Communicating About Air Pollution During COVID-19

Best Practices for Clean Air Communicators

Measures to slow the spread of the COVID-19 pandemic have led to temporary improvements in air quality in many cities around the globe. When factories shut down, traffic levels fell and fossil fuel production plummeted,\(^1\) reports on the news and social media touted cleaner skies free from severe air pollution—some for the first time in years.

As the issue of air pollution and its effects on public health are thrust into the spotlight of the COVID-19 crisis, it is critical that all clean air stakeholders contribute to the public discourse with thoughtful and evidence-based data—to prevent the spread of misinformation, promote the need for clean air solutions and create public demand for clean air.

A few recent studies have claimed a direct link between air pollution and COVID-19. While more research needs to be done,* Vital Strategies epidemiologists can state a few things with certainty:

There is insufficient evidence to definitively claim that short-term exposure to high levels of air pollutants contributes to COVID-19 infections and deaths. However, suggestive evidence exists that long-term exposure to poor air quality may make people more susceptible to getting sick or even dying from COVID-19. Air pollution leads to more than 5 million deaths each year\(^2\) from causes ranging from heart and lung diseases to diabetes. The leading diseases caused by air pollution—cardiovascular disease, chronic obstructive pulmonary disease, diabetes and cancer among them—are the same underlying conditions that make people much more likely to become severely ill or die from COVID-19.\(^3\) Because of this shared pathway, improving long-term air quality would likewise improve lung and heart health, and reduce susceptibility to the severe impacts of COVID-19 and potentially other infectious diseases.

Air quality is likely to worsen as economies restart, and in many countries, leaders are exploiting the economic crisis to roll back environmental regulation and enforcement\(^4\). Funding for greener energy initiatives may be delayed or disappear. Global and national commitments to reduce CO2 emissions (which bring with them improved air quality) may be stalled. People may opt to commute by private transport rather than mass transit, putting more cars on the roads.

*As of July 14, 2020
Recommendations for communicating about air pollution during the COVID-19 crisis

As misinformation mounts during the pandemic, it is important to use evidence-based, credible information to promote and reinforce support for clean air policies, and prevent the backsliding of environmental regulations. Prematurely promoting links between air pollution and COVID-19 may backfire should further research disprove them. Vital Strategies Environmental Health Division recommends the following when communicating with the public and other key audiences about air pollution in the context of COVID-19:

**Do:**
- When crafting messages, consider how air pollution (especially PM$_{2.5}$) levels have changed during COVID-19 lockdowns and subsequently rebounded during reopening stages, as well as what these changes in air quality might be attributed to (e.g. lower traffic, shutting of factories, etc).
- Use the latest data correctly and cite only credible research when talking about links between air pollution and COVID-19.
- Remind audiences that that air quality improvements due to COVID-19 are temporary and, without specific interventions to reduce emissions, air quality will worsen again as economies restart.
- Emphasize that the COVID-19 pandemic is not an excuse to roll back environmental regulations when restarting the economy and that environmental rules and their enforcement have significant returns on investment in the form of reduced health costs and social gains.
- Emphasize the need to adopt long-term strategies to improve air quality to address the chronic health harms of air pollution (such as heart and lung diseases, hypertension and diabetes).
- Reinforce the message that temporary air pollution improvements due to recent restrictions come at great economic and social costs (in terms of livelihoods, lives lost, etc.) and are not environmental health gains.
- Talk about the sustainable, cost-effective air quality improvements available through reducing emissions at their source.
- Highlight that sustainable solutions must take the nation/region’s poorest people into consideration, as vulnerable communities are most affected.
- Encourage governments to forge a pathway toward a healthy, sustainable new normal.

**Don’t:**
- Do not promote air pollution’s direct links to COVID-19 without credible, established evidence (yet to be reported as of 14 July 2020).
- Messages should not indicate that the COVID-19 crisis is a win for air pollution advocates.
• Do not use the COVID-19 crisis as an example of how governments and corporations can take drastic action to improve air quality. It is counterproductive for the public, private industry or policymakers to link air pollution solutions to severe economic disruption.

• Pictures and messages should not refer to crowds, or show activities that violate current local mandates on public health and social measures to prevent COVID-19 transmission.

• When conversations on masks arise, remind audiences that masks are a measure to stop the spread of COVID-19, not a solution to reduce exposure to air pollution.

More info at
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Vital Strategies is a global health organization that believes every person should be protected by a strong public health system. We work with governments and civil society in 73 countries to design and implement evidence-based strategies that tackle their most pressing public health problems. Our goal is to see governments adopt promising interventions at scale as rapidly as possible.

For more information on Vital Strategies’ Air Pollution and Health program, visit:
https://www.vitalstrategies.org/programs/air-pollution-and-health/

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2 http://www.healthdata.org/infographic/global-burden-air-pollution
3 https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w