, which is a decrease of female representation compared to 2017 and 2015. The Oversight Board of Community Investment and Infrastructure, Fire Commission, and Sunshine Ordinance Task Force also have some of the lowest percentages of women at 17%, 20%, and 27%, respectively. Unfortunately, the Sunshine Ordinance Task Force did not participate in previous analyses and therefore demographics data is unavailable for 2017 and 2015.

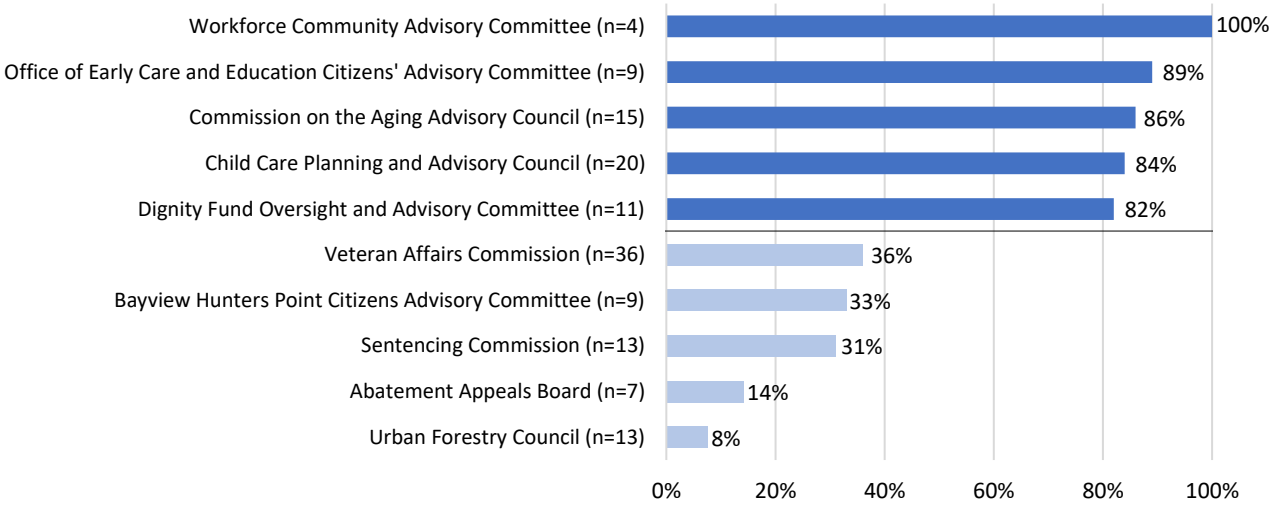
Figure 4: Commissions and Boards with Lowest Percentage of Women, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

In addition to Commissions and Boards, Advisory Bodies were examined for the highest and lowest percentages of women. This is the first year such bodies have been included, thus comparison to previous years is unavailable. Figure 9 below displays the five Advisory Bodies with the highest and the five with the lowest representations of women. The Workforce Community Advisory Committees has the greatest representation of women at 100%, followed by the Office of Early Care and Education Citizen's Advisory Committee at 89%. The Advisory Bodies with the lowest percentage of women are the Urban Forestry Council at 8% of the 13-member body and the Abatement Appeals Board at 14% of the 7-member body.

Figure 5: Advisory Bodies with the Highest and Lowest Percentage of Women, 2019

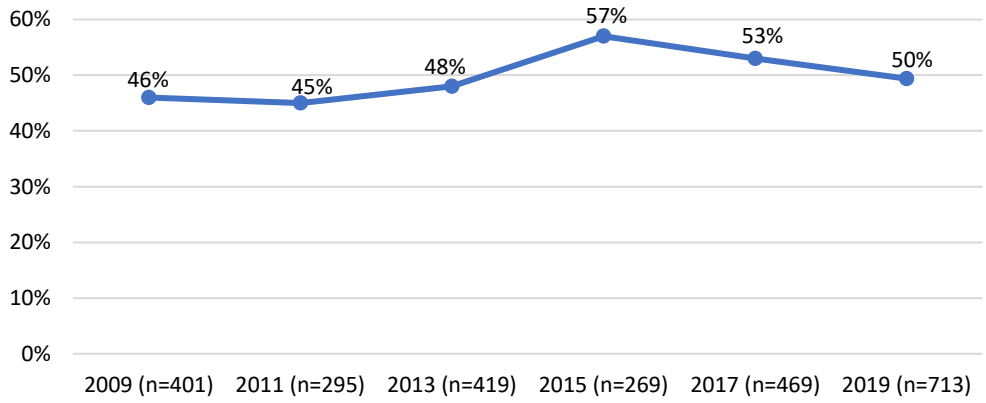


Source: SF DOSW Data Collection & Analysis.

B. Race and Ethnicity

Data on racial and ethnic identity was collected for 706, or 95%, of the 741 surveyed appointees. Although half of appointees identify as a race or ethnicity other than white or Caucasian, people of color are still underrepresented compared to the San Francisco population of 62%. The representation of people of color has increased since 2009 but has decreased following 2015. The number of appointees analyzed increased substantially in 2017 and 2019 compared to 2015, and these larger data samples have coincided with smaller percentages of people of color. The percentage decrease following 2017 could be partially due to the inclusion of more policy and advisory bodies, as the representation of people of color on Commissions and Boards dropped only slightly from 53% in 2017 to 52% in 2019.

Figure 6: 10-Year Comparison of Representation of People of Color on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

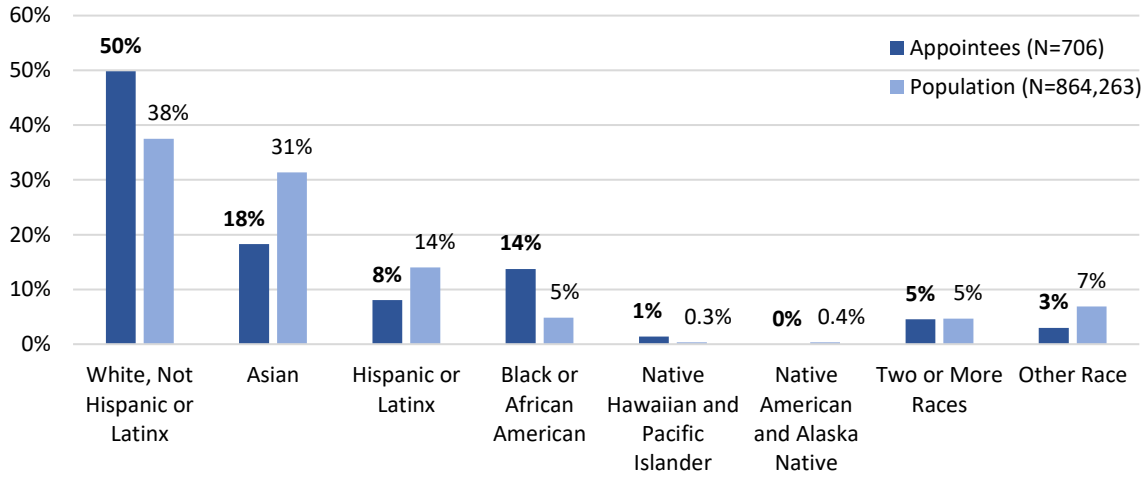
The racial and ethnic breakdown of policy body members compared to the San Francisco population is shown in Figure 7. This analysis reveals underrepresentation and overrepresentation in San Francisco policy bodies for certain racial and ethnic groups. Half of all appointees are white, an overrepresentation by more than 10 percentage points. The Black and African American community is well represented on appointed policy bodies at 14% compared to 5% of the population of San Francisco. Characterizing this as an overrepresentation is inaccurate given the representation of Black or African American people on policy bodies has been consistent over the years while the San Francisco population has declined over the same period.[3] Furthermore, the most recent nationwide estimate for the Black or African American population is 13%, which is nearly equal to the 14% of Black or African American appointees present on San Francisco policy bodies.[4]

