

# Effectiveness and equity impacts of town-wide cycling initiatives in England: a longitudinal, controlled natural experimental study

Anna Goodman,<sup>1 2</sup> Jenna Panter,<sup>1 3</sup> Stephen Sharp<sup>3</sup>  
and David Ogilvie<sup>1 3</sup>

1 UKCRC Centre for Diet and Activity Research (CEDAR)

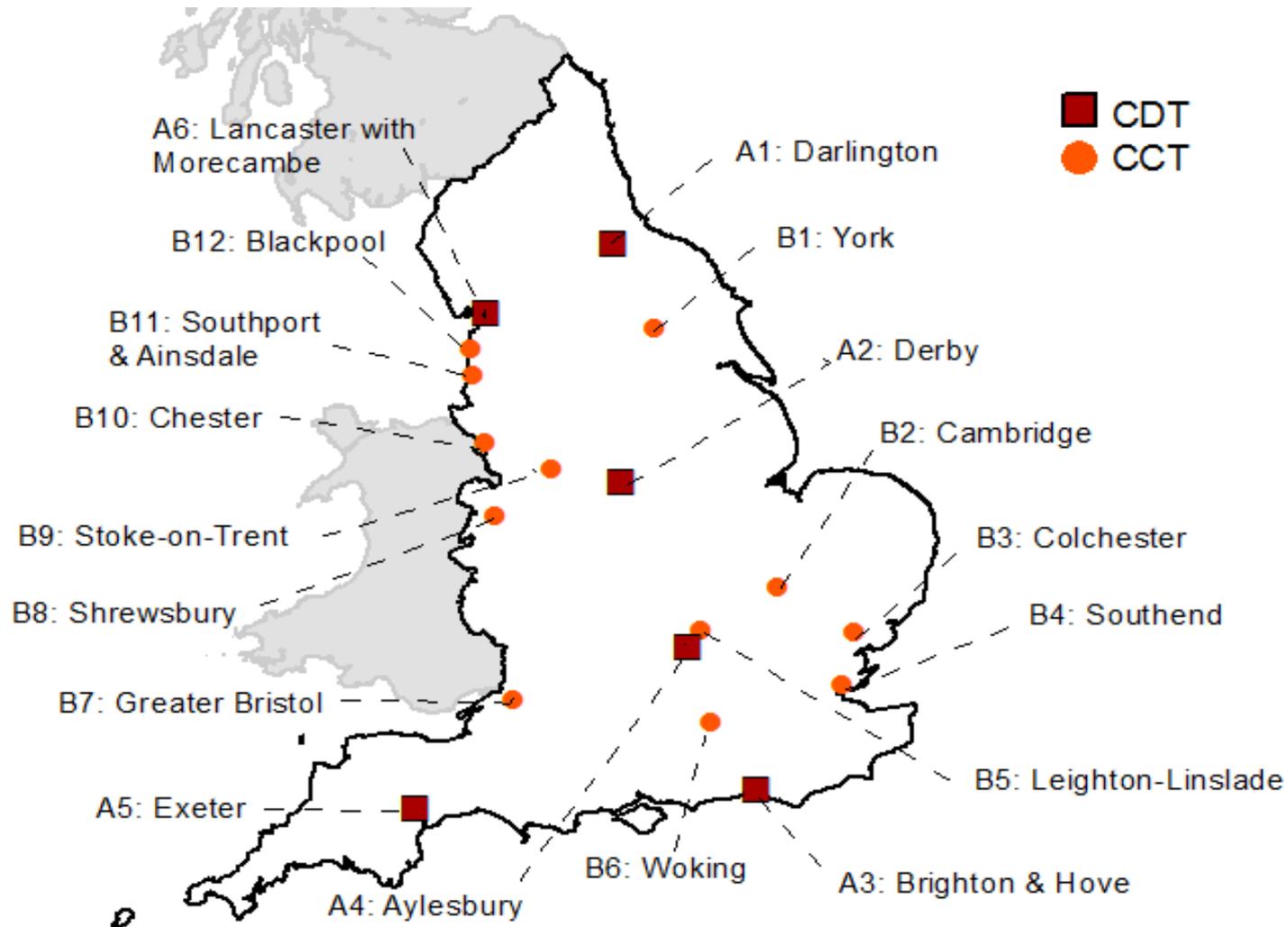
2 London School of Hygiene and Tropical Medicine

3 MRC Epidemiology Unit, University of Cambridge

*Social Science & Medicine*, 2013, 97, pp 228–237



# Cycling towns programme



CDT = 'Cycling Demonstration Towns', funded 2005-2011  
CCT = 'Cycling Cities and Towns', funded 2008-2011

# Cycling towns programme

- Town-level initiatives aiming to 'get more people cycling, more safely, more often'.
- 18 towns increased cycling spending to an average of around £15 per person per year, for three to six years
  - Much higher than the average of £1 per person per year for England as a whole, and comparable to many high-cycling European cities.

