

21 **WHEREAS**, according to the Austin Transportation Department’s Vision
22 Zero Program, vehicular traffic volume has decreased under the Stay Home –
23 Work Safe Order by approximately 50%, but serious injury rates have risen by
24 20%, suggesting that drivers on Austin’s streets are operating their vehicles at
25 higher speeds than usual during the COVID-19 disaster; and

26 **WHEREAS**, the 2016 Sidewalk Master Plan documented that Austin was
27 missing 2580 miles, or roughly half, of sidewalks citywide, which would require
28 \$1.64 billion to construct, and that 80% of Austin’s existing sidewalks were in
29 functionally unacceptable condition; and

30 **WHEREAS**, Austin ranks 43rd among U.S. cities for access to parkland,
31 and only 59% of Austin residents live within a ten-minute walk of a park,
32 according to the Trust For Public Land’s 2019 ParkScore report; and

33 **WHEREAS**, the pandemic has greatly changed travel patterns in Austin,
34 resulting in dramatically reduced driving and increased walking and bicycling
35 rates; and

36 **WHEREAS**, Austinites are seeking to prioritize their physical and mental
37 health during the COVID-19 pandemic through active transportation and outdoor
38 exercise close to home, but both necessary social distancing as well as the lack of
39 functional sidewalks are pushing pedestrians, children on bicycles, wheelchair

40 users, and parents with strollers into traffic lanes, where they are vulnerable to
41 speeding vehicles; and

42 **WHEREAS**, Austin residents are being discouraged from crowding in parks
43 and on trails but often have few alternatives for safe, socially distanced exercise
44 close to home, further increasing mental and physical stress; and

45 **WHEREAS**, Austin’s park and trail use continue at high levels, elevating
46 the risk of virus transmission where crowding occurs and social distancing breaks
47 down; and

48 **WHEREAS**, traditionally underserved communities experience
49 disproportionately high levels of obesity, diabetes, and other health challenges that
50 exacerbate the symptoms of COVID-19; limited mobility options to access parks
51 and trails; higher stress due to acute economic challenges and increased childcare
52 burdens; and other factors worsened by the pandemic; and

53 **WHEREAS**, alongside effective actions taken by other City departments,
54 Austin Transportation Department has already responded swiftly to the current
55 crisis by facilitating safe active transportation through such measures as
56 reallocating street space on South Pleasant Valley Road over the Longhorn Dam
57 and on Riverside Drive between South 1st Street and Lamar Boulevard; and

58 **WHEREAS**, other cities across the U.S., including Denver, Oakland, San
59 Francisco, New York City, Portland, Kansas City, and Seattle, have implemented,

60 or are in the process of implementing, “slow streets” initiatives to prioritize certain
61 neighborhood streets for walking and bicycling while still allowing local vehicle
62 traffic; and

63 **WHEREAS**, because of pandemic-related challenges, cities with slow
64 streets initiatives often have reduced staff capacity and are implementing such
65 programs with only limited resources through process streamlining,
66 temporary/lightweight infrastructure deployment, public volunteer assistance
67 including block captains, and crowdsourced identification of slow street
68 candidates; **NOW, THEREFORE,**

69 **BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:**

70 In response to the COVID-19 pandemic, the City Manager is directed to
71 immediately create a slow streets initiative for Austin entitled “Healthy Streets”
72 that will facilitate safe, socially distanced walking, bicycling, and other outdoor
73 exercise and active transportation on neighborhood streets and discourage
74 automobile through-traffic while still allowing local automobile movement.

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76 **BE IT FURTHER RESOLVED:**

77 In creating and implementing this initiative, the City Manager should:

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79 • Adopt a phased approach, initially designating and deploying a small
80 number of Healthy Streets and regularly and steadily expanding in batches
81 over time, and iterating initiative design based on lessons learned;

82 • Publicly articulate a goal of miles of Healthy Streets to be created in the
83 initiative’s first batch of streets; after initial rollout and with community
84 feedback, establish mileage goals and timelines for subsequent batches;

85 • Deploy the first batch of Healthy Streets no later than two weeks from the
86 passage of this resolution;

87 • For subsequent batches of streets, solicit Council and community ideas for
88 appropriate and desirable locations for additional Healthy Streets;

89 • Select only non-arterial streets that carry no public transit service to become
90 Healthy Streets;

91 • Distribute Healthy Streets throughout the city, with a goal to include every
92 Council District as efficiently as possible;

93 • Ensure the selection of Healthy Streets is responsive to demand for
94 additional outdoor activity space (e.g. adjacent to crowded trails and parks)
95 as well as informed by equity considerations (e.g. lack of walkable park
96 access);

97 • Seek opportunities to select Healthy Streets that will provide network
98 benefits for improved mobility, but generally prioritize geographic
99 distribution across the city’s neighborhoods to ensure as many residents
100 have access to a Healthy Street as possible;

- 101 • Provide Council status updates on the Healthy Streets Initiative no less
102 frequently than monthly for the duration of the city’s need to maintain social
103 distancing to combat viral transmission; and
- 104 • Return to Council to consider initiative wind-down when social distancing is
105 no longer needed in our community.

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107 **BE IT FURTHER RESOLVED:**

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109 Understanding the strain the COVID-19 pandemic has placed on City staff and
110 other resources, the City Manager is strongly encouraged to consider all available
111 measures to reduce the resource intensity of the Healthy Streets Initiative,
112 including but not limited to:

- 113 • Research and adopt best practices from other cities that have already
114 implemented similar “Slow Streets” initiatives;
- 115 • Seek a simplified, streamlined, and cost-minimized process for all steps
116 necessary in initiative implementation;
- 117 • Leverage engaged community organizations, neighborhood and stakeholder
118 groups, and City Boards and Commissions for rolling input on desirable
119 Healthy Street candidates and, once implementation is underway, to gather
120 community feedback on initiative successes and opportunities for
121 improvement;
- 122 • Use temporary and lightweight street infrastructure, such as A-frame signs
123 and cones, to mark off selected Healthy Streets;
- 124 • Engage community volunteers to help install this infrastructure and to
125 provide ongoing monitoring as block captains;

- 126 • Support the Healthy Streets Initiative with City staff from a variety of
127 departments to the extent staff resource needs and capacity have shifted
128 during COVID-19, including Austin Transportation but also allied
129 departments in this effort such as Public Works, Austin Public Health,
130 Planning and Zoning, and/or Parks and Recreation.

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ADOPTED: _____, 2020 **ATTEST:** _____

Jannette S. Goodall
City Clerk

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