

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 2506

To require Federal agencies to support health impact assessments and take other actions to improve health and the environmental quality of communities, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

APRIL 4, 2006

Mr. OBAMA (for himself, Mr. DURBIN, Mrs. CLINTON, and Mr. KERRY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To require Federal agencies to support health impact assessments and take other actions to improve health and the environmental quality of communities, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Healthy Places Act  
5       of 2006”.

6       **SEC. 2. DEFINITIONS.**

7       In this Act:

1           (1) ADMINISTRATOR.—The term “Adminis-  
2           trator” means the Administrator of the Environ-  
3           mental Protection Agency.

4           (2) BUILT ENVIRONMENT.—The term “built  
5           environment” means an environment consisting of  
6           all buildings, spaces, and products that are created  
7           or modified by people, including—

8                   (A) homes, schools, workplaces, parks and  
9                   recreation areas, greenways, business areas,  
10                  and transportation systems;

11                  (B) electric transmission lines;

12                  (C) waste disposal sites; and

13                  (D) land-use planning and policies that im-  
14                  pact urban, rural, and suburban communities.

15           (3) DIRECTOR.—The term “Director” means  
16           the Director of the Centers for Disease Control and  
17           Prevention.

18           (4) ENVIRONMENTAL HEALTH.—The term “en-  
19           vironmental health” means the health and well-being  
20           of a population as affected by—

21                   (A) the direct pathological effects of chemi-  
22                   cals, radiation, and some biological agents; and

23                   (B) the effects (often indirect) of the broad  
24                   physical, psychological, social, and aesthetic en-  
25                   vironment.

1           (5) HEALTH IMPACT ASSESSMENT.—The term  
2           “health impact assessment” means any combination  
3           of procedures, methods, tools, and means used under  
4           section 4 to analyze the actual or potential effects of  
5           a policy, program, or project on the health of a pop-  
6           ulation (including the distribution of those effects  
7           within the population).

8           (6) SECRETARY.—The term “Secretary” means  
9           the Secretary of Health and Human Services.

10 **SEC. 3. INTERAGENCY WORKING GROUP ON ENVIRON-**  
11 **MENTAL HEALTH.**

12           (a) DEFINITIONS.—In this section:

13           (1) INSTITUTE.—The term “Institute” means  
14           the Institute of Medicine of the National Academies  
15           of Science.

16           (2) IWG.—The term “IWG” means the inter-  
17           agency working group established under subsection  
18           (b).

19           (b) ESTABLISHMENT.—The Secretary, in coordina-  
20           tion with the Administrator, shall establish an interagency  
21           working group to discuss environmental health concerns,  
22           particularly concerns disproportionately affecting dis-  
23           advantaged populations.

24           (c) MEMBERSHIP.—The IWG shall be composed of  
25           a representative from each Federal agency (as appointed

1 by the head of the agency) that has jurisdiction over, or  
2 is affected by, environmental policies and projects, includ-  
3 ing—

- 4 (1) the Council on Environmental Quality;
- 5 (2) the Department of Agriculture;
- 6 (3) the Department of Commerce;
- 7 (4) the Department of Defense;
- 8 (5) the Department of Education;
- 9 (6) the Department of Energy;
- 10 (7) the Department of Health and Human  
11 Services;
- 12 (8) the Department of Housing and Urban De-  
13 velopment;
- 14 (9) the Department of the Interior;
- 15 (10) the Department of Justice;
- 16 (11) the Department of Labor;
- 17 (12) the Department of State;
- 18 (13) the Department of Transportation;
- 19 (14) the Environmental Protection Agency; and
- 20 (15) such other Federal agencies as the Admin-  
21 istrator and the Secretary jointly determine to be  
22 appropriate.

