

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

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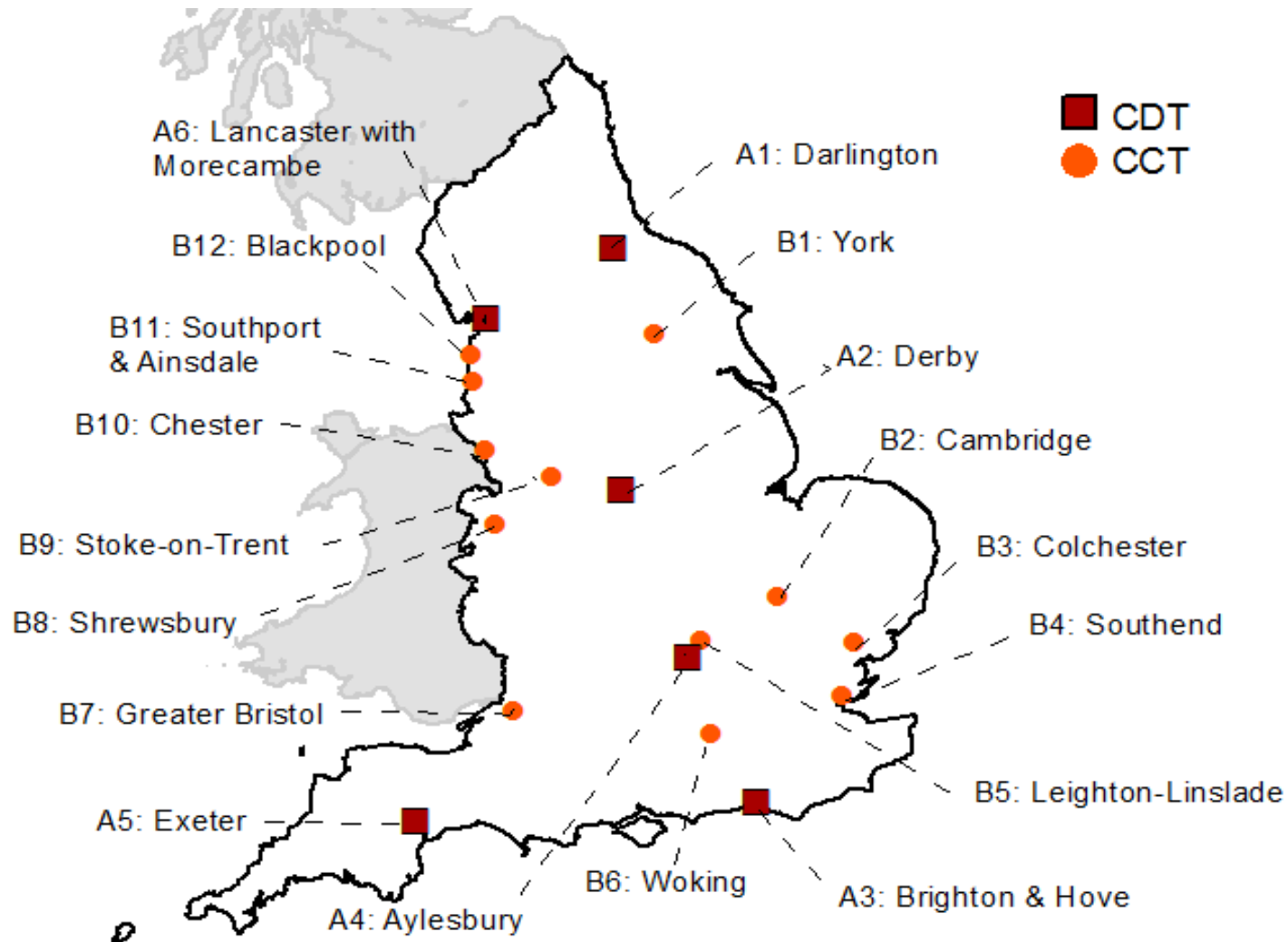
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# Cycling towns programme



