

ORIGINAL RESEARCH

Achieving Sustainable, Community-Based Health in Detroit Through Adaptation of the UNSDGs



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Abstract

BACKGROUND In 2012, the Rio+20 meeting initiated the concept of the Sustainable Development Goals (SDGs) as a continuation of the Millennium Development Goals. The resulting document “The Future We Want” is best conceived as a roadmap toward poverty eradication and sustainable development. Although the SDGs were developed for low- and middle-income countries, many of these same issues face low-resource cities and communities in higher-income countries.

OBJECTIVES The aim of this study was to use the SDGs as a platform to develop health-related goals for the city of Detroit.

METHODS A 1-day workshop was convened in October 2015 including 55 representatives from government, academia, and community- and faith-based organizations. Four health-related SDGs were discussed: food security (SDG2); ensuring healthy lives at all ages (SDG3); access to potable water (SDG6); and making cities inclusive, safe, resilient, and sustainable living environments (SDG11). Workshop attendees broke into 4 groups to determine how the SDG targets for these 4 goals could be adapted for Detroit. At the end of the day, each group presented its decisions to the larger group.

FINDINGS Workshop participants expressed that the SDGs empower local communities to respond to their unique health challenges and to see themselves as part of a larger more global conversation about development and sustainability. Participants suggested that inclusive and participatory means of decision making were a significant component of the SDGs and that such a process is the direction needed to make community-focused changes in Detroit. Additionally, shortly after the workshop, a roundtable of participants representing 5 community partners began to meet monthly and has become an advocacy group for public health and addressing the city-order water shutoffs in neighborhoods throughout Detroit.

CONCLUSIONS For participants and organizers, the workshop reinforced the hypothesis that the SDGs are relevant to Detroit and other low-resource cities in the United States.

KEY WORDS sustainability, community development, global health, Detroit

INTRODUCTION

In September 2015, the largest-ever gathering of world leaders adopted the 2030 Agenda for Sustainable Development. Building on the successes of the Millennium Development Goals (MDG) and

picking up from where they left off, the UN Sustainable Development Summit affirmed 17 Sustainable Development Goals (SDG) that are “integrated and indivisible, global in nature and universally applicable” with targets designed to be “aspirational” yet implementable.¹

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In 2012, the Rio+20 meeting initiated the concept of the SDGs as a continuation of the MDGs. The resulting document “The Future We Want” is best conceived as a roadmap toward poverty eradication and sustainable development—a “starting point, establishing guidelines and launching global processes in integrate sustainability into decision-making.”^{2,3} Since development of the SDGs, experts have offered a litany of suggestions to shape and improve the development agenda. Jeffrey Sachs, the renowned development expert from Columbia University’s Earth Institute, lent his support and encouraged a set of goals that address the triple bottom line of sustainable development: social inclusion, environmental sustainability, and economic development. Noting that “sustainable development is eluding the entire planet” and critiquing the MDGs as “targets mainly for poor countries,” he suggested that “the SDGs should pose goals and challenges for all countries—not what the rich should do for the poor, but what all countries together should do for the global well-being of this generation and those to come.”⁴

Although the overarching goal of sustainability is recognized as essential to the future of development, the actual implementation of changes that focus on long-term goals in the context of short-term programs and policies remains the challenge.⁵ Building off Sachs’ suggestions, a team of environmental development researchers suggested a new conceptualization of the UN’s development paradigm; instead of viewing the triple bottom line in terms of “economic, social, and environmental pillars, the new agenda should view them as a ‘nested concept.’”⁶ The authors suggested consideration of planetary must-haves (eg, clean air, biodiversity, and climate stability) in addition to the people-based foci of the MDGs (eg, poverty, hunger, and education), and the adopted SDGs include ≥ 7 goals focused on these authors’ concerns.