23 (d) DUTIES.—The IWG shall—

- 24 (1) facilitate communication and partnership on  
25 environmental health-related projects and policies—

1 (A) to generate a better understanding of  
2 the interactions between policy areas; and

3 (B) to raise awareness of the relevance of  
4 health across policy areas to ensure that the po-  
5 tential positive and negative health con-  
6 sequences of decisions are not overlooked;

7 (2) serve as a centralized mechanism to coordi-  
8 nate a national effort—

9 (A) to discuss and evaluate evidence and  
10 knowledge on the relationship between the gen-  
11 eral environment and the health of the popu-  
12 lation of the United States;

13 (B) to determine the range of effective,  
14 feasible, and comprehensive actions to improve  
15 environmental health; and

16 (C) to examine and better address the in-  
17 fluence of social and environmental deter-  
18 minants of health;

19 (3) survey Federal agencies to determine which  
20 policies are effective in encouraging, and how best to  
21 facilitate outreach without duplicating, efforts relat-  
22 ing to environmental health promotion;

23 (4) establish specific goals within and across  
24 Federal agencies for environmental health pro-

1 motion, including determinations of accountability  
2 for reaching those goals;

3 (5) develop a strategy for allocating responsibil-  
4 ities and ensuring participation in environmental  
5 health promotions, particularly in the case of com-  
6 peting agency priorities;

7 (6) coordinate plans to communicate research  
8 results relating to environmental health to enable re-  
9 porting and outreach activities to produce more use-  
10 ful and timely information;

11 (7) establish an interdisciplinary committee to  
12 continue research efforts to further understand the  
13 relationship between the built environment and  
14 health factors (including air quality, physical activity  
15 levels, housing quality, access to primary health care  
16 practitioners and health care facilities, injury risk,  
17 and availability of nutritional, fresh food) that co-  
18 ordinates the expertise of the public health, urban  
19 planning, and transportation communities;

20 (8) develop an appropriate research agenda for  
21 Federal agencies—

22 (A) to support—

23 (i) longitudinal studies;

1 (ii) rapid-response capability to evalu-  
2 ate natural conditions and occurrences;  
3 and

4 (iii) extensions of national databases;  
5 and

6 (B) to review evaluation and economic data  
7 relating to the impact of Federal interventions  
8 on the prevention of environmental health con-  
9 cerns;

10 (9) initiate environmental health impact dem-  
11 onstration projects to develop integrated place-based  
12 models for addressing community quality-of-life  
13 issues;

14 (10) provide a description of evidence-based  
15 best practices, model programs, effective guidelines,  
16 and other strategies for promoting environmental  
17 health;

18 (11) make recommendations to improve Federal  
19 efforts relating to environmental health promotion  
20 and to ensure Federal efforts are consistent with  
21 available standards and evidence and other programs  
22 in existence as of the date of enactment of this Act;

23 (12) monitor Federal progress in meeting spe-  
24 cific environmental health promotion goals;

1           (13) assist in ensuring, to the maximum extent  
2           practicable, integration of the impact of environ-  
3           mental policies, programs, and activities on the  
4           areas under Federal jurisdiction;

5           (14) assist in the implementation of the rec-  
6           ommendations from the reports of the Institute of  
7           Medicine entitled “Does the Built Environment In-  
8           fluence Physical Activity? Examining the Evidence”  
9           and dated January 11, 2005, and “Rebuilding the  
10          Unity of Health and the Environment: A New Vision  
11          of Environmental Health for the 21st Century” and  
12          dated January 22, 2001, including recommendations  
13          for—

14                 (A) the expansion of national public health  
15                 and travel surveys to provide more detailed in-  
16                 formation about the connection between the  
17                 built environment and health, including expan-  
18                 sion of such surveys as—

19                         (i) the Behavioral Risk Factor Sur-  
20                         veillance System, the National Health and  
21                         Nutrition Examination Survey, and the  
22                         National Health Interview Survey con-  
23                         ducted by the Centers for Disease Control  
24                         and Prevention;



1 (ii) the American Community survey  
2 conducted by the Census Bureau;

3 (iii) the American Time Use Survey  
4 conducted by the Bureau of Labor Statis-  
5 tics;

6 (iv) the Youth Risk Behavior Survey  
7 conducted by the Centers for Disease Con-  
8 trol and Prevention; and

9 (v) the National Longitudinal Cohort  
10 Survey of American Children (the National  
11 Children’s Study) conducted by the Na-  
12 tional Institute of Child Health and  
13 Human Development;

