

# Bicycle-share: cycling towards cleaner cities?

*Evidence from New York*

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PhD Working Group · 8 February 2022

# Air pollution in cities

Air pollution is the presence in the atmosphere of substances harmful to human health.

- Significant associated health and economic costs
  - Yearly death toll between 3 and 10 million (Lelieveld et al., 2015; Vohra et al., 2021)
  - Increases morbidity (Guarnieri and Balmes, 2014; Rajagopalan and Brook, 2012; Ibalid-Mulli et al., 2001)
  - Decreases cognitive performance and productivity (Hanna and Oliva, 2015; Shehab and Pope, 2019)
- Urban populations more exposed to air pollution (Strosnider et al., 2017)



Manhattan, ©Lerone Pieters

# How do cities deal with pollution

A large share of urban air pollution comes from ground transport (Transportation Research Board, 2002) and cities have responded with mitigation strategies

- Reducing individual vehicle traffic and congestion
  - low emission zones, congestion pricing, urban tolls
- Encouraging the use of less polluting transport modes
  - increasing access to and supply of collective transport
  - encouraging the use of active transport, e.g. cycling and walking
- Cycling policies
  - **Infrastructure** bicycle lanes, bicycle-share, bicycle stands and protected parking
  - **“Culture”** bicycle festivals, bike-to-work programs, bike schools for children

# Cycling as a transport policy

- Cycling has potential to decrease air pollution if it induces mode share changes / modal shifts
- Limited evidence on the effectiveness of cycling policies
  - Hard to measure bicycle use
  - Difficult identification
- **Bicycle-share** is a good measure of cycling policies because
  - well-defined in time and space cycling intervention
  - usage is measurable

# Research question

## Research question

Does bicycle-share reduce air pollution? If yes, do we see improvements in health?

# This paper

Exploits the gradual roll-out of bicycle-share in New York City from 2013 to 2019 to compare local air pollution concentrations in bicycle-share-treated areas with control areas using a staggered difference-in-differences strategy.

Examines the evidence on health outcomes using geocoded health survey responses and explores possible mechanisms using traffic data.

## Preview of results

Significant reduction in air pollutants associated with road traffic in areas where bicycle-share was implemented:

- 3.6% reduction in nitric oxide compared to pre-treatment mean
- 2.3% reduction in black carbon

## Preview of results

- Significant reduction in air pollutants associated with road traffic in areas where bicycle-share was implemented:
  - 3.6% reduction in nitric oxide compared to pre-treatment mean
  - 2.3% reduction in black carbon
- Results robust to staggered treatment timing and heterogeneous treatment effects

# Contributions

## **Urban air pollution and congestion**

Estimate the causal impacts of bicycle infrastructure on observed measures of air pollution.  
Gendron-Carrier et al. (2018), Basagaña et al. (2018), Levy et al. (2018), Cheng (2020),  
Lelieveld et al. (2015), Pimpin et al. (2018), De Borger et al. (2013), Kheirbek et al. (2016)

## **Bicycle literature, a.k.a. “Bikenomics”**

Evaluate the impact of a large-scale bicycle infrastructure intervention using highly disaggregated data on usage.

Fishman et al. (2013, 2014, 2016), Teixeira et al. (2020), Kou et al. (2020), Johansson et al. (2017) Hu & Schneider (2015), Heinen et al. (2010), Buehler & Dill (2016), de Hartog et al. (2010), Rojas-Rueda et al. (2011)

# Roadmap

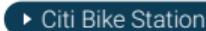
Data

Estimation strategy

Results

Next steps

# Bicycle-share in NYC

- Bicycle-share in NYC started in 2013, expanded over the years
  - 2013 338 stations, 23,000 daily trips on average
  - 2019 1,166 stations, 51,000 daily trips on average
- Privately run (Lyft), publicly regulated (Department of Transportation)
- How it works 
  - bicycles available at stations 24/7
  - several membership plans
  - first 30 minutes free

## Data · Bicycle-share

Universe of bicycle-share trips publicly available

- +100 million trips from 2013 to 2019
  - origin-destination, date and time of pickup and drop-off
- construct bicycle-share-treated areas