# Cycling towns programme

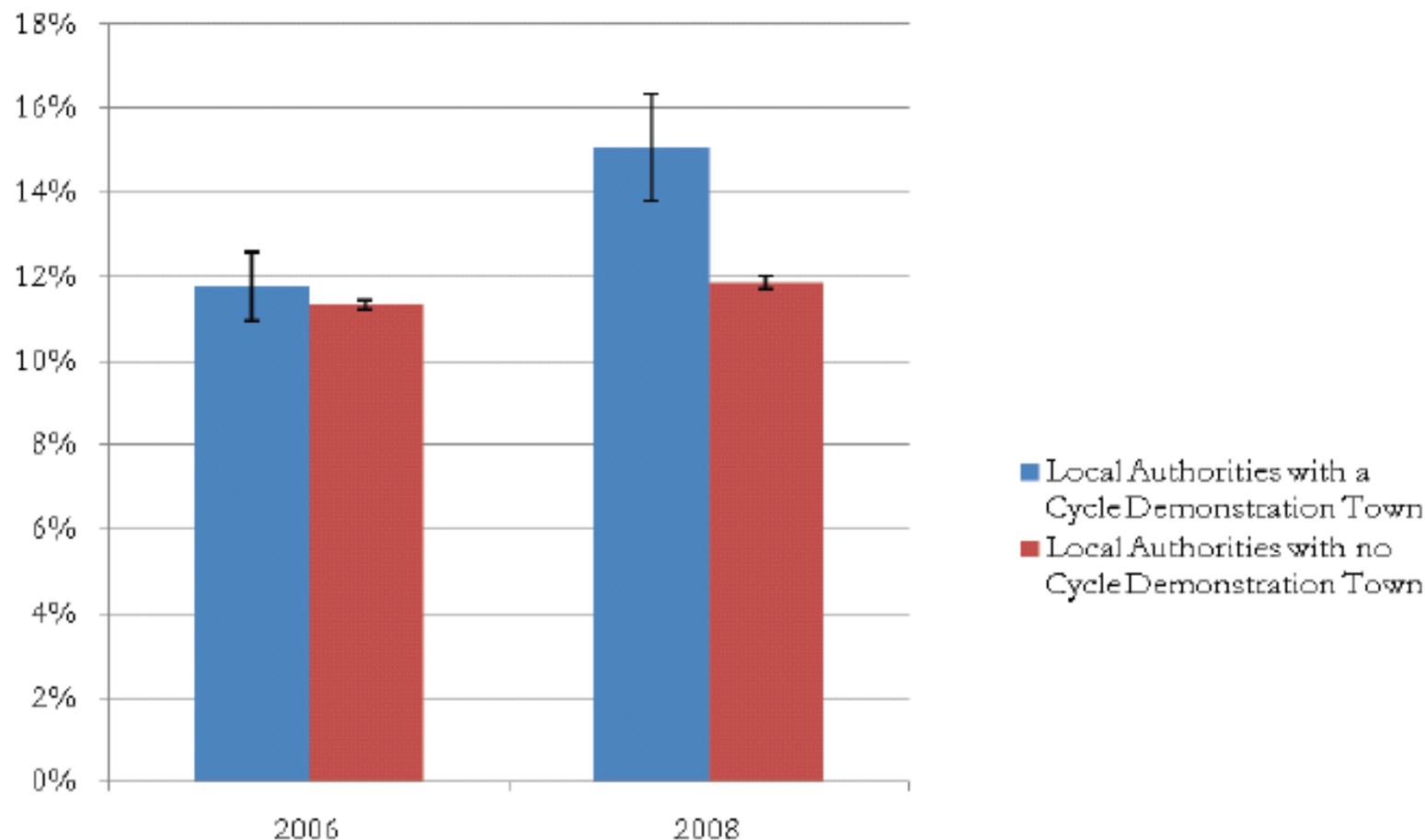
- Each town designed a tailored programme of interventions, involving mixtures of capital investment (e.g. cycle lanes) and revenue investment (e.g. cycle training). Average capital:revenue ratio of 3:1.
- Tried to take a 'whole town' approach. Emphasis often on one of 5 themes:
  1. General infrastructure improvements
  2. Cycling to work
  3. Cycling to schools/colleges
  4. Cycling to stations
  5. Targeting specific areas/groups (e.g. deprived areas).

