Santa Clara County

PUBL!C HEALTH

STRATEGIC PLAN

2023-2026

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Letter from the Director

Dear Colleagues:

This Public Health Department (PHD) Strategic Plan serves as the roadmap to achieve our mission of protecting and improving the health and well-being of our community.

In the final months of 2019, PHD finalized its 2019-2022 Strategic Plan. Collaboratively developed by PHD staff and partners, the plan outlined high-impact goals, objectives, and strategies centered on advancing racial and health equity, partnerships, policy, data and technology, and workforce development. We couldn't wait to get started.

Then came the COVID-19 pandemic, and our attention urgently shifted.

Over the past three years, many PHD staff were redirected to full-time disaster service and emergency response functions. Others carried out essential Continuity of Operation (COOP) roles, often carrying the workload of their entire team to ensure that our essential public health services and programming remained uninterrupted. Unsurprisingly, we did not have the opportunity to implement or evaluate the 2019-2022 Strategic Plan in a concerted way.

Looking back at the three years since our last strategic plan, it is evident that our world is different, our community is different, and our Department is different. In addition to the COVID-19 pandemic, PHD underwent substantial changes, including the creation of our Science Branch, integration with the Department of Environmental Health, and expansion of our workforce.

Despite these many changes, we realized that our commitment to the pillars of our prior strategic plan remained unchanged: advancing racial and health equity, driving policies, expanding partnerships, leveraging state-of-the-art technology, and building an engaged and supported workforce. The 2023-2026 Strategic Plan represents the same five priority areas, with objectives and strategies that have been thoughtfully revised to integrate lessons learned during the COVID-19 pandemic and to reflect our major organizational changes.

As we move forward with these five key pillars guiding us, we know that every single person in our expanded Public Health Department will play a role in achieving these goals. We look forward to working together to ensure that the residents of Santa Clara County can thrive in a healthy and safe community.

Sincerely,

Sara H. Cody, MD
Health Officer and Public Health Director
County of Santa Clara Public Health Department

About Us

The County of Santa Clara Public Health Department's mission is to protect and improve the health and well-being of our community. We work to prevent disease and injury, promote healthy lifestyles, create healthy environments, use data to inform decision-making, and advocate for policy and systems changes that advance racial and health equity. We care deeply about our mission and work daily across the Department and with our partners to achieve our vision for all people to thrive in healthy and safe communities.

Our vision rests largely on social determinants of health, like access to high-quality education, income, wealth, and social structures, because these in turn determine access to safe and healthy housing, neighborhoods, green spaces, transportation, nutritious foods, affordable healthcare, and social and emotional support and inclusion.

Historical legacies, structures, and systems continue to drive inequity and exclude many groups, especially people of color, from full and equitable access to these fundamental building blocks for health. Meaningful progress will require a shift towards addressing the inequitable allocation of resources and opportunities within and across our communities. Our 2023-2026 strategic plan supports this shift by prompting us to work in new ways and with new and existing partners, while strengthening our foundational capabilities.

Vision: All people thrive in healthy and safe communities

Mission: To protect and improve the health and well-being of our community

Core Values:

| Equity	Diversity and Collaboration	Accountability	Integrity	Impact
We integrate strategies into our work that address injustices and structural inequities to eliminate health disparities and increase protective factors	We commit to diversity, inclusion, belonging, and community partnership in all that we do	We value bidirectional partnerships to hold us accountable for effective, evidence-based, and community-responsive work	We build trust through open, honest, and transparent communication and by staying true to our commitments	We use scientific evidence and best practices to ensure positive impact for our communities

Our Organizational Structure

We chose a tree for the cover of this report because it symbolizes our focus on growth, renewal, and connection. A tree also represents how the Public Health Department is organized across six branches. Each branch is focused on key components of public health, and teams across branches collaborate internally and with community partners to advance our mission.

The Office of the Director can be thought of as the roots of a tree—providing foundational support and grounding across the department. Our roots are nourished by community diversity and resources that allow us to support our most vulnerable populations and create benefits for the entire community.

