
•Researching active travel – data needs.

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Modelling Health Impacts of Cycling

English and Welsh urban areas (outside London)														Scenario		3		(enter 4 if you want to enter new values)									
Person travel time, speeds and distance														Results										These e			
Eng/Wales Baseline(0) Vision 1 Vision 2 Vision 3 Data entry (4) Scenario														Breast Cancer Colon Cancer Ischemic Heart Disease Depression Dementia Diabetes Stroke Road Traffic Injuries All-cause mortality Woodcock													
Time (minutes per day)														Age													
walk 12.5 22% 14.1 24% 16.8 18% 21.6 35% 70.0 45% 21.6 35%														15-29 0% -5% -5% -5%													
cycle 0.9 1% 6.4 11% 9.5 16% 18.2 30% 46.0 26% 18.2 30%														20-44 0% -1% -1% -1%													
bus 4.6 8% 6.9 13% 11.2 17% 16.6 28% 41.6 25% 16.6 28%																											
minibus 0.5 1% 1.9 3%																											
train 1.8 3% 6.0 10% 8.4 14% 12.6 21% 30.6 18% 12.6 21%																											
car < 8km 5.9 10% 12.2 20% 16.6 28% 41.6 25% 16.6 28%																											
car > 8km 11.8 20% 24.4 41% 33.2 55% 83.2 50% 33.2 55%																											
mbike 41.0 66% 13.7 23% 18.2 30% 46.0 26% 18.2 30%																											
elec bike 11.8 20% 12.2 20% 16.6 28% 41.6 25% 16.6 28%																											
Mean speed (kmph)																											
walk 3.1 3% 1.1 1%																											
cycle 1.8 6% 3.0 5%																											
bus 1.8 6% 3.0 5%																											
minibus 0.1 0% 0.6 1%																											
train 1.8 6% 3.0 5%																											
car < 8km 4.7 17% 2.1 3%																											
car > 8km 18.5 66% 13.7 23%																											
mbike 0.2 1% 0.1 0%																											
elec bike 0.0 0% 0.1 0%																											
total 18.1 100% 15.1 89%																											
Coefficient of var 1.11 1.0																											
CO2 100% 82%																											
Physical Activity Risk Function (power)																											
Air Pollution: Mean PM urban areas																											
population 10.3 10.1																											



ITHIM

Scenario 1						
	Walking 1	Walking 2	Walking 3	Cycling 1	Cycling 2	Cycling 3
On	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender						
Male	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Co-Benefit Model

Select Travel Distance Reduction (TDR):

Select Ebike (EB):

Select Equity (EQ):

