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Virtual social networks and health technologies in the daily life of clients and households: care and health promotion

Leila Cristine do Nascimento Melo (https://orcid.org/0000-0003-4744-4576) [1]
Bruna Moreira da Silva (https://orcid.org/0000-0001-7606-2978) [1]
Rosane Gonçalves Nitschke (https://orcid.org/0000-0002-1963-907X) [2]
Selma Maria da Fonseca Viegas (https://orcid.org/0000-0002-0287-4997) [1]

Abstract *This study aimed to understand the use of technosociality in the daily lives of the Family Health Strategy clients during the COVID-19 pandemic for care and health promotion. This holistic, qualitative, multiple case study based on the Comprehensive Everyday Life Sociology was conducted with 61 clients from three Brazilian municipalities, two in Minas Gerais and one in Santa Catarina. The sources of evidence were the open-ended individual interview and field notes. We adopted thematic content analysis to analyze data. The use of virtual social networks and health technologies for care, monitoring, prevention of risks and conditions, health promotion, and access to information is found in clients' daily lives. We highlight the importance of support and solidarity networks. The infodemic and misinformation about COVID-19 denote uncertainty about the veracity of information and concern about mental health. We should pay close attention to using technologies and social networks for health promotion, enabling strategies to enhance their use and minimize the indicated harms.*

Key words *Technology, Internet, Family Health Strategy, Social network, Health promotion*

[1] Universidade Federal de São João del-Rei. R. Sebastião Gonçalves Coelho 400, Campus Centro-Oeste, Bairro Chanadour. 35501-296 Divinópolis MG Brasil. leilacristinenascimento@hotmail.com
[2] Universidade Federal de Santa Catarina. Florianópolis SC Brasil.

Introduction

Postmodernity has transformed the *modus operandi* of living, being, and acting, bringing new demands. Formed on a paradox that relates the archaic and the technological, this relationship enables new connection types between the tribes[1]. This technology-mediated interaction can be defined as technosociality[2]. In this sense, using technology and social networks is a new social behavior polarized in benefits and harms. In this context, incorporating information and communication technologies (ICT) in health is a tool that can enhance health promotion and healthcare. Technological tools draw clients and professionals closer with swift procedures and remote health monitoring[3].

Online platforms progressively become a place that enables communication on health-related issues, which increasingly contributes to clients moving from passive to active care and health promotion agents. Communicating health information can eliminate misinformation-related gaps to achieve greater integration promoted by mobile devices[4].

Although social media facilitate the circulation and communication of health information, the growth of technologies and social networks during the COVID-19 pandemic brought another reality: the infodemic and the circulation of fake news. The infodemic is characterized by an excess of information that hinders access to reliable sources of knowledge. The swift circulation of information and the elevated reach of reputable news can positively impact the promotion and recovery of health and the prevention of risks and illnesses, but this same agility and quick reach are ammunition for spreading fake news and misinformation, which were and are the primary challenge for the continuity of care for COVID-19 and other diseases[5].

Given the above, it becomes relevant to understand technosociality in the daily lives of people and households. We justify that this study approaches the indication of the Sustainable Development Goals when addressing the use of technologies and virtual social networks to promote the health and well-being of clients and their households, which corroborates the precision of equal access to the Internet and its tools to consider the universal use of information and communication technologies to ensure a healthy life for all[6].

Thus, the question is: what are the implications of using virtual social networks and health technologies in self-care production by Family Health Strategy (ESF) clients and their households? What are the strategies for good communication and preventing the spread of fake news adopted by ESF clients? The present study aimed to understand technosociality in the daily lives of ESF clients and their households during the COVID-19 pandemic for care and health promotion.

Methods

This holistic, qualitative, multiple-case study[7] was based on the Comprehensive Everyday Life Sociology theoretical framework[8]. The holistic, qualitative, multiple-case study is a recent, in-depth, and meaningful empirical investigation of an everyday object. It is developed from the research proposal, its implications, theoretical propositions, data collection and analysis, and discussion[7].

The underlying theoretical framework of this study was based on the Comprehensive Everyday Life Sociology to analyze technosociality, establishing a balance between reason and emotion; that is, a sensitive reason[8].

The research setting encompassed three Brazilian municipalities, one in the state of Santa Catarina (SC) and two in the state of Minas Gerais (MG), corresponding, respectively, to cases 1, 2, and 3. One hundred sixteen people were approached. Thirty-seven did not respond to the remote approach contact, and 18 refused to participate in this research, leaving out 61 participants. Fifty-three were ESF clients, and eight were clients of an Elderly Health Reference Center, as per the inclusion criteria of being 18 or older and answering for themselves. People with a condition that hindered their verbalization were excluded.

