On May 13, 2020, America Walks hosted the webinar, “Walking and Walkability in the Time of COVID-19: New Policies and Practices”, where we explore how walking and walkable community advocacy has been affected by physical distancing, stay-at-home orders, a slower economy, and racial and economic disparities in the impact of the virus.

It featured Allison Arieff, Editorial Director at SPUR, Dr. Destiny Thomas, CEO of Thrivance Project, Don Kostelec, AICP, from Vitruvian Planning, and Dr. James Sallis, Distinguished Professor Emeritus of Family Medicine and Public Health at University of California San Diego. Our inspiring panelists shared why it’s especially important to stay active right now, how new policies and practices might help you do so safely, and what we can all learn about the future of the national walking movement and social justice issues in the face of COVID-19.

America Walks received many questions and comments from attendees. Panelists took time to offer their expert answers, to continue the conversation and provide further insight on best practices they used for creating safe, accessible, and enjoyable walking conditions in their communities, so you can too. Visit the webinar recording page which includes a link to the YouTube playback and full list of additional resources.

**Dr. Thomas - Could she elaborate on her last slide - practical recommendations for processes and approaches to working toward remedies, for example, during "public engagement."**

**Destiny:** DISCOURSE - Start by ground-truthing and having meaningful conversations with the following groups (be ready to actually honor their requests/recommendations): People who work in underground economies, "Essential" workers, activists, mutual aid groups, and resident leaders, curbside/unhoused neighbors, youth, elders, people w/disabilities. Partner with other implementing agencies to provide rapid response interventions (in tandem with open streets) that improve air and water quality, reduce pavement heat indexes, suspend toxic industry, and reduce/remove blight

PARTICIPATORY DECISION MAKING - Work with specific communities/blocks to establish a degree of agency and autonomy regarding the implementation of your proposed street reconfiguration. Build in follow-up processes that allow residents to request modifications and communicate challenges with the project. Be prepared to honor requests to opt-out or hold off on the project altogether.

CAPACITY BUILDING - Think meaningfully about how your proposed open streets program either benefits or inhibits the work of social justice, mutual aid, and public health advocacy in the area. Modify your approach and scope to complement their work. Be open to transferring
management and coordination of the project to groups, orgs, and residents who are actually located in the project area

TOOLS AND STRATEGIES - The introduction of any rapid implementation project should be accompanied by comprehensive concepts, policy recommendations, plans, and evaluation materials to support long-term reflexivity, adaptability, and equity. This is especially the case for projects with the potential to become permanent.

POLICIES - Offer up ways to decriminalize the people who will be accessing the newly designed space (Can we resource/empower direct service providers to support implementation as opposed to asking police/vigilantes to enforce them?). Identify ways this project can/will actively support much-needed public health interventions (Think beyond traditional narratives and invite public health professionals to inform which neighborhoods are ideal for implementation). Remove barriers to mobility options (Open streets should be complemented by free transit, free paratransit, zero-fee food delivery, reduced surging for rideshare services, etc.). Reduce anxiety regarding first-time use across modes (Provide residents in open streets community with free personal bikes, all of the necessary accessories, and virtual trainings. Additionally, provide assistive devices to those who need them in order to benefit from open streets. Suspend rules/policies that penalize joy in the public right of way).

\textit{Dr. Thomas – Do you have any examples of tools and strategies or best practices to help be equitable in community engagement?}

\textbf{Destiny:} See above answer. And listen/lean in.

\textit{How do you suggest reaching and engaging people without adequate technology or previous involvement?}

\textbf{Destiny:} Every engagement effort should be low stakes. Move away from hosting virtual meetings wherein all of the important information and commenting opportunities are limited to participation in that one meeting. Instead, work with groups who serve the people you need to reach to curate engagement experiences that are cultural relevant and sensitive to the prevailing crisis/priorities of the moment. For example, a project I’m working on in Fresno is having a Task Force meeting that typically happens quarterly. We’ve decided to pre-record essential details and share the video several weeks in advance of the meeting (in 4 languages). We are repurposing the virtual space to accommodate different affinity/age groups. So, what was once one meeting every three months, is now 1) an on the ground flyering/canvassing effort in partnership with mutual aid groups, 2) an IG live meeting geared toward younger residents, 3) a FB live meeting geared toward elders, 4) a zoom meeting hosted by the City, and 5) an invitation to one-on-one phone calls and/or socially distant 5 person gatherings in a park--all over the span of three months. Your strategy will have to be developed in the moment, with the community. But, be creative and let go of timelines.