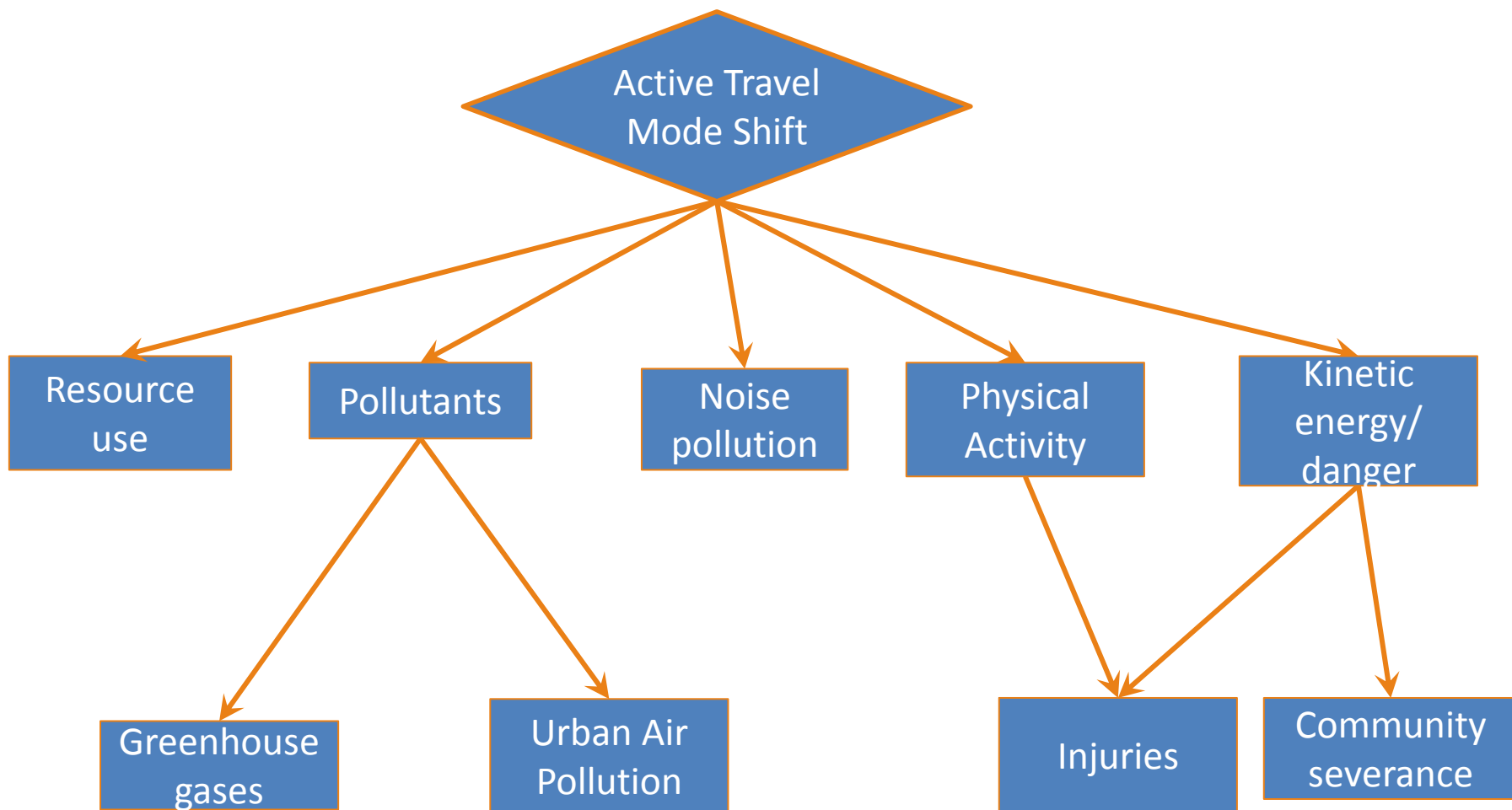
Plot Variable:

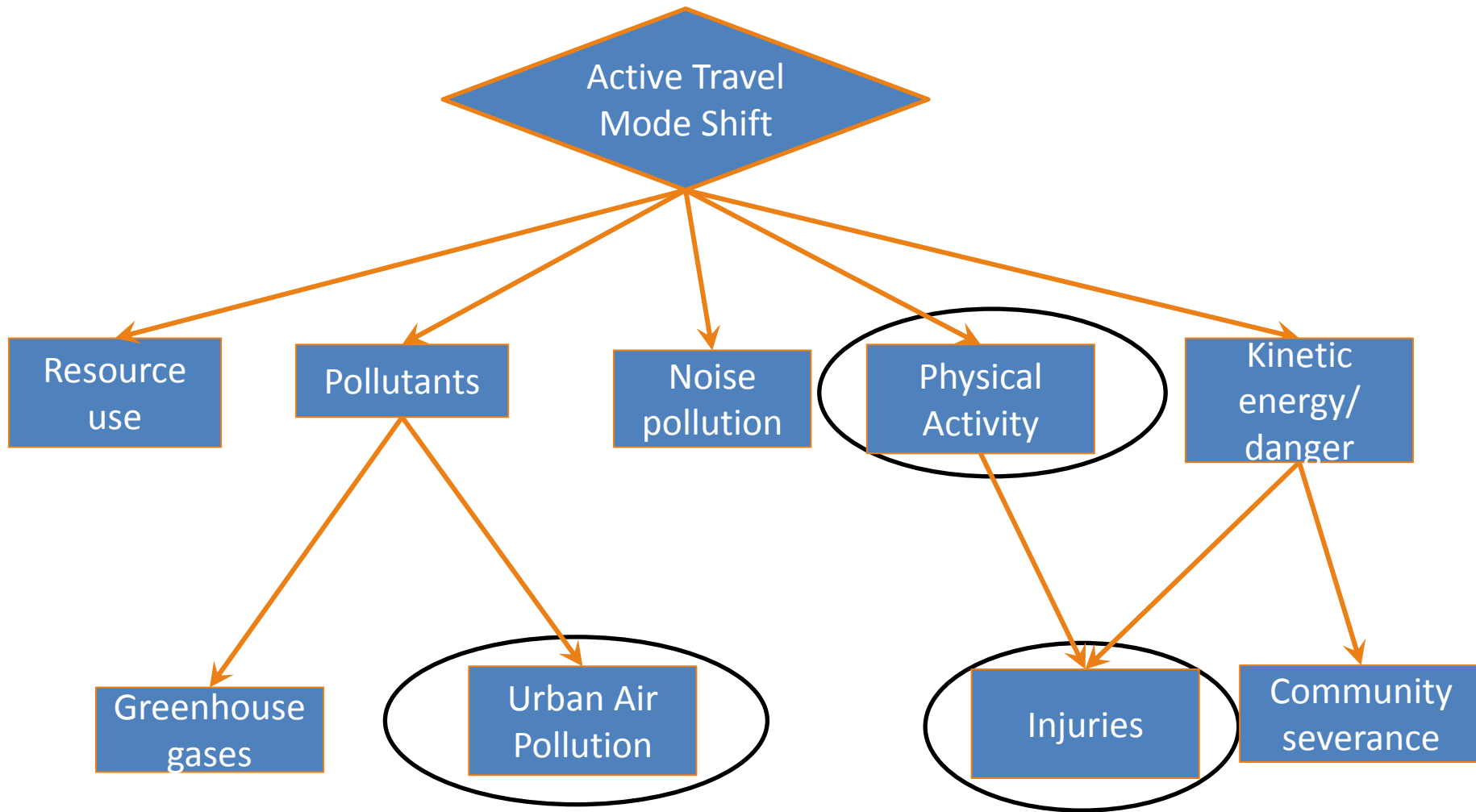
Scenarios: Scenarios - Mode Share Baseline

