

## **Quantifying the effects of urban road capacity expansions on network performance and productivity via a mixed model generalised propensity score estimator**

Dan Graham

Professor of Statistical Modelling

Centre for Transport Studies  
[d.j.graham@imperial.ac.uk](mailto:d.j.graham@imperial.ac.uk)

# Introduction

**Background:** existing research has quantified effects of road capacity changes on

- ★ travel demand (e.g. 'induced' demand),
- ★ network performance (e.g. speeds, travel times, flow, density etc)
- ★ productivity (e.g. GVA, wages, TFP, growth etc)

But largely distinct perspectives using different approaches and data

Worth considering these effects together as there could be interesting relations between them

Do **productivity effects** from transport investments arise via

- ★ Improvements in network performance
- ★ Increased scale of 'activity' (i.e. agglomeration effect)

# Introduction

**Objective:** develop a common framework to study *relative* effects of capacity expansions on demand, network performance, and productivity

**Method:** develop a causal inference approach for *average treatment effect* (ATE) estimation with longitudinal data

- ★ Where *treatments* are '*doses*' of urban road network capacity expansion
- ★ *Assignment* is *non-random*, and the probability of receiving a given dose varies systematically with city characteristics (*confounding*)
- ★ Quantify relationship between expected '*response*' (i.e demand, performance, productivity) and dose, net of confounding effects

# Causal inference for continuous ATE estimation

**Typical set-up:** we observe data  $z_i = (y_i, d_i, x_i)$ ,  $i = 1, \dots, n$ , where  $y_i$  is a response,  $d_i$  is treatment (dose), and  $x_i$  a vector of covariates

**Target of inference:** we seek to estimate ATEs

$$\tau(d^*) = \mathbb{E}[Y(d^*)] - \mathbb{E}[Y(0)]$$

for all doses  $d^* \in \mathcal{D} \subseteq \mathbb{R}$  of interest. But we have confounding

$$f_Z(z) = f_{Y|D,X}(y|d, x) f_{D|X}(d|x) f_X(x)$$

▶ example

Implies that  $Y(d) \not\perp\!\!\!\perp D = d$ , so comparison of mean outcomes across different treatment strata will not in general reveal a causal effect

But we do have conditional independence between  $Y$  and  $D$  given  $X$

$$Y(d) \perp\!\!\!\perp D = d | X = x \quad \text{for all } d \in \mathcal{D} \subseteq \mathbb{R},$$

so we can estimate ATEs by somehow adjusting for  $X$ . We do so via *generalised propensity scores* for longitudinal data

# Generalised Propensity Score (GPS) adjustment

The GPS is a scalar that measures the conditional probability of assignment to treatment given confounding characteristics

We can define the GPS for any dose  $d^*$  (observed or unobserved)

$$\pi(d^*|X; \alpha) = \Pr(D = d^*|X = x)$$

Literature shows that conditional independence holds via the GPS

$$Y(d^*) \perp\!\!\!\perp D = d^* | \pi(d^*|X; \alpha) \quad \text{for all } d^* \in \mathcal{D}$$

providing a means of adjusting for confounding across doses of interest

We use a 4 step **semiparametric regression** approach:

- i. Estimate the GPS using a flexible model:  $\hat{\pi}(d|X; \hat{\alpha})$
- ii. Adjust for confounding via a mean response model:  $\mathbb{E}[Y|D, \hat{\pi}(d|X; \hat{\alpha}); \beta]$
- iii. Use  $\hat{\beta}$  to calculate  $\hat{\mu}(d^*) = \mathbb{E}[Y(d^*)] = \mathbb{E}_X [\mathbb{E}(Y|d^*, \hat{\pi}(d^*|X; \hat{\alpha})); \hat{\beta}]$ , and repeat for all doses of interest.
- iv. Calculate **ATEs**:  $\hat{\tau}(d^*) = \hat{\mu}(d^*) - \hat{\mu}(0)$ , using (block) bootstrap for variance estimation

# Advantages of the causal GPS approach

- ★ Clearly defined 'causal' framework based on measurable manipulation of a treatment
- ★ Circumvents need for a comprehensive theoretical model, though theory informs selection of confounders
- ★ Approach can estimate ATEs across multiple doses rather than a single point estimate
- ★ Modelling with a scalar PS, rather than high-dimensional  $X$ , allows use of flexible forms (i.e. GAMs and high-order polynomial)
- ★ GPS can be used to form a number of ATE estimators via weighting, matching, or regression (combine for doubly robust)
- ★ A **longitudinal mixed model extension** of the GPS can accommodate measured confounding, unmeasured time-invariant confounding, and bi-directionality between response and treatment