**Analysis and synthesis of evidence on the effects  
of investment in six Cycling Demonstration Towns**  
November 2009



Sloman et al., DfT and Cycling England 2009

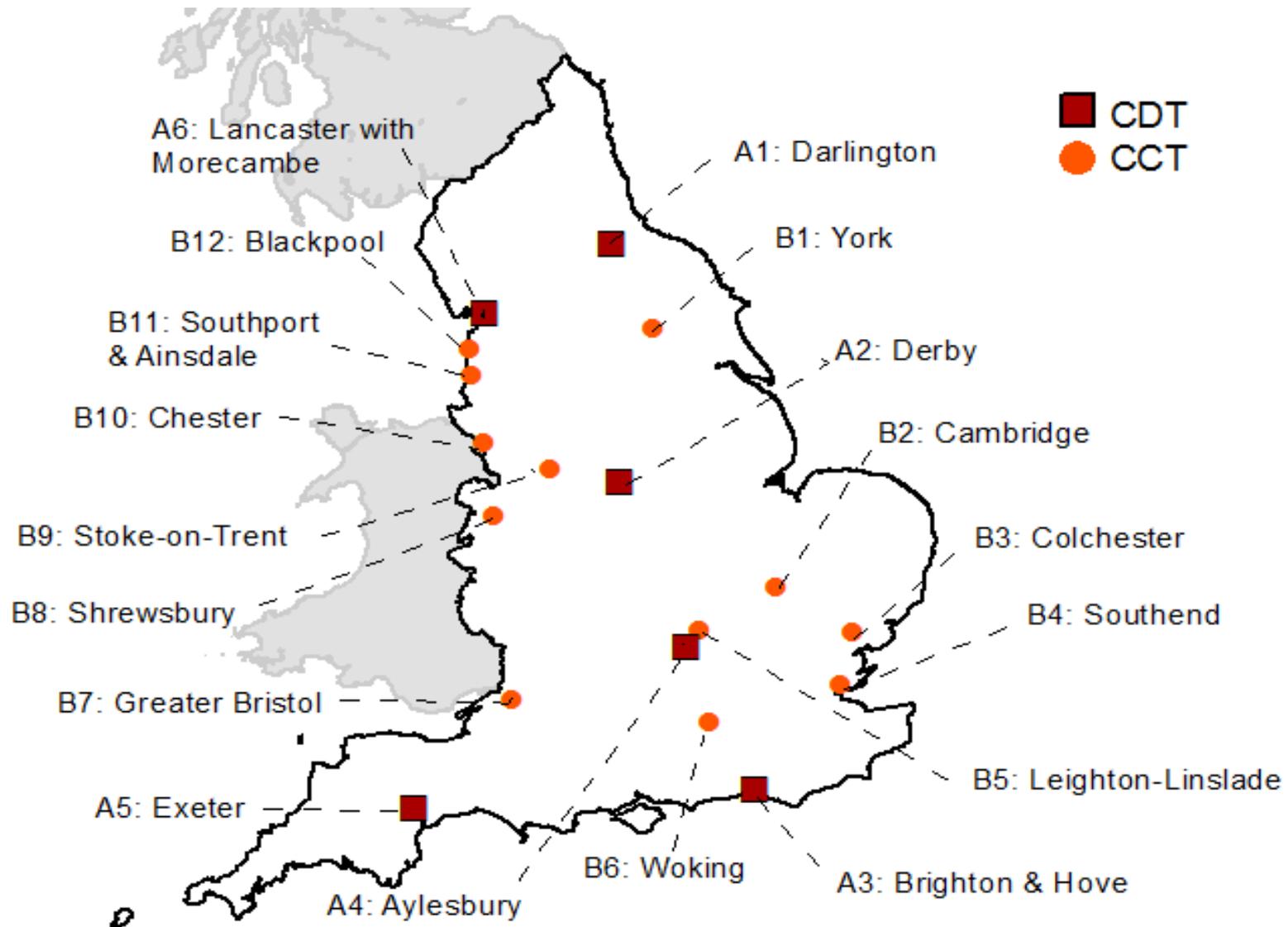
**Figure 6: Proportion reporting cycling for at least 30 minutes, once or more per month (CDT local authorities compared to all other local authority areas)**



Source: Active People Survey. 2006 total n= approximately 1,000 per local authority;  
2008 total n=approximately 500 per local authority

# Aims

- To examine whether the prevalence of cycling to work increased in intervention towns relative to matched comparison towns.
- And to examine:
  1. Whether effects differed by deprivation.
  2. Changes in walking and driving to work.
  3. Whether effects differed between towns.



