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The COVID-19 pandemic and the "Stay at Home" Program: radio via WhatsApp in Primary Health Care

A pandemia da COVID-19 e o Programa "Fica em Casa": rádio, via WhatsApp, na Atenção Primária à Saúde

La pandemia de COVID-19 y el programa "Quédate en casa": radio, de WhatsApp, en la Atención Primaria de Salud

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Abstract

Problem: Primary Health Care required several adaptations to ensure access to health due to the new coronavirus (COVID-19) pandemic. To maintain the community informed at the beginning of the pandemic, a group of health professional residents of the Costa e Silva Health Center in Porto Alegre, Brazil, organized a radio program broadcasted via WhatsApp called "Stay at Home." This article aims to reflect on the creation of the program and its developments. **Methods:** This is an experience report of a radio created based on the field diary of those involved and the experience and reflections about it. **Results:** The "Stay at Home" Program is an expanded form of radio that is not limited to Hertzian broadcasting, but rather to a community radio broadcasting initiative in its social, participatory, and cultural essence. The team's voices suggest security for the community as a space for micropolitics and empowerment of autonomy in response to misinformation. **Conclusions:** The "Stay at Home" Program worked as a form of access to health, popular education, law, resistance, memory, and art.

Keywords: Radio; Health education; COVID-19; Communication; Primary health care.

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Resumo

Problema: A Atenção Primária à Saúde, após a pandemia de COVID-19, necessitou diversas adaptações para garantir o acesso à saúde. Para manter uma aproximação da comunidade no início da pandemia, um grupo de residentes da área de saúde da Unidade de Saúde Costa e Silva, em Porto Alegre (RS), organizou um programa de rádio de transmissão via WhatsApp, o "Fica em Casa". Este artigo reflete sobre a construção do programa e seus desdobramentos. **Método:** Trata-se de um relato de experiência de uma rádio criada com base no diário de campo dos envolvidos, com reflexões acerca dela. **Resultados:** O programa "Fica em Casa" é uma forma de rádio expandida que não se limita à transmissão hertziana, mas consiste em uma iniciativa de radiodifusão comunitária em sua essência social, participativa e cultural. As vozes da equipe sugerem segurança para a comunidade como um espaço de micropolítica e valorização da autonomia em resposta à desinformação. **Conclusão:** O "Fica em Casa" funcionou como forma de acesso à saúde, educação popular, direito, resistência, memória e arte.

Palavras-chave: Rádio; Educação em saúde; COVID-19; Comunicação; Atenção primária à saúde.

Resumen

Problema: La atención primaria de salud con la pandemia de COVID-19 necesitaba varias adaptaciones para garantizar el acceso a la salud. Para mantener a la comunidad más cercana al inicio de la pandemia, un grupo de residentes de atención a la salud de la Unidad de Salud Costa e Silva en Porto Alegre (RS) organizó un programa de radio transmitido por WhatsApp: "Quédate en casa". Este artículo tiene como objetivo reflexionar sobre la construcción del programa y sus desarrollos. **Método:** Se trata de un relato de experiencia de una radio elaborada a partir del diario de campo de los involucrados y la experiencia y reflexiones al respecto. **Resultados:** El programa "Fica em Casa" es una forma expandida de radio que no se limita a la transmisión de hercios, sino a una iniciativa de transmisión comunitaria en su esencia social, participativa y cultural. Las voces del equipo sugieren la seguridad para la comunidad como un espacio para la micropolítica y el empoderamiento de la autonomía en respuesta a la desinformación. **Conclusión:** "Quedarse en casa" funcionó como una forma de acceso a la salud, la educación popular, el derecho, la resistencia, la memoria y el arte.

Palabras clave: Radio; Educación en salud; COVID-19; Comunicación; Atención primaria de salud.

INTRODUCTION

The coronavirus infection (coronavirus disease 2019 – COVID-19) had its first reported case in China in December 2019.[1,2] Since then, in addition to the COVID-19 pandemic, it has also been necessary to face an "information epidemic"[3] — the infodemic, a term used during the outbreak of the Severe Acute Respiratory Syndrome (SARS) and resumed by the Director-General of the World Health Organization (WHO) at the Munich Security Conference on February 15, 2019.

