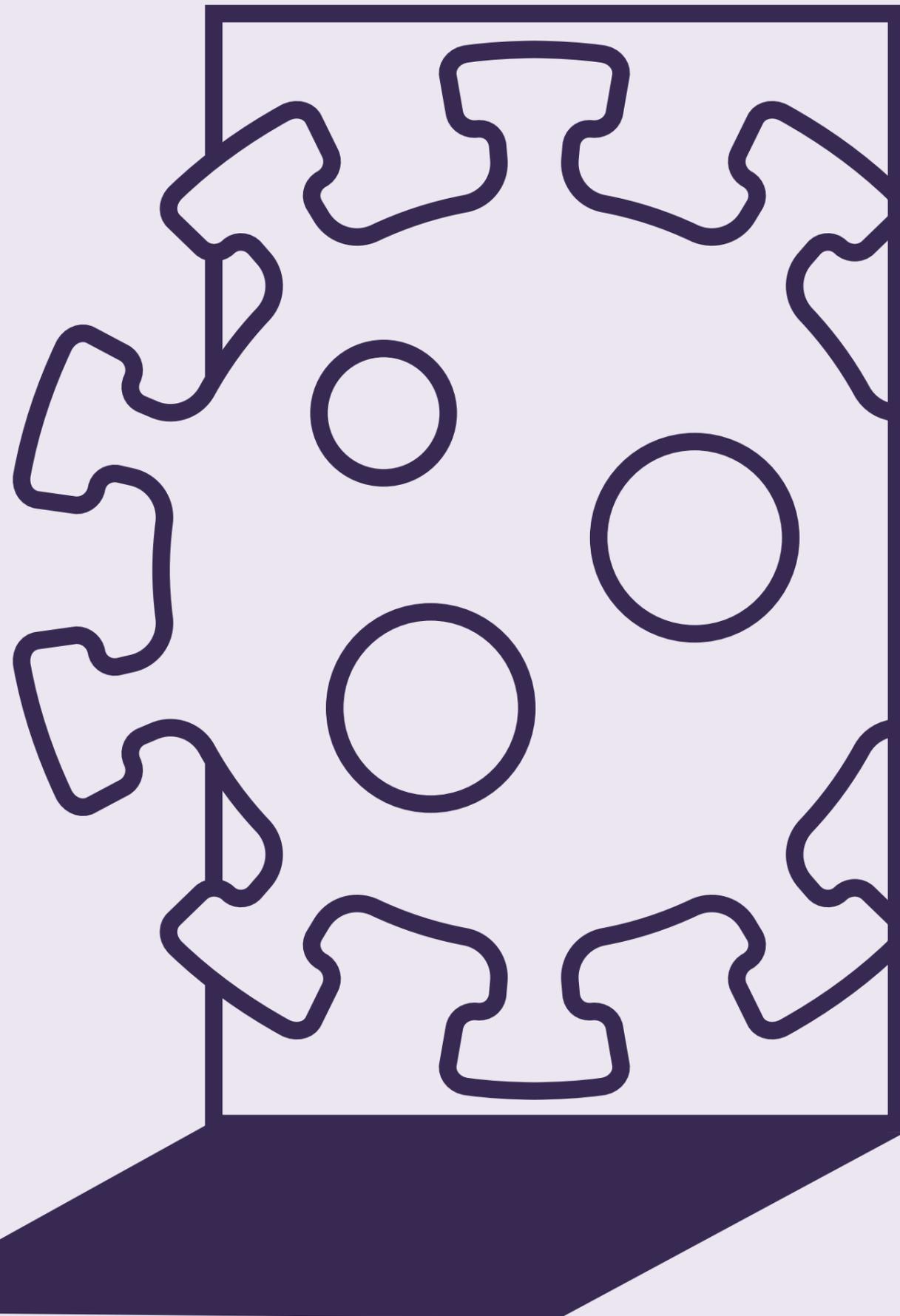


Leaving the smart lockdown together

Results of consulting 30,000 Dutch citizens on relaxing corona measures





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Niek Mouter (TU Delft)
contact person: n.mouter@tudelft.nl