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

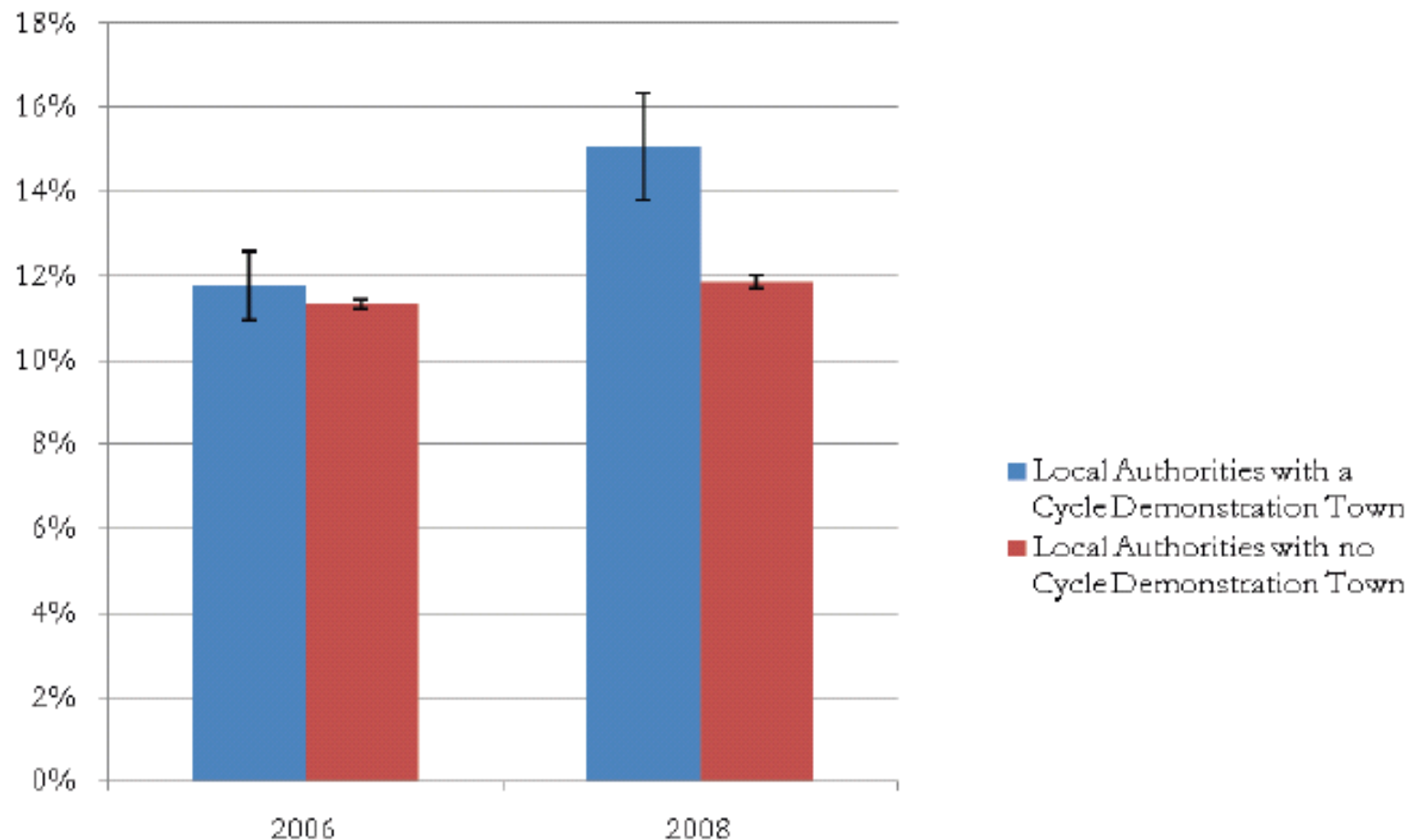
- Each town designed a tailored programme of interventions, involving mixtures of capital investment (e.g. cycle lanes) and revenue investment (e.g. cycle training). Average capital:revenue ratio of 3:1.
- Tried to take a 'whole town' approach. Emphasis often on one of 5 themes:
  1. General infrastructure 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

