

109TH CONGRESS
2D 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.

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

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 eligible enti-
14 ty;
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;

(viii) the probability that the activity or proposed activity will result in an increase in tourism in the jurisdiction of the eligible entity;

(ix) any substantial, adverse aggregate impact on environmental health resulting from—

(I) changes caused by the activity or proposed activity to 2 or more elements of the environment; or

(II) 2 or more related actions carried out under the activity or proposed activity; and

(x) any other significant change of concern, as determined by the eligible entity.

(C) FACTORS FOR CONSIDERATION.—In making an assessment under subparagraph (A), an eligible entity may take into consideration any reasonable, direct, indirect, or cumulative effect relating to the applicable activity or proposed activity, including the effect of any action that is—

(i) included in the long-range plan relating 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 (c);

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,

the elderly, disabled, and minority ethnic groups that are often not actively involved in democratic or decision-making processes.

(iii) DUTIES.—A PPC shall—

(I) identify key stakeholders and engage and coordinate potential partners in the planning process;

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

(III) conduct an in-depth review of the nature and extent of the need for an environmental health assessment, including a local epidemiological profile, an evaluation of the service provider capacity of the community, and a profile of any target populations; and

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

(C) ENVIRONMENTAL HEALTH ASSESSMENT.—

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 tagged); 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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