The crisis and the uncertain situation caused by the pandemic created the need to restructure healthcare services and to disseminate information.[4] In the context of Brazil, in which the Brazilian Unified Health System (SUS) has already been underfunded, the challenge to tackle the pandemic was intensified.[5] Conversely, the pandemic reinforced the importance of the SUS and of the legal commitment to health as citizen rights and State duties.[6]

Misinformation regarding COVID-19, with disarticulation between the different jurisdictions, led to a change in political action, losing the focus on effective actions to tackle the pandemic such as vaccination or social distancing.[7] The reflection that misinformation leads to the exhaustion of critical thinking and annihilates the truth[8] provides a fertile field for fake news to dramatically grow with clinical, social, and racial repercussions.[9,10]

Social media applications, such as WhatsApp, have been used as communication and health education tools even before the pandemic.[11] In the context of COVID-19, with social distancing, these tools were able to coordinate community and capacity-building actions.[12]

The objective of this article is to report the experience of creating, on the part of Primary Health Care (PHC) professionals, a local communication platform with broadcast via WhatsApp in the context of the COVID-19 pandemic, called the "Stay at Home" Program (*Programa "Fica em Casa"*). This program began in March 2020 at the Costa e Silva Health Center (*Unidade de Saúde Costa e Silva* – USCS), in Porto Alegre (state of Rio Grande do Sul, Brazil). Its relevance lies in providing subsidies to empower other healthcare professionals to inform communities in their local contexts.

METHODS

This study is an experience report whose format exposes the unique record of an experience and a historical time.[13] This report was initially carried out as a Management Internship project that is part of the curriculum of the Multiprofessional Residency Program (*Programa de Residência Multiprofissional* – PRM) in Family Health and Mental Health and the curriculum of the Medical Residency Program in Family and Community Medicine (*Programa de Residência Médica em Medicina de Família e Comunidade* – PRMMFC) of Grupo Hospitalar Conceição (GHC), in Porto Alegre, Brazil. The study was based on the history of the program, on the authors' field diary, by resuming previous local actions carried out in health communication, and on the systematization of the scripts and audios of the "Stay at Home" radio station.

RESULTS

"Stay at Home" Program: territory, history, and organization

The USCS territory is located in the northern region of the city of Porto Alegre and was built with the support of a housing policy (COHAB Costa e Silva). In 1995, GHC founded the Community Health Service (CHS) at COHAB Costa e Silva, where it is still established nowadays.

The neighborhood mostly consists of masonry houses and has a sanitary infrastructure. However, this territory has areas of vulnerability and irregular occupation (especially two places where families with low socioeconomic status and greater fragility are concentrated) that require careful surveillance and monitoring from the health center.

In 2016, the USCS Strategic Situational Planning was carried out using census data from the Brazilian Institute of Geography and Statistics (IBGE)[14] and the Information System of Grupo Hospitalar Conceição. In the area served by the USCS, there are 1,348 households, with a population of 4,806 users. Regarding the sociodemographic profile, there are 2,547 women and 2,259 men — it should be noted that, in these data, the person's gender identity is not considered, which limits the use of these data. Regarding age distribution, 954 (19.8%) people are under 20 years old; 2,623 (54.6%) are adults; and 1,229 (25.6%) are over 60 years old. Most people over 18 years of age hold an elementary school degree (63.93%), followed by 40.26% with high school degree; 6.93% with higher education degree; and 4.54% illiterate people. Part of the community is comprised of Haitian immigrants. With the pandemic, the greatest vulnerabilities related to food insecurity emerged in clinical practice. The most reported jobs are in the commerce and services sectors.

The USCS population is served by two teams, divided between four family and community doctors, three nurses, six nursing technicians, and six Community Health Workers. There is also the participation of

a multi-team, composed of a social worker and a psychologist — in addition to the administrative, cleaning, and security teams. In 2020, USCS welcomed four residents from the PRMMFC and six residents from the PRM. The community participates in management processes by the Local Health Council.

The COVID-19 pandemic made the team reorganize to meet the new demands, with the readaptation of rooms for the care of symptomatic respiratory patients. In this moment of reorganization and planning of community actions, the idea and initiatives of the "Stay at Home" Program emerged to combat the COVID-19 pandemic by direct communication with users.