Considerably underrepresented racial and ethnic groups on San Francisco policy bodies compared to the San Francisco population are individuals who identify as Asian or Latinx. While Asians are 31% of the San Francisco population, they only make up 18% of appointees. While the Latinx population of San Francisco is 14%, only 8% of appointees are Latinx. Although there is a small population of Native

[3] Samir Gambhir and Stephen Menendian, "Racial Segregation in the Bay Area, Part 2," *Haas Institute for a Fair and Inclusive Society* (2018).
[4] US Census Bureau, 2018, Retrieved from https://www.census.gov/quickfacts/fact/table/US/PST045218.

Americans and Alaska Natives in San Francisco of 0.4%, none of the surveyed appointees identified themselves as such.

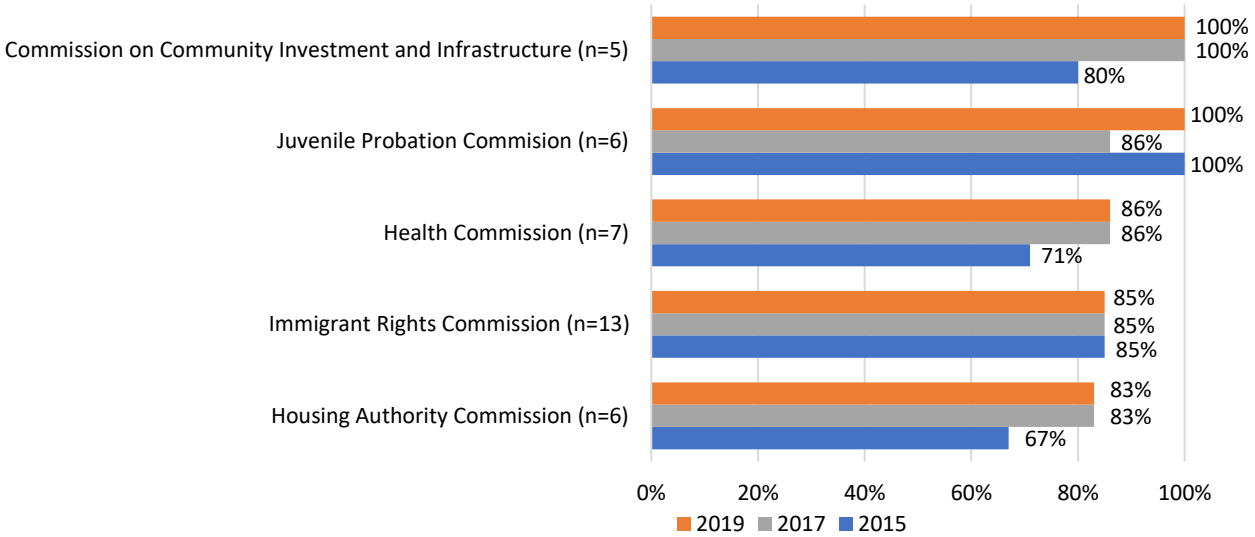
Figure 7: Race and Ethnicity of Appointees Compared to San Francisco Population, 2019



Sources: 2017 American Community Survey 5-Year Estimates, SF DOSW Data Collection & Analysis.

The next two graphs illustrate Commissions and Boards, and Advisory Bodies with the highest and lowest percentages of people of color. As shown in Figure 8, the Commission on Community Investment and Infrastructure remained at 100% from 2017, while the Juvenile Probation Commission has returned to 100% this year after a dip in 2017. Next is the Health Commission, Immigrant Rights Commission, and Housing Authority Commission at 86%, 85%, and 83%, respectively. Percentages of people of color on both the Health Commission and the Housing Authority Commission increased following 2015, and have remained consistent since 2017.

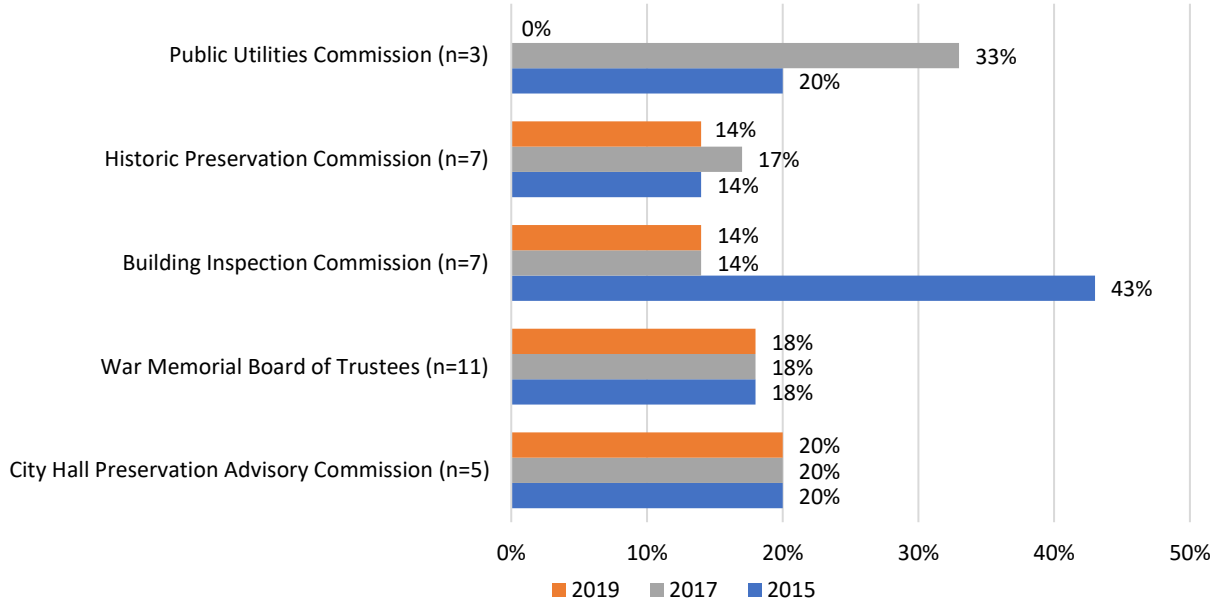
Figure 8: Commissions and Boards with Highest Percentage of People of Color, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

There are 23 policy bodies that have 40% or less appointees who identified a racial and ethnic category other than white. Although the Public Utilities Commission has two vacancies, *none* of the current appointees identify as people of color. The Historic Preservation Commission and Building Inspection Commission are both at 14% representation for people of color. The Building Inspection Commission had a large drop from 43% in 2015, with the percentage of people of color decreasing to 14% in 2017 and remaining at this percent for 2019. Lastly, the War Memorial Board of Trustees and City Hall Preservation Advisory Commission have 18% and 20%, respectively.