Shannon Spruit (TU Delft)
Anatol Itten (TU Delft)
Jose Ignacio Hernandez (TU Delft)
Lisa Volberda (TU Delft)
Sjoerd Jenninga



Following the outbreak of the new coronavirus COVID-19 in the Netherlands, the government took various measures to control the spread of the virus, to protect high-risk groups such as the elderly and those with poor health along with measures to prevent various parts of the health care system from becoming overloaded. Now that the measures seem to be effective, the question arises when these measures can be phased out and how (at what pace, and which measures first) this can best be done. The government bases itself on model studies by experts, but is also prone to include society's preferences into its decisions (which was explicitly highlighted by the Dutch Government to underpin their decision to close schools). Moreover, gaining insight into the preferences of Dutch citizens is of importance because greater support among the population for a decision taken signals more legitimacy and is likely to lead to better compliance.

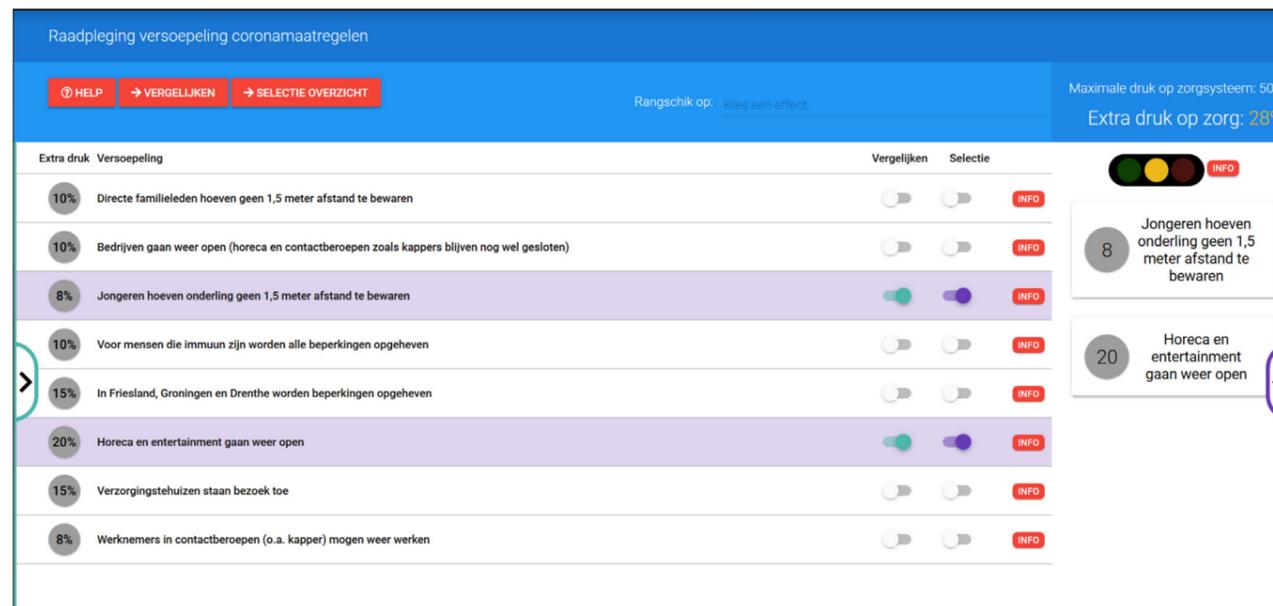
The main objective of this research is to measure preferences of the Dutch about the relaxation of corona measures in an advanced way through a participatory value evaluation (PVE). PVE is a novel evaluation method which assesses the societal value of government policy options through mass participation of citizens. The essence of a PVE is that citizens can give advice on a government's choice in an easy-to-access and easy-to-understand manner. Citizens are basically put in the shoes of a policy maker. In an online environment, they see which choices the government has to make, the concrete advantages and disadvantages (or effects) of the options between which the local or federal government can choose and the constraints that the government faces (in this case, the maximum capacity of the Dutch healthcare system). PVEs are designed to consult citizens on on-going policy proposals or strategic government decisions via the formulation of the tradeoffs, calculations and visualization of possible alternatives, which in turn makes the quantitative and qualitative responses much more compelling and useful for governments and public administrations. More information about the method can be found on www.tudelft.nl/pve.