\textbf{Jim:} I’m unsure about the purpose of reaching people for this question. But if we want to educate
more people about the importance of being active during the pandemic, I would like to see walking advocacy organizations and public health departments and any organizations communicate with their members, as well as reach out to local print and broadcast media with recommendations and guidelines.

**Could Jim talk about the slide related to density in NYC vs Paris? Are there more deaths in NYC due to a population that is in general less healthy (more chronic disease possibly than in Paris)**

**Jim:** My impression is the key reason for NYC’s extraordinarily high case and death rates is largely due to it being such a travel hub. Apparently, many flights from Europe were landing in the NYC area in the early days of the pandemic, possibly before the outbreak in Northern Italy was obvious. Then they probably waited too long to shut down, and by then the NYC outbreak was advanced. Since they could not test, they could not find infected people. It is possible that NYC’s density hastened the spread. But I have heard that infection rates were lower in Manhattan (the densest part of NYC) than in other boroughs. The USA including NYC does have worse chronic disease rates than France, as well as more poverty. These factors definitely contributed to the high number of deaths in NYC. My key point is that density is far from the main driver of virus spread. Implementation of public health guidelines EARLY is looks like the main driver. I put links to my letter to the editor of the LA Times in response to an op-ed claiming more low-density suburban developments would save lives (see PDF links).

- **Commenting on this April 26, 2020 op-ed: Sprawl may have saved lives.**

**I wanted to hear from Jim Sallis- how does he see walkability indexes and recommendations based on these indexed in a post COVID-19 world?**

**Jim:** I am concerned the pandemic is going to set us back in efforts to create more activity-friendly, walkable communities. As mentioned, the idea of density is under attack due to oversimplifications. But density is essential for most other components of activity-friendliness, such as mixed land use and access to parks. Public transit also needs to be supported. Though there is a risk due to crowding during the pandemic, that risk should go back to normal after the pandemic. We know walkability and public transit benefit chronic diseases. But now we need to be educating decision makers about the overall benefits of policies that support walkability and transit. Because walking and bicycling benefit both chronic and infectious diseases, we need to act during this time of heightened awareness to advance policies that support active transportation and active leisure. So, recommendations about walkability from the Surgeon General, CDC, and numerous professional groups still apply. But during the pandemic, measures are needed to reduce risk in public transit and to reduce risk of infection in general.

**Would love to have a link to a paper or some actual study backing Sallis’ argument de-linking density and infectious disease. The argument is powerful, but I’ll need an actual citation to win the argument.**
Jim: The graph and table I showed are taken from a commentary that is under review. We are hoping it will soon be accepted and published in “Cities & Health”. When published it should be freely available online. The first author is Deepti Adlakha. We created the graph of population density and COVID-19 deaths using publicly available data. You can do the same using any selection of cities you want to include. I agree we need evidence on this, and we are trying to supply some in our paper. Here is an article that makes similar points about density. Commenting on this April 26, 2020 op-ed: Sprawl may have saved lives.

I live in Roanoke, VA. We are a suburban/rural area with many miles of greenway spaces and ample area to be physically distant. We have advice to wear masks on these greenways despite the fact that our population is very dispersed and not at all like LA or NYC. Is this a realistic recommendation for our region? Media attention has been so focused on urban areas and it doesn’t seem a logical translation to our area to advise people wear masks while walking.

Jim: The recommendations I have heard, and the one I follow is, wear masks when you are likely to be within 6 feet of someone else. When I am walking (every day) and there is no one around, I pull my mask down. When I pass near someone, I pull my mask up. This guideline applies whether you live in the city, suburb, or countryside. It's easy and common sense. I have seen articles on the likelihood that almost universal mask-wearing in many Asian cities, starting very early in the pandemic, helped reduced infections and death there dramatically. A case in point is Hong Kong. It is very dense and in China. But almost everyone wore masks. I just looked up their numbers online: 1066 cases and 4 deaths TOTAL.

In Columbus, officials relay a concern that opening up streets for people walking and biking invites crowds and goes against proper health practices right now. Is there a counter to this? Can we do both?

Jim: There is pretty strong consensus now that a good way to avoid crowding is to allow people MORE SPACE to be active. There are now dozens of cities that have adopted Open Streets or Slow Streets programs for this purpose. By “opening” streets for walking and biking only, especially if you do it in each neighborhood, just about everyone has easy access, and risk of crowding is less. Educating people about guidelines is also important. If a few places are so attractive or so popular they become crowded, cities could station park employees or police to educate people and encourage safe distances. When neighborhoods have narrow sidewalks that prevent 6-foot distances (typical across the US), where are people supposed to be active? This is a good solution, but opening the streets should be accompanied with education, and monitoring, if needed. Find more about open streets at https://www.railstotrails.org/.