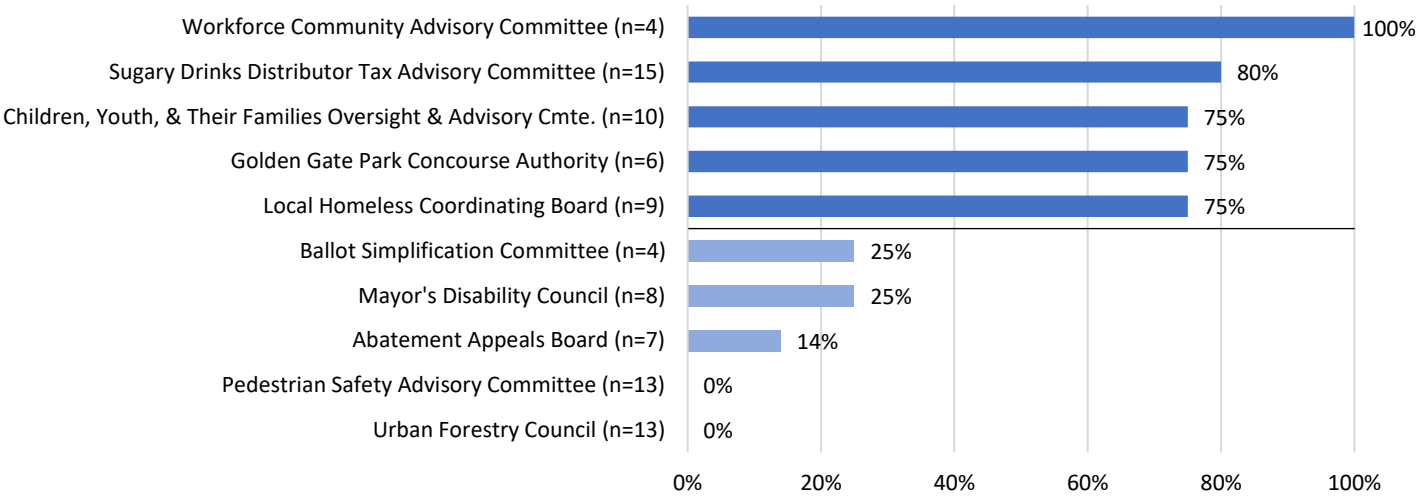
Figure 9: Commissions and Boards with Lowest Percentage of People of Color, 2019 Compared to 2017, 2015



Source: SF DOSW Data Collection & Analysis.

In addition to Commissions and Boards, Advisory Bodies were examined for the highest and lowest percentages of people of color. This is the first year such bodies have been included, thus comparison to previous years is unavailable. All members of the Workforce Community Advisory Committee are people of color. People of color comprise 80% of the Sugary Drinks Distributor Tax Advisory Committee, and 75% of appointees on the Children, Youth and Their Families Oversight and Advisory Committee, the Golden Gate Park Concourse Authority, and the Local Homeless Coordinating Board. Out of the five Advisory Bodies with the lowest representation of people of color, the Ballot Simplification Committee and the Mayor's Disability Council have 25% appointees of color, and the Abatement Appeals Board has 14% appointees of color. The Urban Forestry and the Pedestrian Safety Advisory Committee have no people of color currently serving.

Figure 10: Advisory Bodies with the Highest and Lowest Percentage of People of Color, 2019

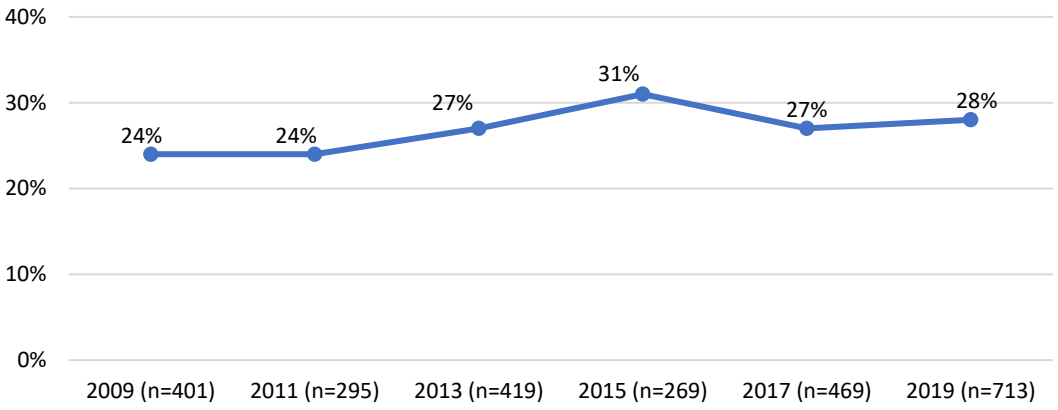


Source: SF DOSW Data Collection & Analysis.

C. Race and Ethnicity by Gender

White men and women are overrepresented on San Francisco policy bodies, while Asian and Latinx men and women are underrepresented. While women of color continue to be underrepresented at 28% compared to the San Francisco population of 32%, this is a slight increase from 2017 which showed 27% women of color. Meanwhile, men of color are 21% of appointees compared to 31% of the San Francisco population.

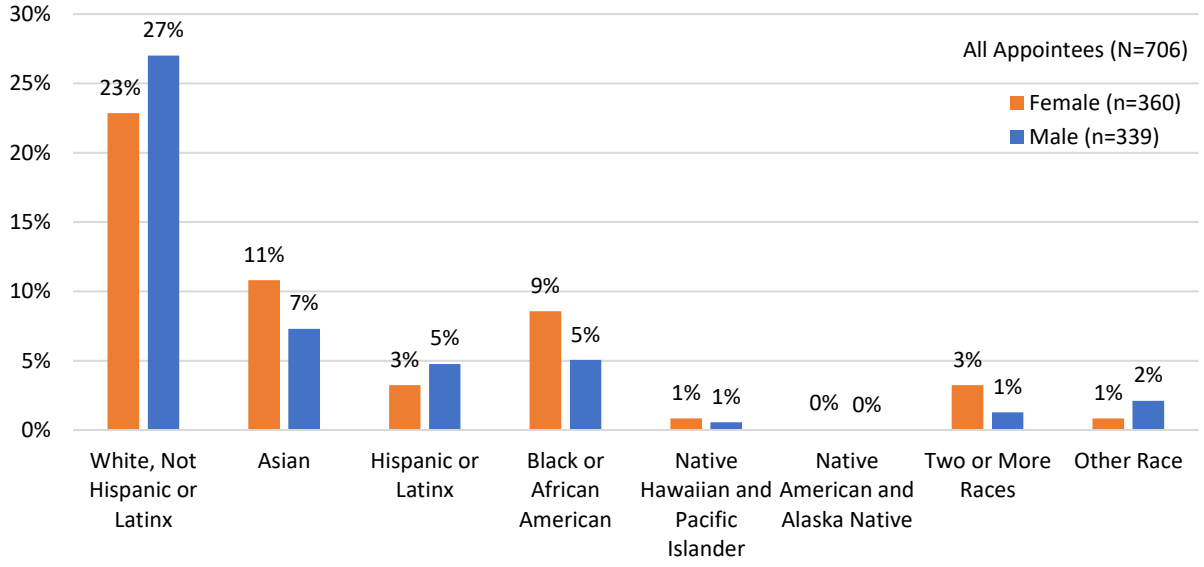
Figure 11: 10-Year Comparison of Representation of Women of Color on Policy Bodies



Source: SF DOSW Data Collection & Analysis.

