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## Framing Sustainable Health Locally through a Global Lens

The Role of the UN SDGs in Addressing Racial Equity and  
Public Health in the City of Detroit

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# Framing Sustainable Health Locally through a Global Lens: The Role of the UN SDGs in Addressing Racial Equity and Public Health in the City of Detroit

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*Abstract: The field of public health and the social determinants of health powerfully frame the root causes of societal problems while offering insights into useful strategies forward. The UN Sustainable Development Goals (SDGs) are an example of incorporating racial equity, poverty, and structural policies into human health improvement. But theories must be put into action if they are to make a difference. A major research hospital's global health division convened a workshop of fifty-five community, civic, and public health leaders to adapt the health-related SDGs to Detroit's context and challenges. Four breakout workgroup sessions were held, covering hunger and food security (SDG 2), health and wellbeing for all (SDG 3), sustainable water and sanitation (SDG 6), and urban development and safety (SDG 11). The strongest conclusion to emerge was that progress on the SDGs in cities like Detroit will not be possible without building a more comprehensive and inclusive public health infrastructure. This needs to be a priority at the federal, state, regional, and local levels. The SDGs provide an exciting framework for global change. In an emerging model of translocalism, Detroit can learn best practices from cities around the world with similar challenges while sharing its own lessons. The workshop clearly demonstrated the relevance of the SDGs to advance human development in Detroit.*

*Keywords: Sustainability, Innovation, Urban, Participation*

## Introduction

**D**etroit is a post-industrial city in crisis. From one perspective, Detroit's problems are the manifestation of a half-century of deindustrialization, failed regionalism, and structural racism. From another perspective, the challenges of Detroit represent a crisis of sustainability, in terms of the continued viability of local communities, economies, and environments. From yet another perspective, Detroit is facing an increasing number of public health emergencies. Public health provides a powerful lens through which to understand contemporary challenges in Detroit as well as a methodology to identify helpful paths forward.

Detroit's economic problems are a symptom of decades of social and ecological failure, resulting in its becoming the largest US city to ever file for chapter 11 bankruptcy protection. The Detroit Free Press has long covered the state of the city's decline, writing in 2007 about the "reality of a municipal infrastructure crippled by too little money, too few human resources and too large an area to oversee" (McGraw 2007). Detroit's blighted neighborhoods are a reflection of the city's "economic decline and its segregated geography . . . [both] intimately entangled with the dynamics of racial inequality" (Draus, Roddy, and Greenwald 2010, 655). Sociologist Paul Draus and colleagues cite six studies (Allard, Tolman, and Rosen 2003; Kirby and Kaneda 2006; Schulz and Lempert 2004; Schulz, Williams, et al. 2002; Schulz et al. 2006; Zenk et al. 2005) in the City of Detroit that demonstrate how "racial segregation across the metropolitan area correlates strongly with indices of neighborhood instability and severed social networks, and

with lack of access to supermarkets, adequate health services, and opportunity structures” (Draus, Roddy, and Greenwald 2010, 663).

This creates a sense of avoidance and denial that is symptomatic of broken social networks that belie the challenges to social sustainability in the city. Taken in tandem with physical and environmental determinants, poor health outcomes are to be expected, and these outcomes can lead to racial, ethnic, and socioeconomic health disparities (Marmot and Wilkinson 2006). To wit, Detroit is home to the state’s most polluted zip code; has the state’s highest asthma rate; denies private water access to families in arrears without regard for health status, disability, or need; has one of the highest STD/HIV incidence rates in the country; has a maternal mortality rate that is three times greater than the national average; has the highest infant mortality rate among major US cities; and has double the national average of years of potential life lost (Michigan Department of Health and Human Services 2014; Ferretti 2016; Udow-Phillips 2014).

