**BUILT ENVIRONMENT AND HEALTH INITIATIVE**

**The physical design of our communities can improve or worsen our health.**

**CDC’s Built Environment and Health Initiative (BEHI) focuses on** the relationshipbetween the built environment and several serious health conditions. This initiative (also known as the Healthy Community Design Initiative) gives state and local governments the knowledge and tools needed to make planning and transportation decisions that protect American lives and reduce healthcare costs.

**CDC’s Built Environment and Health Initiative is the only** federal program whoseprimary purpose is to improve the health of all Americans through evidence-based changes to the built environment.

**What does the Built Environment and Health Initiative do?**

BEHI helps communities use health information to make efficient, locally relevant decisions about transportation and land-use projects by:

* **Supporting health impact assessments (HIAs) that**

–– Inform local decision makers outside of the traditional public health arenas about how changes to the built environment can affect public health.

–– Help communities evaluate the potential positive and negative health effects of a plan, project, or policy before it is built or implemented.

* **Forging ongoing relationships** with local governments or planning commissions,thus building infrastructure that maximizes good health.
* **Providing scientific expertise** through the use of transportation and healthmodeling tools to help drive local decision-making.
* **Providing training** on how proposed projects; policies; and state, tribal, and localdecisions can affect community health.
* **Tracking key environmental public health indicators** by monitoring and evaluatingactive transportation and by tracking local and state community design data.

**Is the Built Environment and Health Initiative making a difference?**

**CDC’s Built Environment and Health Initiative has supported approximately 1/3 of the 350+ HIAs conducted in the United States to date**—and we continue to do sothrough our 3-year cooperative agreements with local and state governments and mini-grants distributed through the National Association of County and City Health Officials.

**BEHI**

* Assists health and planning departments in engaging communities to build infrastructure that maximizes good health. During their 3-year funding, six recent BEHI HIA grant recipients completed 54 HIAs, improving the transportation environment or land-use planning for an estimated 4.4 million people.
* Forms strategic partnerships to maximize our efforts including collaborative programs with the U.S. Department of Transportation and the National Park Service.
* Supports HIA training for over 6,000 health and planning professionals from across the country.

**Get the facts:**

* Physical inactivity, a known risk factor for diabetes, high blood pressure, and obesity is the cause of an estimated 11% of total health care expenditures.
* 58,000 premature deaths every year are associated with long-term exposure to road transportation pollution, which is linked to asthma and cardiovascular disease.
* 5,000 pedestrian and bicyclist injury deaths occur every year.

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|  | **Built Environment and Health Initiative Funding** | |
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| **Year** |  | **Funding Level** |
|  |  |  |
| FY 2013 |  | $2,398,000 |
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| FY 2014 |  | $2,843,000 |
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| FY 2015 |  | $2,843,000 |
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**Funding at Work**

**Local - Crook County, Oregon**

Small amounts of federal support for HIAs have led to big changes for rural communities. For example, with only $15,000 in CDC funding, Crook County, Oregon, used its HIA data to make a case for improved pedestrian and bicycle paths. CDC funding resulted in policy and infrastructure changes that improved pedestrian and bicycle safety around schools and road crossings. As a result, the county seat received $500,000 from the state Department of Transportation to implement the HIA recommendations.

**Local - Douglas County (Omaha), Nebraska**

A CDC-funded HIA led to the county reducing the number of lanes on a dangerous street, which improved the safety of the 15,000 people who use it each day, potentially reducing motor vehicle crashes by 50 per year.

**Regional - Nashville, Tennessee**

CDC provided technical assistance to the Nashville Metropolitan Planning Organization in two key areas that had substantial impact. First, after health was added as a criterion for selecting transportation projects, the percentage of funded projects that included pedestrian or bicyclist infrastructure increased from 2% to >70%. Second, results from a robust transportation and health model found that increases in walking and bicycling resulting from changes to Nashville’s transportation infrastructure could save 70 lives and $30 million per year. The assistance BEHI provided will help the Nashville MPO prioritize how it allocates approximately $6 billion of transportation funding over the next 20 years.

**National**

CDC partners with the Alliance for Bicycling and Walking to publish with the biennial Benchmarking Report. The report collects and analyzes data on bicycling and walking behavior, policies, and infrastructure in every state and the 52 most populated U.S. cities. Since the report’s first publication in 2007, at least 42 jurisdictions with populations totaling 25 million people have used it as a reference in considering policy changes and informing stakeholders.

CDC’s National Center for Environmental Health (NCEH) is committed to protecting people from environmental hazards. NCEH responds to disasters and toxic exposures, educates communities on how to stay safe and healthy, and collects and leverages environmental data to improve public health. NCEH maximizes the impact of every dollar by investing in illness prevention.

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