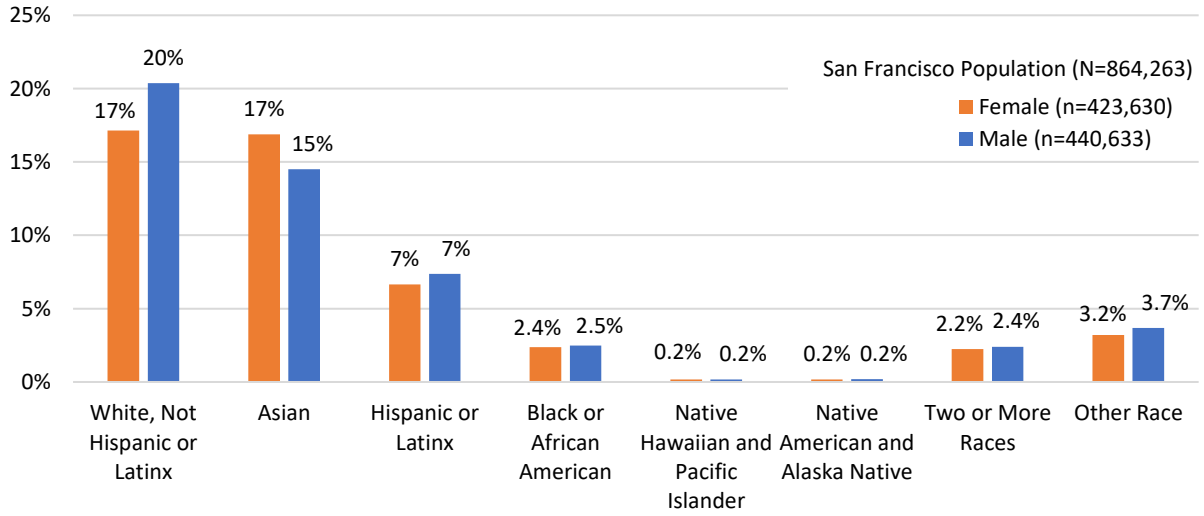
The following figures present the breakdown for appointees and the San Francisco population by race and ethnicity and gender. White men and women are overrepresented, holding 27% and 23% of appointments, respectively, compared to 20% and 17% of the population, respectively. Asian men and women are both greatly underrepresented with Asian women making up 11% of appointees compared to 17% of the population while Asian men comprise 7% of appointees and 15% of the population. Latinx men and women are also underrepresented, particularly Latinx women, who are 3% of appointees and 7% of the population, while Latinx men are 5% of appointees and 7% of the population. Black or African American men and women are well-represented with Black women comprising 9% of appointees and Black men comprising 5% of appointees. Pacific Islander men and women, and multiethnic women also exceed parity with the population. Although Native American men and women make up only 0.4% of San Francisco's population, none of the surveyed appointees identified themselves as such.

Figure 12: Appointees by Race/Ethnicity and Gender, 2019



Source: SF DOSW Data Collection & Analysis.

Figure 13: San Francisco Population by Race/Ethnicity, 2019



Source: 2017 American Community Survey 5-Year Estimates.

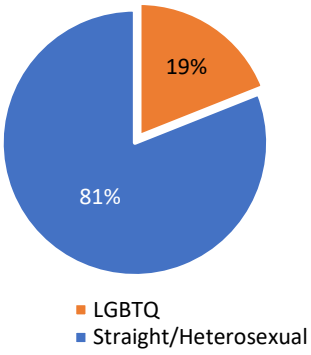
D. LGBTQ Identity

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) identity data was collected from 548, or 75%, of the 741 surveyed appointees, which is much more data on LGBTQ identity compared to previous reports. Due to limited and outdated information on the population of the LGBTQ community in San Francisco, it is difficult to adequately assess the representation of the LGBTQ community. However, compared to available San Francisco, larger Bay Area, and national data, the LGBTQ community is well represented on San Francisco policy bodies. Recent research estimates the national LGBT population is 4.5%.[5] The LGBT population of the San Francisco and greater Bay Area is estimated to rank the highest of U.S. cities at 6.2%,[6] while a 2006 survey found that 15.4% of adults in San Francisco identify as LGBT[7].

Of the appointees who responded to this question, 19% identify as LGBTQ and 81% identify as straight or heterosexual. Of the LGBTQ appointees, 48% identify as gay, 23% as lesbian, 17% as bisexual, 7% as queer, 5% as transgender, and 1% as questioning. Data on LGBTQ identity by race was not captured. Efforts to capture data on LGBTQ identity by race for future reports would enable more intersectional analysis.

Figure 14: LGBTQ Identity of Appointees, 2019

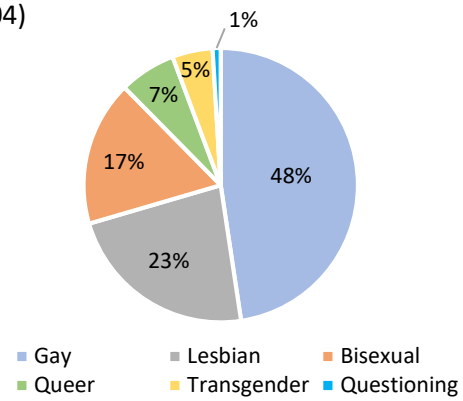
(N=548)



Source: SF DOSW Data Collection & Analysis.

Figure 15: LGBTQ Population of Appointees, 2019

(N=104)



Source: SF DOSW Data Collection & Analysis.

E. Disability Status

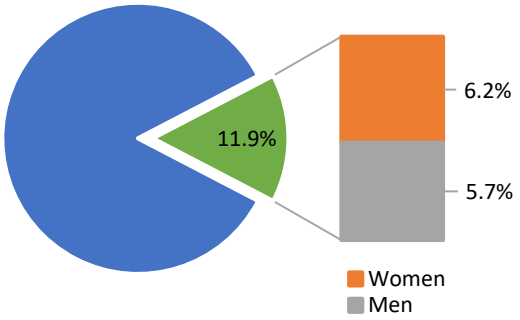
Overall, 12% of adults in San Francisco have one or more disabilities, and when broken down by gender, 6.2% are women and 5.7% are men. Disability data for transgender and gender non-conforming individuals in San Francisco is currently unavailable. Data on disability was obtained from 516, or 70%, of the 714 appointees who participated in the survey. Of the 516 appointees, 11.2% reported to have one

[5] Frank Newport, "In U.S., Estimate of LGBT Population Rises to 4.5%," *GALLUP* (May 22, 2018) https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx.
[6] Gary J. Gates and Frank Newport, "San Francisco Metro Area Ranks Highest in LBGT Percentage," *GALLUP* (March 20, 2015) https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx?utm_source=Social%20Issues&utm_medium=newsfeed&utm_campaign=tiles.
[7] Gary J. Gates, "Same Sex Couples and the Gay, Lesbian, Bisexual Population: New Estimates from the American Community Survey," *The Williams Institute on Sexual Orientation Law and Public Policy, UCLA School of Law* (2006).

or more disabilities, which is near parity with the San Francisco population. Of the 11.2% appointees with one or more disabilities, 6.8% are women, 3.9% are men, 0.4% are trans women, and 0.2% are trans men.