CDT = 'Cycling Demonstration Towns', funded 2005-2011  
 CCT = 'Cycling Cities and Towns', funded 2008-2011

# Selection of controls

- **Primary comparator**

Matched towns ('most similar local authority')

- **Secondary comparators**

1. Unfunded towns

2. National (all towns in England except London)

# Outcomes derived from Census data

Prevalence of cycling as usual mode of travel to work among all adults aged 16-74 with a current job and not working at home

- 41** How do you usually travel to work?
- Tick one box only
- Tick the box for the longest part, by distance, of your usual journey to work
- Work mainly at or from home
  - Underground, metro, light rail, tram
  - Train
  - Bus, minibus or coach
  - Taxi
  - Motorcycle, scooter or moped
  - Driving a car or van
  - Passenger in a car or van
  - Bicycle
  - On foot
  - Other

# Approach to analysis

- Before-and-after controlled design, 2001-2011
- 'Difference in differences' (absolute)

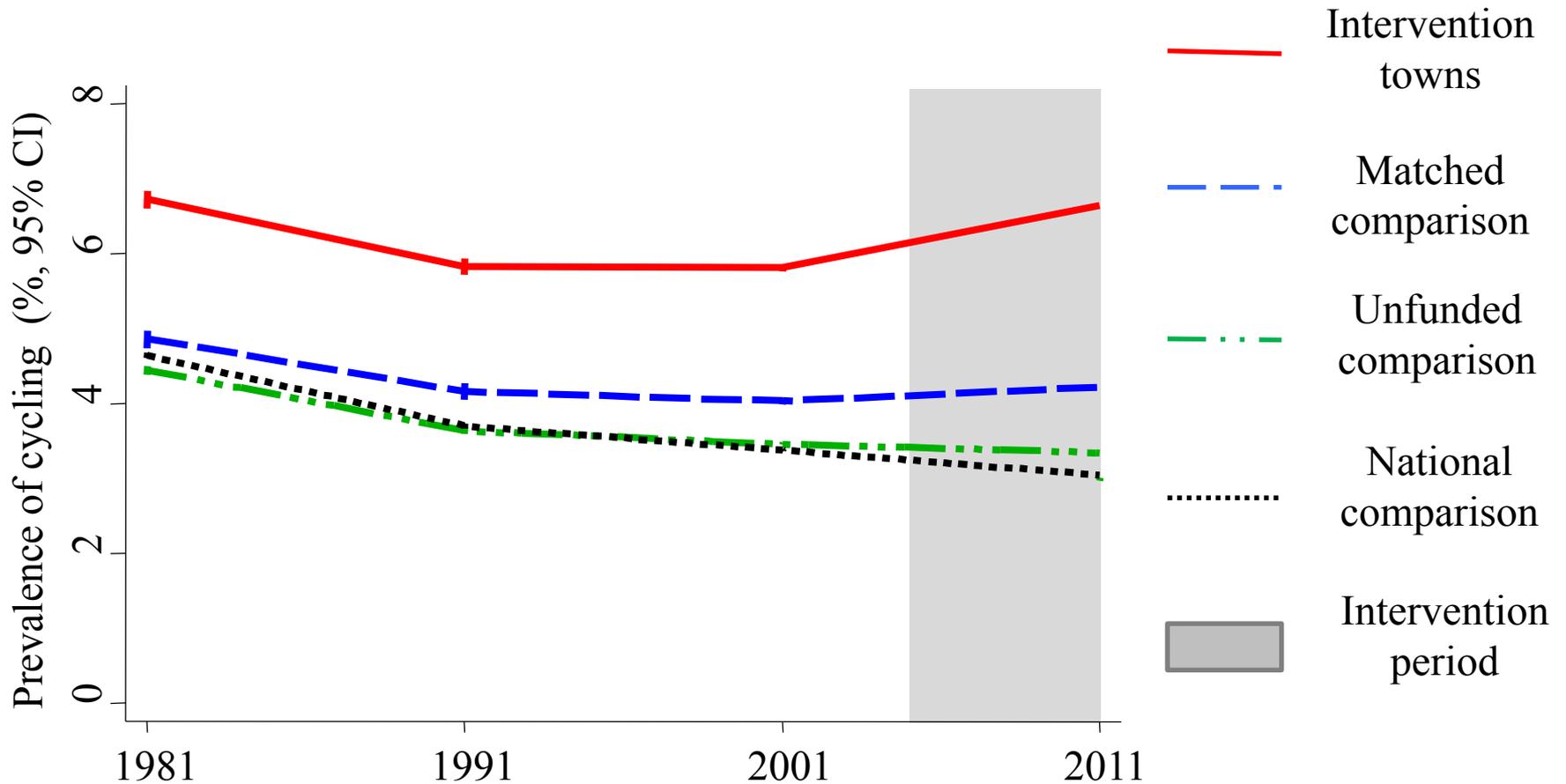
$$\begin{array}{ccc} \text{Change in} & & \text{Change in} \\ \text{intervention} & - & \text{comparison} \\ \text{towns} & & \text{towns} \end{array}$$

