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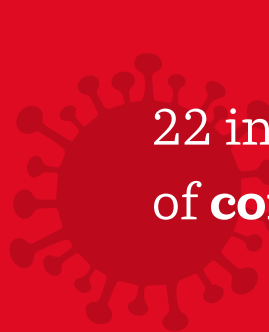
Hanze  
University of Applied Sciences  
 Groningen



Spread  
 the knowledge,  
 not the **virus**



22 insights about **the impact**  
 of **corona** on society



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# Foreword

No one could have foreseen at the beginning of 2020 that our work and our lives would change in such a short amount of time. The COVID-19 virus spread ruthlessly all over the world over the past year. Without a vaccine or treatment, the only remedy was to lock up society. From March onwards, schools, universities, companies and restaurants closed their doors in the Netherlands. People had to stay indoors as much as possible and were advised to stay at least five feet away from someone else.

In the meantime, the pressure on the healthcare system had increased enormously. Hospitals and intensive care units were full. Healthcare workers sometimes delivered superhuman performances to keep everything running. Only after several months of strict measures the number of infections decreased. Now, in the fall of 2020, the virus seems to be gaining momentum again. Another wave is not out of the question. The consequences of this pandemic are still incalculable - we also do not know if, how and when we can get back to what we were used to.

In the meantime, we try to learn as much as possible about the virus itself, the measures we need to take and how we shape our lives, our work and our healthcare together in times of

corona. In this context, the Aletta Jacobs School of Public Health takes its mission in the field of public health and prevention seriously. From the start of the corona crisis, we have asked our researchers to reflect on this pandemic. This collection is a representation of that reflection, aptly titled "Spread the knowledge, not the virus".

We believe that by gaining and sharing knowledge, we can make an important contribution to fighting the pandemic and learning how to deal with its consequences. Doing this, we also carry out Aletta's mission: "Thought for action - together for more healthy years!"

Marian Joëls,  
*member of the Executive Board*  
*University Medical Center Groningen*

Petra Smeets,  
*member of the Executive Board*  
*Hanze University of Applied Sciences*

Cisca Wijmenga,  
*member of the Executive Board*  
*University of Groningen*

# Introduction

For the Aletta Jacobs School of Public Health (AJSPH), the corona period began with the decision on March 12th to suspend all activities for a period of six weeks. A few days later, the whole country went into lockdown and the Netherlands faced the biggest health crisis since the Spanish flu. Those six weeks soon turned into months, and after a short relaxation during the summer, the number of infections is increasing again and new strict measures seem to be as close as they were on March 12th. Let's hope that this time the combination of policy and behaviour claims a lower number of victims and the impact on society remains limited.

For the AJSPH, the corona period is a special time. Like other employees, we face the challenges of working from home, new roles as teachers for our children and the distance between family and friends. At the same time, our mission more healthy years comes with a responsibility during a pandemic. As a School of Public Health, we have therefore chosen to focus our energy on supporting the public debate, underpinning and designing policy and initiating new research through the knowledge and expertise of the University of Groningen, UMCG and Hanze University of Applied Sciences. Coordinators and fellows of the AJSPH have

been continuously visible in the public debate, many have contributed in their own way to research projects such as the Lifelines Corona research and policy advice such as the Lessons Learned trajectory of the Ministry of Health, Welfare and Sport.

During the pandemic, I was often asked what the AJSPH's position is on corona. My point of view remained unchanged. The AJSPH does not have a position on corona, the goal of the AJSPH is to put knowledge at the service of society in the best possible way. It is therefore not a question of being for or against policy but of allowing policy choices, and the criticism thereof, to emerge from the knowledge that is available and of developing new knowledge when necessary. Through the many blogs we published on our website during the corona period, scientists from many areas have contributed to the public debate along this line. Together they form a time capsule of how the first wave was experienced.

Jochen Mierau,  
*scientific director*  
*Aletta Jacobs School of Public Health*

Alex Friedrich

Medical microbiologist, UMCG



The spread of the virus continues 24/7, there is no night or weekend for a virus.

## COVID-19 response: **Wake up and be quick!**



**According to Aletta coordinator and medical microbiologist Alex Friedrich, the coronavirus will spread for at least another year and a half, because no vaccine will be available sooner. Friedrich provides his view of the situation; what does he think of the Dutch measures, what is the current strategy of the Northern Netherlands to combat the virus and what awaits the Netherlands?**

The world is dealing with a pandemic spread of a virus that is novel in the human population, so no one on the planet has any immunological protection. According to Friedrich “The spread of the virus continues 24/7, there is no night or weekend for a virus. That is why we need to take measures to protect primarily older adults, vulnerable populations and employees of hospitals and nursing homes.”

### **Dutch measures**

According to Alex Friedrich, the Dutch measures came too late for the South of the Netherlands: “Social distancing, self-isolation when you are sick, no restaurants, bars and pubs, no schools, no universities, keeping a 1.5-meter

distance, this will slow the whole thing down. These measures might still be on time for the Northern Netherlands, but too late for the Southern Netherlands.” Friedrich explains that the country is currently separated in two parts by the rivers: “The spread south of the rivers is currently very difficult to limit, it just goes on and people will get seriously ill there and people will die, also young people. Not only 80-year-olds, also 50- and 40-year-olds, that will happen.”

The search and contain strategy is now being applied in the Northern Netherlands. “With this strategy, we want to track down all cases, contact them and mandate them to stay home. From today, Wednesday March 18, we will test more, the GGD will indicate who should be tested and we will carry it out together with Certe – the regional center for medical diagnostics. We are going to test the residents of Groningen city and the provinces around us.” This strategy was not on the agenda last week, Friedrich explains: “Back then it was ‘we let it go’ because the South did that too, but the situation in the North is different so we shouldn’t do that. We have also discussed with the municipal health services that they should



test a lot. I assume that we, at the moment, test at least 3, 4, 5 times more per inhabitant in the north than in the south. We do not see all cases, but we test more, so the numbers are more reliable. In the South you mainly see the numbers of people who end up in intensive care, you do not have to test there, you notice that anyway. If you test then you only confirm it, but then you will of course be too late and you will no longer be able to prevent it.”

### Screening capacity in the Netherlands

One thing Friedrich doesn't want to hear is that we don't have enough screening capacity in the Netherlands. “We are the country with most medical microbiologists per inhabitant in Europe. They are everywhere, in almost all hospitals. We must now scale up the capacity for those people who can protect us so that we can identify who is infected. When we stop screening, we become blind. We cannot see the tide approaching behind the dike, with your screening you have to look far above the dike for what is coming.”

### Italian conditions in the Netherlands

The healthcare system in Italy is extremely overloaded, to what extent is such a scenario possible in the Netherlands? Friedrich thinks there is no difference: “I just think we are lucky to have understood earlier that something is going on. Italy was blind for four weeks and we only for two.” According to Friedrich, the Netherlands was still two weeks late because we followed the policy that only people who had been to the official risk areas (e.g. China) were tested. “But of course you have to test broader, even if someone has never been to China but has certain symptoms. The epidemic is spreading faster than official case definitions.”

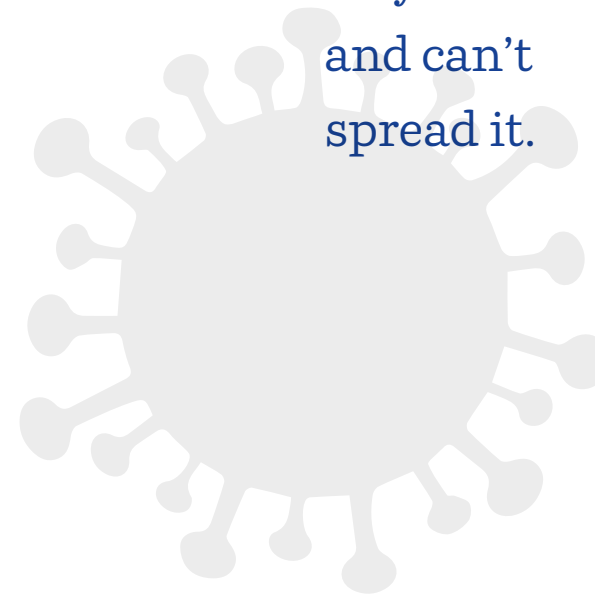
“We cannot compare the Netherlands to China, but we can compare it to Northern Italy,” explains Friedrich, “Northern Italy is richer than many regions in the Netherlands. We are not talking about Palermo, we are talking about Milan, the Lombardy region. There they have 1,000 intensive care beds for the 10 million inhabitants, which is comparable to the Netherlands. But the Netherlands have 17 million inhabitants. I don't think the Northern Netherlands will have soon such situations as Italy, but the Southern Netherlands might, but we will see that in two or three weeks.”

### The Netherlands has the least number of respiratory hospital beds in Europe

As long as we don't have the means to treat the coronavirus, everyone who catches a life-threatening COVID-19 infection should be kept alive for two weeks on the ventilator. In Italy this is around 3% of all confirmed cases. In the Netherlands, to date 176 (7%) of 2,460 cases, but that is due to the fact that the South / West screens less. According to Friedrich, the Netherlands has the lowest number of respiratory beds per 100,000 inhabitants in the EU, “Belgians and Italians have twice as much per 100,000 inhabitants and Germany four times as much. Lower Saxony has 7,900 intensive care beds with 7.9 million inhabitants, in the Netherlands we have 17 million inhabitants and 1,150 beds. The absorption capacity of our healthcare system is lower than everyone else, so we need to make sure that the virus does not spread among our population and at the same time massively increase ventilation capacity, now. And that is why we are also hunting the virus, especially in the Northern Netherlands, to see where it is. As best as we can, we don't let



Screen,  
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the virus enter the hospitals. We are going against it with full force. And screen, screen, screen to find people who are positive so they will stay home and can't spread it.”

### Measures until at least May

Friedrich suspects that the effects of the measures are not going to be enormous: “In the Northern Netherlands, yes, but not in the Southern Netherlands. I think the measures will continue until at least May, till the end of April at least. Maybe the hospitality industry will open for another week in the meantime, but I think it will just continue like this at first. Maybe the measures will take longer than May, but we don't know yet, that depends on how good we are able to curb the virus now.”

### Protect others by protecting yourself

“Be careful, watch out for each other and remember that the transfer is also done by hands,” Friedrich says. “It has to come to your mouth, nose or eyes. You touch it, you don't lick your hands, but you might pick up your sandwich and that's how it gets in your mouth. So be hygienic, do what grandpa and grandma always said but what we always laughed about and we played down. Be careful with unheated food, such as salads that can be secondary contaminated by contaminated employees. You need to protect yourself and by protecting yourself you protect those who can die.”

Brigit Toebes

Professor Health Law in a  
Global Context, University  
of Groningen



Public health experts stress that it is very important to create support for the measures, to get the population involved in your interventions.

# Necessity knows no law?

March 23,  
2020



**How does the Netherlands deal with the coronavirus from a legal perspective? What is the government allowed to oblige? What about our rights, such as privacy and freedom of movement? Brigit Toebes, Aletta coordinator and professor of Health Law in a Global Context, looks at this crisis from her expertise.**

## International Health Regulations

According to Toebes, the International Health Regulations (since 2007 binding for all countries in the world) is crucial in the outbreak. "It requires countries to notify the WHO of an outbreak within 24 hours. This allows the WHO to declare an International Emergency that poses a threat to public health, and to issue Temporary Recommendations to the country in question".

However, there are also shortcomings in this important mechanism: "The mechanism does not allow the WHO to impose sanctions on countries that fail to comply with the recommendations. In addition, the WHO does not have sufficient financial resources to act actively, and much of the money donated to WHO has been earmarked for specific purposes. So the WHO does have the knowledge but lacks resources, while we now see how important this organization is".

## International human rights treaties

"In addition to the International Health Regulations, international human rights treaties also apply," the professor explains. "The question here is how far you can go to protect public health at the expense of individual rights such as privacy, physical integrity and freedom of movement. Restrictions on these rights and freedoms must have a legal basis and be proportionate and subsidiary: does the public health interest require the infringement, and is there no lighter measure available? "The medical scientific evidence about the nature and infectiousness of the disease plays a major role here. You can say that the restrictions should be decided by the seriousness of the danger."

## Dutch measures

"A number of countries have declared a state of emergency and can thus completely set aside rights such as privacy and freedom of movement", Toebes explains. "UN experts warn that declaring a state of emergency must not be misused to circumvent human rights. I am concerned about these far-reaching restrictions. They can set aside essential values such as freedom of speech and give governments far-reaching powers that go against a democratic constitutional state. It is important to monitor these emergency measures critically."

“The Netherlands is taking a more moderate approach: people are still allowed to go out on the streets and economic and social life is not completely shut down”. Toebes currently finds it difficult to assess whether the Dutch measures are the correct response to the outbreak. “It is essential to ensure that our healthcare system will be able to cope with the demand for ICU beds and other care. Medical experts, including Alex Friedrich, warn that drastic intervention is necessary to contain the number of infections. It is a diabolical dilemma in which the protection of public health and respect for individual freedom appear to be almost incompatible values. The government deserves appreciation for the way in which it balances on this tightrope. With today’s wisdom, we may need to intervene more drastically next time to prevent worse, while respecting individual rights.”

### **Obligatory stay at home**

According to Toebes, the government can oblige people to stay at home: “This stems from the International Health Regulations and the Public Health Act, and a roadmap of the RIVM gives further direction. The question is always whether forcing people to stay at home does not create tension with individual rights”. In addition, it is questionable whether it is always the best measure: “Public health experts stress that it is very important to create support for the measures, to get the population involved in your interventions. So information is essential; force an *ultimum remedium*”.

### **Vamos a la playa**

Last weekend it became clear that many people did not adhere to social distance. Are there any

legal consequences if you ignore the current measures? “Yes, there can be consequences for not following the rules of social distance.” explains Toebes. “All safety regions in the Netherlands have drawn up an emergency ordinance that provides a basis for enforcement. Police can therefore act if necessary, and even a prison sentence is possible - but so far, enforcement has not been necessary at all. Should the crisis get even more out of hand, the government can declare a state of emergency, after which the emergency law will apply. The government can then decide even quicker, without consultation with parliament and citizens”. As examples, Toebes mentions: “A curfew, the creation of forbidden areas, the deployment of the army, food distribution and price control”. These are serious restrictions of human rights, Toebes emphasizes: “I hope it doesn’t come to that”.

### **Closed border**

Since Tuesday 17 March a travel ban of 30 days applies to all people from outside the EU, the Schengen countries and the UK. Toebes: “Trucks, EU nationals and those entitled to long-term stays in the EU are still allowed to enter. So the people that are on holiday can go back home, but the Schengen countries can refuse non-nationals”.

“In principle, border controls within the EU should only take place if public health so requires,” says Toebes. “Countries that have also closed their borders within the EU, such as Austria and Poland, therefore claim that they do so in order to protect health; this is permitted.

“The WHO does not insist on far-reaching travel

restrictions, with the possible exception of the beginning of an outbreak. Past experiences would show that travel restrictions are often ineffective in most situations and may divert resources from other interventions. Furthermore, restrictions may interrupt needed aid and technical support, may disrupt businesses, and may have negative social and economic effects on the affected countries.”

