


SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
Second Regular Session)

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15 JAN -5 P3 59

SENATE
S. No. 2560

RECEIVED BY: 

Introduced by Senator Miriam Defensor Santiago

AN ACT
REQUIRING GOVERNMENT AGENCIES TO SUPPORT HEALTH IMPACT
ASSESSMENTS AND TAKE OTHER ACTIONS TO IMPROVE THE HEALTH AND THE
ENVIRONMENTAL QUALITY OF COMMUNITIES

EXPLANATORY NOTE

The Constitution, Article 2 provides:

Section 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

Section 16. The State shall protect and advance the right of the people to a balanced and healthful ecology in accord with the rhythm and harmony of nature.

The environments in our homes and communities pose long-term risks to our health. Whether it be the location of a toxic waste dump, traffic patterns allowing diesel-powered trucks to rumble past a school, or cancer-causing formaldehyde in our homes and offices, the places we live and work in can cause real hazards to our health.

It is important for the government to provide support for efforts to improve community design and will issue grants to allow local governments and communities to address environmental health hazards in the grassroots level. It is also important to ensure that communities are involved in public health decisions that directly impact them.

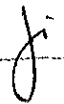
This bill seeks to require government agencies to support health impact assessments and take other actions to improve health and the environmental quality of communities.


MIRIAM DEFENSOR SANTIAGO
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15 JAN -5 P3:59

SENATE
S. No. 2560

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

1 AN ACT
2 REQUIRING GOVERNMENT AGENCIES TO SUPPORT HEALTH IMPACT
3 ASSESSMENTS AND TAKE OTHER ACTIONS TO IMPROVE THE HEALTH AND THE
4 ENVIRONMENTAL QUALITY OF COMMUNITIES

5 SECTION 1. *Short Title.* – This Act shall be known as the “Healthy Places Act.”

6 SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and advance
7 the right of the people to a balanced and healthful ecology in accord with the rhythm and
8 harmony of nature. Pursuant to this policy, this Act shall require government agencies to support
9 health impact assessments and take other actions to improve the health and the environmental
10 quality of communities.

11 SECTION 3. *Definition of Terms.* – For purposes of this Act, the term:

12 (a) “Built environment” means an environment consisting of all buildings, spaces, and
13 products that are created or modified by people, including –

14 (1) homes, schools, workplaces, parks and recreation areas, greenways,
15 business areas, and transportation systems;

16 (2) electric transmission lines;

17 (3) waste disposal sites; and

18 (4) land-use planning and policies that impact urban, rural, and suburban
19 communities.

20 (b) “Environmental health” means the health and well-being of a population as affected

1 by –

2 (1) the direct pathological effects of chemicals, radiation, and some biological
3 agents; and

4 (2) the effects of the broad physical, psychological, social, and aesthetic
5 environment.

6 (c) “Health impact assessment” means any combination of procedures, methods, tools,
7 and means used under section 4 to analyze the actual or potential effects of a policy, program, or
8 project on the health of a population, including the distribution of those effects within the
9 population.

10 SECTION 4. *Inter-Agency Working Group on Environmental Health.* –

11 (a) Establishment – The Secretary of Health, in coordination with the Secretary of
12 Environment and Natural Resources, shall establish an Inter-Agency Working Group to discuss
13 environmental health concerns, particularly concerns disproportionately affecting disadvantaged
14 populations.

15 (b) Membership – The Inter-Agency Working Group shall be composed of a
16 representative from each department or government agency (as appointed by the head of the
17 department or government agency) that has jurisdiction over, or is affected by, environmental
18 policies and projects, including –

19 (1) the Department of Agriculture;

20 (2) the Department of Trade and Industry;

21 (3) the Department of National Defense;

22 (4) the Department of Education;

23 (5) the Department of Energy;

24 (6) the Department of Health;

25 (7) the Department of Interior and Local Government;

26 (8) the Department of Labor and Employment;

27 (9) the Department of Department of Transportation and Communications;

28 (10) the Department of Environment and Natural Resources; and

1 (11) such other government agencies as the Secretary of Health and the
2 Secretary of Environment and Natural Resources shall jointly determine to
3 be appropriate.