While Detroit is often viewed as a local failure, it is really a failure of decades of federal and state policies. Rather than looking to Lansing or Washington, DC for inspiration, distressed cities in the United States elsewhere need a greater global consciousness. The United Nations Sustainable Development Goals (SDGs) provide one potential source for guidance and connection (United Nations 2014). The SDGs have been widely discussed in developing countries, but have not been as readily explored for use in developed countries (Lu et al. 2015). In what we believe to be the first such gathering in a major American city, the Global Health Initiative at Henry Ford Health System (GHI) and the Damon J. Keith Center for Civil Rights (DJKC) at Wayne State University School of Law convened a workshop to explore the creative application of the four SDGs most related to public health to the social challenges facing the City of Detroit. The scope of the workshop was narrowed to these four health-related SDGs in order to ensure greater deliberation on each SDG. As a set of goals and targets, the SDGs provide a framework for achieving more sustainable communities, economies, and environments. GHI and DJKC set out to assess the usefulness of the SDGs as a template for local action in distressed cities. A total of fifty-five community, civic, and public health leaders participated in the workshop (see the Appendix).

## Methods

Before breaking into workgroups, participants gathered for an orientation to the SDGs and discussed how lessons from international development might be applied to Detroit. To further bridge the global-to-local divide, Christine Joseph, Director of the Health Disparities Research Collaborative at Henry Ford Health System, delivered a presentation on the social determinants of health, demonstrating the interrelationships between health, racial equity, poverty, and structural policies both globally and in Detroit. Peter Hammer, Director of DJKC, delivered the concluding charge to the participants: “We have the capacity to build new frameworks, new visions, and new partnerships in order to create a more sustainable community.”

Workshops have long presented an opportunity for health promotion experts to achieve meaningful community empowerment (Laverack and Labonte 2000). Workshops also allow for facilitated dialogue, which can promote engagement of diverse groups of participants while ensuring that voices and perspectives are shared equitably. Because the overarching subject of the workshop was public health, the four SDGs most closely related to public health were selected for discussion and assigned to four breakout workgroups held in two concurrent sessions. Conversations with two moderators using a modified nominal group technique helped participants structure discussion and arrive at joint conclusions. Nominal group technique is an organizational decision-making and problem-solving process that “generates a greater number of ideas than traditional group discussions” (Dunham 2006, 1). The sessions covered hunger and food security (SDG 2), health and wellbeing for all (SDG 3), sustainable water and sanitation (SDG 6), and urban development and safety (SDG 11). SDG 3 has been referred to as the “health

SDG” because its targets and sub-goals broadly cover health-specific outcomes such as disease eradication, prevention of childhood mortality, and promotion of reproductive and sexual health. Yet, the public health issues in Detroit are broader than the health targets covered in SDG 3, including health determinants like water access, violence, and food security. In turn, deeper issues of race, inequality, and access to opportunity influence these factors.

Participants were asked to analyze the specific SDGs and to affirm, adapt, or re-write the UN sub-goals to reflect Detroit’s particular context and challenges. Participants were encouraged to consider specific, time-bound targets over a five-, ten-, and fifteen-year period, while dreaming big about where Detroit could change. After the breakout sessions, participants attended a large group session to debrief and consider possible next steps. Collected data included statements made by participants, sub-goals adapted for Detroit, a solicitation of potential voices missing from the conversation, and workshop evaluations. This report not only provides a summary of the views expressed in these discussions, but also a reflection of the implications that this forum has on Detroit and can have in other settings.

The weak state of the city’s public health infrastructure emerged as an important theme in each breakout session. Whether measured historically in terms of Detroit’s past practices or in terms of growing public health needs, the existing infrastructure was found wanting. The strongest conclusion to emerge from the discussions was the need for Detroit to (re)build a robust public health infrastructure and for this need to be a priority at the federal, state, regional, and local levels.

## **Workgroup Analysis of Public Health SDGs**

### ***Hunger and Food Security***

SDG 2 links issues of food and hunger with health: “End hunger, achieve food security and improved nutrition and promote sustainable agriculture” (United Nations 2015). A total of twenty-eight participants engaged in discussion on this goal and focused on structural, behavioral, and educational factors that contribute to hunger, and the forces that prevent access to sufficient, safe, and nutritious food year round. The technique stresses equity of contribution, diminishes competition, and allows for a democratic prioritization of ideas. Facilitators were chosen based on their content expertise in both global and local (i.e., Detroit) contexts.