### **Right to healthcare**

According to Toebes, it is important to protect the vulnerable in this crisis: “This also stems from human rights. In the Netherlands, we are rightly talking a lot about the elderly and people with a (chronic) condition. In addition, we should also keep an eye on immigrants who do not yet speak the language and the undocumented. On the basis of human rights and Dutch legislation, everyone has the right to healthcare and healthcare-related information, not just Dutch people and people with a residence status.”

“Elsewhere in the world, the problem is often even greater: countries that do not have their health systems in order risk that the healthcare system will collapse completely, which will hit the vulnerable even more. As an example, Toebes mentions countries with far-reaching privatized care such as the US: “Here people with a low socio-economic status will be hit hard.”

Toebes also mentions that it is our moral and human rights duty to help the people of Lesbos: “People in slums and people in refugee camps: they are close to each other with a lack of good care. It is our duty to help them.”

### **Rights and obligations around working from home**

An employer can oblige an employee to work from home. Toebes quotes employment law specialist Bloem: “However, the employer must facilitate him/her with the necessary equipment and information. The employer must also ensure a safe working environment at home through instructions and, if necessary, by providing a suitable table or chair. In addition, the employee must act as a good employee and continue to do his/her work to the best of his/her ability. He must inform the company doctor about an infection or if there is a quarantine obligation. The employer may ask questions directly about an infection, but the employee does not have to answer it. However, the employee may be obliged to inform the company doctor.”

An employee can be obliged to adhere to the guidelines of the RIVM and the Ministry of Foreign Affairs, and therefore not to travel to risk areas. “Should the employee fail to comply with this and subsequently be forced to remain in quarantine or become ill abroad, this could lead to the loss of the right to wages or even dismissal.”

### **Special thanks to Floor Bloem, labour lawyer in Zwolle**

*The research centre Global Health Law Groningen (GHLG) looks at global and Dutch public health issues through the eyes of the law. They leave the facts to the medical researchers.*





**Rina Knoeff**  
Associate professor History of Medicine  
and director Groningen Centre for Health  
and Humanities, University of Groningen



Instead of focusing on the successful strategies of the past, historians should turn their attention far more often to interventions that have not worked.



# COVID-19 and the need for better historical lessons

**Medical history was never more popular. Every day we are flooded with articles in newspapers, blogs and tweets, drawing parallels between the COVID-19 crisis and historical epidemics such as the medieval plague, the Spanish Flu, HIV/AIDS or SARS. Invariably, the question is what historical lessons can be learned for today's pandemic.**

Rarely, however, do we find a well-argued and credible answer to this important question. Dutch media usually point at historical similarities and emphasise the success of past medical interventions. Yet, merely invoking historical parallels does not offer new insights; on their own, parallels only point to what we already know. It is undoubtedly the case that the widespread introduction of hygienic measures during the nineteenth century helped in fighting cholera, diphtheria and other deadly

epidemics, but such an historical fact does not help in our battle against COVID-19 now. Hospitals, the medical sector and individual citizens know very well what hygiene is and take the appropriate measures. Soap was among the first items to be sold out in supermarkets, no reminders of the past needed.

The question is what we can really learn from the past. It remains important to think about historical parallels – interventions that were, in principle, comparable to the interventions we are inclined to adopt today. However, instead of focusing on the successful strategies of the past, historians should turn their attention far more often to interventions that have not worked. Those failures give reason to pause, they stimulate our thinking and warn against pitfalls. In all those cases, it is striking how cultural, socio-economic differences and political decisions have been the decisive factor.

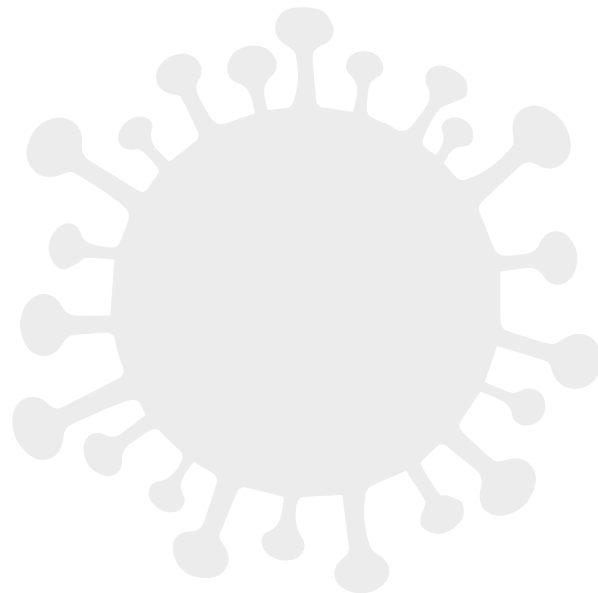
Let me illustrate this with an eighteenth-century example. The British physician John Haygarth (1740-1826) famously developed a series of interventions against the epidemic spreading of pox, which – according to Haygarth’s own calculation – caused the death of at least one in six children. His approach and measures were comparable to the measures we are dealing with today:

- Social distancing: Haygarth had discovered that pox spreads via personal contact within a distance of 46 cm (rather than via the air over long distances). He advised patients to stay inside and to keep away from people who are extra vulnerable to the disease.
- Cleanliness: Every object or surface that has been in contact with saliva, mucus or other infectious substances needed to be cleaned.
- Contact tracing: Haygarth traced and followed single infected cases of smallpox in order to map the spreading of the disease.
- Group immunity: Via a widespread programme of inoculation (in his time, the careful exposure to infected material) Haygarth wanted to reach immunity. Haygarth was convinced that keeping to these measures would reduce mortality with at least 75%.

With the knowledge (and hope) of today, we might expect Haygarth’s ideas to have been successful.



It is striking how cultural, socio-economic differences and political decisions have been the decisive factor.



However, nothing is farther from the truth. As the historian Arthur Boylston has argued, Haygarth’s strategies failed on two accounts. First, socio-economic differences proved insurmountable. The poor were not inclined to stay inside and give up their meagre income; the rich were not prepared to follow rules as soon as they had reached a certain level of group immunity. Second, people felt uncomfortable over the loss of individual freedom and felt spied upon by networks of governmental health inspectors.

### Solidarity

So, what can we learn from Haygarth’s failure for today’s COVID-19 crisis? Of course, we would do well to think carefully about restricting personal freedom for a longer period of time. While we might all be prepared to stay indoors at the moment, who can say if this remains the case when livelihoods are in danger? Or when people on a large scale get confronted with the psychological consequences of solitude? Perhaps much more important is the question of how much our policies take socio-economic differences into account. If you do not have much, it is much harder to follow rules imposed on you. What extra measures are taken to meet the special needs of low-income groups in the problem areas of cities, the needs of homeless people and asylum seekers? How big a disaster will we face if COVID-19



We would do well to think carefully about restricting personal freedom for a longer period of time.

remains under the radar among these groups? Haygarth’s failure also sends the dire warning that measures are often taken with a focus on the interests of the economically stronger parts of a society. This might also hold an important warning for the North of our country. It is likely that group immunity will be reached earlier in the economic hotspots in the South and West of the Netherlands. How much determination and solidarity will there be, then, to continue costly measures for the North?

Aleid Brouwer

Assistant professor at the University of Groningen  
Faculty of Spatial Sciences, and lecturer  
at NHL Stenden University of Applied Sciences



The media  
these days offer  
much advice  
on how to make  
working at home  
easier.



## Working at home as a rule



**Stay home when you can - this contact-limiting measure ensures that many people have been working from home since the 14th of March. But we don't just work at home; we educate our children at home, recreate at home, exercise at home and even do our grocery shopping from home. For many people, this is a big adjustment. Some are now at home alone all day, others are constantly in each other's space. From social media and newspaper articles, it quickly became clear that being forced to work at home is far from ideal.**

There are all sorts of drawbacks to being forced to work at home that many did not immediately realize. People who live alone now miss a large part of their social contacts and might be faced with loneliness. People with children have to divide their time between working, educating, entertaining, and keeping their supervisor satisfied. Many employers are lenient in this


situation, but certainly not all. There are parents who, after a full day of working at home with their children in front of a screen, in the evening hours have to teach fidgety kids who would rather just go outside. This leads to frustration, feelings of guilt, and stress. In addition, working at home for a longer period of time poses other risks. Not everyone has a suitable workspace at home, with a desk at the right height and a proper desk chair. Most people work on a laptop; a full desktop PC is rare these days. This may lead to back and neck problems, headaches, and absenteeism. Some people might be offered a screen or a desk chair by their employer, but for most employees this is not the case.

Deci et al. (2016) argue that long-term flex working at home affects health. People who work at home a lot, often keep working when ill, work more hours, and more often work on too many tasks at a time. According to the study, this leads to emotional exhaustion and

other psychosomatic problems. Tietze (2002) emphasizes that there is a work environment and a home environment, and that working from home physically blends the two together. In this situation, employees and their families need to find a coping mechanism. Tietze's first advice here is to set up a practical but physical border in the home environment. There should be separate spaces for working and for living. Major et al. (2013) add that especially when there are no obviously indicated barriers, conflicts may arise. Erden Bayazit and Bayazit (2019) indicate that unresolved conflicts can lead to a loss of well-being of the employee as well as his or her family members. According to Koslowski et al. (2019) the notion of working at home 'anytime-anyplace' is incorrect. They argue that especially physical objects, such as a specific place for work, preferably separate from family members, can contribute to fewer conflicts and more well-being. Hyman et al. (2005) add to this that working at home can lead to the above-mentioned conflicts even if it was an employee's own choice to work at home. Especially that last fact gives food for thought in this period in which working at home is mandatory and not a free, conscious choice.

### Juggling tasks

The media these days offer much advice on how to make working at home easier. A few examples from an article in NRC in the week of 23rd of March 2020: sticking to a day routine, a clear start-of-the-day routine (such as a walk, or a coffee outside), schemes, and schedules.



Many people who work at home appear to be suffering from schedule-stress, anxiety from not-knowing, stress induced by combining different tasks, and tension related to wanting to stick to routines that worked well when not working at home.

At the same time, many people who work at home appear to be suffering from schedule-stress, anxiety from not-knowing, stress induced by combining different tasks, and tension related to wanting to stick to routines that worked well when not working at home. Many people are juggling tasks. What exactly is the impact of this situation in which we are being forced to work at home, and which coping mechanisms do the Dutch employ?

### Research

In collaboration with a number of colleagues, we are setting up a large-scale research project, for which the respondents will already be approached in the coming week. This project specifically focuses on a school situation in which the students as well as the teachers suddenly had to work and study at home from 14th of March, and all education is offered online. What are the pros and cons of this situation? Which extra facilities should the school offer? What do people do to get the work done as well as possible? What do people do with work-family conflicts? What do the workplaces at home look like? And how is the school's communication regarding changing circumstances?

Hopefully, the outcomes of this study offer insight in coping-mechanisms from people who are forced to work at home, which (im)possibilities arise, and what an organisation can do to contribute to the well-being of their employees who are now forced to work at home.





All potential contacts between households come together in the supermarket.

Koert van Ittersum

Professor of Marketing and consumer well-being, University of Groningen



## ‘Flatten the curve’: the role of supermarkets in the fight against the coronavirus

**On Monday March 23, 2020, the government of the Netherlands opted for an ‘intelligent lockdown’ to limit the spread of the COVID-19 virus and thus limit the pressure on the Dutch intensive care (IC) departments. The food service industry may no longer welcome guests and many stores have independently decided to close their doors because of the limited number of customers.**

Supermarkets are, however, not allowed to close, because they belong to the so-called ‘vital companies’. This confirms the central and critical role of supermarkets in our society - supermarkets provide for our basic needs. Supermarkets therefore have a huge responsibility. In ‘peacetime’, this responsibility is taken for granted by many. However, at the beginning of the corona crisis it became clear



The share of online shopping has risen sharply.

Laurens Sloot

Professor of Retail Entrepreneurship in Retailing, University of Groningen, founder and director EFMI Business School

how serious supermarkets are taking their responsibility. Faced with the consequences of hoarding behaviour, supermarkets and their suppliers went to great lengths to keep the shelves filled and prevent hoarders from creating their own self-fulfilling prophecy.

However, since the COVID-19 virus outbreak, the responsibility of supermarkets, like the virus, has grown exponentially. By providing the basic necessities of life, the supermarket literally takes a central position and place in society. All potential contacts between households come together in the supermarket. As such, the supermarket is a potential Achilles’ heel in the fight against the spread of the virus. Supermarkets are therefore expected to take active measures to protect their staff and customers and to limit the spread of the COVID-19 virus through supermarket visits. A huge responsibility.

Anyone who has recently been in a supermarket will have seen that the measures take up a lot of retailers’ time and resources. There is a station where customers can wash their hands before entering, staff are constantly disinfecting shopping trolleys, posters and floor stickers remind customers to keep 1.5m distance, and screens at the checkout protect cashiers from contamination by the continuous flow of customers who visit the store.

The biggest challenge that supermarkets face is to limit the number of customers in the store. Like a doorman, retailers must make sure that there are not too many customers in the store at the same time. In consultation with the CBL, it has been decided that a maximum of 1 customer per 10 square meters is allowed in the supermarket. Since supermarkets have an average floor area of approximately 1,000 m<sup>2</sup>, this means that the maximum capacity is

100 customers. Most shops arrange this by limiting the number of shopping trolleys to this number. This way, they can also clean and disinfect every trolley before it is given to a new customer.

### Supermarket capacity seems sufficient

Theoretically, there are enough supermarket meters in the Netherlands to properly implement the 10 m<sup>2</sup> rule. In the Netherlands, there are about 5 million square meters of retail space available. And with an average number of 80 opening hours per week, this means there is a capacity of 400 million 'shopping hours' per week. With 8 million households, this means that an average household can shop for no less than 5 hours per week within the 10 m<sup>2</sup> rules. Figures from GfK and EFMI Business School show that an average household visits the supermarket 4 times a week and stays there for an average of 20-30 minutes at a time. Rounded up, this means 2 hours of shopping time per week, while in theory there is an average of 5 hours of supermarket shopping available per week per household. An economist would say: the average occupancy rate when applying the 10 square meter rule is 40%.

### Traffic jams during rush hours?

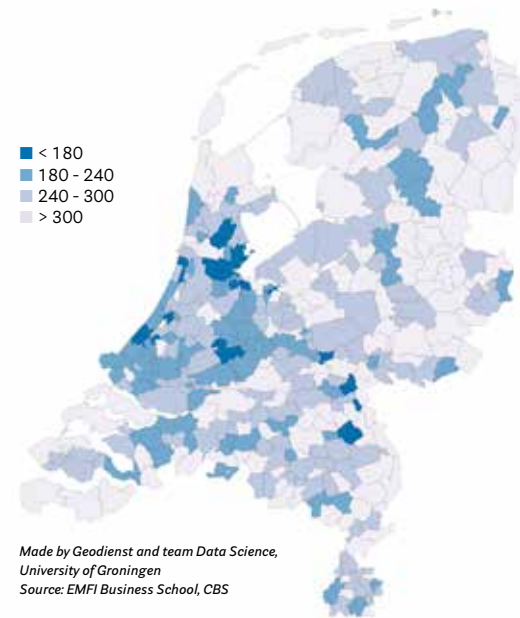
Nevertheless, a consultation among supermarket entrepreneurs reveals that traffic jams sometimes occur, in which customers have to wait a shorter or longer period for a shopping cart. Generally, customers wait patiently in a long line but in view of potential spread of the COVID-19 virus, this is not desirable. Customers sometimes get frustrated, which sometimes leads customers to go to another supermarket in the hope that there is no line, or a shorter one, there.