4 (c) Duties – The Inter-Agency Working Group shall –

5 (1) facilitate communication and partnership on environmental health-related
6 projects and policies –

7 (i) to generate a better understanding of the interactions between
8 policy areas; and

9 (ii) to raise awareness of the relevance of health across policy areas to
10 ensure that the potential positive and negative health consequences
11 of decisions are not overlooked;

12 (2) serve as a centralized mechanism to coordinate a national effort –

13 (i) to discuss and evaluate evidence and knowledge on the
14 relationship between the general environment and the health of the
15 population of the Philippines;

16 (ii) to determine the range of effective, feasible, and comprehensive
17 actions to improve environmental health; and

18 (iii) to examine and better address the influence of social and
19 environmental determinants of health;

20 (3) survey departments and government agencies to determine which policies
21 are effective in encouraging, and how best to facilitate outreach without
22 duplicating, efforts relating to environmental health promotion;

23 (4) establish specific goals within and across departments and government
24 agencies for environmental health promotion, including determinations of
25 accountability for reaching those goals;

26 (5) develop a strategy for allocating responsibilities and ensuring participation
27 in environmental health promotions, particularly in the case of competing
28 agency priorities;

29 (6) coordinate plans to communicate research results relating to

1 environmental health to enable reporting and outreach activities to
2 produce more useful and timely information;

3 (7) establish an interdisciplinary committee to continue research efforts to
4 further understand the relationship between the built environment and
5 health factors (including air quality, physical activity levels, housing
6 quality, access to primary health care practitioners and health care
7 facilities, injury risk, and availability of nutritional, fresh food) that
8 coordinates the expertise of the public health, urban planning, and
9 transportation communities;

10 (8) develop an appropriate research agenda for departments and government
11 agencies –

12 (i) to support--

13 (aa) longitudinal studies;

14 (bb) rapid-response capability to evaluate natural conditions and
15 occurrences; and

16 (cc) extensions of national databases; and

17 (ii) to review evaluation and economic data relating to the impact of
18 government interventions on the prevention of environmental
19 health concerns;

20 (9) initiate environmental health impact demonstration projects to develop
21 integrated place-based models for addressing community quality-of-life
22 issues;

23 (10) provide a description of evidence-based best practices, model programs,
24 effective guidelines, and other strategies for promoting environmental
25 health;

26 (11) make recommendations to improve government efforts relating to
27 environmental health promotion and to ensure government efforts are
28 consistent with available standards and evidence and other programs in
29 existence as of the date of enactment of this Act;

1 (12) monitor government progress in meeting specific environmental health
2 promotion goals;

3 (13) assist in ensuring, to the maximum extent practicable, integration of the
4 impact of environmental policies, programs, and activities of the
5 government;

6 (14) assist in the expansion of national public health and travel surveys to
7 provide more detailed information about the connection between the built
8 environment and health;

9 (15) assist in the development of interdisciplinary education programs –

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

11 (ii) to prepare practitioners with appropriate skills at the intersection of
12 physical activity, public health, transportation, and urban planning;

13 and

14 (16) assist the Secretary of Health with the development of guidance for the
15 assessment of the potential health effects of land use, housing, and
16 transportation policy and plans.

17 (d) Meetings –

18 (1) IN GENERAL – The Inter-Agency Working Group shall meet at least
19 three (3) times each year.

20 (2) ANNUAL CONFERENCE – The Secretary of Health shall sponsor an
21 annual conference on environmental health and health disparities to
22 enhance coordination, build partnerships, and share best practices in
23 environmental health data collection, analysis, and reporting.

24 (e) Authorization of Appropriations – There are authorized to be appropriated such sums
25 as are necessary to carry out this section.

26 SECTION 5. *Health Impact Assessments.* –

27 (a) Definition of Term. – In this section, the term “eligible entity” means any unit of
28 the national government or local governments the jurisdiction of which includes individuals or

1 populations the health of which are or will be affected by an activity or a proposed activity.