The applicability of the SDGs to multiple layers of development makes it a highly adaptable tool for almost every setting—and level thereof—in the world (UNDG, 2016).⁷ The SDGs can represent a significant step toward national- and community-led efforts to prioritize needs and resource allocation, strengthen national and local health and service ministries and institutions, and develop locally salient and feasible solutions. Such a bottoms-up approach can potentially avoid the pitfalls associated with global aid schemes that focus on broadly stated goals (eg, eradicate malaria) that originate from outside of the targeted nations/communities.^{8,9}

Leading into the SDG Workshop in Detroit, we proposed that the SDGs also should be relevant to more micro social environments within countries.¹⁰ Writing days after their adoption, *The New York Times* identified the SDGs’ breadth and vagueness as weaknesses, suggesting that the UN “should have picked fewer and more targeted goals.”¹¹ We disagree. It is precisely the diversity and range of the SDGs that invites such a wide audience to identify itself with the challenge of achieving sustainable development. Every country and every community can find at least one SDG that speaks to their particular context. It is that relevance that promises to advance sustainable development, and it is what we set out to demonstrate by bringing the SDGs to Detroit.

METHODS

Although the MDG were widely seen as a roadmap toward progress for low- and middle-income countries, the SDGs promise to be global in scope. Because their applicability and use in higher-income countries (HICs) is still unproved,¹² the Global Health Initiative (GHI) at Henry Ford Health System partnered with community organizations dedicated to civil rights, law, health, and social services to apply the SDGs in Detroit. In what we believe to be the first such gathering in a major US city, 55 community leaders were invited to participate in a workshop to adapt the targets of the 4 SDGs most closely related to public health. Choosing only 4 health-related SDGs for discussion in the workshop ensured greater deliberation on each SDG so that community partners could set adapted targets that were both realistic and had the potential to inspire greater action. Although an earlier work discussed the workshop and its results in greater detail,¹³ this study explores how the SDGs can be used as a template for local action in distressed cities by exploring the Detroit model as a case study. The case study explores the 4 selected SDGs in context of Detroit’s challenges. It also shares the workshop attendees’ adapted targets as a template for action by other localities. The study concludes with recommendations for adapting the process and engaging communities around the SDGs.

Detroit Case Study. GHI leverages the best of evidence-based approaches to transform health care delivery for marginalized and vulnerable populations. Such evidence-based approaches come from HICs and high-income communities, as well as from a broad range of sociocultural and economic

settings. From the perspective of GHI, the SDGs represent not only a set of aspirational outcomes to signify development but a very useful schematic and process around which communities can be engaged.

Detroit is recognized worldwide for its urban decline and fiscal austerity, as well as its budding resurgence. Detroit was built by the automobile industry in the first half of the 20th century and later crippled by that industry's decline and departure in the second half. However, beyond the changes in the automobile industry, researchers have pointed to decades of deindustrialization, austerity policies, regionalization of key infrastructure (eg, water and transportation), and structural racism to explain the conditions within Detroit.¹⁴ These challenges have created negative external perceptions of Detroit, yet they also have instilled in the city's residents a steely resolve to "come back" and prove the world wrong.¹⁵ Given the decades of social, ecological, and economic failure, communities in the city are faced with a crisis of sustainability. The SDGs offer a way forward to address local challenges at the city and community levels.

Before attending, the 55 workshop participants were sent a primer on the 4 SDGs to be covered in the workshop along with relevant Michigan and Detroit data on health outcomes, water shutoffs, food access and urban agriculture, and crime statistics. Participants were roughly equally divided into 4 groups. Groups sought to be representative of the community members and organizations attending the workshop. These included leaders from organizations concerned with food justice and policy, queer youth homelessness, health awareness, urban agriculture, peace and conflict resolution advocacy, environmental justice, water access, senior citizens, transportation advocacy, and multiple universities and health systems. Each group was asked to analyze 1 of 4 SDGs and to affirm, adapt, or rewrite its targets to reflect Detroit's particular context and challenges. Participants were encouraged to consider specific, time-bound targets over a 5-, 10-, and 15-year period, while dreaming big about where Detroit could change. Because of the significance of this undertaking, group dialogue started by identifying local problems that resonated with each group's particular SDG.