Just like in car traffic, traffic jams are a regularly occurring problem. Despite the fact that a large part of the Dutch labour potential now works from home, supermarket visits do not yet appear to be spread evenly over the opening hours of a supermarket. An analysis of Google statistics of eight supermarkets (6 different formulas) in Apeldoorn - the most average municipality in the Netherlands - shows that traditionally there are still a few moments that the supermarkets are significantly busier:

- Daily between 3 pm and 6 pm
- Friday and Saturday are the busiest days (from 12-18 pm)

The enclosed map of the Netherlands shows how much time households have on average per week to do their shopping for all municipalities in the Netherlands. In many municipalities, the average potential shopping time is above 4 hours per week. This is more than double the amount of time the average household spends in the supermarket per week. The chance of regular peak pressure seems to be fairly limited here.

However, the risk of peak traffic is higher in other municipalities. In a number of urban municipalities such as Rotterdam, Groningen, Maastricht, Heerenveen, Zwolle and Tilburg, the average available shopping time is between 3 and 4 hours. This is the average assuming that the shopping moments are evenly distributed over the opening time and that only one person per household shops for groceries. And that is often not the case. The chance of a peak moment in these municipalities is therefore considerable. Even greater is the chance of peak times in a number of municipalities where the average available shopping time is less than 3 hours,



such as in Amsterdam, Waterland, The Hague, Leiden, Bloemendaal, de Beemster, Blaricum, Weesp, and for example Wageningen. It is important to mention that we base ourselves on average figures (not accounting for m<sup>2</sup> of store shelves) and on municipal demarcations. Ultimately, it is up to the supermarkets and their customers to determine whether and when peak moments arise and to anticipate them.

A consultation with supermarket entrepreneurs of formulas such as AH, Jumbo and PLUS reveals that customers have already slightly adjusted their behaviour because many people work from home and many sports clubs are closed. This results in visits more spread out over the week. Moreover, a shopper study of EFMI Business School at the end of March, among more than 800 primary consumers, shows that customers themselves already go to the supermarket 30-40% less often to further reduce the risk of contamination.

On the other hand, this means that more groceries are bought per visit, which slightly lengthens the average stay in the supermarket. In addition, the share of online shopping has also risen sharply from about 4% to an estimated 6%. This can also partly reduce congestion in supermarkets.

### Tips to prevent traffic jams

Although there is enough capacity for supermarket space in the Netherlands, 'rush hour shopping' and municipal variation in the amount of available supermarket space per household can still cause problems. Supermarkets can take various actions to optimally serve customers in those cases:

- Develop a graph that shows the supermarket's busiest times that you can give to customers. Customers then see, on average, at which times of the week it is busier and less busy. With this, supermarkets can also respond to the local situation.
- Offer a nice promotion for customers who spend more than 50 euros in the off-peak hours on Monday, Tuesday or Wednesday morning. Customers will go home happy with a bouquet of tulips and furthermore the supermarkets can support our beautiful floriculture sector.

Customers can now also check the current crowds at their favourite supermarket via Google. In many cases, Google keeps track of how busy it is in the supermarket, based on location settings allowed by customers. And because many supermarkets are now open until nine or ten o'clock in the evening, there is always a quiet shopping hour where customers can be sure that they do not have to wait or shop in a busy store.



I miss the smile, the tears and the sweaty odours in my doctor's office, the pat on the back and the firm hand.



Wim Veling

Psychiatrist and associate professor in Psychiatry, Faculty of Medical Sciences/UMCG

## Psychiatry on a screen?

**It is quiet at the Psychosis outpatient clinic. Most people in my medical team work from home. Appointments with patients and colleagues have been converted into telephone calls and video calls. The seats in the central hall of the University Centre for Psychiatry are all empty. Only patients who have been admitted stroll back and forth through**

**the hallway. I make a big circle around them, but try to make up for that by greeting them extra kindly.**

### Remote psychiatry

Remote contact is strange for psychiatry, a discipline in which contact with people is central. In the first week, video calling is chaos, because we don't really know how to do it. "I hear an echo",

"Your microphone is on mute, ON MUTE!", "Can that child go to another room?!". In the second week, we are enthusiastic because it is actually going well. We are learning ether discipline and most patients seem to be coping reasonably well. Some even flourish. As it is so quiet on the street, it is easier to go shopping if you are afraid or suspicious.

But then the situation deteriorates. A mother calls about her son being extremely anxious because he cannot stop calculating how many people will die from the corona crisis. A woman walks in, crying, laughing, hard to follow, completely confused. "One and a half meters away madam!" She does not hear me, can just barely tell me that her work has suddenly stopped, so she is at home all day, and doesn't speak to anyone anymore. Her psychosis, which had been gone for years, is back in a cacophony of voices and paranoia. A boy has withdrawn to his attic room. He is convinced that there is a plot against him, that the coronavirus has been released especially for him. Talking on the phone is not safe.

### Still a bit close

We are concerned about the coming months. We are all distressed because our permanent structures, activities and social contacts have disappeared. We are afraid of infection and disease. We are too close to housemates for too long, causing tensions. Patients with a psychiatric condition are even more sensitive to this. We do our best with the telephone and computer to continue treatment as well as possible. We give group therapy with WebEx, young people with psychosis have lunch together and are gaming in our digital Living



Room, Virtual Reality headsets relieve stress. This week, we started with a project in which patients fill in short diary measurements on their phone. Seven times a day they indicate how they feel, where they are and what they are doing. The scores arrive directly in the patient file, and practitioners can issue a report every week that shows how things are going and what helps and does not help to make patients feel better. That way we can be a bit closer.

For years it has been said no progress is being made with eHealth in psychiatry. We are now caught up in one blow. But I miss the smile, the tears and the sweaty odours in my doctor's office, the pat on the back and the firm hand. They don't fit on a screen.



We are all distressed because our permanent structures, activities and social contacts have disappeared.





The network is becoming more difficult to reach for both partners and children, while it is the network that is especially important.



**Eric Blaauw**

*Professor of Addiction and Forensic Care,  
Hanze University of Applied Sciences*



## Dealing with limitations due to the coronavirus; **attention for addiction and domestic violence**



Because of the measures around the coronavirus, people with an addiction probably have more contact with their housemates.



**Margreet van der Meer-Jansma**

*Professor of Research,  
Hanze University of Applied Sciences*

**We are currently all affected by the measures concerning the coronavirus. Not only do we wash our hands more often and keep our distance from each other, schools are also closed, gatherings are prohibited and most people only work from home. For everyone, this goes hand in hand with less contact with people outside their family or contact with people via social media. This is bothersome and inconvenient for most families. However, for families in which one person has an addiction, the measures have an even bigger impact, and there can be major problems and dramatic circumstances.**

### **Environment of a person with an addiction**

With a person who has an addiction, an average of five people in their environment are also affected by the addiction. Research shows:


1. that partners usually suffer from psychological problems, health complaints, problems in contact with others and often also financial problems and even contact with the police and the judiciary. Additionally, partners of an addict regularly become victims of domestic violence.
2. that there is a clear relationship between alcohol and drug use and domestic violence. In fact, more than half of the people in rehabilitation clinics report domestic violence in the family.



3. that children often also have problems due to the substance use of a parent. Children of addicted parents are more likely to have behavioural problems at an early age, and problems interacting with peers during puberty.
4. that the risk of child abuse is greater if there is a parent suffering from addiction.
5. that children who grow up with parents with addiction problems are at a higher risk of developing addiction and/or psychological problems themselves at a later age. Risk factors for this are exposure to frequent arguments, forms of domestic violence, and reduced safety in the home situation because of a lack of warm and affectionate security. The families in which addiction plays a role are often characterized by this distress, chaos and unpredictability.

#### Limitations due to coronavirus

Especially because of the limitations caused by the coronavirus, the pressure within families in which addiction plays a role increases. The person with the addiction may have limited access to the drug because of the restrictions (even while drug trafficking is currently responding to this by delivering drugs to the home more often than before). This can lead to stress and withdrawal symptoms and to even more problems in the relationship with family members. Partners can no longer go out to get support from family or friends and are currently almost continuously confronted with the addiction of the partner. With children, an important protective factor against the development of problems has disappeared: the safe haven that school offers as a distraction. The place where the difficult home situation



Research has shown that addiction can be combated well by carrying out more meaningful and enjoyable activities.

can be forgotten, is temporarily unavailable. Children are also less likely to be able to fall back on those from whom they otherwise receive support, such as friends, grandparents or possibly the sports club coach. The network is becoming more difficult to reach for both partners and children, while it is the network that is especially important for being able to deal with the addiction of a family member and to combat this addiction. Even more than usual, there may be domestic violence and child abuse, due to the high pressure.

#### Silver lining

Fortunately, there is also a silver lining to the current situation regarding the coronavirus. People who have an addiction often have a strong focus on the addictive drug because of its rewarding effect. Pleasant activities with people dear to them have therefore often faded into the background. Research has shown that addiction can be combated well by carrying out more meaningful and enjoyable activities. This is the basis of the so-called *community reinforcement approach*, in which mainly the environment is deployed as a source for meaningful and enjoyable activities. The Hanze UAS professorship on Addiction and Forensic Care focuses on the possibilities to help the environment in supporting and dealing with people with serious problems and unacceptable behaviour by conducting research and providing education in this area.

Because of the measures around the coronavirus, people with an addiction probably have more contact with their housemates. When they thereby better recognize the meaning of their existence and have more enjoyable

activities with loved ones, there is a chance that the addiction will be pushed into the background and even disappear, or that someone realizes that professional help is desirable.

#### Strong together

Even in these times of measures, addiction care is still available. The addiction clinics continue to operate with the help of class caregivers and outpatient care is still provided by great professionals. If families and care providers can then find and strengthen each other, there is still something good that can come from the coronavirus. Together we stand stronger!

Nadine Voelkner

Assistant Professor International Relations and International Organization (IRIO), and Groningen Centre for Health and Humanities, Faculty of Arts



COVID-19 is the outcome emerging from complex, spatial-temporal interactions between the host immune system and the internal and external microbial environment.



# Towards a socio-political and multispecies perspective on COVID-19

**The COVID-19 pandemic reveals to us how human bodies are deeply and irrevocably entangled with viruses and other non-human bodies, including animals such as bats and civet cats, on a global scale. Viral strains move biologically and socially within and across species connecting distant geographies, never entirely inhibited by technoscientific infection barriers and political borders built by biomedical experts and governments to keep them out.**

Biologically, we understand better each day how SARS CoV-2 (the germ) infects and moves within its human host, interacts with the viruses, bacteria, and healthy cells which make up the physiology of the human body, and eventually gives rise to COVID-19 (the

disease). Medical microbiologists who adapt a configurational or ecological model, however, depart from this germ theory of disease, which has dominated much of biomedical and public health thinking in the past century. These scientists have begun to show us the way disease is not just the outcome of a specific virus or other microbe. According to them, viruses and other microbes are not inherently pathogenic (disease-causing) but their virulence (harmfulness) is very much context-dependent (Méthot and Alizon 2014). Following ecological scholars on the subject across the natural and social sciences, COVID-19 is the outcome emerging from “complex, spatial-temporal interactions between the host immune system and the internal and external microbial environment” (Hinchliffe, Bingham, Allen, and Carter 2016; Lorimer 2017).

### Political ecology perspective

Building on this, from a political ecology perspective, studying the social and cultural features of human-environment interactions is just as important as investigating the biological processes in the ecosystem inside the infected body. In this sense, political ecologists are attuned to the human as well as the nonhuman actors involved. For example, as anthropologist Arregui reminds us, while the Chinese province of Hubei was busy dealing with COVID-19, the African Swine Fever Virus (ASFV), another viral strain, was transmitting largely unhindered among local pig populations, while veterinary staff that usually controls this disease were quarantined. While ASFV does not kill humans but domestic and wild pigs, it is nonetheless severely affecting the human world by disrupting farming economies and ecologies in Asia (Arregui 2020). COVID-19 is said to be a zoonotic disease like SARS (2003), avian flu (2004), swine flu (2009), ebola (2014-15), HIV/AIDS (ongoing) and many others - that is, it was passed on from an animal to a human. Here too then, it is important to understand the historical and contemporary socio-political particulars of the human-nature relations which helped create the conditions for a lethal zoonotic transmission to take place. This is often related to human encroachment of natural spaces, increased urbanization, consumption patterns, farming techniques and much more.

### Socio-politic relations

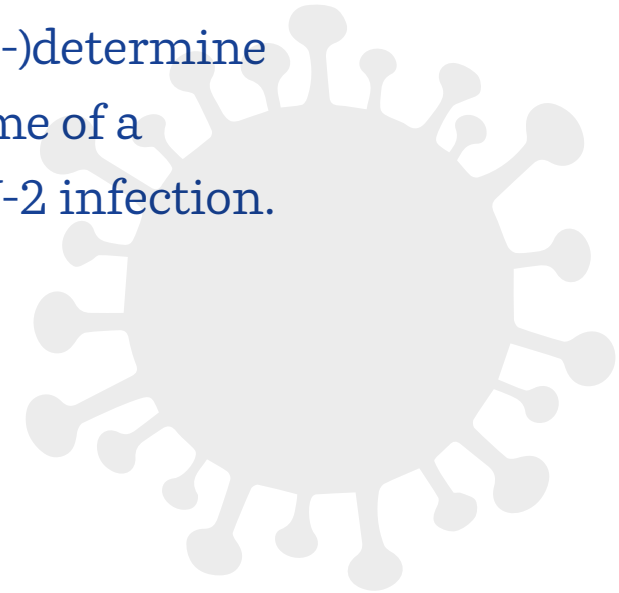
Studying the socio-politics of multispecies relations in ecosystems of forests, rural and urban, national and global spaces is necessary to understand the factors that shape human health and healthcare delivery in the COVID-19 pandemic (such as access to COVID-19 tests and vaccines). These combined factors determine how well we will fare in the face of the COVID-19 pandemic and what still needs doing to overcome this pandemic and prevent another outbreak, epidemic, or pandemic in future. Asian countries with collective memories of SARS, including Hong Kong and China, Singapore, and Taiwan, have been preparing institutionally and society-wide for another zoonotic outbreak since at least 2003 - though their focus was on avian influenza (Shortridge, Peiris, and Guan 2003). These countries know it is not a question of if another outbreak of pandemic potential will arise but which viral strain will emerge when and where. It is for this reason that research such as the University of Groningen's very own Lifelines biobank research is extremely important in examining the way genetics as well as environmental factors (co-)determine the outcome of a SARS CoV-2 infection. But much more is needed, especially research that is attentive to multispecies relations in overlapping ecosystems, to pave the way for new ways of living and coexisting with other species in a post-COVID-19 world.



Research such as the University of Groningen's very own Lifelines biobank research is extremely important in examining the way genetics as well as environmental factors (co-)determine the outcome of a SARS CoV-2 infection.