- 'Ratio of ratios' (relative)

$$\frac{\text{Change in intervention towns}}{\text{Change in comparison towns}}$$

- Random-effects meta-analysis

# Cycling

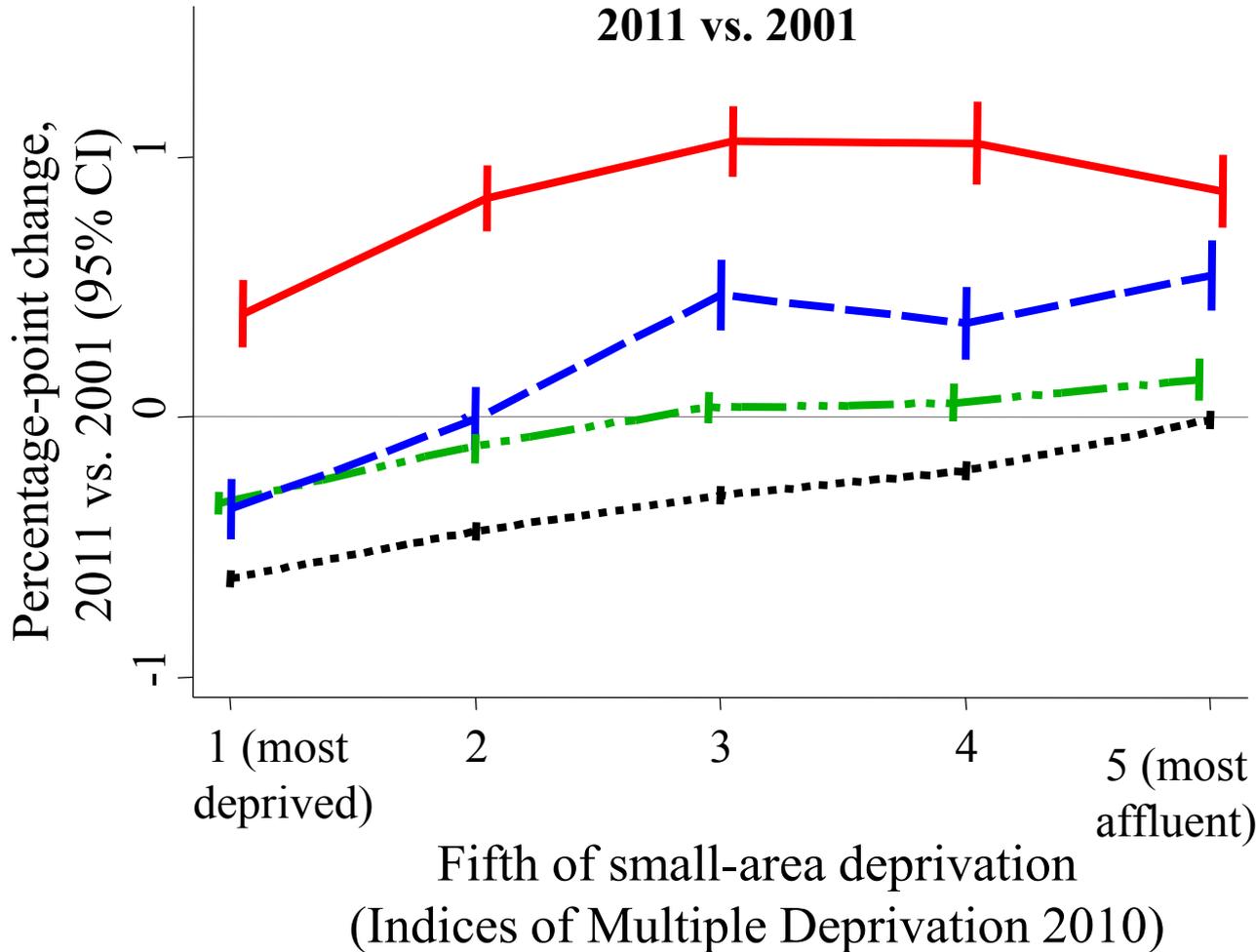


Diff-in-differences relative to matched group: **0.69** (0.60, 0.77)

Ratio-of-ratios relative to matched group: **1.09** (1.06, 1.11)