The sources of evidence were the individual open-ended interview, with a semi-structured roadmap of questions to characterize the participants and 13 questions to analyze further the research object, along with field notes used to record data collection methodological and theoretical information. Data were collected from April to October 2021.

Respondents for cases 1 and 2 were collected remotely due to the need for preventive measures because of the red and purple wave classification of the COVID-19 pandemic. The initial contact was made with the head of the ESF teams for indication and initial approach of the clients and invitation to participate in this research using

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electronic means, such as email or WhatsApp. Up to five attempts were made to contact the clients; many have yet to respond on the first contact. The ICF was sent through the Google Forms platform, with an appropriate place for the invitees to express their acceptance and enter their data. All interviews were recorded on the Google Meet platform after client consent. The snowball sampling technique was adopted in cases 1 and 2, which uses referral networks in which participating people are asked to indicate other people until data saturation is reached[9].

Case 3 data were collected in person. The ESF units were stipulated through a random draw. The order of this draw was respected until data saturation, reaching six ESF units and eight teams, to which clients participating in this study are registered and monitored. The participants were those present on the day of data collection at the ESF units, observing the inclusion and exclusion criteria. The interviews were held in a private room, strictly observing the SARS-CoV-2 control and dissemination measures, and were audio-recorded following participants' consent. The ICF was drafted in two copies and read to the participants before the beginning of the interviews, besides granting enough time so that the invitees could express their free and informed will to participate in the research, formalized by signing both copies.

An alphanumeric codename (E1, E2, E3) was used to ensure the participants' anonymity. The description of the studied population's characteristics is shown in Figure 1.

Data analysis was outlined by semantic criteria grounded on the Thematic Content Analysis technique[10], observing the analytical cross-case synthesis technique. Three thematic categories originated from the analysis, and this article discusses the category of "Virtual social networks and health technologies in the daily lives of clients and households: care and health promotion".

The Research Ethics Committee of the Federal University of São João del-Rei approved the study under Opinion No. 4.538.343. Resolution No. 466, of December 12, 2012, of the National Health Council, and Resolution No. 510, of April 7, 2016, were observed. The recommendations of the Consolidated criteria for Reporting Qualitative research (COREQ) were considered.

Results

The results presented in two subcategories denote possibilities for using virtual social networks and health technologies for care and health promotion in the daily lives of clients and households monitored by the ESF teams in different settings, despite the infodemic and misinformation about COVID-19.

Virtual social networks and health technologies in care and health promotion

In everyday life, even if clients say they do not know about health promotion, its notions are revealed in the clients' voices:

Having a good diet, exercising, drinking water, and avoiding social media helps a lot (E26).

I understand that promoting my health is having a quality of life, being able to take care of my body and skin, having leisure, having time to read a book, watch a movie, talk to friends and family, and go for walks even if in a small square [...], but having the minimum quality of life: the one where you work, but you also have fun (E51).

It is a way for us to improve the quality of health based on simple everyday things (E19).

When their understanding of health promotion was questioned, most participants answered: "Health promotion? I don't know what to answer". However, after clarification and another way of asking, "What do you understand about health promotion, and what do you do to promote health?", most of the respondents responded by highlighting what they did to promote health, almost always emphasizing food, physical activity, and leisure.

The interviewed clients talk about the use of virtual social networks for care, prevention of risks and conditions, and health promotion:

I use my health center's WhatsApp. So, my colleagues send me messages, you know? [...] Here in the neighborhood, I help many people, and the girls here at the post already know, so they already put in the group "Go vaccinate 43 years old", [...] So, I shared it with the people whom I know [...] The Health Secretary is always posting videos. The mayor is always posting about health on Instagram, which is important for us to know. We are always well informed about health here with this information via Facebook and WhatsApp (E18).

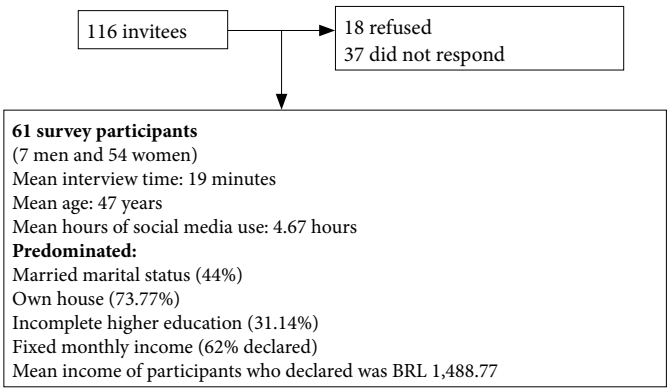

Figure 1. Characterization of participants in the multiple case research: one municipality in SC and two in MG, 2021.