14 (B) collaboration with national initiatives  
15 to learn from natural experiments such as ob-  
16 servations from changes in the built environ-  
17 ment and the consequent effects on health;

18 (C) development of a program of research  
19 with a defined mission and recommended budg-  
20 et, concentrating on multiyear projects and en-  
21 hanced data collection;

22 (D) development of interdisciplinary edu-  
23 cation programs—

24 (i) to train professionals in conducting  
25 recommended research; and

1                   (ii) to prepare practitioners with ap-  
2                   propriate skills at the intersection of phys-  
3                   ical activity, public health, transportation,  
4                   and urban planning;

5                   (15) not later than 2 years after the date of en-  
6                   actment of this Act, submit to Congress a report  
7                   that describes the extent to which recommendations  
8                   from the Institute of Medicine reports described in  
9                   paragraph (14) were executed; and

10                  (16) assist the Director with the development of  
11                  guidance for the assessment of the potential health  
12                  effects of land use, housing, and transportation pol-  
13                  icy and plans.

14                  (e) MEETINGS.—

15                  (1) IN GENERAL.—The IWG shall meet at least  
16                  3 times each year.

17                  (2) ANNUAL CONFERENCE.—The Secretary,  
18                  acting through the Director and in collaboration  
19                  with the Administrator, shall sponsor an annual con-  
20                  ference on environmental health and health dispari-  
21                  ties to enhance coordination, build partnerships, and  
22                  share best practices in environmental health data  
23                  collection, analysis, and reporting.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as are nec-  
3 essary to carry out this section.

4 **SEC. 4. HEALTH IMPACT ASSESSMENTS.**

5 (a) DEFINITION OF ELIGIBLE ENTITY.—In this sec-  
6 tion, the term “eligible entity” means any unit of State  
7 or local government the jurisdiction of which includes indi-  
8 viduals or populations the health of which are or will be  
9 affected by an activity or a proposed activity.

10 (b) ESTABLISHMENT.—The Secretary, acting  
11 through the Director and in collaboration with the Admin-  
12 istrator, shall—

13 (1) establish a program at the National Center  
14 of Environmental Health at the Centers for Disease  
15 Control and Prevention focused on advancing the  
16 field of health impact assessment, including—

17 (A) collecting and disseminating best prac-  
18 tices;

19 (B) administering capacity building grants,  
20 in accordance with subsection (d);

21 (C) providing technical assistance;

22 (D) providing training;

23 (E) conducting evaluations; and

24 (F) awarding competitive extramural re-  
25 search grants;

1           (2) in accordance with subsection (f), develop  
2           guidance to conduct health impact assessments; and

3           (3) establish a grant program to allow eligible  
4           entities to conduct health impact assessments.

5           (c) GUIDANCE.—The Director, in collaboration with  
6 the IWG, shall—

7           (1) develop guidance for the assessment of the  
8           potential health effects of land use, housing, and  
9           transportation policy and plans, including—

10                   (A) background on international efforts to  
11                   bridge urban planning and public health institu-  
12                   tions and disciplines, including a review of  
13                   health impact assessment best practices inter-  
14                   nationally;

15                   (B) evidence-based causal pathways that  
16                   link urban planning, transportation, and hous-  
17                   ing policy and objectives to human health objec-  
18                   tives;

19                   (C) data resources and quantitative and  
20                   qualitative forecasting methods to evaluate both  
21                   the status of health determinants and health ef-  
22                   fects; and

23                   (D) best practices for inclusive public in-  
24                   volvement in planning decision-making;

1           (2) not later than 1 year after the date of en-  
2           actment of this Act, promulgate the guidance; and

3           (3) present the guidance to the public at the  
4           annual conference described in section 3(e)(2).

5           (d) GRANT PROGRAM.—The Secretary, acting  
6           through the Director and in collaboration with the Admin-  
7           istrator, shall establish a program under which the Sec-  
8           retary shall provide funding and technical assistance to  
9           eligible entities to prepare health impact assessments—

10           (1) to ensure that appropriate health factors  
11           are taken into consideration as early as practicable  
12           during any planning, review, or decision-making  
13           process; and

14           (2) to evaluate the effect on the health of indi-  
15           viduals and populations, and on social and economic  
16           development, of decisions made outside of the health  
17           sector that result in modifications of a physical or  
18           social environment.