2 (b) Establishment – The Secretary of Health shall –

3 (1) establish a program focused on advancing the field of health impact
4 assessment, including –

5 (i) collecting and disseminating best practices;

6 (ii) administering capacity building grants, in accordance with
7 subsection (d);

8 (iii) providing technical assistance;

9 (iv) providing training;

10 (v) conducting evaluations; and

11 (vi) awarding competitive extramural research grants;

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

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

16 (c) Guidance – The Secretary of Health, in collaboration with the Inter-Agency
17 Working Group, shall –

18 (1) develop guidance for the assessment of the potential health effects of land
19 use, housing, and transportation policy and plans, including –

20 (i) background on international efforts to bridge urban planning and
21 public health institutions and disciplines, including a review of
22 health impact assessment best practices internationally;

23 (ii) evidence-based causal pathways that link urban planning,
24 transportation, and housing policy and objectives to human health
25 objectives;

26 (iii) data resources and quantitative and qualitative forecasting methods
27 to evaluate both the status of health determinants and health
28 effects; and

29 (iv) best practices for inclusive public involvement in planning and

1 decision-making;

2 (2) not later than one (1) year after the date of enactment of this Act,
3 promulgate the guidance; and

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

6 (d) Grant Program – The Secretary of Health, shall establish a program under which
7 the Secretary shall provide funding and technical assistance to eligible entities to prepare health
8 impact assessments –

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

12 (2) to evaluate the effect on the health of individuals and populations, and on
13 social and economic development, of decisions made outside of the health
14 sector that result in modifications of a physical or social environment.

15 (e) Applications –

16 (1) IN GENERAL – To receive a grant under this section, an eligible entity
17 shall submit to the Secretary of Health an application in accordance with
18 this subsection, in such time, in such manner, and containing such
19 additional information as the Secretary may require.

20 (2) INCLUSION –

21 (i) IN GENERAL – An application under this subsection shall include
22 an assessment by the eligible entity of the probability that an
23 applicable activity or proposed activity will have at least 1
24 significant, adverse health effect on an individual or population in
25 the jurisdiction of the eligible entity, based on the criteria
26 described in subparagraph (ii).

27 (ii) CRITERIA – The criteria referred to in subparagraph (i) include,
28 with respect to the applicable activity or proposed activity –

29 (aa) any substantial adverse effect on –

- (I) existing air quality, ground or surface water quality or quantity, or traffic or noise levels;
- (II) a significant habitat area;
- (III) physical activity;
- (IV) injury;
- (V) mental health;
- (VI) social capital;
- (VII) accessibility;
- (VIII) the character or quality of an important historical, archeological, architectural, or aesthetic resource (including neighborhood character) of the community of the eligible entity; or

(IX) any other natural resource;

(bb) any increase in –

- (I) solid waste production; or
- (II) problems relating to erosion, flooding, leaching, or drainage;

(cc) any requirement that a large quantity of vegetation or fauna be removed or destroyed;

(dd) any conflict with the plans or goals of the community of the eligible entity;

(ee) any major change in the quantity or type of energy used by the community of the eligible entity;

(ff) any hazard presented to human health;

(gg) any substantial change in the use, or intensity of use, of land in the jurisdiction of the eligible entity, including agricultural, open space, and recreational uses;

(hh) the probability that the activity or proposed activity will result in an increase in tourism in the jurisdiction of the

1 eligible entity;

2 (ii) any substantial, adverse aggregate impact on environmental
3 health resulting from –

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

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

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

10 (3) FACTORS FOR CONSIDERATION- In making an assessment under
11 subparagraph (2) (i), an eligible entity may take into consideration any
12 reasonable, direct, indirect, or cumulative effect relating to the applicable
13 activity or proposed activity, including the effect of any action that is –

14 (i) included in the long-range plan relating to the activity or proposed
15 activity;

16 (ii) likely to be carried out in coordination with the activity or
17 proposed activity;

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

19 (iv) likely to have a disproportionate impact on disadvantaged
20 populations.

21 (f) Use of Funds –

22 (1) IN GENERAL – An eligible entity shall use assistance received under this
23 section to prepare and submit to the Secretary of Health a health impact
24 assessment in accordance with this subsection.

25 (2) PURPOSES – The purposes of a health impact assessment are--

26 (i) to facilitate the involvement of national and local health officials in
27 community planning and land use decisions to identify any
28 potential health concern relating to an activity or proposed activity;

29 (ii) to provide for an investigation of any health-related issue

1 addressed in an environmental impact statement or policy appraisal
2 relating to an activity or a proposed activity;

3 (iii) to describe and compare alternatives (including no-action
4 alternatives) to an activity or a proposed activity to provide
5 clarification with respect to the costs and benefits of the activity or
6 proposed activity; and

7 (iv) to contribute to the findings of an environmental impact statement
8 with respect to the terms and conditions of implementing an
9 activity or a proposed activity, as necessary.

10 (3) REQUIREMENTS – A health impact assessment prepared under this
11 subsection shall--

12 (i) describe the relevance of the applicable activity or proposed
13 activity (including the policy of the activity) with respect to health
14 issues;

15 (ii) assess each health impact of the applicable activity or proposed
16 activity;

17 (iii) provide recommendations of the eligible entity with respect to--

18 (aa) the mitigation of any adverse impact on health of the
19 applicable activity or proposed activity; or

20 (bb) the encouragement of any positive impact of the applicable
21 activity or proposed activity;

22 (iv) provide for monitoring of the impacts on health of the applicable
23 activity or proposed activity, as the eligible entity determines to be
24 appropriate; and

25 (v) include a list of each comment received with respect to the health
26 impact assessment under this section.

27 (4) METHODOLOGY – In preparing a health impact assessment under this
28 subsection, an eligible entity --

1 (i) shall follow guidelines developed by the Secretary of Health, in
2 collaboration with the Inter-Agency Working Group, that –

3 (aa) will be established not later than 1 year after the date of
4 enactment of this Act; and

5 (bb) will be made publicly available at the annual conference
6 described in section 3(d)(2); and

7 (cc) may establish a balance, as the eligible entity determines to
8 be appropriate, between the use of –

9 (I) rigorous methods requiring special skills or
10 increased use of resources; and

11 (II) expedient, cost-effective measures.

12 (g) Public Participation –

13 (1) IN GENERAL – Before preparing and submitting to the Secretary of
14 Health a final health impact assessment, an eligible entity shall request and
15 take into consideration public and agency comments, in accordance with
16 this subsection.

17 (2) REQUIREMENT – Not later than thirty (30) days after the date on which
18 a draft health impact assessment is completed, an eligible entity shall
19 submit the draft health impact assessment to each department and
20 government agency, and local government, that –

21 (i) has jurisdiction with respect to the activity or proposed activity to
22 which the health impact assessment applies;

23 (ii) has special knowledge with respect to an environmental or health
24 impact of the activity or proposed activity; or

25 (iii) is authorized to develop or enforce any environmental standard
26 relating to the activity or proposed activity.

27 (3) COMMENTS REQUESTED –

28 (i) REQUEST BY ELIGIBLE ENTITY -- An eligible entity may
29 request comments with respect to a health impact assessment from-

- 1 (aa) affected indigenous communities;
- 2 (bb) interested or affected individuals or organizations; and
- 3 (cc) any other national or local agency, as the eligible entity
- 4 determines to be appropriate.

5 (ii) REQUEST BY OTHERS – Any interested or affected agency,
6 organization, or individual may –

7 (aa) request an opportunity to comment on a health impact
8 assessment; and

9 (bb) submit to the appropriate eligible entity comments with
10 respect to the health impact assessment by not later than –

11 (I) for a national or local government agency, the date
12 on which a final health impact assessment is
13 prepared; and

14 (II) for any other individual or organization, the date
15 described in subclause (I) or another date, as the
16 eligible entity may determine.

17 (4) RESPONSE TO COMMENTS- A final health impact assessment shall
18 describe the response of the eligible entity to comments received within a
19 90-day period under this subsection, including –

20 (i) a description of any means by which the eligible entity, as a result
21 of such a comment –

22 (aa) modified an alternative recommended with respect to the
23 applicable activity or proposed activity;

24 (bb) developed and evaluated any alternative not previously
25 considered by the eligible entity;

26 (cc) supplemented, improved, or modified an analysis of the
27 eligible entity; or

28 (dd) made any factual correction to the health impact
29 assessment; and

1 (ii) for any comment with respect to which the eligible entity took no
2 action, an explanation of the reasons why no action was taken and,
3 if appropriate, a description of the circumstances under which the
4 eligible entity would take such an action.

5 (h) Health Impact Assessment Database- The Secretary, shall establish and maintain
6 a health impact assessment database, including --

- 7 (1) a catalog of health impact assessments received under this section;
8 (2) an inventory of tools used by eligible entities to prepare draft and final
9 health impact assessments; and
10 (3) guidance for eligible entities with respect to the selection of appropriate
11 tools described in paragraph (2).

12 (i) Authorization of Appropriations -- There are authorized to be appropriated to
13 carry out this section such sums as are necessary.