A participatory value evaluation on relaxing corona measures

Dutch citizens were invited to advise the government on which corona measures should be relaxed between 20 May - 20 July 2020. They were asked if the government should decide to relax corona measures during this period at all and, if so, which relaxation option(s) should be favored. In a digital game-like setting, participants were presented with a choice of measures with the expected consequences, for example, mortality rates or the economy. If, for example, a participant decides to let people in contact professions such as hairdressers get back to work, he or she will notice that this will be good for the economy, but also that the number of corona infections will rise. For each choice, participants were informed about the number of deaths, the number of people with lasting physical or psychological injuries and on the decrease in the number of households with long-term loss of income. After participants had advised, they were asked to pro-

vide written motivations for their choices. They were also asked which relaxation options in their view should not be considered by the government.

As said, the constraint that participants faced in the PVE was the maximum capacity of the healthcare system. This pressure is expressed as a percentage in each option. They can choose to increase the pressure on the healthcare system by a maximum of 50%. Hence, participants can only select a limited amount of relaxation measures. Participants receive information on the extent to which each relaxation measure would increase pressure on the healthcare system. Furthermore, participants were notified that the healthcare system could handle the pressure if it increased between 0% and 25%, that the healthcare system would be overstretched if the pressure increased between 26% and 40%, and that it would be seriously overstretched if the pressure increased from 41% to 50%. The research was carried out by researchers from Delft University of Technology in collaboration with researchers from other universities and researchers from RIVM (the Dutch National Institute for Public Health and Environment). Policy staff from the Ministry of Health, Welfare and Sport and the Ministry of Finance also participated.



Screenshot of the PVE interface

Representative PVE’ and ‘open PVE’

We carried out two surveys. One PVE constitutes a randomly selected sample of 3,470 Dutch people who are a representative sample of the Dutch population of 18 years and older. Respondents were recruited by Kantar Public and they received a small monetary compensation. The representative PVE was conducted

to measure the preferences of ‘the average Dutch citizen’. A disadvantage of a ‘representative PVE’ is that only Dutch citizens that are part of the Kantar Public sample can participate. For this reason, we have decided to open the PVE to the general public. More than 26,000 Dutch people participated in this ‘open PVE’ within six days. This is a huge number. We are not familiar with other studies in Europe that investigate preferences for relaxing corona measures with a similar number of participants. A disadvantage of this ‘open PVE’ is that we, as researchers, have no control over which Dutch people participate and which do not. The results could be influenced by supporters or opponents of measures that attract many participants. Hence, we carried out both a ‘representative PVE’ and an ‘open PVE’ because both have advantages and disadvantages.

Relaxing measures but avoiding healthcare system of becoming heavily severely overloaded

The vast majority of PVE participants supports relaxation of corona measures over the next two months to a certain degree. There is little support for far-reaching relaxations that might cause the healthcare system to become heavily overloaded. An interesting difference to note is that highly educated men on high incomes want to go relatively far in relaxing corona measures, while older people on low incomes, who estimate that they themselves (or their immediate surroundings) run a high risk of becoming seriously ill from corona are inclined to advise few, if any, of the current measures to relax at all.

A further distinction is noticeable in the two survey groups. Participants in the representative PVE are more cautious than participants in the open PVE in relation to their advice on relaxing corona measures. On average, participants in the representative PVE advise options that the pressure on the healthcare system increases by 28%, while participants in the open PVE select options that cause the pressure to increase by 32%. This difference is significant. The percentage of participants who advise not to relax measures at all is much higher for the representative PVE than for the open PVE. This result suggests that citizens who participated in the open PVE are inclined to support a somewhat more extensive relaxation of corona measures than the average Dutch citizen (participants in the representative PVE)

Frequency %

0 %	1228.00	4.67
0 - 25%	6785.00	25.81
25 - 40%	10491.00	39.90
41 - 50%	7789.00	29.62