RESULTS

Food Insecurity. SDG2 is focused on food security and nutrition.¹⁶ The UN SDG2 targets speak broadly to salient issues raised by the participants

(Table 1). There are 5 main targets for SDG2 with corresponding indicators to measure progress toward the targets' and overall goal achievement. Globally, the UN seeks to end hunger and increase year-round access to nutritious food; end malnutrition and reduce malnutrition and stunting; double agricultural productivity among small-scale food producers; ensure sustainable food production systems that simultaneously maintain ecosystems; and maintain genetic diversity of seeds.¹⁶

Land costs have fallen so much in the Detroit over the past decades that urban agriculture is a profitable endeavor for small-scale commercial farms, community gardens, and local families. Incentives proliferate to transform vacant land into urban farms, including an initiative supported by Mayor Mike Duggan that employs ex-offenders to farm repurposed vacant land in the city.¹⁷ With city and local resident support, large corporations also are seeing the value of planting and gardens, thus integrating systematically into the community through support of school farms and creation of gardens and markets.¹⁸ However, as these initiatives have sprung up across the city, there has been no unifying practices or policies to guide how these food crops enter local markets and fill local bellies.

Participants felt that hunger in Detroit was experienced more significantly by children in the context of low family incomes, lack of knowledge by parents and caregivers on how to cook nutritious foods, and lack of a taste for healthy foods on the part of children themselves. Group members defined malnutrition broadly to incorporate both children who were underweight and overweight, with a greater concern being paid to the prevalence of obesity among the city's children. Although citywide obesity statistics were unavailable for the city, statewide 13.2% of 2- to 4-year-olds from low-income families are obese; in Detroit, almost 40% of the families live below the poverty line.^{19,20} Thus, although the UN's indicators for hunger and malnutrition focus on prevalence of food insecurity, stunting, and malnutrition, the indicators as adapted by participants for Detroit included social knowledge regarding cooking healthy food, ratio of monthly income budgeted on healthy food, number of food sources within the city, number of public transportation options to reach food sources, and preferences of children for healthy foods.

In terms of food production and access, the group emphasized food sovereignty and a desire that a majority of fruits and vegetables consumed by Detroit residents be grown in Detroit by small-

Table 1. Adapted Detroit Workshop SDG Target Indicators

SDG	Relevant UN Targets	UN Indicators	Adapted Indicators
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	Prevalence of food insecurity	Ratio of monthly income budgeted on healthy food; number of sources for fresh produce in city
	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children <5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons	Prevalence of stunting	Prevalence of childhood obesity
		Prevalence of malnutrition	Preferences of children for healthy foods
	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers	Average income of small-scale food producers	Acreage of city-provided land for production use
Goal 3. Ensure healthy lives and promote well-being for all at all ages	3.1 By 2030, reduce the global maternal mortality ratio to <70 per 100,000 live births	Maternal mortality ratio	
	3.2 By 2030, end preventable deaths of newborns and children <5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births	Under-5 mortality rate	
		Neonatal mortality rate	
	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases	New HIV infections per 1000 uninfected population	Percentage of people age <21 experiencing homelessness
		Tuberculosis incidence per 1000 population	Proportion of homeless youth engaging in survival sex work
		Malaria incidence per 1000 population	
	3.4 By 2030, reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	Number of people requiring interventions against neglected tropical diseases	
		Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	Include a factor to measure sociocontextual determinants for chronic disease
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Suicide mortality rate		
	Coverage of treatment interventions for substance use disorders	Number of social organizations serving homeless youth	
3.7 By 2030, ensure universal access to sexual and reproductive health care services	Harmful use of alcohol	Proportion of homeless young people who access services monthly	
	Proportion of women of reproductive age who have their need of for family planning satisfied	Proportion of women age <21 who drop out of school	

