

Guiding Principles Brainstorm

CO PUC
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Justin Schott, Director - Energy Equity Project
jbschott@umich.edu

Tyler LaBerge - CO PUC / Energy Equity Project
tlaberge@umich.edu



Meeting goals

- Let our creativity flow
- Crowdsource from our collective genius
- Holistic set of meaningful principles to choose from

Agenda

- Guiding principles development process (15 min)
- Mural tutorial (5 min)
- Drafting principles (40 min)



Equity Framework Contents

1. Context - historical, SB 21-272, community
- 2. Vision & Guiding Principles**
3. Internal applications - quantitative targets & metrics, qualitative best practices
4. Guidance to apply the four dimensions “in all of our work”

RECOGNITION

PROCEDURAL

DISTRIBUTIVE

RESTORATIVE



What's a guiding principle?

- Concise, 1-2 sentence statement → headline or slogan
- Overarching reach and application
- Specifies where we want to go (vision), but not necessarily how we will get there

Examples:

- We will comprehensively assess and remedy disparities in cumulative impacts.
- Residents in DI communities will be able to easily access information and resources to meaningfully participate in decisions that impact their lives.
- When competing interests arise, we will prioritize human and community well-being above economic growth and development.



PROCEDURAL



I. Guiding Principle 1: Meaningful Engagement.

- What's our true north?
- What do we turn to for guidance when we don't have a rule or policy? Does policy align with values?



II. Best Practices:

- What qualitative measures do we need to fulfill our guiding principles?
- What is not appropriate to represent with metrics or quantitative targets?