Table 1: Chosen total pressure increase to the healthcare system (open observations = 26293)

Frequency %

0 %	345.00	10.27
0 - 25%	986.00	29.36
25 - 40%	1225.00	36.48
41 - 50%	802.00	23.88

Table 2: Frequency of chosen total pressure to the healthcare system (representative observations = 3136)

Wide support for opening up contact professions

The open PVE and the representative PVE provide roughly the same picture when we look at the options that are often chosen to relax corona measures. In both cases, participants most often recommend the option: “Employees in contact professions (e.g. hairdressers) are allowed to work again”. Not only is this option chosen most often, but if we divide the participants into different sociodemographic classes, it turns out that this option is popular in all classes. This indicates a broad support base throughout the Netherlands. A frequently mentioned argument for opening up contact professions is that this can prevent the bankruptcy of large numbers of small companies and self-employed people. See below a few illustrative quotes from participants:

- “It is precisely these professions that are hit hard. They often involve smaller companies and freelancers who have few reserves. And they are often professions in which you cannot work from home”.
- “These are mostly (small) entrepreneurs for whom it is currently almost impossible to come up with an alternative business model (something that is possible in the hospitality industry, for example)”.
- “Contact professions are simply 100% dependent on customers who are physically present for their source of income.”

In addition, many participants indicate that opening up contact professions with a medical function (e.g. physiotherapists or osteopaths) should be given priority over contact professions without a medical function (e.g. tattooists).

	Frequency	% project was selected
Nursing and care homes allow visitors	8584	32.65
Businesses open again (except Hospitality & contact-jobs)	13466	51.22
Employees in contact professions go back to work	16793	63.87
Young people may come together in groups	10814	41.13
All restrictions are lifted for people who are immune	2461	9.36
Restrictions lifted in Friesland, Groningen and Drenthe	1208	4.59
Social contact is allowed again for direct family members from other households	11442	43.52
Hospitality and entertainment open again	8698	33.08

Table 3: Frequency of project choices open PVE (observations = 26293)

	Frequency	% project was selected
Nursing and care homes allow visitors	971	28.92
Businesses open again (except Hospitality & contact-jobs)	1405	41.84
Employees in contact professions go back to work	1694	50.45
Young people may come together in groups	1125	33.50
All restrictions are lifted for people who are immune	556	16.56
Restrictions lifted in Friesland, Groningen and Drenthe	282	8.40
Social contact is allowed again for direct family members from other households	1561	46.49
Hospitality and entertainment open again	659	19.62

Table 3: Frequency of project choices representative PVE (observations 3358)

Reopening businesses and visiting family members from other households

The options “Businesses other than contact professions and hospitality will reopen” and “Direct family members from another household do not need to keep a 1.5 meter distance” complete the top 3 most popular choices. An important argument for opening businesses that participants mention is that this gives a positive boost to the economy. We found several arguments why people think it is a good idea to allow family members of another household to have direct contact with each other again. Participants have the idea that this option will ensure that Dutch people will live up to the continuing corona measures for longer (‘leads to positive energy’ and ‘indicates that there is light at the end of the tunnel’) and on the other hand they feel that this is a relatively safe option because family members keep each other informed about their health.

Little support for relaxation options that remove restrictions for specific groups

In both the representative PVE and the open PVE, the option “In Friesland, Groningen and Drenthe (northern provinces of the Netherlands with few infections), all restrictions are lifted” is the least often advised. The low support for the option “In Friesland, Groningen and Drenthe, all restrictions are lifted” in society is at odds with the support for this option among scientists. In the Dutch article **“Can the North be the first out of the lockdown?”** several scientists indicate that this is a promising option because there are few infections in these provinces, which makes it easier to keep infection levels low with testing and tracing.