19           (e) APPLICATIONS.—

20           (1) IN GENERAL.—To receive a grant under  
21           this section, an eligible entity shall submit to the  
22           Secretary an application in accordance with this sub-  
23           section, in such time, in such manner, and con-  
24           taining such additional information as the Secretary  
25           may require.

1 (2) INCLUSION.—

2 (A) IN GENERAL.—An application under  
3 this subsection shall include an assessment by  
4 the eligible entity of the probability that an ap-  
5 plicable activity or proposed activity will have at  
6 least 1 significant, adverse health effect on an  
7 individual or population in the jurisdiction of  
8 the eligible entity, based on the criteria de-  
9 scribed in subparagraph (B).

10 (B) CRITERIA.—The criteria referred to in  
11 subparagraph (A) include, with respect to the  
12 applicable activity or proposed activity—

13 (i) any substantial adverse effect on—

14 (I) existing air quality, ground or  
15 surface water quality or quantity, or  
16 traffic or noise levels;

17 (II) a significant habitat area;

18 (III) physical activity;

19 (IV) injury;

20 (V) mental health;

21 (VI) social capital;

22 (VII) accessibility;

23 (VIII) the character or quality of  
24 an important historical, archeological,  
25 architectural, or aesthetic resource

- 1 (including neighborhood character) of  
2 the community of the eligible entity;  
3 or  
4 (IX) any other natural resource;  
5 (ii) any increase in—  
6 (I) solid waste production; or  
7 (II) problems relating to erosion,  
8 flooding, leaching, or drainage;  
9 (iii) any requirement that a large  
10 quantity of vegetation or fauna be removed  
11 or destroyed;  
12 (iv) any conflict with the plans or  
13 goals of the community of the eligi-  
14 ble entity;  
15 (v) any major change in the quantity  
16 or type of energy used by the community  
17 of the eligible entity;  
18 (vi) any hazard presented to human  
19 health;  
20 (vii) any substantial change in the  
21 use, or intensity of use, of land in the ju-  
22 risdiction of the eligible entity, including  
23 agricultural, open space, and recreational  
24 uses;

1 (viii) the probability that the activity  
2 or proposed activity will result in an in-  
3 crease in tourism in the jurisdiction of the  
4 eligible entity;

5 (ix) any substantial, adverse aggre-  
6 gate impact on environmental health re-  
7 sulting from—

8 (I) changes caused by the activity  
9 or proposed activity to 2 or more ele-  
10 ments of the environment; or

11 (II) 2 or more related actions  
12 carried out under the activity or pro-  
13 posed activity; and

14 (x) any other significant change of  
15 concern, as determined by the eligible enti-  
16 ty.

17 (C) FACTORS FOR CONSIDERATION.—In  
18 making an assessment under subparagraph (A),  
19 an eligible entity may take into consideration  
20 any reasonable, direct, indirect, or cumulative  
21 effect relating to the applicable activity or pro-  
22 posed activity, including the effect of any action  
23 that is—

24 (i) included in the long-range plan re-  
25 lating to the activity or proposed activity;



1 (ii) likely to be carried out in coordi-  
2 nation with the activity or proposed activ-  
3 ity;

4 (iii) dependent on the occurrence of  
5 the activity or proposed activity; or

6 (iv) likely to have a disproportionate  
7 impact on disadvantaged populations.

8 (f) USE OF FUNDS.—

9 (1) IN GENERAL.—An eligible entity shall use  
10 assistance received under this section to prepare and  
11 submit to the Secretary a health impact assessment  
12 in accordance with this subsection.