# Methodological contribution of the paper

ATE estimates are unbiased **if the estimated GPS consistently estimates the true GPS**

A **necessary condition** is that  $X$  is sufficient to represent confounding

We show that with longitudinal data the GPS can be estimated via a **mixed model** approach to address

- ★ **Unmeasured confounding:** condition on unit level random effects, or correlated random effects, to adjust for unobserved time-invariant confounding:  $\hat{\pi}(d^* | x_{it}, u_i; \hat{\alpha})$
- ★ **Reverse causality:** condition on lagged values of the response  $y_{i,t-p}$ , or the response history  $\mathcal{H}_{i,t-1}^y$ , to allow for endogeneity from reverse causation:  $\hat{\pi}(d^* | x_{it}, u_i, \mathcal{H}_{i,t-1}^y; \hat{\alpha})$
- ★ **Dynamic assignment:** include lagged values of the treatment  $d_{i,t-p}$ , or treatment history  $\mathcal{H}_{i,t-1}^d$ , to represent the dynamic nature of assignment:  $\hat{\pi}(d^* | x_{it}, u_i, \mathcal{H}_{i,t-1}^y, \mathcal{H}_{i,t-1}^d; \hat{\alpha})$

# Algorithm for ATE estimation via mixed GPS model

1. Use a flexible mixed model (i.e. GAMM) to estimate  $f_{D|X}(d|x, u; \alpha)$
2. Use  $\hat{\alpha}$ , with the appropriate density function, to calculate the GPSs:  $\hat{\pi}(d^*|x, u; \hat{\alpha})$ , for all  $d^*$  of interest
3. Ensure common support by selecting only units which have a reasonable probability of being treated across the range of dose
4. Estimate  $\mathbb{E}(Y|D, \hat{\pi}(d|x, u; \hat{\alpha}))$  using a penalised spline model
5. Average over predicted values from 4., evaluated at at dose  $d^*$ , to obtain a point estimate of the expected response at  $d^*$ :  $\hat{\mu}(d^*)$
6. Repeat for all dose of interest, form the dose-response curve, and estimate ATEs:

$$\hat{\tau}(d^*) = \hat{\mu}(d^*) - \hat{\mu}(0)$$

7. Use a single (block) bootstrap re-sampling scheme over 1. to 6. to obtain standard errors

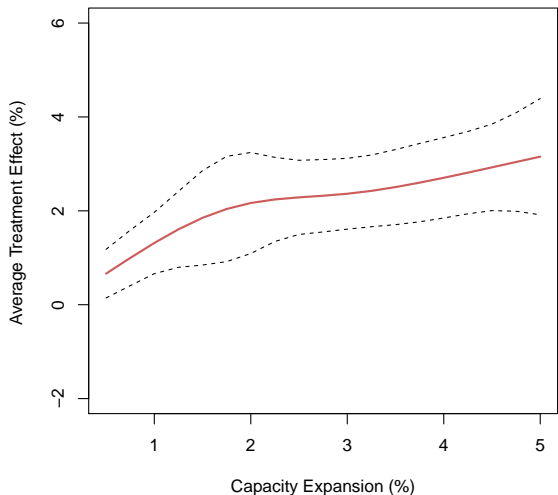




# Urban longitudinal data (TTI and MSA)

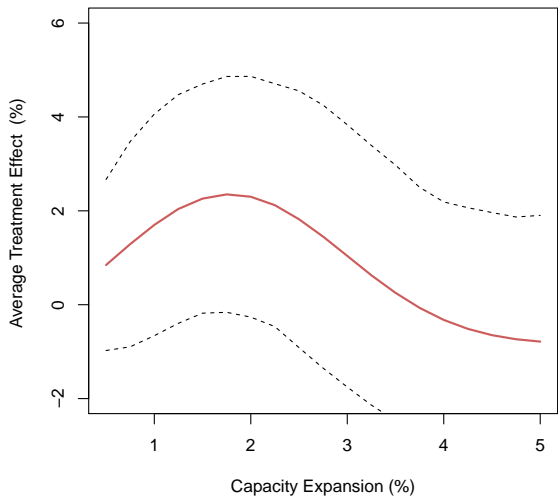
- **Responses:** annual proportional change in demand (vmt), network performance (delay per vmt), and productivity (average wage)
- **Treatment:** annual proportional change in network lane miles
- **Pre-treatment covariates (confounders):**
  - ★ *Lagged responses:* to capture reverse causality
  - ★ *Congestion & traffic volume:* measured by delay and vmt
  - ★ *Network scale & mix:* network length, mix of freeway / arterial
  - ★ *Traffic mix:* volume on freeway / arterial
  - ★ *Mode characteristics:* public transport patronage, state fuel price
  - ★ *Economy:* productivity, income and economic structure
  - ★ *Employment and population distribution and growth*
- **Unobserved (unknown) confounders:** zone / area / region characteristics, road network design, activity/travel behaviour.
  - ★ Random city-level effects specified in longitudinal mixed models
- **Models:** Normal GAMMs for all sub models