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Table 1. continued

SDG	Relevant UN Targets	UN Indicators	Adapted Indicators	
		Adolescent birth rate per 1000 women aged 15-19 years	Knowledge of sexual health resources among women age <21	
Goal 6. Ensure availability and sustainable management of water and sanitation for all	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all	Proportion of population using safely managed drinking water services	Number of residents with shut off water; Proportion of these with poor health outcomes	
	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all	Proportion of population using safely managed sanitation services		
	6.3 By 2030, improve water quality by reducing pollution, eliminating dumping, and minimizing release of hazardous chemicals and materials	Proportion of wastewater safely treated	Percentage of home water tests with unsafe contaminant levels	
	6.b Support and strengthen the participation of local communities in improving water and sanitation management	Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management	Established water advocacy committee with city public health officer; number of community organizations invited to attend water advocacy meetings	
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	11.1 By 2030, ensure access for all to adequate, safe, and affordable housing and basic services	Proportion of urban population living in inadequate housing	Proportion of majority population in inadequate housing	
	11.2 By 2030, provide access to safe, affordable, accessible, and sustainable transport systems for all	Proportion of population that has convenient access to public transport	Proportion of majority population with adequate access to public transportation	
	11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated, and sustainable human settlement planning	Proportion of cities with a direct participation structure of civil society in urban planning	Proportion of neighborhoods Number of participant residents	
	11.6 By 2030, reduce the adverse per capita environmental effect of cities	Proportion of urban solid waste regularly collected	City expenditures for protection of cultural heritage sites	
	11.7 By 2030, provide universal access to safe, inclusive, and accessible green and public spaces		Average share of the built-up area that is open space for public use	
			Proportion of persons who are victims of harassment	City expenditures on education to eliminate structural racism

scale producers and, specifically, not by large, commercial farms. Given the political capital and incentives behind the mayor’s initiative, group participants called for 13,000 acres of land to be used for producing agriculture for consumption in Detroit. UN indicators for the production targets of SDG2 include volume of production per labor unit, average income of small-scale food producer, and proportion of agricultural area under productive use. To these, the group added an adaptation of the

last target: proportion of formerly vacant residential area under productive agricultural use.

Infant Mortality. Participants in the second breakout group discussed SDG3: ensure healthy lives and promote well-being for all at all ages. The UN targets for SDG3 are some of the broadest of all the goals (Table 1). As the so-called “health SDG,” SDG3 incorporates health outcomes of tremendous diversity: reduce global maternal mortality; reduce global infant mortality; end the epidemics of global

communicable diseases (eg, HIV, malaria, tuberculosis, neglected tropical diseases); reduce by one-third premature deaths due to noncommunicable, chronic disease (eg, chronic obstructive pulmonary disease, diabetes, congestive heart failure); prevent and treat substance abuse; halve deaths related to traffic accidents; achieve universal access to reproductive health care services; achieve universal access to health care coverage; and reduce the number of deaths and illnesses attributed to pollution.¹⁶ By focusing on serving marginalized populations in the city, group participants were able to prioritize the appropriate targets to adapt.

Community participants immediately noted disproportionate infant mortality in the black community. Detroit has one of the developed world's highest infant mortality rates at 15 per 1000 births. The most recently available data demonstrates that the proportion of Detroit low-birth weight babies (12%) is double the rate in the broader metro Detroit region (6%).²¹ Recognizing that health outcomes often are the product of racial, ethnic, and socioeconomic disparities,²² the group adapted SDG3 to reflect the social determinants of health. The group's targets focused on marginalized populations in Detroit and access to the reproductive health system infrastructure.