Participants agreed that much of the food access problem is driven by social determinants such as income, affordability, transportation, and the availability of healthy foods at the neighborhood level. Participants prioritized the need to end hunger through greater food access by increasing local sourcing. Participants acknowledged the need for better coordination of local efforts to achieve this goal.

A major element of discussion was the shift toward urban agriculture, placing an emphasis on food sovereignty. It has been demonstrated that engaging individuals, communities, and producers would ultimately create more sustainable practices (Alkon and Agyeman 2011). Thus, the workgroup advocated for food security expansion in order to achieve, among other things, racial and economic justice. It was acknowledged, however, that such efforts would require building greater senses of local power and control. Members also acknowledged the importance of education and encouraging behavioral changes. Workgroup participants set the following as their adapted SDG 2 for Detroit: By October 2017, there should be established a Council or Office of Sustainability in the City of Detroit charged with ending hunger, guaranteeing food security, and facilitating urban agriculture.

Key statements made by the Hunger and Food Security workgroup participants include the following:

Although government may be able to inform change, the ultimate transformation must come down to the community.

The best food provider is a working person who can provide food for him or herself and their family, so we need to decrease unemployment in order to help aid the food concerns within Detroit.

The majority of fruit and vegetables eaten in Detroit should be grown in Detroit, thus placing a greater emphasis on food sovereignty.

5,000 acres of the 13,000 acres of vacant, government-owned land should be designated toward agricultural production in Detroit. This would not only create an agriculture system that is inclusive of the people in the community, but also could create jobs in the agricultural field, as well as more affordable food.

Accountability should span from the government level down to the household because only by holding people accountable on all levels can sustainable change be achieved.

We must build a greater sense of political power and build relationships with the city government since they are the property owners of the land.

We are in the process of changing the food culture through nutrition education in schools, but we need to use an integrated approach that helps parents to recognize what good food is in an effort to promote healthy practices in all aspects of life. Focus on nutrition education must be accompanied by ensuring greater access if further development is to be accomplished. (SDG Workshop, Detroit, October 2015)

### ***Health and Wellbeing for All***

SDG 3 is the broadest of the health-related goals: “Ensure healthy lives and promote well-being for all at all ages” (United Nations 2015). This workgroup of twenty-seven participants decided that ending preventable deaths of newborns and children under five years of age by the year 2030 should be a top priority in the City of Detroit. Public health officers noted that Detroit’s infant mortality rate of 13.3/1,000 births is the highest in the nation (Michigan Department of Health and Human Services 2014). Other healthcare professionals added a more Detroit-specific context, where city residents suffer from high rates of both communicable and non-communicable diseases like HIV, STDs, heart disease, asthma, and diabetes. These issues are interconnected with the social and economic determinants of health, as well as barriers of access to traditional healthcare services, which have been explored and studied in Detroit at length (Schulz, Parker, et al. 2002; Schulz and Lempert 2004). At the heart of many of these health issues is the absence of any meaningful public health infrastructure in Detroit, which is vital for sustained good health (Baker et al. 2005).

Using the modified nominal group technique, the group urged for the convening of a Public Health Roundtable, consisting of health sector leaders, Detroit residents, non-profit organizations, businesses, and political leaders to establish a comprehensive public health strategy. This strategy should include the construction of a more effective public health infrastructure to implement the SDGs in the City of Detroit. The working group agreed that these efforts should focus on four main pillars derived from SDG 3: Reproductive Health, Chronic Disease, Environment, and Health Systems and Infrastructure.

Participants agreed that this should be a collaborative process that is inclusive of the people who actually live in the community as well as political leaders. Workgroup participants set the following as their adapted SDG 3 for Detroit: By October 2016, an inclusive Public Health

Roundtable should be convened to establish a comprehensive, holistic, public health strategy, including the construction of an effective public health infrastructure to implement the health-related SDGs in the City of Detroit.

Key statements made by the Health and Wellbeing for All workgroup participants are as follows:

Rates of both infant and maternal mortality are extremely high in Detroit, predominantly affecting African American women and children.

Detroit's maternal death rate of 58.7 per 100,000 babies born is triple the national average and even higher than the average in Libya.

