

Additional Meeting

Materials

BOARD OF HEALTH

January 29, 2026



King County
King County Board of Health
Director's Report

Date: January 29, 2026

Prepared by: Dr. Sandra J. Valenciano, Health Officer and Interim Director, Public Health – Seattle & King County

Stay current on Public Health trends and news:

I invite King County Board of Health Members and Alternates to stay updated on important news, local health trends and funding opportunities through Public Health – Seattle & King County's blog and online dashboards:

The Public Health Insider blog:

[PUBLIC HEALTH INSIDER – Official insights from Public Health - Seattle & King County staff](#)

Data dashboards:

- [Public Health data - King County, Washington](#) – Explore population-level health outcomes, communicable disease data and more
- [Data dashboard: The impact of firearms in King County - King County, Washington](#)
- [Overdose data dashboards - King County, Washington](#)
- [Medical Examiner's Office data](#)
- [Climate Impacts on Health - King County, Washington](#)

Funding opportunities – RFPs, RFQs, RFAs and others:

[Funding opportunities - King County, Washington](#)

Snapshot of Public Health's 2025 Accomplishments by Division/Office

Administrative Services: The Division's facility team worked to meet operational needs by opening new facilities in South Park and Skyway to expand service capacity and support programs such as Healthcare for the Homeless Street Medicine, Family Ways, WIC, and enrollment services.

Communications: Focused on building relationships with multilingual and community media, resulting in over 100 direct inquiries from these outlets in addition to hundreds of mainstream media requests.

Community Health Services: Re-launched a continuous quality improvement program to reduce wait times and improve scheduling and operational efficiency. The division was able to provide 105,000 client visits with trauma-informed, racially just care, 20% of whom are unhoused. The Division also hosted 329 enrollment events serving 12,700 clients, while adjusting to new federal requirements.

Emergency Medical Services: Voters approved by 80% the 2026-2031 Emergency Medical Services levy after a two-year process to develop a strategic plan and build support.

Environmental Health Services: The Climate Equity Capital pool funded \$1M to Skyway Water & Sewer and \$1M to Valley View Sewer districts to construct sewer mains for septic systems to connect to sewer.

Equity and Community Partnerships: 47 projects, programs and policies were co-created and informed by Community Navigators, the Health Equity and Anti-Racism Community Advisory Group and the Equity Response Team.

Equity, Inclusion & Belonging: Launched a continuous learning program to foster learning, ensure an adaptive public health workforce, and being a racially just workforce.

Government Relations: Reviewed 340 state policy bills, testified on 19 bills, brought 15 PH SMEs to Olympia.

Health Sciences: Updated over 125 community health indicators used to inform public health programs, policies, and investments. The Division also distributed 57,489 naloxone kits and 125,344 fentanyl test strips through the harm reduction supply clearing house and trained nearly 850 people to recognize and respond to an overdose.

Human Resources & Labor: Completed recruitment for over 50% of 459 vacant positions, and successfully recruited for key leadership positions, including Jail Health, TB Medical and Public Health Medical officers.

Jail Health Services: Expanded use of Long Acting Injectables for jail residents with opioid use disorder to provide steady treatment and a bridge for residents released unexpectedly into the community.

Emergency Preparedness: Emergency Preparedness led our response to the December 2025 historic flooding event. We supported the Emergency Operations Center and divisions to address health impacts related to sewage overflows and boil water advisories; impacts to healthcare and EMS systems, medical support to the Sheriff's Office Marine Rescue Unit; and shared health guidance developed by Communications in 26 languages.

Prevention Services: Launched a mobile vaccine team for long-term care facilities, homeless service sites, and adult family homes, bringing 1,700 vaccines to highly vulnerable residents. The team is a vital part of our communicable disease surge operations as well. The Division also brought online scheduling and telehealth visits to the Sexual Health Clinic, improving access for patients with transportation, financial, or other barriers to in-person appts.

Policy & Strategy: Centering health equity and co-created with community, the team developed King County's first community health improvement plan – a long-term plan to improve community health working alongside our partners toward shared goals.



Director's Report

Sandra J. Valenciano, MD, MPH, FACP
Health Officer and Interim Director
Public Health – Seattle & King County

King County Board of Health
January 29, 2026

Public Health
Seattle & King County



Agenda

- Director's Update
 - Leadership transition
 - Department updates
 - Legislative update
 - Accomplishments & Recognition
- Health of King County



Thank you to Dr. Faisal Khan





About me

Department Updates

- Flood response
- Federal vaccine policy changes
- Measles outbreak in Snohomish County
- World Cup preparation

Public Health Budget

- \$1.2b biennial budget, passed Council in November
- Federal threats to grant funding and Medicaid
- State budget facing deficit

Bottom line:

- Public Health is facing a significant structural gap
- Stabilizing Public Health's funding is a priority

State Legislative Update

Public Health staff have reviewed nearly 200 bills and provided testimony on bills to advocate for:

- Foundational Public Health Services funding
- Access to vaccines
- Protecting against the harms of tobacco use
- Protecting people from lead in cookware
- Stable funding for abortion care
- Improved access to meaningful, affordable health insurance options

Foundational Public Health Services (FPHS)

- PHSKC receives about \$18m annually in FPHS funding
- FPHS faces a 38% statewide reduction
 - Multi-million-dollar annual cut for King County
- Will impact our ability to serve your communities



Highlights Across the Department: 2025 Accomplishments

2025 Service Awards

Employees who served at least 15 years at Public Health - Seattle & King County.



Delores Baccus, Community Health Services
Annie Kirk, Administrative Services



Marietess Koslosky, Jail Health Services
Mary Burns, Jail Health Services
Hannah Henson, Emergency Medical Services
Karen Mckinney, Community Health Services
Nam Thai-ky Nguyen, Community Health Services



Heather Fluegel, Health Services
Mary Weesit, Community Health Services



Mary Alice Allenbach, Emergency Medical Services
Mary Alexander, Administrative Services



Leah Doctorello, Emergency Medical Services

2025 Retirements

- **Jason Davis**, Paramedic in Emergency Medical Services (**30 years of service**)
- **Terri Hagstrom**, Paramedic in Emergency Medical Services (**8 years of service**)
- **Tony Smith**, Paramedic in Emergency Medical Services (**30 years of service**)
- **Masahiro Narita**, Medical Officer in Prevention (**24 years of service**)
- **Daniel Moran**, Health & Environ. Investigator IV in Environmental Health Services (**40 years of service**)
- **Benjamin Sanders**, Medical Officer in Jail Health Services (**25 years of service**)



**Thank you for your service
at Public Health - Seattle & King County
and happy retirement!**

January 29, 2026

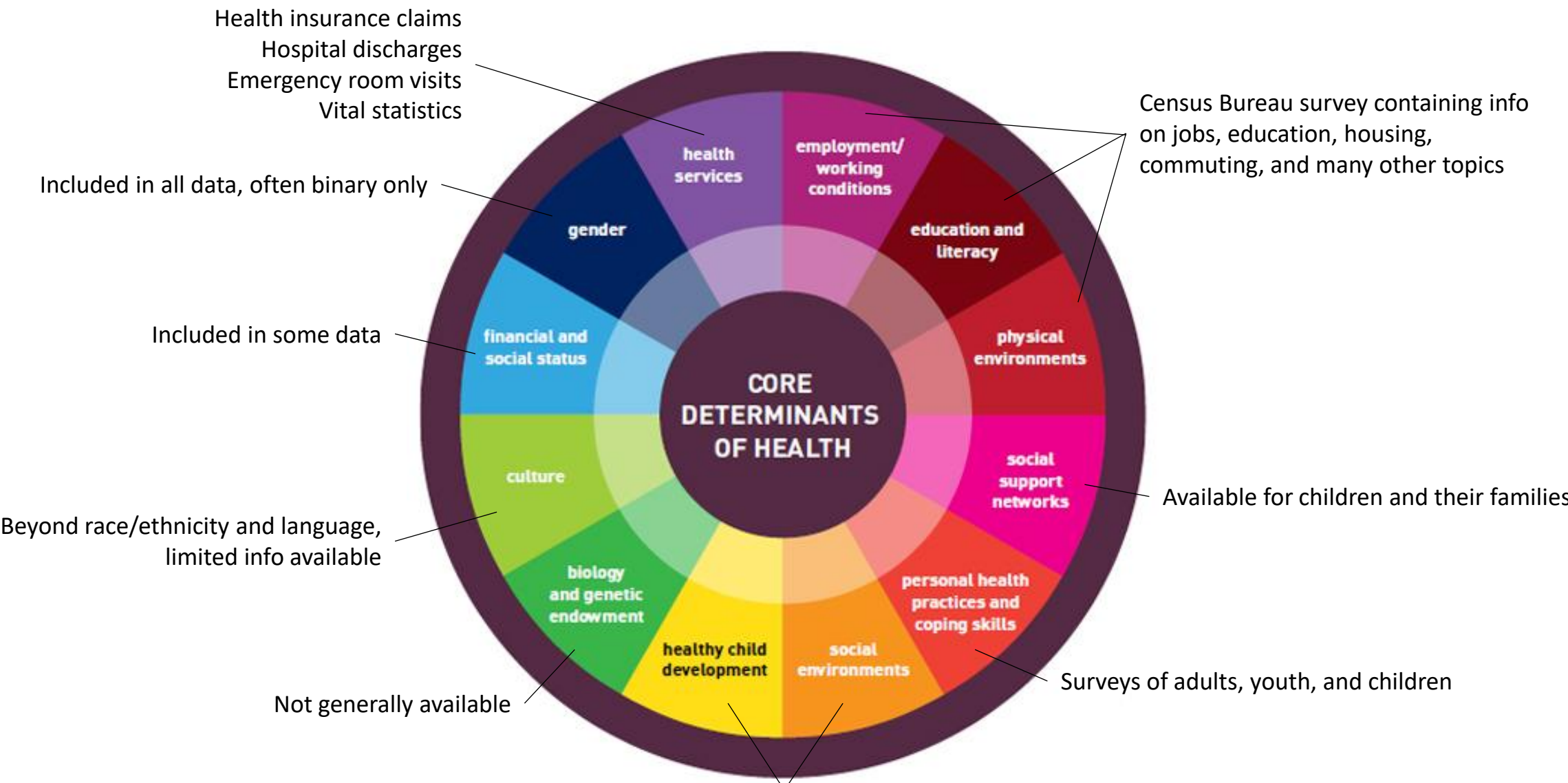
Health of King County





Data

What data do we use to understand the health of King County?



Data Sources

American Community Survey	National household survey that collects demographic and socioeconomic data, including jobs, education, and housing
Behavioral Risk Factor Surveillance System	National survey of adults on health-related risk behaviors, chronic health conditions, and use of preventive services
Best Starts for Kids Health Survey	Local survey of King County children and their families on health, well-being, strengths, and needs
Comprehensive Hospital Abstract Reporting System	Diagnosis, treatment, and demographic information of patients admitted to hospitals in WA State
Healthy Youth Survey	Statewide survey of public-school students on mental health, substance use, safety and violence, risk and protective factors
Medicaid (Apple Health) Data	Information about demographics and health care use of Medicaid beneficiaries living in King County
Population Estimates	Approximations of the population size and demographic makeup within a given geographic area at a specific point in time
Public Housing Authority Data	Information about people supported by federally funded programs administered by our local housing authorities
Rapid Health Information Network	Real-time data from hospitals and clinics across WA State, used primarily to understand use of the Emergency Department
WA State Cancer Registry	Data on the occurrence of cancer in WA State
WA State Vital Statistics – Births	Data from birth certificates that includes demographic information about parents, newborn, delivery, pregnancy, prenatal care
WA State Vital Statistics – Deaths	Data from death certificates that includes demographic information and the cause of death
Additional Data Sources	Program specific data along with some additional data sources are referenced throughout (i.e., KC MEO, EMS, WDRS) and noted where relevant.