13 (2) PURPOSES.—The purposes of a health im-  
14 pact assessment are—

15 (A) to facilitate the involvement of State  
16 and local health officials in community planning  
17 and land use decisions to identify any potential  
18 health concern relating to an activity or pro-  
19 posed activity;

20 (B) to provide for an investigation of any  
21 health-related issue addressed in an environ-  
22 mental impact statement or policy appraisal re-  
23 lating to an activity or a proposed activity;

24 (C) to describe and compare alternatives  
25 (including no-action alternatives) to an activity

1 or a proposed activity to provide clarification  
2 with respect to the costs and benefits of the ac-  
3 tivity or proposed activity; and

4 (D) to contribute to the findings of an en-  
5 vironmental impact statement with respect to  
6 the terms and conditions of implementing an  
7 activity or a proposed activity, as necessary.

8 (3) REQUIREMENTS.—A health impact assess-  
9 ment prepared under this subsection shall—

10 (A) describe the relevance of the applicable  
11 activity or proposed activity (including the pol-  
12 icy of the activity) with respect to health issues;

13 (B) assess each health impact of the appli-  
14 cable activity or proposed activity;

15 (C) provide recommendations of the eligi-  
16 ble entity with respect to—

17 (i) the mitigation of any adverse im-  
18 pact on health of the applicable activity or  
19 proposed activity; or

20 (ii) the encouragement of any positive  
21 impact of the applicable activity or pro-  
22 posed activity;

23 (D) provide for monitoring of the impacts  
24 on health of the applicable activity or proposed

1 activity, as the eligible entity determines to be  
2 appropriate; and

3 (E) include a list of each comment received  
4 with respect to the health impact assessment  
5 under subsection (e).

6 (4) METHODOLOGY.—In preparing a health im-  
7 pact assessment under this subsection, an eligible  
8 entity—

9 (A) shall follow guidelines developed by the  
10 Director, in collaboration with the IWG, that—

11 (i) are consistent with subsection (e);

12 (ii) will be established not later than  
13 1 year after the date of enactment of this  
14 Act; and

15 (iii) will be made publicly available at  
16 the annual conference described in section  
17 3(e)(2); and

18 (B) may establish a balance, as the eligible  
19 entity determines to be appropriate, between  
20 the use of—

21 (i) rigorous methods requiring special  
22 skills or increased use of resources; and

23 (ii) expedient, cost-effective measures.

24 (g) PUBLIC PARTICIPATION.—

1           (1) IN GENERAL.—Before preparing and sub-  
2           mitting to the Secretary a final health impact as-  
3           sessment, an eligible entity shall request and take  
4           into consideration public and agency comments, in  
5           accordance with this subsection.

6           (2) REQUIREMENT.—Not later than 30 days  
7           after the date on which a draft health impact assess-  
8           ment is completed, an eligible entity shall submit the  
9           draft health impact assessment to each Federal  
10          agency, and each State and local organization,  
11          that—

12                   (A) has jurisdiction with respect to the ac-  
13                   tivity or proposed activity to which the health  
14                   impact assessment applies;

15                   (B) has special knowledge with respect to  
16                   an environmental or health impact of the activ-  
17                   ity or proposed activity; or

18                   (C) is authorized to develop or enforce any  
19                   environmental standard relating to the activity  
20                   or proposed activity.

21          (3) COMMENTS REQUESTED.—

22                   (A) REQUEST BY ELIGIBLE ENTITY.—An  
23                   eligible entity may request comments with re-  
24                   spect to a health impact assessment from—

25                           (i) affected Indian tribes;

1 (ii) interested or affected individuals  
2 or organizations; and

3 (iii) any other State or local agency,  
4 as the eligible entity determines to be ap-  
5 propriate.

6 (B) REQUEST BY OTHERS.—Any interested  
7 or affected agency, organization, or individual  
8 may—

9 (i) request an opportunity to comment  
10 on a health impact assessment; and

11 (ii) submit to the appropriate eligible  
12 entity comments with respect to the health  
13 impact assessment by not later than—

14 (I) for a Federal, State, or local  
15 government agency or organization,  
16 the date on which a final health im-  
17 pact assessment is prepared; and

18 (II) for any other individual or  
19 organization, the date described in  
20 subclause (I) or another date, as the  
21 eligible entity may determine.