We need to focus on giving women the right to manage their reproduction, which would allow them to participate more actively in the community, making them gatekeepers for healthcare.

We can't emphasize communicable diseases, and ignore non-communicable diseases. Malaria and other tropical diseases aren't relevant in Detroit, but hepatitis and water-related diseases are certainly applicable to the City. (SDG Workshop, Detroit, October 2015)

### *Sustainable Water and Sanitation*

SDG 6 illustrates the critical importance of water on the health of cities: "Ensure availability and sustainable management of water and sanitation for all" (United Nations 2015). The workgroup used the nominal group technique to surface a number of themes that explored this connection in Detroit's context. First, the thirty participants believed that there should be safe and affordable water available to all residents immediately (with affordability for most participants defined in reference to the 2005 Colton plan<sup>1</sup>). Participants specifically called for an end to water shutoffs and the reconnection of water service for disconnected citizens on the basis of public health concerns. Second, participants called for a commitment to water as a public and communal good that is governed at the local, regional, and state levels in a manner that is transparent, accountable, and legitimate. These concerns are especially prescient given studies that document a paucity of accountability, transparency, and participation when water services are privatized (Lobina and Hall 2003).

Third, participants acknowledged the urgent need for future investment in infrastructure, but they also called for new methods of cost recovery that equitably spread these costs over the entire region and avoid repeating financial mismanagement of bond debt. One evidence-based option that could obviate a need for privatization was cited as a promising approach. This global public-public partnership model, which skips privatization altogether, helped one urban context achieve equitable financing (Hall and Lobina 2009). Finally, participants identified the need for a long-term commitment to manage the entire Great Lakes watershed in an environmentally sound manner that maintains proper stewardship of the world's largest source of fresh water. The group urged the creation of new narratives around the current water situation in Detroit, narratives grounded in a greater understanding of the real social, economic, and health needs of residents, in order to spur communities to greater action. Workgroup participants set the following as their adapted SDG 6 for Detroit: The residents of Detroit should immediately be provided safe and affordable water. Additionally, the practice of water shutoffs must end and water must be reconnected for disconnected residents in the interest of public health.

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<sup>1</sup> Available online: <http://www.fsconline.com/downloads/Papers/2005%2001%20Detroit%20Water.pdf>.

The following key statements were made by the Sustainable Water and Sanitation workgroup participants:

Those who are most able to pay the necessary cost for clean water should be held accountable and do so.

A regional financial system should be established so that all members of the community are treated equally and benefit from more affordable prices.

There is so much other ‘stuff’ that is packed on to the total price of water. Billing practices are often unpredictable, inaccurate, and unreliable.

Privatization can lead to internal operations that ultimately shut out the community.

All action, discussion, and decision-making has already been done ahead of time, so in actuality, there is no open discussion.

We have a great deal of the country’s fresh water in the Great Lakes, and there is a real need for the stewardship and preservation of this resource. (SDG Workshop, Detroit, October 2015)

### ***Urban Development and Safety***

SDG 11 allowed twenty-five workgroup participants to tie health to sustainable urban development: “Make cities and human settlements inclusive, safe, resilient and sustainable” (United Nations 2015). Participants in this workgroup used the modified nominal group technique to share wide ranging concerns over “safety,” from issues of physical violence, to longstanding exposure to environmental pollution, to preparedness for natural disasters, to gentrification, to affordable housing, to the widespread displacement of residents from their homes through water shutoffs and tax foreclosures. The group agreed that the sub-goals of the UN SDGs should be broadened in Detroit to address structural racism as a root cause of the lack of inclusive, safe, resilient, and sustainable communities.

Discussion explored how successful cities find ways to balance new development with inclusion of long-term residents. When considering recent development efforts in the city, participants identified issues of structural racism and the need to ensure safeguards for communities of color. Some participants advocated for models of addressing and overcoming the disproportionate health impact of structural racism by developing human capital. Such an approach has been effective in Texas, where a statewide program utilized leadership development, antiracism trainings, and community engagement processes to accomplish that work (James et al. 2008).