More information about specific data sources can be found at:

<https://www.communitiescount.org/data-biographies>

January 29, 2026



Demographic Profile of King County Communities

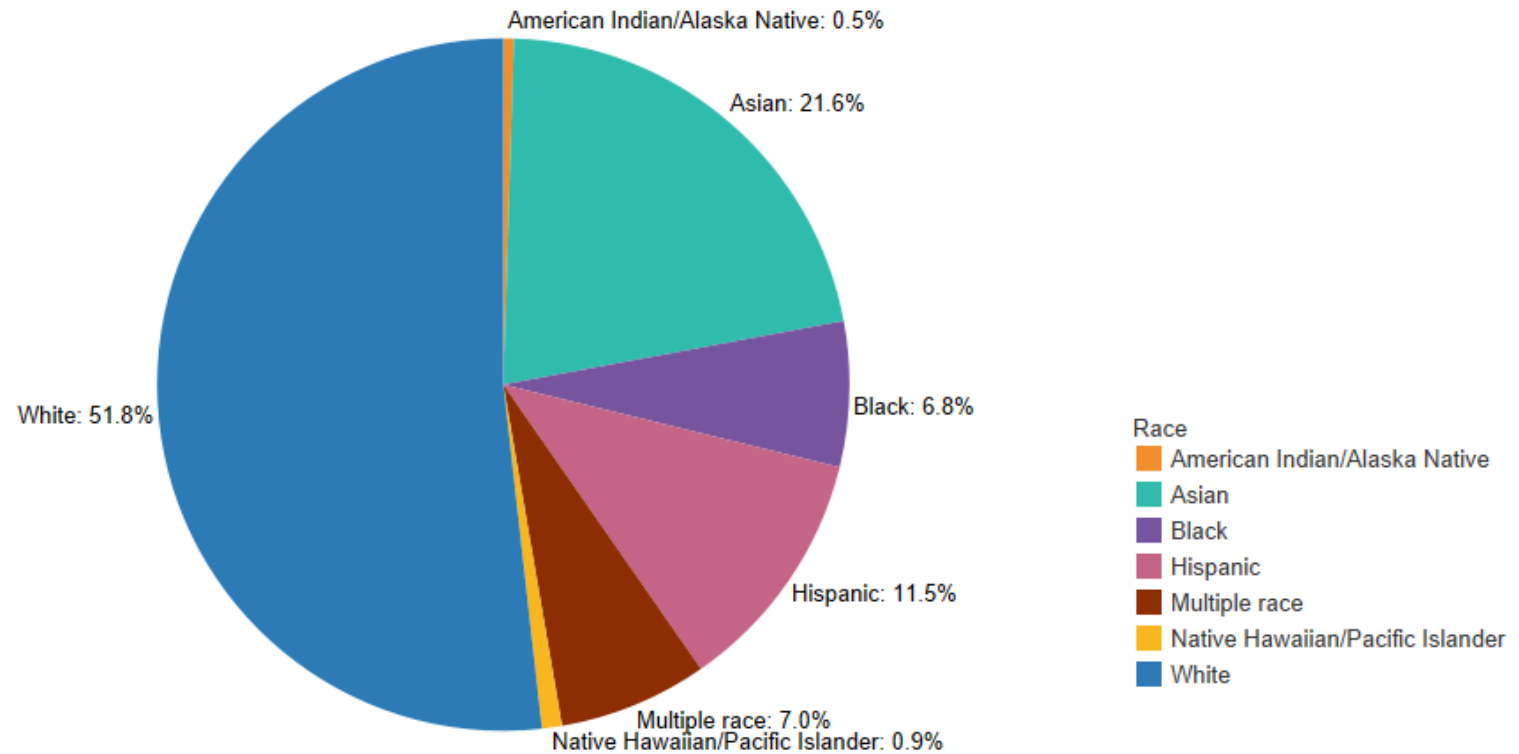
King County has over 2.3 million residents

In this presentation, you will see the following abbreviations:

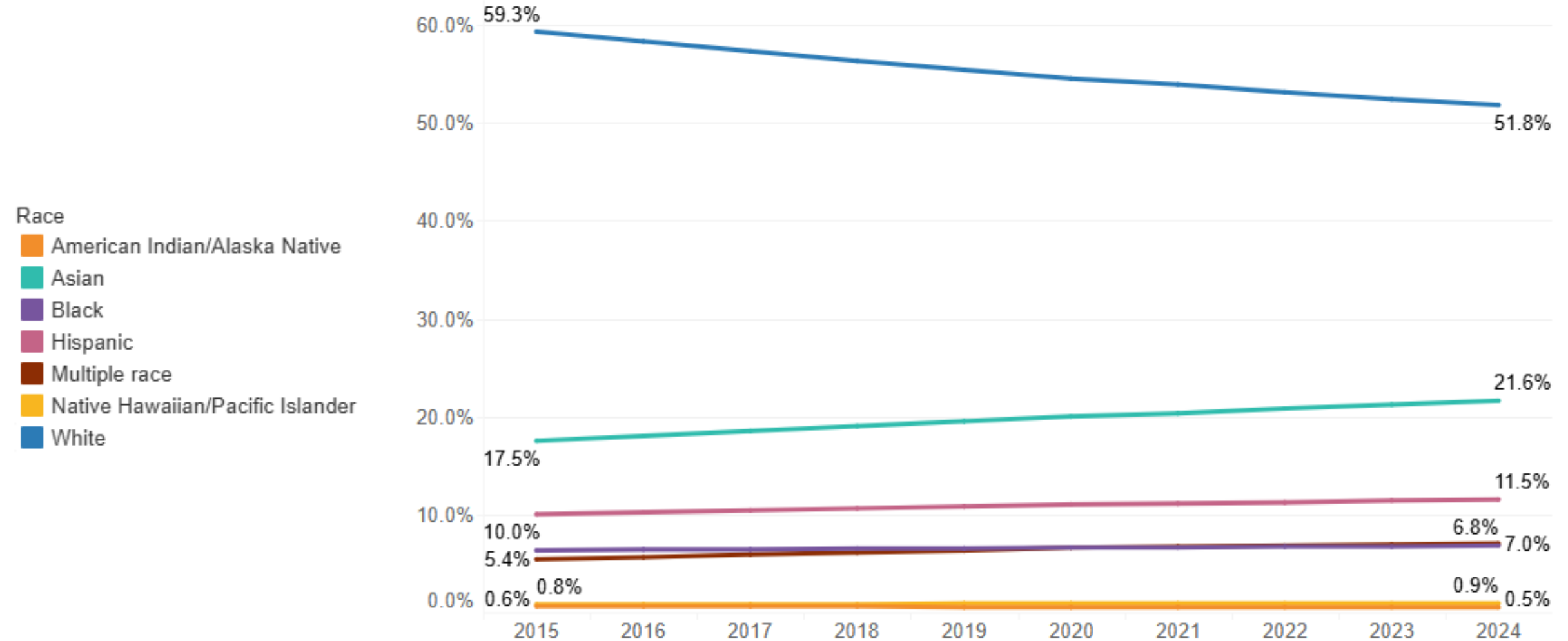
- AIAN - American Indian/Alaskan Native
- NHPI - Native Hawaiian/Pacific Islander
- Black – Black/African American

King County population by age and race, 2024

Total King County population = 2,378,100



King County has grown more diverse over time

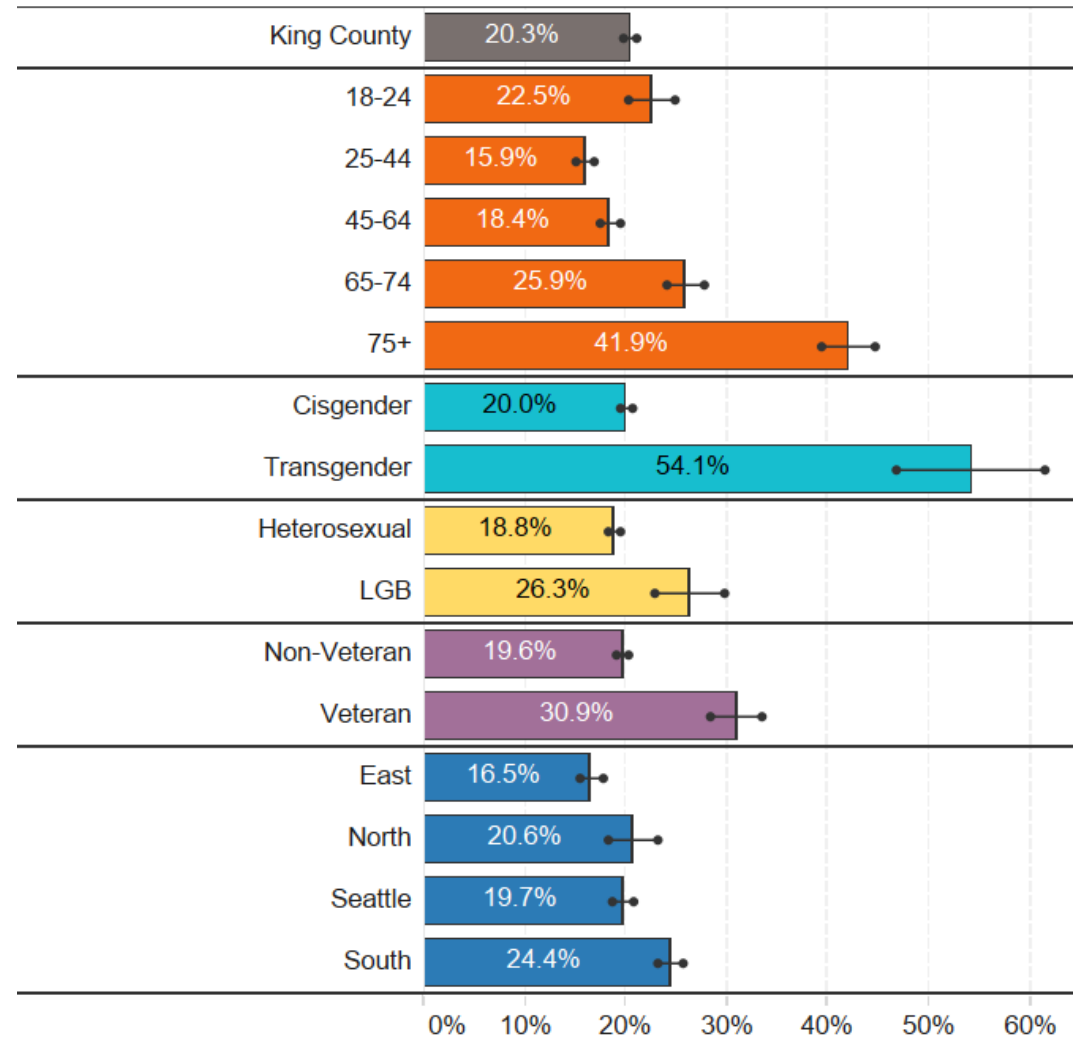


1 in 5 King County adults live with disability

Older adults (age 65+), adults identifying as lesbian, gay, bisexual or transgender, and veterans experience higher rates of disability compared to the county overall.

Residents in East county experience lower rates compared to other KC regions.

Disability (adults), King County (average: 2019-2023)



Top Languages Spoken by Region, King County (2024)

King County	East	North	Seattle	South
English only	English only	English only	English only	English only
Spanish	Chinese	Chinese	Spanish	Spanish
Chinese	Spanish	Spanish	Chinese	Vietnamese
Vietnamese	Hindi	Russian	Vietnamese	Chinese
Hindi	Russian	Arabic	Hindi	Tagalog (incl. Filipino)
Korean	Korean	Hindi	Amharic, Somali, other Afro-Asiatic languages	Amharic, Somali, other Afro-Asiatic languages



Health Care Access

Health insurance coverage



- In 2024, **7%** of adults in King County were uninsured, representing around **106,000** adults



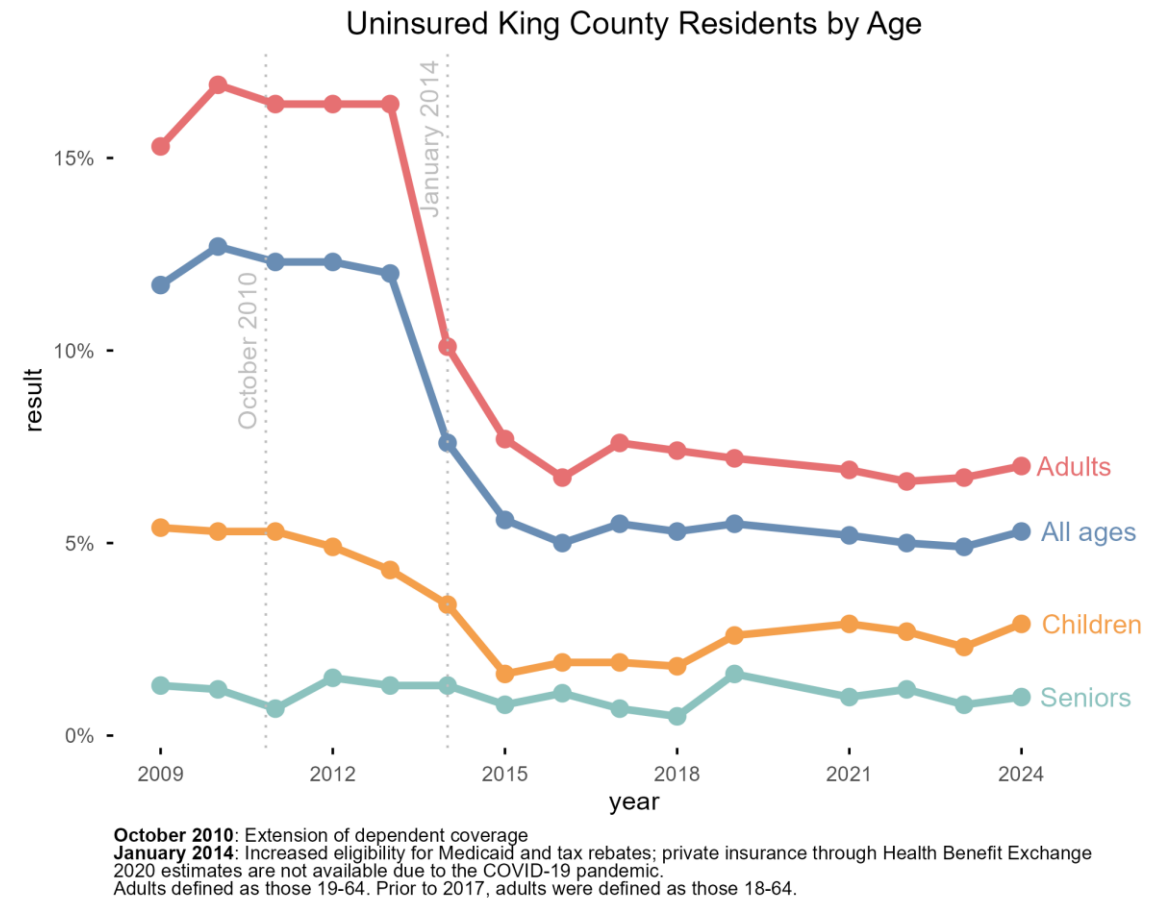
- In 2024, just under **3%** of children in King County were uninsured, representing around **13,000** children



