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Topics: Cycling and intermodality: "from active to fusion mobility"

Title: Reframing active travel interventions as safety interventions

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Abstract

Fear of unsafe roads and motor traffic are reported to be the main barriers to cycling in cities in the UK and internationally, implying that reducing road danger could be an effective strategy enabling cycling uptake (Aldred et al. 2017; Brown, Moodie, and Carter 2017). Road safety interventions can be framed as active travel interventions. On the other hand, a co-benefit of active travel interventions is that they will make the road safer (Heinen et al. 2017; Mulvaney et al. 2015), suggesting that at least some types of active travel interventions can be seen as road safety interventions. Road safety and active travel can thus be seen as two sides of the same coin.

Given the urgency of the epidemic of 'road violence,' which kills around 1.3 million people each year and is the leading cause of death among young people worldwide according to the World Health Organization (World Health Organization 2018), this paper posits that framing active travel interventions as public safety interventions may be advantageous from the perspective of vital public support for change. Motivated by these premises, and recalling that road safety played a major role in political shifts favouring cycling the nation with highest mode share of cycling worldwide (The Netherlands), we analysed a range of pro-cycling interventions from road safety *and* cycling uptake perspectives. Using data on cycling investment from government reports and open data from OpenStreetMap, we assess the extent to which new cycleways and other pro-cycling measures are associated with reduced crash rates according to the open access 'STATS19' dataset (2014-2019). We hypothesise that new cycleways alone are not associated with safer roads for all modes, but that places with additional 'low traffic neighbourhood' type interventions such as 'filtered permeability' and reduced speed limits will see substantial reductions in crash rates for both pedestrians and cyclists. Our findings provide a (still evolving) evidence base on which policy-relevant debates about the framing of active travel and road safety interventions can build.

***Optional | Add here any references to your proposed abstract**

Aldred, Rachel, Bridget Elliott, James Woodcock, and Anna Goodman. 2017. "Cycling Provision Separated from Motor Traffic: A Systematic Review Exploring Whether Stated Preferences Vary by Gender and Age." *Transport Reviews* 37 (1): 29–55. https://doi.org/10.1080/01441647.2016.1200156.

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World Health Organization. 2018. *Global Status Report On Road Safety 2018*. S.l.

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Fear of unsafe roads and motor traffic are reported to be a major barriers to cycling in many places, implying that reducing road danger could be an effective strategy enabling cycling uptake. Road safety interventions can be framed as active travel interventions. On the other hand, a co-benefit of active travel interventions is that they will make the road safer. At least some types of active travel interventions can be seen as road safety interventions. Based on these observations and analysis of data from UK cities, this presentation makes the case for reframing active travel interventions as public safety interventions.

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Road traffic injury is now the leading cause of death for children and young adults aged 5–29 years (WHO 2018).

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