The group agreed that urban renewal must occur through inclusive, participatory planning processes that pay attention to concerns of affordability, safety, and wellbeing. This requires a fundamental change in how development takes place, who participates in public decision-making processes, and what is meant by the public interest. Participants pointed to progress on this front, in terms of the increasing role of Community Benefit Agreements and a proposed Public Benefits Ordinance. Workgroup participants set the following as their adapted SDG 11 for Detroit: By October 2017, implement inclusive urban planning and development processes that educate and empower residents of Detroit’s neighborhoods and seek the elimination of structural racism and the achievement of greater racial equity.

The Urban Development and Safety workgroup participants made the following key statements:



Our neighborhoods need to be made safer and more affordable, we need a better transportation system, we need to make sure that Detroiters know what to do in local disasters, and the environmental impact of Detroit itself needs to be addressed more thoroughly.

Strengthen efforts to protect and safeguard Detroit's majority population to thrive and survive by the elimination of structural racism.

Detroit needs to ensure access to adequate, safe, and affordable housing for its long-term residents.

As money is poured into Detroit for redevelopment purposes and gentrification becomes more widespread, many Detroiters are being left out, leading to ultimate displacement.

Over 50% of Detroiters are unemployed and adequate transportation is lacking. Moreover, 70% of the jobs in Detroit are held by people who do not live in Detroit.

We need to engage the people of Detroit, helping them to become familiar with the community benefit ordinance in Detroit and other plans and projects to help with development.

We also need to include a discussion of the SDGs as they relate to Detroit in school curriculums. We need to find ways to incentivize employers to pay for education and learning opportunities.

Ultimately, we need to commit to making a difference. (SDG Workshop, Detroit, October 2015)

## **Analysis**

Qualitative analysis of the modified nominal group technique findings was conducted. Workshop notes, participant statements, facilitator observations, attendee evaluations, and plenary group conclusions were all collected and input into word processing software. Data was coded in order to achieve a comprehensive description of the themes that arose in response to the interview questions. About half of the data was inductively coded, using a modified grounded theory to include elements of thematic analysis of the data that came directly from the interview transcript and notes. Such a grounded theory analysis is an iterative process where the researcher codes, re-reads transcripts of the text, re-codes, and slowly develops insights from linkages of codes that are grounded in the data (Stark and Elifson 2004).

Findings from the analysis demonstrate that the SDGs resonate strongly with community development efforts in Detroit. Strong public health language arose as a repeating theme, making it doubtful that this unique perspective would have emerged if framed in terms of contemporary state or federal urban policy. Framed through the paradigm of public health, synergies arose naturally as participants in each breakout session used the SDGs to consider issues of food, water, healthy lives, and safe, sustainable, and resilient communities. This was an encouraging starting point for efforts advancing public health, governance, partnerships, and accountability in the city, all themes that were consistently reiterated among all workgroups. Ultimately workshop analysis demonstrates how the issues raised by participants are intertwined and grounded in the social determinants of health, leading to a conclusion that progress in one should lead to positive progress in others.

## Takeaways

The social and economic issues facing Detroit can appear intractable. Many of Detroit's problems are the result of failed policies at the state and federal levels. Moreover, there are few domestic policy frameworks that appropriately address these challenges. At the same time, traditional models of social change have borne little fruit in suggesting paths forward. Cities like Detroit, in the United States and elsewhere, need new ways of thinking. The SDGs provide one such framework.

When addressing complex urban issues, there are no magic bullets; the question is how to catalyze evolutionary processes of change. Defining goals, sub-goals, and targets over five-, ten-, and fifteen-year periods is one promising quality of the SDGs as a strategic framework for facilitating urban development. Another helpful aspect of the SDGs is the cultivation of greater translocal awareness. Cities across the globe often have more in common with each other than differences. The SDGs offer a chance for cities to build cross-contextual learning opportunities. Indeed, because Detroit has more in common with cities like Frankfurt, Cairo, and Rio de Janeiro than it does with other cities in Michigan, the rubric of the SDGs provides Detroit residents a framework for learning effective practices and strategies being used in other cities that can be translated for use back home.