Figure 16: San Francisco Adult Population with a Disability by Gender, 2017

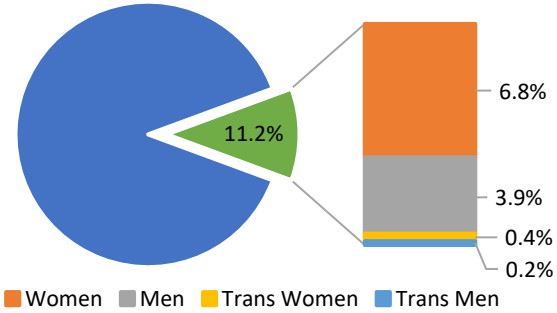
(N=744,243)



Source: 2017 American Community Survey 5-Year Estimates.

Figure 17: Appointees with One or More Disabilities by Gender, 2019

(N=516)



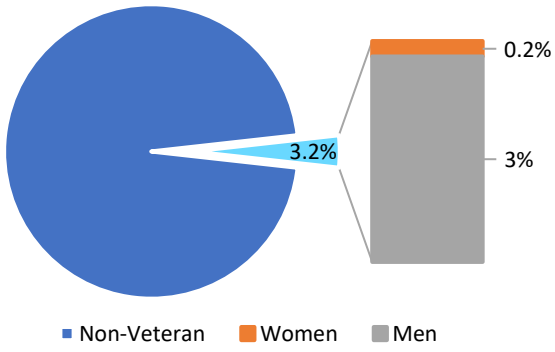
Source: SF DOSW Data Collection & Analysis.

F. Veteran Status

Overall, 3.2% of the adult population in San Francisco has served in the military. There is a considerable difference by gender, as male veterans are 3% and female veterans are 0.2% of the population. Data on veteran status was obtained from 494, or 67%, of appointees who participated in the survey. Of the 494 appointees who responded to this question, 7.1% have served in the military. Like the San Francisco population, there is a large difference by gender, as men comprise 5.7% and women make up only 1.2% of the total number of veteran appointees. Of participating appointees, 0.2% of veterans are trans women. Veteran status data on transgender and gender non-conforming individuals in San Francisco is currently unavailable.

Figure 18: San Francisco Adult Population with Military Service by Gender, 2017

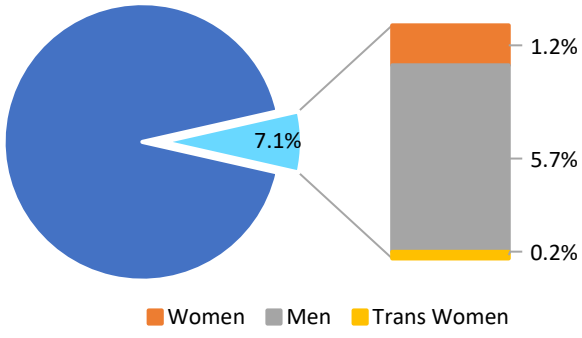
(N=747,896)



Source: 2017 American Community Survey 5-Year Estimates.

Figure 19: Appointees with Military Service, 2019

(N=494)



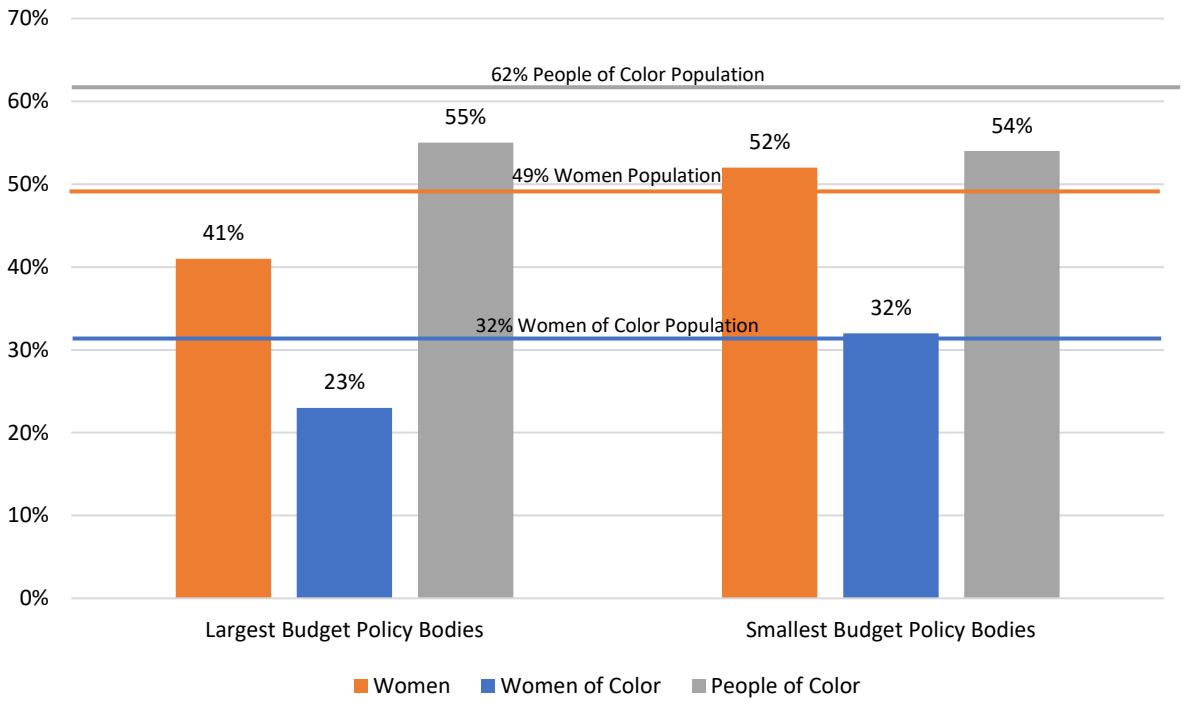
Source: SF DOSW Data Collection & Analysis.

G. Policy Bodies by Budget

This report also examines whether policy bodies with the largest and smallest budget sizes and other characteristics are demographically representative of the San Francisco population. In this section, budget size is used as a proxy for influence. Although this report has expanded the scope of analysis to include more policy bodies compared to previous reports, this section of analysis was limited to Commissions and Boards with decision-making authority and whose members file financial disclosures with the Ethics Commission. The purpose of this analysis is to evaluate the demographics for the spectrum of budgetary influence of policy bodies with decision-making authority in San Francisco.