Our Science Branch is our trunk, supplying data needed for our branches and programs to make evidence-based decisions, leverage technology, and facilitate process improvement across the department.

Our Environmental Health, Healthy Communities, Infectious Disease and Response, and Maternal Child and Family Health branches work in our communities and with our partners to design and implement community-based services, programs, and initiatives to protect and improve the health and well-being of the local community.

In partnership with the community, we work and grow together to achieve our vision and mission.
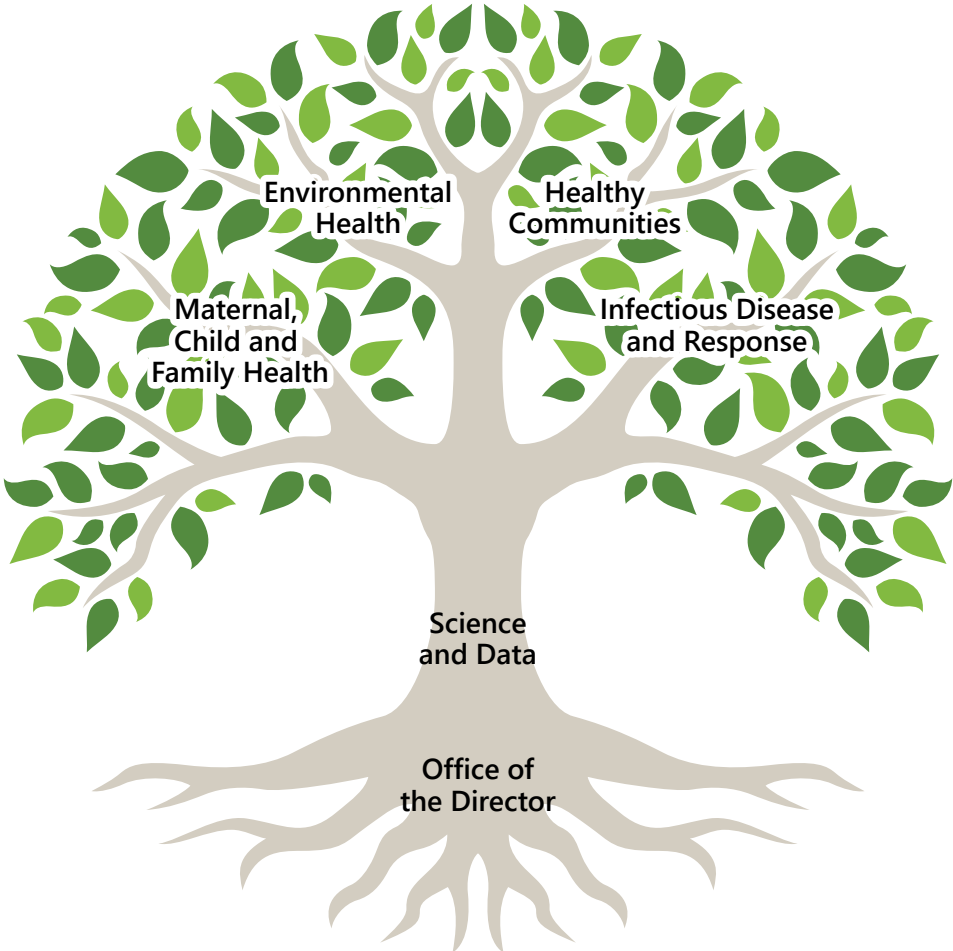
Organizational Evolution

In February 2021, the Department of Environmental Health (DEH) re-joined the Public Health Department (PHD). It had been almost 30 years since PHD and DEH operated as a single, comprehensive health department. This change corresponds with the recommendation of the American Public Health Association, which considers environmental health to be a core component of public health. As they note, "We shape our built, social, and natural environments, and these environments also shape our well-being in countless ways."

