



1411 East 31 st Street  
Oakland, CA 94602

## Alameda Health System Board of Trustees Call for Board Members

**Alameda Health System (AHS)** is currently seeking interested community members to serve on the **Alameda Health System Board of Trustees**.

In order to best meet the health care needs of the residents of Alameda County, the California State Legislature approved in 1998 the establishment of an independent health authority– the Alameda County Medical Center – to provide county health services. In 2014, ACMC was renamed Alameda Health System (AHS) in light of its expansion to include San Leandro and Alameda Hospitals. The formation of the hospital authority was a key step towards an integrated health system, combining high quality, coordinated clinical care, including specialty and trauma care, with academic training. Fulfilling the promise of community health with a mission of *Caring, Healing, Teaching, Serving All*, we are committed to eliminating health inequities throughout Alameda county, and optimizing the health and well-being of our diverse communities.

The Board of Trustees plays a vital role in co-creating and advancing the strategic priorities of the Alameda Health System, and ensuring organizational sustainability. The Alameda Health System Board of Trustees is inviting candidates who will be able to engage fully in AHS' efforts to achieve our mission and vision, and possess skills and competencies needed to administer issues within the jurisdiction of the Board. We are seeking visionary and dedicated individuals with a keen understanding of health equity, who are respected in their community, and willing to contribute their expertise in healthcare administration and finance within complex health systems and structures. As a Trustee, you will serve as a steward in our efforts to consistently offer outstanding, seamless continuity of care to residents of Alameda County.

If you are interested in joining the Alameda Health System Board of Trustees, reside anywhere in Alameda County, and are able to meet the qualifications and expectations listed in the attached packet, we strongly encourage you to apply.

If you have any questions, please contact the Clerk of the Board at (510) 535-7515.

Sincerely,

Delvecchio Finley  
Chief Executive Officer  
Alameda Health System

# Alameda Health System Board of Trustees

## APPLICATION INFORMATION

The information below outlines the commitment and qualifications necessary to serve as a Member on the Alameda Health System Board of Trustees.

### **Board of Trustees Composition**

The Board of Trustees shall consist of nine (9) members.

- (1) Seven (7) of whom shall be appointed solely by majority vote of the Board of Supervisors.
- (2) One (1) of the 9 Trustees shall be a representative of the Medical Staff, provided the nominee is appointed by a majority vote of the Board of Supervisors.
- (3) One (1) of the 9 Trustees shall be a member of the Alameda Health District Board of Directors, provided the nominee is appointed by a majority vote of the Board of Supervisors.

### **Terms of Office**

- (1) A full term shall be for a period of three years from the date of the initial Annual Meeting.
- (2) The Board of Supervisors may appoint a number of Trustees to partial Terms of Office calculated from the date of the initial Annual Meeting.
- (3) A Term of Office that is permitted to expire shall create a vacancy absent a determination of the Board of Supervisors to the contrary.
- (4) Trustees may serve more than one term only if recommended by the Board of Trustees and subsequently re-appointed by the Board of Supervisors. No Trustee shall serve greater than three consecutive terms.

**Compensation:** Trustees may authorize the payment of not to exceed two hundred dollars (\$200) per regular or special board or committee meeting, not to exceed four meetings a month as compensation to each member of the Board of Trustees. Trustees shall be reimbursed for actual and reasonable expenses incurred in the performance of official business of AHS assigned by the Board of Trustees.

**Meetings:** Qualified applicants appointed to the Board of Trustees must commit to attend all regularly scheduled and special meetings of the Board of Trustees and Committees on which he or she is appointed. Full attendance is expected at all such meetings.

**General Qualifications:** The Board of Trustees should, to the extent feasible, reflect both the expertise necessary to maximize the quality and scope of care of AHS in a fiscally responsible manner and the diverse interests that AHS serves. Desirable skills include, but are not limited to, business management, public health, health care administration, personnel management and labor relations, medical services, managed care, consensus building, finance, fund raising, and cultural sensitivity.

### **Specific Qualifications**

Qualifications that are desirable in Trustees include the following:

- (1) A familiarity with the health care delivery systems;
- (2) A working knowledge of the existing health care funding sources;
- (3) An understanding of the multitude of issues relating to participating in managed care programs;
- (4) Experience with employee organizations;
- (5) A strong business management, legal, finance and/or program management background;
- (6) Experience with managing hospital services;
- (7) Experience with, or understanding of, the delivery health care services by non-profit entities;
- (8) An interest in or experience with the health care needs of AHS's patient populations;
- (9) Experience in advocating for safety net institutions including, but not limited to, the pursuit of public funding for the delivery of health care services;
- (10) Reside in Alameda County.

**Background Information:** All Trustees must agree to provide historical information regarding their employment and affiliations with health care institutions as well as certain personal data in conjunction with licensing and certification by the California Department of Public Health, Department of Social Services and Centers for Medicaid and Medicare Services or other state/federal agencies.

**Conflict of Interest:** Each member of the Board of Trustees shall be required to execute a "statement of economic interests" in a manner consistent with the Political Reform Act and the Hospital Authority's conflict of interest code.

### **Disqualified Persons**

- (1) Persons who are providers of medical care, or are employed by a provider of medical care, who are or, in the view of the Board of Supervisors, may be in competition with AHS.
- (2) With the exception of the representative of the Medical Staff and the Chief Executive Officer, persons employed by or who are contractors/vendors of AHS or who are employed by a contractor/vendor of AHS.