Source: Authors.

In an online appointment, as in COVID, the health worker fully supported us without coming here at home at any time, you know? We feel supported as if she had come here. She called me when I had COVID and asked about each individual at home, how they felt that day, if they had any symptoms, got better, and had any changes in symptoms. The next day, she would write down whether we had a fever or felt something. [...] Technology today helps you improve your well-being and diet. Sometimes, you have recipes you learn to make on the Internet, you know? Which is not expensive and easy to do. You look for it and do it! (E11).

The use of social networks was very much alive in the daily lives of people and households. Some participants used it to help disseminate health facility information. In turn, the health team used it to monitor patients diagnosed with COVID-19, per information from clients who had the disease or their relatives.

The use of technologies for care, monitoring, and health promotion in the daily lives of clients emerges from the results:

When I got pregnant (and until today), I use BabyCenter to follow the development of my 8-month-old son. Everything related to weight, height, child development, what they will do at that age, the months they are in, and whether the month they are in is already compatible with what is written: say, eating baby food at six months. It helps! Of course, I don't follow much [the application]. Usually, when I bring it to childcare, I look at what they say and check it with the app. [About pregnancy app] symptoms, training contractions, and unusual pregnancy symptoms, you know? High-risk things, diabetes, blood pressure, what can happen during pregnancy in the month I am in, what I can expect, and questions (E33).

I used COVID telemedicine to make my sister's online appointment. [...] We needed it twice; it was a remote service. [...] It was fantastic! It was really cool! We thought it wouldn't work out, but that is what we had, and we couldn't afford it privately, and everyone was afraid to go to the UPA. So we went to telemedicine, but both times the doctor was very attentive and asked about the symptoms. We brought the camera closer, opened the mouth, and she looked at the throat. Very cool, she did some tests. So, it was fascinating (E51).

Promoting health through the use of applications becomes a reality in the daily lives of participants during pregnancy. Telemedicine was recognized as a facility with great potential for appointments and monitoring of COVID-19 cases and people with chronic conditions.

The use of health technologies for scheduling tests and accessing results becomes a frequent action in the clients' voices:

I already received the link with a password through the UPA to access the laboratory and check the results. [...] A doctor at the unit sent me the results of an electrocardiogram report via WhatsApp. [...] I only know telemedicine or Tele-Covid, and the laboratory system that gives a number and a password every time we do a test to access the results (E51).

Whenever I go for an appointment, the girl at the health center prints out the tests for me (E56).

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Health technologies are also used by ESF clients to access medication:

They look on the computer to see if they have them [prescribed drugs]; if they do, they stamp it and write on the back of the prescription (E30).

They have to search the computer to see whether they have the medicine and do something there to confirm that they delivered it to us (E56).

The participants of this study talk about the use of WhatsApp for healthcare:

They have the ESF [WhatsApp] group [...] they advise about appointments, vaccination, and, in private, the health worker tells us to go there and pick up the scheduling paper (E39).

I use WhatsApp more. I already used it when my husband and I got COVID. Then we scheduled to take the test. In these last few months, I've been using WhatsApp a lot to communicate with the health center in my city because I needed the nurse's help to apply the dressing and get the material (E1).

Clients talk about the impact of virtual social networks on access to information and health care:

I've done much research and seen many interviews and things. For example, even at my age (an older adult), I was unaware of drinking much water, and I have found that it guides us a lot. So, for me, for health, especially for my husband with diabetes, it brings much important information. We know some things are misleading, but we also have healthy things that help us (E30).

I'm always on social networks. Now and then, there's a health tip we pick up and read, reinforcing something we already knew: some knowledge. I use it when there are tips on medicinal plants that help with a certain problem [...] I think it's really cool when you have this information because it reminds me that I have to continue to be careful and that if I'm careless if I know, I pay attention and, if I don't know, I start doing it. Since Family Health is about getting closer to the community, the community likes that you give a tip that drinking water is important, how many liters of water older adults should drink, and that this prevents Alzheimer's, and how to treat, you know? This makes all the difference for us, who don't have the money to pay for treatment (E51).