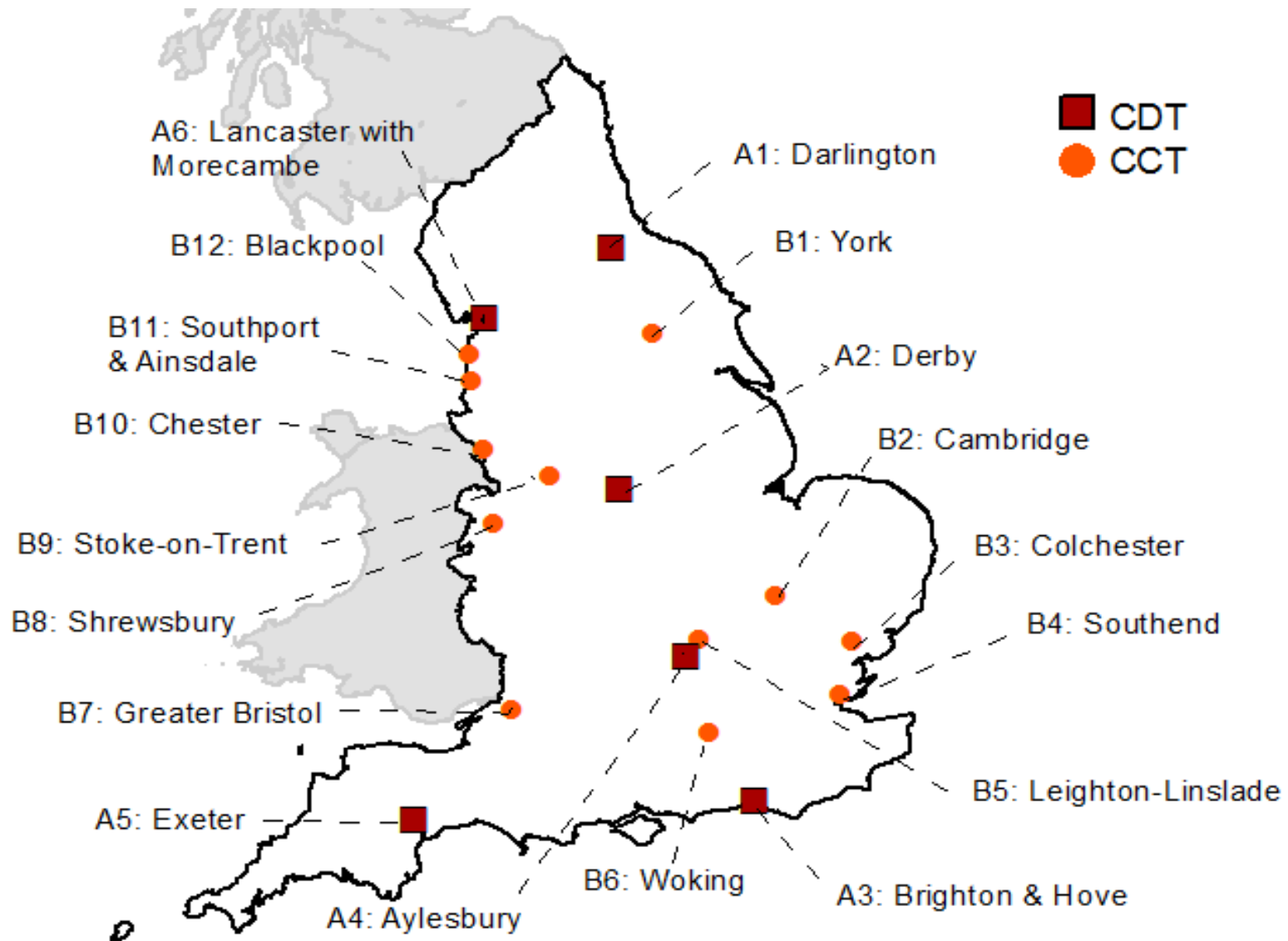
**Figure 6: Proportion reporting cycling for at least 30 minutes, once or more per month (CDT local authorities compared to all other local authority areas)**



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.