Except where prohibited by law, any disqualification may be waived by majority vote of the Board of Supervisors.

**Alameda Health System Board of Trustees  
APPLICATION**

*Please fill out all information on this form. Print clearly. Use blue ink only.  
If you have any questions, please call the Clerk of the Board at (510) 535-7515.*

**GENERAL INFORMATION**

Last Name	First Name	Middle Initial	
Home Address	City	State	Zip Code
Home Phone	Cell Phone		
Email Address (required)			
Employer	Title	Work Phone	
Employer Address	City	State	Zip Code

**BOARD OF TRUSTEES QUALIFICATION CATEGORIES**

I meet the following Board of Trustees specific qualification categories (mark all that apply):

- A familiarity with the health care delivery systems
- A keen understanding of existing health care funding sources, and emerging financial models
- An understanding of the multitude of issues relating to participating in managed care programs
- Experience with employee organizations
- A strong business management, legal, finance and/or program management background
- Experience with managing hospital services
- Experience with, or understanding of, the delivery health care services by non-profit entities
- An interest in or experience with the health care needs of AHS's patient populations
- Understanding of the concept of health equity, and experience in advocating for safety net institutions including, but not limited to, the pursuit of public funding for the delivery of health care services

**AFFILIATIONS (PLEASE INCLUDE ADDITIONAL PAGES AS NECESSARY)**

- **Are you a provider of medical care or are you employed by a provider of medical care?**
  - If yes, please state the name of the organization providing medical care?
  - What is your role/position with this organization?
  
- **Are you currently a contractor or vendor of Alameda Health System?**  
If yes, please identify the nature or purpose of your contract/agreement with Alameda Health System and the term of your contract/agreement?
  
- **Have you been a contractor or vendor of Alameda Health System within the past 5 years?**  
If yes, please identify the nature or purpose of your contract/agreement with Alameda Health System and the term of your contract/agreement?
  
- **Do you currently receive any type of compensation or item of value from Alameda Health System?**  
If yes, please identify the source of the compensation/item of value and the period for which you are entitled to receive.
  
- **Do you serve as a trustee, board member, director, officer, or member of a governing board of any other organization?**  
If yes, please identify the organization, the position you hold and the effective dates of the position.

**APPLICANT RESPONSIBILITIES**

I understand that by submitting this application I certify that:

- (1) I am a resident of Alameda County and at least 18 years old;
- (2) I am agreeing to participate as a Member of the Alameda Health System Board of Trustees;
- (3) I have signed and submitted this Application with the understanding that I will be required to provide personal and employment information to various federal and state agencies, including, but not limited to the California Department of Public Health, the California Department of Social Services, and the Centers for Medicaid and Medicare Services;
- (4) I agree to comply with the laws of the state of California regarding ethical obligations and conflicts of interest.

By checking this box, I certify that all statements made on this application are true and I agree and understand that any misstatements or omissions of material facts may at any time cause forfeiture on my part of all rights of appointment with the Alameda Health System Board of Trustees.

Date:

Signature:

**Mail/deliver your completed application (application form and current resume/curriculum vitae) to:**

**Alameda Health System  
ATTN: Clerk of the Board  
1411 E. 31<sup>st</sup> St  
Oakland, CA 94602**

## DEMOGRAPHIC INFORMATION ON APPLICANTS

Alameda Health System (AHS) invites you to self-identify your personal demographic information to help AHS fulfill its mission and its commitment to including diverse and inclusive perspectives in the delivery of healthcare services in Alameda County. Diverse perspectives are an important part of our mission to insure health equity in Alameda County. The information you share will be used to monitor and assess our progress in achieving our diversity and inclusion goals, such as improving our recruiting and board retention.

Providing this information is voluntary, but we hope you will assist us in our efforts to uphold these values.

We very much appreciate your assistance in helping AHS fulfill its deep and continued commitment to diversity and inclusion.

### **Your Privacy Is Protected**

This information is used to determine if our recruitment efforts are reaching all segments of the population. Your voluntary responses are treated in a highly confidential manner. Your responses are not released to the panel rating the applications, to the board, to anyone else who can affect your application, or to the public. No information taken from this form is ever placed in an agency file pertaining to you. This is vital information not available from any other source. We can only get it directly from you. Thank you for helping us to provide better service.

### **Submission**

You may:

- Drop off the form with the Clerk of the Board
- Submit electronically to the Clerk of the Board
- Mail to the Clerk of the Board at  
Alameda Health System  
Clerk of the Board  
1411 East 31<sup>st</sup> Street  
Oakland, CA 94602

## March 2018 Board Recruitment

### 1. How did you learn about this position? (Check All that Apply):

- AHS Website
- Alameda County Website
- Other Internet Site  
(Please specify: \_\_\_\_\_)
- Referred by Colleague, Friend, or Relative
- Other Referral  
(Please specify: \_\_\_\_\_)

### 2. Sex (Check One):

- Male       Female

### 3. Ethnicity (Check One):

- African American/Black
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latina/o
- Native American/Alaska Native
- Other

### 4. Race (Check all that apply):

- American Indian or Alaska Native—a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian—a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American—a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander—a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- Caucasian—a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.