64
TDR 1 (EB 1 and EQ 1): 71.4

Legend:
 - TDR 1 (EB 0 and EQ 0)
 - TDR 1 (EB 0 and EQ 1)
 - TDR 1 (EB 1 and EQ 0)
 - TDR 1 (EB 1 and EQ 1)

NPCT





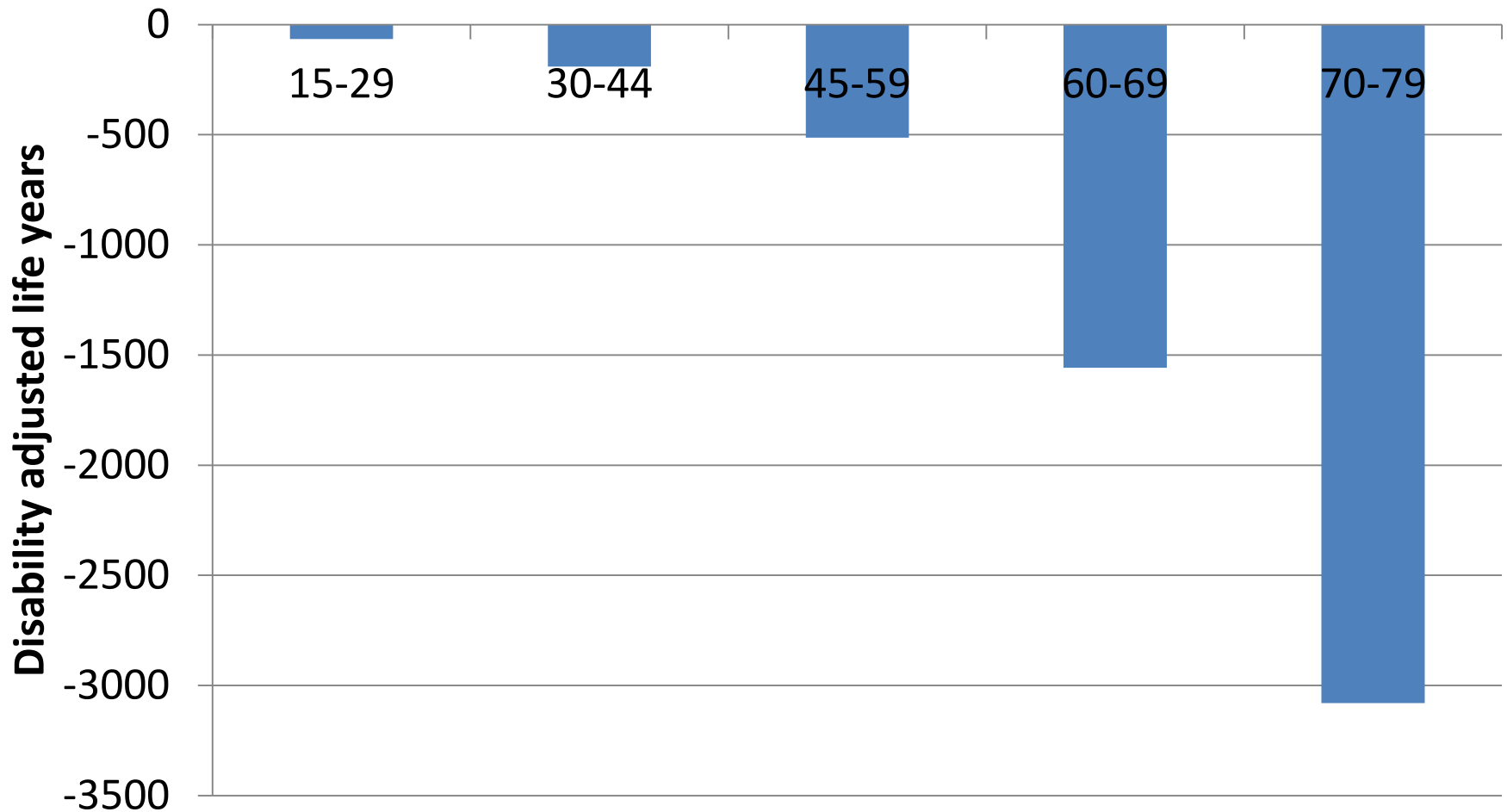
Who & Where?