- With new federal requirements set to begin in 2027, our state's Health Care Authority estimates around **215,000** adults (ages 19-64) could lose Medicaid coverage King County

ACA Dramatically Reduced Uninsured Rates for Working-Age Adults & Children

- Uninsured rates dropped sharply after the Affordable Care Act expanded coverage in 2014
- Working-age adults saw the largest decrease, falling from 16.9% uninsured in 2010 to 7.0% in 2024
- Rates have remained relatively stable since 2017
- Seniors consistently have the lowest uninsured rates due to Medicare coverage



Medicaid in King County in 2024



- **1 in 4** people (24%) were covered by Medicaid



- **2 in 5** children (42%) were covered by Medicaid



- **36%** of births were covered by Medicaid (2023)



- **2 in 5** Medicaid members were covered under the ACA Expansion



- **77%** of members had a healthcare visit

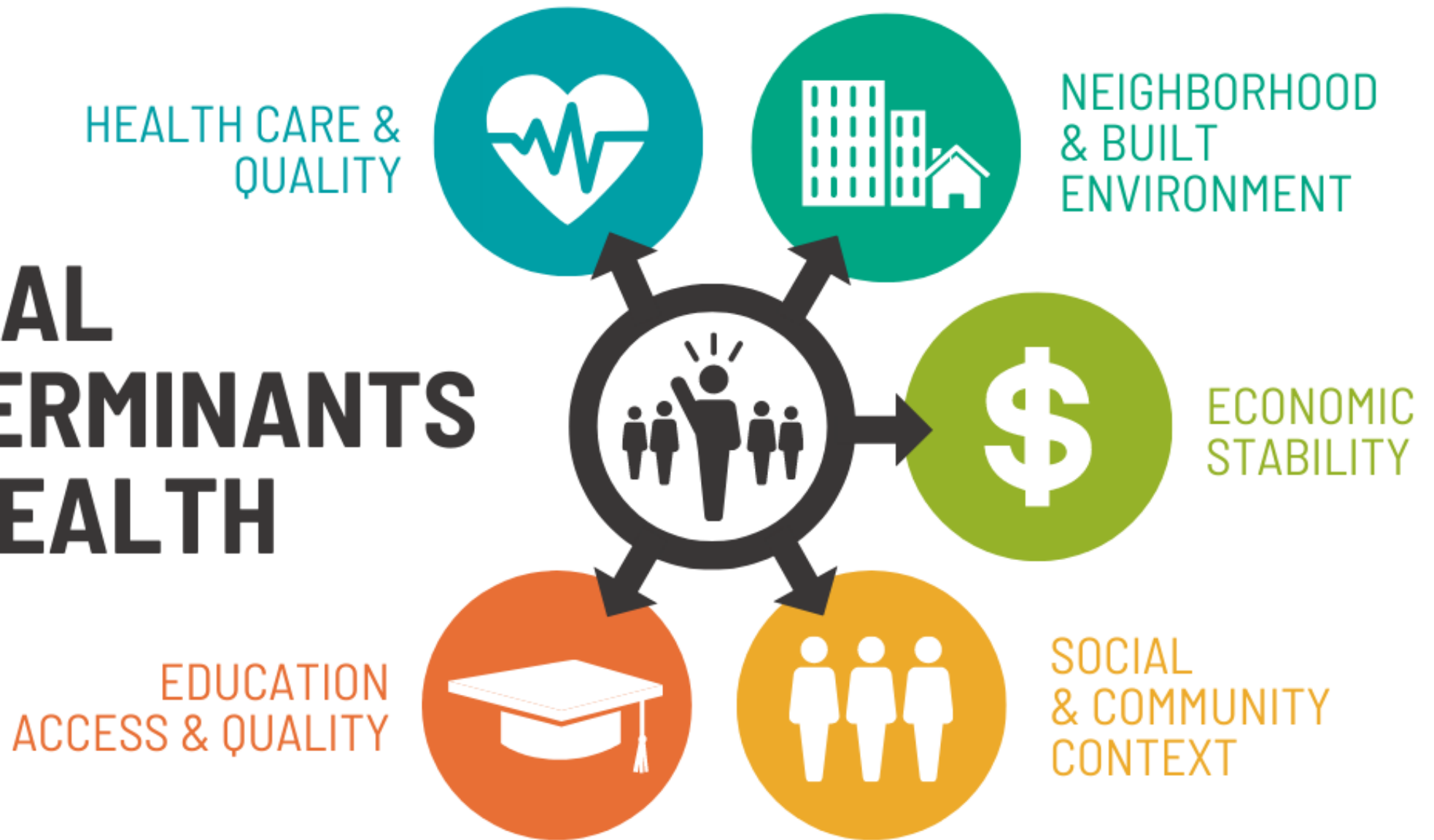


- **45%** of members had a primary care visit



Social determinants of health

SOCIAL DETERMINANTS OF HEALTH



10 Determinants of Health



Source: Hood, C. M., Gennuso, K. P., Swain, G. R., and Catlin, B. B. (2016), "County Health Rankings: Relationships Between Determinant Factors and Health Outcomes."

Note: County Health Rankings. Rankings Methods. (2015). Not available for Alaska or Hawaii

BROOKINGS

Disparities have systemic roots

Historical practices and systemic racism underlie the disparities in health outcomes. Housing and employment barriers are examples of systemic and historical racism. Right image shows historic redlining overlapping areas of high pollution.

Historic and current oppression/trauma can result in chronic stress which can lead to adverse health effects like hypertension, other heart conditions, and mental health concerns.

Experiencing chronic discrimination and oppression further compounds risks to health.

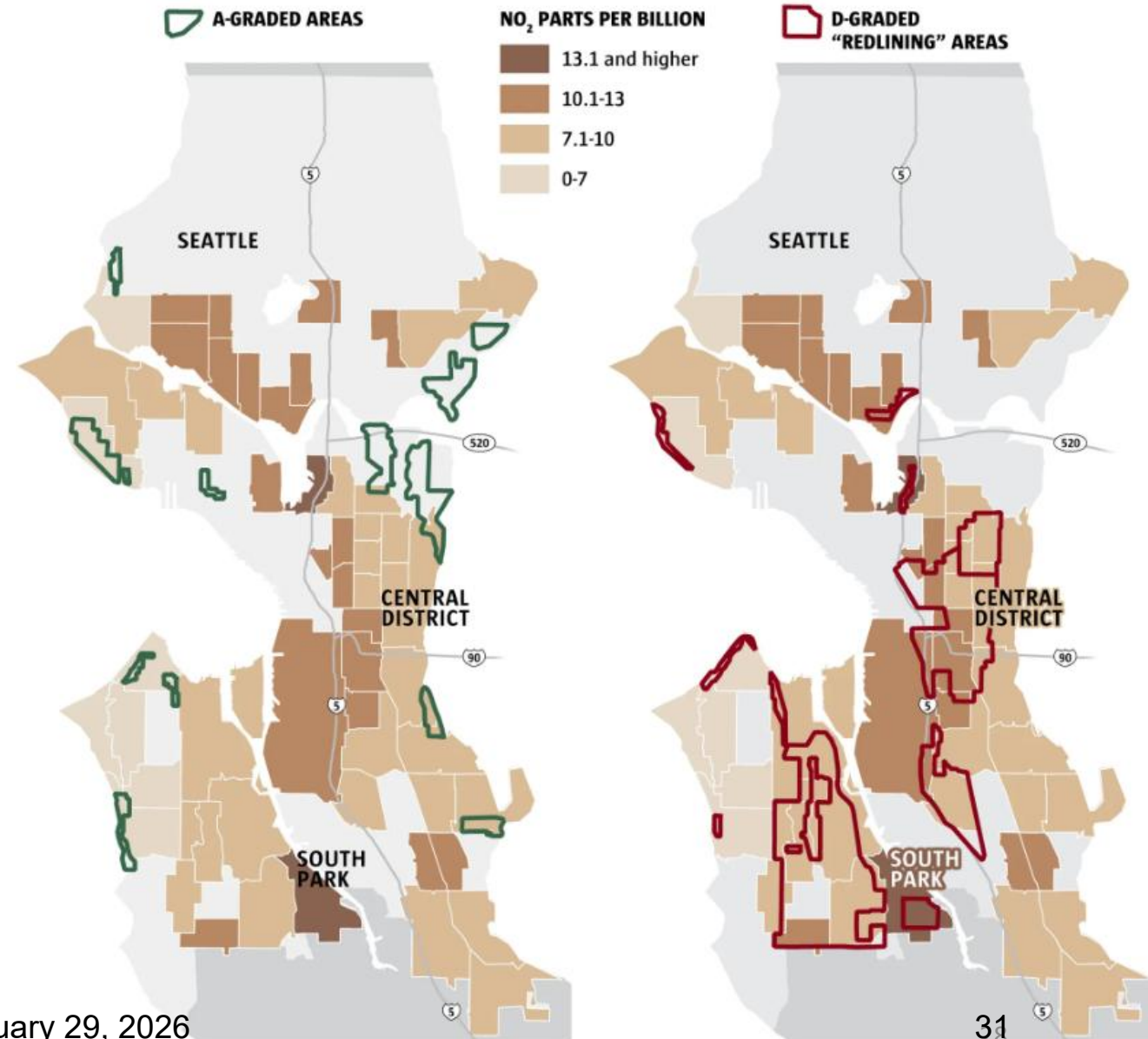
Board of Health

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New study links historic redlining and air pollution in American cities

New research has revealed how the discriminatory and often racist practice of redlining that started nearly a century ago influenced who suffers the worst from air pollution in U.S. cities today.

1930s government-sponsored Home Owners' Loan Corporation investment risk rating



Source: Lane, Haley M., et. al, "Historical Redlining Is Associated with Present-Day Air Pollution Disparities in U.S. Cities," Environmental Science and Technology Letters.

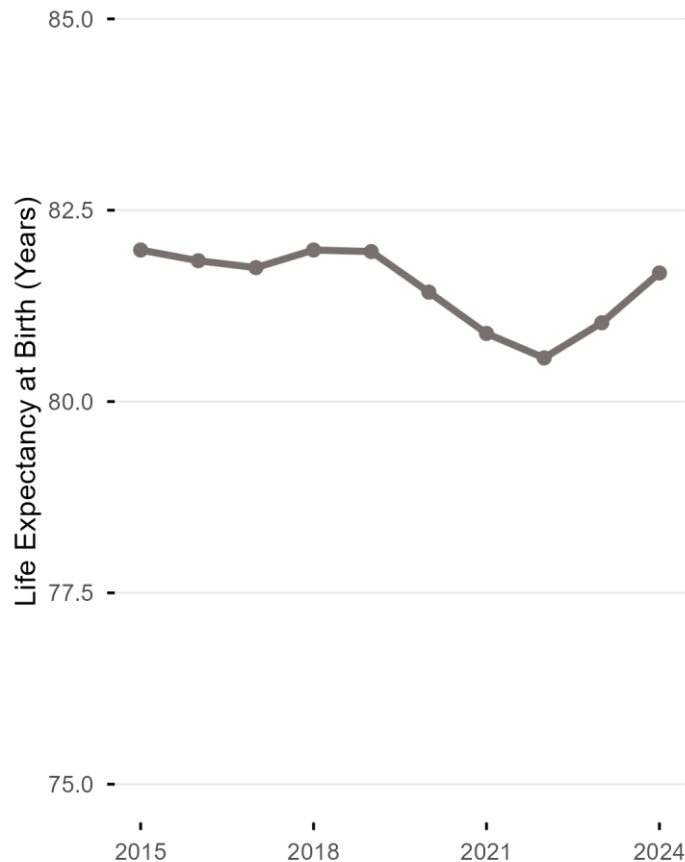
EMILY M. ENG / THE SEATTLE TIMES



Life expectancy and leading causes of death

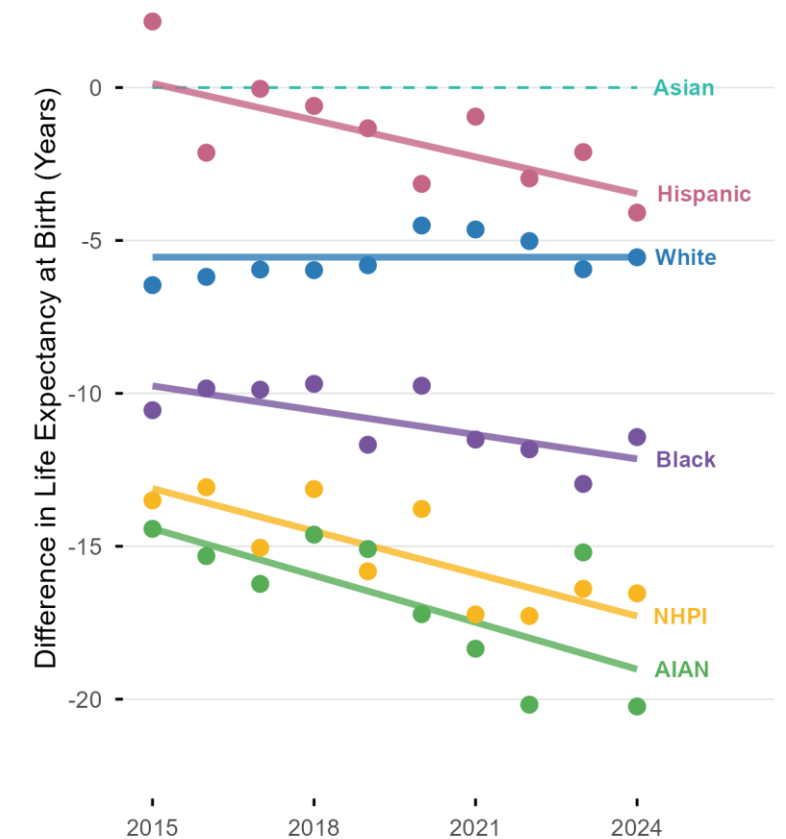
Life expectancy improved in 2024, but racial disparities widened