The reports highlight the importance of support and solidarity networks in the pandemic context:

We take care. We do not believe everything we see [...] So, somehow, we know. We are on top of things and are warned [...] It is care provided by the people of our organization (religious organization). So, I'm well supported there. People care a lot, and I feel more protected (E3).

Infodemic and misinformation about COVID-19 and mental health care

Care in sharing news on social networks appears as a concern in the voice of respondents:

I avoid making an impact right away because most of the news on social media today you see is different from what they are talking about. I only share if I'm sure of something. I won't pass it on (E1).

I pay much attention to fake news and think, "Is this true?" I don't share when I'm in doubt. Lately, I haven't shared anything else precisely because of this; some things are so precise that you think, "No, that's true!". However, what if it's not true, right? [...] So, when in doubt, I don't share it and end up doing well because I see that it was a lie afterward. So, if I had shared it, I would be helping to strengthen that lie (E30).

In the context of the high demand for news received daily, there is uncertainty about the veracity of the disseminated information:

Look, social networks have helped in something, haven't they? In fact, both for good and bad because there is also much fake news on social networks. We can see many things, but we must find out how true it is (E3).

Faced with the plethora of information available on the Internet, clients address the circulation of information about COVID-19 and mental health care:

Social networks have benefits but also disadvantages, right? Which, in this case, is much bad news: it's a reality. However, if we stay focused there on the fact that many people died, that messes with someone's mind so that people get depressed and become mentally ill. Then, when you realize it, there is no way out. When you see it, you are already at rock bottom, already very sick, and your psychological state of mind is affecting you. You have to use it with a limit. Use the Internet for some time. If the news is repetitive, you leave this stuff and do something else (E2).

Discussion

Given the results, one can infer the incredible impact of using health technologies and virtual social networks for health promotion, risk, illness prevention, health care and monitoring, access to information, and the importance of support net-

works in everyday life. Furthermore, using these technologies and social networks also interferes with the infodemic and misinformation about COVID-19 and mental health care.

Thus, understanding the clients' view of health promotion in this study, despite the complex social determinants of health and their understanding, was vital as it showed that the singular notions of health promotion reflect, mainly, the incentive to good dietary practices and physical activity routine.

Health promotion consists of a vast network of strategies and actions, including public, private, individual, and collective resources to improve individuals' life quality and condition[11]. Although the topic is challenging, the clients' notions are part of the National Health Promotion Policy, which, among the priority themes to promote health, highlights the relevance of actions targeting adequate nutrition and physical activity, encouraging their incorporation into people's lives, besides offering what is possible and accessible for each individual's subjectivity, so that socioeconomic and inclusive issues are considered to guarantee human rights to all[12].

Besides the scope of actions to be developed face-to-face with clients in the daily life of health services, technology and virtual social networks are essential tools to expand clients' access to information, choose a healthier lifestyle that influences behaviors for health promotion and recovery, and prevent risks and illnesses. These tools gained even more prominence during the COVID-19 pandemic, as social distancing provided more significant contact with technologies and even the obligation to use them to access several services that started to be provided remotely. In this setting, technologies and, especially, applications are potential mechanisms for producing knowledge and democratizing access to scientific knowledge[13].

The WhatsApp application is an entertainment and communication technology that has become an essential ally in promoting health. It enables interaction with health units, scheduling appointments, delivering test results, and developing health education/support groups. Therefore, WhatsApp is a tool that allows health control, emergency measures, and information dissemination, hugely impacting the behavior of clients and households in a short time[14]. The present study corroborated these findings.

Given the pandemic, it was necessary to create new ways of producing health and enabling care by health professionals. Most countries have adopted strict lockdowns due to the high SARS-CoV-2 virus transmission rate, which has hindered physical contact and communication[15]. The use of technologies emerges as an aid to the health system, highlighting the use of telemedicine/telehealth in its most different forms: online appointments; telemonitoring; sensors used as trackers that allow clients to avoid places with a higher infection risk; and Chatbots, offering recommendations. Moreover, telemedicine has other advantages, such as convenience, accessible health information, and low cost[16].

The benefits indicated by telehealth are significant and associated with a shorter diagnosis and treatment initiation time. It allows continuous patient monitoring without needing to be done entirely in person, assisting in managing medical resources and providing real-time access to information. An example of using health technologies to support the health system occurred in the Spanish region of Catalonia, with the implementation of a monitoring system in Primary Health Care to follow up on the patients' symptoms through calls. The patients were (re) admitted to the hospital if it was detected that the patients' conditions deteriorated. This intervention offered continuous and longitudinal care. Concomitantly, the medical prescription was sent to the clients' electronic medical records for the electronic system of pharmacies, and the medications were offered to the patient[16].