### Trigger curiosity

A vaccine, once available, will strengthen the active defense against SARS coronavirus-2 of those in this world privileged enough to receive vaccination. However, failure to take into account the 'vital-lethal' entanglement of human and nonhuman bodies in current national and global COVID-19 responses misses the opportunity to resolutely stem in the long term the (re)emergence of COVID-19 and other infectious diseases (EIDs). In the end, COVID-19 may trigger curiosity about the multispecies entanglement of the world, and animate rethinking how we relate to microbial, animal and other non-human species.







Henderien Steenbeek, Margreet Luinge, Annelies Kassenberg en Jeannette Doornenbal

On behalf of the lecturers team of the professorship Youth, Education and Society, Hanze University of Applied Sciences



A positive effect seems to be that soon, when all the hurdles have been cleared, perhaps everyone will be a bit more digitally literate.



Henderien Steenbeek

# Making the best of online education in corona time

**“Mom, what about that theorem of Pythagoras? Or: I have to upload English assignments somewhere, but I don’t know where. Online education in times of the corona crisis: an interview with the lecturers team of the professorship Youth, Education and Society of Hanze University of Applied Sciences.**

## **What are some of the positive and negative effects of short-term homeschooling during the corona crisis?**

In a number of other countries, such as the United States, home schooling is much more common than in the Netherlands. In principle, home schooling is still officially prohibited in the Netherlands ([www.thuisonderwijs.nl](http://www.thuisonderwijs.nl)). However, a child can be exempted from enrolment in a school, under certain conditions related to the parents’ philosophy of life.

Literature on the effects of homeschooling in the USA shows that there is much discussion about the pros and cons of ‘homeschooling’. Nowadays, this is often about a different situation than the one we are currently experiencing in the Netherlands; with homeschooling, children work at home for a much longer period of time, often throughout their school careers. Homeschooling then often stems from parents’ ideological ideas about the best way to educate their children, and how the way in which their children are educated contributes to this. Literature that points out the advantages of home schooling is also often ideologically

coloured, with few claims about the advantages for the development and learning of children that have been well researched (Lubienski et al, 2013). However, there are studies that show a positive correlation between parents’ motivation to be involved in their children’s home schooling and their children’s direct performance indicators, such as the level of their sense of ‘self-efficacy’. But it is likely that this involvement of parents who choose homeschooling on the basis of ideological conviction was already there anyway.

A positive effect seems to be that soon, when all the hurdles have been cleared, perhaps everyone (children, parents and teachers) will be a bit more digitally literate, purely because everyone has now had a lot of practice and experienced what does, or does not, work.

## **Do you have any tips for parents who suddenly, without experience, have to teach their children at home?**

You don’t have to know everything yourself to help your child. For example, sitting down together and going through the steps you need to take to get the right answer can be very useful. In fact, just as in a normal situation, it is important to pay attention to your child’s learning process.

Complimenting your child if he or she gets to work on time does wonders. Positive feedback,



and if something doesn't go well, name specifically what doesn't go well and indicate as precisely as possible what your child can do to improve the next time (this way you also help to build a growth-mindset of your child in terms of learning!).

It can also help to discuss at breakfast what is on the program for the children that day, this can help to give your child some overview. Then you could discuss what your child thinks he or she can do on his/her own, and where he or she might still need help. You could repeat this exercise at lunch: how is it going? Is everyone doing okay? Where is more help needed? What are the plans for the afternoon? At the end of the school day (preferably not too long!) you can evaluate how it went, what succeeded and what can be postponed to the next day.

On [wij-leren.nl](http://wij-leren.nl), you can find a lot of great tips (Dutch)!

### **How can parents use inquiry-based pedagogy as a working method?**

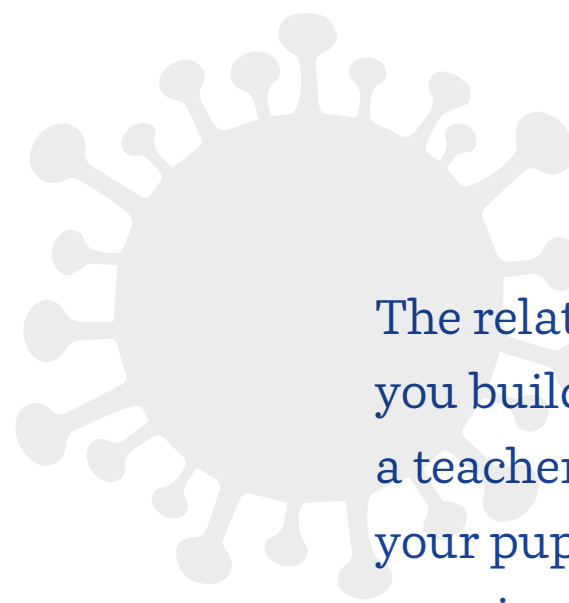
As a parent, you can talk to your child about the teaching material, this way you can find out about what your child already knows by asking open-ended questions. You can connect to this, by giving your help or information adapted to what your child already knows. The nice thing about this is that you can find out a lot more about what your child already knows. Another positive side-effect is that your child can also be proud of what he or she already knows and now (more than usual, perhaps) has the opportunity to tell you this. In short, this offers a lot of opportunities for nice

conversations about the teaching material, to find out what your child is curious about (or what you are both curious about) and possibilities to explore that further. Just like it is often said in science: every good research results in many new questions: the voyage of discovery never stops.

### **Due to the corona crisis, you see a boost in digital education. Do you think that education will also change in the long term?**

The digital world is already an important part of the world of young children. In general, it is very important for primary school teachers to integrate the digital world into education. This is given a boost during the corona crisis. Research shows that the use of multimedia has a positive effect on, for example, language and reading (Segers & Verhoeven, 2002). To become digitally literate, children must also learn to deal with hypertext and various media, for example; ideally integrated into the school's education.

Over the years, there have been many developments in online education, especially with regard to the adaptability of digital programmes at the level of each individual child. For example, more and more tailor-made education can be made available to individual children via a variety of websites. For example [www.rekentuin.nl](http://www.rekentuin.nl). On this website, a lot of practice material is available, which provides tailor-made feedback as much as possible. For example, if the child makes an x number of mistakes on a certain subject, it means that the child will be offered even more practice



## The relationship you build as a teacher with your pupils remains crucial for the learning progress.

material or explanations about this sub-topic. So the development in digital education is already in full swing, and it is good that this continues. However, the relationship you build as a teacher with your pupils remains crucial for the learning progress, so the interaction with the teacher will always have to keep its place. If teachers ask the right questions and have a positive attitude towards learning and digital literacy, they can stimulate young children's motivation and curiosity.

### **How do you prevent lonely children from becoming even lonelier? Do you have tips for group work and keeping in touch with the other children and the teacher?**

Practical tip: encourage them to have a daily chat or video call with a friend or family. Also

as a teacher, stay on top of things and show that you are interested in the child's learning process. To stimulate contact with other children you could also give group assignments, in which you as a teacher create groups based on the children's skills and the cooperation between children.

### **Do you think that inequality of opportunity increases during the crisis?**

Equality of opportunity is an important issue, and there are already concerns about the increasing inequality of opportunity in education in recent years. Vulnerable children (for a variety of reasons) do indeed now seem to become extra vulnerable to falling behind, the differences may increase between pupils. This will in any case require a lot of flexibility and decisiveness on the part of all teachers when children return to school.

For many years now, children in disadvantaged situations have shown that their educational performance has declined after the summer holidays, while that of privileged children has increased. Underprivileged children lose what they have learned, while privileged children have learned new things. This has everything to do with the rich learning and playing environment that privileged parents can offer their children. We can safely assume that this will be no different now.



# Hear, see, and support, especially now!

Susan Ketner

Professor Integral approach to child abuse,  
Hanze University of Applied Sciences



Many experts argue that being seen and heard is the first need in unsafe home situations.



**In March 2019, Susan Ketner started as a professor Integral approach to child abuse at the Hanze University of Applied Sciences. Last year Ketner wrote research proposals, expanded her network, gave guest lectures and presentations, and deepened her knowledge about insecurity in families. In this blog the professor tells about the effects of the corona crisis for vulnerable families.**

## **What are the long-term effects of growing up in a vulnerable family?**

From various studies, we know more and more about the consequences of neglect, abuse, and child abuse. Children who grow up in unsafe family contexts can experience physical and psychological problems and a disturbed development, both in the short and the long term. Direct consequences are, for example, injury, stress, trauma or behavioural problems. Later, personal attachment problems, post-traumatic stress or problems with emotion regulation can occur. In addition, children who

have experienced violence are more likely to experience mental problems, crime or behavioural problems as adults, and have an increased risk of using violence in their own family, the so-called intergenerational transmission. But I don't really want to talk about these effects for too long. Because you can easily enter a pitfall that I would prefer to avoid, namely to make child abuse uniform and without context. Or even present it as an active act of malicious parents. While these are usually families that are under pressure from different circumstances, and parents who, through impotence or ignorance, but generally with good intentions, make choices that are ultimately not in the best interest of the children.


## **But how is it going during the corona crisis, in which families are at home?**

Especially now, I think of vulnerable families, at a time when parents and children are dependent on each other and there is no distraction for them outside the home. Families where there is a vulnerable balance, where there is high

pressure and powerlessness has no outlet. Families in which there are no protective factors, such as a stable partner relationship, a good social network and the courage to ask for help. Fortunately, I notice that there is a lot of attention for these families. For example, many municipalities are working to ensure that children from vulnerable families can go to school or elsewhere, a crisis fund for vulnerable children has been set up, and professionals are doing everything they can to keep 'their' families in the picture and assist them. From behind kitchen tables and at improvised workplaces, all kinds of professionals guide the people they are worried about in the best possible way. A teacher checks all her students daily, and not only whether they have done their homework. A mental healthcare employee sticks his neck out to care for the children of a client. The *'Kindertelefoon'* (a phone number children can call when they need help or support, manned by volunteers) is working overtime.

### **Is that important, to stay in touch with these families?**

That is even more important than you would suspect. Many experts argue that being seen and heard is the first need in unsafe home situations. In the book *'De Omstanders'* (The Bystanders), historian Jorien Meerdink describes how violence was covered up in families in the neighbourhood where she grew up: "Of course we gave off signals. But children were not listened to - and this is still the case. In my loneliness, I thought I was the only one." Writer Bart Chabot shares the memories of



Assistance only helps if it is well-attuned to all family members. Parents and children want to and must be able to think along and decide for themselves how the unsafety in the family can best be stopped.

his capricious father in *'Mijn vaders hand'* (My father's hand). He, too, felt alone: "Even though you knew you were surrounded by so many loved ones, you travelled alone and carried your own suitcase. You had to hide deep inside yourself what and who you were; so deep and far away that you could not reach it yourself". Together with the memories and the pain,

victims also put pieces of themselves away. Occasionally the pain comes to the surface. In the series *'Olcay & Huiselijk Geweld'* (Olcay & Domestic Violence), entrepreneur Olcay Gulsen stood visibly emotional at the house where she grew up with violence and insecurity. With the amazement of the past in her voice she sighed: "You hope that someone will come to save you, as a child, but no one ever came to save you".

### **What does the professorship do in this crisis?**

There is not much I can do. I am suppressing the reflex to come up with all kinds of solutions for the current situation from my home office. Because I think that a number of thinking errors are often made in the approach to child abuse. First of all, we often see that after an incident all kinds of new policies are put in place, for example, to identify problems even better or to be able to intervene even more quickly. Always well-meant, often stricter and firmer, but not always better. Secondly, when in a rush, the choice is generally not for sustainable interventions, but for solutions aimed at the shorter term. This may help a family temporarily, but we often see the problems reappear afterwards, often more severely than before. Thirdly, as I have already mentioned, unsafety in families cannot be separated from the context, and parents can only be helped if they are approached from a non-accusatory point of view, without them having to fear measures that do not benefit the family as a whole. This is in line with my last point. Various studies and the experiences of those involved show

that assistance only helps if it is well-attuned to all family members. Parents and children want to and must be able to think along and decide for themselves how the unsafety in the family can best be stopped. This is sometimes forgotten in a well-intended rush. But let me not conclude too negatively: there are indeed things we can do at the moment for parents and children who are struggling.

### **What can we do for these families?**

The current situation is a wake-up call. We realize even more how difficult it is for some families to maintain themselves, we are discovering the issues in the current approach and professionals are looking for the limits of their possibilities to help families. We can learn from what's not going well, but we also learn from the creative and unorthodox solutions that are sometimes chosen during this time. And everyone can make a contribution. As can be seen from the examples I mentioned, the first step is an arm around someone's shoulder, in this day and age a proverbial or virtual one. Actual help can (and should) be given later. Are you worried about a parent who is under pressure? Do you know a child who is not well at home? Let them know you're there! Send a card, have a remote chat at the front door, offer to do a chore, let the children play outside together for a while. And dare to let friends or family know if it gets too much for you. Because only together we can get corona under control, and only together we can eventually discuss, prevent and stop unsafety in families.



Johan de Jong

Professor Healthy Lifestyle, Sports & Physical Activity, Hanze University of Applied Sciences



Experience and research among this target group shows that social contact is one of the main motives to exercise.



# Exercising as social glue in corona time



**Corona and the intelligent lock down has a major influence on people's exercise behaviour and the related consequences for physical and mental health, the immune system, etc. Fitbit describes in a blog on its website the worldwide decrease of physical activity measured by the amount of steps per day: at the end of March 2020, European countries show a decrease in the varying from 7% to 38%. Of course, combating COVID-19 was initially the top priority, but other adverse effects of corona now also require attention. One of these effects is the decrease in the daily amount of exercise as a result of being stuck at home.**

Currently available scientific research clearly shows that insufficient exercise and physical inactivity increases the risk of developing all kinds of diseases and conditions, such as coronary heart disease, type 2 diabetes mellitus,

breast cancer and colon cancer (Lee et al., 2012). Adequate exercise can reduce these risks and has a positive effect on, for example, the prevention and reduction of depressive symptoms and anxiety and on improving physical fitness, energy levels, well-being and quality of life (ACSM, 2011; Conn, Hafdahl & Brown, 2009; Martinsen, 2008; Mead et al., 2009; Puetz, 2006; Yau, 2008).

The group most affected by corona are vulnerable elderly. They are currently advised to practice social distancing very strictly and to stay indoors as much as possible, in order to keep the risk of infection with COVID-19 as low as possible. However, additional disadvantages of the intelligent lock down policy for vulnerable elderly are an increased risk of physical inactivity and social isolation. Several studies focusing on the psychological effects among older people show that cognitive ability, reduction of depressive symptoms and behaviour can be improved by regular and suf-




ficient exercise (Acree et al., 2006; ACSM, 1998; Paterson, Jones & Rice, 2007; US Department of Health and Human Services, 1996).

In the remainder of this blog I will focus on the role that exercise can play in stimulating physical and mental health and breaking the social isolation of vulnerable older people (ACSM, 2007), using a practical example. In this example, exercise is used on the one hand to break through the social isolation of vulnerable older people and to offer social support in exercising at home, and on the other hand to stimulate more exercise (Smith, Banting, Eime, O'Sullivan & van Uffelen, 2017; Stevens, Lemmink, van Heuvelen, de Jong & Rispen, 2003).

