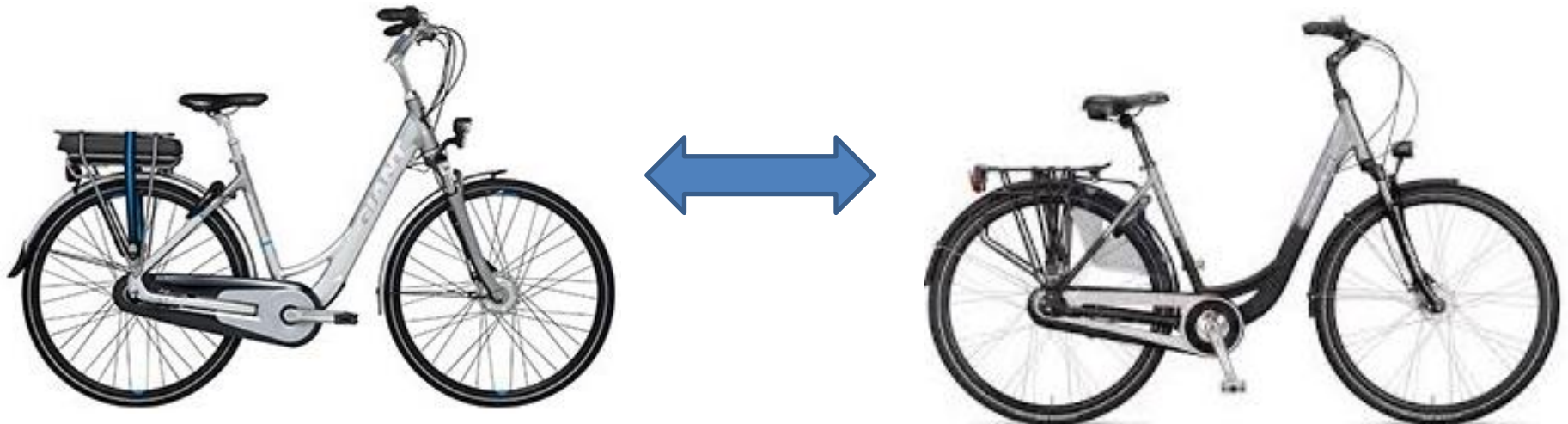


veiligheid nl

The safety of electrically assisted bicycles (EBs) compared to classic bicycles (CBs) in the Netherlands

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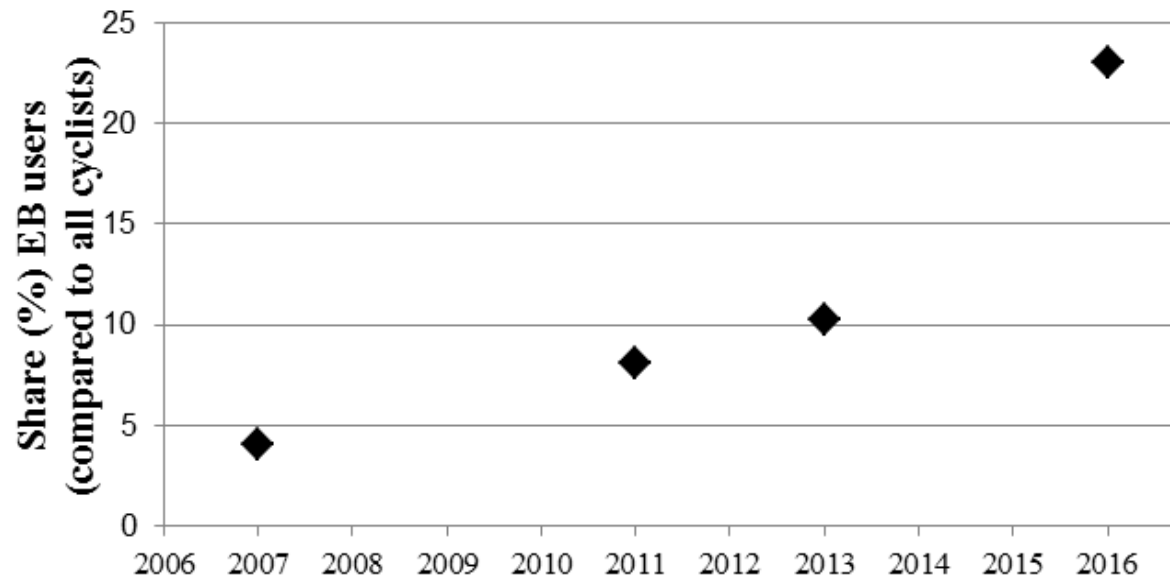


Introduction



- Increasing use of Electric Bicycles (EBs) up to 25 km/h
- Especially among (vulnerable) elderly particularly
- Need for knowledge on road safety effects of EBs

Share of EB users > 16 years



What do people usually believe?