Detroit also has a lesson to export to other cities around the globe: resilience. Detroit's resilience in the face of overwhelming challenges was a defining theme continually surfaced in the discussion. The national media tends to portray Detroit and Detroiters from a position of victimhood, weakness, and powerlessness. What emerged from each working group was a strong sense of empowerment. Detroit was proudly held up as one of the world's most resilient cities. Participants highlighted strong networks of community activists who are invaluable organizing forces. Many voiced a desire to reclaim traditional public infrastructures in Detroit, a city that has largely privatized both education and public health. Participants held up water rights as an example of a catalyzing issue to educate the public and challenge trends of ceding authority via new hybrids of regionalization, privatization, and emergency management. Finally, pride was another important theme. Participants shared their conviction that Detroiters like them helped build this country, have survived setbacks and abandonment, and are eager to build a more sustainable and more equitable future.

The world is watching Detroit to learn how to overcome the stresses of racialized post-industrialization by mobilizing community groups, developing new paradigms of public health, and innovating to overcome transportation, infrastructure, and service barriers all while embracing a diverse range of voices and stakeholders. In an emerging model of translocalism, Detroit can learn lessons from other cities around the world and other cities can learn from Detroit. The workshop demonstrated in a significant way the relevance of the public health SDGs to Detroit to advance human development. This workshop offers a starting point for cities not yet exposed to the SDGs and with similar public health challenges as those facing Detroit to creatively adapt the SDGs for local use. Thus, the workshop was a first step to learn how to collaboratively engage in sustainable development globally and at home, and as a model is useful to other cities looking to build awareness for public health action in their own settings.

## Limitations

The greatest limitation concerns scope and time. No single workshop can solve all of the problems of Detroit, and that was not the intent. The intent was to test whether the public health related U.N. SDGs would resonate with community leaders and stakeholders as a helpful frame to advance understanding and action regarding issues of food, water, wellbeing, and safety. It was helpful in answering this question in the affirmative and in suggesting possible next steps.

There are other limitations as well. This was an invitation-only event with a conscious effort to engage a diverse range of organizational and community stakeholders. Unfortunately, in such a relatively small group of participants not all communities were adequately represented. Despite Detroit's racial/ethnic diversity as a city, very few Hispanic and Middle Eastern voices were represented. Future efforts will have to ensure greater inclusion of these and other groups. A further limitation concerned the time available in breakout sessions to work through the SDG-specific sub-goals. Despite sending session-specific pre-workshop study and reading materials, these are complicated issues. Future workshops should devote more time to familiarizing participants with the SDGs both in substance and in their capacity to function as a governance structure. In the interest of time and to ensure sufficient depth of dialogue, breakouts might concentrate their time on two to three sub-goals for revision and adaptation.

## Next Steps

Future steps need to take place at the conceptual level and at the level of implementation. While the workshop demonstrated the resonance of the public-health related SDGs to the City of Detroit, much more work is necessary to further refine goals and identify appropriate targets and timelines. Additional work needs to take place on how the SDGs, as a model for change, can be situated within complementary and competition models already working in the city.

Future steps are also necessary at the level of implementation. While participants expressed an interest in building momentum toward improved public health and racial equity, there was hesitance to form a coalition of partners before goals and action steps were made more concrete. In recognition of participants' interest and to respect their competing responsibilities, contact information and long-form notes were shared with workshop attendees. This facilitated partnership building and provided a platform to share advocacy opportunities.

This model can be used by other cities, whereby application of the SDGs can build community partnerships to address and engage important public health issues that are relevant and resonant to their contexts. In Detroit, collaborations between grassroots community organizations, healthcare and academic institutions, and, most importantly, the City of Detroit department of public health have directly resulted from the SDG workshop. The fruit of these relationships is a partnership between workshop participants and the department of public health, through which projects are being initiated to provide care, education, and advocacy to low-income and vulnerable residents. Because the health effects of water shutoffs were raised as a defining concern of the SDG workshop participants, the partners have worked to elevate the voice of the community in conversations with the director of the department of public health as a starting point. Partners have encouraged the director to publicly declare that the practice of water shutoffs threatens the public's health. Partners are also working with the city public health department to collect qualitative and quantitative data regarding health outcomes and water shut-off experiences to establish a definitive epidemiologic link between water shutoffs and adverse health outcomes. Moving forward, this partnership with the department of public health will continue to be fostered in order to address other concerns posed by workshop participants. Finally, a second SDG workshop will examine the role of data in the Sustainable Development Goals.