Overall, appointees from the 10 largest budgeted Commissions and Boards are 55% people of color, 41% women, and 23% women of color. Appointees from the 10 smallest budgeted Commissions and Boards are 54% people of color, 52% women, and 32% women of color. Although still below parity with the San Francisco population, the representation of people of color on both the largest and smallest budgeted policy bodies is greater than the percentage of people of color for all appointees combined (50%). For women and women of color, their representation meets or exceeds parity with the population on the 10 smallest budgeted bodies. However, it falls far below parity for the 10 largest budgeted bodies. The representation of total women and women of color is greater on smaller budgeted policy bodies by 27%, and 39%, respectively.

Figure 20: Percent of Women, Women of Color, and People of Color on Commissions and Boards with Largest and Smallest Budgets in Fiscal Year 2018-2019



Source: SF DOSW Data Collection & Analysis.

Figure 21: Demographics of Commissions and Boards with Largest Budgets, 2019

Body	FY18-19 Budget	Total Seats	Filled seats	Women	Women of Color	People of Color
Health Commission	$2,200,000,000	7	7	29%	14%	86%
Public Utilities Commission	$1,296,600,000	5	3	67%	0%	0%
MTA Board of Directors and Parking Authority Commission	$1,200,000,000	7	7	57%	14%	43%
Airport Commission	$1,000,000,000	5	5	40%	20%	40%
Commission on Community Investment and Infrastructure	$745,000,000	5	5	60%	60%	100%
Police Commission	$687,139,793	7	7	43%	43%	71%
Health Authority (Plan Governing Board)	$666,000,000	19	15	33%	27%	47%
Human Services Commission	$529,900,000	5	5	40%	0%	40%
Fire Commission	$400,721,970	5	5	20%	20%	40%
Aging and Adult Services Commission	$334,700,000	7	7	43%	14%	57%
Total	**$9,060,061,763**	**72**	**66**	**41%**	**23%**	**55%**

Source: SF DOSW Data Collection & Analysis.

Figure 22: Demographics of Commissions and Boards with Smallest Budgets, 2019

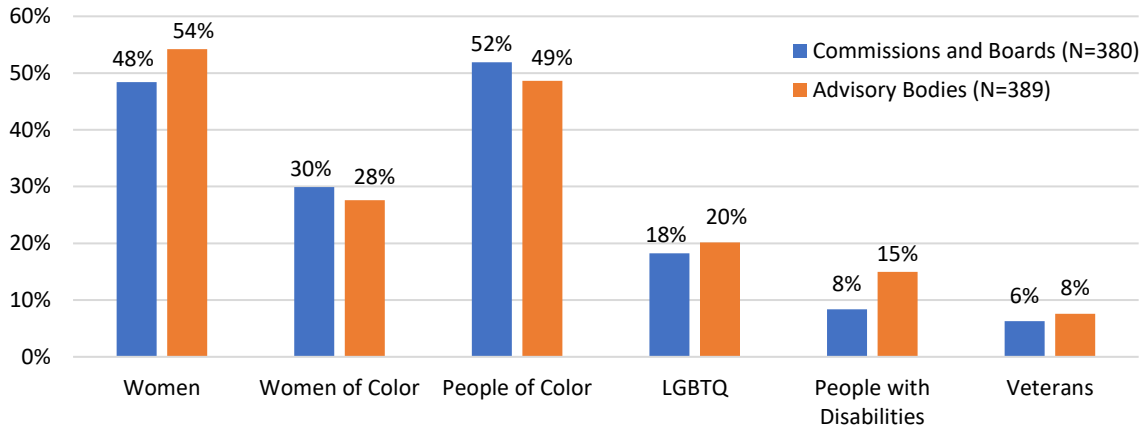
Body	FY18-19 Budget	Total Seats	Filled Seats	Women	Women of color	People of Color
Rent Board Commission	$8,543,912	10	9	44%	11%	33%
Commission on the Status of Women	$8,048,712	7	7	100%	71%	71%
Ethics Commission	$6,458,045	5	4	100%	50%	50%
Human Rights Commission	$4,299,600	12	10	50%	50%	70%
Small Business Commission	$2,242,007	7	7	43%	29%	43%
Civil Service Commission	$1,262,072	5	4	50%	0%	25%
Board of Appeals	$1,072,300	5	5	40%	20%	40%
Entertainment Commission	$1,003,898	7	7	29%	14%	57%
Assessment Appeals Board No.1, 2, & 3	$663,423	24	18	39%	22%	44%
Youth Commission	$305,711	17	16	56%	44%	75%
Total	**$33,899,680**	**99**	**87**	**52%**	**32%**	**54%**

Source: SF DOSW Data Collection & Analysis.

H. Comparison of Advisory Body and Commission and Board Demographics

The comparison of the two policy body categories in this section provides another proxy for influence, as Commissions and Boards whose members file disclosures of economic interest have greater decision-making authority in San Francisco than Advisory Bodies whose members do not file economic interest disclosures. The percentages of total women, LGBTQ people, people with disabilities, and veterans are larger for total appointees on Advisory Bodies. However, the percentages of women of color and people of color on Commissions and Boards slightly exceeds the percentages of women of color and people of color on Advisory Bodies.

Figure 23: Demographics of Appointees on Commission and Boards and Advisory Bodies, 2019

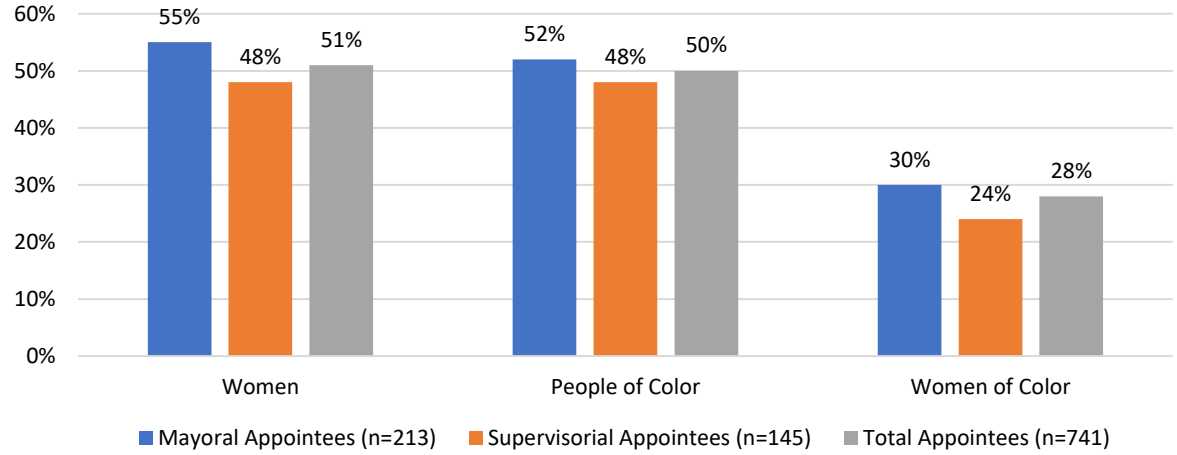


Source: SF DOSW Data Collection & Analysis.