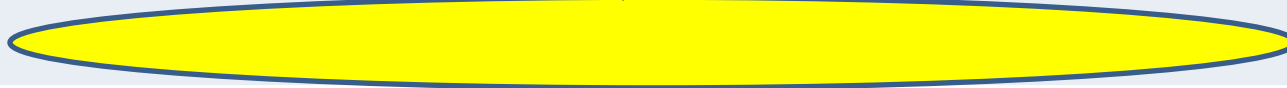
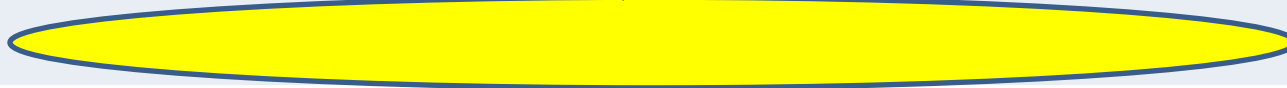
EB is more dangerous

EB leads to more serious injuries



Research questions



1. Does crash likelihood differ between those riding EBs and CBs?
2. Does crash severity differ between EB and CB crash victims?

Bicycle type	Victims treated at EDs	Cyclists/ Controls without accident
EB		
CB		

↕ Comparison 1

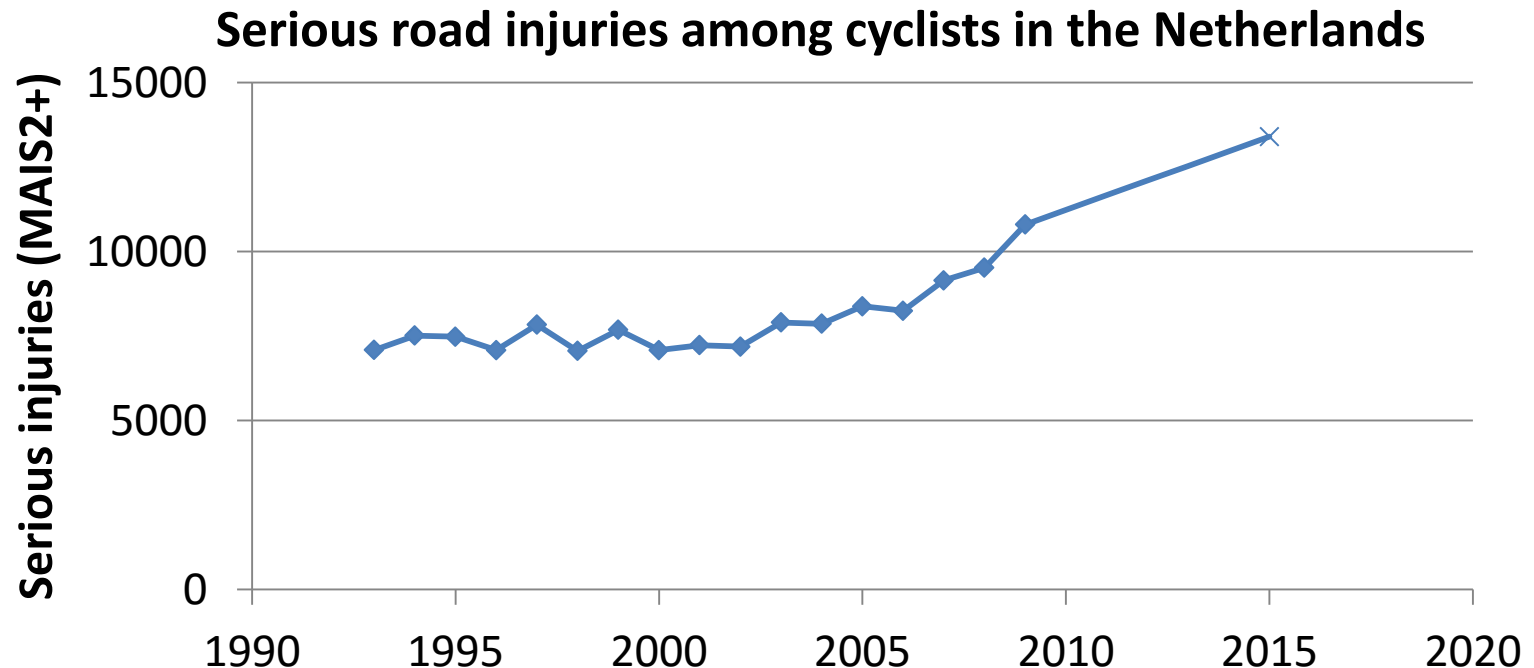
Research questions

1. Does crash likelihood differ between those riding EBs and CBs?
2. Does crash severity differ between EB and CB crash victims?