King County Life Expectancy



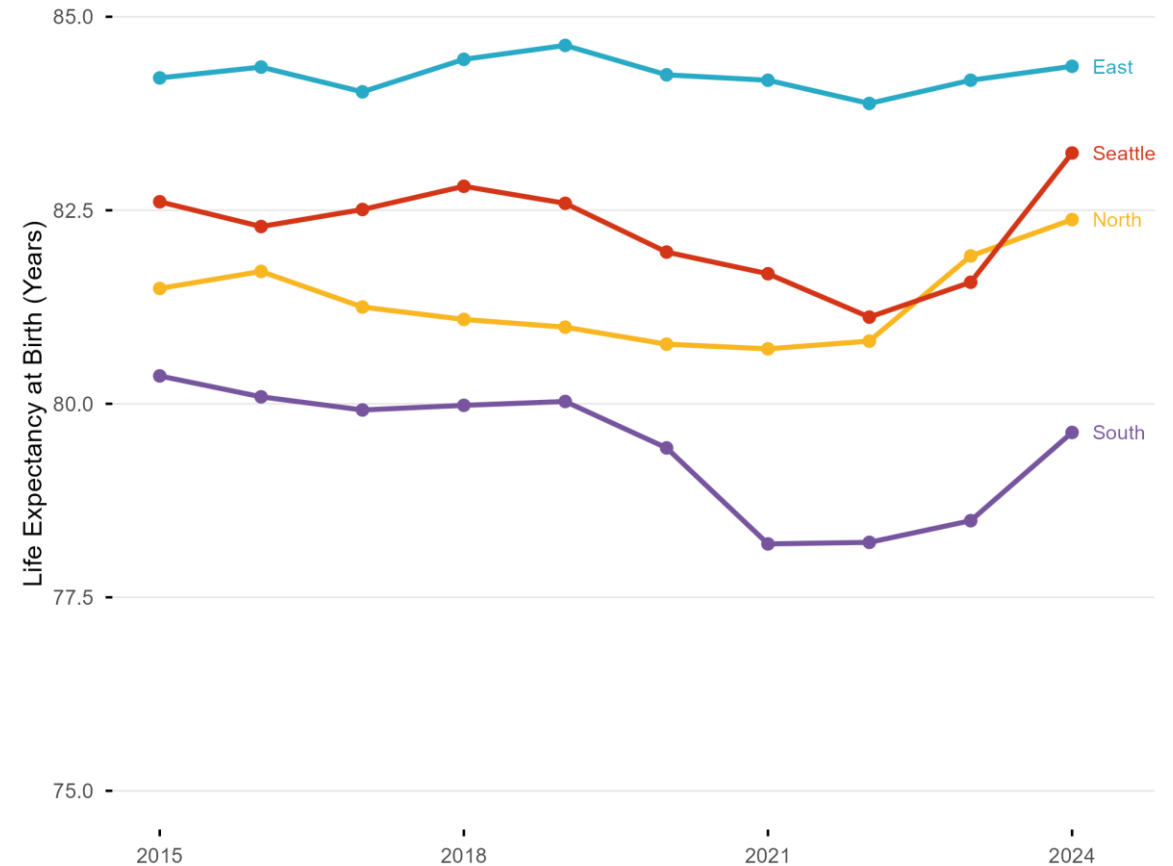
- King County life expectancy reached 81.7 years in 2024, recovering from pandemic lows but still slightly below 2015-2019 levels
- While overall trends show improvement, disparities by race/ethnicity have widened significantly since 2015
- AIAN and NHPI residents experience life expectancies up to 20 years lower than Asian residents

King County Life Expectancy Disparities



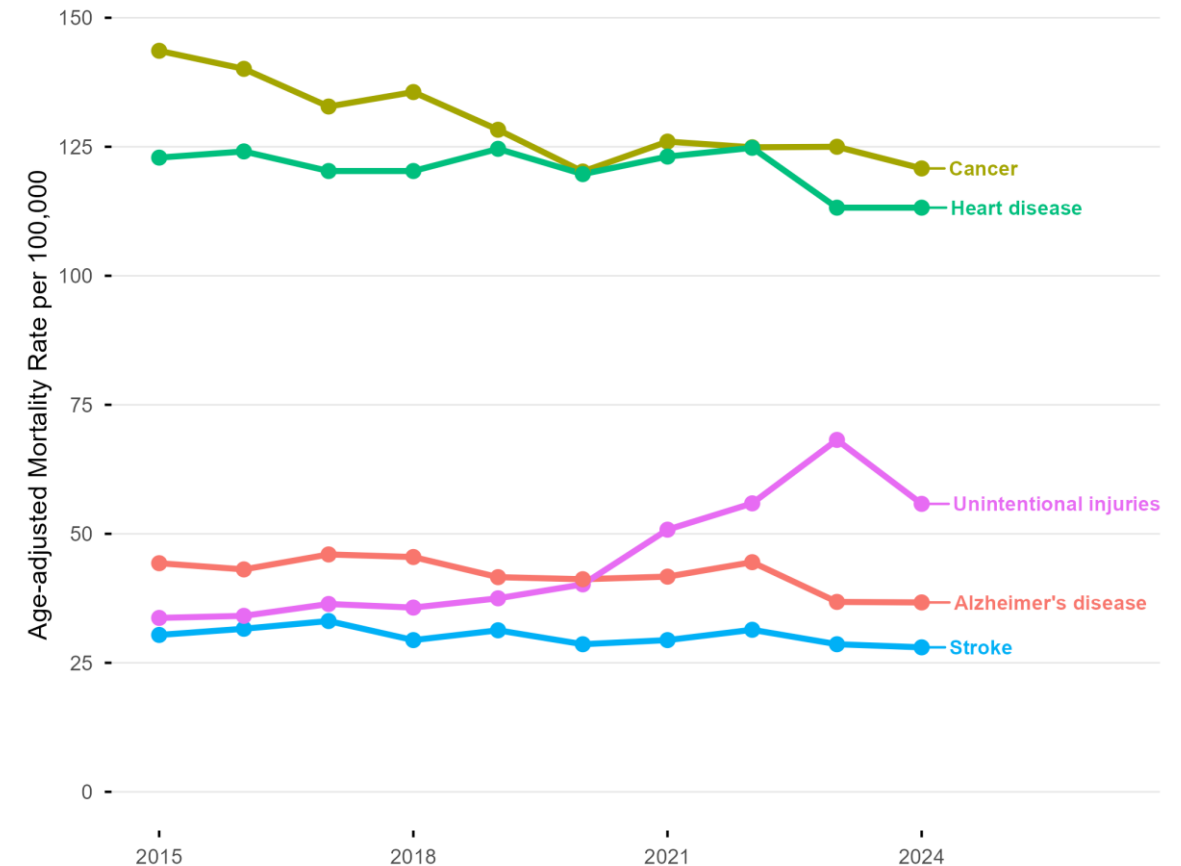
Regional disparities in life expectancy have been persistent

- Life expectancy varied by region in 2024, ranging from 79.6 years in South King County to 84.4 years in East King County
- The East region maintained highest life expectancy throughout the decade, while the South region consistently experienced the lowest
- Regional gaps widened after 2021, with South region showing the most pronounced decline during the pandemic years



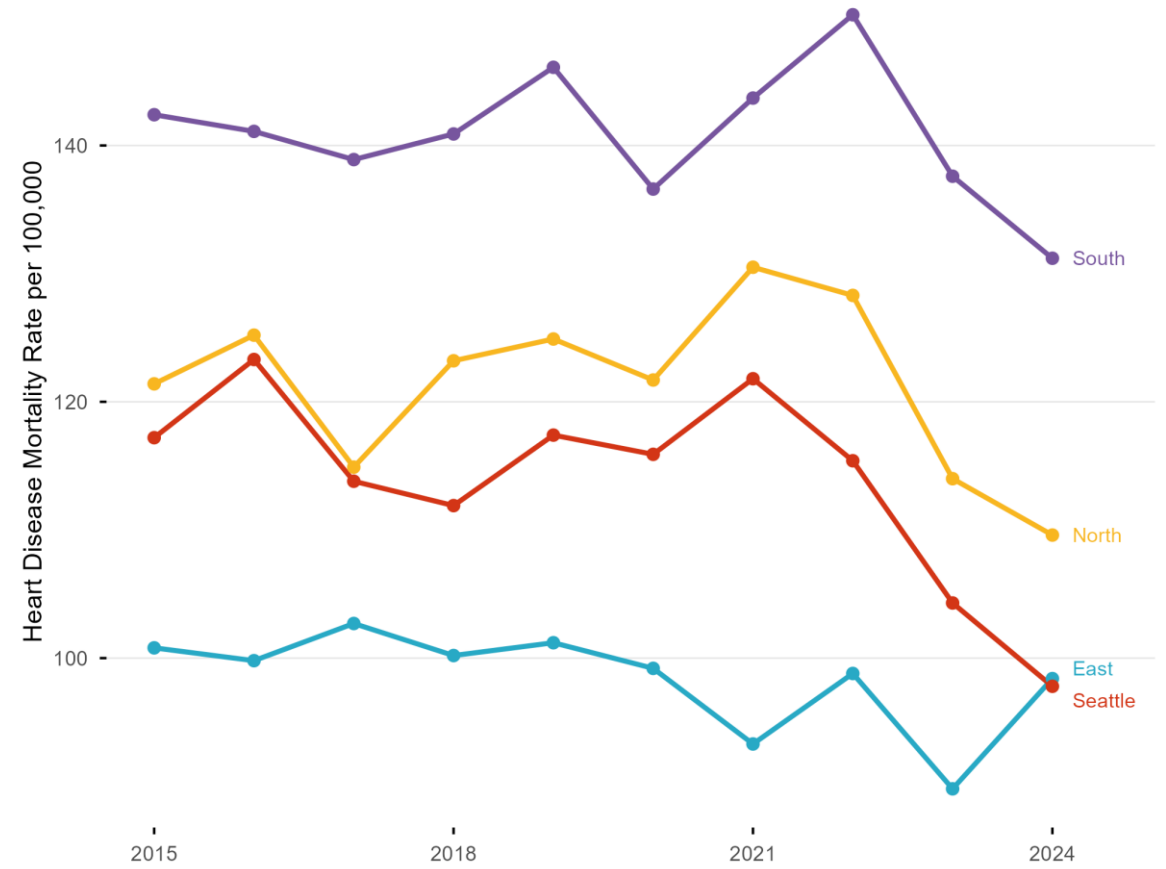
Unintentional injuries rise to third leading cause of death, driven by the opioid crisis

- Cancer and heart disease remain the top two causes, but unintentional injuries (including overdoses) have nearly doubled since 2015
- Unintentional injuries rose to #3 in 2021 and have remained there through 2024, reflecting the ongoing opioid epidemic
- Alzheimer's and stroke show stable or declining trends
- COVID-19 temporarily disrupted rankings (2020-2022) but has since fallen below the top 10



South King County bears the highest heart disease burden, with disparities widening over time

- Declines in heart disease mortality from 2015-2024 varied considerably in magnitude and timing
- South King County consistently had the highest mortality rates
- Regional disparities compared to East King County widened over time for South (+8.3 deaths per 100,000 per year), remained constant for Seattle, and narrowed for North after 2022 (-33.4 deaths per 100,000 per year)