▶ Stations ▶ Routes

## Data · Air pollution I

### NYC Community Air Survey (NYCCAS), 2009–2019

- Yearly annual averages of six air pollutants for 300-by-300 meters cells
- Four pollutants of interest: associated with road traffic + measured close to emission source
- Nitric oxide (NO) and nitrous dioxide ( $\text{NO}_2$ )
  - Common marker of vehicular traffic
  - 30% of emissions attributed to on-road traffic
  - NO marker of fresh combustion emissions: steeper gradient near busy roadways

## Data · Air pollution II

- Particulate matter (PM 2.5) and black carbon (BC)
  - Significant proportions of PM 2.5 from outside the city, but local variation likely due to local emissions
  - Traffic may account for up 36–39% of PM 2.5 emissions in high-traffic locations
  - BC makes up only a small proportion of overall PM 2.5 (4–11% in US cities), but up to 75% of PM 2.5 from diesel exhaust

[NYCCAS details](#)

[NO concentrations 2013](#)

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# TWFE Pitfalls

- Two-way fixed effects estimation of difference-in-differences has shown to be biased when
  - there is variation in treatment timing
  - treatment effects are heterogenous
- TWFE average treatment effects on the treated (ATT) are a weighted average of individual  $2 \times 2$  DiD, with weights sensitive to group size and variance
- New DiD estimators: Callaway and Sant'Anna (2021)
  - unbiased for staggered treatment settings
  - allows parallel trends (PT) assumption to hold conditional on covariates

## Callaway–Sant'Anna estimator

$$ATT(g, t) = E \left[ \left( \frac{G_g}{E[G_g]} - \frac{\frac{\hat{p}(X)C}{1-\hat{p}(X)}}{E \left[ \frac{\hat{p}(X)C}{1-\hat{p}(X)} \right]} \right) (Y_t - Y_{g-1}) \right] \quad (1)$$

- Computes individual group-time average treatment effect on the treated  $ATT(g, t)$  for group (cohort)  $g$  at time  $t$   
→ group  $g$  is a cohort of units treated at the same point in time
- Individual ATTs may be summed using specific weights to produce a single, policy-relevant ATT  $\theta$  ► Weights details

$$\theta = \sum_{g \in \mathcal{G}} \sum_{t=2}^{\tau} w(g, t) \cdot ATT(g, t) \quad (2)$$

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# ATT · Black carbon & PM 2.5

	BC		PM 2.5	
	Uncondit. PT	Condit. PT	Uncondit. PT	Condit. PT
Service area ATT	-0.044 (0.002)	-0.030 (0.002)	-0.098 (0.008)	-0.023 (0.009)
Mean pre-treat.	1.015	1.015	9.433	9.433
Mean pre-treat., treated	1.324	1.324	10.785	10.785
ATT in % of mean pre-treat. treated	3.30	2.26	0.91	0.21
SD	0.287	0.287	1.492	1.492
N (cells)	9171	9171	9171	9171
Years	10	10	10	10

Uncondit. PT: unconditional parallel trends; Condit. PT: parallel trends conditional on a set of covariates.

# ATT · Black carbon & PM 2.5

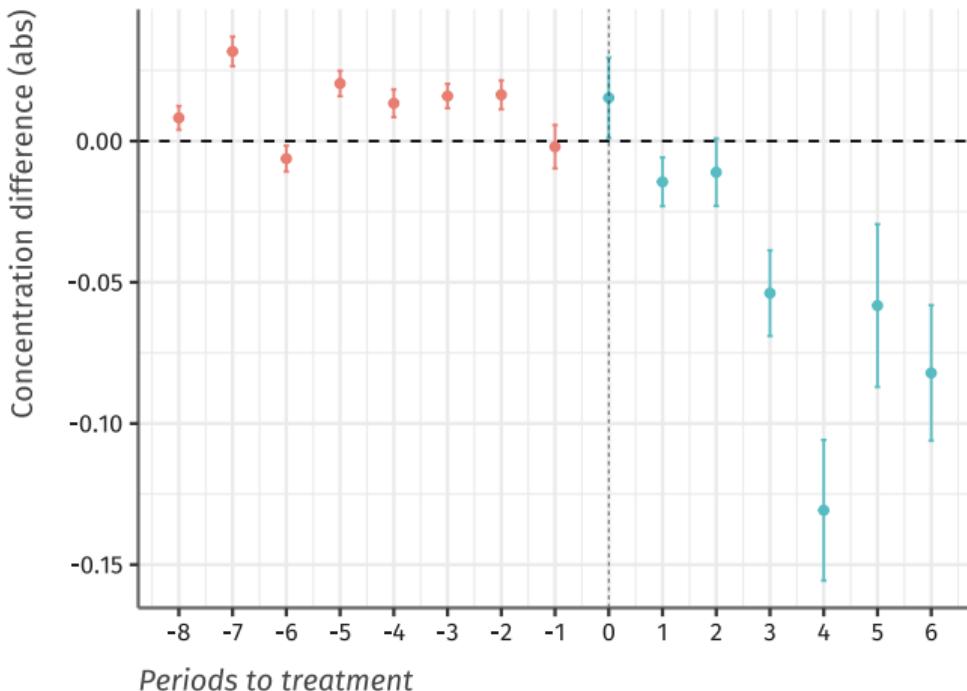
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*Uncondit. PT*: unconditional parallel trends; *Condit. PT*: parallel trends conditional on a set of covariates.