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# 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)

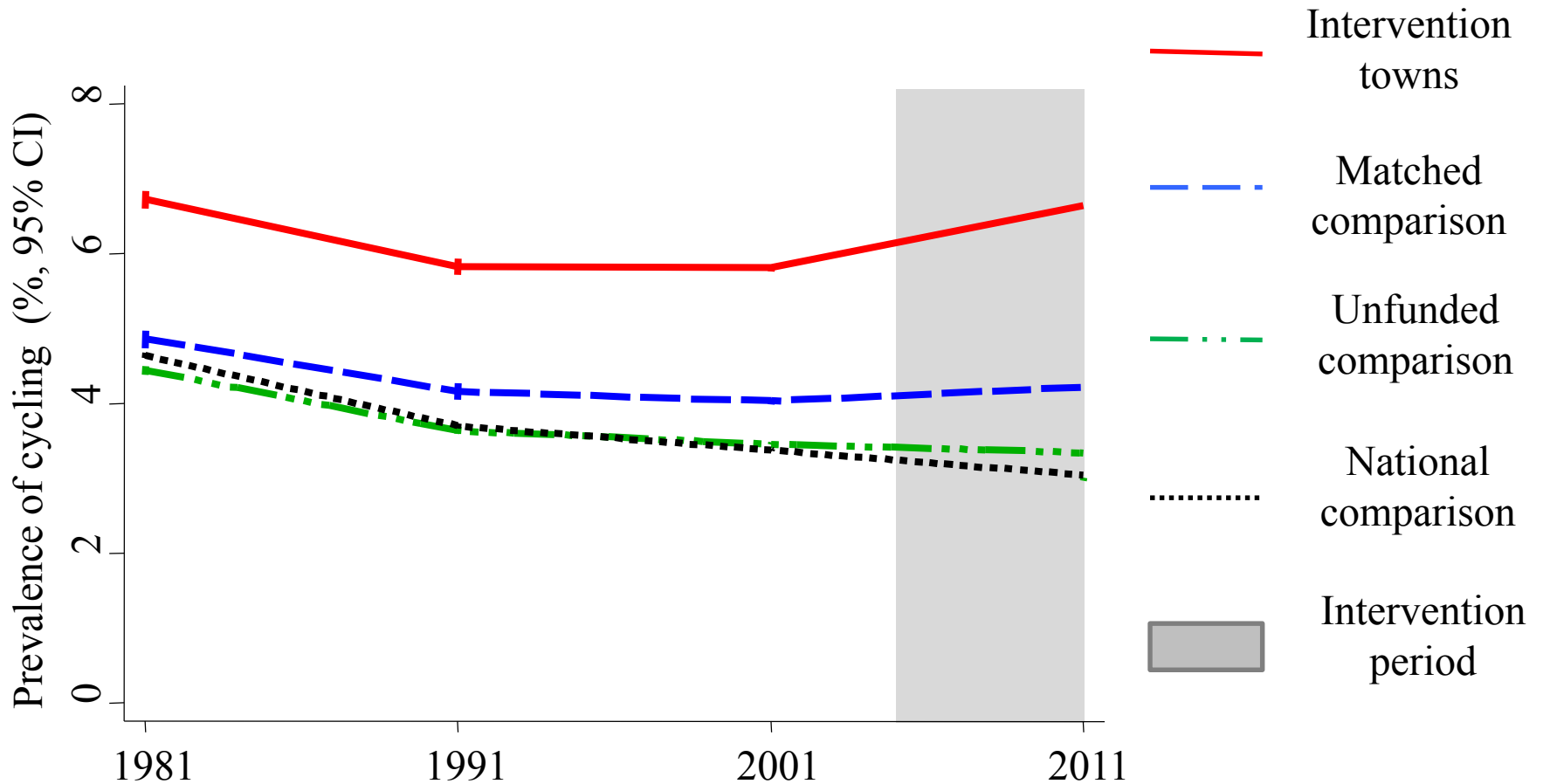
$$\begin{array}{ccc} \text{Change in} & & \text{Change in} \\ \text{intervention} & - & \text{comparison} \\ \text{towns} & & \text{towns} \end{array}$$