I. Demographics of Mayoral, Supervisorial, and Total Appointees

Figure 24 compares the representation of women, women of color, and people of color for appointments made by the Mayor, Board of Supervisors, and by the total of all approving authorities combined. Mayoral appointments are more diverse, and consist of more women, women of color, and people of color compared to Supervisorial appointments. Mayoral appointments include 55% women, 30% women of color, and 52% people of color, while Supervisorial appointments are 48% women, 24% women of color, and 48% people of color. The total of all approving authorities combined average out at 51% women, 28% women of color, and 50% people of color. This disparity in diversity between Mayoral and Supervisorial appointments may be due in part to the appointment section process for each authority. The 11-member Board of Supervisors only sees applicants for specific bodies through the 3-member Rules Committee or by designees, stipulated in legislation (e.g. "renter," "landlord," "consumer advocate"), whereas the Mayor typically has the ability to take total appointments into account during selections, and can therefore better address gaps in diversity.

Figure 24: Demographics of Mayoral, Supervisorial, and Total Appointees, 2019



Source: SF DOSW Data Collection & Analysis.

III. Conclusion

Since the first gender analysis of Commissions and Boards in 2007, the representation of women appointees on San Francisco policy bodies has gradually increased. The *2019 Gender Analysis* finds the percentage of women appointees is 51%, which slightly exceeds the population of women in San Francisco.

When appointee demographics are analyzed by gender and race, women of color continue to be underrepresented on San Francisco policy bodies compared to the San Francisco population. Most notably underrepresented are Asian women who make up 17% of the population but only 11% of appointees, and Latinx women who make up 7% of the population but only 3% of appointees. Additionally, men of color are underrepresented relative to their San Francisco population, primarily Asian and Latinx men.

Furthermore, when analyzing the demographic composition of larger and smaller budgeted Commissions and Boards, women are underrepresented on those with the largest budgets, and overrepresented or reach parity with the population on smaller budgeted Commissions and Boards. These two trends are amplified for women of color appointees. Women comprise 41% of total appointees on the largest budgeted policy bodies, which is 8 percentage points below the population, and women of color comprise 23% of total appointees on the largest budgeted policy bodies, 9 percentage points below their San Francisco population. Comparatively, women are 52% of total appointees on the smallest budgeted policy bodies, and women of color are 32% of appointees, which is equal to the San Francisco population. However, the issue of largest and smallest budgeted policy bodies does not seem to impact the representation of people of color. People of color make up 55% of appointees on the largest budgeted policy bodies and 54% of appointees on the smallest budgeted policy bodies compared to 50% of total appointees. Nonetheless, these percentages still fall below the San Francisco population of people of color at 62%.

In addition to using budget size as a proxy for influence, this report analyzed demographic characteristics of appointees on Commissions and Boards who file disclosures of economic interest and have decision-making authority, and appointees on Advisory Bodies who do not file economic interest disclosures. Over half (54%) of appointees on Advisory Bodies are women, while 48% of appointees on Commissions and Boards are women. Although 48% is only slightly below the San Francisco population of women, women comprise a decently higher percentage of appointees on Advisory Bodies compared to Commissions and Boards.

This year's report features more data on LGBTQ identity, veteran status, and disability than previous gender analyses. The *2019 Gender Analysis* found a relatively high representation of LGBTQ individuals on San Francisco policy bodies. For the appointees that provided LGBTQ identity information, 19% identify as LGBTQ with the largest subset being gay men at 48%. It is recommended for future gender analyses to collect LGBTQ data by race and gender to provide additional intersectional analysis. The representation of appointees with disabilities is 11%, just below the 12% population. Veterans are highly represented on San Francisco policy bodies at 7% compared to the veteran population of 3%.

Additionally, this report evaluates and compares the representation of women, women of color, and people of color appointees by the Mayor, Board of Supervisors, and by the total of all approving authorities combined. Mayoral appointees include 55% women, 30% women of color, and 52% people

of color, which overall is more diverse by gender and race compared to both Supervisorial appointees and total appointees.

This report is intended to advise the Mayor, Board of Supervisors, and other appointing authorities, as they select appointments for policy bodies of the City and County of San Francisco. In spirit of the 2008 City Charter Amendment that establishes this biennial Gender Analysis report requirement and the importance of diversity on San Francisco policy bodies, efforts to address gaps in diversity and inclusion should remain at the forefront when making appointments in order to accurately reflect the population of San Francisco.

IV. Methodology and Limitations

This report focuses on City and County of San Francisco Commissions, Boards, Task Forces, Councils, and Committees that have the majority of members appointed by the Mayor and Board of Supervisors and that have jurisdiction limited to the City. The gender analysis reflects data from the policy bodies that provided information to the Department on the Status of Women through digital and paper survey.

Data was requested from 90 policy bodies and acquired from 84 different policy bodies and a total of 741 appointees. A Commissioner or Board member's gender identity, race/ethnicity, sexual orientation, disability status, and veteran status were among data elements collected on a voluntary basis. Data on lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) identity, disability, and veteran status of appointees were incomplete or unavailable for some appointees but are included to the extent possible. As the fundamental objective of this report is to surface patterns of underrepresentation, every attempt has been made to reflect accurate and complete information in this report. Data for some policy bodies was incomplete, and all appointees who responded were included in the total demographic categories. Only policy bodies with full data on gender and race for all appointees were included in sections comparing demographics of individual bodies. It should be noted that for policy bodies with a small number of members, the change of a single individual greatly impacts the percentages of demographic categories. As such, these percentages should be interpreted with this in mind.

The surveyed policy bodies fall under two categories designated by the San Francisco Office of the City Attorney document entitled *List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute*.[8] This document separates San Francisco policy bodies into two different categories. The first category includes Commissions and Boards with decision-making authority and whose members are required to submit financial disclosures with the Ethics Commission, and the second category encompasses Advisory Bodies whose members do not submit financial disclosures with the Ethics Commission. Depending on the analysis criteria in each section of this report, the surveyed policy bodies and appointees are either examined comprehensively as a whole or examined separately in the two categories designated by the Office of the City Attorney.

Data from the U.S. Census 2013-2017 American Community Survey 5-Year Estimates provides a comparison to the San Francisco population. Figures 26 and 27 in the Appendix display these population estimates by race/ethnicity and gender.

[8] "List of City Boards, Commissions, and Advisory Bodies Created by Charter, Ordinance, or Statute," Office of the City Attorney, https://www.sfcityattorney.org/wp-content/uploads/2016/01/Commission-List-08252017.pdf, (August 25, 2017).