## Results: demand (vmt)



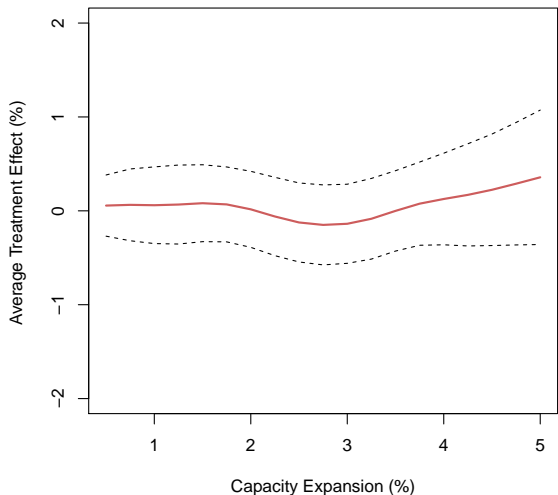
- ★ evidence of induced demand over the range of dose having adjusted for confounding
- ★ ATE > proportional to treatment for doses  $\leq 2$
- ★ on average 10% increase in lane miles  $\rightarrow$  9% increase in vmt net of 'natural growth' (estimated 1.4% p.a.)
- ★ capacity expansions in the range considered have not in general reduced traffic density (vol. / cap.)

## Results: network performance (delay per vmt)



- ★ capacity expansions have not ameliorated urban congestion
- ★ average road user has not experienced change in delay from capacity expansions
- ★ no statistically significant effects on delay per vmt
- ★ this is the case even for large capacity expansions
- ★ due to natural growth congestion has worsened (approx. 3% p.a.)

## Results: productivity (average MSA wage)



- ★ urban road network expansions have not induced higher productivity
- ★ 'naive' regressions of productivity on treatment do indicate a +ve association
- ★ but no significant ATEs having isolated a viable sample and adjusted for confounding
- ★ no change in transaction costs and apparently no scale effects

# Conclusions

Causal mixed model GPS approach provides a highly flexible framework for ex-post evaluation of transport interventions

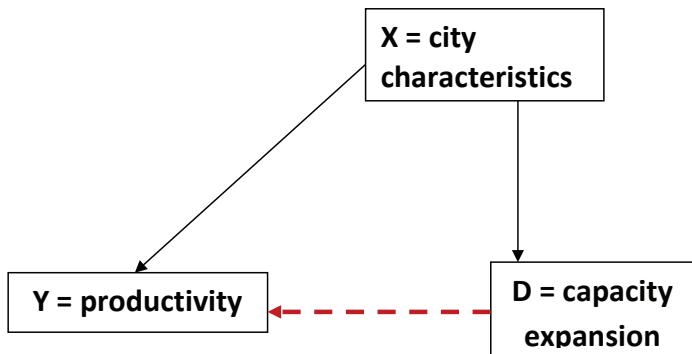
Model indicates that urban road network expansions have induced demand but have not ameliorated congestion or raised productivity

Results **do not** imply that there are no economic benefits from road capacity expansions per se:

- ★ results specific to marginal changes on mature congested urban networks
- ★ increased mobility with aggregate volume / capacity ratios constant
- ★ network generalised costs do not improve and total urban delay rises
- ★ the scale (increased traffic) effect does not appear to influence productivity (either +ve or -ve)

To improve urban road network performance and raise productivity a combination of efficient pricing with investment in both roads and mass transit may be more effective

# The problem of confounding



The relationship between capacity and productivity is **confounded** by a set of city characteristics which

- ★ Are important for productivity
- ★ Influence the level of capacity expansion received

[▶ return](#)