Through discussion, participants identified 3 vulnerable populations in Detroit: young, single, and underemployed women; homeless young people; and families with incomes below the federal poverty line. The group then adapted the SDG3 targets to more narrowly address reproductive health, mental health, and chronic disease burden. For young, single women, instead of relying solely on maternal and infant mortality rate indicators, the group added 2 education-related indicators to demonstrate the need for a robust investment in young women's education for prevention: proportion of women <21 who drop out of school early and knowledge of sexual health resources among women age <21.

For homeless young people in Detroit, access to mental health care was discussed as a much-needed resource to reduce high rates of substance abuse and HIV infection in this population. UN indicators measure only the suicide rate and whether countries guarantee insurance coverage for substance abuse treatment. Group participants adapted these to include percentage of people age <21 experiencing homelessness in the preceding 90 days, proportion of homeless young people who engage in survival sex work, number of social service organizations

serving homeless young people, and proportion of homeless young people who access these services at least monthly.

The adapted indicators for both young women and homeless young people implicate the weak state of the city's health infrastructure, which relies too much on secondary and tertiary treatment at hospitals and ambulatory medical centers. Preventive health screenings and investment in prevention education and resources were the highest priorities named by group participants because of their ability to affect vulnerable populations. Although the group ran out of time before it was able to adapt targets to address the chronic disease burden among impoverished families, it did call for an inclusive, participatory roundtable planning group of Detroit residents and community organizations to hold the city's public health department accountable to reclaiming its focus on preventive health and wellness.

Water Shutoffs. Participants in the third breakout group discussed SDG6. The UN targets for the SDG6 are notable for their universality: ensure all people have access to clean drinking water and sanitation; improve water quality; increase water-use efficiency; and protect water-related ecosystems (Table 1).¹⁶

This topic was an especially pressing concern as some participants of the working group shared how the city water department had shut off their own water because their monthly payments had fallen into arrears. Water shutoffs were discussed as an example of a failure at local, state, and national levels to take seriously questions of affordability for life-sustaining utilities. Although city policies have failed poor residents, they exist within an infrastructure that makes standardized payments a norm and identifies as derelict those individuals and families who cannot afford prevailing monthly costs.

Although dialogue among group participants covered the gamut of the UN targets, conversation regularly shifted back to the environment of privatization and austerity that have gripped the city's governance. With respect to ongoing water shutoffs in the city, private firms have been contracted to conduct shutoffs, whereas a regional water authority took control of operations of Detroit's city water department in 2014 as part of bankruptcy-mandated restructuring. In 2015, water service was shut off for 23,300 residential customers for nonpayment.²³

Expressing frustration and concern with the lack of local control over water-related resources, the group pointed to Flint and that city's lead water

crisis as the logical conclusion to austerity policies that rob residents of control over their resources. Although the most powerful conclusion to come from the discussion was that disconnected water must be reconnected immediately, the group's adapted indicators sought to highlight the disproportionate impact on health and well-being that water-related policies were having on residents: number of residents whose water has been shutoff; proportion of shutoff-impacted residents with poor health outcomes (including measures of dehydration, diarrheal disease, and skin and soft tissue infections); percentage of homes receiving water tests; and percentage of home water tests with unsafe contaminant levels. For a city on a major waterway in a state surrounded by the world's largest source of fresh water, group participants expressed their keen awareness of the irony of the water challenges disaffecting the city's poorest and most disadvantaged residents.

Urban Segregation. SDG11 explores how to make cities and human settlements inclusive, safe, resilient, and sustainable. The targets for SDG11 focus on the sustainability of human settlements: ensure universal access to affordable housing; provide access to safe and affordable transportation; ensure cities develop sustainably and democratically; protect cultural heritage sites; guard against natural disasters; reverse adverse environmental impact of cities; and ensure universal access to safe green spaces for recreation (Table 1).¹⁶ This was a tall order, given Detroit's economic problems and decades-long legacy of social and ecological failure, and the resulting "reality of a municipal infrastructure crippled by too little money, too few human resources and too large an area to oversee."²⁴ An issue of importance to the conversation was displacement, which in Detroit is experienced in opposing ways: some families move because a lack of city services creates an inhospitable environment, whereas for others rising rents related to gentrification forces other families to move into depressed neighborhoods where housing is still cheap. The breakout group's focus on inclusive city spaces dove deeply into concepts of racism; broken social networks; place-based access to resources like transportation and food; and decent city services like trash collection, public safety, and utilities.