DEH enhances the quality of life for those who live and work in Santa Clara County by protecting public health and the environment, educating the public, and implementing and enforcing local, state, and federal environmental laws. The DEH team regulates home-based kitchens, retail food safety, lead abatement, swimming pools, small drinking water systems, onsite wastewater systems, above and underground storage tanks and cleanup, and medical and hazardous materials and waste management. This focus on community safety and health creates exciting opportunties for collaboration and mutual learning.

Moreover, this reunion of our two organizations positions the County to better respond to future emergencies, effectively address the complex health needs of our community, and address both long-standing and emerging environmental justice issues. In particular, reuniting allows us to work together to address the needs and desires of the people most impacted by environmental health risks.

Over the next three years, the Public Health Department will undergo comprehensive planning to further weave together our operations, workforce, and priorities. This planning will create opportunties for mutual learning between PHD and DEH, promote integration and commitment to racial and health equity, and unite our workforce under our shared vision that all people thrive in healthy and safe communities.

Executive Summary

This executive summary presents an overview of the strategic direction for the County of Santa Clara Public Health Department. These five pillars support our mission and vision to protect and improve the health and well-being of our community so that all people thrive in healthy and safe communities.

■ Racial and Health Equity

- Ensure our programs address communities impacted by structural racism to eliminate the root causes of inequitable health outcomes.
- Collaborate with partners to strengthen community engagement practices.
- Enhance departmental capacity to advance racial and health equity.

■ Policy

- Develop, monitor and promote public policy that promotes racial and health equity, safeguards the environment, and protects public health.
- Provide opportunities for staff to engage with public health policy.

■ Partnerships

- Build cross-sector partnerships that improve health outcomes.
- Improve collaboration between public health and health care delivery systems to advance racial and health equity.

■ Technology and Data

- Invest in technology and improve access to quality data to better assess public health status, especially in the area of racial and health equity.
- Increase the use of public health data by staff, county partners, policy makers, and other agencies to inform public health actions.

■ Workforce Development and Staff Engagement

- Recruit and retain well-qualified candidates who reflect the diverse communities that the County serves.
- Develop a culture of recognition, learning, and engagement.
- Create multiple pathways to leadership positions.

Strategic Planning Process

Public Health Department (PHD) staff, managers, and executives engaged in a multi-stage process to develop this Strategic Plan from January to June 2023. Planning commenced with a review and update of the PHD vision, mission, and core values. Next, nearly 200 staff representing all branches in the Department attended listening sessions and provided feedback on the goals, objectives, and strategies last developed in 2019. Staff recommend components of the plan to carry forward into the 2023-2026 strategic plan, identified gaps, and suggested opportunities for alignment with other strategic or programmatic areas in the Department, County, and community.

In March 2023, over 60 PHD staff with rich subject matter expertise across the five priority areas of the plan convened five working groups—each dedicated to one of the plan's priority areas. Each working group reviewed and refined the plan goals, objectives and strategies, and developed accompanying implementation and evaluation plans.

Inviting and integrating feedback on our strategic plan from diverse partners and stakeholders was a key component of the planning process. In April and May 2023, the Public Health Department,

through an independent consultant, conducted 16 key stakeholder interviews and focus groups with a total of 18 individuals representing different racial/ethnic groups, geography, and sectors. Stakeholders represented community health clinics, non-profit organizations, grassroots groups, businesses, healthcare systems, and academic institutions. Feedback from community members validated that the five core priorities in the strategic plan remain highly relevant and illuminated opportunities for future collaboration with community partners on implementing the plan's strategies.

Between April and May 2023, over 20 County partners representing various agencies in the County of Santa Clara provided input on this plan: County Executive's Office; Office of Diversity, Equity, and Belonging; County Counsel; Labor Relations; Employee Services Agency; County of Santa Clara Health System; Technology Services and Solutions; Intergovernmental Relations; County of Santa Clara Health System Office of Governmental Affairs; and Labor Relations. Our County partners helped identify areas of alignment and shared goals across our departments.