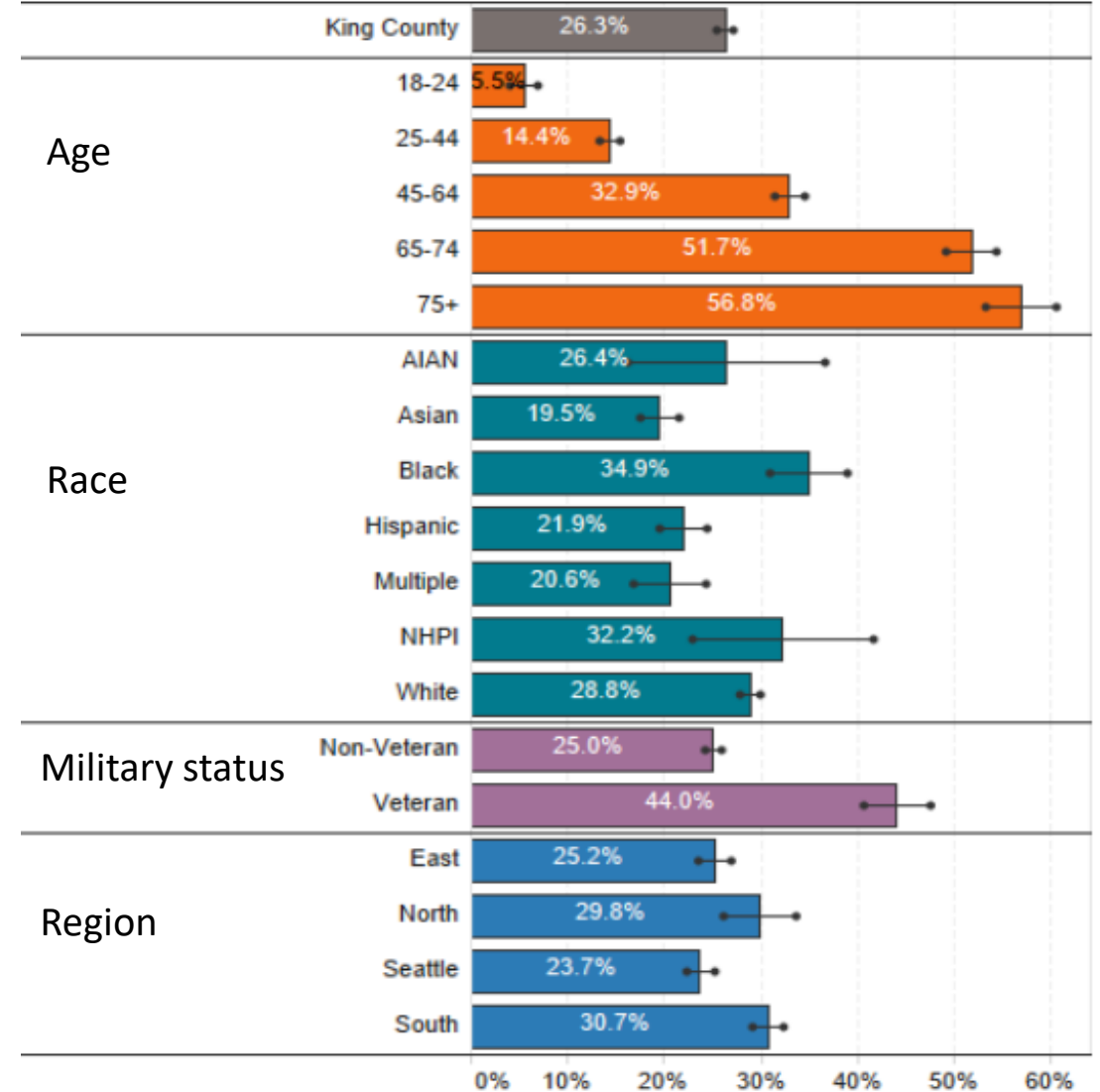


Chronic diseases

1 in 4 adults have high blood pressure

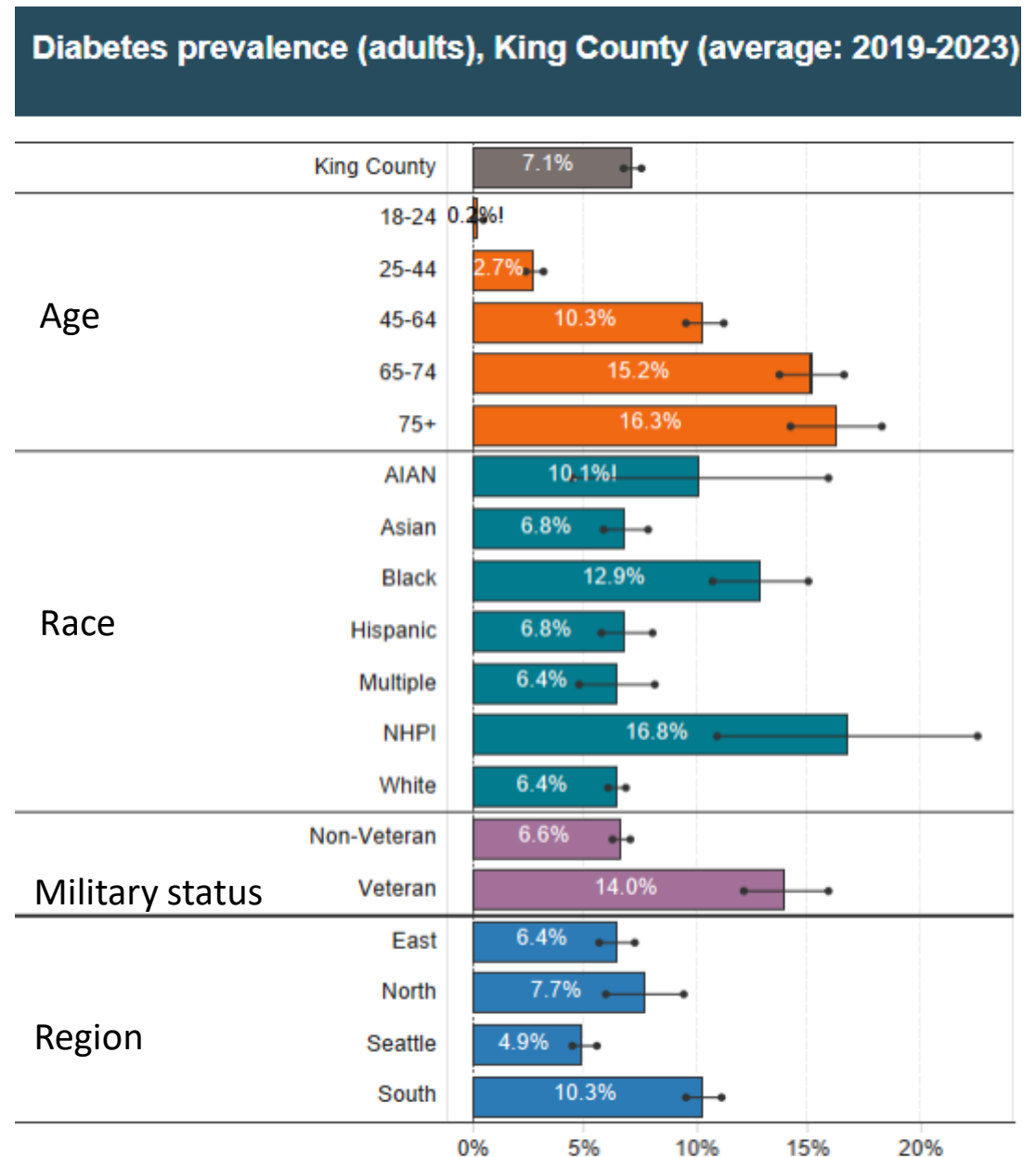
- More than half of adults age 65+ have ever told by a doctor, nurse, or other health professional that they have high blood pressure.
- Hypertension is more common among Black, NHPI and White communities compared to other race groups, and among veterans

Hypertension (adults), King County (average: 2019,2021,2023)



Prevalence of diabetes differs by race and region

- Diabetes is more common among Black and NHPI compared to other racial groups, and among South King County residents compared to other regions.

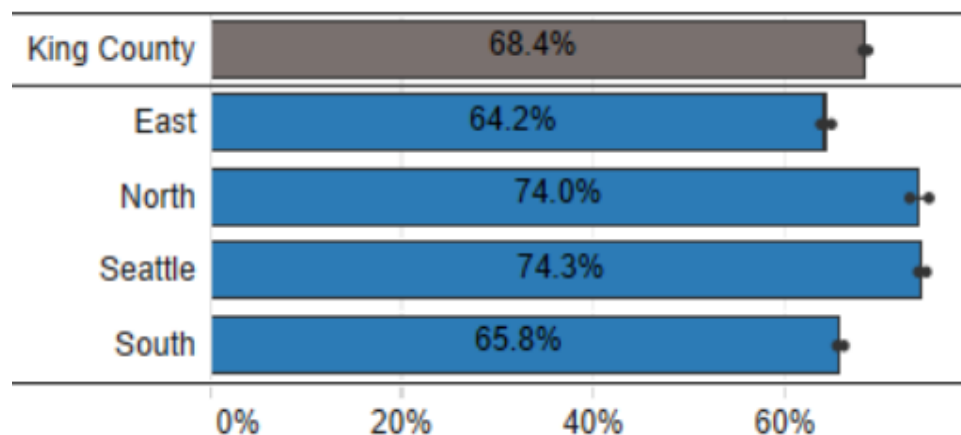




Maternal and Child Health

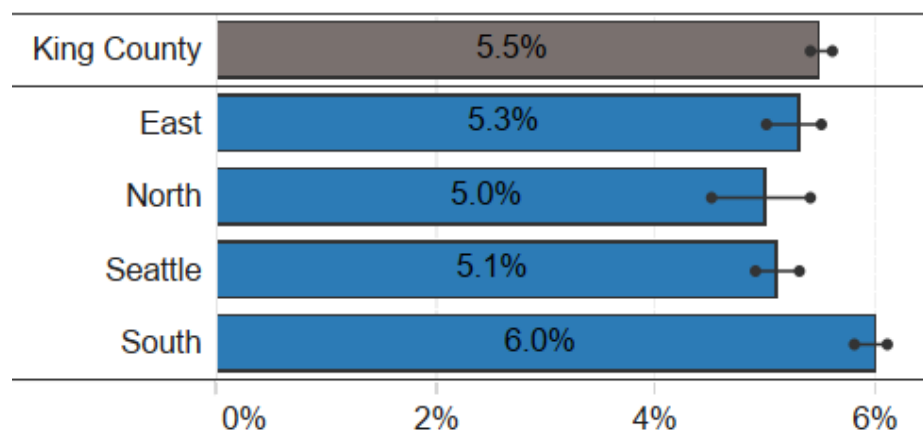
Disparities in prenatal care and birth outcomes by region

Early and adequate prenatal care by region (2019-2023 average)

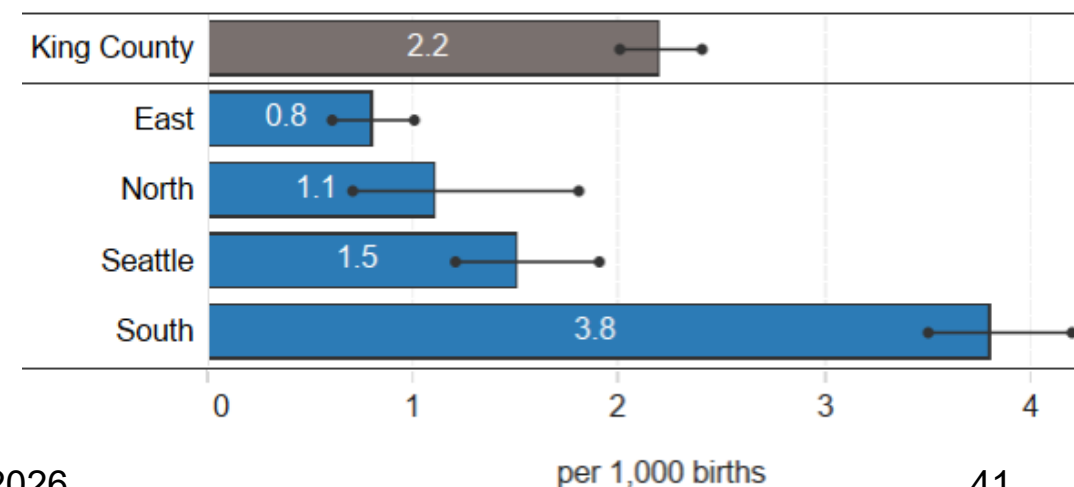


- Fewer parents received adequate prenatal care in East and South regions, compared to other regions.
- South region had the highest percentage of parents birthing low birthweight infants and the highest rate of adolescent births compared to other regions.

Low birthweight (singletons; 2019-2023 average)



Adolescent birth rate (15-17) by region (2019-2023 average)



Disparities in Infant Mortality

- Among King County residents, the infant mortality rate (defined as death within 365 days after birth) was 4.2 deaths per 1,000 live births.
- The infant mortality rate was highest among Black pregnant people, people living in high poverty areas, and those living in South King County.