# Deprivation

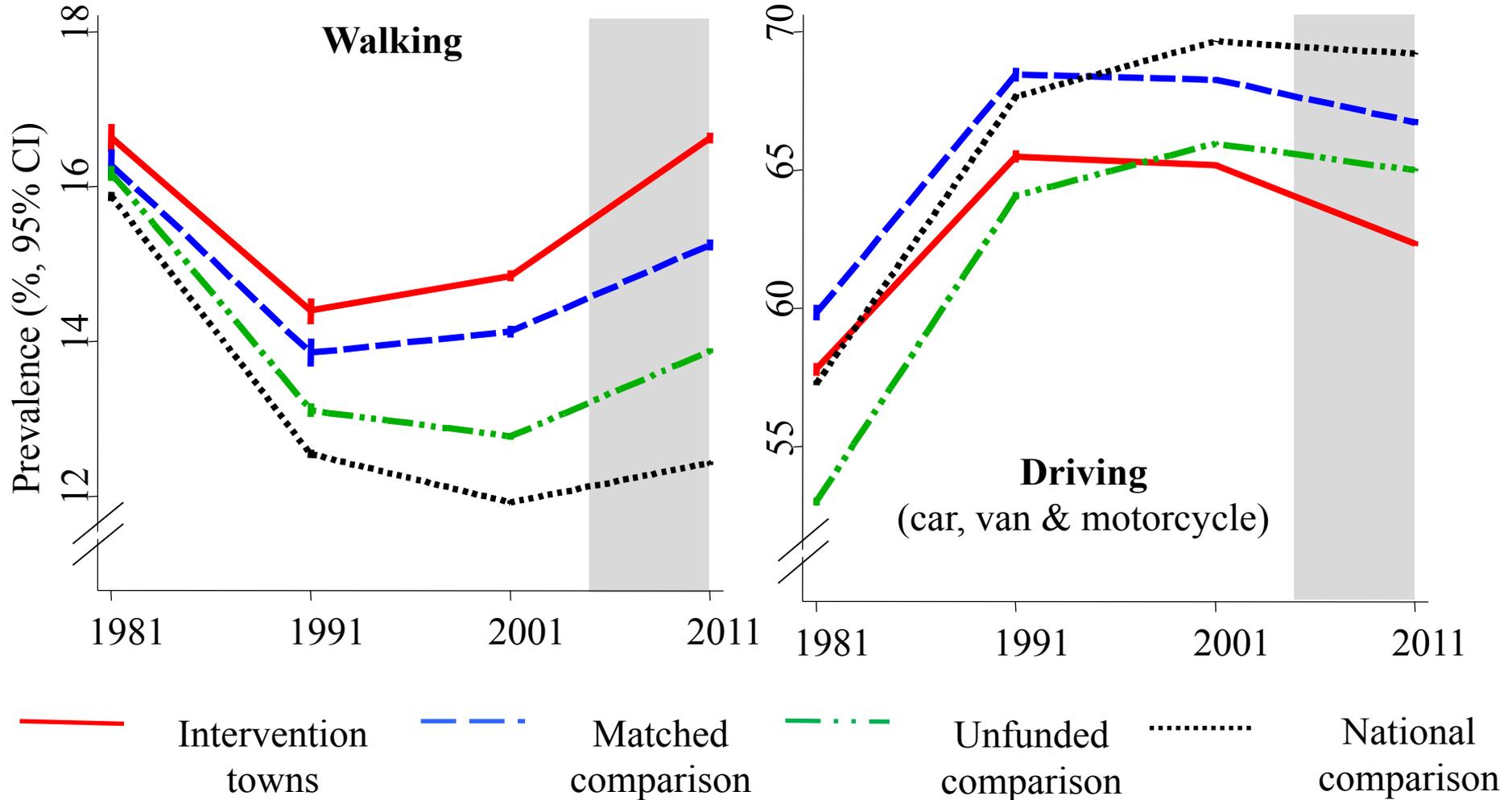
Absolute percentage-point change  
2011 vs. 2001



- Intervention towns
- Matched comparison
- Unfunded comparison
- National comparison

