Tactical Urbanism for COVID-19

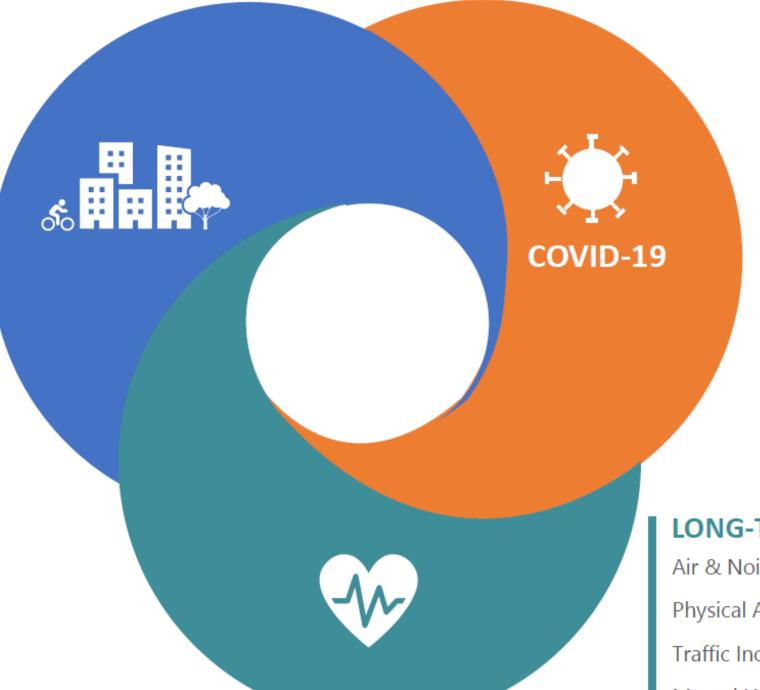
short-term interventions with a long-term health vision

Tactical Urbanism is a low-cost, temporary intervention that can be quickly implemented in cities of any size. Many of these interventions can be made permanent to promote **urban improvements and public health**.

This **infographic** summarizes Tactical Urbanism interventions that can support **COVID-19 mitigation** strategies with a long-term health vision. Tactical Urbanism is a complementary tool to containment strategies, such as a coordinated government response, wide-spread testing, contact tracing, and quarantine. **These interventions should at least be considered until curative treatment and/or a vaccine becomes widely available.**

TACTICAL URBANISM INTERVENTIONS

Prioritize vulnerable groups & essential workers Expand sidewalks & bike lanes Implement open streets Adapt parks & public spaces Adapt traffic lights & signaling Reduce speed limits Adapt public transport Adapt shared micro-mobility Adapt shared vehicles Adapt essential businesses Provide transport options for testing locations beyond cars



SHORT-TERM OUTCOMES

COVID-19 Mitigation Air & noise quality Physical activity Traffic incidents prevention Mental health Non-communicable diseases prevention Reduced demand for health services Equity promotion

LONG-TERM OUTCOMES

Air & Noise Quality Physical Activity Traffic Incidents Prevention Mental Health Non-communicable Diseases Prevention Reduced Demand For Health Services Equity Promotion

1. General tactical urbanism recommendations.

Implement tactical urbanism interventions early; discourage the use of public spaces and public transport for confirmed and suspected cases; encourage physical distancing (2 meters/ 6 feet); encourage physical activity; expand public open spaces; restrict access to public areas where physical distancing is not possible; avoid large gatherings; design interventions and prioritize implementation for vulnerable groups and essential workers; inform, promote, and enforce traffic safety regulations; and inform (clearly and accessibly) physical distancing orders and tactical urbanism changes (areas, uses, and schedules).





2. Sidewalks and bike lanes.

Promote walking and biking; expand sidewalks and bike lanes width, length, and connectivity to support physical distancing and traffic safety; expand sidewalks and bike lanes around parks, trails, and public spaces to reduce pressure on those spaces; implement protected bike lanes; expand bike parking; create pedestrian and cycling corridors and/or schedules for vulnerable populations (e.g., elderly and immunocompromised); use existing cycling and walking infrastructure proposals to guide the expansion; and encourage the use of bike helmets.

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3. Open streets.

Implement everyday open streets; expand current open streets; enforce physical distance; avoid large gatherings; create user schedules favoring vulnerable populations; and utilize open street traffic management protocols to support the expansion of new sidewalks and bike infrastructure.





4. Parks and public spaces.

Keep large public spaces (e.g., parks, open spaces, squares, plazas) open where physical distance can be maintained; expand small open spaces; enforce physical distance; avoid large gatherings; expand bikes/e-scooter parking; create user schedules favoring vulnerable populations; and prevent peak usage, informing and organizing users visits across different time windows.

5. Traffic lights, signaling, and speed limits.

Shift from actuated to fixed traffic signals; adjust traffic light timing favoring pedestrians and cyclists; provide updated, clear, and accessible tactical urbanism signaling; include stay-at-home and physical distancing recommendations on traffic screens and signs; and lower traffic speed limits.



6. Public transport, shared micromobility (e.g., bikes, scooters), and shared vehicles (e.g., taxi, Uber/Lyft).

Implement strict cleaning protocols and support efficient ventilation in vehicles and stations; implement back-door boarding; suspend in-person fare collection or implement waived fares; distribute face coverings, protective glasses, gloves and sanitizer to drivers and passengers; limit passenger-driver interaction; enforce physical distancing; close every other row of seats; reduce maximum occupancy and increase service on crowding routes; install physical barriers (e.g., sneeze guards and partitions); create user schedules favoring vulnerable populations (e.g., elderly); support services for essential workers; promote bike-share; expand bike/e-scooter parking; encourage the use of bike/scooter helmets; integrate shared micromobility to public transit and bike lanes; and discourage or stop ridesharing (carpooling or vanpooling) and ridesplitting (e.g., Uber pool).











7. Motorized traffic.

Concentrate motorized transport in few streets and remove traffic lanes/parking space to support car-free streets, active transportation, and traffic safety; and when possible concentrate freight traffic on main roads and at nighttime to improve traffic safety.

8. Essential business.

Designate bike shops as essential services; expand sidewalks for on-sidewalk queuing, restaurant seating, and outdoor markets; avoid large gatherings; enforce physical distance; provide service to non-motorize transport; and establish dedicated delivering/loading zones.





9. Testing locations.

Provide transport options to access testing sites and other health services beyond cars.

10. Homelessness.

Provide and adapt homeless shelters and services suited for physical distancing and COVID-19.



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