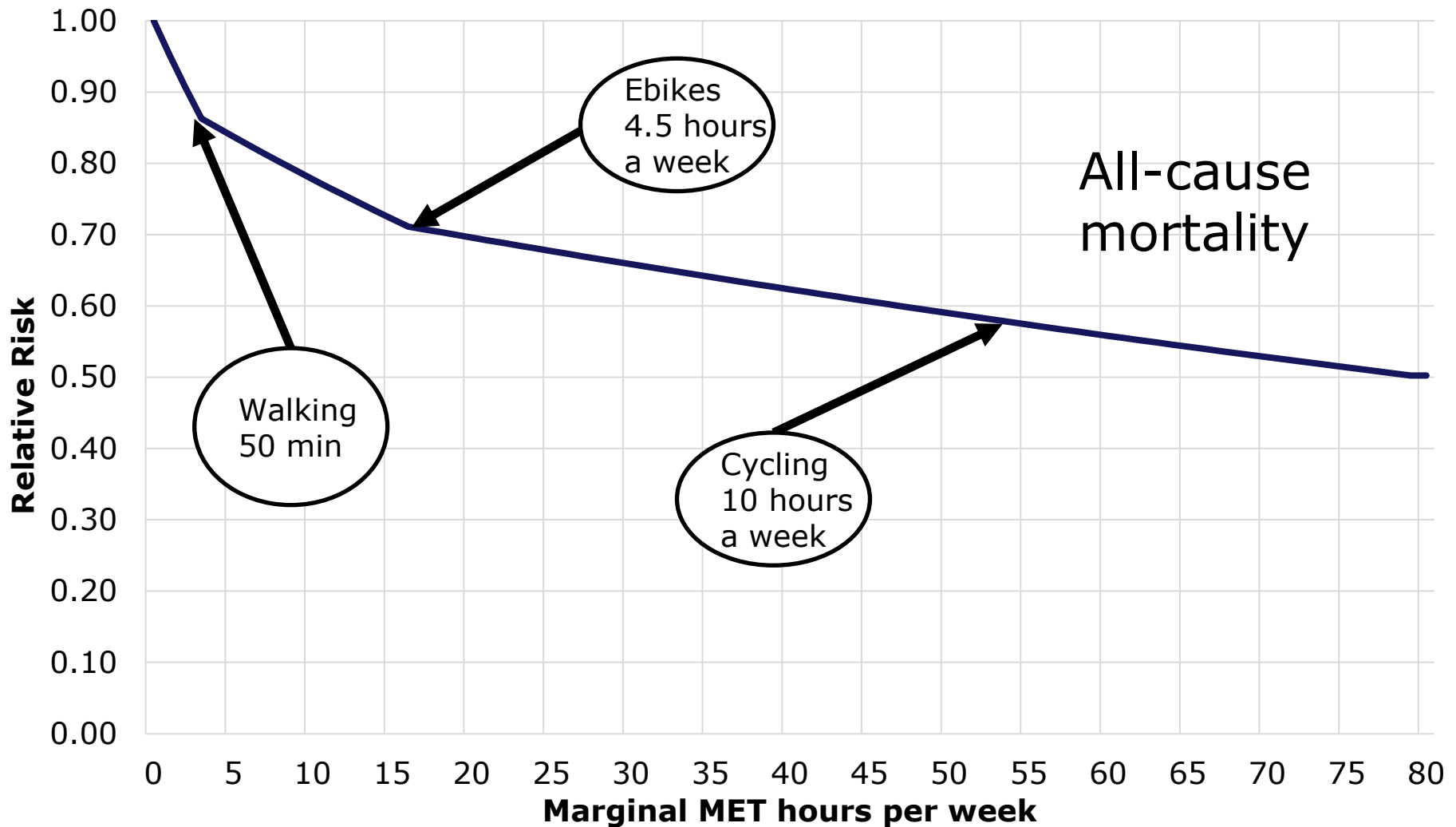
- When estimating the health impacts of mode shifts in the transport sector it matters who is doing the activity and where.
- The better we can represent this the better our models