- ▶ Bicycle-share reduced black carbon concentration by **2.26%** with respect to mean concentration in treated areas pre-treatment

# Dynamic effects · Black carbon

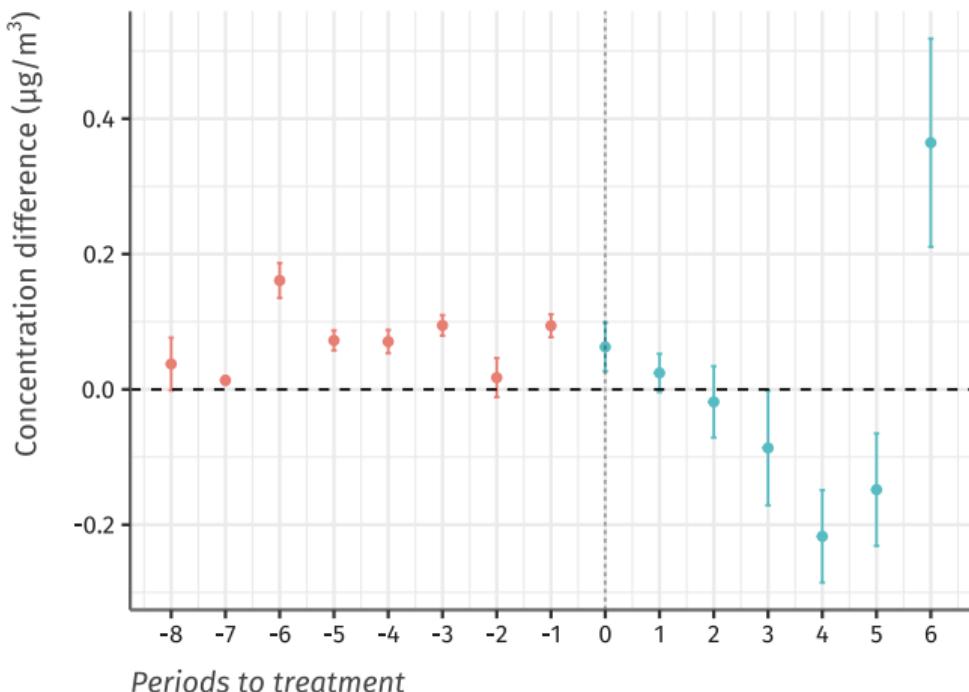
"Service area" treatment, parallel trends conditional on covariates



- Parallel trends pre-treatment broadly **satisfied**.
- **Negative and persistent** treatment effects post-treatment.

# Dynamic effects · PM

"Service area" treatment, parallel trends conditional on covariates



- Slightly **higher** concentrations pre-treatment in treated cells.
- **Negative** treatment trend post-treatment, but major outlier period (6).

# ATT · NO & NO2

	NO		NO2	
	Uncondit. PT	Condit. PT	Uncondit. PT	Condit. PT
Service area ATT	-1.678 (0.131)	-1.045 (0.151)	-0.538 (0.035)	-0.321 (0.038)
Mean pre-treat.	20.322	20.322	19.950	19.950
Mean pre-treat., treated	28.646	28.646	26.622	26.622
<i>ATT in % of mean pre-treat. treated</i>	5.86	3.65	2.02	1.21
SD	6.875	6.875	4.961	4.961
N (cells)	9171	9171	9171	9171
Years	10	10	10	10

*Uncondit. PT*: unconditional parallel trends; *Condit. PT*: parallel trends conditional on a set of covariates.

