PUTTING EQUITY INTO ACTION
3. **CONSUMPTION AND SOLID WASTE**

   **2030 OBJECTIVES**
   - Reduce total solid waste generated by 25 percent.
   - Recover 90 percent of all waste generated.
   - Reduce the greenhouse gas impacts of the waste collection system by 40 percent.

4. **URBAN FORESTRY AND NATURAL SYSTEMS**

   **2030 OBJECTIVES**
   - Expand the urban forest canopy to cover one-third of Portland, and at least 50 percent of total stream and river length in the city meet urban waterway goals as an indicator of watershed health.

5. **FOOD AND AGRICULTURE**

   **2030 OBJECTIVES**
   - Reduce consumption of carbon-intensive foods.
   - Significantly increase the consumption of local food.

6. **COMMUNITY ENGAGEMENT**

   **2030 OBJECTIVES**
   - Motivate all Multnomah County residents and businesses to change their behavior in ways that reduce carbon emissions.

7. **CLIMATE CHANGE PREPARATION**

   **2030 OBJECTIVES**
   - Adapt successfully to a changing climate.

8. **LOCAL GOVERNMENT OPERATIONS**

   **2030 OBJECTIVES**
   - Reduce carbon emissions from City and County operations 50 percent from 1990 levels.
Our Adaptation Plan

- Gathered local climate projections
- Brainstormed health outcomes
- Collected data
- Listed existing and new health interventions
- Assessed capacity to deliver interventions, identify needed resources
- Developed a plan, implement and monitor

Where Does Equity “Fit”?
Applying an equity lens

Health equity is the fair and just distribution of power and resources

Health inequities are unjust and avoidable, for example, by incorporating democratic leadership in your decision making process

Health disparities are difference, positive or negative, in health outcomes
Putting equity into action

OUTCOME - ensuring what we do benefits communities disproportionately impacted

PROCESS – ensuring how we do what we do is inclusive
Outcome Areas

Setting up our Process to achieve intentional Equitable Outcomes

- Shifts in Social Norms
- Strengthened Organizational Capacity
- Strengthened Alliances
- Strengthened Base of Support
- Improved Policies
- Changes in Impact
Sample outcomes

- Increased # of staff hired and retained who reflect communities most affected by inequities
- Increase quantity and quality (especially around decision making authority) of partnerships with communities most affected by inequities
- Increased emphasis on integrating both qualitative and quantitative data
- Increase sense of staff pride in organization’s goals and identity around racial equity
- Stronger understanding of intersectionality of racism and other social oppressions
Purpose

Partners at all levels align around transformative values, relationships; emphasis on doing less harm and supporting actions that heal and transform.

- What is our institution’s purpose toward equity?
- How are we clearly defining it and ensuring there is a shared understanding?
- Do we have the right people around us to achieve it?
- How can we give employees a greater sense of meaning in what they do around equity?
Process

- How are we meaningfully including or excluding people who are affected in the development of climate plans?
- What policies contribute to the exclusion of communities most affected by the health inequities that will result from climate change?
- Are there empowering processes at every human touchpoint?
- What processes or health interventions are traumatizing and how do we improve them?
Power

- What are the benefits and burdens that communities experience with changes in our climate?
- What is our decision making structure? Who decides? Who is accountable? What happens when accountability does not happen?
- How is developing a plan to help folks adapt to climate change shifting power dynamics to better integrate voices and priorities of communities most affected?
People

- Who is positively and negatively affected by local climate impacts and how?
- How are people differently situated in terms of the barriers they experience? I.e. how is an older woman of color in affordable housing in an urban heat island positioned to change her vulnerability? Can she change her housing? Plant and maintain trees? Buy an air conditioner? Get transportation to a cooling center?
- Are people traumatized by our decisions regarding adaptation?
How are we accounting for people’s emotional safety? Their need to feel valued?

How are we considering people’s spiritual history related to our communities?

How are public resources and investments distributed geographically?
**Power, Process** - Who decides where public parks go? What is the criteria?

**People** – What linguistic and cultural barriers prevent family from accessing health services?

**Process** – What is income qualification for energy assistance or weatherization? How long is the waitlist? Who makes decisions on funding? Can that change?

**Place** – Are there policies that can shift that would ensure better access to greenspaces, parks, services? And would also ensure housing in safe, healthy and stable across income brackets?

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- Increase in warmer wetter winters
- Increase in hotter, drier summers

**Asthma**

- Mold
- Outdoor Air Pollution

- Increase in urban heat island effect
- Lack of tree canopy
- No control over housing choice or location
- Lack of air conditioning, transportation to cooling center

- Lack of insulation
- Lack of heat
- Fear of retaliation if report need of repairs
- Increase in relative humidity

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**Increase in warmer wetter winters**

**Increase hotter, drier summers**
Are We Ready Yet?

- How do we create a safe, trusted space?
- Being transparent about intention versus impact
- Sharing our truth
- Knowing when to step up, and when to step back
- Truly being humble...I mean, truly (what is the perception of me in the room as a white, middle class, government worker? What is my privilege? What power do I have that others may not?)
- Doing the deep, hard inner work. Choose the inner path.