### Vulnerable elderly and corona

Corona particularly affects vulnerable older people, which means that they have to take social distancing even more strictly than the rest of the population. My mother is an example of how this group is currently suffering. She is single, has an autoimmune disease and celebrated her birthday alone in complete quarantine at the beginning of April. No coffee appointments, no walks and no birthday visits from family and grandchildren, only going out once a week for the most necessary groceries. In spite of these very drastic measures, she is very cheerful and also aware that she has to move around daily. But how do you do this in a fun way in your apartment on the third floor? There are more than enough online initiatives but just not what she wants and can do. *SportDrenthe*, an organization that



## Cognitive ability, reduction of depressive symptoms and behaviour can be improved by regular and sufficient exercise.

independently represents the interests of sports in the broadest sense of the word in the province of Drenthe, has taken the initiative to offer precisely this group of people an exercise and social light in these dark times.

### Coronactive

It started with the making of personal vlogs by several employees of SportDrenthe, in which alternative forms of exercise were promoted and shown as a suggestion during this corona time. RTV Drenthe picked up on this very quickly and within no time the idea arose to develop something for the group that is currently most hit by the corona crisis: the vulnerable elderly. Experience and research among this target

group shows that social contact is one of the main motives to exercise. Also the bonding and interaction with the teachers of these movement groups is essential. Based on these ingredients, in no time and with financial support from the Province of Drenthe, the concept "Drenthe Moves (indoors)" was created.

### Drenthe Moves (indoors)

Four principles are central to the concept of Drenthe Moves (indoors):

1. It must be accessible and findable for the elderly. This means that it must be accessible without technical know-how and may not be shielded by a paywall. This is where the collaboration with RTV Drenthe originated, where exercise lessons are recorded which are then broadcasted on RTV Drenthe every morning at 10:00. If necessary, lessons can be viewed again online, via *uitzending gemist*.
2. The exercise lessons must break through the social isolation of the vulnerable elderly. In order to realize this, a conscious decision was made to ask the teachers of the elderly exercise groups in Drenthe to provide the TV exercise lessons. This stimulates the involvement of the participating older people enormously and they see their own instructors in their own living room on a daily/weekly basis. So not a famous athlete or Olga Commandeur who provides the TV lessons, but their own instructor from Drenthe.

3. Of course the lessons have to be given and performed at the right level of movement.
4. It must be possible to follow the lesson indoors, in a quarantine situation.

Currently, many sports and exercise providers (understandably) jump on the corona train, but the initiative in Drenthe stands out (internationally because of its own social focus using exercise. And as for my mother: despite being Frisian, she takes part in this Drenthe initiative every day at 10:00 because she sees her daughter-in-law who gives tips on TV on how vulnerable elderly can continue to move during this difficult time. This shows once again that exercise and social contacts are closely linked and urgently needed at this time.



The pandemic  
exposes  
weaknesses  
in our society  
that we usually  
hardly see.

Susanne Täuber

Associate professor of Human Resource Management & Organizational Behavior, University of Groningen

## COVID-19 is a lesson in inequality, too

**COVID-19 has a huge impact on all of us, but it also clearly shows inequality in society and the world. Research by the Institute for Fiscal Studies shows that the economic consequences of the corona crisis particularly hits vulnerable groups: young people, women and people in low-paid and precarious jobs. In the bottom 10% of the profit distribution, 34% of workers work in sectors affected by the crisis. In the top 10% of the profit distribution, this is only 5%. And many people do not belong to one, but to several of these vulnerable groups, and are therefore extra vulnerable. This problem of intersectionality can be seen everywhere in this crisis.**

For example, a study by the British economy think tank Autonomy for Great Britain shows that the majority of the 3.2 million workers who work in the most risky professions are women: about 2.5 million. These workers are most at risk of infection because they work closely with the public and with people with illnesses and infections. Despite this, a million of them are also among the lowest paid workers. The crisis policy regarding COVID-19 is further characterized by racism and discrimination, researchers show in The Lancet. COVID-19 policies have far greater implications for coloured people and migrants - people who are overrepresented in groups of lower socio-economic status, who have limited access to healthcare and/or work in precarious jobs. Asking these groups to stay at home means there will be no food on the table. Self-isolation turns out to be a luxury not everyone can afford. And that while ethnic minorities are already at a greater risk of complications from a corona infection, because they more often have conditions like high blood pressure and diabetes, these researchers warn.

So the pandemic exposes weaknesses in our society that we usually hardly see. The consequences of the crisis are disproportionate for certain groups. And while there are many people who are hit harder by inequality, discrimination and poverty caused by COVID-19, there is another danger lurking: the pandemic may also cause groups that have struggled to conquer more equality in recent decades to lose it again. One example is women's rights, which are at stake worldwide as a result of the crisis. In the media, for example,



April 26,  
2020

stereotypes that work to the disadvantage of women once again appear. It is said that women are adapting effortlessly to the crisis, because 'female skills' such as multitasking, flexibility, and empathy are advantageous in this crisis.

Although these kinds of statements may be well-intentioned, they reinforce the "super women" myth. It suggests that women easily cope with adversity, and that the combination of home education, work, housework, maintaining social contacts for the whole family, and informal care effortlessly succeeds due to women's greater affinity with caring responsibilities. This deprives women of the opportunity to look for help themselves: after all, that super woman does not cry, has no worries, and does not become intensely saddened by the human misery that takes place all over the world. This is in deep contrast with the increase in domestic violence in all countries that are in lockdown: it shows just how vulnerable women are.

Therefore, let us occasionally reflect on how unequal the COVID-19 crisis is affecting us, let us be thankful for our blessings, and look out for each other. And after the crisis, let us work together for a more equal and just society.

Viola Angelini

Associate professor at the  
Faculty of Economics & Business,  
University of Groningen



Unfortunately, the health shock  
will not disappear with the virus.



## No Trade-off between Health and the Economy

In the past weeks there has often been a discussion in the media about a potential trade-off between protecting economic and health interests. However, most economists disagree with the idea that governments must choose between saving lives or saving the economy. At the end of March, a survey among top economists from the University of Chicago found almost unanimous support for the statement that “abandoning severe lockdowns at a time when the likelihood of a resurgence in infections remains high will lead to greater total economic damage than sustaining the lockdowns to eliminate the resurgence risk”. In mid-April more than 130 US economists signed a statement in support of the idea that “a thorough public health response, including social distancing and

widespread testing, is both the most effective and the fastest way to minimize economic damage and get people back to their daily lives”. Recently, Australian economists wrote an open letter along the same lines to the Prime Minister. There is no trade-off: we need to save lives to save the economy.

Until we find a vaccine, easing the measures is only possible if the risk of a second spike in infections and the risk of the healthcare system collapsing are low. According to epidemiologists and health care specialists, this means that there must be enough beds available to admit seriously ill patients to the intensive care unit and there has to be enough testing capacity to be able to immediately detect and isolate new positive cases, and trace all their contacts to avoid a new surge in infections.



### Result of behaviour change

Importantly, governments need to have a credible and transparent strategy to contain a potential second wave of the virus. Indeed, the economic effects of the coronavirus are not only due to the lockdown: they are partly the result of a change in behavior of workers and consumers who are afraid of getting ill and potentially transmitting the virus to other people. In the US, unemployment claims increased even before the government introduced the lockdown, as people stopped going out to restaurants, cafes and cinemas out of fear. In the Netherlands, some parents stopped sending their children to school even before the government announced the school closure. Even without lockdown, it is unlikely that people will start crowding restaurants and travelling around the world if they do not feel safe.

The strategy followed by many governments around the world is to gradually reintroduce low risk individuals into public activities, while preventing a new outbreak. In the Netherlands, the first step will be the (partial) reopening of daycares and elementary schools on May 11th. This step is important as the closure of schools has two main negative consequences. In the short run, it is difficult for parents to work if they have to take care of their small children at home, with an obvious negative effect on work productivity. But what is even more concerning, is the fact that school closure widens



This educational gap can potentially have significant negative long-term consequences on both socio-economic and health outcomes later in life.



socioeconomic inequalities as children from more disadvantaged backgrounds might not get the right educational support at home. In the Netherlands, schools have already lost contact with thousands of kids. From many studies in the social sciences, we know that this educational gap can potentially have significant negative long-term consequences on both socio-economic and health outcomes later in life. Therefore, schools and governments will need to devote efforts and resources to support disadvantaged children and get them back on track when the schools will open again.

### Side effects

Unfortunately, the health shock will not disappear with the virus because the corona crisis has two main side effects. The first is related to the postponement of regular care to face the coronavirus emergency. There is also an increasing concern that people do not go to the GP or the emergency room anymore, even when they need it, because they are scared of contracting the virus. We do not know yet what the consequences of this will be in the longer run. The second is that the corona crisis will most likely be followed by a mental health crisis, caused by the social isolation, anxiety and stress that people are living in. The economic crisis can only add to that as both unemployment and job insecurity have important negative effects on mental health.

Therefore, government responses to the virus will have to protect not only employment and income but also find ways of protecting health and covering increasing health care costs. Public health and the economy go hand in hand.



Nick Degens

Professor User-Centered Design,  
Hanze University of Applied Sciences



It is always good to doubt yourself and to wonder “is that really necessary?”.

## Should the corona app be created, put us, the end users, first!



**After previous attempts failed, the government wants to test the first usable version of a corona app at the end of May. The app should make it easier for the GGD (municipal health services) to trace the contacts of corona patients. Nick Degens, professor and responsible for the User-Centered Design research group at Hanze University of Applied Sciences, argues that ordinary users should be put central in this app**

I regularly get questions about the power of co-creation to create new technology; not a very strange question for me to get, seeing that my research group is called User-Centered Design. I do think it is a difficult question, because on the one hand I fully agree that the interests of the end users must be well represented in the

design, but on the other hand I notice that users themselves do not really know what they want or need (let alone come to a shared opinion).

This split is also clearly visible in the much talked about, and much-discussed, corona apps that the government wants to have created. There is a lot of discussion about privacy and security in the potential use of those apps. But, and don't get me wrong, these are essential topics, as far as I am concerned, too little is said about “the interest of the users” in using that app.

It is always good to doubt yourself and to wonder “is that really necessary?”. As discussed in the television show ‘Zondag met Lubach’, the general public, at first glance, seemed very enthusiastic. As stated in the AD, based on a

self-conducted survey: “Two thirds would like to have a corona app, even if it restricts privacy”. But what exactly do people expect from such an app and why would they want to (continue to) use it?

### Action perspective

Obviously there are several answers to this, but they mainly come down to one basic idea:

### Which apps are being developed and what are they for?

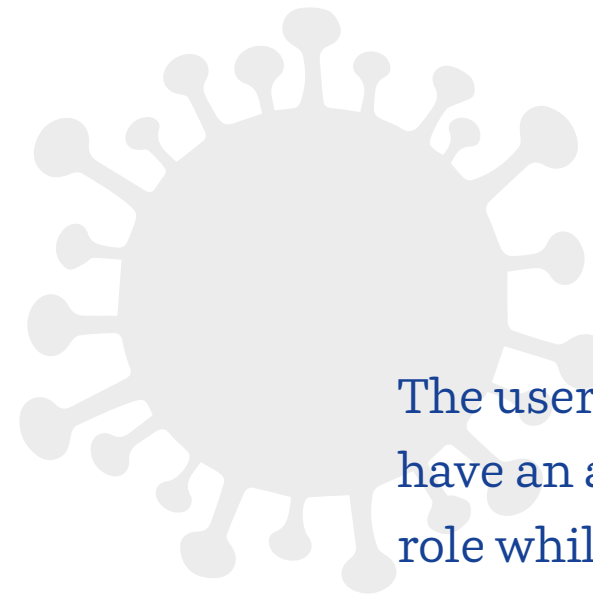
The apps are designed to maximally control and combat the coronavirus. For this, we need to test a lot and be able to reach many people tested positive with corona. That is why two smart digital tools are used. One that allow you to see if you have been around someone with corona. If so, you can use a second app to keep an eye on whether you are developing symptoms and get medical advice immediately. This is necessary because the manual source and contact tracing by the municipal health services cannot be carried out on the required scale. The apps allow the municipal health services to conduct research faster and more adequately.

people feel the need to be able to do something / hope to contribute to the corona crisis. This gives people something they have not yet experienced so far: an action perspective and thus a sense of control over the situation. This phenomenon is very important in our field; the user must have an active role while using digital technology, because it creates motivation to continue using it.

How exactly will such an app provide this? If there's one thing I've learned from my job, it's that the vast majority of social change apps and technology are no longer in use after the first few weeks (see also eHealth monitor, which is published every year by Nictiz). People are motivated by positive rewards and they should get the feeling that by using the app they really contribute.

Therefore, I find it interesting to imagine what exactly the app will show the user: Do you get feedback on whether the people you came into contact with are infected? This can only lead to a sense of panic! It feels like a reverse lottery, where you have to check the app every day to check whether you have “lost”.

Can you indicate or that you think you have corona yourself (without a professional opinion) and is this then shared with others? Imagine how this can be abused: Let's bully my friends by saying that I think I have corona, they will



The user must have an active role while using digital technology, because it creates motivation to continue using it.

security aspects that everyone talks about in the media!

### Joint responsibility

My statement is, if such an app is absolutely necessary, that especially the user experience should play a central role. Put the user at the centre of the app's design! With that we also give ourselves an obligation: it is up to us to indicate what we want with the app. That way, if it doesn't work or isn't used, at least it's a joint responsibility.

not be able to leave the house in the coming weeks! How do we ensure that this information is fair, or even relevant?

In short, I feel very ambiguous about these apps. On the one hand, I understand the government's need to get a better feel for the distribution rate (in the category: doing something is better than doing nothing). On the other hand, I also see that a lot of money is wasted on all kinds of apps and tools that remain on the shelf and it is not yet clear to me why someone would want to and could use this for a long time. Not to mention the privacy and



Klaske Veth

Professor Sustainable HRM, Hanze University of Applied Sciences and obtained her PhD on the theme of 'Healthy Aging at Work'



A well-designed work environment contributes to the physical, mental and social health of workers.

# The switch to working from home in times of pandemic from a European perspective

– a first glimpse of the research findings



**Before Friday, March 13, it seemed impossible to be locked down at home, because of a virus that originated far away on a dirty market, but now pre-corona life seems endlessly far away. How common it was to shake hands, kiss each other when greeting, be in each other's physical proximity, and stand and go wherever you wanted. Even then, of course, we (occasionally) worked at home; 3.5 million workers (39%) in 2019. Because of the pandemic, this is now no longer a right, but our civil duty. Moreover, we started working at home en masse, which implies a completely different working environment and living conditions. This corona crisis, which barely gave us any preparation time, has a huge impact on our well-being, at home and at work.**

With the outside-in scope of our Sustainable HRM research group, we, together with a number of European researchers, were among the first to explore in the first weeks of the corona crisis whether, and to what extent, working from home contributes to the quality of work, of life, and also to well-being at work (called Well-being @ Work (W@W) by us). We also included themes around resilience and leadership. In this blog I shed a light on some of the results.

