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Incentives for alternatives to the car in Northstowe

Submission date
03/03/2020

Recruitment status
No longer recruiting

Registration date
13/03/2020

Overall study status
Completed

Last Edited
20/10/2023

Condition category
Other

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Background and study aims
The way that we travel influences our health, and research shows that walking, cycling or using public transport promotes physical activity which is beneficial for health. However, the way we choose to travel is also influenced by the environment, for example, the cost, reliability and convenience of public transport, ease of walking and cycling and availability of parking. Because of this, there is a focus on building cities and towns that provide healthy environments that encourage people to walk, cycle and use public transport. Within these environments, some additional strategies such as incentives are often assumed to encourage individuals to walk, cycle and use public transport, but there is not enough research to show whether or not they work. Northstowe is a new town with plans to build 10,000 new homes. It is located approximately 8 miles north of Cambridge and its environment is designed to encourage walking, cycling and public transport use. As residents move to Northstowe, travel incentives, for example, bus passes and equipment vouchers are offered by the council, funded by the home developers to encourage residents to travel this way. The Incentives for alternatives to the CAr iN Northstowe (ICAN-Northstowe) study aims to understand how people use the incentives and how they influence behaviour. The study is too small to say definitively whether the incentives work, but it will guide scientists to design a future study that can answer this question.

Who can participate?
Adults over the age of 16 who live in Northstowe and have not claimed any travel incentives from the Travel Plan Co-ordinator.

What does the study involve?
Participants are invited to join this study by a letter sent to their home. If they want to take part, they complete a questionnaire asking questions about their neighbourhood, travel patterns, general health and household. Participants can choose to complete the questionnaire in an online or paper format. The questionnaire will take approximately ten minutes to complete and after this, participants are randomly allocated to one of three groups. For the first group, nothing will change and participants can continue to claim the travel benefits as normal. Participants allocated to the second group will receive the travel incentives that are currently offered, but instead of having to claim them, they will receive them directly via post or email. For

those allocated to the third group, more of the incentives are sent directly to the participants. Participants also complete online questionnaires after 3, and 6 months after the initial survey.

What are the possible benefits and risks of participating?
Participants may benefit from the travel incentives offered in the study. This depends on whether they are allocated to group 1, group 2 or group 3. In addition, participants may benefit from increasing their physical activity, which could potentially have long term benefits to participants' health. There are no anticipated risks involved with participating.

Where is the study run from?
The study is run from the University of Cambridge and takes place in the community of Northstowe, a new town located 8 miles north of Cambridge, UK

When is the study starting and how long is it expected to run for?
March 2020 to May 2022

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Dr Jenna Panter
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Contact information

Type(s)
Scientific

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Additional identifiers

Study information

Scientific Title
Feasibility of a randomised controlled trial of financial incentives to promote alternatives to the car in a new housing development

Acronym
ICAN-Northstowe

Study objectives
Incentives for using alternative travel modes to the car increase walking, cycling and public transport use among recipients living in the new housing development of Northstowe. As a feasibility trial, this trial will not be adequately powered for hypothesis testing.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 27/01/2020, School of Humanities and Social Sciences ethics committee, University of Cambridge (Dr Emma Dollard, 2nd Floor, 27 Mill Lane, Cambridge, CB2 1RX, UK; +44 (0) 1223764061; cshssethics@admin.cam.ac.uk), ethics case: 19/228

Primary study design
Interventional

Study design
Feasibility three-arm randomised controlled trial

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Prevention of disease

Interventions
Participants will be matched on baseline survey responses according to car access and baseline travel patterns and will be randomised to one of three groups. The randomisation will occur at the household level on a 1:1:1 ratio.

Group 1 (Control) – In this condition participants will continue with standard practice. They can contact the Travel Plan Co-ordinator to claim a range of travel incentives, for example, £50 walking and cycling equipment vouchers.

Group 2 (Intervention) – This involves reducing the effort required to obtain the incentives. A package of incentives is delivered directly to participants via post or email.