22 (4) RESPONSE TO COMMENTS.—A final health  
23 impact assessment shall describe the response of the  
24 eligible entity to comments received within a 90-day  
25 period under this subsection, including—

1 (A) a description of any means by which  
2 the eligible entity, as a result of such a com-  
3 ment—

4 (i) modified an alternative rec-  
5 ommended with respect to the applicable  
6 activity or proposed activity;

7 (ii) developed and evaluated any alter-  
8 native not previously considered by the eli-  
9 gible entity;

10 (iii) supplemented, improved, or modi-  
11 fied an analysis of the eligible entity; or

12 (iv) made any factual correction to the  
13 health impact assessment; and

14 (B) for any comment with respect to which  
15 the eligible entity took no action, an explanation  
16 of the reasons why no action was taken and, if  
17 appropriate, a description of the circumstances  
18 under which the eligible entity would take such  
19 an action.

20 (h) HEALTH IMPACT ASSESSMENT DATABASE.—The  
21 Secretary, acting through the Director and in collabora-  
22 tion with the Administrator, shall establish and maintain  
23 a health impact assessment database, including—

24 (1) a catalog of health impact assessments re-  
25 ceived under this section;

1           (2) an inventory of tools used by eligible enti-  
 2 ties to prepare draft and final health impact assess-  
 3 ments; and

4           (3) guidance for eligible entities with respect to  
 5 the selection of appropriate tools described in para-  
 6 graph (2).

7           (i) AUTHORIZATION OF APPROPRIATIONS.—There  
 8 are authorized to be appropriated to carry out this section  
 9 such sums as are necessary.

10 **SEC. 5. GRANT PROGRAM.**

11           (a) DEFINITIONS.—In this section:

12           (1) DIRECTOR.—The term “Director” means  
 13 the Director of the Centers for Disease Control and  
 14 Prevention, acting in collaboration with the Adminis-  
 15 trator and the Director of the National Institute of  
 16 Environmental Health Sciences.

17           (2) ELIGIBLE ENTITY.—The term “eligible enti-  
 18 ty” means a State or local community that—

19                   (A) bears a disproportionate burden of ex-  
 20 posure to environmental health hazards;

21                   (B) has established a coalition—

22                           (i) with not less than 1 community-  
 23 based organization; and

24                           (ii) with not less than 1—

25                                   (I) public health entity;

1 (II) health care provider organi-  
2 zation; or

3 (III) academic institution;

4 (C) ensures planned activities and funding  
5 streams are coordinated to improve community  
6 health; and

7 (D) submits an application in accordance  
8 with subsection (c).

9 (b) ESTABLISHMENT.—The Director shall establish a  
10 grant program under which eligible entities shall receive  
11 grants to conduct environmental health improvement ac-  
12 tivities.

13 (c) APPLICATION.—To receive a grant under this sec-  
14 tion, an eligible entity shall submit an application to the  
15 Director at such time, in such manner, and accompanied  
16 by such information as the Director may require.

17 (d) COOPERATIVE AGREEMENTS.—An eligible entity  
18 may use a grant under this section—

19 (1) to promote environmental health; and

20 (2) to address environmental health disparities.

21 (e) AMOUNT OF COOPERATIVE AGREEMENT.—

22 (1) IN GENERAL.—The Director shall award  
23 grants to eligible entities at the 2 different funding  
24 levels described in this subsection.

25 (2) LEVEL 1 COOPERATIVE AGREEMENTS.—



1 (A) IN GENERAL.—An eligible entity  
2 awarded a grant under this paragraph shall use  
3 the funds to identify environmental health prob-  
4 lems and solutions by—

5 (i) establishing a planning and  
6 prioritizing council in accordance with sub-  
7 paragraph (B); and

8 (ii) conducting an environmental  
9 health assessment in accordance with sub-  
10 paragraph (C).

11 (B) PLANNING AND PRIORITIZING COUN-  
12 CIL.—

13 (i) IN GENERAL.—A prioritizing and  
14 planning council established under sub-  
15 paragraph (A)(i) (referred to in this para-  
16 graph as a “PPC”) shall assist the envi-  
17 ronmental health assessment process and  
18 environmental health promotion activities  
19 of the eligible entity.