## REFERENCES

- Alkon, Alison Hope, and Julian Agyeman. 2011. *Cultivating Food Justice: Race, Class, and Sustainability*. Cambridge: MIT Press.
- Allard, Scott W., Richard M. Tolman, and Daniel Rosen. 2003. "The Geography of Need: Spatial Distribution of Barriers to Employment in Metropolitan Detroit." *The Policy Studies Journal* 31: 293–307.
- Baker Jr., Edward L., Margaret A. Potter, Deborah L. Jones, Shawna L. Mercer, Joan P. Cioffi, Lawrence W. Green, Paul K. Halverson, Maureen Y. Lichtveld, and David W. Fleming. 2005. "The Public Health Infrastructure and Our Nation's Health." *Annual Review of Public Health* 26: 303–18.
- Draus, Paul J., Juliette Roddy, and Mark Greenwald. 2010. "A Hell of a Life: Addiction and Marginality in Post-Industrial Detroit." *Social & Cultural Geography* 11 (7): 663–80.
- Dunham, Randall. 2006. *Nominal Group Technique: A User's Guide*. University of Wisconsin. [http://www.sswm.info/sites/default/files/reference\\_attachments/DUNHAM%201998%20Nominal%20Group%20Technique%20-%20A%20Users'%20Guide.pdf](http://www.sswm.info/sites/default/files/reference_attachments/DUNHAM%201998%20Nominal%20Group%20Technique%20-%20A%20Users'%20Guide.pdf).
- Ferretti, Christine. 2016. "Detroit Official Goes to Bat for Public Health." *Detroit Free Press*, February 15. Accessed May 20, 2016. <http://www.detroitnews.com/story/news/local/detroit-city/2016/02/15/detroit-official-goes-bat-public-health/80435310>.
- Hall, David, and Emanuele Lobina. 2009. "Public Policy Options for Financing Sewerage Systems." In *Water and Sanitation Services: Public Policy and Management*, edited by Jose Esteban Castro and Leo Heller, 88–105. London: Earthscan.
- Herron, Jerry. 1993. *AfterCulture: Detroit and the Humiliation of History*. Detroit: Wayne State University Press.
- James, Joyce, Deborah Green, Carolyne Rodriguez, and Rowena Fong. 2008. "Addressing Disproportionality through Undoing Racism, Leadership Development, and Community Engagement." *Child Welfare* 87: 279–96.
- Kirby, James B., and Toshiko Kaneda. 2006. "Access to Health Care: Does Neighborhood Residential Instability Matter?" *J Health Soc Behav* 47: 142–55.
- Laverack, Glenn, and Ronald Labonte. 2000. "A Planning Framework for Community Empowerment Goals within Health Promotion." *Health Policy and Planning* 15: 255–62.
- Lobina, Emanuele, and David Hall. 2003. "Problems with Private Water Concessions: A Review of Experience." *Public Services International Research Unit Reports*. Accessed February 20, 2016. <http://www.psir.org/reports/problems-private-water-concessions-review-experience.html>.
- Lu, Yonglong, Nebojsa Nakicenovic, Martin Visbeck, and Anne-Sophie Stevance. 2015. "Five Priorities for the UN Sustainable Development Goals." *Nature* 520: 432–33.
- Marmot, Michael, and Richard G. Wilkinson. 2006. *Social Determinants of Health*. 2nd ed. New York: Oxford University Press.
- McGraw, Bill. 2007. "City's Hope Often Trumps its Troubles." *Detroit Free Press*. Accessed May 20, 2016. <http://media.freep.com/drivingdetroit/partone.html>.
- Michigan Department of Community Health, 2010–2014 Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics.
- Michigan Department of Health and Human Services. 2014. "Number of Infant Deaths, Live Births and Infant Death Rates for Selected Cities of Residence, 2014 and 2010 – 2014 Average." Accessed May 20, 2016. <http://www.mdch.state.mi.us/pha/ost/InDxMain/Tab4.asp>.
- Schulz, Amy J., Barbara A. Israel, Shannon N. Zenk, Edith A. Parker, Richard Lichtenstein, Sheryl Shellman-Weir, and A. B. Laura Klem. 2006. "Psychosocial Stress and Social Support as Mediators of Relationships between Income, Length of Residence and