Results were similar using relative change

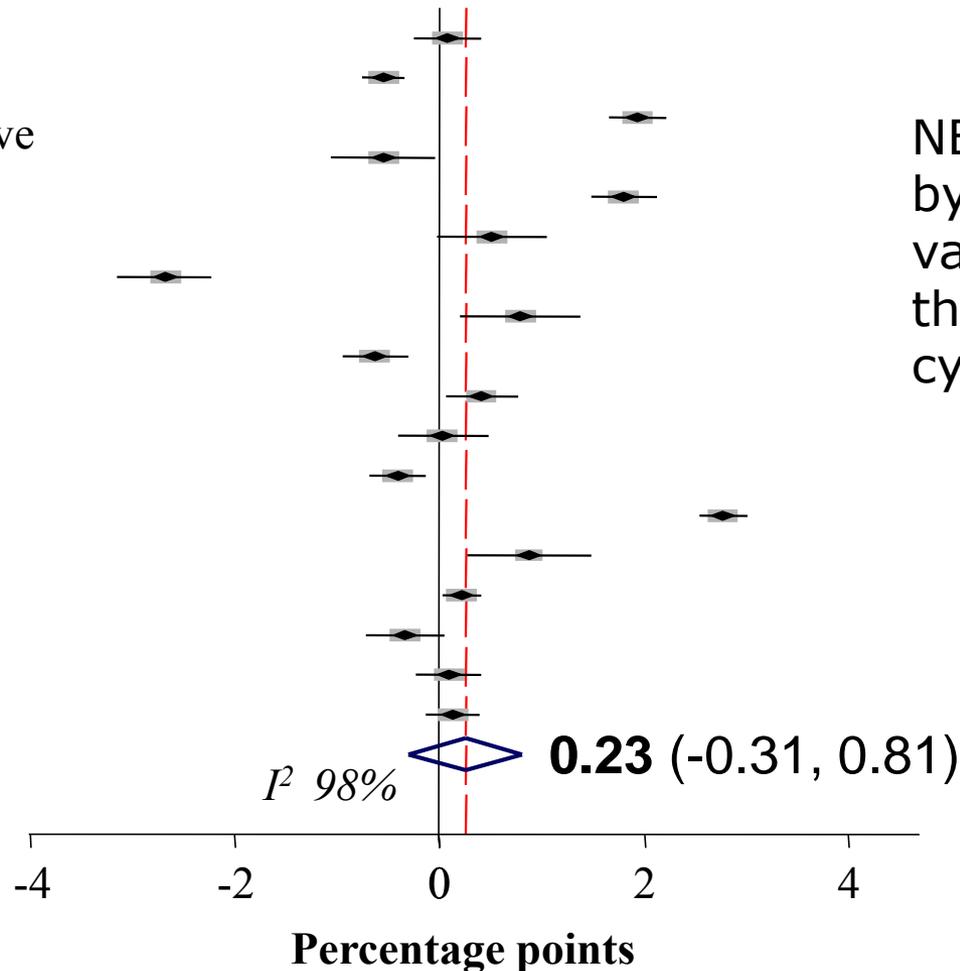
# Walking and driving



# Town by town

## Difference-in-differences, intervention vs. matched towns

- A1: Darlington
- A2: Derby
- A3: Brighton & Hove
- A4: Aylesbury
- A5: Exeter
- A6: Lancaster
- B1: York
- B2: Cambridge
- B3: Colchester
- B4: Southend
- B5: Leighton
- B6: Woking
- B7: Bristol
- B8: Shrewsbury
- B9: Stoke-on-Trent
- B10: Chester
- B11: Southport
- B12: Blackpool



NB partly explained  
by fact that towns  
varied in how much  
they focussed on  
cycling to work

# Discussion

- **Positive effects overall**
  - Cycling to work increased relative to comparison towns
  - Larger benefits in those living in more deprived areas
  - Cycling rose at the expense of driving, not walking
- **Comparison with previous European studies**
  - Smaller effects in absolute terms
  - Similar effects in relative terms
- **Contributes to the evidence for interventions**

# Limitations

- **Are the effects generalisable?**
  - Intervention towns were self-selected
  - Positive *overall* effect was driven by a few large towns
  - Average *town-level* effect was not significant
  - What about non-commuter cycling?
- **How did the effects come about?**
  - Infrastructure vs. soft measures?

