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ESTRATÉGIAS DE ENSINO VIRTUAL DE CIDADE SAUDÁVEL EM UM CENÁRIO PANDÊMICO
VIRTUAL TEACHING STRATEGIES ON THE HEALTHY CITY IN A PANDEMIC SCENARIO

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Abstract

Due to the emergence of the COVID-19 pandemic, short-term readjustments were necessary to adapt teaching and field research activities to the digital environment. This article aims to describe and point out strategies that made possible approximations between the University and communities, demonstrating the development of participatory, dialogical, and emancipatory processes, which enable positive transformations in the local reality of those communities. Such strategies indicate a new model of virtual monitoring of urban planning interventions for the healthy city within a pandemic situation. Based on the observational-explanatory method, it has been possible to visit the intervention projects through the digital platform adopted by the University. Project members narrated about the implementation of interventions of Urban Planning for a Healthy City, enabling the University to monitor them based on reports from its stakeholders and the community. The projects presented show creative and low-cost examples on the local (micro) scale capable of changing the local reality in convergence with the premises of health promotion and protection.

Keywords: Urban planning, Distance learning, Light social technology, Healthy cities, COVID-19

1   Introduction

Due to the emergence of the COVID-19 pandemic[1] – a disease caused by the Sars-Cov-2 virus[2] and responsible for countless cases of contagion and deaths worldwide[3] (data available in the QR Code in Figure 1) – abrupt adaptations regarding social relations and ways of life in urban spaces emerged. Displacement restrictions were needed to enable social distance, one of the measures capable of minimizing the spread of disease (WHO, 2020).

As populations worldwide had their lives affected in multiple aspects by COVID-19, they had to conceive and reinvent short-term adaptations in an attempt to maintain essential activities. That said, despite affecting people of all income levels in urban areas, the pandemic proved to be most relentless to the most vulnerable, such as the homeless, people living in slums, precarious workers, minorities and other communities on the margins of public policy. The outbreak of the pandemic highlighted the urgency of rethinking the structure of society, economic systems, social relations, and, above all, the ways through which knowledge is communicated and shared (Santos, 2020).

In Brazil, higher education institutions have a prominent role in developing research and projects for vulnerable communities and in actions and programs to combat social inequality, what becomes even more relevant in the context of COVID-19 and the need to develop initiatives, actions, and ideas to combat the pandemic. However, in order to ensure safe activities, these institutions also needed to find alternatives and adaptations to reconcile social distancing with the development and monitoring of research. To this end, the digital platforms available to these institutions, now consolidated as technological tools, have showcased examples of accessible and agile responses to accommodate basic teaching and research activities. The State University of Campinas [Universidade Estadual de Campinas] (Unicamp), for instance, proposed adaptations[4] to pedagogical activities that allowed for new spaces for the continuity of academic activities during the pandemic.

The Unicamp Civil Engineering, Architecture and Urban Planning School (FEC-UNICAMP), in partnership with the university's Urban Research Laboratory [Laboratório de Investigações Urbanas] (LABINUR), followed the guidance issued by the University for most of its courses. One example is the Urban Planning as a Promoter of Healthy Cities course, part of the FEC's Architecture, Technology, and City postgraduate program (City: Planning and Urban Project). This course proposes studies, investigations and reflections on Urban Planning for Healthy Cities and discusses strategies for intersectoral actions, social participation, autonomy, and community autonomy and empowerment.

This article aims to describe and highlight strategies that can help bring academia and the local communities being studied closer together, showcasing participatory, dialogical, and emancipatory processes that led to positive transformations in the local reality of these communities – even if through virtual means – by optimizing available technological resources. Adaptations for use of digital technologies were made feasible through the use of devices such as smartphones and notebooks, which made it easier to implement a new alternative and a flexible model that allowed for the effective monitoring of urban planning for healthy cities interventions in a pandemic scenario.