- Depressive Symptoms among African American Women on Detroit's Eastside." *Soc Sci Med* 62: 510–22.
- Schulz, Amy J., and Laura B. Lempert. 2004. "Being Part of the World: Detroit Women's Perceptions of Health and the Social Environment." *Journal of Contemporary Ethnography* 33: 437–65.
- Schulz, Amy J., Edith A. Parker, Barbara A. Israel, Alex Allen, Maggie Decarlo, and Murlisa Lockett. 2002. "Addressing Social Determinants of Health through Community-based Participatory Research: The East Side Village Health Worker Partnership." *Health Education and Behavior* 29: 326–41.
- Schulz, Amy J., David R. Williams, Barbara A. Israel, and Laura B. Lempert. 2002. "Racial and Spatial Relations as Fundamental Determinants of Health in Detroit." *Milbank Q* 80: 677–707.
- Sterk, Claire E., and Kirk W. Elifson. 2004. "Qualitative Methods in Community-based Research." In *Community-based Health Research: Issues and Methods*, edited by Daniel S. Blumenthal and Ralph J. DiClemente, 133–52. New York: Springer Publishing.
- Udow-Phillips, Marianne. 2014. "Setting the Context: Health Care in Detroit." *Center for Healthcare Research and Transformation*. Accessed September 4, 2015. [https://www.nhpf.org/uploads/SiteVisits/MUdow-Phillips\\_02-20-14.pdf](https://www.nhpf.org/uploads/SiteVisits/MUdow-Phillips_02-20-14.pdf).
- United Nations. 2014. "Open Working Group on Sustainable Development Goals." *Sustainable Development Platform*. Accessed May 20, 2016. <http://sustainabledevelopment.un.org/focussdgs.html>.
- . 2015. "Sustainable Development Goals." *Sustainable Development Knowledge Platform*. Accessed November 16, 2016. <https://sustainabledevelopment.un.org/sdgs>.
- Zenk, Shannon N., Amy J. Schulz, Barbara A. Israel, Sherman A. James, Shuming Bao, and Mark L. Wilson. 2005. "Neighborhood Racial Composition, Neighborhood Poverty, and the Spatial Accessibility of Supermarkets in Metropolitan Detroit." *Am J Public Health* 95: 660–67.

## Appendix

### *Organizations Represented*

Alliance for the Great Lakes  
Building Movement Detroit  
Child Family Health International  
Cities of Peace Detroit  
City of Detroit – Planning & Development Department  
Community Health Awareness Group  
Connect to Protect (C2P)-Detroit  
Center for Sustainable Urban Development, Columbia University  
Damon J. Keith Center for Civil Rights  
Detroit Food and Fitness Collaborative  
Detroit Food Policy Council  
Detroit Greenways Coalition  
Detroit Public Schools  
Great Lakes Environmental Law Center  
The Global Health Initiative, Henry Ford Health System  
Henry Ford Health System  
Keep Growing Detroit  
Metro Health Foundation  
Michigan Department of Health and Human Services  
Michigan Environmental Council  
Michigan State Senate  
National Lawyers Guild  
Northend Christian CDC  
People’s Water Board/Seniors in Motion  
Restoring the Neighbor Back To the Hood, Inc  
Ruth Ellis Center  
Sierra Club  
St. Peter’s Episcopal Church  
The Greening of Detroit  
United Church of Christ  
United Nations Association of Greater Detroit  
United Way for Southeastern Michigan  
University of Michigan, Dearborn  
University of Michigan Office of Global Public Health  
University of Southern California School of Medicine  
Wayne State University  
Wayne State University Center for Peace and Conflict Studies  
Wayne State University Center for Urban Studies  
Wayne State University Law School  
Wayne State University School of Medicine  
We the People of Detroit  
Whole Foods Market  
Zero Waste Detroit

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