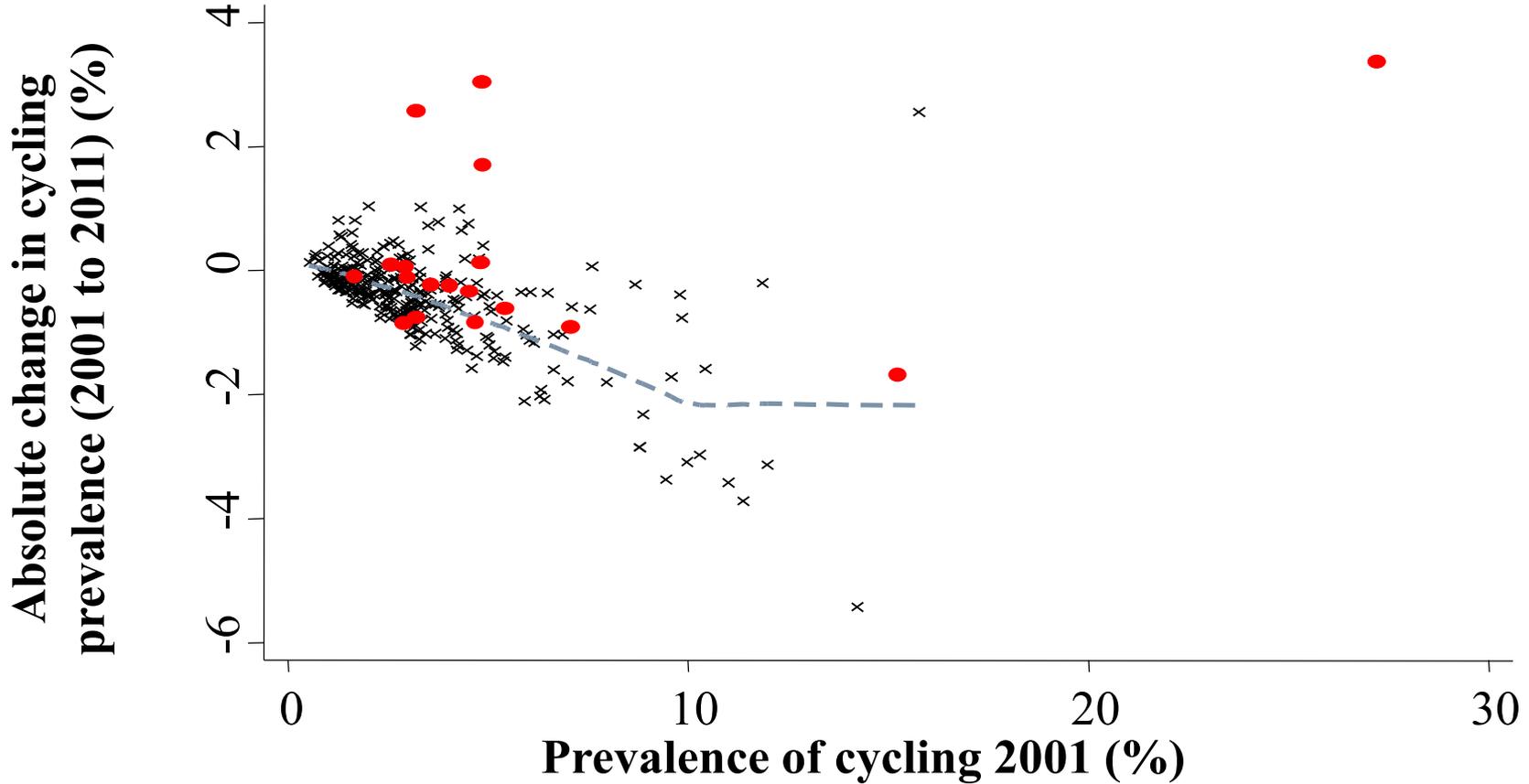
Anna Goodman and Jenna Panter are supported by NIHR Postdoctoral Fellowships. David Ogilvie and Stephen Sharp are supported by the Medical Research Council.

This work was carried out under the auspices of the Centre for Diet and Activity Research (CEDAR), a UKCRC Public Health Research Centre of Excellence funded by the British Heart Foundation, Economic and Social Research Council, Medical Research Council, National Institute for Health Research and Wellcome Trust under the auspices of the UK Clinical Research Collaboration.

We thank the Department for Transport for information on the Cycling Demonstration Towns and Cycling Cities and Towns programmes.

**Corresponding author: [anna.goodman@lshtm.ac.uk](mailto:anna.goodman@lshtm.ac.uk)**





-  Intervention towns
-  Towns in national comparison group
-  Lowess ( $\approx$ running average) line

# Using natural experiments to evaluate population health interventions: new Medical Research Council guidance

Peter Craig,<sup>1</sup> Cyrus Cooper,<sup>2</sup> David Gunnell,<sup>3</sup> Sally Haw,<sup>4</sup> Kenny Lawson,<sup>5</sup> Sally Macintyre,<sup>6</sup> David Ogilvie,<sup>7</sup> Mark Petticrew,<sup>8</sup> Barney Reeves,<sup>9</sup> Matt Sutton,<sup>10</sup> Simon Thompson<sup>11</sup>

Craig et al., *J Epidemiol Community Health* 2012

---

## Interventions to promote cycling: systematic review

Lin Yang, PhD student Shannon Sahlqvist, career development fellow Alison McMinn, career development fellow Simon J Griffin, assistant director David Ogilvie, clinical investigator scientist

Yang et al., *British Medical Journal*, 2010