The Dutch find it very important that the relaxation of corona measures leads to **‘unity’** and not to **‘division’** in society. In this same breath, the option “For people who are immune, all restrictions are lifted” can also count on little support from the Dutch population. It is feared that the unity among Dutch citizens that now exists and the support for government policy on corona will vanish if the Cabinet chooses to lift restrictions for a specific group of Dutch people (e.g. the North of the Netherlands, Dutch people who are immune to COVID-19, or young people up to 25). Below are a number of illustrate quotes:

- “By making a distinction between people who are immune and people who may still be infected or who are already infected, you create a very strange divide between two groups in the population. The same with all restrictions lifted in Friesland, Groningen and Drenthe. It’s either the whole of the Netherlands without restrictions, or not. Making divisions between professions or parts of daily life (such as hospitality vs. contact professions) to lift restrictions is about smaller steps and is easier to understand than exempting a whole part of the Netherlands”.
- “We must rise from this crisis together. It’s not wise to create divisions.”
- “There shouldn’t be any difference between people. We live in one country and all of us have to follow the same rules. We’re all Dutch and deserve equal treatment.”

	Frequency	% project was selected
Nursing and care homes allow visitors	5019	19.09
Businesses open again (except hospitality & contact-jobs)	2361	8.98
Employees in contact professions go back to work	2403	9.14
Young people may come together in groups	5514	20.97
All restrictions are lifted for people who are immune	12291	46.75
Restrictions lifted in Friesland, Groningen and Drenthe	13997	53.23
Social contact is allowed again for direct family members from other households	3907	14.86
Hospitality and entertainment open again	8371	31.84

Table 5: Frequency of suggestion of discard open PVE (observations = 26293)

	Frequency	% project was selected
Nursing and care homes allow visitors	967	28.80
Businesses open again (except hospitality & contact-jobs)	496	14.77
Employees in contact professions go back to work	619	18.43
Young people may come together in groups	924	27.52
All restrictions are lifted for people who are immune	1376	40.98
Restrictions lifted in Friesland, Groningen and Drenthe	1656	49.32
Social contact is allowed again for direct family members from other households	627	18.67
Hospitality and entertainment open again	1426	42.47

Table 6: Frequency of suggestion of discard representative PVE (observations = 3358)

Diabolical dilemma’s

The option “Care and nursing homes allow visitors” is particularly popular among women and the elderly with higher incomes. Interestingly, 70% of the participants who recommend this option say they will not be affected themselves if this option is chosen by the government. An argument that is often mentioned is that the prevention of loneliness outweighs the chance of dying from corona (which is in fact a very lonely process too). See below two illustrative quotes:

“ Many elderly people suffer from not being able to see family and becoming lonely. Loosening measures outweighs the chances of more elderly people dying.”

“It is inhuman to let these people be lonely. I believe that dying of corona is not as bad as long-term loneliness.”

On the other hand, this relaxation option is discouraged by many participants who feel that the risks facing nursing home residents and care staff should outweigh the risks of loneliness.

Furthermore, the Dutch are worried about reopening “Hospitality and Entertainment businesses”, which presents itself as a diabolical dilemma. In the representative PVE, 20% of the participants recommend this option. This option is relatively popular among young men from the Randstad urban belt (Amsterdam, Utrecht, The Hague, Rotterdam) and the South of the Netherlands. However, more than 40% say that this option should not be considered by the Cabinet in the period of 20 May to 20 July. Some participants feel that the hospitality sector is not essential enough to legitimize health risks, as expressed in these quotes:

“The hospitality industry is a luxury that we shouldn’t accept when people’s lives are at stake.”

“ Hospitality and entertainment is not a necessity to stay healthy.”

A large group of participants in the PVE are further afraid that excessive alcohol consumption prevents the Dutch from adhering to corona measures such as the 1.5-meter distance rule. A number of participants indicated that they consider it important to think carefully about the enforceability of corona-measures when relaxing them. They also come up with concrete proposals. For example, one participant suggests opening the hospitality industry in the first instance with a closing time of 8pm to prevent that existing corona measures are violated by excessive alcohol consumption.