# ATT · NO & NO<sub>2</sub>

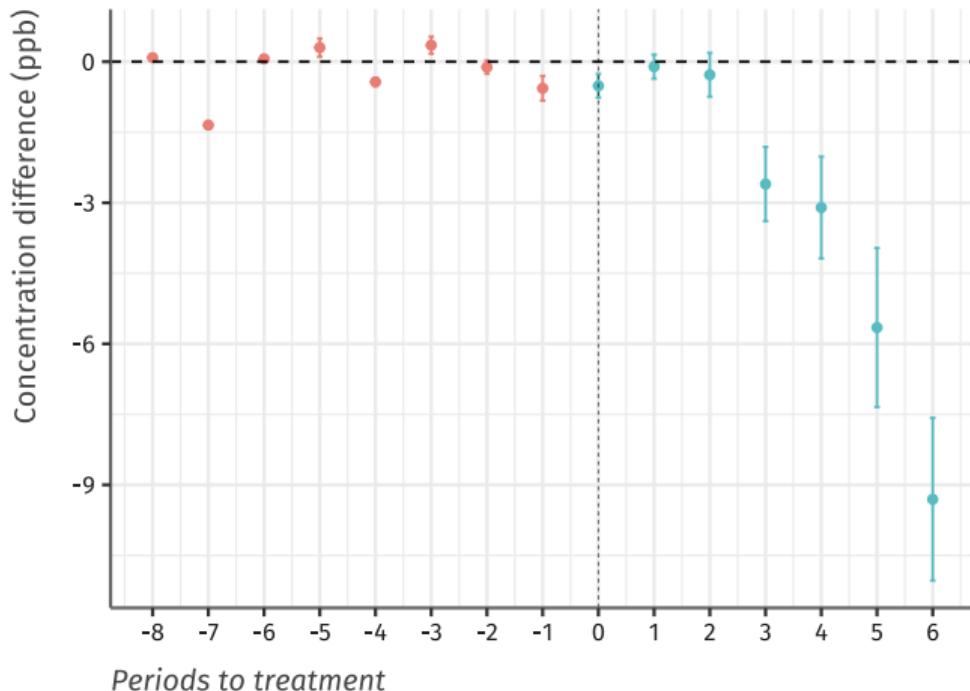
	NO		NO <sub>2</sub>	
	Uncondit. PT	Condit. PT	Uncondit. PT	Condit. PT
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Years	10	10	10	10

*Uncondit. PT*: unconditional parallel trends; *Condit. PT*: parallel trends conditional on a set of covariates.

- ▶ Bicycle-share reduced NO concentration by 3.65% with respect to mean concentration in treated areas pre-treatment

# Dynamic effects · NO

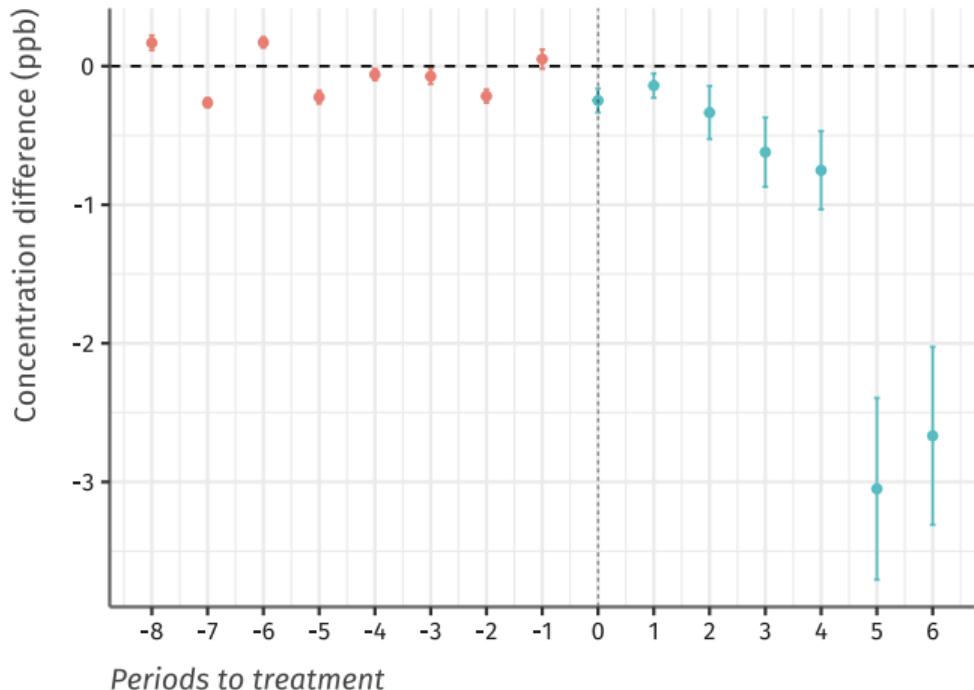
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- Parallel trends pre-treatment broadly **satisfied**.
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# Dynamic effects · NO<sub>2</sub>

