

Staying home, catching up on our reading ...

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Perspectives in Public Health publishes six times a year, and so we are always working a couple of issues ahead. As I pen this editorial, it's week six of lockdown in the UK and while many of us have the opportunity and technology to work from home, many more are 'furloughed' from their employment. As well as establishing regular handwashing and respiratory hygiene, Government guidance requires us to implement 'shielding' and 'social distancing', though this isn't as simple as it sounds. It's really about physical distancing, as our need for social contact with family and friends has never been greater. Social media and virtual communication have played an important role: allowing us to continue to work; to keep in touch with those we aren't seeing from day to day; in keeping our spirits up (some of the viral videos have been very entertaining); and by providing ideas and inspiration for our exercise and fitness regimes at home. Many of us are meeting our neighbours and other members of our communities (at a safe distance) as our lives have been forced to slow down, and there have been extraordinary gestures of kindness, commitment, and care provided to those affected by the virus.

In this issue, Progreba-Brown et al.¹ describe the knowledge, attitudes and practices of adults in Arizona, USA, regarding mosquito-borne disease and respiratory disease (specifically influenza), and how their findings contribute to the promotion of behaviour change and the use of non-pharmaceutical interventions to reduce risk of infection. The authors found that many participants in their study used the Internet as their key source of health information, and while there was limited knowledge about mosquito-borne disease, there were high levels of awareness and knowledge of influenza and how to prevent its spread. Bhatti et al.² describe the lifestyle and physical activity habits of biomedical science students and changes in their health behaviour before and after enrolling at University, citing insufficient time as the main reason for reducing levels of physical activity. Hobday's historical review of beliefs about dust and airborne infection³ provides impetus for us to use our time at home to undertake a spring clean (my Victorian house is a dust trap, evidenced in the cordless vacuum cleaner), which could also contribute to our hour's physical activity. Finally, Michael Kofi Boachie⁴ makes the case for changing risky behaviours through fiscal policy, including continual increases in taxation of products which are detrimental to health, while subsidising and promoting increased uptake of healthy food items. He places particular emphasis on how such policy would benefit low- and middle-income countries, which carry the burden of mortality from non-communicable disease.

References

1. Pogreba-Brown K, Austhof E, Okello A *et al.* Public perceptions of non-pharmaceutical interventions for influenza and mosquito-borne illnesses – a statewide survey in Arizona. *Perspect Public Health*. Epub ahead of print 22 November 2019. DOI: 10.1177/1757913919886605.
2. Bhatti S, Leidi A, Leake D *et al.* Studying biological science does not lead to adoption of a healthy lifestyle. *Perspect Public Health*. Epub ahead of print 31 December 2019. DOI: 10.1177/1757913919890889.
3. Hobday R. Dust and airborne infection: the swing of the pendulum. *Perspect Public Health*. Epub ahead of print 1 June 2020. DOI: 10.1177/1757913920915234.
4. Boachie KM. Changing risky health behaviours through fiscal policy: the time is now. *Perspect Public Health*, this issue.