Appendix

Figure 25: Policy Body Demographics, 2019[9]

Policy Body	Total Seats	Filled Seats	FY18-19 Budget	Women	Women of Color	People of Color
Abatement Appeals Board	7	7	$76,500,000	14%	0%	14%
Aging and Adult Services Commission	7	7	$334,700,000	57%	33%	57%
Airport Commission	5	5	$1,000,000,000	40%	50%	40%
Arts Commission	15	15	$37,000,000	67%	50%	60%
Asian Art Commission	27	27	$30,000,000	63%	71%	59%
Assessment Appeals Board No.1	8	5	$663,423	20%	0%	20%
Assessment Appeals Board No.2	8	8	-	50%	75%	63%
Assessment Appeals Board No.3	8	4	-	50%	50%	50%
Ballot Simplification Committee	5	4	$0	75%	33%	25%
Bayview Hunters Point Citizens Advisory Committee	12	9	$0	33%	100%	67%
Board of Appeals	5	5	$1,072,300	40%	50%	40%
Board of Examiners	13	13	$0	0%	0%	46%
Building Inspection Commission	7	7	$76,500,000	14%	0%	14%
Child Care Planning and Advisory Council	25	19	$26,841	84%	50%	50%
Children and Families Commission (First 5)	9	8	$28,002,978	100%	75%	75%
Children, Youth, and Their Families Oversight and Advisory Committee	11	10	$155,224,346	50%	80%	75%
Citizen's Committee on Community Development	9	8	$39,696,467	75%	67%	63%
City Hall Preservation Advisory Commission	5	5	$0	60%	33%	20%
Civil Service Commission	5	4	$1,262,072	50%	0%	25%
Commission on Community Investment and Infrastructure	5	5	$745,000,000	60%	100%	100%
Commission on the Aging Advisory Council	22	15	$0	80%	33%	31%
Commission on the Environment	7	6	$27,280,925	67%	50%	50%
Commission on the Status of Women	7	7	$8,048,712	100%	71%	71%
Dignity Fund Oversight and Advisory Committee	11	11	$3,000,000	82%	33%	45%
Eastern Neighborhoods Citizens Advisory Committee	19	13	$0	38%	40%	44%
Elections Commission	7	7	$15,238,360	57%	25%	29%
Entertainment Commission	7	7	$1,003,898	29%	50%	57%
Ethics Commission	5	4	$6,458,045	100%	50%	50%
Film Commission	11	11	$0	55%	67%	50%
Fire Commission	5	5	$400,721,970	20%	100%	40%
Golden Gate Park Concourse Authority	7	6	$0	50%	67%	75%

[9] Figure 25 only includes policy bodies with complete data on gender for all appointees. Some bodies had incomplete data on race/ethnicity of appointees. For these, percentages for people of color are calculated out of known race/ethnicity.

Policy Body	Total Seats	Filled Seats	FY18-19 Budget	Women	Women of Color	People of Color
Health Authority (Plan Governing Board)	19	15	$666,000,000	33%	80%	50%
Health Commission	7	7	$2,200,000,000	43%	50%	86%
Health Service Board	7	6	$11,632,022	33%	0%	50%
Historic Preservation Commission	7	7	$53,832,000	43%	33%	14%
Housing Authority Commission	7	6	$60,894,150	50%	100%	83%
Human Rights Commission	12	10	$4,299,600	60%	100%	70%
Human Services Commission	5	5	$529,900,000	40%	0%	40%
Immigrant Rights Commission	15	13	$0	54%	86%	85%
In-Home Supportive Services Public Authority	13	9	$70,729,667	44%	50%	56%
Juvenile Probation Commission	7	6	$48,824,199	33%	100%	100%
Library Commission	7	7	$160,000,000	71%	40%	57%
Local Homeless Coordinating Board	9	9	$40,000,000	56%	60%	75%
Mayor's Disability Council	11	8	$0	75%	17%	25%
Mental Health Board	17	15	$184,962	73%	64%	73%
MTA Board of Directors and Parking Authority Commission	7	7	$1,200,000,000	57%	25%	43%
Office of Early Care and Education Citizens' Advisory Committee	9	9	$0	89%	50%	56%
Oversight Board (COII)	7	6	$745,000,000	17%	100%	67%
Pedestrian Safety Advisory Committee	17	13	$0	46%	17%	8%
Planning Commission	7	6	$53,832,000	50%	67%	33%
Police Commission	7	7	$687,139,793	43%	100%	71%
Port Commission	5	5	$192,600,000	60%	67%	60%
Public Utilities Citizen's Advisory Committee	17	13	$0	54%	14%	31%
Public Utilities Commission	5	3	$1,296,600,000	67%	0%	0%
Public Utilities Rate Fairness Board	7	6	$0	33%	100%	67%
Public Utilities Revenue Bond Oversight Committee	7	5	$0	40%	50%	40%
Recreation and Park Commission	7	7	$230,900,000	29%	50%	43%
Reentry Council	24	23	$0	43%	70%	70%
Rent Board Commission	10	9	$8,543,912	44%	25%	33%
Residential Users Appeal Board	3	2	$0	0%	0%	50%
Retirement System Board	7	7	$95,000,000	43%	67%	29%
Sentencing Commission	13	13	$0	31%	25%	67%
Small Business Commission	7	7	$2,242,007	43%	67%	43%
SRO Task Force	12	12	$0	42%	25%	55%
Sugary Drinks Distributor Tax Advisory Committee	16	15	$0	67%	70%	80%
Sunshine Ordinance Task Force	11	11	$0	27%	67%	36%
Sweatfree Procurement Advisory Group	11	7	$0	43%	67%	43%
Treasure Island Development Authority	7	6	$18,484,130	50%	N/A	N/A

Policy Body	Total Seats	Filled Seats	FY18-19 Budget	Women	Women of Color	People of Color
Treasure Island/Yerba Buena Island Citizens Advisory Board	17	13	$0	54%	N/A	N/A
Urban Forestry Council	15	13	$153,626	8%	0%	0%
Veterans Affairs Commission	17	11	$0	36%	50%	55%
War Memorial Board of Trustees	11	11	$18,185,686	55%	33%	18%
Workforce Community Advisory Committee	8	4	$0	100%	100%	100%
Youth Commission	17	16	$305,711	56%	78%	75%

Source: SF DOSW Data Collection & Analysis, 2019.

Figure 26: San Francisco Population Estimates by Race/Ethnicity, 2017

Race/Ethnicity	Total	
	Estimate	Percent
San Francisco County California	864,263	-
White, Not Hispanic or Latino	353,000	38%
Asian	295,347	31%
Hispanic or Latinx	131,949	14%
Some other Race	64,800	7%
Black or African American	45,654	5%
Two or More Races	43,664	5%
Native Hawaiian and Pacific Islander	3,226	0.3%
Native American and Alaska Native	3,306	0.4%

Source: 2017 American Community Survey 5-Year Estimates.

Figure 27: San Francisco Population Estimates by Race/Ethnicity and Gender, 2017

Race/Ethnicity	Total		Female		Male	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
San Francisco County California	864,263	-	423,630	49%	440,633	51%
White, Not Hispanic or Latino	353,000	38%	161,381	17%	191,619	20%
Asian	295,347	31%	158,762	17%	136,585	15%
Hispanic or Latinx	131,949	14%	62,646	7%	69,303	7%
Some Other Race	64,800	7%	30,174	3%	34,626	4%
Black or African American	45,654	5%	22,311	2.4%	23,343	2.5%
Two or More Races	43,664	5%	21,110	2.2%	22,554	2.4%
Native Hawaiian and Pacific Islander	3,226	0.3%	1,576	0.2%	1,650	0.2%
Native American and Alaska Native	3,306	0.4%	1,589	0.2%	1,717	0.2%

Source: 2017 American Community Survey 5-Year Estimates.

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