Bicycle type	Victims treated at EDs		Cyclists/ Controls without accident
	Hospitalised	ED only	
EB			
	↕ Comparison 2		
CB			

Context: The Netherlands

- High cycling participation (26% modal share)
- Stable number of cyclist deaths, rise of serious injuries
- Need for knowledge within the Transport Ministry



Literature: crash research

Conclusions of a similar study conducted in 2013:

1. EB users are more likely to be treated at an ED after a crash
 2. Crash severity did not differ between EB and CB crash victims
- We are not aware of other studies on crash likelihood; conclusion 2 is confirmed in several crash studies

Literature



- Cruising speed differs between 1 to 3 km/h between EBs and CBs: unfavourable for safety except under adverse conditions such as riding uphill
- EBs weigh some 5 kg more than CBs and have a different weight distribution, which interferes with (dis)mounting (experimental research):
 - less stable in the initial mounting phase (transition from ‘earth bound’ to ‘balance’)
 - help to accelerate faster
- Hypothesis: front wheel traction problematic
- EB users more vulnerable: older, more morbid conditions and more likely to be obese

Method: case-control study



KANTAR
TNS

Bicycle type	Victims treated at EDs	Cyclists/ Controls without accident
EB	795	357
CB	1,788	1,451
Total	2,383	1,808

DISS case-referent study 2016 on cycling accidents



- Dutch Injury Surveillance System: 14 hospitals
- All cycling accidents between January 1, 2016 and January 1, 2017, treated at a DISS Emergency Department
- Structured paper questionnaires and link to online questionnaire sent by hospitals to more than 8.000 victims
- 60 questions on causes, circumstances and effects
- Response rate: 38%



Questionnaire study control group

- Conducted by Kantar, one of the largest panel survey companies in the Netherlands
- 3,364 disseminated with one batch per week, yielding a response of 1,808 cyclist without known crash involvement (54%)
- Similar questions application to 'non-victims'
- Cyclists were classified EB users if they rode over half of the distance cycled per year on an EB

Corrections for selective non-response

- We used weighting factors, based on comparing the response among victims /controls to DISS / the Dutch population
- Weighting factors used in SPSS to represent age, gender and other demographical characteristics in the Dutch population

Analysis

Comparison on 2 items using binary logistic regression in SPSS:

- Crash likelihood (victim vs control)
- Injury severity (hospital admittance vs ED only)

Crash likelihood . . . EB seems more likely to be treated at an ED . . .

Table 3. Association between bicycle type and involvement in crashes for which treatment at an ED is needed

	Treated at an ED		OR (95%CI)
	no	yes	
<i>N</i> *	1,806	2,082	

	Treated at an ED		OR (95%CI)
	no	yes	
<i>N</i> *	1,806	2,082	
<i>Categorical variables</i>	<i>share</i>		
<i>type of bicycle</i>			
CB	82%	77%	1
EB	18%	23%	1.24 (1.03 - 1.48)

none	57%	58%	1
one or more	43%	42%	1.10 (0.94 - 1.29)
<i>morbid conditions</i>			
one or more	39%	30%	0.65 (0.55 - 0.75)
none	61%	70%	1
<i>Continue var.</i>	<i>gem (SD)</i>		
Body Mass Index	25.8 (4.8)	24.5 (4.1)	0.94 (0.93 - 0.96)
Nagelkerke R ²	16.8		

* Number of included cases, cases with missing values for one of the variables are excluded; numbers are therefore lower than in table 1

But, after controlling for distance...

	Treated at an ED		OR (95%CI)
	no	yes	
<i>N*</i>	1,806	1,882	
<i>Categorical variables</i>	<i>share</i>		
<i>type of bicycle</i>			
CB	82%	77%	1
EB	18%	23%	1.18 (0.97 - 1.43)
<i>Continue var.</i>	<i>gem (SD)</i>		
annual km by bicycle	1098 (1611)	2725 (2931)	0.94 (0.93 - 0.96)
ln(annual km by bicycle)			
<u>Nagelkerke R²</u>	24.5		

Crash type: (dis)mounting

Table 6. Association between bicycle type and involvement in crashes regarding (dis)mounting the bicycle

	Crash type mounting/dismounting		OR (95%CI)
	no	yes	
<i>N*</i>	1,890	172	
<i>Categorical variables</i>	<i>share</i>		
<i>type of bicycle</i>			
CB	79%	61%	1
EB	21%	39%	0.92 (0.59 - 1.43)
<i>gender</i>			
male	53%	29%	1
female	47%	71%	1.40 (0.91 - 2.17)
<i>age</i>			
16 - 24 years	18%	6%	1
24 - 49 years	31%	10%	1.03 (0.39 - 2.69)
50 - 69 years	35%	34%	1.94 (0.81 - 4.64)
>70 years	16%	50%	3.09 (1.26 - 7.55)

Conclusions

- After controlling for distance travelled and other potential confounders we find :
 - **no difference** in crash likelihood and injury severity between EB and CB users
 - crashes on EBs and CBs to be **equally severe**
- A higher share of EB crashes are while (dis)mounting but there is no difference with CB crashes after controlling for factors such as gender and age

Recommendations for practitioners

- General road safety / cycling safety measures are likely to improve safety of EB users as well
- Designing a bicycle such that cyclists can sit on their saddle with their feet on the ground ((dis)mounting accidents!)



Research limitations and recommendations

- Self reporting bias
- + The possibility to control for a wide range of factors
- We recommend **future research using more standard crash databases and travel surveys** although the range of possible control factors in such research is more restricted
- We recommend **experimental research** to expand our understanding of how to design safer EBs and training programs

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