2   A dialogical and virtual pedagogical approach

More than professional training and intellectual production, postgraduate programs aim to train educators and researchers to employ critical and creative skills in their actions, committed to driving social progress in Brazil (Dantas, 2004, Portuguese only). Bringing academia closer to the different urban realities of communities makes it possible to build bridges between academia's intellectual and technical knowledge and the cultural knowledge of communities.

Cognizant of the above, dialogical pedagogy becomes the essence of liberating education practices that occur through the experience of local reality, integrating experiences, respecting differences, and fostering critical thinking in the face of everyday matters that concern that reality (Freire, 1987). This pedagogy was present both in urban planning for healthy cities interventions and in the educational approach itself. Contact (even if virtual) with experiences from community projects was fundamental to consolidate the theoretical content taught in the course by providing exposure to urban planning practices focused on promoting healthy cities. Boaventura Santos (2020) corroborates the importance of observing living experiences in the territory for the production of knowledge:

> Intellectuals must accept themselves as rear-guard intellectuals; they must be attentive to the needs and aspirations of ordinary citizens and know to start from them when theorizing. Otherwise, citizens will be defenseless before the only ones who can speak their language and understand their concerns (Santos, 2020, p. 14, our translation).

As such, the exchanging of knowledge between academia and community, as produced through virtual pedagogical experiences, allows participants to understand the local communities' realities and the applicability of urban planning tools focused on promoting healthy cities.

3   Adaptations to education and research activities in pandemic times

The Urban Planning as a Promoter of Healthy Cities course was taught from March to August 2020, with alternative technologies implemented to address the difficulties associated with distance learning. Studies were based on the Urban Planning, Health Promotion and Healthy City core themes described in the original course syllabus. Besides those, and in light to the pandemic, articles from newspapers and scientific magazines about how the virus was progressing in cities were also included, as this is relevant content that directly relates to the urban challenges addressed in the course.

The first challenge in adapting virtual teaching was to adjust the course's pre-existing syllabus without harming practices and studies. Students were consulted and gave their opinion on whether or not studies should continue during the pandemic. By unanimous consent, the challenge of virtual and adapted learning became a collective one, and students started playing a greater role in the development of activities. Student-to-student interaction, participation in the debates, attendance and engagement proved to be fundamental for the construction of course content in a virtual environment.

Interactive resources were used more frequently to adapt methodologies meant for face-to- face encounters to activities in which student participation was essential to achieve collective knowledge. These included: thematic songs and videos; debates on the topics covered; syntheses of learning through drawings and keywords; activities that explored specific technical knowledge; individual and collective development of electronic models; and other alternatives that have proven to be effective for distance collaboration, always focusing on urban planning for healthy cities.

To complement theoretical knowledge and preserve the content previously outlined in the syllabus, remote visits to case studies were organized using the digital platform adopted by Unicamp (Google Meets[5]) . The tool allowed students to listen to direct accounts by municipal managers, stakeholders[6] and representatives of the communities, as well as to observe results achieved based on healthy city premises. The monitoring of visits was based on the 5 Google's video conferencing application. 6 According to Miles (2017), there are countless definitions of this concept, which can be understood as: a group or an influential individual, collaborator, or claimant who exerts some type of influence on and has some type of contact between purpose and leadership, whether contractually or not (Miles, 2017). observational-explanatory method (Gil, 2008, Portuguese only) in order to remotely reconstitute the moments experienced and monitor the results of projects inside communities.

By minimizing the need for displacement, the digital platform made it possible to drive important changes in the dynamics of distance learning compared to face-to-face learning. Initially, face-to-face visits had been

scheduled in locations close to the university so that students could participate in the activities while avoiding budgetary restrictions regarding transport costs. However, once virtual technologies were employed for these visits, collective displacement was no longer a difficulty, allowing the project to expand the cover of case studies to farther locations, adding value to the course in the form of diversified views of urban interventions in different regions of the country, as can be seen in Figure 1.
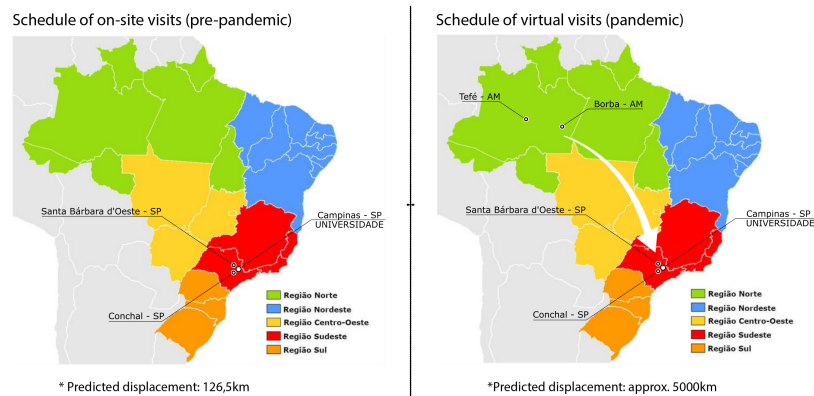

Fig. 1: Schedule of visits before and after the coronavirus pandemic. Source: Authors, 2020.

Virtual visits were organized to four cities: Conchal and Santa Bárbara d'Oeste (in the state of São Paulo, southeastern Brazil); and Borba and Tefé (in the State of Amazonas, in northern Brazil). The remote model made it possible, without additional costs, to bring academia closer to adverse urban realities. Figure 2 illustrates one of the guests presenting his project in a virtual meeting room.

Fig. 2: Indigenous farmer who is a member of the medicinal plant garden project team welcomes a teacher and students in Santa Bárbara d'Oeste State of São Paulo, Brazil). Source: Authors, 2020.

The locations included in the visits are part of the Potentially Healthy Municipalities Network [Rede de Municípios Potencialmente Saudáveis][7] , whose mission is to foster participatory public policy making in coordination with different social representatives. Networking, especially in a pandemic situation, can promote innovative solutions to issue and promote health in cities.

4   Urban planning and healthy cities: contexts developed in the course

The main purpose of the Urban Planning as a Promoter of Healthy Cities course is to study the connections between the environment and people's health, as well as how this process has improved and evolved throughout the history of humanity to the present day. This was permeated and made possible through studies of multidisciplinary works that integrate geography, epidemiology, sociology and urban planning. The proposed discussions showed that health and quality of life, concepts that are deeply intertwined but seldom considered in tandem for the development of Brazilian urban planning, are goals that must be built socially.

Historically, the debate on the influence of the physical-social environment on people's health steered towards the notion of Healthy Cities in the 1970s. Lalonde[8] was a pioneer in proposing, in 1974, that improvements in the health of the population would be the result not only of investments in the healthcare sector, but rather (and chiefly) the outcome of changes in the physical-social environment and people's lifestyles (Brandão, 2010, Portuguese only). Health Promotion was defined in the Ottawa Charter for Health Promotion (As cartas da promoção da saúde, 2002, Portuguese only) – a guiding document for health promotion strategies and the basis for the premises of Healthy Cities – as "[...] the process of enabling people to increase control over, and to improve, their health and life quality" (As cartas da promoção da saúde, 2002, our translation). From that

moment on, people's health started to be understood as a broader concept, going beyond the mere absence of disease to prioritizing population well-being and the promotion of healthy environments.

The European Healthy Cities Network and the Quebec Healthy Cities and Towns Network, created in 1986, were the first networks of municipalities aimed at implementing Health Promotion at a city scale under the Healthy Cities moniker (Brandão, 2010, Portuguese only). In the Brazilian context, the National Health Promotion Policy [Política Nacional de Promoção da Saúde], or PNPS (2017, Portuguese only) reaffirmed the Brazilian State's commitment to expanding and improving public health promotion actions and policies. The PNPS was based on an expanded view of the concept of health which was more closely aligned with the Ottawa Charter concerning "[...] equity, the improvement of living conditions and ways of life and the affirmation of the right to life and health, in dialogue with the reflections of health promotion movements" (PNPS, 2017, p. 6, our translation).

Bringing Health Promotion closer to city planning has become fundamental in facing the challenges of contemporary urban planning, such as population growth, housing deficits and urban expansion, all of which are currently being aggravated by the pandemic. The development of healthy cities depends on a strong connection between public authorities and local communities (Brandão, 2010, Portuguese only), made possible through the steering of public resources and services towards the application of tools aimed at promoting the health and well-being of citizens. The main tools for healthy urban planning addressed in this article are light social technologies and public health policies.

Characterized by community ownership, innovation, environmental sustainability, flexibility and low cost, light social Technologies underpin and produce emancipatory changes at the local level, ensuring sustained social transformations over time. These tools can be defined as a "[...] set of transformative techniques and methodologies developed and/or applied through engagement with the population and appropriated by it that drive solutions for social inclusion and the improvement of living conditions" (ITS Brasil, 2004, p. 26, our translation). The applicability of soft social technologies, as well as healthy cities public policies, are in line with the recommendations of the World Health Organization regarding the inclusion of health in urban planning and in all policies (UN-Habitat and World Health Organization, 2020; De Leeuw, 2017b).

5   Virtual visits: using urban planning for healthy cities tools in pandemic times

The virtual visits to projects and the monitoring of urban planning for healthy cities tools (light social technologiesand public policies) happened on different days throughout the semester. The first virtual visit was organized with participants from the Medicinal, Aromatic and Spice Plants Garden project, carried out next to a public school[9] in Santa Bárbara d'Oeste, a city located in the countryside of the State of São Paulo (southeastern Brazil). This project involves city residents, universities, public schools, stakeholders and other leaders, and is a clear example of how it is possible to create projects, programs, and initiatives of healthy social interest through community engagement. The second virtual tour was of the community garden of Conchal, also located in countryside São Paulo State. The project is similar to Santa Bárbara d'Oeste's, albeit with its own peculiarities: each of the plant beds are cultivated and managed by one family. The third virtual tour was to the municipalities of Tefé and Borba, both in Amazonas, a State in northern Brazil. The local stakeholders presented the Fluvial Primary Healthcare Unit [Unidade Básica de Saúde Fluvial], i.e. a vessel that brings social and health services to riverside communities.

It is important to highlight three distinct moments of the virtual visits as they relate to the common stages of project implementation: 1) before: socio-political mobilization giving rise to the movement and its initial developments; 2) during: the development of alliances, networks and coalitions between community, government and academia and the forming of work fronts for the implementation of projects; 3) after: the project working with its own specificities and the capacity of reverberating actions to transform local reality and inspire new initiatives.

5.1   Healthy practices in Santa Bárbara d'Oeste (State of São Paulo)

Located next to a public school, the medicinal plant garden in Santa Bárbara d'Oeste complements teaching activities and also serves the local community. The virtual visit was conducted by four guests: a public health physician who is also an important stakeholder of the project and three members of the local community: the school principal, an indigenous farmer from the Caetés tribe – who shares her ancestral knowledge about plants and recipes – and the school cook, who helps with garden activities and cooking classes.

As reported by the school principal, the idea for the garden came from the public health physician (stakeholder). Its deployment and implementation relied on support from the local government, which ceded the idle land contiguous to the school. The support provided by the Potentially Healthy Municipalities Network [Rede de Municípios Potencialmente Saudáveis] and universities was fundamental to the success of the

project, namely in the form of courses and workshops for the training and literacy of managers and the local community that provided them with knowledge on Health Promotion and the basic concepts necessary for the management of cultivated species. Joint, cross-cutting work between community, government and academia is what has made it possible to implement and sustain the project over the years.

Fig. 3: Medicinal Plant Garden in Santa Bárbara d'Oeste, countryside São Paulo State (southeastern Brazil). Source: LABINUR/FEC/UNICAMP, 2019.

During the virtual visit, students and researchers were able to observe how the community garden – a soft social technology applied at a micro scale – showcased the potential to transform physical and social spaces in relatively simple ways that are also low-cost and can be shaped and transformed according to local realities and specificities. According to the accounts received, the garden has more than 50 medicinal plants that are cultivated by students from kindergarten to the fifth year of elementary school, as shown in Figure 3. The multidisciplinary knowledge provided on the cultivated plants is an important addition to the school's curriculum that fosters the literacy of children and, consequently, their families.

The garden is strongly linked to the school in this project, not only as an addition to school meals, but also as part of everyday learning. Students are taught about the species cultivated in the garden, and then use the concepts in practice and in a participatory fashion, be it by taking care of the gardens and learning about plants or during cooking classes in which they learn about healthy eating through the vegetables being grown in them. Healthy eating habits can also impact the prevention of noncommunicable diseases such as diabetes, hypertension and cardiovascular diseases.

The virtual visit of the Santa Bárbara d'Oeste garden made it possible for Unicamp's students to see the importance of articulating individual and collective desires for the realization of this project, and how it has the autonomy to expand through its capillarity and intra- and inter- sectorality. The local community comes together to change life habits and spread knowledge and connects to reverberate results from local to global – or "glocal" (De Leeuw, 2017a, p. 21). The accounts from participants revealed a strong sense of loving lovingness, the recovery of traditional knowledge and appreciation of local culture in this project that promotes connections between people and the territory in which they live – in other words, that fosters a sense of belonging.

5.2   Community gardens in Conchal (State of São Paulo)

On the second visit, the students were introduced to the projects focused on Health Promotion and social participation in the Conchal community, presented by the local stakeholder chiefly responsible for their design and implementation. A civil servant in the city, she is responsible for healthcare and well-being projects, acting as a liaison between the community and the municipal government. The city has a number of projects focused on disease prevention and health promotion and protection, including: a community garden focused on family health promotion planted in a vulnerable neighborhood in the city; the SUS[10] Health and Fitness Center [Academia de Saúde do SUS], which organizes outdoor activities; a selective collection project with recycling and distribution of the proceeds to the local population; an accessibility and urban mobility project; and a sensory garden, built with funds from a public-private partnership with local businesses.

Conchal currently has 16 plant beds, each cared for by one family. The gardens provide sustenance to the communities, ensuring food security, and creating microeconomic stimulus for the city by generating income for families through the sale of surpluses at local farmer's markets. The community garden experience was also applied at the Conchal Psychosocial Services Center, where it has contributed to improvements in the physical and mental health of patients. The project manager reported that the implementation of the gardens was made possible through a triangulation of efforts between the municipal government, academia, and the community. Her expectation is that, in the future, each of the five Primary Health Centers [Unidades Básicas de Saúde] in the municipality will have at least one medicinal plant garden that can be used in prescriptions issued to patients.

Difficulties encountered in implementing the projects range across issues like reconciling individual desires, awareness raising and collective motivation. For instance, the project manager narrated difficulties they faced during the first stages, namely in clearing the land to plant the vegetable garden.

As was the case in Santa Bárbara d'Oeste, the Conchal plant beds brought quality-of-life improvements to local communities and fostered social integration and physical and mental well-being for people, chiefly as a result of contact with nature and healthy eating awareness.

5.3   Health Promotion in the riverside communities of Tefé and Borba (State of Amazonas)

The students' last study visit was welcomed by the nurse who is the chief stakeholder of the projects being developed in the cities of Tefé and Borba, located in the State of Amazonas, northern Brazil). According to her account, both cities face shortages in equipment for health care services. Tefé adopted a public policy aimed at primary health care, with provision of medical care and social assistance to 18 riverside communities that are only accessible by boat. The project is called Fluvial Primary Care Center [Unidade Básica de Saúde Fluvial], or UBSF. The solution, illustrated in Figure 5, is fundamental for the health promotion of the region's residents, as it addresses the territorial specificities involved in fostering healthy practices in the community.

The boats that serve the riverside and indigenous populations currently feature primary family health services, a dental care clinic and infrastructure to collect samples for medical exams. According to the stakeholder interviewed, the additional services offered were only made possible after improvements to infrastructure and accommodation, namely the commissioning of new boats financed by federal funds.

Fig. 4: Fluvial Primary Health Center [Unidade Básica de Saúde Fluvial] in Tefé, State of Amazonas, northern Brazil).
Source: Maria Adriana Moreira, 2020.

The primary health care offered on the boats is humanized and intent on respecting local cultures and knowledge. The UBSF aims not only to treat the disease, but also to promote health and protect life, transforming local realities through values such as respect for diversity, love, solidarity, and dialogue. Since it's not restricted to medical appointments alone, the UBSF also fosters the formation of local support networks, creates opportunities for dialogue and knowledge sharing on healthy eating, and encourages physical activity. In addition to the Fluvial Primary Health Center, the city of Borba also proposed activities to promote physical activity through open-air gyms. The goals are to provide an alternative to sedentary lifestyles while offering opportunities for closer interactions and social relationships.

Similar to the experiences in Conchal and Santa Bárbara d'Oeste, the projects in the State of Amazonas can contribute to improving the health of populations through practices that foster well-being, both directly (through the prevention and treatment of diseases and encouraging the practice of exercise) and indirectly (by fostering the creation of networks for decision making, the use and appropriation of public spaces, individual and collective autonomy, literacy and community integration).

6 Remote monitoring of urban planning tools

The monitoring of urban planning for healthy cities interventions through virtual visits was essential in identifying how health promotion premises played a role in urban planning, as well as for direct knowledge of the projects' results. These premises, represented in the Sperandio Mandala (Sperandio, Bloes, 2020, p. 6) illustrated in Figure 6, converge towards urban planning with a focus on healthy cities. The elements point to a dialogical and participatory process in local governance that fosters cooperation and shared responsibility between individuals in the city's decision-making processes. This Mandala was used as an instrument to identify the premises of urban planning for healthy cities that were foundational to the projects presented during the virtual visits.
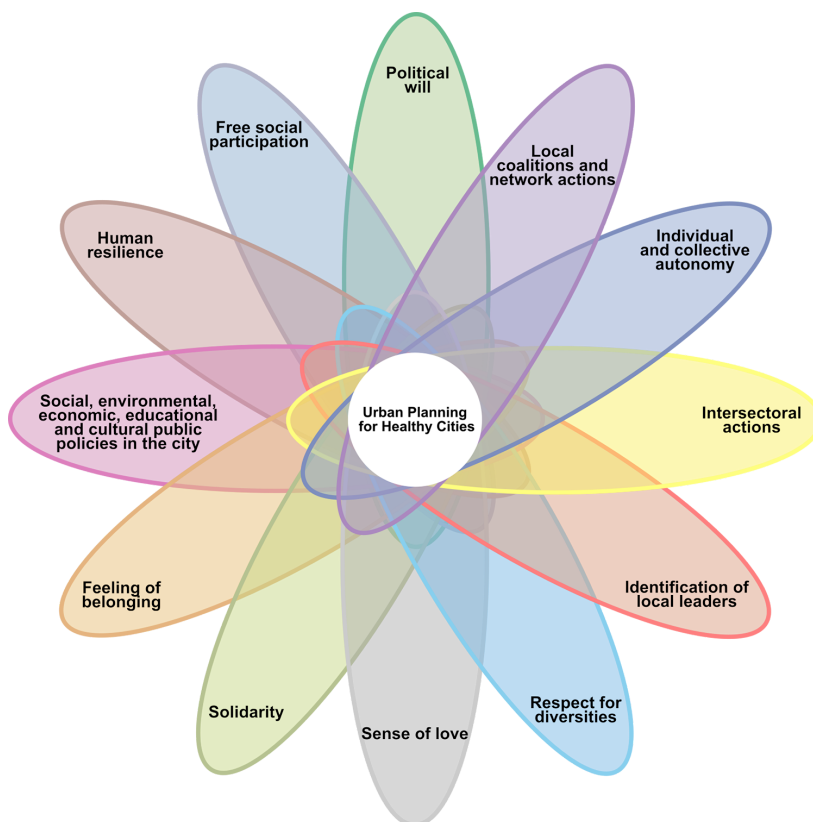

Fig. 5: Sperandio Mandala: urban planning for healthy cities. Source: Ana Maria Girotti Sperandio, 2020.

Using the Mandala to assess the planning of healthy cities activities allowed us, even at a distance, to identify the health promotion premises present in the accounts provided by the project members, which we present below in Table 1.

City: Santa Bárbara D'Oeste - SP - Brazil	capacitation - literacy - intersectoral - sustainability - soft social technology - multidisciplinarity - participatory - healthy eating - disease prevention - individual and collective desires - capillarity - intersectorality - dissemination of knowledge - empowerment - lovingness - traditional knowledge - local culture - individual and collective autonomy - sense of belonging
City: Conchal - SP - Brazil	social participation - capacitation - food security - physical and mental health - quality of life - individual and collective autonomy
Cities: Tefé and Borba - AM - Brazil	humanized - culture - respect for diversity - love - solidarity - dialogue - dialogue sharing - healthy eating - physical activity networks - physical activities - networks - public spaces - autonomy - literacy - coalition

Table 1: Identification of Urban Planning for Healthy Cities health promotion premises contemplated in the Sperandio Mandala and its interpretations – LABINUR/FEC/UNICAMP. Source: Authors, 2020.

Relying on the capillarity of networks and the knowledge shared among their members, the projects occupy and transform urban spaces. Furthermore, they provide the territory with activities that fulfill a social role, since they make it possible to transform degraded or underutilized urban areas into places for meetings, exchanges of experiences and dialogue, offering opportunities to increase the health and well-being of their residents (Sperandio, Bloes, 2020).

During the virtual visits, project members reported on the progress of urban planning for healthy cities interventions, allowing Unicamp to monitor them based on direct accounts from their stakeholders and the community. The projects presented show creative and low-cost examples at the local (micro) scale capable of positively transforming local realities that converge towards health promotion and protection premises. The accounts received from the stakeholders revealed the development of closer social ties in the local context and the consequent formation of coalitions, consolidating a network of solidarity and essential support for community resilience, be it in the face of a pandemic or any other adversity.

Among the many concepts identified in the projects, the following stand out: individual autonomy, which made initiatives aimed at independence and self-care possible; collectivity, which allowed for collective autonomy based on individual autonomies, guaranteeing the sustainability of the progress achieved at the local level and the sowing and flourishing of advances at larger scales; urban spaces for sustainable, pesticide-free cultivation of vegetables and legumes, in addition to the inclusion of these staples in the local diet, reducing the consumption of processed and ultra-processed foods; social participation of the community in all stages of implementation of these tools, promoting local governance and the continuity of the tools, which are expected to endure regardless of changes in political power because they are incorporated into the realities of local communities.

It is also noteworthy that, despite all the adversities found in cities which, like all cities, segregate, exclude, discriminate and desensitize, these healthy municipal tools presented during the visits were able to reverberate positively, which was only possible because they were based on human values such as solidarity, affectivity, ethics, humanity, respect for diversity and lovingness.

7   Final considerations

Throughout the virtual visits, the involvement and integration of local community and academia — promoting and sharing knowledge and recognizing counter-hegemonic forms of urban planning — was essential in promoting deeper discussions and reflections on health promotion in the context of urban planning. The accounts received made it possible to identify the Sperandio Mandala premises (Sperandio, Bloes, 2020, p. 6) which converge towards healthy city planning in the projects presented.

The virtual visits also made it possible to monitor the implementation of health-promotion-focused urban planning tools in the communities. The local community accounts received highlighted the role played by the Unicamp in the dissemination of knowledge beyond its borders, be it in the training of stakeholders, in the technical support provided for the activities developed or in the monitoring and dissemination of the experiments carried out, even in the face of the consequent impediments created by the pandemic.

Bringing urban planning and health together during classes allowed for the understanding that the values and principles related to the collective promotion of health in urban areas are fundamental if one seeks to improve well-being and quality of life in cities. The intrinsic relationship between health determinants and a healthy city raised questions about the "absences" of health-related concepts in the guiding documents of public policies for Brazilian urban planning. Despite the expanded health concepts reaffirmed in the PNPS (2017), the Statute of City [Estatuto da Cidade] (Estatuto da Cidade, 2001, Portuguese only), a major guiding document of Brazilian urban policy, for example, does not directly address health promotion. With this in mind, and as a final deliverable of the course, a collective proposal for a new Statute of City [Estatuto da Cidade] was prepared, incorporating values, principles, and guidelines for urban planning that focus on Healthy Cities and seeks to incorporate into a legal document the reverberations of the tools studied during the virtual visits.

The process of bringing academia and communities together through digital platforms pointed to a new way of expanding the reach and impact of academia in projects across the country. It creates closer ties and bridges long distances, at little cost, by incorporating monitoring technologies to traditional strategies. Given its positive results, both for monitoring and learning, the experience of virtual project monitoring can be adapted to various areas and courses offered by universities to facilitate their interaction with society.

As such, the initiative of the course to adapt pedagogical processes in order to rely on digital tools made it possible to practice alternative methods of project monitoring, education, research, and outreach, with emphasis on two main aspects. First, despite changes in local government and the adverse scenario brought

in by the pandemic, participatory and continuous network building processes persisted, which confirms the importance of triangulation between academia, community and local governments. Second, the virtual teaching strategies adopted to make the course feasible also made it possible to develop skills and abilities for application of the knowledge acquired, including for the use of urban planning for healthy cities assessment tools, remotely and in very short time spans — as was prompted in this case by the pandemic scenario. This highlights the role of digital platforms as catalysts in the process of bringing academia and society closer together.

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1 Declared as a pandemic by the World Health Organization, on March 11, 2020 (OPAS/WHO Brazil, 2020).

2 Severe Acute Respiratory Syndrome of coronavirus 2.

3 Updated global death toll from Covid-19. Source: JOHN HOPKINS UNIVERSITY & MEDICINE. Covid-19 Map, 2020. Available at: https://coronavirus.jhu.edu/map.html. Accessed: 07 August, 2020.

4 Unicamp determined that, during the pandemic, all face-to-face academic activities should be adapted to rely on digital platforms. As such, all visits initially planned to take place on-site happened remotely, through use of available technologies.

5 Google's video conferencing application.

6 According to Miles (2017), there are countless definitions of this concept, which can be understood as: a group or an influential individual, collaborator, or claimant who exerts some type of influence on and has some type of contact between purpose and leadership, whether contractually or not (Miles, 2017).

7 For more information, see the website of the Potentially Healthy Municipalities Network [Rede De Municípios Potencialmente Saudáveis] (Portuguese only), n.d.. [Online]. Available at: http://www.redemunicipiosps.com.br/contato/. Accessed: November 4, 2020.

8 Canadian Minister of Health in the 1970s (Lalonde, 1981).

9 Professora Maria Augusta Canto Camargo Bilia Municipal Elementary School.

10 Unified Healthcare System [Sistema Único de Saúde – SUS].