## **Effect of working from home on W@W**

We know (e.g. from our Healthy workplace research) that the physical work environment plays an important, twofold role in promoting vitality: (1) environmental factors such as air, light and noise influence health; (2) the environment can facilitate/stimulate healthy behavioral patterns in the areas of movement, relaxation, nutrition and social contact.

A well-designed work environment contributes to the physical, mental and social health of workers. This translates into tangible organizational results such as productivity, recruitment/retention of employees and sustainable employability. In this line of thought, an attractive living environment (read: home office) with a lot of peace, space, greenery and opportunities for leisure activities is regarded as a protection factor, while noise and various disturbances are regarded as risk factors.

Working from home can bring many benefits. For example, it saves time because commuting is no longer necessary. Working hours can also be determined more flexibly. The condition is that the home office has the technical and organizational spatial conditions to be able to work productively. There are also disadvantages to working from home during this pandemic. Workers are confronted with additional tasks, such as organizing their daily lives differently, for some taking care of children and instructing them in distance learning. At the same time, people can rely less on their own social contacts. Many are also concerned about family members and friends who are not properly cared for, need help, or may even be ill. Many workers are concerned whether and for how long they will (partially) keep their jobs, and whether they can carry out their career plans under uncertain conditions. Working from home during the corona crisis, often in (too) small spaces, with sometimes nagging children and many calls (Teams,

Zoom, WhatsApp, Skype) can be so stressful that people are no longer productive. Or even feel burnout. Then it comes down to resilience.

### Resilience

In the context of work, resilience is defined as successful professional action under difficult, unchanging, work-related conditions. Working from home during the pandemic can mean an extra burden (but it doesn't have to!), which has a negative impact on people's thinking, feeling and acting. People who feel this extra burden but handle this well are considered resilient. Resilience is about reorienting, developing your professional skills in daily work and adjusting your own goals, wishes and interests. If you succeed, this is called "career adaptability" or "career resilience". It is therefore also about acquiring skills and competences, about changing attitudes so you can better deal with (future) challenges. Whether or not such a development takes place depends largely on the person himself, but also on the social support at home and / or at work. Leadership plays an important role in this.

### Leadership

How does leadership look (different) in times of working from home? In any case, it is remote without direct personal contact between manager and employees, using software tools (calls), and application and implementation of the basic leadership principles. This so-called "digital leadership" is characterized by the fact that, despite the "social distance", a good, empathetic relationship between the manager



## Resilience is about reorienting, developing your professional skills in daily work and adjusting your own goals, wishes and interests.

and his/her team is maintained, even through virtual communication. The results from the questionnaires show interesting relationships between the physical conditions surrounding working from home, job satisfaction, resilience and leadership. Below are some results in a nutshell.

### Results in a nutshell

More than 70% of respondents feel comfortable in the home office and would like to maintain this type of work organization after the corona crisis. Autonomy is very important; great personal autonomy at the home office and at the same time close involvement in the team

are particularly important for well-being at home. Moreover, workers want to maintain the autonomy they have now acquired. People do experience a lack of social exchange with colleagues. In the future, if we can go to work (more) again, the presence at the workplace should explicitly be used as quality time. Working conditions (suitable working environment and disruptions) seem to be of less importance for well-being and resilience than leadership; leadership plays an important role in W@W. The requirements for digital leadership are to provide a goal/focus, remote support, and promote worker autonomy. In addition, there must be clear rules for communication and processes. More will follow in an article to be published soon.

In short, good self-organization, autonomy and good technical resources appear to be crucial to successfully living and working under the circumstances of the pandemic. Clear leadership and social support of the team also appear to be very important, provided that they do not affect the autonomy when working from home.





# The role of the municipal health services (GGD) in the containment of the corona crisis

**Although the first corona infection was only detected in Friesland on 10 March, the municipal health services of Friesland (GGD Fryslân) had already started preparations for the possible arrival of the virus in the province at the end of January. Even though they did not underestimate the virus, they did not expect it to have such an impact on society. Margreet de Graaf, director of Public Health of the GGD Fryslân, talks about the role of the municipal health services in the corona crisis.**

disease, so that the Minister can order the 25 chairmen of the safety regions to combat this disease.”

The role of the GGDs is to contain the disease as well as possible and to keep its effects on (public) health as limited as possible. “In times of crises, disasters and incidents, the GGD can scale up to the GROEP structure. GROEP stands for GGD Rampenopvangplan, which means GGD Disaster Response Plan. We will switch to working in the GROEP structure if the regular tasks and responsibilities no longer fully suffice in a crisis situation. We then separate the crisis activities from the regular activities. The GROEP team focuses on the crisis. In this case, the Infectious Diseases Department is central to this.”

## The Dutch system for fighting infectious diseases

In the Netherlands we have a system for fighting infectious diseases, where the RIVM is the national organization and the GGD is the regional one. There are 25 regional GGDs. “In the corona crisis, we are dealing with a pandemic, an infectious disease that is spreading all over the world”, says de Graaf. “That is why COVID-19 is classified as A

## Cooperation with national organizations

There are cross-connections and consultations between the various organizations in every possible way, says de Graaf. “For example, the

Margreet de Graaf

Director of Public Health,  
GGD Fryslân



There are cross-connections and consultations between the various organizations in every possible way.

Outbreak Management Team includes representation from the GGDs. There is also a weekly consultation between the Directors of Public Health of the GGDs and the Minister. Portfolios have also been divided, so that a number of directors maintain contacts with the national parties on behalf of all GGDs. I am portfolio holder for Information Services. In this crisis, I am also responsible for digitalization, monitoring and the upscaling plan for source and contact tracing.

### National policy


The GGD Fryslân follows the national guidelines and rules drawn up by the LCI (National Coordination of Infectious disease control) and RIVM (National Institute for Public Health and the Environment). “Based on the guidelines and advice from the Outbreak Management Team, a team of experts who advise the government, the government makes decisions and sets out rules.”

How is it possible that there are far fewer infections in Friesland than, for example, in Brabant? “That is probably mainly due to the fact that in the North, we had spring break a week earlier, at that time the virus was not as widespread in the winter sports areas as in the weeks afterwards”, explains the director. “Also, in Friesland, carnival, which has led to many infections in the south, is not really celebrated.

When the measures were announced by the government, there were only a few infections here and the measures managed to keep the number of infections low.”

### Dealing with political and social pressure

Due to the corona crisis, the functioning of the GGD is closely monitored. There was criticism, for example, that the limited test policy was taken over indiscriminately from RIVM. To what extent does each GGD have room to make its own assessments? De Graaf: “COVID-19 has been classified as an A disease, which means that the GGD has legal obligations with regard to combating the disease. In whether or not to follow these obligations or instructions, we have no room to make our own considerations. Nationally, knowledge and expertise of many experts is consulted in order to provide the best possible advice to the government, which takes decisions based on this. The government makes its own considerations in this regard.” Nevertheless, according to de Graaf, a GGD can, within the rules set by the government, make its own considerations or place accents. “Deliberate considerations are made in this context, possibly together with the other crisis partners in the GRIP4 structure, and simply giving in to social pressure is not done. One of the basic principles is, for example: no symbolic measures.”



Nationally, knowledge and expertise of many experts is consulted in order to provide the best possible advice to the government, which takes decisions based on this.

“When it comes to substantive choices regarding infectious disease control, national guidelines are agreed in the National Center for Infectious Diseases, such as test policy and source and contact tracing” explains the director. “For each GGD it is not the intention to draw up a different policy, like it is not the intention to make decisions per individual

hospital by its director that deviate from the medical professional guidelines for treatment at the ICU, for example. As a doctor you can deviate. A guideline is a guideline and you can deviate from it on a case-by-case basis. We also did this at the asylum seekers’ centre in Sneek. The guideline is only testing with complaints. Because the questioning and determination of complaints was not considered reliable in this case, everyone was tested. This is a decision that is substantiated by the content experts.”

### On the way to “the new normal”

“The expectation is that the virus will remain in society for a while until there is a vaccine. So we will have to take this into account in our behavior for months to come. Otherwise there is a risk of a second peak. The GGD will certainly continue testing suspect cases in the coming months. Testing and source and contact tracing will be an even bigger task. But we also have a role in advising on how to deal with the new reality. Think of schools, childcare, sports clubs, etc.”

Roya Shokoohi

Researcher Hanze University of Applied Sciences, master's degree in Architecture and PhD in Urban Studies & Spatial Planning



We need to understand how this pandemic affected our cities and changed the usage of public open spaces.

# Public spaces and interacting between people are important to have a healthy life, **what will happen after the corona crisis?**

May 29, 2020



**In urban life, public open spaces represent our shared values. They are our common spaces, that help us build a sense of ownership to our cities, meet people, and make memories. Public spaces also play an important role in enhancing the health and well-being of people. Recently, interest from policy makers, academics and practitioners in creating indicators of healthy public open places is growing. It is important to measure and monitor their progress towards achieving a range of outcomes, as well as identifying opportunities for improvements.**

Based on the Place Diagram, which is widely used as a tool to analyse public open spaces, a healthy space has four main characteristics: it can be used in various ways, stimulates social interactions, is accessible and well-connected to other spaces, and safe with a positive image. However, the corona pandemic has been affecting cities and especially densely populated ones around the world. Before elaborating,

we need to understand how this pandemic affected our cities and changed the usage of public open spaces. Since a few months ago, around the world, streets have become empty, daily commuting has decreased dramatically, events and festivals have been canceled, and people have been eliminated from public open spaces. This situation provides a break from traffic congestions, air and noise pollution. Some policy makers and transportation experts saw it as an opportunity to reclaim streets and make more spaces for pedestrians and cyclists. Some cities, like Berlin, have even closed some streets to traffic to make more space for cycling. Hopefully, these temporary changes will stimulate cycling and walking in the future as well.

Due to lock downs and social distancing, public open spaces are now more surveilled, and the restriction measurements are in big contrast with the way we have designed them. Before this pandemic, we redeveloped urban spaces to be occupied, to accommodate a variety of activities, to attract different groups of people,



and to increase social interactions. Now, we have to pull back. While this intense control is temporary, it raises the question whether we will be able to return back to our normal habits when it is all over.

### Visions for the future

Different futures can be imagined: when social distancing is finally more relaxed, people could go back to their normal life, occupy public spaces and use them as before, or some people might never regain their trust in being in contact with others. However, mental health, community building and inclusive societies are dependent on having active public spaces. Perhaps a percentage of residents are lucky enough to have private gardens and open spaces to get their daily dose of fresh air, but still interaction with others is missing. Deserted public spaces also have an impact on the function of the city as a whole. Closure of cafes, shops, and restaurants and the canceling of concerts and events have had a great impact on neighborhood and city life. A lot of creative ideas like take away food, coffee to go or drive-in concerts have been created to cope with the economic impacts of these closures. However, what are the social impacts of these changes?

The corona crisis has positive and negative impacts on our life and interactions with others. A lot of racial stereotyping in different countries against certain nationalities happened and, in some countries, supermarkets became a stage for public fights over toilet paper and

hand sanitizers. Also, the crisis stimulated panic buying for a while that made life even more difficult for some vulnerable groups. On the other hand, we have seen instant collective urban resilience in many countries, such as group singing from balconies, clapping for the medical staff, etc. It reminds us that interaction and connection are essential elements of our societies, even during this pandemic. However, what about density? Normally, density is good for us, but is it still good during this pandemic?

Some studies showed a higher rate of infections in densely populated areas, and highlighted inequality in access to parks and open spaces in cities. This raises the question whether the desire to live in suburban areas will increase again: during the lockdown when people are not supposed to leave their house to get their essentials, density can help to have alternatives, such as grocery delivery.

Obviously, the restrictive measures will not last forever, and countries are taking steps to relax them. However, are we well-prepared for that? With growing numbers of people back on streets and in public spaces, authorities find it difficult to enforce the 1.5 meter social distancing rules. Businesses and shops have been asked to develop plans to reopen safely and provide their services again, but many streets in historical European cities are narrow and do not provide enough space to respect the rules. Is there any clear protocol on how people are supposed to navigate their cities safely and do all people know how long 1.5m is?



## Mental health, community building and inclusive societies are dependent on having active public spaces.

### Social Distancing Platform

In collaboration with the Amsterdam Institute for Advanced Metropolitan Solutions, the TU Delft has developed the Social Distancing Platform to facilitate social distancing in cities. It offers an overview of different factors affecting our ability to respect social distancing rules. By developing high-resolution maps, they are highlighting detailed information relevant to social distancing in an urban setting – such as the width of the footpath and the location of bus stops and other transport hubs. Based on their research, sidewalks with a width >3 meter are easily accommodating social distancing, a width of 2.5 meter is still possible to keep the desired distance but those that are narrower than 2.5 meter make it impossible to keep 1.5 meter distance from each other. The question now is; what percentage of the streets in historical European cities are wide enough to enable people to respect the rules

and what are solutions for making more space? While closing some streets to traffic might be a solution in some parts of cities, changing our lifestyle and getting help from other technologies might be complementary to gain better results.

The role of technology will be heightened as digital space becomes even more prominent as a platform for sharing information and enabling human interaction. Also, it might expedite smart city strategies and programs for equipping our public open spaces for early detection of the virus and tracing and tracking people's connections. It might also increase individualism in using public spaces, working from home or going to work etc. The coronavirus will change the way we work and study. But it won't remove our desire for human connection.



Susanne Scheibe

Adjunct professor of Lifespan Development and Organizational Behavior at the Faculty of Behavioural and Social Sciences, University of Groningen



Rapid investigations of wellbeing during the COVID-19 pandemic have revealed that older adults face less distress and loneliness than younger adults.



# Work challenges in times of COVID-19: **Older workers need support, younger workers too**

**The corona pandemic has had a profound influence on working life. Although the health crisis affects nearly everyone, voices quickly emerged that older workers may be in special need of support. Yet, aging also comes with many benefits which help older workers navigate the new working conditions. Indeed, it was young people who reported the highest levels of distress and loneliness during the first weeks in lockdown. What can organizations do to support their multi-age workforce during lockdown and in the transition to the new normal?**

After the Dutch government announced the rule “Work from home as much as possible”, as many as 60% of workers in the Netherlands reported following this call in early April 2020. The digital revolution and technological developments made it possible for employees in various sectors including education, trade, and business services to perform most of their

work tasks behind their computer on their home desks. Employees in other sectors, including healthcare, food supply, and construction, mostly remained in their workplaces. Yet, their work has by no means been ‘business as usual’. Healthcare workers have been facing increased emotional job demands treating and caring for patients and their families impacted by COVID-19, irregular work schedules, and unfamiliar work procedures. Employees in the food supply chain and construction have been facing new safety regulations, and the risk of catching the virus, as their work does not allow for physical distancing.

It is clear that the current health crisis affects the whole workforce, yet at the same time it is plausible that some groups are more affected than others. One group that quickly came into focus as potentially vulnerable are older workers (usually defined as those aged 50 years and above). Soon after the crisis hit, it became clear that being older increases the risk to face

serious health consequences when getting infected. In fact, many of the protective governmental regulations, such as school closures and the transition to the home office, were designed with older adults and other vulnerable groups in mind. As a result, behavioral and social scientists have become concerned that the “decline narrative of aging” has become more salient and stronger in the aftermath of COVID-19. According to this narrative, getting older is equated with vulnerability, dependency, and loss of productivity.