STRATEGIC PRIORITY
Racial and Health Equity

We have made great strides in health over the last 100 years, but these health advances have not helped everyone equally. There are drastic and ongoing differences in the health status of various populations, particularly among racial and ethnic groups. By addressing the root causes of why some communities have fewer opportunities and resources than other communities, we can change unjust governmental policies and practices, especially those that harm communities of color. This is why the Public Health Department leads with race and commits to addressing unequal health outcomes. To do this, the Department will continue to strengthen community partnerships and invest in building staff capacity to ensure we are not excluding or burdening communities of color.

Goal: Eliminate the root causes of unequal health outcomes

Racial and Health Equity

■ OBJECTIVE 1

Transform systems, structures, and policies that create health inequities and structural racism.

Strategy 1.1: Develop a racial health equity workplan to highlight the root causes of unequal health outcomes and promote the value of racial equity.

Strategy 1.2: Collaborate with partners to identify and address racially unfair conditions.

Strategy 1.3: Guide Departmental operations to proactively consider race and health impacts across policies, programs and services.

■ OBJECTIVE 2

Collaborate with partners to strengthen community engagement practices that promote racial equity, justice, and fairness in mutually beneficial ways.

Strategy 2.1: With community partners, co-develop guiding principles that prepare Public Health employees to conduct meaningful community engagement.

Strategy 2.2: Expand the number of Department programs that implement community engagement guiding principles.

Strategy 2.3: Uplift community voices in all decision-making that directly impacts them.

■ OBJECTIVE 3

Enhance Departmental capacity and practice to advance racial and health equity.

Strategy 3.1: Improve data quality, collection, analysis, publication, and communication to inform Department priorities on health equity.

Strategy 3.2: Organize Department operations to address race and health impacts across policies, programs, and services.

Strategy 3.3: Build capacity among Department staff to apply racial and health equity principles into their work.

Strategy 3.4: Embed cultural humility principles and healing-centered practices into our work.

Policy

Governmental health agencies have a responsibility to protect the health of the public, safeguard the environment, and promote racial and health equity. A critical way to meet this responsibility is through policy, which is a plan of action that becomes reality through creating laws, rules, budgets, and regulations at the local, state or federal level. Public health policy specifically focuses on advocating for, evaluating, and enforcing policies that enhance health equity. To achieve this goal of health equity, we will build policy analysis and advocacy skills across the Public Health workforce, strengthen community partnerships to advance policies, and promote policies that support our mission.

Goal: Shape policy to promote positive health outcomes and racial and health equity in the county.
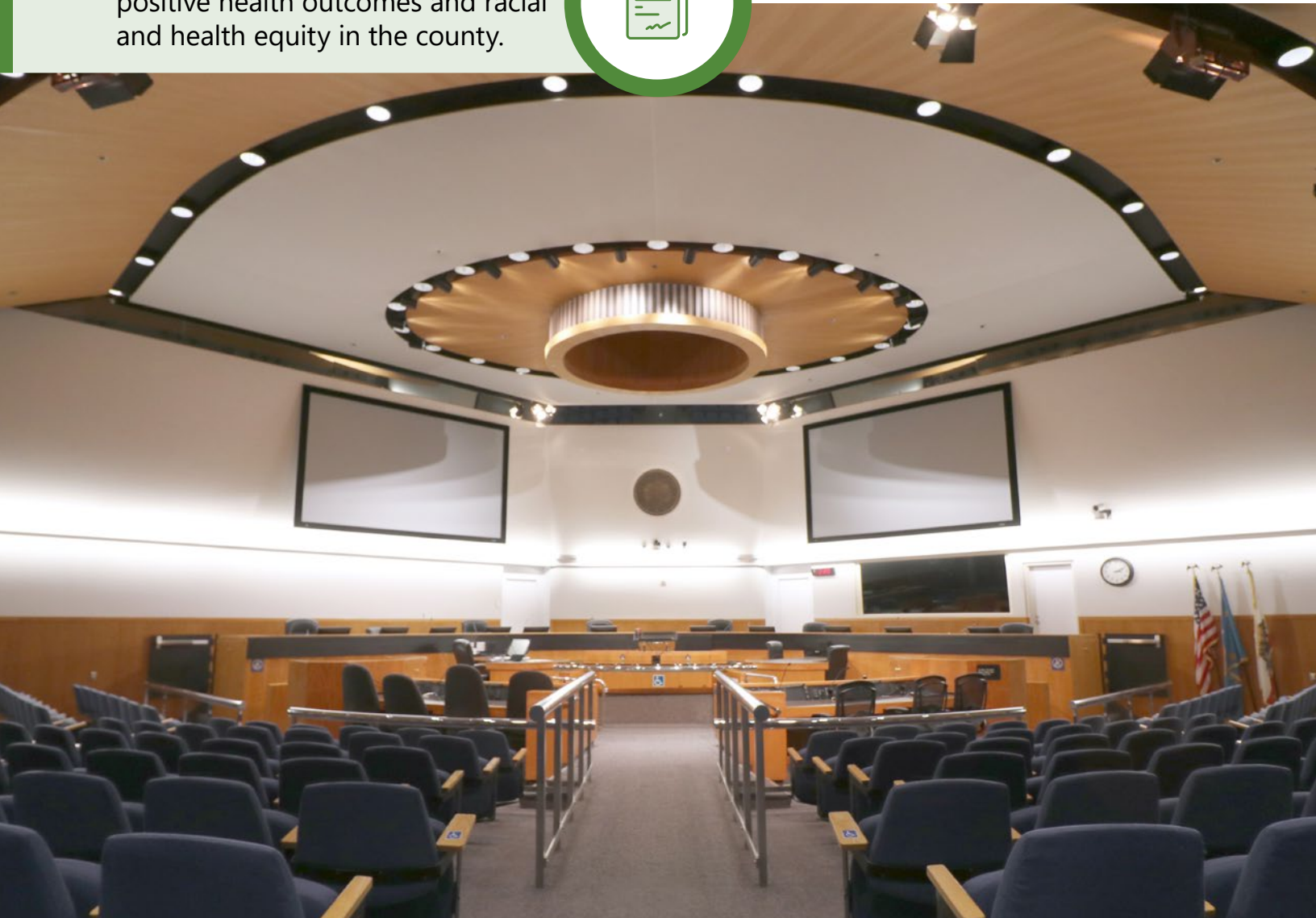
Policy

■ OBJECTIVE 1

Develop and implement a public policy agenda that prioritizes policies at the local, state, and federal levels that positively impact health, protect the environment, and promote racial and health equity.

Strategy 1.1: Identify policy priority areas and the role of the Department in advancing each area.

Strategy 1.2: Develop and execute an operational plan with internal and external partners to implement the policy agenda.

■ OBJECTIVE 2

Monitor, guide, and respond to local, state, and federal policy to advance public and environmental health priorities.

Strategy 2.1: Develop a coordinated tracking system to monitor and/or respond to local, state, and federal policy, including associated criteria and timelines.

Strategy 2.2: Determine specific roles in advancing key laws, rules, budgets, and regulations in line with policy priorities with internal and external partners.

Strategy 2.3: Align and coordinate strategies for advancing laws, rules, budgets, and regulations with other jurisdictions, advocacy groups, and organizations with similar goals.

■ OBJECTIVE 3

Develop Departmental infrastructure for coordination and communication of policy efforts.

Strategy 3.1: Clearly communicate policy priorities, emerging issues, and opportunities for learning and engagement to the workforce.

Strategy 3.2: Institute a Departmental working group to prioritize and coordinate policy efforts and build Department infrastructure.

Strategy 3.3: Develop skills, knowledge, and willingness across the Department to actively engage in activities to support the policy agenda and priorities.

Strategy 3.4: Expand capacity for policy promotion through recruitment of personnel, funding, partnership development, and allocation of existing resources.

STRATEGIC PRIORITY
Partnerships

Achieving racial and health equity requires broad, cross-sector partnerships to effectively address the full array of complex factors impacting community health. Such partnerships can include entities like local health care systems, other government agencies and departments, private sector organizations, academia, community-based organizations, grassroots groups, local leaders and individuals. Strategic partners who share a common vision are key to successfully addressing inequities that impact health.

Goal: Cultivate and strengthen cross-sector partnerships for collective impact on health.

Partnerships

■ OBJECTIVE 1

Build cross-sector partnerships to improve health outcomes.

Strategy 1.1: Build Departmental infrastructure to facilitate and coordinate meaningful community engagement.

Strategy 1.2: Strengthen existing and new partnerships to leverage resources, decision-making, and expertise that advance public health priorities.

Strategy 1.3: Establish new partnerships for robust and meaningful engagement to advance Public Health priorities.

■ OBJECTIVE 2

Improve strategic collaboration between Public Health and health care delivery systems to advance racial and health equity.

Strategy 2.1: Build, improve, and expand the coordination of County of Santa Clara Health System and Public Health services and resources.

Strategy 2.2: Build and strengthen partnerships with County agencies for robust cross-system engagement.

STRATEGIC PRIORITY
Technology and Data

Advances in technology and increases in the availability and diversity of electronic data offer enormous opportunities for improving local public health action and organizational efficiency. These improvements will support more rapid access to data, increase data quality, enhance identification of emerging health needs, and provide new ways to communicate health priorities. In addition, methods and tools for integrating the viewpoints of community members offer avenues for engagement with those who too often do not have a way to participate in decisions that impact their health. Realizing these benefits will require broader investments in technology and a trained public health workforce with the skills and insights to use them effectively.

Goal: Invest in modern technology and improve access to data to assess health status in the county and inform public health actions.

Technology and Data

■ OBJECTIVE 1

Enhance the breadth, timeliness, accuracy, accessibility, and transparency of data to better understand current health status and shape County public health strategy and policy.

Strategy 1.1: Improve data collection and management; increase capacity for systems integration, data quality, data privacy and security; and expand reporting capabilities.

Strategy 1.2: Enable electronic data exchange with other County departments and between regional and state agencies to improve population and environmental health.

■ OBJECTIVE 2

Develop staff capacity to use data to make decisions, enhance performance and quality, communicate progress, improve population health, and achieve racial health equity.

Strategy 2.1: Assess staff competencies around using technology and data for decision-making; improving data performance and quality; and communicating progress.

Strategy 2.2: Ensure that staff have the training, tools, and technology needed to use data to make decisions, improve data performance and quality, and communicate progress.

Strategy 2.3: Align job specifications, recruitment, and hiring processes with the skills necessary to access, use, and analyze data for program planning and performance management.

Strategy 2.4: Improve financial tracking to advance fiscal efficiency and accountability for allocation of public funds.

■ OBJECTIVE 3

Increase the use of public health and environmental health recommendations by external county partners and policymakers.

Strategy 3.1: Identify strategic partners and key audiences and assess how they will use public and environmental health data and recommendations.

Strategy 3.2: Analyze data to assess the health status of those who live and work in the county to provide recommendations for lowering disease rates and reducing health inequities.
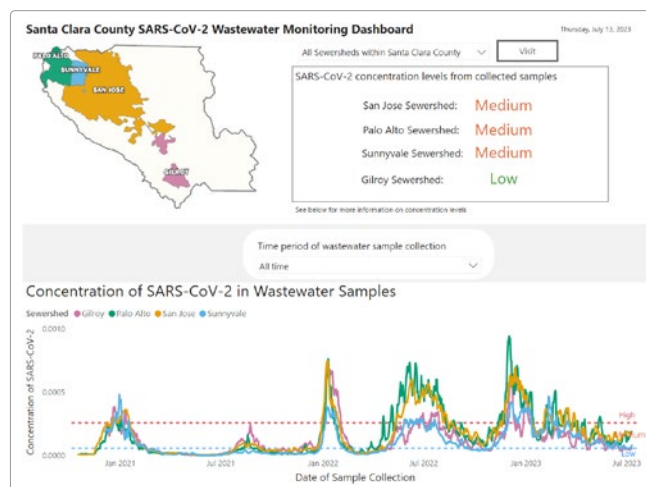
STRATEGIC PRIORITY
Workforce Development and Staff Engagement

The evolving field of public health requires an educated, nimble, and diverse workforce that embraces consistent growth of their knowledge and skills. A successful Public Health Department supports, encourages, and invests in that growth. As our Department works to enhance individual and organizational performance, we must make an equal effort to increase staff engagement and support a culture of care and belonging, anchored in our vision, mission, values, and strategic direction.

