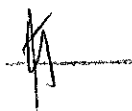


FOURTEENTH CONGRESS OF THE REPUBLIC)  
OF THE PHILIPPINES )  
First Regular Session )

7 JUL -4 1973

SENATE  
S. B. No. 1059

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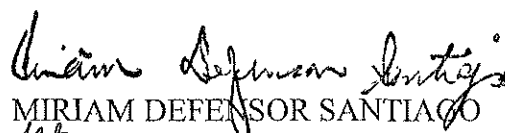
Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

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.<sup>1</sup>

  
MIRIAM DEFENSOR SANTIAGO  
*def*

<sup>1</sup> This bill was originally filed in the Thirteenth Congress, Third Regular Session.

FOURTEENTH CONGRESS OF THE REPUBLIC)  
OF THE PHILIPPINES )  
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7 JUL -4 P.M.

SENATE  
S. B. No. 1059

RECEIVED BY: [Signature]

Introduced by Senator Miriam Defensor Santiago

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

7 SECTION 1. *Short Title.* – This Act shall be known as the “Healthy Places Act of 2007.”

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

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

14 (A) “Built environment” means an environment consisting of all buildings, spaces, and  
15 products that are created or modified by people, including homes, schools,  
16 workplaces, parks and recreation areas, greenways, business areas, and  
17 transportation systems; electric transmission lines; waste disposal sites; and land-  
18 use planning and policies that impact urban, rural, and suburban communities;

19 (B) “Environmental health” means the health and well-being of a population as affected  
20 by the direct pathological effects of chemicals, radiation, and some biological  
21 agents; and the effects of the broad physical, psychological, social, and aesthetic  
22 environment;

23 (C) “Eligible entity” means any unit of the national government or local governments  
24 the jurisdiction of which includes individuals or populations the health of which are

1 or will be affected by an activity or a proposed activity.

2 The term shall also mean a local community that bears a disproportionate  
3 burden of exposure to environmental health hazards; has established a coalition  
4 with not less than one (1) community-based organization; and with not less than one  
5 (1) public health entity; health care provider organization; or academic institution;  
6 ensures planned activities and funding streams are coordinated to improve  
7 community health; and submits an application;

8 (D) “Eligible institution” means a public or private nonprofit institution that submits to  
9 the Secretary of Health an application for a grant under the grant program at such  
10 time, in such manner, and containing such agreements, assurances, and information  
11 as the Secretary may require; a

12 (E) “Health” means, but is not limited to, cludes levels of physical activity;  
13 consumption of nutritional foods; rates of crime; air, water, and soil quality; risk of  
14 injury; accessibility to healthcare services; and other indicators as determined  
15 appropriate by the Secretary of Health; and

16 (F) Health impact assessment” means any combination of procedures, methods, tools,  
17 and means used under section 4 to analyze the actual or potential effects of a policy,  
18 program, or project on the health of a population, including the distribution of those  
19 effects within the population.

20 SECTION 4. *Inter-Agency Working Group on Environmental Health.* – The Secretary of  
21 Health, in coordination with the Secretary of Environment and Natural Resources, shall establish  
22 an Inter-Agency Working Group to discuss environmental health concerns, particularly concerns  
23 disproportionately affecting disadvantaged populations.

24 The Inter-Agency Working Group shall be composed of a representative from each  
25 department or government agency, as appointed by the head of the department or government  
26 agency, that has jurisdiction over, or is affected by, environmental policies and projects,  
27 including the

28 (A) Department of Agriculture;

- 1 (B) Department of Trade and Industry;
- 2 (C) Department of National Defense;
- 3 (D) Department of Education;
- 4 (E) Department of Energy;
- 5 (F) Department of Health;
- 6 (G) Department of Interior and Local Government;
- 7 (H) Department of Labor and Employment;
- 8 (I) Department of Department of Transportation and Communications;
- 9 (J) Department of Environment and Natural Resources; and
- 10 (K) Such other government agencies as the Secretary of Health and the Secretary of
- 11 Environment and Natural Resources shall jointly determine to be appropriate.

12 The Inter-Agency Working Group shall

- 13 (A) Facilitate communication and partnership on environmental health-related projects
- 14 and policies to generate a better understanding of the interactions between policy
- 15 areas; and to raise awareness of the relevance of health across policy areas to ensure
- 16 that the potential positive and negative health consequences of decisions are not
- 17 overlooked;
- 18 (B) Serve as a centralized mechanism to coordinate a national effort to discuss and
- 19 evaluate evidence and knowledge on the relationship between the general
- 20 environment and the health of the population of the Philippines; determine the
- 21 range of effective, feasible, and comprehensive actions to improve environmental
- 22 health; and examine and better address the influence of social and environmental
- 23 determinants of health;
- 24 (C) Survey departments and government agencies to determine which policies are
- 25 effective in encouraging, and how best to facilitate outreach without duplicating,
- 26 efforts relating to environmental health promotion;
- 27 (D) Establish specific goals within and across departments and government agencies for
- 28 environmental health promotion, including determinations of accountability for
- 29 reaching those goals;