Such associations are problematic as they can lead to ageism and intergenerational tensions. More importantly, the decline narrative of aging makes it easy to forget the many benefits and strengths that come with age, and the valued contributions older workers make.

### Challenges

Organizational psychologists who study aging in the workplace have found that getting older certainly comes with some challenges, for example, slower information processing and learning. When facing new working conditions – moving from physical to online education, learning about new safety procedures – these cognitive changes can make it harder to remain effective in one’s job. For most older workers, however, these challenges are balanced out by enhanced experience, emotional maturity, and smart self-regulation. Rapid investigations of

wellbeing during the COVID-19 pandemic have revealed that older adults face less distress and loneliness than younger adults, and that although they perceive a higher health risk, older adults are less worried than younger adults about the impact of corona on their lifestyle, the economy, and their communities. A clear mind helps people stay focused at work and be productive. To the extent that worries do not occupy older workers’ minds as much as younger workers’



It was young people who reported the highest levels of distress and loneliness during the first weeks in lockdown.



minds, they will have an easier time adapting to changed working conditions. Older workers can also draw on their long-term experience to set the right priorities when having to alter work methods. An older teacher will probably know that keeping up students’ motivation is key when switching to homeschooling, while an inexperienced teacher may erroneously believe that pupils are best served by closely monitoring their learning progress.

The abrupt transition to the home office also presented other challenges that older workers likely navigated more easily than younger employees. One challenge is to deal with higher job autonomy once work is much less closely monitored by supervisors and colleagues. Organizational research shows that older workers value job autonomy more than younger workers do, who may in fact be overwhelmed by the lack of structure and guidance that is so important in the beginning of the career. Another challenge is maintaining work-life balance when there are no longer clear boundaries between work and private life. Studies show that older employees tend to keep work and non-work worlds more strictly apart than young workers do; they do this through behaviors such as switching off private messages during work time to avoid distractions, or no longer checking work-related emails in the evening. These habits will likely have helped to establish new routines in the transition to the home office. Younger workers, in contrast, tend to integrate their

work and non-work lives, a behavior that has long-term costs for well-being and can lead to exhaustion the longer the home office situation endures.

### Policy and opportunities

Now that we are slowly transitioning out of the lockdown, predictions are that some of the altered working conditions will stay. New safety regulations at work will have to remain in place for many months to come, work-related travel is projected to decrease dramatically, and working in the home office through digital means is predicted to increase. What can organizations do to support their multi-age workforce? It can be expected that younger and older workers benefit from different kinds of support. Many younger workers will benefit from closely monitoring levels of exhaustion and well-being, and from providing structure and training in effective self-regulation. Many older workers, in comparison, will benefit more from technological support and quickly accessible help when switching to new technology. All age groups will benefit when policies and opportunities are put in place that allow age-diverse coworkers to help and complement each other as we collectively shape the “new normal” of working life.



# The backwash of the corona crisis: **the expertise of the nurse**



**Marie Louise Luttik**

*Professor of Family Care*



**Han de Ruiter**

*Professor Value-Driven Healthcare*



**Wolter Paans**

*Professor of Nursing Diagnostics*



**Wim Dieperink**

*Professor Critical Care*

## **The battle**

“There are many people to write you of the noble side, the heroic side, the exalted side of war, I must write you of what I have seen, the other side.” This is a quote from the work of Ellen La Motte titled ‘The Backwash of War’, which she, as an American nurse, wrote during her stay in leper in Belgium during the First World War. The reason we mention this quote is the way in which the nursing profession is presented in the media during the corona crisis. There is a remarkable similarity between the word usage between that war battle of more than a century ago and the current quarantine time. “Heroes in healthcare: it is a battle that we are going to win!” “This battle gives nurses more status,” “doctors are now also getting more appreciation for nursing”

In general, it can be said that the emancipating effect soon ebbed away again and that strong forewomen and foremen in this profession, after that First World War, only occasionally took the opportunity to highlight their professional knowledge. But what do they actually have to say?”

## **The cliché**

There is hardly any profession that has so many platitudes as that of the nurse. They are female, paid little, and overtired. Nurses often leave their bed-side job in a burnout situation faster than they can be replaced, and they are mangled in a disruptive medical system in which they are barely heard. Generalities can also be reported about their attitude: they are firm and comforting and there is no nursing

Authors are trained as nurses and work within the Nursing Diagnostics research group at the Hanze University of Applied Sciences



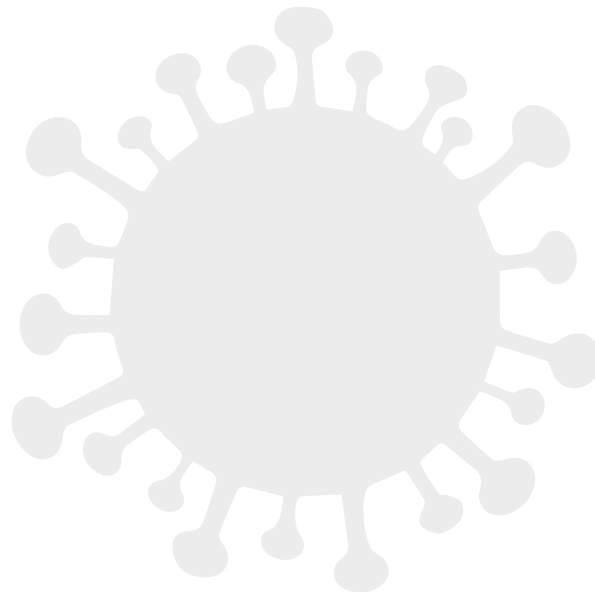
text that does not contain the word 'empathy'. Platitudes are there for a reason; there is at least some truth in it. We have now come to the point where we should go beyond the banality of this uniform image.

### Modern times in nursing

In this time of corona, we see significantly fewer nurses at the public discussion table than medical specialists and virologists. Citizens are of course primarily interested in a new medicine or vaccine, and it is evident that this is not a nurse's specific field. But why should we consider the nurse a bit more as a discussion partner at the public table? In addition to the diagnosis and treatment of the disease itself, in the aftermath of the COVID-19 crisis, the consequences of the disease and the treatment in particular will require a lot of attention. Especially about these consequences, nurses have a lot of interesting knowledge. It is now a broad field that is increasingly scientifically substantiated. If a medicine is not healing enough, it is often nurses who act. This concerns, for example, care provision for long-term pain, feelings of anxiety and depression, ongoing shortness of breath, malnutrition, loneliness and over-asking informal carers. Nurses know which essential health issues need to be addressed in order to be able to experience sufficient quality of life and to work again. It is therefore absolutely worth knowing what these nurses



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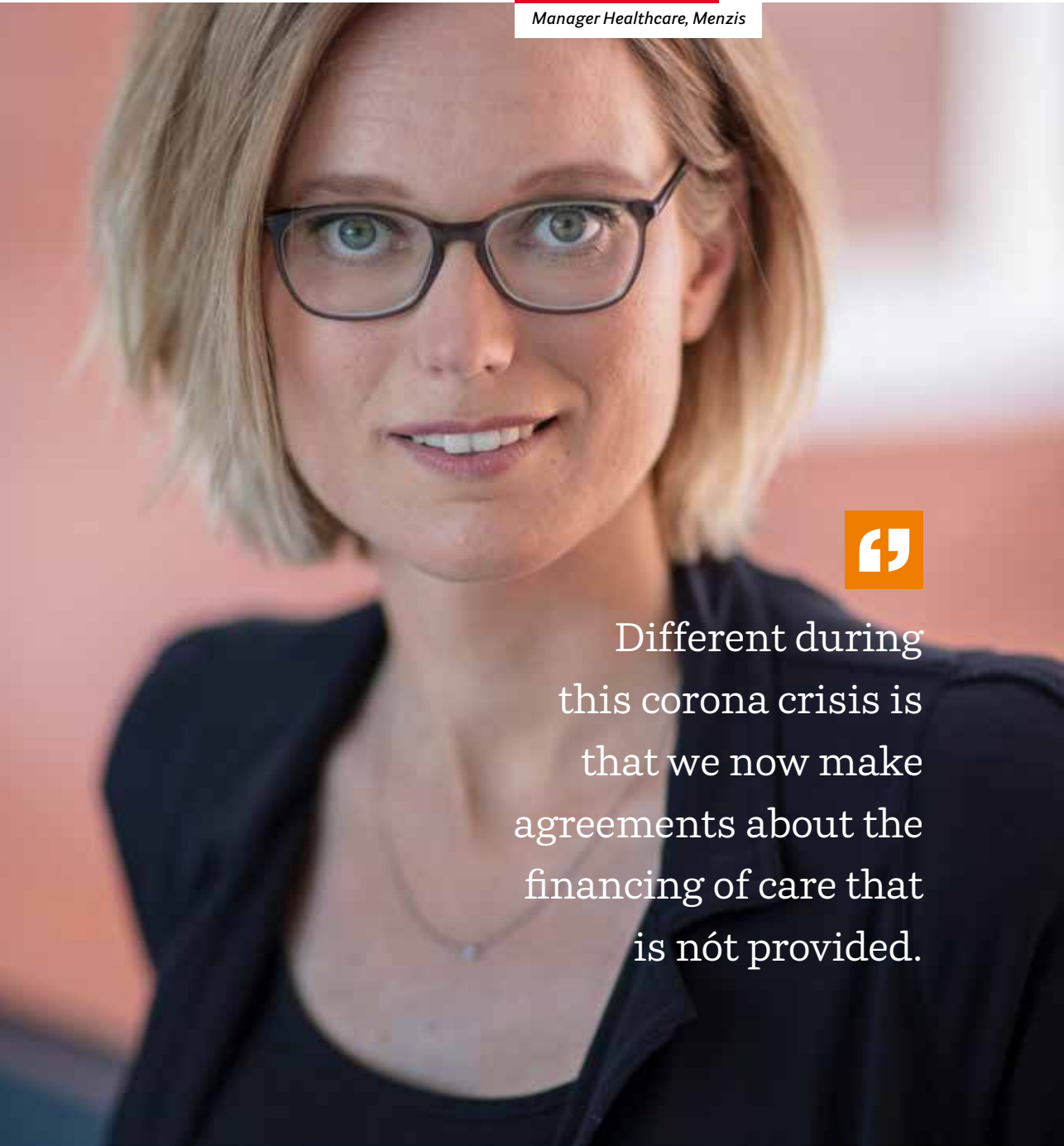


do, in addition to, for example, the medical specialist, the general practitioner and the social worker, and on the basis of which they are nurses.

### At the table!

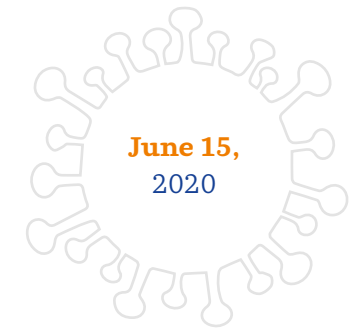
This is an appeal to the expert nurses themselves to discuss their subject matter in the public opinion in more detail; show substantive leadership. And it is an appeal to the media to offer them that spot. Nurses have come to the forefront today with personal blogs, daily facts and gripping stories. It would be nice if they also take and receive the opportunity to share their own knowledge with citizens; a scientific basis that goes beyond personal emotion, the heaviness of the profession or the way in which a shortage of face masks is dealt with. Break the cliché! At the table with nurses, because everyone wants to know what they have to say about their profession: much, very much about "the other side".

Marieke van der Lans  
Manager Healthcare, Menzis



Different during this corona crisis is that we now make agreements about the financing of care that is not provided.

# Health insurer Menzis' role during the corona crisis



**The coronavirus puts an enormous pressure on our healthcare system. Healthcare organizations and healthcare providers are making every effort to ensure that everyone receives the necessary care on time. What does the corona crisis mean for health insurer Menzis? An interview with Marieke van der Lans, Manager Healthcare at Menzis.**

“In essence, the health insurer’s practice has not changed due to the corona crisis,” says van der Lans. “The task to provide good, accessible and affordable healthcare remains. Different during this corona crisis is that we now make agreements about the financing of care that is not provided. While we normally have conversations with care providers about the quality and price of care that is provided. Normally, we conduct these interviews individually as a health insurer, but during

this crisis we do this together with the other health insurers via *Zorgverzekeraars Nederland* (Health insurers Netherlands). We are also in full discussion with the institutions about the optimal organization of COVID and non-COVID care. When scaling up non-COVID care, extra attention is paid to care innovations; what can be done remotely? Does all care add sufficient value, can we learn lessons from the corona crisis?”

## **The role of the health insurer during corona**

Worldwide, people are working hard on a treatment and vaccine for COVID-19. Van der Lans explains that the treatment of corona lies with the doctors and medics who specialize in it. The same applies to the vaccine and the pharmaceutical industry. “Where we think it is important that the latter will be equally divided both nationally and internationally. Based on our duty of providing care, we actively think

along in our regions about the best way to scale up non-urgent, non-COVID care and the optimal organization of COVID care, both now and in a possible second peak.”

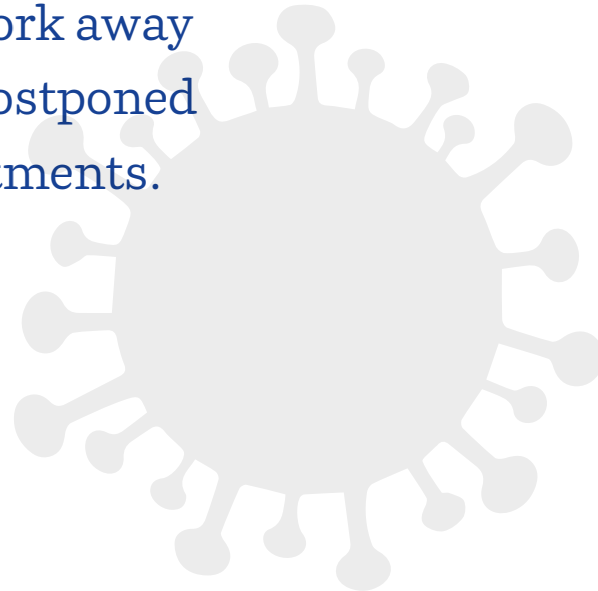
Regular care is postponed more often due to the corona crisis and people with non-corona complaints go to the doctor less often. What does this mean for Menzis and its policyholders? “It is still too early to say what this means for us”, van der Lans explains, “At the moment it is still unclear which care has been postponed, when regular care will be fully scaled up again and what will be passed on to the next years. We use our premium money wisely, paying attention to the continuity of care providers and taking into account the efforts needed to work away the postponed treatments.”

### Great appreciation for caregivers

According to van der Lans, healthcare organizations and healthcare providers are making every effort to ensure that everyone receives the necessary care on time. “We greatly appreciate the dedication and flexibility of all healthcare providers. Health insurers and healthcare organizations take measures to help them with this and want to support care organizations and care providers to continue to provide continuity of (urgent) care. Safe and timely care for patients is paramount. To ensure continuity of care, care providers who are struggling can request a continuity contribution for a decrease in turnover from



We use our premium money wisely, paying attention to the continuity of care providers and taking into account the efforts needed to work away the postponed treatments.



basic insurance and/or additional insurance due to COVID-19. This provides financial continuity during the corona crisis and together we ensure that the healthcare infrastructure is also available after the crisis.”