For Example....

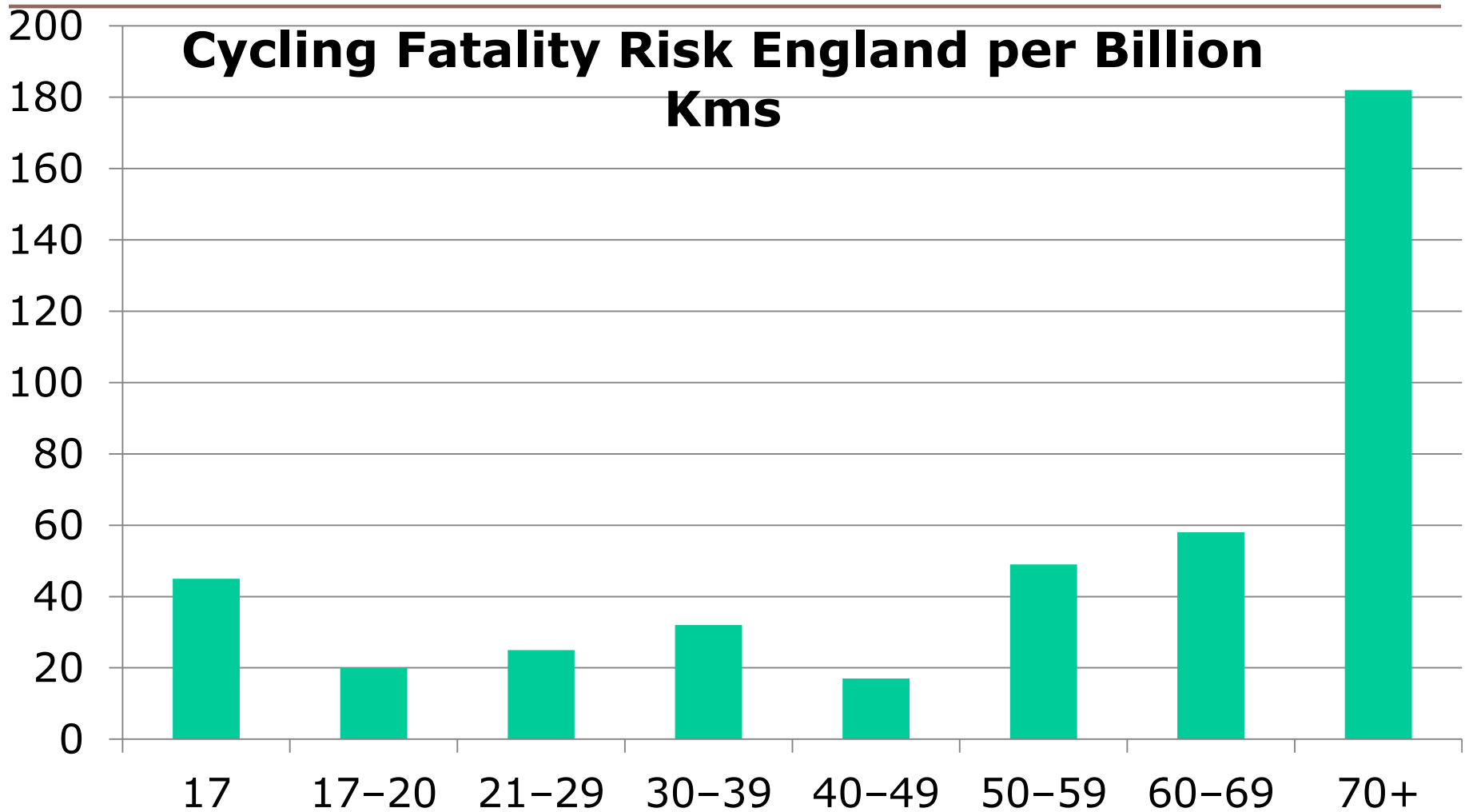
Cycling: Physical Activity Benefits by Age



