Digital Communication, Health and Intersection

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Editorial

The form of communication between public health agencies and society has changed with digitalization. Health is one of the most sought after subjects, published and disseminated on the Internet. In these virtual spaces it is possible to find information disseminated by public and private educational and research institutions, governmental and non-governmental agencies, patient and professional entities, and users themselves [1]. Government and health agency websites are important sources of reliable and up-to-date information about the public health situation and prevention and control measures [2]. They can also help to combat misinformation circulating on social networks that can harm the health of the most vulnerable people.

Currently, it has become necessary to seek quality information and verify sources before sharing any content about health. Interactive technologies make it possible to diversify the forms of contact between people, and between people and groups, overcoming the linearity of communication of traditional media, distributing discourses and knowledge. Thus, there is a risk that information is posted and shared without any quality criteria. As expert organizations, these digital channels have the potential to increase the population's trust in the actions of governments and guarantee citizens' right to information in times of crisis.

In addition to websites, the use of social media by these institutions can mean important public health communication tools, especially for their potential to inform, motivate, and engage users [3]. The social network Twitter, for example, has become the most frequently used medium

for disseminating health information since the H1N1 outbreak, during the outbreak of the H7N9 virus, or bird flu, in 2013 and the Zika virus epidemic in 2015 and 2016 [4]. The binomial digital communication and Health can facilitate communication between health professionals and society, through applications that allow monitoring, including chronic diseases, guidance and clarification of doubts.

Although there is still a large portion of disconnected people all over the planet, the increasing use of mobile devices collaborates with the empowerment of vulnerable populations, providing access to social and economic services, promoting access to information on health and well-being, and independent decision making [5]. There are many examples of vulnerable populations using technology to pursue autonomy. Black women, members of rural quilombola communities in Brazil, even with difficulties in accessing the internet, made use of WhatsApp to articulate the community during the pandemic [6].

Rural Brazilian women from settlements also used technology to market agricultural production, learn new trades, and reach communication content about protection against new coronavirus. However, many communication and health campaigns did not address the cultural logic of these marginalized populations, compromising the understanding of the message. In this sense, we bring the example of Brazilian rural populations who claimed to wear masks during the pandemic only when they left the rural areas, believing that this territory was immune to the new coronavirus [7].

Communication strategies for health promotion must consider whether the totality of receivers of a message is able to understand the content and motivate the public to

seek new attitudes and behaviors. Thus, it is necessary to build conditions for the development of dialogues. In this sense, when thinking, for example, about the health needs of rural populations, it is necessary to consider actions and initiatives that recognize the specificities of these territories, taking into account the access to health services, the reduction of risks arising from work processes and agricultural technological innovations, and the approach to the integrality of care [8].

In order for digital communication to collaborate in promoting the health of vulnerable populations, the dialogue must be done under an intersectional approach. Intersectionality is the meeting point between categories that, historically, have been thought of in isolation, such as analyzing gender without considering the social markers of race and class. Since the 1990s, the perspectives of intersectionality, especially in gender studies, have gained prominence from the reflection on the interweaving of gender, race, class, ethnicity, religion, sexual orientation and others [9]. The intersectional perspective seeks to understand the structural and dynamic consequences of the interaction between multiple axes of domination, since the disadvantages are articulated with existing vulnerabilities, producing a deep dimension of inequality. Vulnerability is related to the ability to prevent, act and resist the effects of a crisis, being interpreted not as a static situation but as a dynamic process produced by a combination of factors [10].

Communities with larger shares of individuals in social vulnerability tend to have worse results both at the beginning of crises, as in the example of a public health crisis, and in long-term recovery processes, since they are constrained to seek help, having faced institutionalized discrimination in the past [11]. In the context of the pandemic, the black population was most affected by Covid-19, both in terms of infection and mortality, due to racism and social inequalities that increase vulnerability and limit access to health services [12]. In addition, the pandemic process of the new coronavirus, of generalized scope, has exposed the social fractures and inequalities in access to health services for the most vulnerable population, as well as the distribution of health services, centralized in large and medium-sized cities [13]. The absence of health care guarantees is evident, especially in smaller cities, most of which lack health care structures. It is necessary, then, to reflect together the many existing dominations, so as not to reinforce their continuity.

The intersectional perspective has been fundamental to the field of public health. Social determinants and health inequalities are part of this perspective, assuming that a more comprehensive analysis of social problems can generate more effective actions. Likewise, intersectional communication collaborates with health promotion and social justice initiatives.

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