IV. Accountability:

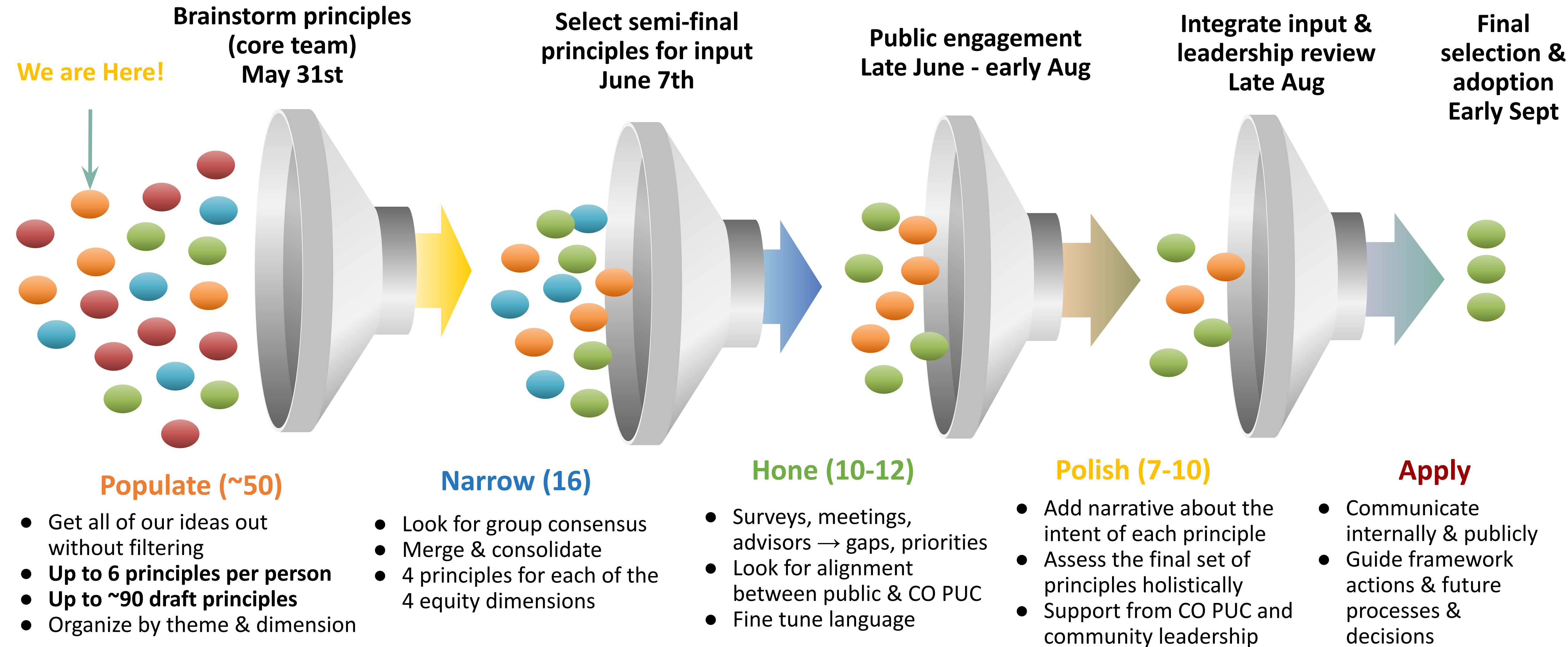
- How do we know if we're on track?
- 



III. Metrics:

- How can we set goals and measure progress using available data?

Guiding Principles Development Process



RECOGNITION

Who is vulnerable, who is privileged, and how?

PROCEDURAL

Who is at the table? What voice and power do they have in influencing planning, decision-making, and implementation?

DISTRIBUTIVE

Who bears the brunt of the burdens? who benefits and how?

RESTORATIVE

How can we rectify past injustices caused by the energy system and prevent future harms?



RECOGNITION

Communities

PROCEDURAL

Voice

DISTRIBUTIVE

Fair share

RESTORATIVE

**Structural
change**



How does SB 21-272 map to the four equity dimensions?

RECOGNITION

PROCEDURAL

DISTRIBUTIVE

RESTORATIVE

RECOGNITION

DI Communities

- Minority
- Low-income
- Housing burdened
- Tribal
- Indigenous
- Cumulative impacts (environmental, health, economic, social)
- Environmental racism perpetuated through redlining

PROCEDURAL

- Host meetings, workshops, hearings that **invite input from DI communities**
- Rectify lack of opportunity for public participation

DISTRIBUTIVE

- **At least proportionate share** of programs, incentives, investments
- Address unequal distribution of pollution
- Clean energy technology benefits
- Workforce benefits

RESTORATIVE

- **Systemic exclusion** from environmental decision-making processes
- **Correct historical inequities**



Guiding Principle Examples



Principles of Distributional Equity

In an equitable energy system, all households would have access to affordable, clean, reliable energy services. In practice this would mean:

- No households face extreme/severe burdens (>10%).
- A plan and pathway to reducing high energy burdens (>6%) within the next three years
- The distribution of energy burdens does not disproportionately impact any particular demographic or socioeconomic group. In other words, no disparities in energy burden by race, income, education, disabilities or health conditions, age, family structure, or property ownership.



People Power: We believe in the power of people to create change. CA4Health supports policies and practices that **build and share power with communities** to co-create solutions and honor the expertise that lives in all impacted Californians.

A Right to Health for ALL: CA4Health supports solutions that improve health for all Californians, particularly those that emphasize **supporting populations that face the largest barriers**—including those who are undocumented, young, incarcerated, marginalized, unemployed, and underpaid.

Acknowledging Systems and History of Inequity: We recognize the history of racism and discrimination that has created inequities and health disparities in our communities. CA4Health supports policies and practices that are rooted in the acknowledgement of this history and aimed at **improving one's ability to thrive** by diminishing the impact that race, sex, gender, religion, income, and zip code have on determining health outcomes.

Leveraging Privilege for Impact: We acknowledge the privilege held by public health institutions and paid staff. CA4Health takes seriously the obligations we have as a funded entity, and supports partners who join us in ensuring that our funded work is as **equitable, accessible, accountable, and transparent** as possible.

Centering Community Voices in Community Narratives: We believe that the story of a community should come from the community. CA4Health supports practices that lift up perspectives and models that focus on community members because the best solutions are informed by **understanding the whole story** of a community, opportunity, or issue.