"Service area" treatment, parallel trends conditional on covariates



- Parallel trends pre-treatment broadly satisfied.
- Negative and persistent treatment effects post-treatment.

# Robustness checks

- Done
  - Alternative treatment definitions ("station within 300m", "traffic footprint")
  - "Not-yet-treated" as control group
- Not yet done/ideas
  - Restrict control group
  - Spatial spillovers
  - Placebo analysis
  - Incorporate measure of bicycle lanes

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# Overview

**Health outcomes** Is there evidence on improved health outcomes?

**Mechanisms** Is there evidence that people switch to cycling and traffic decreased?

# Health outcomes

## Community Health Survey:

- Since 2002, 10,000 yearly respondents, representative of city population
- Spatial resolution: health neighborhood (34) [Map]
- Topics of interest
  - Asthma diagnosis and attacks in past 12 months
  - High blood pressure diagnosis and medication
  - Diabetes diagnosis
  - General health

## Mechanisms · Existing evidence

- Hamilton and Wichman (2018) : congestion decreases after the arrival of bicycle-share in Washington DC
  - upwards of 4% decrease in congestion within neighborhoods
  - mostly in highly congested areas
- Molnar and Ratsimbazafy (2017) : using outage of Citi Bike stations
  - show evidence of short-run elasticity between bicycle-share and taxis
  - estimate 3–4% long-term decline in taxi trips

## Mechanisms · Traffic

Taxi data is a well-accepted proxy for traffic in NYC

- Taxi & Limousine Commission Trip Record Data
  - Universe of taxi trips in NYC since 2009 (caveat: ride-hailing apps)
  - Spatial resolution: origin/destination taxi zones (263) [Manhattan map]
- To be validated with traffic counts
  - New York State Department of Transportation
  - New York City Department of Transportation

## Mechanisms · Mode shift (substitution)

- Community Health Survey: "how often do you cycle?"
  - no specific bicycle-share question
- *Car or Bike?* survey (Department of City Planning)
  - small sample size, no specific bicycle-share question
- American Community Survey
  - no specific bicycle-share question, limited commuting variables
- Field my own survey?
  - limited budget/time

Thank you

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# Air pollution and morbidity

- chronic diseases: respiratory, diabetes, cardiovascular (Guarnieri and Balmes, 2014; Rajagopalan and Brook, 2012; Ibald-Mulli et al., 2001)
- reduced size and weight of newborns (Currie and Walker, 2011; Schembari et al., 2015)
- worsening of mental health (Chen, Oliva, and Zhang, 2018)
- decreasing labor supply (Hanna and Oliva, 2015; Aragón, Miranda, and Oliva, 2017)