Advanced analysis of the data

The more advanced analyses such as the multiple discrete-continuous extreme value (MDCEV) model that we have carried out give the same picture: The Dutch have a preference for the options “Contact professions and businesses other than hospitality will reopen” and “Direct family members from another household do not need to keep a 1.5 meter distance”. On the other hand, they dislike the options to relax measures for the Northern provinces or people with immunity. This advanced model furthermore shows the relative importance that the Dutch attribute to the effects of the relaxation options. For example, we see that the Dutch citizens consider avoiding a death among the Dutch population under the age of 70 about two times more important than avoiding a death among the Dutch population over the age of 70. Avoiding a death of a citizen over 70 years of age in the Netherlands is considered four times more important than avoiding permanent physical health problems, which is about ten times more important than avoiding long-term loss of income in a household (15% loss of income for at least 3 years).

These results are fairly in line with a previous research on corona exit-strategies, in which another type of experiment was conducted (Chorus and Mouter, 2020).

Majority thinks PVE is a good participation method

The overall judgement by participants to be able to give their advice on relaxing corona measures is very positive. 80% thinks it is a good method to involve the Dutch in choices that the government has to make on lifting corona measures between 20 May and 20 July. Only 6% do not consider PVE a good method for involving citizens on this subject. Low educated Dutch people are a little more positive about the method than the highly educated ones. Participants state that they became more aware of the difficult choices the government has to make and they value the fact that the government involves them in such a way. Below are a number of illustrative quotes:

- “You experience the responsibility that policy-makers also experience.”
- “It made me think how difficult these kinds of considerations are.”
- “This gives me a better understanding of the choice that politicians face.”
- “I like the fact that the government is open to the (good) ideas of its citizens. Thank you very much!”
- “A lot of room for thought and explanation about lifting corona measures.”

Minority considers citizen advice to be more important than expert advice

Only a minority of participants (5%) believe that the advice they, and other citizens give, should be given greater weight in government decisions than the advice of experts. 69% of the participants state that the advice of experts should be given greater weight and 28% were of the opinion that the government should give equal weight to the advice of citizens and the advice of experts. It is interesting to relate this empirical insight to the fact that Prime Minister Mark Rutte indicated that society’s preferences can overrule the advice of scientists while explaining the decision to close schools in mid-March 2020. If citizens are, as it were, put on the Cabinet’s driver’s seat, the opinion of the majority shifts to give more weight to scientific advice than to the advice of citizens.

	Count
Public authorities should value only on the advice of scientists	1676
Public authorities should give more value to the advice of scientists than to the advice of citizens	12998
Public authorities should give as much value to the advice of citizens as to the advice of scientists	5664
Public authorities should give more value to the advice of citizens than the advice of scientists	680
Public authorities should value only on the advice of citizens	195
No answer	5080

Table 7: Frequency citizen vs. science open PVE (observations = 26293)

	Count
Public authorities should value only on the advice of scientists	399
Public authorities should give more value to the advice of scientists than to the advice of citizens	1468
Public authorities should give as much value to the advice of citizens as to the advice of scientists	657
Public authorities should give more value to the advice of citizens than the advice of scientists	164
Public authorities should value only on the advice of citizens	124
No answer	546

Table 8: Frequency citizen vs. science representative PVE (observations = 3358)

What else are we going to do?

An important part of this study is devoted to participants motivations and reasoning of their choices. Why do some advice a more liberal option and others not? This research yields an incredible amount of more than 100,000 of these qualitative motivations. The arguments of citizens are a valuable data set to better understand their preference on characteristics of exit-strategies. They underpin also insights on why citizens agree or disagree with the government's final choices. We have already included a number of often repeated arguments in this summary, but we are still busy analyzing the data more in-depth with natural language processing.

One thing that was striking was that participants did not only mention arguments for or against an option as we asked them to so, but also a vast amount of conditions under which these relaxation options might be desirable. In addition, many participants have put forward ideas for out-of-the-box exit strategies. Due to the immense time pressure under which this study has been conducted, we did not yet analyze these results. Moreover, we have analyzed the participants' choices with a number of advanced methods such as the MDCEV model and the Latent Class Cluster Analyses, but we will also analyze the quantitative data with other models.

The study was conducted in collaboration with researchers from other universities and the National Institute for Public Health and the Environment (RIVM). Policy staff from the Ministry of Health, Welfare and Sport and the Ministry of Finance were also closely involved.

The data collection was financed by the TU Delft COVID-19 Response Fund.