Goal: Build and inspire a diverse team to advance racial and health equity through bold, effective action around public health priorities.

Workforce Development and Staff Engagement

■ OBJECTIVE 1

Using an equity lens, recruit well-qualified candidates to ensure the Public Health Department workforce includes and reflects the diverse communities the County serves.

Strategy 1.1: Apply an equity lens to assess the effectiveness of Department hiring processes and implement improvements to achieve hiring goals.

Strategy 1.2: Collaborate with traditional and non-traditional partners to strengthen and diversify the Public Health pipeline, including ensuring students from communities most impacted by structural inequities are equitably recruited and considered.

Strategy 1.3: Strengthen partnership with the County's Employee Services Agency to enhance recruitment outcomes, hiring, and referral processes.

Strategy 1.4: Establish a comprehensive media recruitment strategy to attract a diverse pool of candidates, including ensuring candidates from communities most impacted by structural inequities are equitably recruited and considered.

■ OBJECTIVE 2

Retain and develop staff by providing tools and opportunities to grow and advance personally and professionally.

Strategy 2.1: Conduct a retention analysis to identify opportunities and systems improvement.

Strategy 2.2: Communicate Departmental guidelines, tools, and staff support for equitable promotional opportunities.

Strategy 2.3: Update and expand onboarding and employee orientation procedures.

Strategy 2.4: Adopt practices that support work/life balance for all employees.

Strategy 2.5: Create a development and support system for leaders and managers that promotes inspirational and compassionate leadership, staff engagement, and capacity for change.

Strategy 2.6: Develop a comprehensive system of professional development for staff that will promote continuous learning through trainings, leadership, and promotional opportunities.

■ OBJECTIVE 3

Transform the work environment to enhance equitable opportunities for staff satisfaction, engagement, and wellness practices.

Strategy 3.1: Create equitable opportunities where staff are acknowledged, empowered, and engaged.

Strategy 3.2: Prioritize equity by ensuring psychological and other forms of safety, wellness, and well-being are achieved in the workplace.

Glossary

BELONGING: More than just being seen or feeling included, belonging entails having a voice and the opportunity to use it to make demands upon society and political institutions. Belonging is more than having access; it is about the power to co-create the structures that shape a community. *Source: Othering and Belonging Institute*

BEST PRACTICES: Procedures that have been shown by research and experience to produce optimal results and that are established or proposed as a standard suitable for widespread adoption. *Source: National Institute of Science and Technology*

COMMUNITY ENGAGEMENT: The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. *Source: Principles of Community Engagement, Centers for Disease Control and Prevention*

COMMUNITIES OF COLOR: A term used primarily in the U.S. to describe communities of people who are not identified as white, emphasizing common experiences of racism. *Source: City of Portland Office of Equity and Human Rights*

CULTURAL HUMILITY: A lifelong process of self-reflection and self-evaluation to learn about one's own and others' cultures and to find ways to fix power imbalances. *Source: Tervalon and Murray-Garcia (1998)*

DIVERSITY: The various characteristics and ways in which individuals or groups differ from one another. Diversity encompasses different races, ethnicities, sexual orientations, etc., as well as belief systems, ideas, and values. Diversity is necessary but not sufficient to achieve equity, which demands an ongoing commitment not just to include, but to value and empower, all people. *Source: California Department of Public Health*

EQUITY: Just and fair inclusion into a society in which all are valued participants allowed to prosper and reach their full potential. *Source: PolicyLink*

EQUITY LENS: A critical thinking approach to undoing racial and economic disparities by evaluating burdens, benefits, and outcomes to marginalized communities. *Source: City of Portland Office of Equity and Human Rights*

EXTERNAL PARTNER: Partners, stakeholders, or entities that are not part of the County of Santa Clara government system. External partners may be non-profit organizations, grass roots groups, businesses universities, community clinics, etc.