- 'Ratio of ratios' (relative)

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

- Random-effects meta-analysis

# Cycling

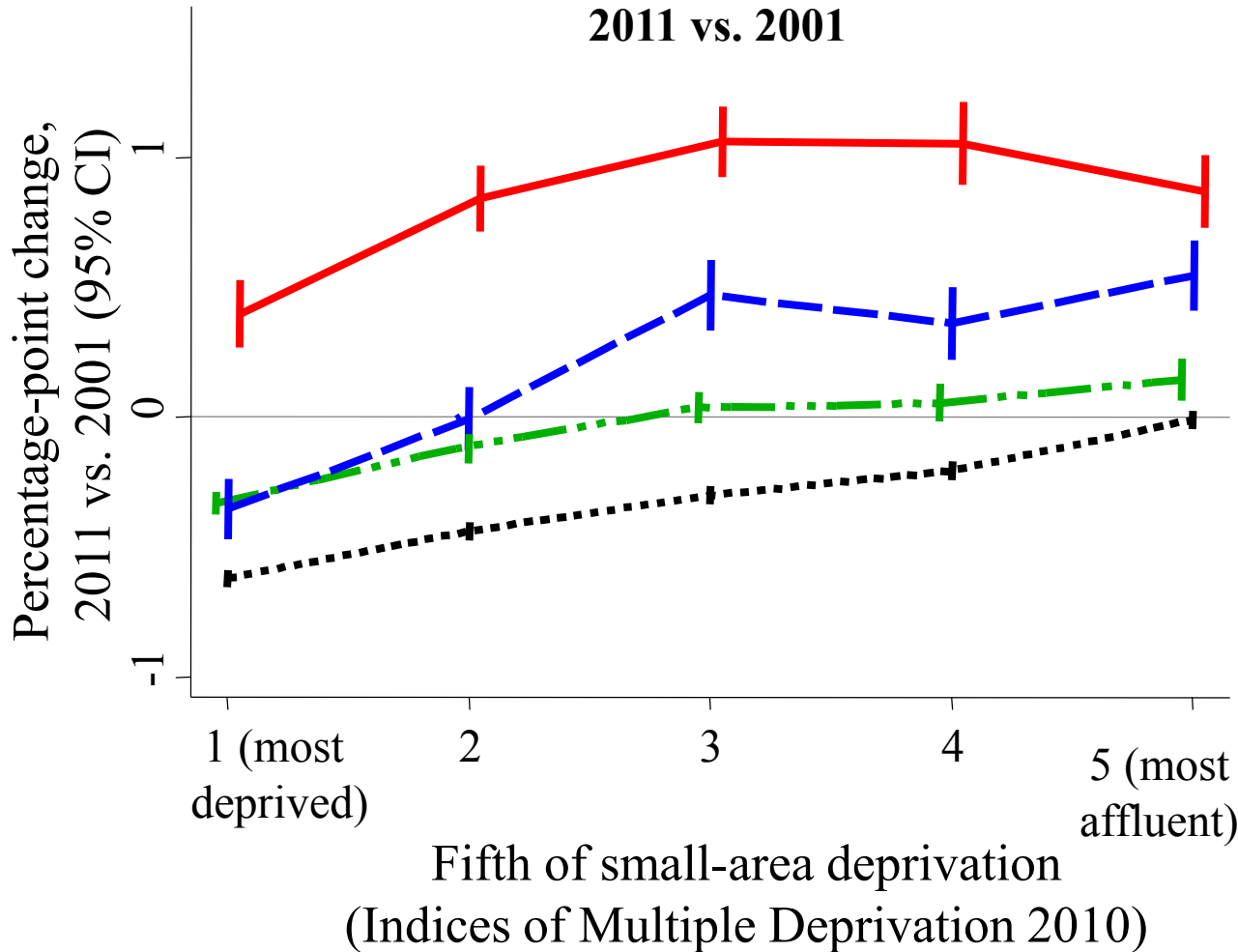