^ = Data suppressed if too few cases to protect confidentiality and/or report reliable rates
 ! = Interpret with caution; sample size is small, so estimate is imprecise



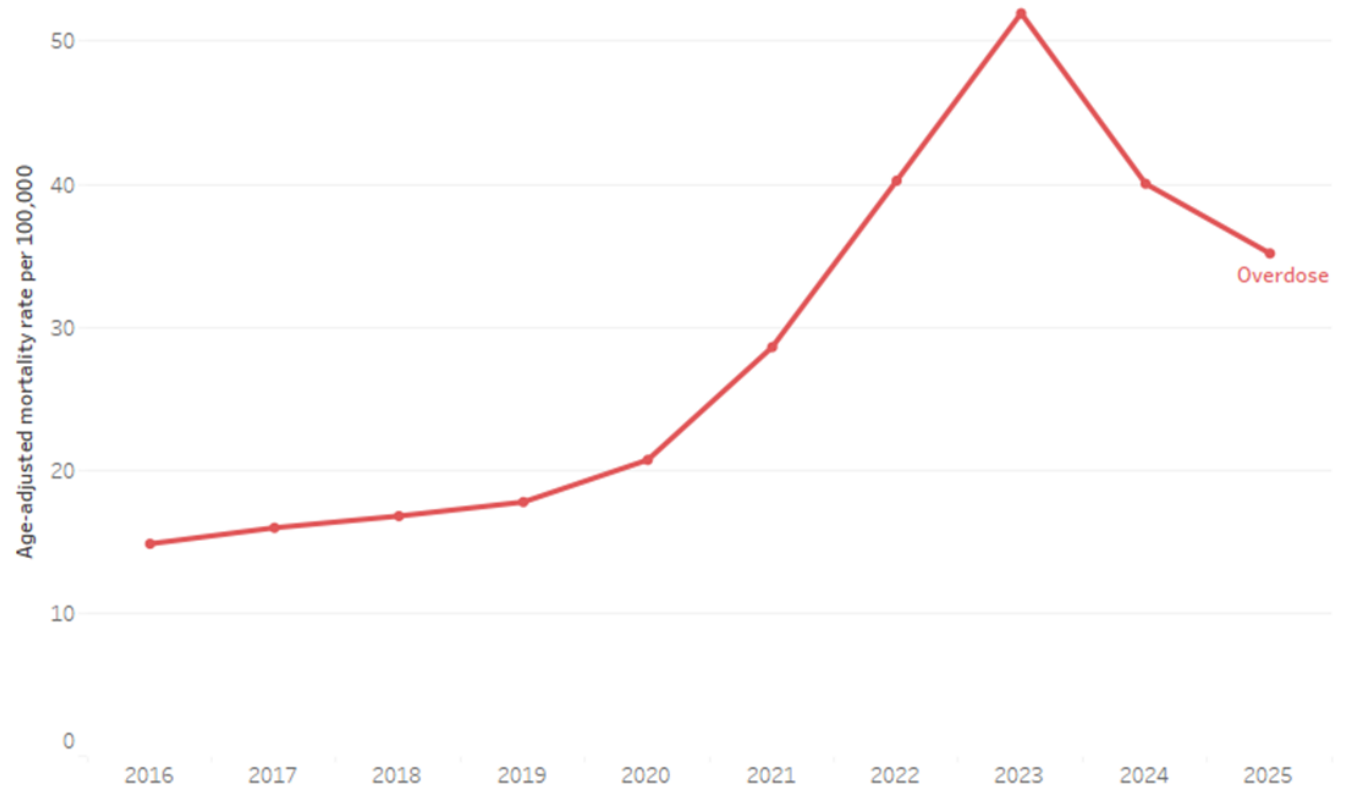


Behavioral Health & Substance Use

(overdose, substance use)

The overdose mortality rate in King County more than tripled between 2018-2023 and has since declined

- Fentanyl fueled the rapid increase in overdose deaths.
 - Overdose mortality rates decreased 32% from 2023-2025.
 - Nonetheless, 2025 overdose rates remain elevated relative to historical (pre-2022) data.
 - The rate of fatal overdose in 2025 was:
 - **2.9x higher*** among Black/African American people
 - **1.4x higher*** among Latino/Hispanic people
 - **1.3 - 6.3x higher*** among AIAN people (depending on how race/ethnicity is categorized)
- *compared to all other groups in King County



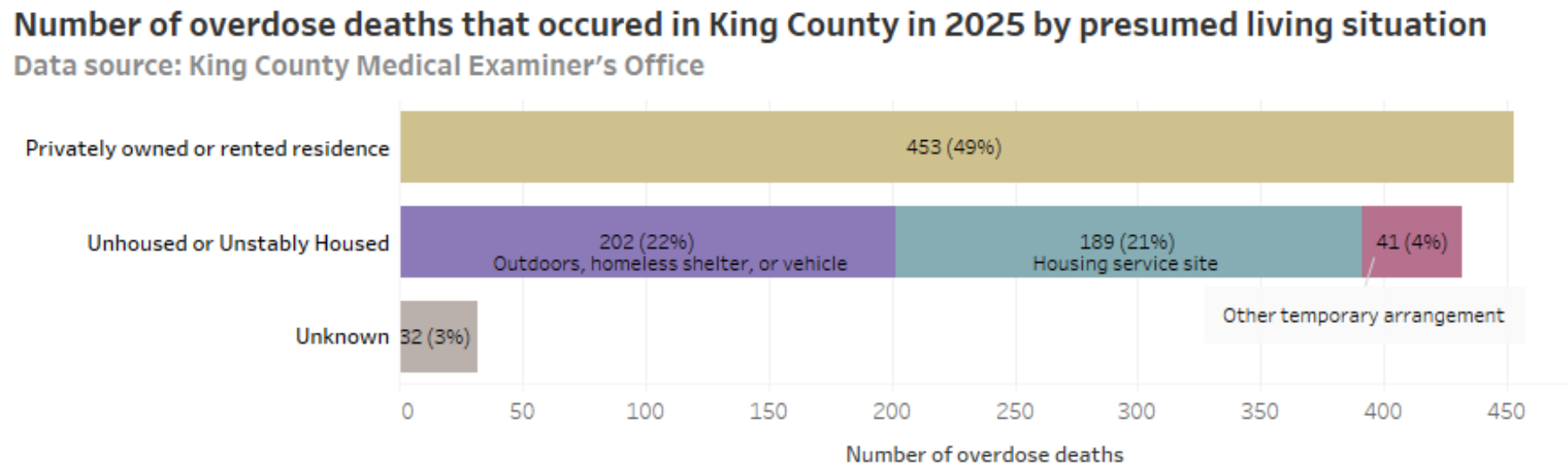
For more data and information visit: www.kingcounty.gov/overdose/data

Data source: King County Medical Examiner's Office, 2016–2025

January 29, 2026

Presumed living situation

- Almost half (47%) of all fatal overdoses occurred among people who were unhoused, living in temporary housing, or at a housing service site in 2025.

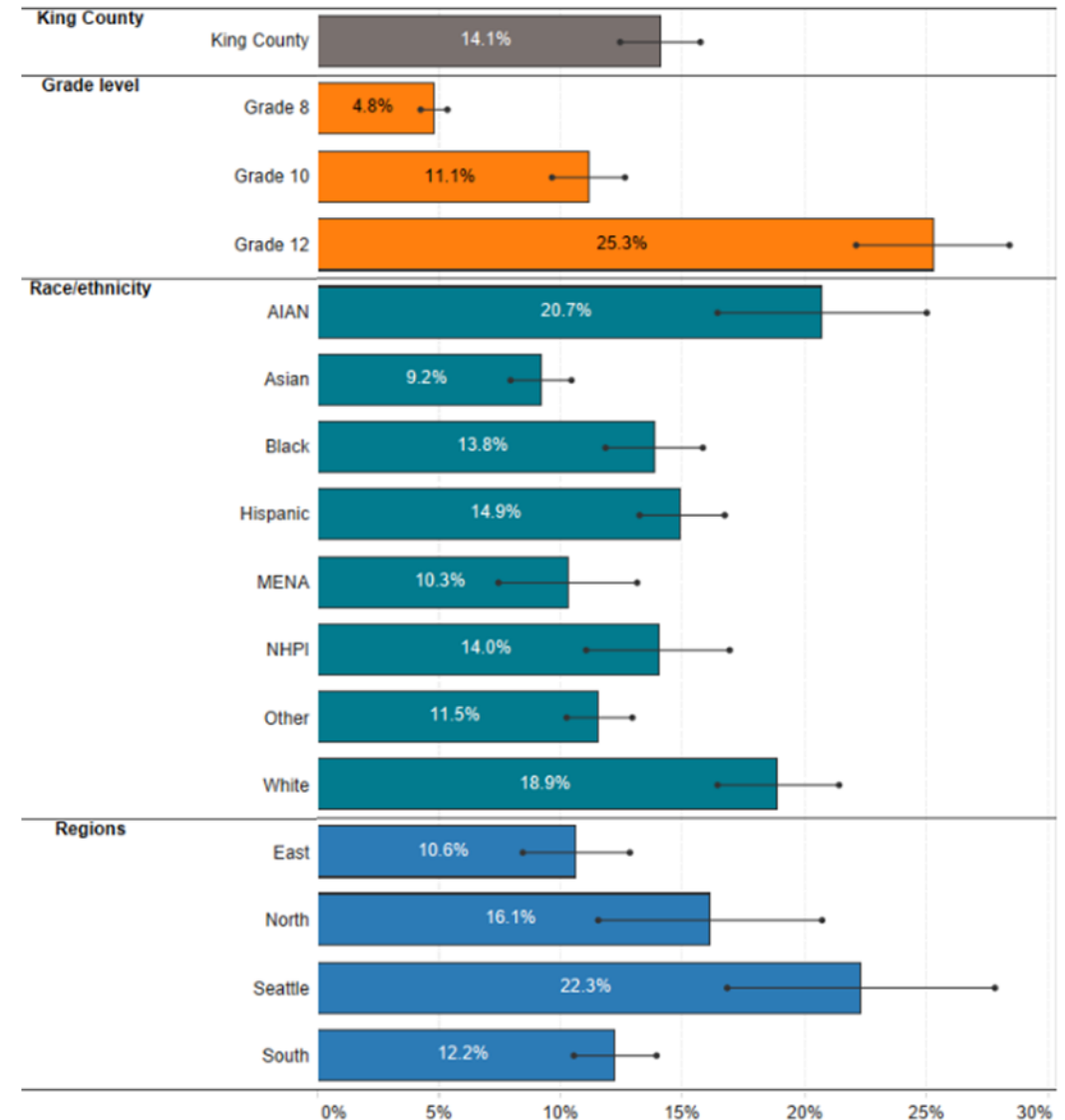


Note: Ascertainment of presumed living situation can be complicated by scarcity of information, conflicting information, and dynamic nature of housing service programs and locations. The categories are not necessarily mutually exclusive, meaning that some housing situations, like staying at a shelter, in a hotel/motel, in an RV, and couch-surfing may be inconsistently categorized. These categories do not align with other local or federal definitions.

1 in 4 Grade 12 students use alcohol, marijuana, painkiller or illegal drugs

- In 2023, 14.1% of King County 8th, 10th, and 12th graders reported use of alcohol, marijuana, painkiller, or other illegal drugs during the past 30 days.
- Youth identifying as Asian, MENA and Other race had lower reported use compared to other racial/ethnic groups.