INCLUSION: The action or state of including or of being included within a group or structure. More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging. *Source: Annie E Casey Foundation*

INEQUITY: Systematic differences in outcomes of different population groups. These inequities have significant social and economic costs both to individuals and societies. These differences are avoidable, unjust and unfair. Albeit not exhaustive, examples of inequities include: violence, substance abuse, mental health, criminal justice system, lack of access to health care, digital inequality, income inequality, neighborhood conditions, access to education, and transportation. *Sources: CDC, PolicyLink, WHO*

INTERNAL PARTNER: Agencies or departments that are part of the County of Santa Clara government system, such as Employee Services Agency, Technical Services and Solutions, or the Office of Diversity, Equity and Belonging.

MARGINALIZED COMMUNITIES: Communities that are (intentionally or unintentionally) distanced from access to power and resources and constructed as insignificant, peripheral, or less valuable/privileged to a community or "mainstream" society. Marginalized communities or people are those excluded from mainstream social, economic, cultural, or political life. S*ource: University of British Columbia, Equity and Inclusion Glossary of Terms*

NON-TRADITIONAL PARTNER: Organizations that would not traditionally serve as a source for recruiting employees into public health.

OUTCOME: A future state of being resulting from a change at the jurisdiction, department, or program level. *Source: Government Alliance on Race and Equity, Getting to Results*

PEOPLE OF COLOR (POC): A term born out of the antiracism movement used to describe nonwhites. The term is meant to be inclusive among nonwhite groups, emphasizing common 12 experiences of racism and oppression and resistance against it. *Source: Hollins and Govan: Diversity, Equity, and Inclusion*

PUBLIC HEALTH: Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world. The term public health is used throughout this strategic plan to signify the science and field of public health. When capitalized, the term Public Health is used to refer to our Department's goals, objectives and strategies. *CDC Foundation*

POLICY: Laws, rules, budgets, or plans passed by a local, state, or federal government.

RACIAL EQUITY: Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color. *Source: Race Forward*

SAFETY: The degree to which people view their environment as conducive to taking interpersonal risks, like speaking up or asking for help. It enables learning and change to occur.

STAFF ENGAGEMENT: Engaged staff are involved in, enthusiastic about and committed to their work and contribute to their organization in a positive manner. Engaged staff believe that their basic workplace needs are met and that they have a chance to contribute, experience a sense of belonging, and enjoy opportunities to learn and grow. *Source: Gallup*

STRUCTURAL INEQUITY: The ways in which history, culture, ideology, public policies, institutional practices, and personal behaviors and beliefs interact to maintain a hierarchy that favors dominant groups and burdens marginalized communities. *Source: Oregon Public Health Department*

STRUCTURAL RACISM: A history and current reality of racism across all institutions, combining to create a system that negatively impacts communities of color. *Source: Government Alliance on Race and Equity*

WELL-BEING: Well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. Well-being can be physical, emotional, financial, mental, or social. *Source: Centers for Disease Control and Prevention*

Glossary adopted from the County's Budget Equity Tool. Definitions were developed in partnership with the Office of Diversity, Equity and Belonging.

Acknowledgments

■ Our Partners

Thank you to our community and County partners who helped shape this strategic plan.

Aimee Reedy	Indira Choudhuri	Michelle Quon
Alma Burrell	Jana Mannan	Mike González
Amber Siddle-Manas	Jennifer Kelleher Cloyd	Monica Allen
Amy Carta	Jennifer Ngo	Norah Nodhal
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Armando Ricardez	Jessica Marr	Rick Gable
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Elaine Trinh	Melissa Lovato	Tim Ong
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Special thanks to the Division of Equity and Social Justice for use of their partnership icon in this plan.

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