Who: The Sedentary Benefit More



Injury Risk: Who- Age

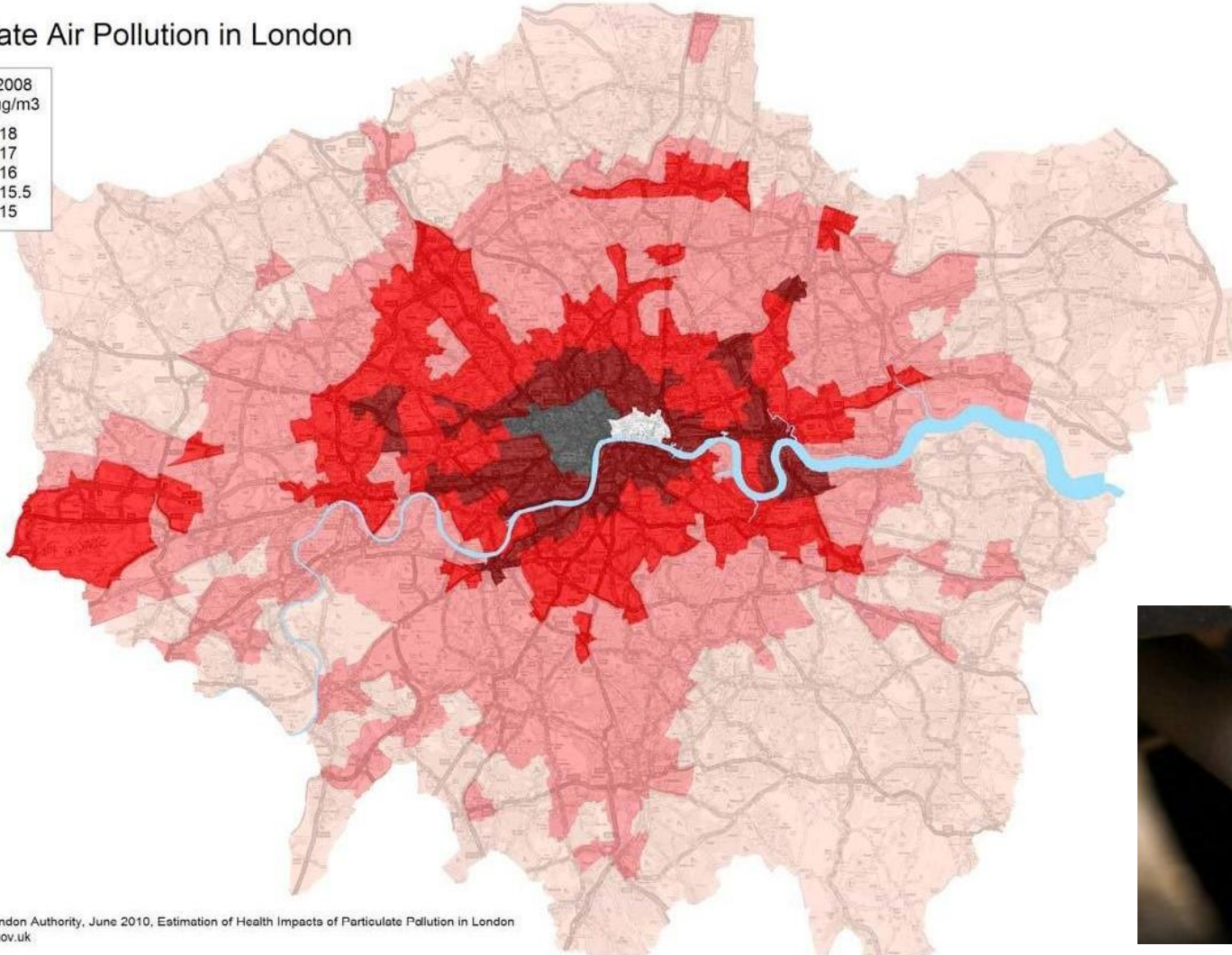


Air Pollution: Exposure varies spatially

Particulate Air Pollution in London

PM 2.5 in 2008
by ward in $\mu\text{g}/\text{m}^3$

■	17 to 18
■	16 to 17
■	15.5 to 16
■	15 to 15.5
■	14 to 15



Modelling Individual level exposures

