# Tactical Urbanism for COVID-19

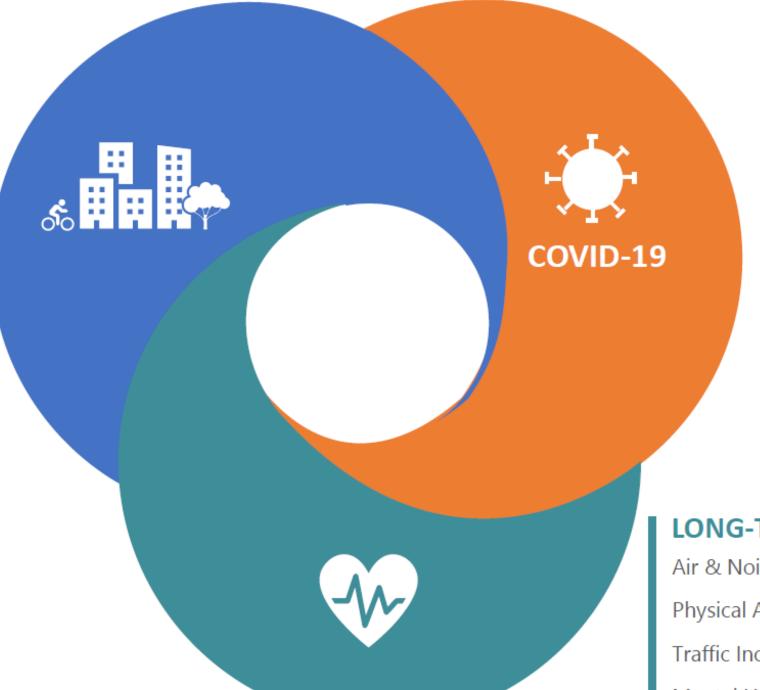
# short-term interventions with a long-term health vision

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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