USCS already had previous experience with communication and health education projects. In 2010, a resident physician hosted a weekly radio program of the Rubem Berta Residents Association entitled "Community Health Program" (*"Programa Saúde na Comunidade"*), which covered education and health promotion topics.[15] In 2013, USCS produced the newspaper "Did you know it??? The newsletter from Costa e Silva Health Center" ("*Tá sabendo??? O informativo do seu Posto Costa e Silva"*) written by the Community Health Workers in collaboration with other professionals of the health center. The newspaper had four printed editions that were distributed throughout the territory, with information on the local health council, welcoming, the Bolsa Família Social Welfare Program, among others.[16]

The idea of the "Stay at Home" Program came about in view of the team's experiences and the need to carry out a community approach in a territory that began to be virtualized after the first decrees and circulation difficulties due to the pandemic. The team's Community Health Workers raised the first questions and demands from the users at the meetings. Thus, the idea of the program was drawn. The main professionals involved in coordinating the project were residents of the USCS and the Community Health Workers, but all categories of the health center participated in the recordings. The creation of the program took place organically and without the need for a coordinating person. Different people cooperated in various stages. The community gradually became involved in sending questions and voice messages via WhatsApp, as face-to-face meetings were restricted.

The organization of the program was based on the definition of the target audience, collaborating team, media, content, where and how to record. The systematization of the creation of the "Stay at Home" Program went through four main stages: preparing a script, recording, editing, and disseminating.[17] The scripts were prepared during the USCS work process, between appointments and management internship spaces, development with Community Health Workers, often asynchronously, using the Google Docs platform. The script was organized with an opening message introducing the program, followed by several topics based on doubts of the community concerning the pandemic, as well as other health information and aspects. The idea was not to focus only on the pandemic, but rather on the complexity of the community. During the appointments, which were reduced due to lockdown, patients brought up questions to be discussed on the radio. In addition, the Community Health Workers bridged the gap between the service and the community, and many people sent questions and suggestions for the programs using their phones and contacts. At the end of the radio program, there was a cultural space with activities such as guided meditation, reading of short stories, poetry, music, among others. The topics were developed during the conversation with the group responsible for the radio and discussions between healthcare professionals. As the programs covered several topics, the PHC team generally contributed with themes to be addressed. The voices that composed the program were from PHC professionals, including receptionists, technicians, and multiprofessional staff. At the beginning of their speech, people introduced themselves. In the community, there was the participation of audios in Haitian Creole language with guidance on the pandemic and the choice of

the soundtrack. Residents of the community recorded audios on their telephone devices and sent it to be included in the radio program.

The duration of the program was approximately 10 min. The recording took place with the use of a headset with microphone, using the cell phone's own recording application. Subsequently, the recorded content was forwarded to Google Drive for storage and editing, so that studio infrastructure was not required for recording. To improve the sound capture quality and avoid echo, a studio in the medical office was built with the provision of welding screens to isolate the sound, in addition to silence signs on the door (Figure 1).

Figure 1. Photographs of the "studio" built in the office of the "Stay at Home" Program. (A) Office door with "recording" sign. (B) Improvisation for echo reduction with welding screens in the recording office.

The audios were compiled and edited mainly in the Reaper application, on the personal computer of the radio team,[17] during extra-shift hours. This was due to the lack of computers and the obsolete systems of the health center. The script, as well as the audio recording, did not have a fixed day, as it depended on the availability of professionals and clinical care.

Repercussions of the "Stay at Home" Program on the community and the healthcare team

In practice, the articulation of the "Stay at Home" project took place in an attempt to guarantee access and transmission of information along the lines of community radio broadcasting. The program worked as a safe information space in the context of misinformation and, thus, becomes an educommunication device. The program was created based on: questions raised by the community; the demands presented

by Community Health Workers; doubts that arose within the medical offices; the space provided by the team for making suggestions, operating as a space that gave voice, as a place for speaking and valuing the diversity of ideas.[18] The radio's agenda was discussed at the meetings and discussions of the WhatsApp group composed by healthcare professionals. The creation of the program has always been organic and unsegmented. Essential points were noticed at the time of recording, and changes could take place, which were welcomed and discussed, such as: requests for the donation of food and hygiene products, warnings about the cold season.