- Synthetic individuals

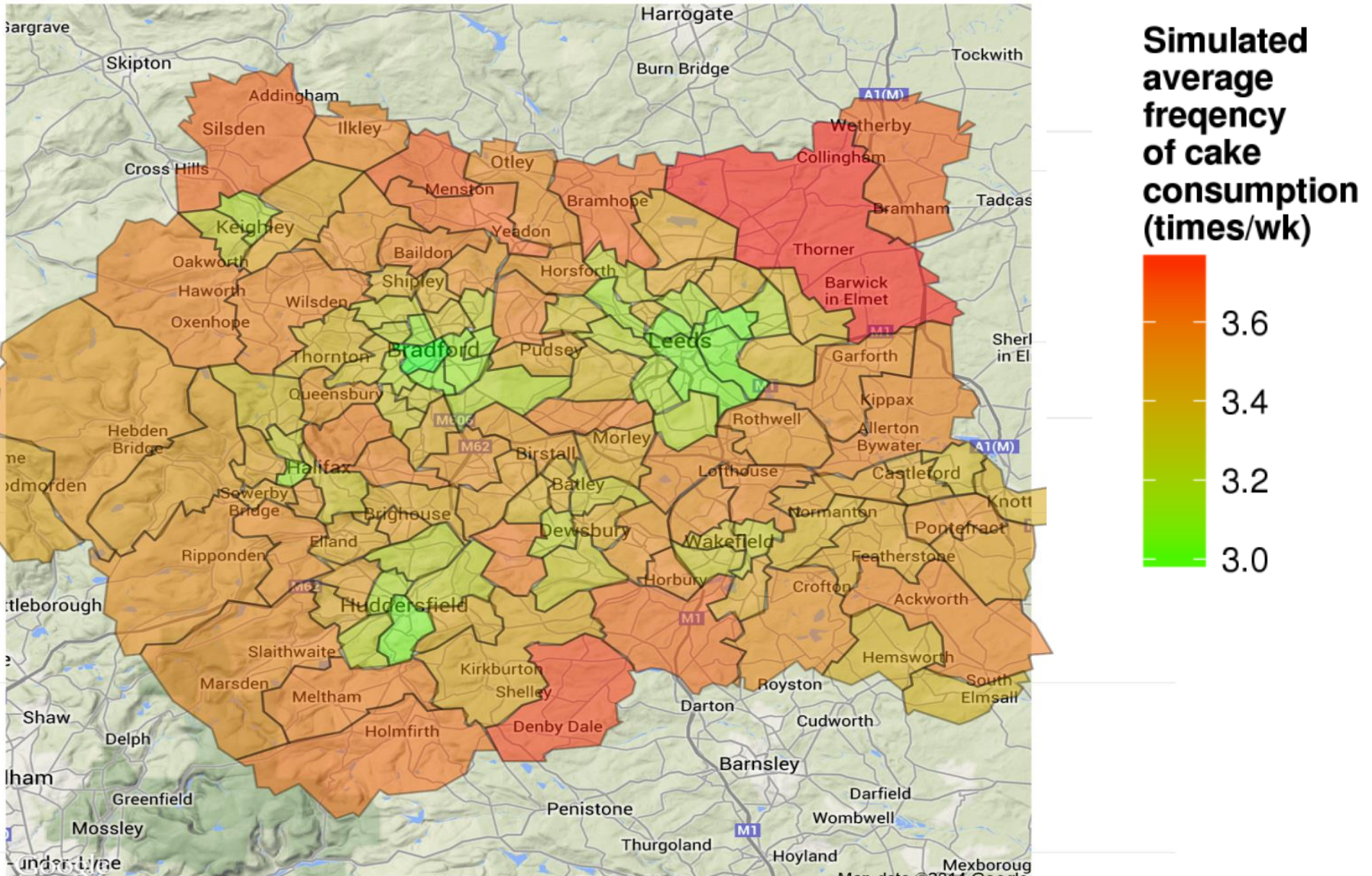


- One survey rarely provides sufficient inputs for our models so we create synthetic individuals by probabilistically combining individuals from different studies.
- Note this is not record linkage- they are (probably) different people.