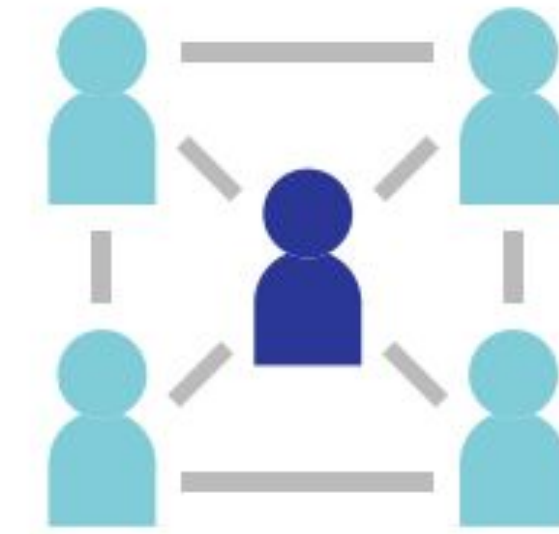
Intersectional Movement Building: We understand that social movements should be inclusive, authentic and brave, and that no single person or entity can do it all alone. CA4Health supports policies and practices for **equitable and intersectional collaboration** that brings allies together across geographies, issues, intervention types, and populations served. Just as our lives are intersectional, so must be our justice. If we rise up as one, recognizing our common goals alongside our distinct needs, we can dismantle systemic barriers to health equity and prevent chronic disease.

Moving to Action: The root causes of inequity are active and systemic, so our solutions must be as well. It is not enough to be aware of or just talk about issues, we must also be willing to **take action, add our voices, and advocate** for more just systems and health equity solutions. CA4Health supports partners that are engaged in active measures to move from knowledge to action on upstream issues necessary to achieve just outcomes.

Inclusion and Accessibility: We respect the needs and values of everyone. CA4Health strives to ensure that the spaces we create and support are **welcoming, inclusive, and accessible** regardless of one's race, ethnicity, gender identity, sexual orientation, age, ability, or class. We also seek to accommodate language and ADA needs whenever possible.

5. Focus on building relationships with local organizations or informal groups that are already engaging with marginalized communities.

Partner with and fund local non-profits to expand education and build local capacity to engage in public processes. Community based organizations work in, and have long-standing networks in the target communities, and are far more effective than local governments at engaging the community base.



Local representatives on steering committees and technical advisory committees should be provided a stipend for their time. Community-based organizations are often expected to represent or mobilize their communities without compensation for their time and efforts.

Cultivate advocates, particularly youth leaders, and build their capacity to engage and educate the community.

Identify cultural brokers within the community and work with them to develop shared resources and educational materials to improve community participation in local planning. Cultural leaders should be compensated for their time and efforts in supporting local planning.



CA Elder & Disability Justice Coordinating Council: Equity Guiding Principles

- 1. We recognize that all adults deserve to live free from abuse, neglect and exploitation.
- 2. We acknowledge the existence of systemic racism and discrimination and its negative impacts and in order to combat its impacts we must center equity at all stages of our council's work.
- 3. Centering equity means not just creating equitable solutions for all older adults and adults living with disabilities but also recognizing that implicit bias exists within all of us. We are committed as a group to acknowledge and explore biases while doing the work of this council.
- 4. We acknowledge that while older adults and adults living with disabilities have many overlapping interests, they are distinct communities, and any policies examined by this council should examine impacts to each community.
- 5. We recognize the importance of hearing directly from older adults and adults living with disabilities as we complete our work. Their lived experiences should always be centered in our work.

Guidelines for Drafting Principles

- Up to 6 principles per person
- ~40 minutes today, but you can work on your own time
 - Please get your principles in by the end of this week
- Notes explaining your intention are welcome
- Use [brackets] if you are still thinking about specific word choices (or provide an ALT / Alternative)
- Don't overthink it! Let your creativity flow



Links & Resources

[Full Process Details Doc](#)

[Link to Mural](#)

Additional Examples of Guiding Principles

Public Health Institute, [Guiding Principles for Health Equity & Social Justice](#)

CA Elder & Disability Justice Council, [Equity Guiding Principles](#)

Local Govt Commission and Smart Growth CA, [Guiding Principles for Equitable Engagement](#)

New Mexico Climate Change Task Force, [Climate Change Equity Principles Equitable Development Principles and Scorecard](#) (see p.2)



Mural