According to the community groups and the forwarding of the audio by Community Health Workers, we estimated that 340 residents initially had access to the content and were involved in the decision whether or not to share it with their network of contacts in the neighborhood. This estimation used the number of forwarding that could be evaluated on the cell phones of the Community Health Workers. Subsequently, a group named *Transmissão do Costinha* ("Costinha Broadcast") was created to forward the audio, with about one hundred volunteer participants. Between March and June 2020, the period under analysis of this study, 17 radio programs were recorded, edited, and launched, whose key themes were grouped into: new operating flows of the Health Center at the time of the pandemic; warning about fake news in uncertainty times; information based on scientific evidence and health recommendations regarding COVID-19; information on domestic violence; encouragement to self-care; guidance on emergency social assistance; cultural moments; dissemination of other channels of contact between community and healthcare team; mental health; health of women, the Black population care, and the immigrant population; encouragement to education. There was a weekly and biweekly frequency, which varied according to the script, recording, and editing capacity, as other activities of PHC continued being performed during the radio production. The program's agenda was guided by the reality of the community and, in a flexible way, considered the surprises that emerged from time to time with regard to coronavirus, changes in protocols, and the individual or collective demands and needs of the users.

DISCUSSION

Radio and convergence: its social, participatory, and cultural essence

The expansion of media convergence made users evolve from passive behavior to a more participatory condition.[19] In the culture of convergence, new uses and meanings are being given to existing objects such as the radio.[20] In this scenario, as the medium is no longer restricted to Hertzian broadcasting, it gradually changes concomitantly with the Internet and mobile devices[21] — as observed in the "Stay at Home" Program.

As well as newspapers are no longer only published in printed paper, the existence of the radio, as an institution, can no longer be linked to transmission and reception equipment, but rather to the specificity of sound flow and to social and cultural relations.[22] Frequency bands, transmitters, and receivers are just cultural creators.

In this pandemic scenario, the need for communication with the community, based on scientific evidence, becomes paramount. This challenges healthcare professionals and communicators regarding what, when, and how to communicate, not only to the scientific society but also to the civil one. The first experiences of community radio broadcasting in Brazil date back to the 1970s, under the military

regime. Throughout this period, there were experiences of free radio stations in unions and community movements.[23] Usually nonprofit, they broadcasted relevant content to a specific local audience, underserved by commercial broadcasters.[21] It was a form of resistance to massive instruments and an attempt to guarantee freedom of expression as an individual and collective right. From this perspective, community radio focuses its programming on the environment in which it operates, based on collaborative and decentralized management, adopting a line of work that is extremely aligned with citizenship, the formation of self-esteem, and the resolution of community problems.[21]

Within this context, this relationship is strengthened by the desire for information, and this empowers the media concerning what is linked to the population.[24] The "Stay at Home" Program becomes an instrument of resistance and of the fight against misinformation, as an expanded radio concept that brings the decentralization of information and scientific communication to the community context.

Micropolitics: voices, veracity, and appreciation of autonomy in response to fake news

WhatsApp is an instant messaging and voice calling application for smartphones launched in 2009.[25] With this tool, the user can send photos, videos, voice notes, and files. Globally popular, WhatsApp has 77 million active users in Brazil.[26] The application can also be used to spread fake news. In the 2018 Brazilian elections, for example, it was estimated that 51% of fake news were spread by family groups via WhatsApp. Accordingly, we can draw a parallel with the infodemic in the context of COVID-19.[27]

The "Stay at Home" Program was a strategy to reach USCS users, with the familiar voices of healthcare professionals via WhatsApp. The bond that the population has developed with the health center team is the attribute used, which makes it easy to discern and ratify the veracity of the information that circulates.

In this sense, digital literacy aims to help the community and individuals make decisions for their autonomy in health, allowing them to interpret, evaluate, and effectively use health information obtained from digital media.[28] Overall, those with less access to digital education and literacy may have more difficulty identifying what is true or not.[29] The local program "Stay at Home" can be analyzed, from the perspective of micropolitics, as a tool for breaking chains of false information. Micropolitical power consists of an intensity field that never ceases to agitate and relocate micropolitical segments.[30] In the Brazilian scenario, it is necessary to search for creative processes that promote a sense of collective responsibility, from a rhizomatic perspective, in the face of the existing scenario. COVID-19 can be seen as a social and public health challenge to understand, treat, and prevent; but we must also understand it as a biographical event in the lives of millions of people.[31] This radio program is also a community biography of the pandemic experience.