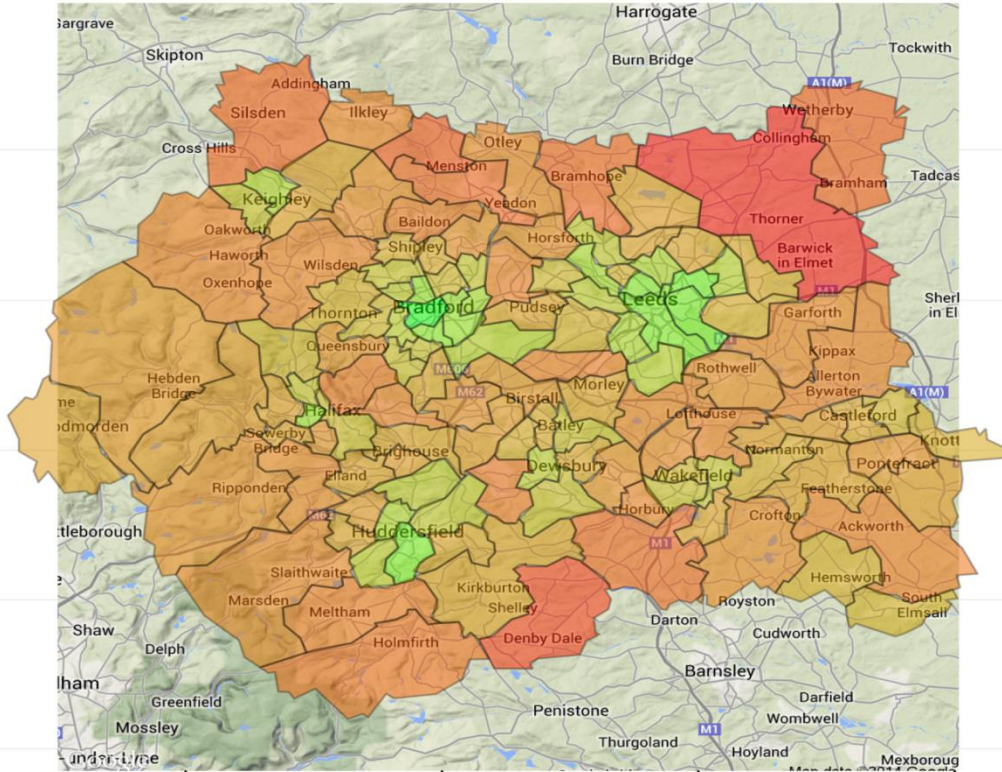
E.G. Individual level exposures

National Travel Survey	Health Survey for England
Trips	
	Non-travel physical activity
Age, sex, socio-economic status, geographic region, walking	

We also use Spatial Microsimulation



Spatial Microsimulation (SMS)



- The point of SMS is to provide a dataset of synthetic individuals at small area level.
- Usually this combines an aggregate data set (Census) with local data & a survey with individual data from a wider area.

What determines health impacts of cycling?



Key point 1: Travel Survey Data is Health Exposure Data

National Travel Survey (NTS)

- Recognise NTS as a valuable source of physical activity information.
- The detailed diary format is likely to mean that for transport activity it is more accurate than Health Survey for England (HSE)
- The collecting data over 1 week means intra-individual variation is captured much better than in most countries which only do 1 day diaries.

Key point 2: NTS could be improved by..

- Objective validation on subsample.
- Longitudinal follow-up of a subsample (as in Germany)
 - would provide strong complement to Understanding Society (which only captures commute on one day) & Census micro panel
- Duplication of questions on subsample to calibrate matching with other datasets e.g. HSE

Key point 3: NTS could be improved by part 2

- NTS is not powered to answer questions at city (or even metropolitan level)
- Therefore, lots of organisations end up doing additional city or regional level household travel surveys.
- However, these are usually not done as well and are not publicly available in same way as National Travel Survey.
 - Often hard to even find they exist!
- In addition to travel surveys household attitudinal surveys are often collected with some travel info.

Key point 4: Flexibly combining local & national

- Develop a mechanism for building on NTS with regional top ups (paid for locally- as they do in USA)
- This could substantially improve quality and access.
- If such a scheme was done flexibly it could be used to **evaluate environmental changes.**
- National surveys are almost always not dense enough to estimate effects based on local changes but if a flexible model is developed then the infrastructure could be in place to do this.

Key Travel Data Sets: Physical Activity

- National Travel Survey + local surveys
- Understanding Society (BHPS)- can offer some power at local level but commuting on one day only
- Census: powerful at small area level but only every 10 years & only cross-tabbed data available for most purposes
- Health Survey for England: useful for physical activity but merges all types of walking (questions on activity & in last month & intensity are hard to answer accurately)
- Active people survey: some power at local level- sports focused but some travel questions

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