Alcohol, marijuana, painkiller or any illegal drug use in the past 30 days (8th, 10th, 12th grades), King County (2023)





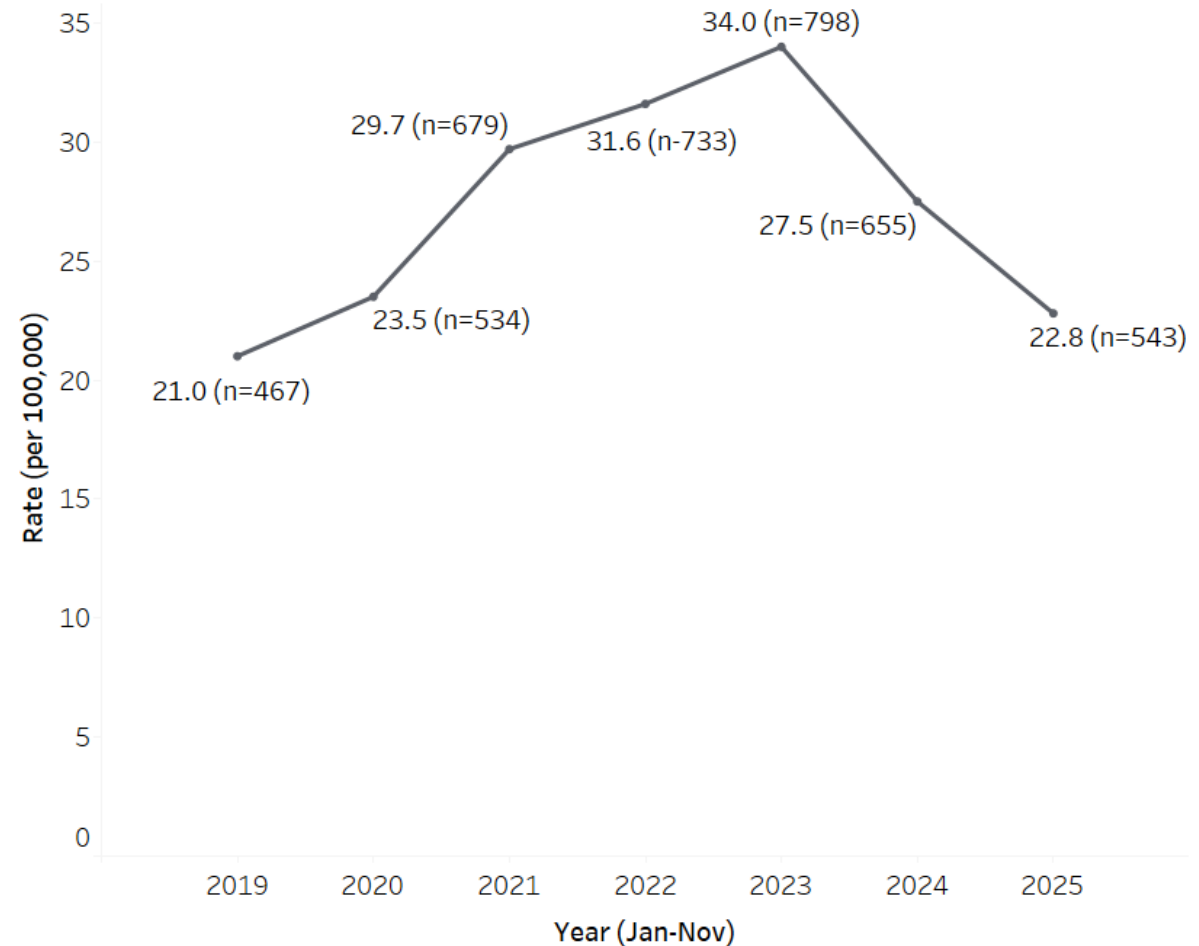
Firearm injuries

Firearm injuries declined in 2024 in King County, WA

'Part-year' data allows us to compare the 2025 data available so far to previous years while accounting for seasonal trends.

- In King County, firearm injury rates have been rising since 2019 to reach an all-time high in 2023. This represents a 62% rise between 2019 and 2023.
- In 2024, rates decreased steeply by 20% in one year (by about ~ 145 injuries countywide), the first decline since 2019.
- Available January-November 2025 data continues to show this promising declining trend which, compared to 2024, declined by 17% (or ~ 115 injuries countywide)

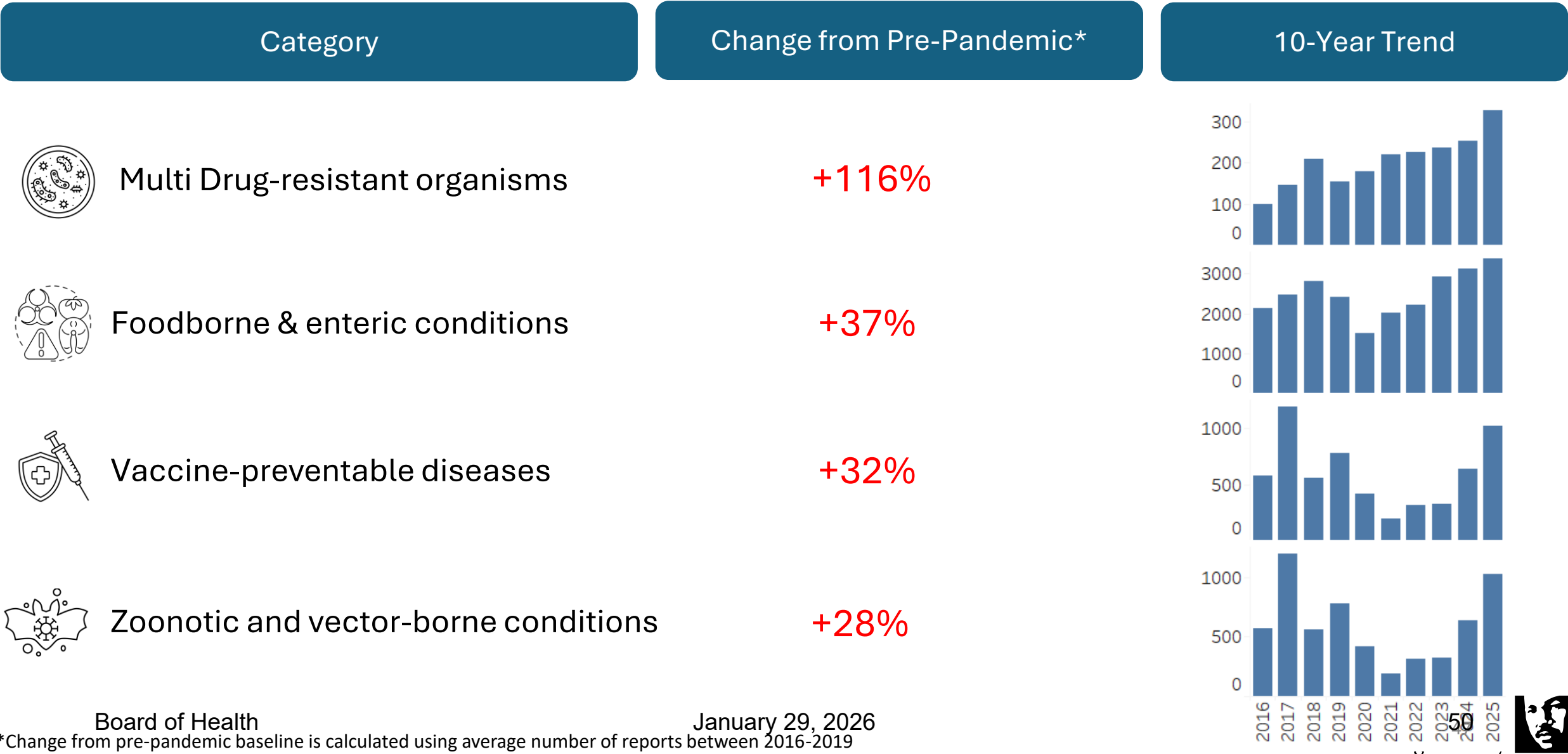
'Part-year' rates (January – November) over time



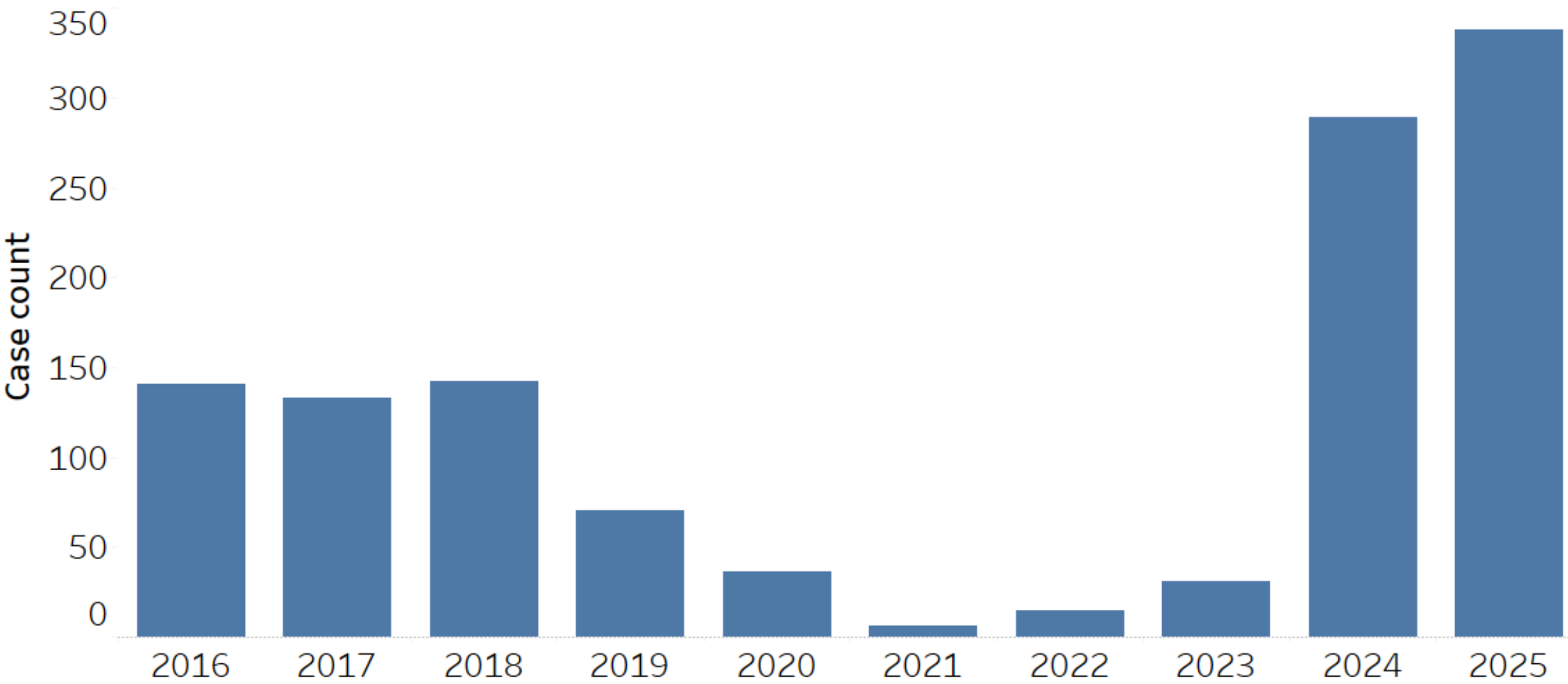


Communicable disease

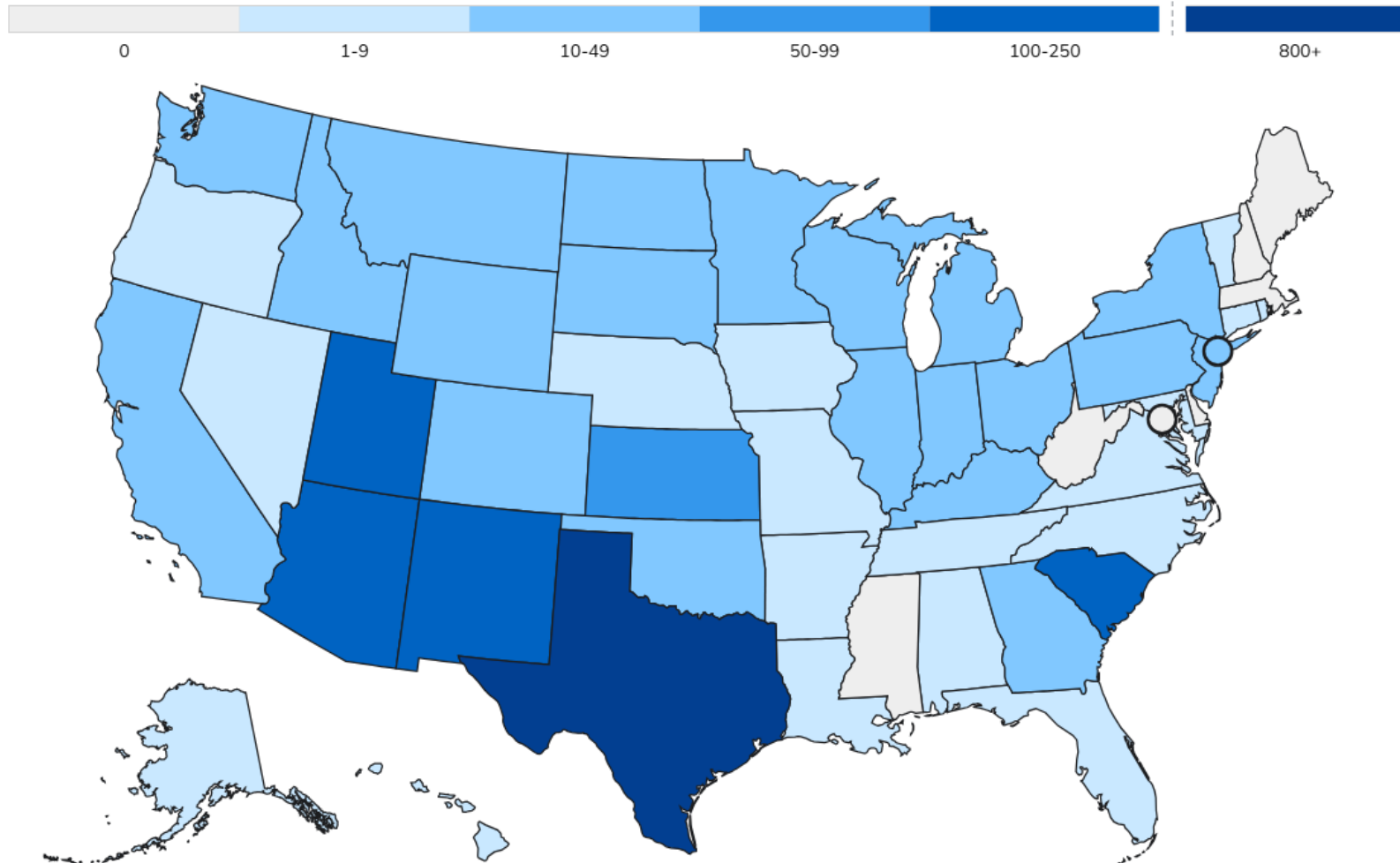
Communicable disease reports are increasing across all categories.