In very real and tangible ways, the SDGs in Detroit must address de facto urban segregation, as the group made clear. Sociologist Paul Draus cited 6 studies 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."^{25–30}

Given Detroit's history of structural racism and its current experience with gentrification, the group sought to adapt the indicators to focus on the protection of the city's majority population. The group adapted the indicators for the first 2 targets by amending the population to focus specifically on Detroit's majority population of blacks: proportions of the majority population in Detroit living in inadequate housing and having access to adequate transportation. This focus on preserving the city's unique identity was reinforced by new indicators for the fourth target (total expenditures for protection of cultural heritage sites): total expenditures on education to acknowledge the effect of, while working to eliminate, structural racism. The group was especially interested in seeing the SDGs themselves introduced in schools and used as a tool for students to engage in the participatory civil society.

A Post-Workshop Initiative. The targets and indicators of the SDGs for use in Detroit are an important starting point while representing a need for further and deeper conceptual development. An example using water shutoffs, the most salient identified issue during the workshop, demonstrates the importance of community partners to affect the desired targets of SDG6 for Detroit. Shortly after the workshop concluded, a roundtable of workshop participants representing 5 community partners began meeting monthly with the city's public health officer. Representative of the city's faith-based, grassroots, and social service organizations, the Henry Ford Health System was invited to join the community's ongoing advocacy work after a new city public health officer was hired. Because most of the public health department's responsibilities had been privatized, the advocacy group sought to strengthen its focus on health care as it advocated for a stronger department dedicated to population health that would forcefully push back against city-ordered water shutoffs.

One grassroots community-organizing collective brought the results of a cross-sectional study and related mapping activities conducted with 58 residents in 3 different neighborhoods using a modified version of the CASPAR survey toolkit developed by the Centers for Disease Control and Prevention.³¹ In response to the city's concerns that the data were too anecdotal, the Henry Ford Health System cross-referenced patient health outcomes data with

block-level water shutoff data and, at the time of writing, is currently performing analysis to demonstrate the association between water shutoffs and poor health outcomes. Notably, the city water and sewerage department denied initial requests for water shutoff data. Only after it and a local news organization filed multiple Freedom of Information Act requests was data provided, and even then the data was incomplete and, in parts, contradictory (M. Lewis-Patrick, personal communication, January 13, 2016). Because water shutoffs are happening in context of larger regionalization and austerity policies, the topic is politically charged, adding important social considerations to the evident environmental and economic impacts shutoffs have on families and on the city's budget. As a result, the partnerships, community research activities, and data analysis resulting from the workshop have had to carefully navigate multiple stakeholders and agendas while still publicly and consistently calling for an end to water shutoffs in the name of public health.

DISCUSSION

Detroit offers an important case study that illustrates how community-identified issues and community-based efforts can be situated in a global context. The SDGs provided workshop participants with a flexible framework within which to identify, discuss, and prioritize health issues within Detroit. With multiple stakeholders at the table, participants were at times divided over the salience of specific aspects of an issue, yet the exercise of reframing the SDG targets was a means toward clarifying participants' values while striving toward some degree of consensus.