The short-term impact on health is one of the benefits of using technologies in general. The tool configuring this speed was the online appointments/telehealth in the COVID-19 pandemic, which was pointed out in the present study. Although telehealth is still a significant challenge for the Brazilian reality, this tool shortens the geographical distance between patients and health professionals. It must guarantee the security of data generated online to support health care effectively, even physically distant[17].

In this sense, other technological tools are developed for the same purpose, like the Registration and Monitoring System for Hypertensive and Diabetic Patients (HiperDia). HiperDia follows up and monitors clients with arterial hypertension or diabetes, improving the care provided by the health professionals, increasing treatment adherence, and following up on patients in secondary/tertiary prevention actions and against the disease(s)[18].

By declaring the importance of support and solidarity networks in the COVID-19 pandemic, the present study identifies that increasingly

postmodern values are emerging, fundamental values of exchange, sharing, and cultural and spiritual values overlooked in modernity[19].

One study observed a positive relationship between internet use and improved diet quality, especially if the internet user was primarily responsible for preparing the family's meals, corroborating the present study's findings[20].

Given the above considerations, the power of technology for health and access to information is evident. Virtual social networks and applications obtain information about strategies that improve well-being and quality of life. However, the polarized use of technologies and social networks is remarkable. The association of technology and health is not only beneficial. The harm of this use is evidenced by the excessive amount of circulating information, its uncertainty and impact on mental health. These aspects were enhanced during the COVID-19 pandemic, as the globalized infodemic generated more uncertainty, increased the circulation of famous fake news, and distanced the population from accessing reliable content. In this context, technology can contribute to weakening science and medicine[21].

Maffesoli[1] affirms that:

The current social contract is grounded on enclosing the individual in the fortress of his spirit. Beware of the emotional epidemic. Internet networks bear witness to this. Be it on community sites, mailing lists, discussion blogs, and Twitter, it can be said to chirp a bird's language in which reason is not absent, but emotion plays a primordial role. One can chat endlessly through messages whose brevity condenses the essential: sharing common emotions. These can move and, therefore, encourage, in their entirety, man's action. Here is the initial lesson that ambiance (atmosphere, climate) teaches us: we are trapped in a single block, an environmental constellation that makes each one what he is, and from which it is tough to get rid of[1](p.39).

The spread of fake news is a potential aggravating factor for the mental health of individuals, especially during the COVID-19 pandemic. The infodemic is an adverse result of globality and access speed driven by the Internet. It contributes to risky behavior based on untruths[22] and directly affects the mental quality of clients and households who, in an instability and social distancing situation, are bombarded with sensational news, which infers a more significant mental impact[23].

Final considerations

The association between technology and health in clients' daily lives is a tremendous challenge of postmodernity and is becoming increasingly present in Primary Care. In the present study, its impact on the health and quality of life of clients can be evidenced in benefits and harms: if, on the one hand, technology favors access to some health resources, such as medication, test appointments, disease monitoring chronicles and teleconsultations, on the other hand, technology elitizes knowledge, favors the spread of fake news, impairs the socialization of individuals, and incites a virtual utopia that makes people sick. This duality triggers critical reflections and highlights the transitional moment of society between modern and postmodern values.

The benefits of technological contribution to health are undeniable since it allows streamlining procedures and appointments; access to contents that prevent risks and promote and restore health is easy; virtual social network tools shorten physical distances, enhance care, and facilitate access to information and distance follow-up, as denoted in this study. That is, technology has become a tool that supports healthcare quality and continuity.

However, while this easy access to technologies and virtual social networks promotes positive aspects, it generates uncertainty and insecurity in the daily lives of its clients, such as the infodemic, very evident in the COVID-19 pandemic, ratified in this work. The avalanche of news allows the quick circulation of untruths and socializes them and contributes to the mental illness of clients.

The limitation of this research is due to the purposeful sampling of ESF clients, representing a subgroup of the community. However, in multiple holistic-qualitative cases, purposeful sampling can represent groups with similar characteristics. Understanding technosociality in the daily life of ESF clients contributes to the health and nursing area by pointing out its strategic use for care and health promotion actions.

Collaborations

LCN Melo and BM Silva contributed to data collection, analysis and interpretation of results, drafting, and critical review of the manuscript's content. RG Nitschke contributed to the critical review of the manuscript's content. SMF Viegas contributed to the study's conception and design, data collection, analysis and interpretation of results, drafting, and critical review of the manuscript's content. All authors approved the final version of the manuscript.

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