- 1 (E) Develop a strategy for allocating responsibilities and ensuring participation in  
2 environmental health promotions, particularly in the case of competing agency  
3 priorities;
- 4 (F) Coordinate plans to communicate research results relating to environmental health  
5 to enable reporting and outreach activities to produce more useful and timely  
6 information;
- 7 (G) Establish an interdisciplinary committee to continue research efforts to further  
8 understand the relationship between the built environment and health factors,  
9 including air quality, physical activity levels, housing quality, access to primary  
10 health care practitioners and health care facilities, injury risk, and availability of  
11 nutritional, fresh food, that coordinates the expertise of the public health, urban  
12 planning, and transportation communities;
- 13 (H) Develop an appropriate research agenda for departments and government agencies  
14 to support longitudinal studies; rapid-response capability to evaluate natural  
15 conditions and occurrences and extensions of national databases; and to review  
16 evaluation and economic data relating to the impact of government interventions on  
17 the prevention of environmental health concerns;
- 18 (I) Initiate environmental health impact demonstration projects to develop integrated  
19 place-based models for addressing community quality-of-life issues;
- 20 (J) Provide a description of evidence-based best practices, model programs, effective  
21 guidelines, and other strategies for promoting environmental health;
- 22 (K) Make recommendations to improve government efforts relating to environmental  
23 health promotion and to ensure government efforts are consistent with available  
24 standards and evidence and other programs in existence as of the date of enactment  
25 of this Act;
- 26 (L) Monitor government progress in meeting specific environmental health promotion  
27 goals;
- 28 (M) Assist in ensuring, to the maximum extent practicable, integration of the impact of  
29 environmental policies, programs, and activities of the government;

1 (N) Assist in the expansion of national public health and travel surveys to provide more  
2 detailed information about the connection between the built environment and  
3 health;

4 (O) Assist in the development of interdisciplinary education programs to train  
5 professionals in conducting recommended research; and to prepare practitioners  
6 with appropriate skills at the intersection of physical activity, public health,  
7 transportation, and urban planning; and

8 (P) Assist the Secretary of Health with the development of guidance for the assessment  
9 of the potential health effects of land use, housing, and transportation policy and  
10 plans.

11 The Inter-Agency Working Group shall meet at least three (3) times each year.

12 The Secretary of Health shall sponsor an annual conference on environmental health and  
13 health disparities to enhance coordination, build partnerships, and share best practices in  
14 environmental health data collection, analysis, and reporting.

15 SECTION 5. *Health Impact Assessments.* – The Secretary of Health shall establish a  
16 program focused on advancing the field of health impact assessment, including collecting and  
17 disseminating best practices; administering capacity building grants; providing technical  
18 assistance and training; conducting evaluations; awarding competitive extramural research  
19 grants. He shall likewise develop guidance for the conduct health impact assessments and  
20 establish a grant program to allow eligible entities to conduct health impact assessments.

21 The Secretary of Health, in collaboration with the Inter-Agency Working Group, shall  
22 develop guidance for the assessment of the potential health effects of land use, housing, and  
23 transportation policy and plans, including background on international efforts to bridge urban  
24 planning and public health institutions and disciplines, including a review of health impact  
25 assessment best practices internationally; evidence-based causal pathways that link urban  
26 planning, transportation, and housing policy and objectives to human health objectives; data  
27 resources and quantitative and qualitative forecasting methods to evaluate both the status of  
28 health determinants and health effects; and best practices for inclusive public involvement in

1 planning decision-making.

2 The Secretary of Health, shall establish a program under which the Secretary shall  
3 provide funding and technical assistance to eligible entities to prepare health impact assessments  
4 to ensure that appropriate health factors are taken into consideration as early as practicable  
5 during any planning, review, or decision-making process; and to evaluate the effect on the health  
6 of individuals and populations, and on social and economic development, of decisions made  
7 outside of the health sector that result in modifications of a physical or social environment.

8 To receive a grant under this section, an eligible entity shall submit to the Secretary of  
9 Health an application in accordance with this subsection, in such time, in such manner, and  
10 containing such additional information as the Secretary may require.

11 An application under this Section shall include an assessment by the eligible entity of the  
12 probability that an applicable activity or proposed activity will have at least 1 significant, adverse  
13 health effect on an individual or population in the jurisdiction of the eligible entity, based on the  
14 criteria described in subparagraph.