▶ Back

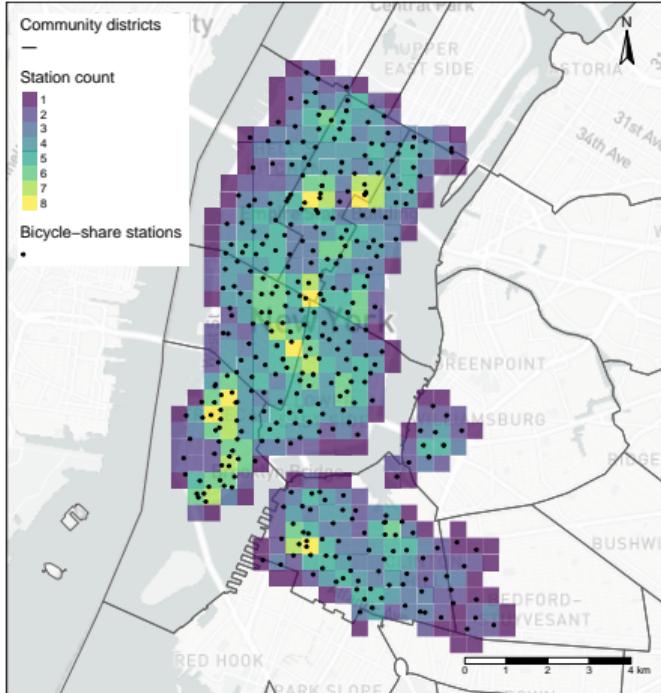
# Citi Bike Station



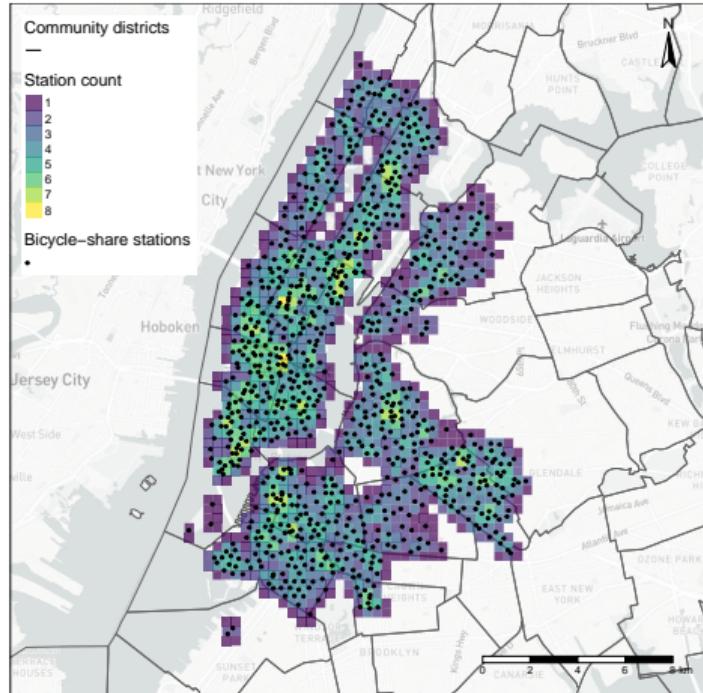
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# Stations within 300 meters