14 SECTION 6. *Grant Program.* --

15 (a) Definition of Terms. -- In this section, the term:

16 (1) "Eligible entity" means a local community that --

17 (i) bears a disproportionate burden of exposure to environmental
18 health hazards;

19 (ii) has established a coalition --

20 (aa) with not less than one (1) community-based organization;

21 and

22 (bb) with not less than one (1) --

23 (I) public health entity;

24 (II) health care provider organization; or

25 (III) academic institution;

26 (iii) ensures planned activities and funding streams are coordinated to
27 improve community health; and

1 (iv) submits an application in accordance with subsection (c).

2 (b) Establishment – The Secretary of Health shall establish a grant program under
3 which eligible entities shall receive grants to conduct environmental health improvement
4 activities.

5 (c) Application – To receive a grant under this section, an eligible entity shall submit
6 an application to the Secretary of Health at such time, in such manner, and accompanied by such
7 information as the Secretary may require.

8 (d) Cooperative Agreements – An eligible entity may use a grant under this section –

9 (1) to promote environmental health; and

10 (2) to address environmental health disparities.

11 (e) Amount of Cooperative Agreement –

12 (1) IN GENERAL – The Secretary of Health shall award grants to eligible
13 entities at the two (2) different funding levels described in this subsection.

14 (2) LEVEL 1 COOPERATIVE AGREEMENTS –

15 (i) IN GENERAL – An eligible entity awarded a grant under this
16 paragraph shall use the funds to identify environmental health
17 problems and solutions by –

18 (aa) establishing a planning and prioritizing council; and

19 (bb) conducting an environmental health assessment.

20 (ii) PLANNING AND PRIORITIZING COUNCIL –

21 (aa) IN GENERAL – A prioritizing and planning council
22 established under subparagraph (i) (aa) (referred to in this
23 paragraph as a “PPC”) shall assist the environmental health
24 assessment process and environmental health promotion
25 activities of the eligible entity.

26 (bb) MEMBERSHIP – Membership of a PPC shall consist of
27 representatives from various organizations within public
28 health, planning, development, and environmental services
29 and shall include stakeholders from vulnerable groups such

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

4 (cc) DUTIES -- A PPC shall --

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

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

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

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

18 (iii) ENVIRONMENTAL HEALTH ASSESSMENT --

19 (aa) IN GENERAL -- A PPC shall carry out an environmental
20 health assessment to identify environmental health
21 concerns.

22 (bb) ASSESSMENT PROCESS -- The PPC shall --

23 (I) define the goals of the assessment;

24 (II) generate the environmental health issue list;

25 (III) analyze issues with a systems framework;

26 (IV) develop appropriate community environmental
27 health indicators;

28 (V) rank the environmental health issues;

29 (VI) set priorities for action;

1 (VII) develop an action plan;

2 (VIII) implement the plan; and

3 (IX) evaluate progress and planning for the future.

4 (iv) EVALUATION – Each eligible entity that receives a grant under
5 this paragraph shall evaluate, report, and disseminate program
6 findings and outcomes.

7 (v) TECHNICAL ASSISTANCE – The Secretary of Health may
8 provide such technical and other non-financial assistance to
9 eligible entities as the Secretary determines to be necessary.

10 (3) LEVEL 2 COOPERATIVE AGREEMENTS –

11 (i) ELIGIBILITY –

12 (aa) IN GENERAL – The Secretary of Health shall award
13 grants under this paragraph to eligible entities that have
14 already –

15 (I) established broad-based collaborative partnerships;

16 and

17 (II) completed environmental assessments.

18 (bb) NO LEVEL 1 REQUIREMENT – To be eligible to receive
19 a grant under this paragraph, an eligible entity is not
20 required to have successfully completed a Level 1
21 Cooperative Agreement.