The program was a macro- and micropolitical agency possibility. On the one hand, a whirlwind of information is disseminated, often without scientific basis; on the other, there is need to communicate evidence-based information to the population and what has been happening in the territory. From the micropolitical perspective, a society is defined by its escape lines, which are active and positive deterritorialization, a way of dealing with a situation.[32] When audios containing a compilation of accurate information consistent with the local reality are released, the possibility for interlocutors to make conscious decisions is promoted, according to the prevailing situation. The micropolitical issue lies at the level of production of subjectivities.[32] Based on this perspective, the program seeks to invite users to reflect on reality and act on it.

In addition to this micropolitical dimension, when using the voices of the healthcare team and the community, we sought to maintain a channel of communication, of closer ties, a true policy of affection, as users recognize professionals as reliable information figures. According to the National Humanization Policy (*Política Nacional de Humanização*), including users and their socio-family networks in care processes means increasing co-responsibility for self-care[33] and recognizing them as citizens with rights.

The "Stay at Home" Program embraces the several ways of living in the territory, as it recognizes what is unique about the user. By telling stories and sharing reflections from the community, radio becomes a tool for inclusion. The medium uses dramatization techniques and, if there are no visual images, the radio offers, in exchange, a rich range of auditory images, considering that the ear is the sense within our reach.[34,35]

Perceiving the territory and understanding it as alive, dynamic, and concrete helps to better understand how people can be healthy or how they can get sick[33,34] and to identify ways of organizing actions to tackle COVID-19. This initiative is one of the points of support for the community in question and it has been constituted, especially at this moment, as a life support strategy. The social and organizational demands of the moment are taken into account, with the aim of guaranteeing humanized and problem-solving care. The contact between local management, healthcare workers, and users is enhanced, favoring the establishment of a good relationship with the population.[36] The proposal values healthcare workers, recognizing previous experiences — such as community radio and the printed newspaper.[36] It also reveals itself as a tool for popular health education through the political-pedagogical practice of reflecting on everyday life.[37]

The use of poetry, music, and storytelling in the scripts reflects the art of encounter, inherent in the work in health care; at this moment, it becomes the art spoken, written, and sung.[38] Art has the effect of activating memories, experiences, and feelings, evoking the joy and hope necessary for educational activity[38] and the current pandemic. It is another tool that can help people to understand social isolation, to resignify the distances imposed at the moment, and to produce culture. In addition to the ears of the USCS community, it reached other media spaces (print, television, and FM radio), reflecting on the healthcare team, whether on the recognition and healthcare space or as a form of belonging. The program enhanced the citizen's critical reflections on their reality and their rights.

One of the limitations of this study is that its design did not allow quantitatively and/or qualitatively assessing the impact of the "Stay at Home" Program on the community and on the team, remaining as a memory project. Another limitation is that the dimensions of the WhatsApp tool itself were not analyzed in relation to the risk to privacy and levels of security for patients.[39]

The complexity of the COVID-19 pandemic, the infodemic, and misinformation require equally complex measures, with cross-sectional and multidisciplinary approaches. Thus, healthcare workers must reflect on the use of a radio-like approach, via WhatsApp, as a possibility of empowering the community and professionals, increasing autonomy and allowing them to resignify the pandemic experience. It works as a device to humanize care in the daily life of healthcare services, insofar as it proposes a change in the way of managing and providing care.

Although coronavirus represents a restriction on traveling to the USCS due to social distancing recommendations, it cannot make the provision of care unfeasible. The "Stay at Home" Program was a form of access to health care. The program — in addition to allowing the construction of collective processes for confronting relations of power, labor, and affection, as proposed by the National Humanization Policy[33] — works as a device that provides the community with tools to address lack of knowledge of

COVID-19, the consequences of misinformation, and the feelings that arise due to the pandemic. It is a form of resistance, a tool for defense and maintenance of life, a resource that overcomes Hertzian waves and misinformation, guaranteeing access to health by the mechanisms of the community itself and the healthcare team.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

MF: Project administration, Formal analysis, Writing – original draft, Writing – review & editing, Methodology. CAVI: Project administration, Formal analysis, Writing – original draft, Writing – review & editing, Methodology. FPB: Project administration, Formal analysis, Writing – original draft, Writing – review & editing, Methodology, Supervision. FMSE: Formal analysis, Writing – review & editing. CSM: Formal analysis, Writing – review & editing, Methodology, Supervision. LDC: Project administration, Writing – original draft, Writing – review & editing, Methodology. ASR: Formal analysis, Writing – original draft, Writing – review & editing, Methodology.

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