20 (ii) MEMBERSHIP.—Membership of a  
21 PPC shall consist of representatives from  
22 various organizations within public health,  
23 planning, development, and environmental  
24 services and shall include stakeholders  
25 from vulnerable groups such as children,

1 the elderly, disabled, and minority ethnic  
2 groups that are often not actively involved  
3 in democratic or decision-making proc-  
4 esses.

5 (iii) DUTIES.—A PPC shall—

6 (I) identify key stakeholders and  
7 engage and coordinate potential part-  
8 ners in the planning process;

9 (II) establish a formal advisory  
10 group to plan for the establishment of  
11 services;

12 (III) conduct an in-depth review  
13 of the nature and extent of the need  
14 for an environmental health assess-  
15 ment, including a local epidemiological  
16 profile, an evaluation of the service  
17 provider capacity of the community,  
18 and a profile of any target popu-  
19 lations; and

20 (IV) define the components of  
21 care and form essential programmatic  
22 linkages with related providers in the  
23 community.

24 (C) ENVIRONMENTAL HEALTH ASSESS-  
25 MENT.—

1 (i) IN GENERAL.—A PPC shall carry  
2 out an environmental health assessment to  
3 identify environmental health concerns.

4 (ii) ASSESSMENT PROCESS.—The  
5 PPC shall—

6 (I) define the goals of the assess-  
7 ment;

8 (II) generate the environmental  
9 health issue list;

10 (III) analyze issues with a sys-  
11 tems framework;

12 (IV) develop appropriate commu-  
13 nity environmental health indicators;

14 (V) rank the environmental  
15 health issues;

16 (VI) set priorities for action;

17 (VII) develop an action plan;

18 (VIII) implement the plan; and

19 (IX) evaluate progress and plan-  
20 ning for the future.

21 (D) EVALUATION.—Each eligible entity  
22 that receives a grant under this paragraph shall  
23 evaluate, report, and disseminate program find-  
24 ings and outcomes.

1           (E) TECHNICAL ASSISTANCE.—The Direc-  
2           tor may provide such technical and other non-  
3           financial assistance to eligible entities as the  
4           Director determines to be necessary.

5           (3) LEVEL 2 COOPERATIVE AGREEMENTS.—

6           (A) ELIGIBILITY.—

7           (i) IN GENERAL.—The Director shall  
8           award grants under this paragraph to eli-  
9           gible entities that have already—

10                   (I) established broad-based col-  
11                   laborative partnerships; and

12                   (II) completed environmental as-  
13                   sessments.

14           (ii) NO LEVEL 1 REQUIREMENT.—To  
15           be eligible to receive a grant under this  
16           paragraph, an eligible entity is not re-  
17           quired to have successfully completed a  
18           Level 1 Cooperative Agreement (as de-  
19           scribed in paragraph (2)).

20           (B) USE OF GRANT FUNDS.—An eligible  
21           entity awarded a grant under this paragraph  
22           shall use the funds to further activities to carry  
23           out environmental health improvement activi-  
24           ties, including—

1 (i) addressing community environ-  
2 mental health priorities in accordance with  
3 paragraph (2)(C)(ii), including—

4 (I) air quality;

5 (II) water quality;

6 (III) solid waste;

7 (IV) land use;

8 (V) housing;

9 (VI) food safety;

10 (VII) crime;

11 (VIII) injuries; and

12 (IX) healthcare services;

13 (ii) building partnerships between  
14 planning, public health, and other sectors,  
15 to address how the built environment im-  
16 pacts food availability and access and  
17 physical activity to promote healthy behav-  
18 iors and lifestyles and reduce obesity and  
19 related co-morbidities;

20 (iii) establishing programs to ad-  
21 dress—

22 (I) how environmental and social  
23 conditions of work and living choices  
24 influence physical activity and dietary  
25 intake; or

1 (II) how those conditions influ-  
 2 ence the concerns and needs of people  
 3 who have impaired mobility and use  
 4 assistance devices, including wheel-  
 5 chairs and lower limb prostheses; and  
 6 (iv) convening intervention programs  
 7 that examine the role of the social environ-  
 8 ment in connection with the physical and  
 9 chemical environment in—

10 (I) determining access to nutri-  
 11 tional food; and

12 (II) improving physical activity to  
 13 reduce morbidity and increase quality  
 14 of life.

