Open Streets: a healthy epidemic and a promising community intervention for the global pandemic of physical inactivity. Learn about the benefits of Open Streets and get ideas for starting a program in your community.

What are Open Streets?

Known as Ciclovías Recreativas in Latin America, Open Streets programs temporarily open streets exclusively for people so they can enjoy safe, free space in their city for cycling, skating, walking, jogging or other activities.
300+ cities 1.000+ kilometers 110+ million participants a year 25,000+ hours of free open streets a year

Open Streets do much more than promote cycling.

They include a wide variety of activities:

- Physical activity classes
- Sports
- Culture and education
- Recreation and play
- Local business
- Health promotion
- Pet services

Open Streets are multi-sectoral:

Public sector
Recreation and sports
  - Health
  - Education
  - Environment
  - Police
  - Tourism
  - Transport
  - Urban planning

Private sector
Local business and companies (e.g. bike repair, fruit stands, food and drinks)

Civil society
Grassroots organizations Volunteers Nongovernmental organizations

Save money because active people have lower health care costs:

For each dollar invested in:

- $ Bogotá’s Ciclovía: 3 dollars in health care costs are saved Net savings: 13 million dollars/year
- $ Medellín’s Ciclovía: 2 dollars in health care costs are saved Net savings: 2 million dollars/year
- $ San Francisco’s Open Streets: 2.3 dollars in health care costs are saved Net savings: 4 million dollars/year
### Problems

<table>
<thead>
<tr>
<th></th>
<th>Potencial solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical inactivity</td>
<td><strong>Open Streets’ participants:</strong></td>
</tr>
<tr>
<td>Is associated with more than <a href="#">5.3 million deaths</a> per year and increases the risk of diabetes mellitus type 2, coronary disease, cerebrovascular disease and cancer by 20-30%.</td>
<td>→ Have a higher prevalence* of meeting PA recommendations than the overall population.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsafe streets</td>
<td><strong>Open Streets’ participants report feeling safer.</strong></td>
</tr>
<tr>
<td>Decreased urban quality of life</td>
<td><strong>On average Open Streets’ participants have higher health-related quality of life scores.</strong></td>
</tr>
<tr>
<td>Air pollution and noise</td>
<td><strong>Open Streets reduce particulate matter pollution and street noise.</strong></td>
</tr>
<tr>
<td>Lack of space for social interaction and recreation</td>
<td><strong>Open Streets promote social inclusion, social interaction, and equality. Participants come from all socioeconomic strata, and include people with disabilities, older adults, children, families and minorities.</strong></td>
</tr>
<tr>
<td>Inequality and social exclusion</td>
<td><strong>Provide opportunities for economic revitalization of communities.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>On average Open Streets’ participants score higher on social capital scales.</strong></td>
</tr>
</tbody>
</table>

* Prevalence is the proportion of individuals with a specific characteristic or event at a given period of time.

---

**How much physical activity is recommended?**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Minimum weekly hours of moderate PA or vigorous PA needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Moderate activities: walking, cycling, dancing, climbing stairs, aerobics. Vigorous activities: jogging, running, walking fast, high-impact aerobics, jump rope, singles tennis.</td>
</tr>
<tr>
<td>5 to 17 years</td>
<td>Minimum <strong>60 daily minutes</strong> of moderate or vigorous PA that is age-appropriate, enjoyable and varied.</td>
</tr>
<tr>
<td>18 to 64 years</td>
<td>Minimum <strong>150 minutes</strong> of moderate PA or <strong>75 minutes</strong> of vigorous PA per week.</td>
</tr>
</tbody>
</table>
During the planning phase, make sure to involve the following actors: recreation and sports, health, transportation, education, urban planning, tourism, culture, security and environment. Do not forget about community organizations.

Where to begin?

If you want to begin an Open Streets program in your community, follow these steps:

**Step 1**
Gather essential technical information to develop a proposal: Route, street conditions, neighborhoods and populations that you plan to include in the program.

**Step 2**
Get to know and identify the local and national regulations related to physical activity, recreation, and sports that might be useful in building legal arguments for the program.

**Step 3**
Identify community stakeholders who may support or oppose the proposal. Consider how you will engage stakeholders including community leaders and politicians to support Open Streets.

**Step 4**
Prepare technical arguments that are useful and interesting for stakeholders.

**Step 5**
Define suitable messages for the different stakeholders. It is crucial to be able to show them how Open Streets addresses their interests and concerns. Messages should include easy-to-understand and relevant figures and technical arguments.

**Step 6**
Conduct technical and marketing studies and inform the community about the project.

**Step 7**
Present the proposal for final approval.

Open Streets’ benefits go beyond health. They are promising programs for building healthier, more livable and equitable cities.

For more information and references:
http://epiandes.uniandes.edu.co/
http://cicloviarecreativa.uniandes.edu.co/

Fact sheet prepared by:
Adriana Díaz del Castillo1, Carlos Pedraza1, Silvia González1,2, Jesús Díaz1,2, Lorena Ibara3, Diana Fernández4, Michael Pratt1,2,5,10, Enrique Jacoby6, Oscar Lozano7, Adriana Almanza7, Francisco Cañon8, Ross Brownson9, Olga Lucía Sarmiento1,10

1. School of Medicine. Universidad de los Andes.
2. School of Government. Universidad de los Andes.
3. Consultant.
4. School of Engineering, Department of Systems and Computing Engineering, Universidad de los Andes.
5. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC).
7. Departamento Administrativo del Deporte, la Recreación, la Actividad Física y el Aprovechamiento del Tiempo Libre (COLDEPORTES)
8. Instituto Distrital de Recreación y Deporte (IDRD)
10. ceiBA - Centro de Estudios Interdisciplinarios Básicos y Aplicados en Complejidad.

The production of this document has received financial support from the United States Centers for Disease Control and Prevention (CDC), an Agency of the Department of Health and Human Services, under Cooperative Agreement Number CDC RFA DP07-708 on Building Capacity of Developing Countries to Prevent non-Communicable Diseases and the International Union for Health Promotion and Education (IUHPE). The content of this document is solely the responsibility of the authors and does not necessarily represent the official views of CDC.

Design: Diana Fernández
For more information, contact: Olga L. Sarmiento osarmien@uniandes.edu.co