15 The criteria referred to in the preceding paragraph include, with respect to the applicable  
16 activity or proposed activity any

17 (A) Substantial adverse effect on existing air quality, ground or surface water quality  
18 or quantity, or traffic or noise levels; a significant habitat area; physical activity;  
19 injury; mental health; social capital; accessibility; the character or quality of an  
20 important historical, archeological, architectural, or aesthetic resource (including  
21 neighborhood character) of the community of the eligible entity or any other  
22 natural resource;

23 (B) Increase in solid waste production; or problems relating to erosion, flooding,  
24 leaching, or drainage; any requirement that a large quantity of vegetation or fauna  
25 be removed or destroyed; and

26 (C) Conflict with the plans or goals of the community of the eligible entity;

27 (D) Major change in the quantity or type of energy used by the community of the  
28 eligible entity;

29 (E) Hazard presented to human health;

1 (F) Substantial change in the use, or intensity of use, of land in the jurisdiction of the  
2 eligible entity, including agricultural, open space, and recreational uses;

3 (G) Probability that the activity or proposed activity will result in an increase in  
4 tourism in the jurisdiction of the eligible entity;

5 (H) Substantial, adverse aggregate impact on environmental health resulting from  
6 changes caused by the activity or proposed activity to two (2) or more elements  
7 of the environment; or two (2) or more related actions carried out under the  
8 activity or proposed activity; and

9 (I) Other significant change of concern, as determined by the eligible entity.

10 In making an assessment under this Section, an eligible entity may take into consideration  
11 any reasonable, direct, indirect, or cumulative effect relating to the applicable activity or  
12 proposed activity, including the effect of any action that is included in the long-range plan  
13 relating to the activity or proposed activity; likely to be carried out in coordination with the  
14 activity or proposed activity; dependent on the occurrence of the activity or proposed activity; or  
15 likely to have a disproportionate impact on disadvantaged populations.

16 In preparing a health impact assessment under this subsection, an eligible entity shall  
17 follow guidelines developed by the Secretary of Health, in collaboration with the Inter-Agency  
18 Working Group, that will be established not later than 1 year after the date of enactment of this  
19 Act; and will be made publicly available at the annual conference described in Section 3(d)(2);  
20 and may establish a balance, as the eligible entity determines to be appropriate, between the use  
21 of rigorous methods requiring special skills or increased use of resources; and expedient, cost-  
22 effective measures.

23 Before preparing and submitting to the Secretary of Health a final health impact  
24 assessment, an eligible entity shall request and take into consideration public and agency  
25 comments, in accordance with this Section.

26 Not later than thirty (30) days after the date on which a draft health impact assessment is  
27 completed, an eligible entity shall submit the draft health impact assessment to each department  
28 and government agency, and local government, that has jurisdiction with respect to the activity



1 or proposed activity to which the health impact assessment applies; has special knowledge with  
2 respect to an environmental or health impact of the activity or proposed activity; or is authorized  
3 to develop or enforce any environmental standard relating to the activity or proposed activity.

4 SECTION 6. *Health Impact Assessment Database.* – The Secretary, shall establish and  
5 maintain a health impact assessment database, including a catalog of health impact assessments  
6 received under this Section; an inventory of tools used by eligible entities to prepare draft and  
7 final health impact assessments; and guidance for eligible entities with respect to the selection of  
8 appropriate tools.

9 SECTION 7. *Grant Program.* – The Secretary of Health shall establish a grant program  
10 under which eligible entities shall receive grants to conduct environmental health improvement  
11 activities.

12 To receive a grant under this section, an eligible entity shall submit an application to the  
13 Secretary of Health at such time, in such manner, and accompanied by such information as the  
14 Secretary may require. An eligible entity may use a grant under this Section to promote  
15 environmental health; and to address environmental health disparities.

16 SECTION 8. *Additional Research on the Relationship Between the Built Environment*  
17 *and the Health of Community Residents.* – The Secretary shall provide grants to eligible  
18 institutions to conduct and coordinate research on the built environment and its influence on  
19 individual and population-based health. He or she shall support research that investigates and  
20 defines the causal links between all aspects of the built environment and the health of residents;  
21 examines the extent of the impact of the built environment (including the various characteristics  
22 of the built environment) on the health of residents; the variance in the health of residents by  
23 location such as inner cities, inner suburbs, and outer suburbs; and population subgroup (such as  
24 children, the elderly, the disadvantaged); or the importance of the built environment to the total  
25 health of residents, which is the primary variable of interest from a public health perspective;  
26 distinguishes carefully between personal attitudes and choices and external influences on  
27 observed behavior to determine how much an observed association between the built

1 environment and the health of residents, versus the lifestyle preferences of the people that choose  
2 to live in the neighborhood, reflects the physical characteristics of the neighborhood; identifies  
3 or develops effective intervention strategies to promote better health among residents with a  
4 focus on behavioral interventions and enhancements of the built environment that promote  
5 increased use by residents; and in developing the intervention strategies which will reach out to  
6 high-risk populations, including low-income urban and rural communities.

7 In providing assistance under the grant program under this Section, the Secretary of  
8 Health shall give priority to research that incorporates interdisciplinary approaches; or the  
9 expertise of the public health, physical activity, urban planning, and transportation research  
10 communities in the United States and abroad.

11 SECTION 9. *Separability Clause.* – In any provision, or part hereof, is held invalid or  
12 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain  
13 valid and subsisting.

14 SECTION 10. *Repealing Clause.* – Any law, presidential decree or issuance, executive  
15 order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent  
16 with the provisions of this Act is hereby repealed, modified, or amended accordingly.

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

Approved,

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