2013



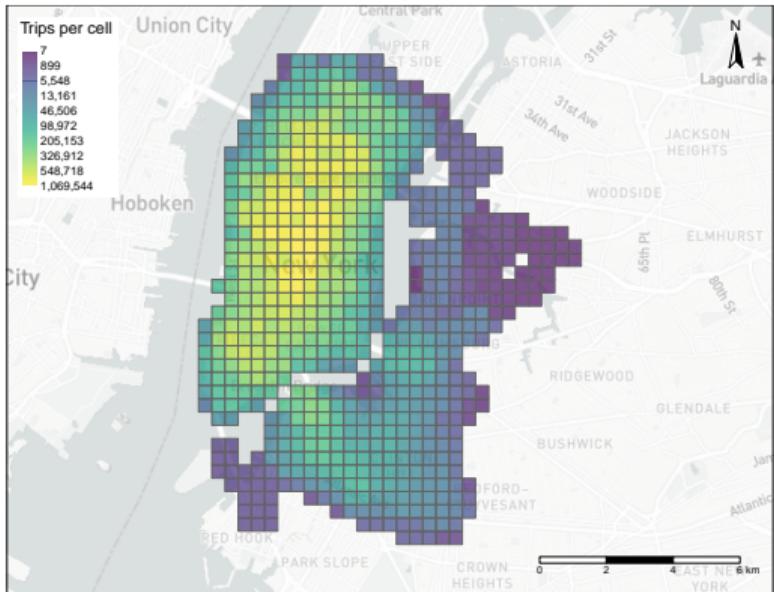
2019



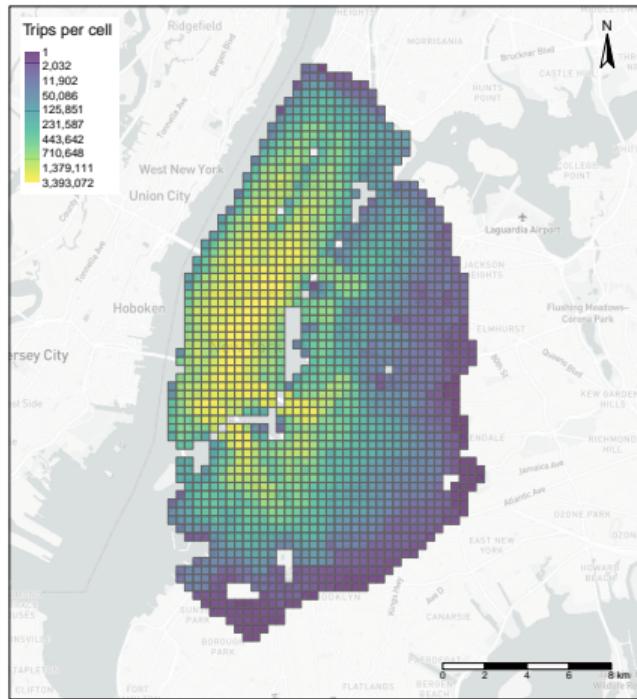
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# Traffic “footprint”

2013



2019



▶ Back

## NYCCAS details

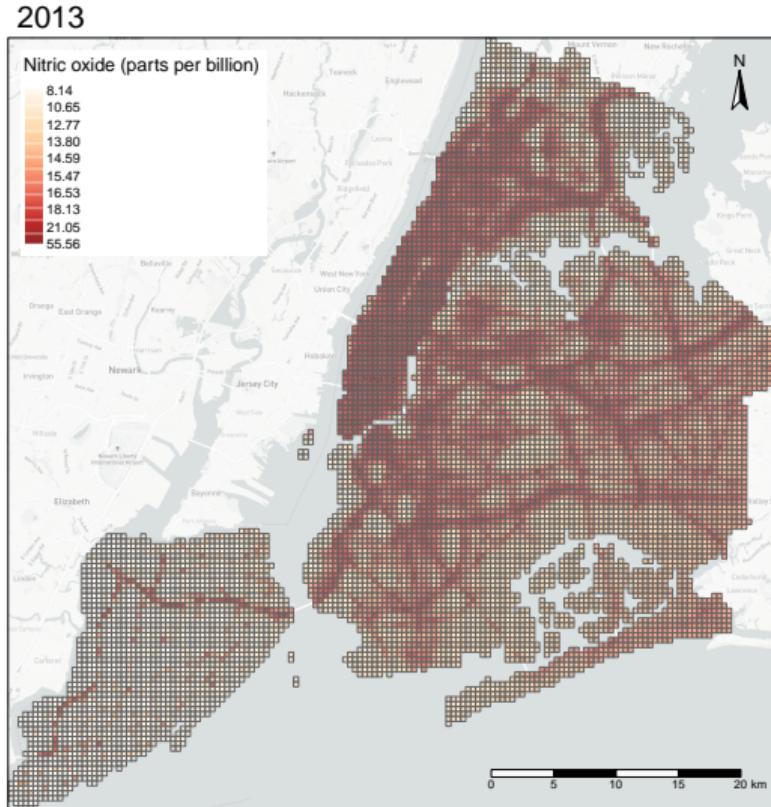
Concentrations of PM 2.5, black carbon, nitrogen oxides (NO and NO<sup>2</sup>), sulfur dioxide (SO<sup>2</sup>) and ozone (O<sup>3</sup>)

- 150 measurement stations: 120 randomly placed, 30 at purposeful sites
- Overlays a grid over the city made up of square cells 300m wide
- For each cell, estimates the annual average concentration of pollutant using a land-use regression (LUR) model

Land-use regression (LUR) model:

$$\begin{aligned} \text{Concentration}_{it} = & \beta_0 + \beta_1 \text{RefStation}_{it} + \beta_2 \text{Source1}_i \\ & + \beta_3 \text{Source2}_i + \beta_4 \text{Source1}_i \times \text{SiteCharac}_{it} + \varepsilon_{it} \end{aligned}$$

# Mapping air pollution · nitric oxide (NO) 2013



## Callaway–Sant'Anna · Aggregation weights

$$\theta_{sel}(\tilde{g}) = \frac{1}{\mathcal{T} - \tilde{g} + 1} \sum_{t=\tilde{g}}^{\mathcal{T}} ATT(\tilde{g}, t) \quad (3)$$

is the average effect of participating in the treatment among units in group  $\tilde{g}$ , across all their post-treatment periods.

$$\theta_{sel}^O = \sum_{g \in \mathcal{G}} \theta_{sel}(g) P(G = g | G \leq \mathcal{T}) \quad (4)$$

is the average effect of participating in the treatment experienced by all units that ever participated in the treatment.