### The positive power of healthy living

What we also see is that some people are more likely to become seriously ill if they are infected with the new coronavirus than others. “This is because the body’s natural defences are often lower in elderly and overweight people, and people who have lifestyle-related disorders an existing (chronic) disease,” says van der Lans. “Recently, we are also seeing more and more reports stating that a healthy lifestyle contributes to increasing your resistance and can help in times of corona.”

For Menzis, a healthy lifestyle has always been part of the mission, says van der Lans. “In addition to health insurance, Menzis also sees itself as a health partner. We do everything we can to strengthen the vitality of every person. By vitality we mean: the positive power of healthy living. Being aware of your health. Mental fitness. Participating in society. Vitality is part of our mission. We want to help people make healthier choices, so that they are as energetic as possible in life with as little care as possible. This shift from illness and care to health and behaviour - in other words: prevention provides us with a lot of health benefits and prevents unnecessary healthcare costs for society.”

### Healthy together

Together with social partners, Menzis is committed to healthier nutrition, relaxation, participation in society and more exercise. “We are committed to preventive (lifestyle) interventions. We try to contribute to this with our digital platform SamenGezond (Health Together). Via this platform, members receive help from a digital coach for, for example, mindfulness and self-confidence, tips for better sleeping, nutritional tips, etc.

### Regional and national cooperation

The crisis made intensive collaboration and national coordination necessary. Is this the norm for the coming period or are we going to return to more competition between healthcare providers and health insurers? “A unique situation requires a unique approach,” explains van der Lans. “Healthcare providers and health insurers have therefore joined forces for this year jointly to do what is necessary. This collaboration brings new insights and emphasizes the importance of good regional and national collaboration. Both forms of cooperation will be extensively evaluated in the coming period. In any case, we expect that the intensified regional cooperation will persist.





We have to take it seriously, put effort in early detection, keep screening widely, and take regional lockdown measures.



Alex Friedrich

Medical microbiologist, UMCG

**‘It is only starting now’**

**The number of corona infections is declining, the adrenaline of the first corona wave is fading away and it is time to start thinking about a possible second wave. How can we prepare for this? Alex Friedrich, medical microbiologist and head of medical microbiology at the UMCG, and Jochen Mierau, health economist and scientific director of the Aletta Jacobs School of Public Health, discuss how we can prevent a second wave and how to set up a future-proof health system.**

**‘Second wave’**

It is only starting now, according to Alex Friedrich. “Our greatest hope is that the virus will stop spreading in the summer because respiratory viruses are always inhibited or



We endured the first crisis on adrenaline, but we are not going to do that again.



Jochen Mierau

Health economist, University of Groningen and scientific director AJSPPH

decreased in the summer. Now we have time to really prepare. If we do this the right way, there may not be a second wave. We have to take it seriously, put effort in early detection, keep screening widely, and take regional lockdown measures in areas where the numbers of infections start to increase again.”

According to Friedrich, we actually cannot speak of a first corona wave that bulldozed over the Netherlands: “That is a false observation. We have let those hundreds of peaks merge into one enormously large peak, which actually originated mainly in the South.”

“What will increase is the number of smaller outbreaks per day, which will increase again in October. There will be a time when hundreds

of outbreaks of this kind are occurring, and you have to detect these early and get them under control. This starts in October and will continue until next May.”

**Regional governance**

Friedrich thinks the corona measures will continue in the coming years, but not all at the same time. “Epidemiologically, at the end of the first wave, the Netherlands consisted of 4 to 5 regions,” explains Friedrich. “We can divide the Netherlands into North, South, East, West and Centre. Each region must then apply, at the right time, the measures that we have agreed on nationally or Europe-wide. So if there is an outbreak in a hotel in Nijmegen, the hotels in Groningen do not have to close. That just makes sense.”

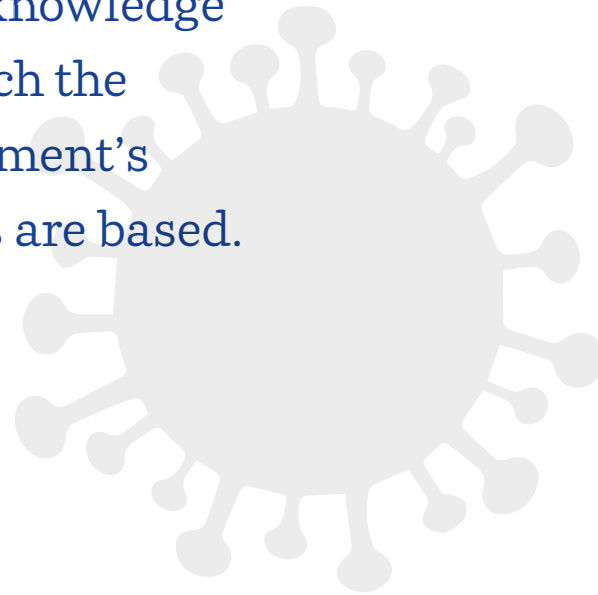
According to Mierau, we need to prepare regionally, with regional data provision, and try to fight the crisis from there. “We need to build this regional infrastructure in the coming months. At the moment, the data is not yet sufficiently shared with society. More insight must be given in the knowledge on which the government’s choices are based. Choices that may or may not restrict us in our freedom. We endured the first crisis on adrenaline, but we are not going to do that again.”

Therefore, according to the health economist, we should use the summer period to arrange the display of regional figures across Europe, starting in the Netherlands. “Like the weather forecast; ‘Today there is a number of x infections, this many people have died in that region which means the Northern Netherlands is now locked for 2 weeks.’ I think if you do it like this, you also greatly increase the support for measures because people then understand: ‘Okay, it is going to rain here, so we stay indoors.’”

According to Friedrich, nationally it is often said that there are not enough numbers to calculate this on a regional scale. “That is correct when you calculate it at municipality or province level, but if you bring three provinces together the critical mass is large enough to be able to make good predictions. About



More insight  
must be given  
in the knowledge  
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government’s  
choices are based.



2 million inhabitants is a critical mass to be able to calculate something. This is a number with which you can do basically all the statistical analyses. For example, the Northern Netherlands has about this number of inhabitants.”

### Knowledge integration

The transparency that arises when sharing all regional figures can also be used for knowledge integration. Mierau: “There are so many people who can say sensible things about the data, the models or whatever. We have to use that wisdom of the crowd.

“We must indeed not only share the available data, but also let people think along.” Friedrich agrees. “It suits modern times. We can do this for example by some kind of solution-oriented hackathon system, or a jam session. You put a question online and people can register and think about it together with their own network. Then you use the power of real ‘swarm intelligence’. When people come up with a solution, other people can review it, and if the solution gets 4 or 5 stars, for example, the answer is automatically forwarded to the central team.”

### Future-proof health system

“There will probably be people who respond to this with: ‘And then we will have a vaccine and the whole system can be phased out again,’”

says Mierau. “But there is actually no health challenge that you cannot solve on this scale. Now we have that rush of the coronavirus, but soon we will again have, for example, the ageing population and lifestyle problems that are coming. We need to establish a health system that is resilient to these challenges. In the Netherlands, we have 25 municipal health services, 32 care administration offices, 28 youth care regions, and so on. In the end, you should organize all these challenges on a scale of those 2 million people and organize your healthcare system accordingly. We can use the coronavirus as an accelerator for this.”

According to Mierau, the corona crisis showed that our system was not prepared for the lightning-fast spread of the corona pandemic, but we are actually also not prepared for the dormant lifestyle pandemic and the consequences of the aging population. “By examining our health system now, we will be better prepared for the second wave in the autumn and more resilient to the challenges of the future.”

Cora-Yfke Sikkema

Mayor of Oldambt



You try to get in touch with people in an approachable manner.



Photography: Brigitte Ruijtenbeek



## Mayor of Oldambt in corona time: “citizens’ carer” and director

**The daily management of a municipality has taken a completely different turn due to the corona crisis. How does a mayor experience the corona crisis? As a mayor, how do you find the balance between the administrative and the mother role? Mayor of Oldambt, Cora-Yfke Sikkema, gives an insight into how she watches over the residents of her municipality in the best possible way during this time of crisis.**

### Profile

Mayor Cora-Yfke Sikkema was born and raised in Delfzijl and studied Sociology at the University of Groningen. In 2014, Sikkema was alderwoman and deputy mayor of the municipality of Haarlem on behalf of GroenLinks. She previously held various positions at the Ministry of Security and Justice, the National Police Services Agency and the Utrecht University. Since January 29, 2019, she has been mayor of the municipality of Oldambt (38,000 inhabitants).

### The role of the mayor during the corona crisis

According to Sikkema, on the one hand she is a mayor and on the other hand she is also the administrator who has to make decisions in times of crisis. “On the one hand, you’re busy looking at what’s going on, analysing, what dilemmas we see, how do we deal with them. At the same time, it has an enormous impact on residents, on entrepreneurs, parents, children, the elderly, everyone. Then it is also important that you are a kind of figurehead and play the role of a mayor.” And that makes it complicated, Sikkema explains: “Because then you want to be close to people in order to be able to perform that role, but you can’t do that now. I really had to find a way how I could shape my role.”

### Contact with the inhabitants

In order to maintain personal contact with the residents of her municipality, Sikkema eventually sent out handwritten letters to a number of professional groups. Doing this she



wanted to thank them and to support them. “We did that, for example, to social workers and entrepreneurs. By doing this handwritten it also becomes more personal. I also visited several nursing homes with the board. Because it was tulip season, we picked up tulips from the local tulip farmer and handed them out to residents who could no longer receive visitors. These are the things you do now. You try to get in touch with people in an approachable manner.”

### Facilitating role

“What I liked in the beginning is that there was also a lot of development in society, new networks and people who took initiatives,” says the mayor. “I think it is important to facilitate this as a municipality, without taking it over. For example, a resident wanted to make face masks and he needed someone who could organize this for him. Then we connected people through our network, through social work, so that new creativity could arise again.”

### Positive side of the crisis

“That energy that you saw at the beginning of the crisis, that solidarity, people sought each other out and helped each other. New networks have emerged. It would be great if we could keep this together, even after the crisis”, says Sikkema. An example of this is the market square, where the terraces have been slightly expanded. “This looks very nice. We also want to have a look at that, can we structurally give more freedom in this?

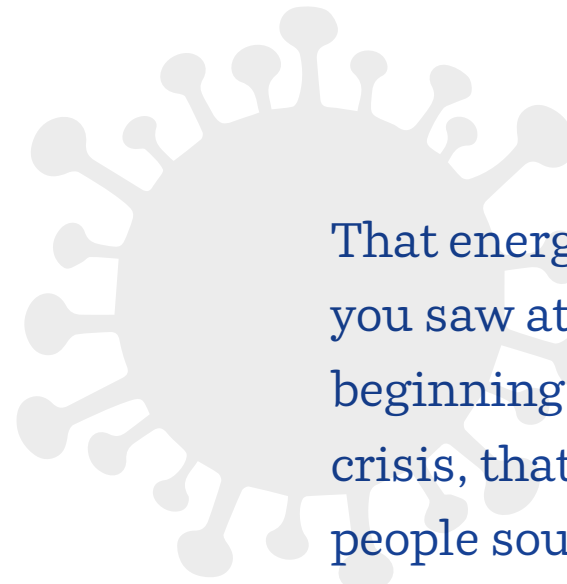
There, too, I saw entrepreneurs consulting with each other. Working together is a verb here. Now people see that we really need each other to take steps, so it would be nice if we could hold onto that. The intensive cooperation, and there is a lot of solidarity in that. Not only looking at your own interest but also looking at the general interest.”

### Prevention of further division

It seems that especially vulnerable groups are affected by the consequences of the corona pandemic and its economic consequences. How do you, as mayor, prevent a further division in the municipality? “I find that complicated, at this point I would like to hear from the teachers whether children of parents who are less able to supervise their children are developing slower than children whose parents can. But I don't have an analysis of that yet. I have heard from someone that they had seen the difference get bigger. After the summer we will look together at what kind of structural effects we see and whether policy is still needed for that.”

### Difficult times for businesses

As a result of the corona crisis, many companies have seen a huge drop in turnover. Also in Oldambt there are entrepreneurs for whom it is difficult to keep their heads above the water. “The hospitality industry, for example, is having a hard time. Hospitality entrepreneurs now have more space in Oldambt for terraces, but due to the enormous drop in turnover, some no longer have the money to buy extra chairs and



That energy that you saw at the beginning of the crisis, that solidarity, people sought each other out and helped each other. New networks have emerged. It would be great if we could keep this together, even after the crisis.

tables. I hope that with the money from the province we can also help SMEs in particular with that sort of things. That's very practical of course, but of great value at the moment.”

### Next steps

“I think things went very well in Groningen with the regional policy team, with the mayor

of Groningen having the authority in GRIP 4”, Sikkema explains. However, the mayor thinks that we have now entered a phase where we can scale up a bit more and where the responsibilities, within the coordinated frameworks, lie a little more with each mayor. “We are very much in line within Groningen, Friesland and Drenthe. This went very well. But sometimes you have situations in which something is formally not allowed by the emergency ordinance, but if you look at the situation it actually should be allowed. You should have a little more freedom as a mayor. So you can do a little more customization. But Koen Schuiling, the mayor of Groningen, thinks along very well in such situations and the lines of communication are short.”

### Extra proud

The mayor is proud of the residents of her municipality. “I think it's going very well, I'm also really proud of how everyone has reacted and how everyone has been following the measures. I am extra proud because there have been relatively few infections here. It is all the more complicated to explain why you have to take such measures. And the more proud I am that people have adhered to them.”

# ADVICE CORONA POLICY THE SECOND WAVE



An illustration of Jochen Mierau's policy advice to the Ministry of Health, Welfare and Sport for the second COVID-19 wave. Illustrated by Anne Stalinski.

# Colophon

## Aletta Jacobs School of Public Health

Spread the knowledge, not the virus

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Website: [www.rug.nl/aletta](http://www.rug.nl/aletta)

### *Graphic design:*

Manisch Creatief

### *Printed by:*

Zalsman Groningen

### *No. of copies:*

250 Dutch and 150 English

### *Made possible by:*

University of Groningen, University Medical Center Groningen  
and Hanze University of Applied Sciences

October 2020

**For all blogs and references, go to [www.rug.nl/aletta/corona](http://www.rug.nl/aletta/corona)**







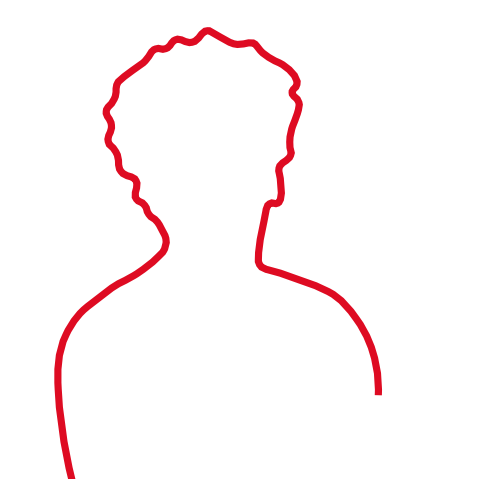
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