Community partnerships are a core value of the organizational infrastructure in which GHI operates. Based in the system's flagship hospital in downtown Detroit, GHI's mission is to promote the health of vulnerable and marginalized populations, in part by facilitating global-to-local learning and knowledge transfer. In addition to its capacity-building work with ministries of health, universities, and health care systems internationally, GHI is committed to building the capacity of its neighbors in Detroit to promote their own health. In addition to the ways previously articulated that the SDGs empower local communities to respond to their unique health challenges, GHI asked workshop participants to consider the SDGs in the context of global sustainable human development. In this way, GHI sought to build

workshop participants' capacity to see themselves as part of these larger, more global conversations. The effect on the participants was profound. One participant, who founded a community advocacy organization around water shutoffs, shared that her "confidence to organize [her] community and advocate for a moratorium on shutoffs increased." Another participant, for whom the workshop first introduced the social determinants of health, expressed her view that "Detroit truly is a global city" with challenges that "aren't all that different from those in Haiti and Uganda." Although 1 participant questioned the utility of the SDGs for creating legislative change, suggesting that Detroit is "all policed out," others pushed back and defended the approach. They suggested that inclusive and participatory means of decision making, which they felt were at the heart of the SDG process, are right for Detroit and already prominent in the fabric of their existing community-organizing work. For participants and organizers alike, the workshop proved our initial hypothesis, which is that the global goals are indeed relevant to Detroit. Their commitments to action demonstrated a belief among at least 1 participant that "the workshop enabled [them] to join this global movement."

As noted, in terms of SDG6 (water sustainability), identifiable actions have been implemented as a result of the workshop. To an extent, this agenda item was pushed to the forefront by national coverage of the water crisis in Flint. However, even before the headlines shaped national, state, regional, and local action, the workshop helped to establish partnerships and identify indicators for moving forward, while also pushing Detroit's water crisis to the fore. With similar racial and ethnic demographics, a shared dependence on manufacturing that led to economic decline, and a significant population decline over the past several decades, Flint and Detroit share more in common than separates them. Both water crises in Flint and Detroit were shaped by austerity policies enacted by state government. Detroit's civic response to the government's exacerbation of its water crisis offers Flint a timely example of how important community-based—and globally informed—approaches are to achieving progress. This is the contribution of the Detroit SDG workshop to the global development agenda.

The workshop was and is envisioned only as a starting point, as are the adapted indicators. Establishing goals to improve living conditions and the health and well-being of any population can only be successful if they are dynamic. The SDGs can

be applied to both specific socioenvironmental and temporal contexts. Their relevance to multifaceted and complex development challenges is due to their cross-cutting nature, linking as they do health and education with environmental and infrastructural factors. This is the “nested” concept alluded to by Sachs and others that describes the interrelationships of the development determinants captured by the SDGs. Detroit’s social, economic, and environmental history and today are the perfect crystallization of cross-cutting elements the SDGs aim to improve. Community partnerships established by and sustained after the SDG workshop illustrate a useful path forward for Detroit and for other cities.

CONCLUSION

The Detroit SDG workshop built on a globally recognized effort to integrate environmental, social, and economic development over the next 15 years. In the short term, the workshop provided an opportunity to bring together academic, governmental, and community stakeholders to begin a process of framing a broad range of historical and extant conditions that

contribute to the health and well-being of Detroit’s most underserved and vulnerable populations. In the longer term, the use of the SDGs to explore commonalities in health-related issues across high- and low-middle income countries creates a more inclusive space in which to identify solutions.

Participants’ abilities to see themselves as global citizens was an imperative to making the case that the SDGs themselves were relevant to their local neighborhoods and health challenges. Most importantly, the SDGs’ adaptability allowed for creative license on the part of participants to tailor the Detroit-specific targets and subgoals and resulted in actionable objectives, new partnerships, and a broader sense of their local work in a global context. The use of a public health platform with its commitments to social determinants of health, social justice, and racial equity further enabled community partners to begin dialogue from a common set of assumptions and beliefs about the value of their work at the community level. In these ways, the SDG workshop was an invaluable tool to facilitating the self-recognition of participants and organizers as global citizens dedicated to taking local action in furtherance of a healthier world.

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