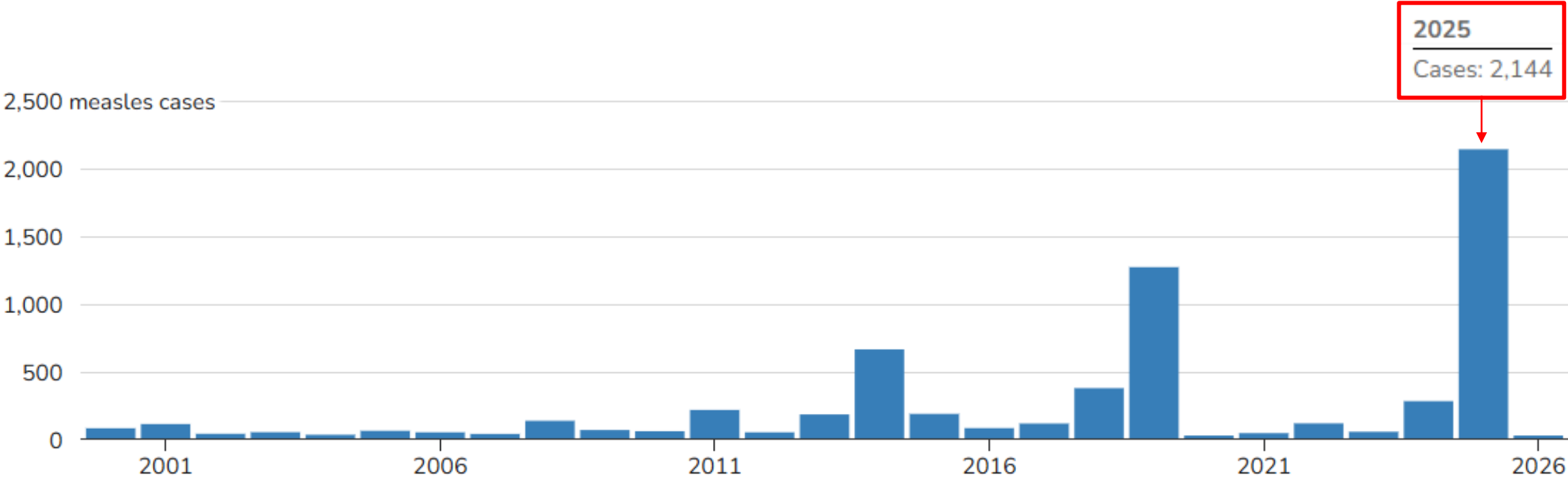
Pertussis cases, by year



In 2025, measles cases have impacted all regions of the United States.

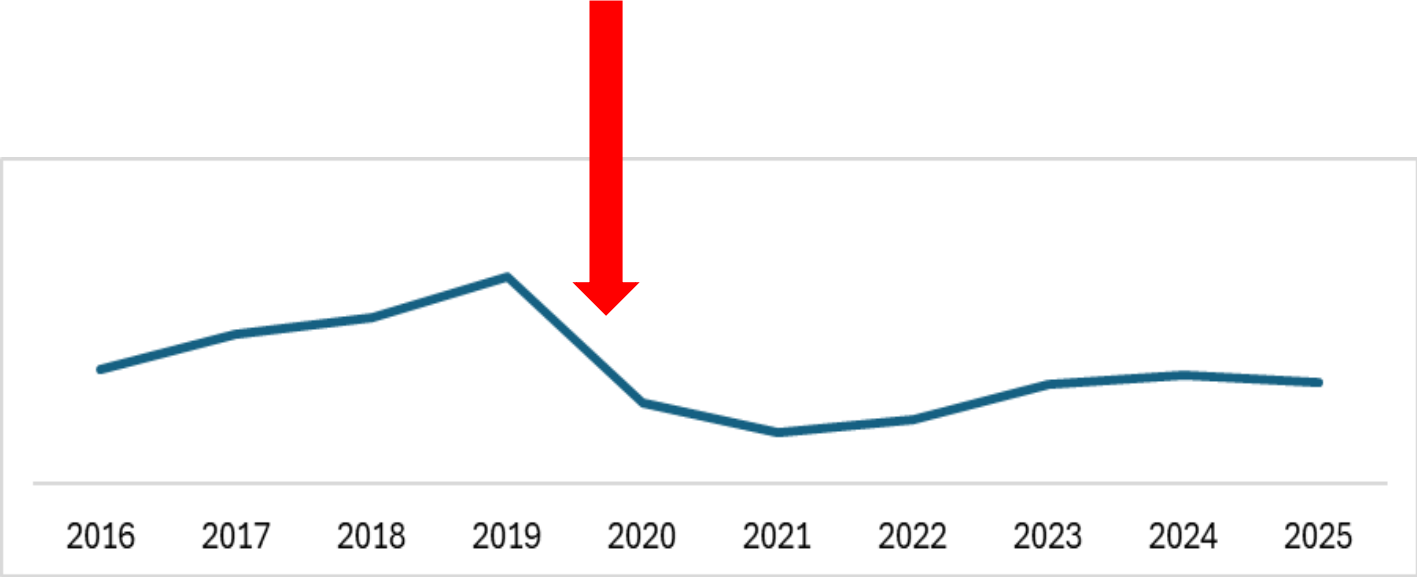


National measles cases have been increasing since 2000 with the highest yearly count in 2025.



Measles cases as of January 6, 2026
From <https://www.cdc.gov/measles/data-research/index.html>, accessed 1/13/2026
Board of Health January 29, 2026

**Measles, Mumps, Rubella Vaccination
Among Children Aged 5 Years Old**





Summary

Summary – What the Data Tell Us

- King County is large, diverse, and changing
- Overall health indicators are improving but disparities are widening
- Life expectancy differs dramatically by race, region, and income
- Communicable disease and injury-related threats remain significant
- High-quality data allow us to see these patterns clearly and act early

Protecting Public Health Data & Surveillance

- Data and assessment are public health infrastructure
- This work relies on Foundational Public Health Services funding
- Strong decisions require strong data.
- Protecting this work protects the Health of King County.

Thank you!

Questions? Contact:
KCBOHAdmin@kingcounty.gov



Preparing the 2026 Board of Health Workplan

Joy Carpine-Cazzanti
Board of Health Administrator
January 29, 2026

Workplan process

- **November and January:** Briefing and Discussion
- **February:** Discussion and Possible Action on Resolution adopting the workplan

Please note:

- The Chair sets the monthly meeting agendas.
- Agenda items may change as needed throughout the year.
- The Board typically meets ten times each year, as the August and December meetings are usually cancelled.

Potential Briefings

- Washington State Legislative Session Updates, Wrap-up after session ends
- Foundational Public Health Services funding
- Food establishment permitting/unpermitted food vending
- King County Regional Office of Gun Violence Prevention updates
- Overdose Prevention and Response
- King County Community Health Improvement Plan (CHIP)
- PHSKC Environmental Health Solid Waste future rate planning
- Hazardous Waste Management Program updates

Potential Briefings

- Transportation Safety: Electric scooters
- Maternal Mortality Review, Supporting Access to Pregnancy-related Health Care
- Sexual health: HIV progress, DoxyPEP, MPOX
- Gender affirming care, behavioral health outcomes
- Life Expectancy and Mortality Rates of Black Males, supporting healthy lives
- 2027 Workplan Discussion
- 2027 Legislative Priorities

Potential Rules & Regulations

- Spring briefing / Autumn vote: Proposed BOH Pet Business/Zoonotic Code and Rates

Potential Resolutions

- February: Adopting the 2026 Board of Health Workplan
- Winter/Spring: Supporting Foundational Public Health Services funding
- Spring: Recognizing World Tuberculosis Day on March 24
- Autumn: Expanding the Marine Recovery Area on Vashon Island

Workgroups

- Workgroup Template, adopted May 2025 – see meeting packet
- Proposed: Perinatal Workgroup
- Existing: Homelessness and Health Workgroup
 - Meets quarterly, next meeting in April

2027 Board Membership

- June: Briefing on 2027 membership and recruitment
- Positions expiring the end of 2026:
 - Two members representing public health facilities and providers
 - One member representing community stakeholders
 - One alternate representing community stakeholders
- Summer: If any members or the alternate don't opt to continue in 2027, Public Health will recruit to fill the position(s).
- Board Briefings: June, July, September, October
- August/September: Approximately 3 Boardmembers and Administrator interview candidates
- October: Board will consider resolutions identifying candidates for re/appointment.

Topics to address in Director's Reports/BOH Administrator Updates:

- Addressing health mis- and disinformation
- Crisis Care Center updates
- Emerging issues

Suggestions or questions?

Contact:

KCBOHAdmin@kingcounty.gov



KING COUNTY BOARD OF HEALTH WORKGROUP TEMPLATE

May 15, 2025 – Updated January 29, 2026

I. PURPOSE STATEMENT

The Chair of the King County Board of Health may create standing and ad hoc committees, or workgroups, to recruit and recommend new Boardmembers and Alternates or provide focused forums for Board members to collaboratively examine critical public health topics. Through balanced, data-informed discussions and a commitment to cultural competence, these workgroups aim to develop impactful recommendations, and align their activities with the Board's overarching strategic goals to promote health equity and well-being for all King County communities.

II. OBJECTIVES

1. Workgroup Topic Focus and Balanced Analysis

- Concentrate on the chosen workgroup topic, examining the issue from multiple angles.
- Encourage thoughtful debate and discussion that includes diverse perspectives.
- Emphasize cultural competence and equitable access in all considerations.

2. Recommendations

- The Workgroup should identify what action will result from the Workgroup's efforts – a proposed rule and regulation, proposed guidelines and recommendations, a proposed resolution, a briefing, a letter or another deliverable.
- If applicable, identify potential internal and external funding opportunities and resource needs to support recommended actions.
- Recommended actions should promote equity and address disparities within the community.

3. Performance Monitoring

- Report back as needed to the full Board on findings and proposed actions, ensuring transparency and accountability.

III. MEMBERSHIP & LEADERSHIP

A. Membership

1. Eligibility and Size

- Per BOH Code 2.04.035, Rule 2 section E: The chair may create standing and ad hoc committees of boardmembers and may appoint boardmembers and other persons to any committee to facilitate the performance of the board's functions. If the chair is not leading the committee or workgroup, the group may select a lead or co-leads.
- Each workgroup is limited to a maximum of 10 Board of Health members, ensuring the group does not trigger a quorum of 11 members.
- Board of Health Alternates count towards quorum only if the member they represent is not present.

2. Resignation and Inactive Status

- **Voluntary Exit:** Members may leave at any time by emailing the Chair and the Board Administrator.
- **Inactive Members:** Any member who misses two or more consecutive meetings should be contacted by the Chair to confirm their continued interest.

IV. SUGGESTED MEETING STRUCTURE

1. Frequency and Duration

- Workgroups meet as often as needed and agreed upon by the workgroup or as requested by the Chair.
- Standard meeting length is 1 hour to respect members' time, or as agreed upon to accomplish specific tasks.

1. Suggested Meeting Agenda

1. Call to Order and Welcome (2–3 minutes)
2. Approval of Agenda (1 minute)
3. Review of Previous Meeting's Notes or Actions (5–10 minutes)
4. Old Business / Ongoing Projects (10–15 minutes)
5. New Business / Main Discussion Topic (20–25 minutes)
6. Action Items and Assignments (5 minutes)
7. Additional Comments or Announcements (2–5 minutes)
8. Confirm Next Meeting Date & Adjourn (1–2 minutes)

2. Reporting to the King County Board of Health

- The Chair, a designated member or the Board Administrator provides updates to the King County Board of Health.

V. COMMUNICATION & TIMELINE GUIDELINES

1. Minimal Email Usage

- **Email Use:** Limit email communications to essential updates (e.g., meeting invites, major action items) to respect members' time and diverse language backgrounds.
- **Virtual Meetings:** Workgroups meet virtually unless otherwise agreed upon.

2. Workgroup Timing

- Workgroup activities begin or resume in February or later, allowing time for new Board leadership (elected in January) and any newly appointed members to join or settle in.
- Workgroup discussions should aim to wrap up or pause by or before the last King County Board of Health meeting in November. This ensures that outstanding topics are concluded before the holiday season and Board membership transitions.

3. Respect for Cultural and Linguistic Differences

- Keep messages and discussions clear and concise, considering varied language backgrounds.
- Maintain a welcoming environment that values diverse perspectives.
- Interpretation or translation services are available upon advance request to the Board Administrator.