Diff-in-differences relative to matched group: **0.69** (0.60, 0.77)

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

# Deprivation

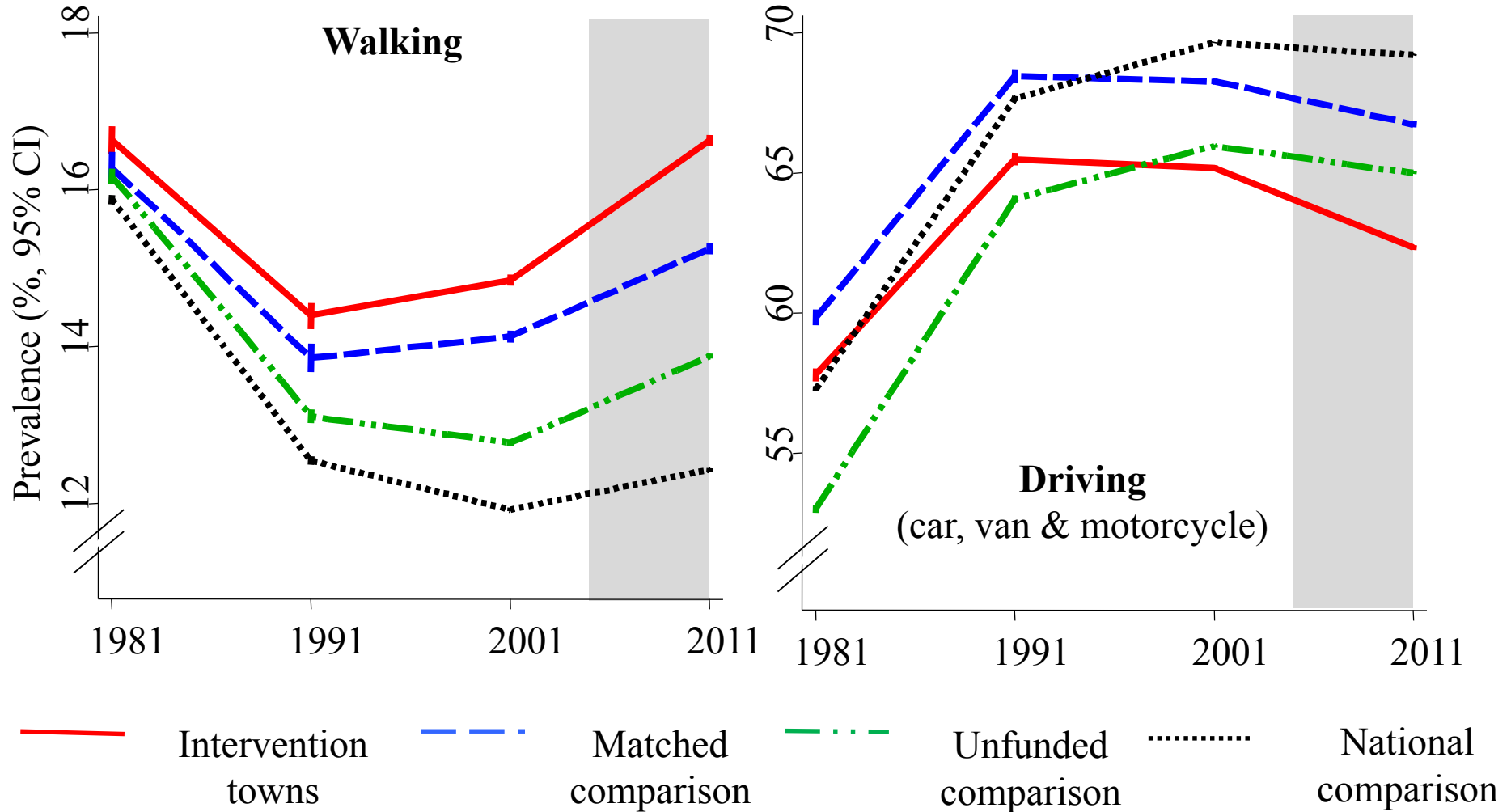
Absolute percentage-point change  
2011 vs. 2001