15 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
 16 are authorized to be appropriated to carry out this sec-  
 17 tion—

18 (1) \$25,000,000 for fiscal year 2007; and

19 (2) such sums as are necessary for the period  
 20 of fiscal years 2008 through 2011.

21 **SEC. 6. ADDITIONAL RESEARCH ON THE RELATIONSHIP BE-**  
 22 **TWEEN THE BUILT ENVIRONMENT AND THE**  
 23 **HEALTH OF COMMUNITY RESIDENTS.**

24 (a) DEFINITION OF ELIGIBLE INSTITUTION.—In this  
 25 section, the term “eligible institution” means a public or

1 private nonprofit institution that submits to the Secretary  
2 and the Administrator an application for a grant under  
3 the grant program authorized under subsection (b)(2) at  
4 such time, in such manner, and containing such agree-  
5 ments, assurances, and information as the Secretary and  
6 Administrator may require.

7 (b) RESEARCH GRANT PROGRAM.—

8 (1) DEFINITION OF HEALTH.—In this section,  
9 the term “health” includes—

10 (A) levels of physical activity;

11 (B) consumption of nutritional foods;

12 (C) rates of crime;

13 (D) air, water, and soil quality;

14 (E) risk of injury;

15 (F) accessibility to healthcare services; and

16 (G) other indicators as determined appro-  
17 priate by the Secretary.

18 (2) GRANTS.—The Secretary, in collaboration  
19 with the Administrator, shall provide grants to eligi-  
20 ble institutions to conduct and coordinate research  
21 on the built environment and its influence on indi-  
22 vidual and population-based health.

23 (3) RESEARCH.—The Secretary shall support  
24 research that—

- 1 (A) investigates and defines the causal  
2 links between all aspects of the built environ-  
3 ment and the health of residents;
- 4 (B) examines—
- 5 (i) the extent of the impact of the  
6 built environment (including the various  
7 characteristics of the built environment) on  
8 the health of residents;
- 9 (ii) the variance in the health of resi-  
10 dents by—
- 11 (I) location (such as inner cities,  
12 inner suburbs, and outer suburbs);  
13 and
- 14 (II) population subgroup (such as  
15 children, the elderly, the disadvan-  
16 taged); or
- 17 (iii) the importance of the built envi-  
18 ronment to the total health of residents,  
19 which is the primary variable of interest  
20 from a public health perspective;
- 21 (C) is used to develop—
- 22 (i) measures to address health and the  
23 connection of health to the built environ-  
24 ment; and



1 (ii) efforts to link the measures to  
2 travel and health databases;

3 (D) distinguishes carefully between per-  
4 sonal attitudes and choices and external influ-  
5 ences on observed behavior to determine how  
6 much an observed association between the built  
7 environment and the health of residents, versus  
8 the lifestyle preferences of the people that  
9 choose to live in the neighborhood, reflects the  
10 physical characteristics of the neighborhood;  
11 and

12 (E)(i) identifies or develops effective inter-  
13 vention strategies to promote better health  
14 among residents with a focus on behavioral  
15 interventions and enhancements of the built en-  
16 vironment that promote increased use by resi-  
17 dents; and

18 (ii) in developing the intervention strate-  
19 gies under clause (i), ensures that the interven-  
20 tion strategies will reach out to high-risk popu-  
21 lations, including low-income urban and rural  
22 communities.

23 (4) PRIORITY.—In providing assistance under  
24 the grant program authorized under paragraph (2),

1 the Secretary and the Administrator shall give pri-  
2 ority to research that incorporates—

3 (A) interdisciplinary approaches; or

4 (B) the expertise of the public health,  
5 physical activity, urban planning, and transpor-  
6 tation research communities in the United  
7 States and abroad.

8 (c) AUTHORIZATION OF APPROPRIATIONS.—There  
9 are authorized to be appropriated such sums as are nec-  
10 essary to carry out this section.

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