22 (ii) USE OF GRANT FUNDS – An eligible entity awarded a grant
23 under this paragraph shall use the funds to further activities to
24 carry out environmental health improvement activities, including –

25 (aa) addressing community environmental health priorities,
26 including –

27 (I) air quality;

28 (II) water quality;

29 (III) solid waste;

1 (IV) land use;

2 (V) housing;

3 (VI) food safety;

4 (VII) crime;

5 (VIII) injuries; and

6 (IX) healthcare services;

7 (bb) building partnerships between planning, public health, and
8 other sectors, to address how the built environment impacts
9 food availability and access and physical activity to
10 promote healthy behaviors and lifestyles and reduce obesity
11 and related co-morbidities;

12 (cc) establishing programs to address –

13 (I) how environmental and social conditions of work
14 and living choices influence physical activity and
15 dietary intake; or

16 (II) how those conditions influence the concerns and
17 needs of people who have impaired mobility and
18 use assistance devices, including wheelchairs and
19 lower limb prostheses; and

20 (dd) convening intervention programs that examine the role of
21 the social environment in connection with the physical and
22 chemical environment in –

23 (I) determining access to nutritional food; and

24 (II) improving physical activity to reduce morbidity and
25 increase quality of life.

26 (f) Authorization of Appropriations – There are authorized to be appropriated to
27 carry out this section such sums as are necessary for the period of fiscal years 2016 through
28 2018.

1 SECTION 7. *Additional Research on the Relationship Between the Built Environment*
2 *and the Health of Community Residents.* –

3 (a) Definition of Term. – In this section, the term “eligible institution” means a
4 public or private nonprofit institution that submits to the Secretary of Health an application for a
5 grant under the grant program authorized under subsection (b)(2) at such time, in such manner,
6 and containing such agreements, assurances, and information as the Secretary may require.

7 (b) Research Grant Program –

8 (1) Definition of Term. – In this section, the term “health” includes –

9 (i) levels of physical activity;

10 (ii) consumption of nutritional foods;

11 (iii) rates of crime;

12 (iv) air, water, and soil quality;

13 (v) risk of injury;

14 (vi) accessibility to healthcare services; and

15 (vii) other indicators as determined appropriate by the Secretary of
16 Health.

17 (2) GRANTS – The Secretary shall provide grants to eligible institutions to
18 conduct and coordinate research on the built environment and its influence
19 on individual and population-based health.

20 (3) RESEARCH – The Secretary shall support research that –

21 (i) investigates and defines the causal links between all aspects of the
22 built environment and the health of residents;

23 (ii) examines –

24 (aa) the extent of the impact of the built environment (including
25 the various characteristics of the built environment) on the
26 health of residents;

27 (bb) the variance in the health of residents by –

28 (I) location (such as inner cities, inner suburbs, and
29 outer suburbs); and

1 (II) population subgroup (such as children, the elderly,
2 the disadvantaged); or

3 (III) the importance of the built environment to the total
4 health of residents, which is the primary variable of
5 interest from a public health perspective;

6 (iii) is used to develop –

7 (aa) measures to address health and the connection of health to
8 the built environment; and

9 (bb) efforts to link the measures to travel and health databases;

10 (iv) distinguishes carefully between personal attitudes and choices and
11 external influences on observed behavior to determine how much
12 an observed association between the built environment and the
13 health of residents, versus the lifestyle preferences of the people
14 that choose to live in the neighborhood, reflects the physical
15 characteristics of the neighborhood; and

16 (v) (aa) identifies or develops effective intervention strategies to
17 promote better health among residents with a focus on behavioral
18 interventions and enhancements of the built environment that
19 promote increased use by residents; and

20 (bb) in developing the intervention strategies under clause (aa),
21 ensures that the intervention strategies will reach out to
22 high-risk populations, including low-income urban and
23 rural communities.

24 (4) PRIORITY – In providing assistance under the grant program authorized
25 under paragraph (2), the Secretary of Health shall give priority to research
26 that incorporates –

27 (i) interdisciplinary approaches; or

28 (ii) the expertise of the public health, physical activity, urban planning,
29 and transportation research communities in the United States and

1 abroad.

2 (c) Authorization of Appropriations – There are authorized to be appropriated such
3 sums as are necessary to carry out this section.

4 SECTION 8. *Separability Clause.* – In any provision or part hereof is held invalid or
5 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
6 valid and subsisting.

7 SECTION 9. *Repealing Clause.* – Any law, presidential decree or issuance, executive
8 order, letter of instruction, administrative order, rule, or regulation contrary to or inconsistent
9 with the provisions of this Act is hereby repealed, modified, or amended accordingly.

10 SECTION 10. *Effectivity.* – This Act shall take effect fifteen (15) days after its
11 publication in at least two (2) newspapers of general circulation.

Approved,

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