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

Results were similar using relative change

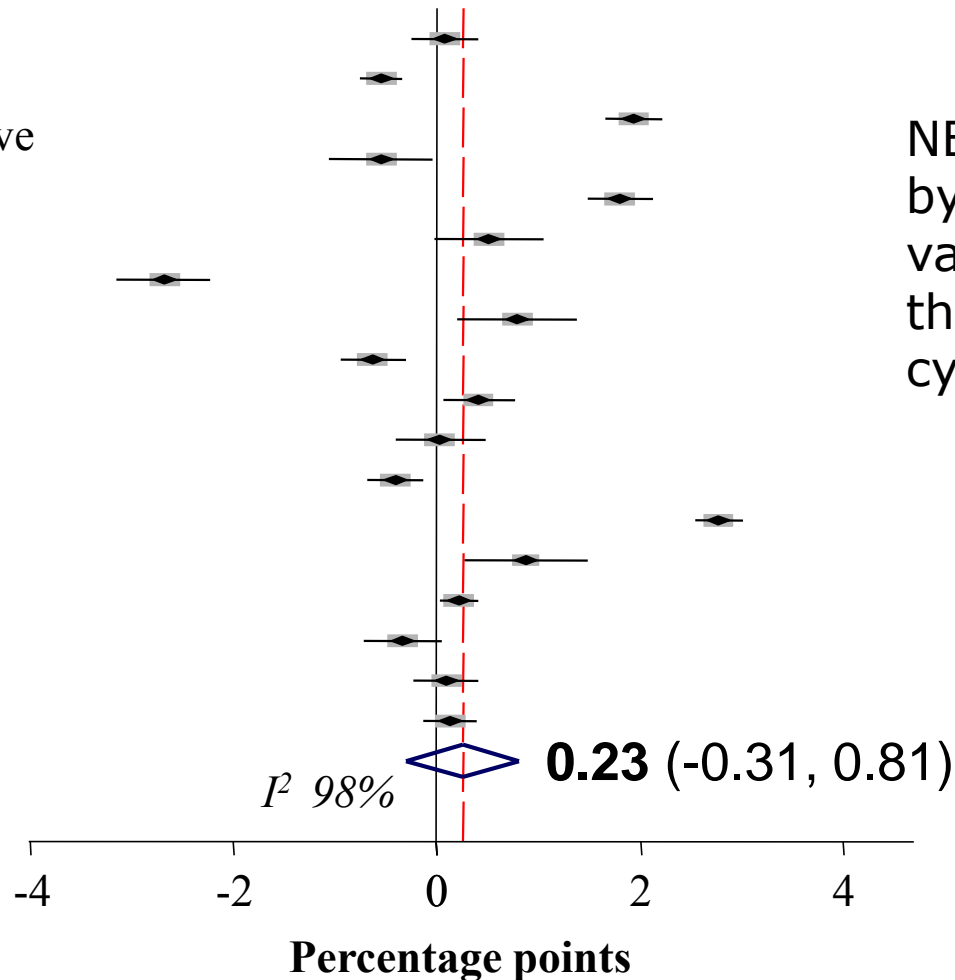
# Walking and driving



# 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?

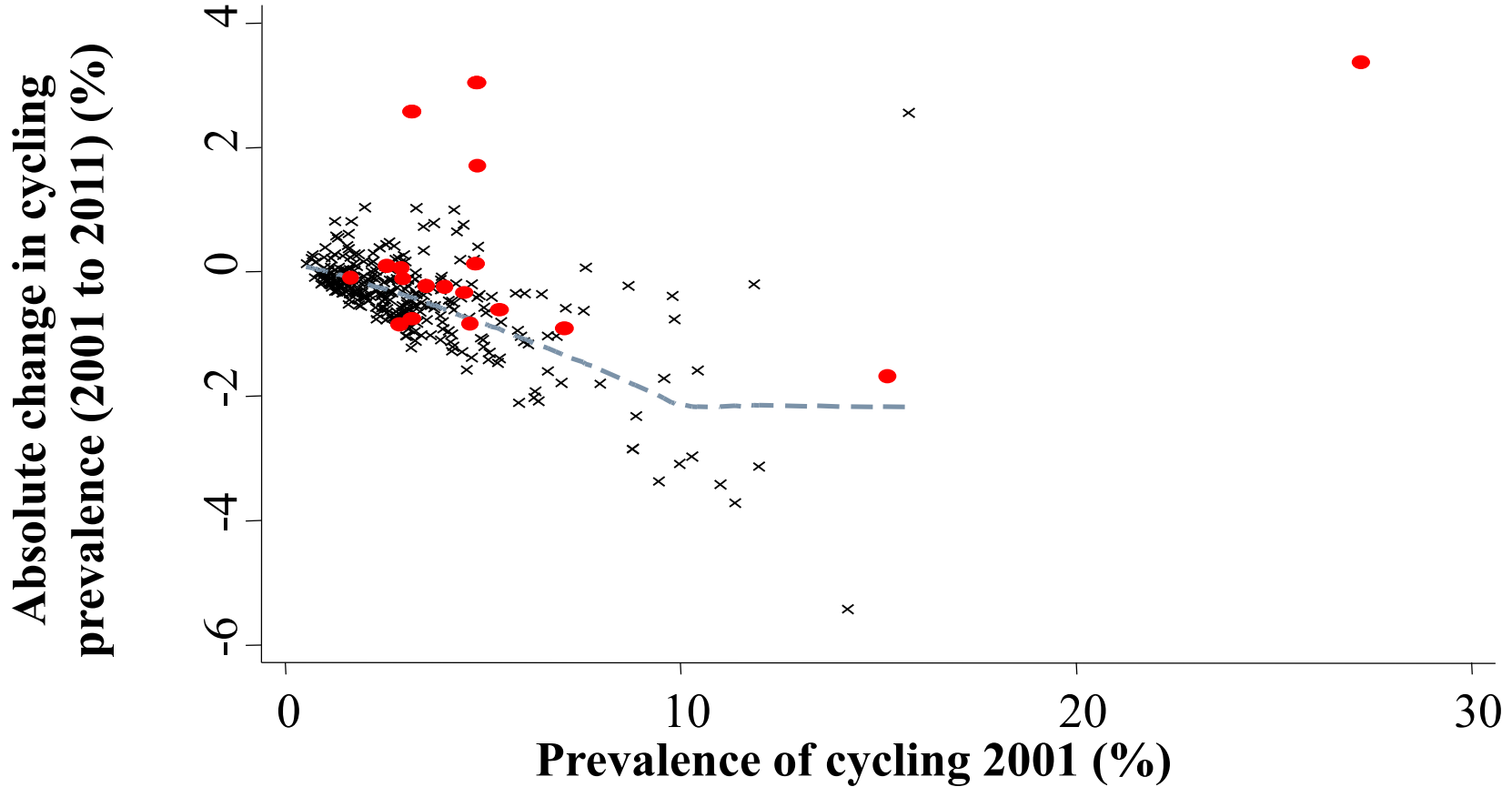
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-  Intervention towns
-  Towns in national comparison group
-  Lowess ( $\approx$ running average) line

# 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

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## 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