Group 3 (Intervention Plus) - This involves reducing the effort required to obtain the incentives and increasing the dose by delivering a package of incentives of a greater size directly to participants via post or email, for example £100 walking and cycling equipment vouchers.

Participants complete online questionnaires after 3, 6, and 12 months after the initial survey.

Intervention Type
Behavioural

Primary outcome(s)
Current primary outcome measure as of 15/09/2021:
1. Recruitment rate expressed as the percentage of eligible participants that are randomised
2. Attrition rate: percentage of participants lost to follow up at 3 and 6 months
3. Incentive use measured via self-report questionnaire at 3 and 6 months and qualitative interviews with study participants at baseline, 3 and 6 months
4. Acceptability of intervention assessed through qualitative interviews with study participants from each study group at baseline, 3 and 6 months
5. Contamination: use of incentive outside household members measured via self-report questionnaire at 3 and 6 months and qualitative interviews with study participants at baseline, 3 and 6 months

Previous primary outcome measure:
1. Recruitment rate expressed as the percentage of eligible participants that are randomised
2. Attrition rate: percentage of participants lost to follow up at 3, 6 and 12 months
3. Incentive use measured via self-report questionnaire at 3, 6 and 12 months and qualitative interviews with study participants at baseline, 3 and 6 months
4. Acceptability of intervention assessed through qualitative interviews with study participants from each study group at baseline, 3 and 6 months
5. Contamination: use of incentive outside household members measured via self-report questionnaire at 3, 6 and 12 months and qualitative interviews with study participants at baseline, 3 and 6 months

Key secondary outcome(s)
Current secondary outcome measures as of 15/09/2021:
The secondary outcomes assess the change in travel patterns. The study is not powered for statistical testing, therefore the researchers will present descriptive statistics of the secondary outcomes at each follow up:
1. Self-report number of cars owned by household at baseline, 3 and 6 month follow up
2. Daily travel time (minutes) per mode of travel (bus/train/car/cycle/walk) measured via self-

report questionnaire at baseline, 3 and 6 month follow up
3. Mode of travel to work (car/public transport/bicycle/walking) measured via self-report at baseline, 3 and 6 month follow up
4. Cost of travel by mode (car/public transport) measured via self-report questionnaire at baseline, 3 and 6 month follow up

Previous secondary outcome measures:
The secondary outcomes assess the change in travel patterns. The study is not powered for statistical testing, therefore the researchers will present descriptive statistics of the secondary outcomes at each follow up:
1. Self-report number of cars owned by household at baseline, 3, 6 and 12 month follow up
2. Daily travel time (minutes) per mode of travel (bus/train/car/cycle/walk) measured via self-report questionnaire at baseline, 3, 6 and 12 month follow up
3. Mode of travel to work (car/public transport/bicycle/walking) measured via self-report at baseline, 3, 6 and 12 month follow up
4. Cost of travel by mode (car/public transport) measured via self-report questionnaire at baseline, 3, 6 and 12 month follow up

Completion date
31/05/2022

Eligibility

Key inclusion criteria
1. Adult aged 16 or over
2. Living in Northstowe
3. Have not previously claimed any travel incentives

Participant type(s)
Healthy volunteer

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
16 Years

Sex
All

Total final enrolment
99

Key exclusion criteria
1. Aged under 16
2. Do not reside in Northstowe
3. Have previously claimed travel incentives

Date of first enrolment
04/10/2021

Date of final enrolment
30/11/2021

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Cambridge
MRC Epidemiology Unit
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Sponsor information

Organisation
University of Cambridge

ROR
https://ror.org/013meh722

Funder(s)

Funder type
Government

Funder Name
School for Public Health Research

Alternative Name(s)
NIHR School for Public Health Research, NIHR SPHR, SPHR

Funding Body Type
Government organisation

Funding Body Subtype
Local government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available through the MRC Epidemiology Unit data sharing portal (https://epi-meta.mrc-epid.cam.ac.uk/).

IPD sharing plan summary
Stored in repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		30/09/2023	20/10/2023	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Protocol file	version v2.0	02/03/2020	13/03/2020	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes