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# USING SOCIAL MEDIA TO BRIDGE THE SOCIAL DISTANCE IN A PANDEMIC

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team diabetes 101

# DISCLOSURE

I have been paid to deliver non-promotional education sessions to healthcare professionals by the following pharmaceutical companies:
Astrazeneca, Novo Nordisk, Sanofi, Roche and NAPP.

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# March 2020: COVID-19 hits the UK

Lockdown 1

Emerging risk evidence

Confusing/conflicting advice

Extremely high anxiety

Stockpiling

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During lockdown 1, people with diabetes had been advised to take extra precautions, but had not been placed on the UK shielding list

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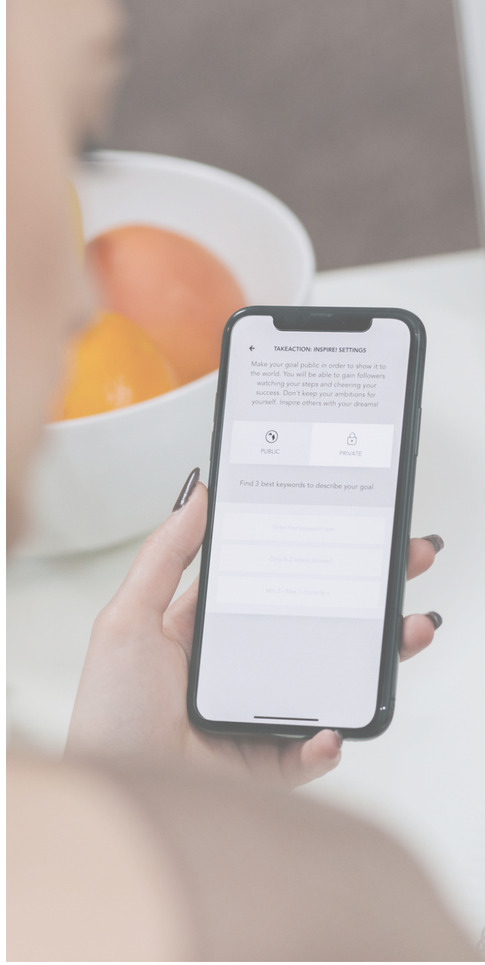
# 'Where did my service go?'

Diabetes teams redeployed to wards

Appointments cancelled

Virtual working not yet available

Weaknesses in communication systems


# The need

1

*specific information*

Information that was specific to living with diabetes and the precautions that they might need to take.

Continuous feedback and insight from PWD

2

*fast & easy access*

Information needed to be delivered quickly, on a platform that would be more agile than NHS comms platforms.

A responsive communication system to contain anxiety.

3

*credible sources*

MDT NHS diabetes professionals with established credibility & expertise

Delivery platform had to fit within existing usage patterns to avoid creating undue burden

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# The response

Diabetes 101:  a Twitter based diabetes MDT

- 19 UK NHS professionals
- Medicine, Nursing, Dietetics, Pharmacy, GP, Psychology, Eye health
- Adult & paediatric staff
- Secondary care & community
- All established users of social media

- Twitter account
- Background Whatsapp group(s)

- No direct clinical advice
- Containing & positive style

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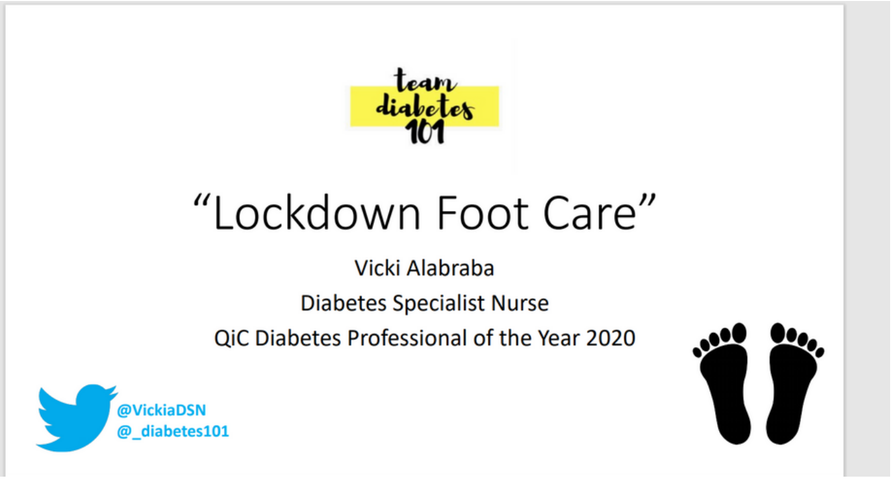
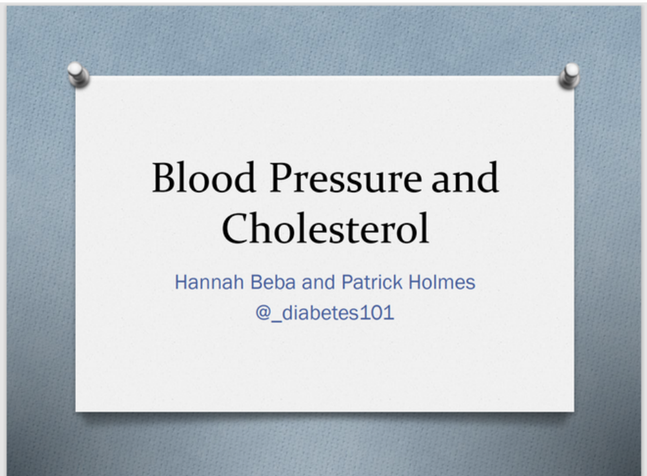
# Phase 1: emergency response

Goals: Information giving, anxiety containment & combating isolation


- Constant daily presence with team rota. Availability for questions, shared activities, community building
- Agreed responses to frequently asked questions. Sharing essential informational resources (e.g. sick day rules, managing worry)
- Daily rituals to build sense of routine and shared experience. Morning check-in, Afternoon Tea, Yay of the Day, Evening gratitudes, Good night check out

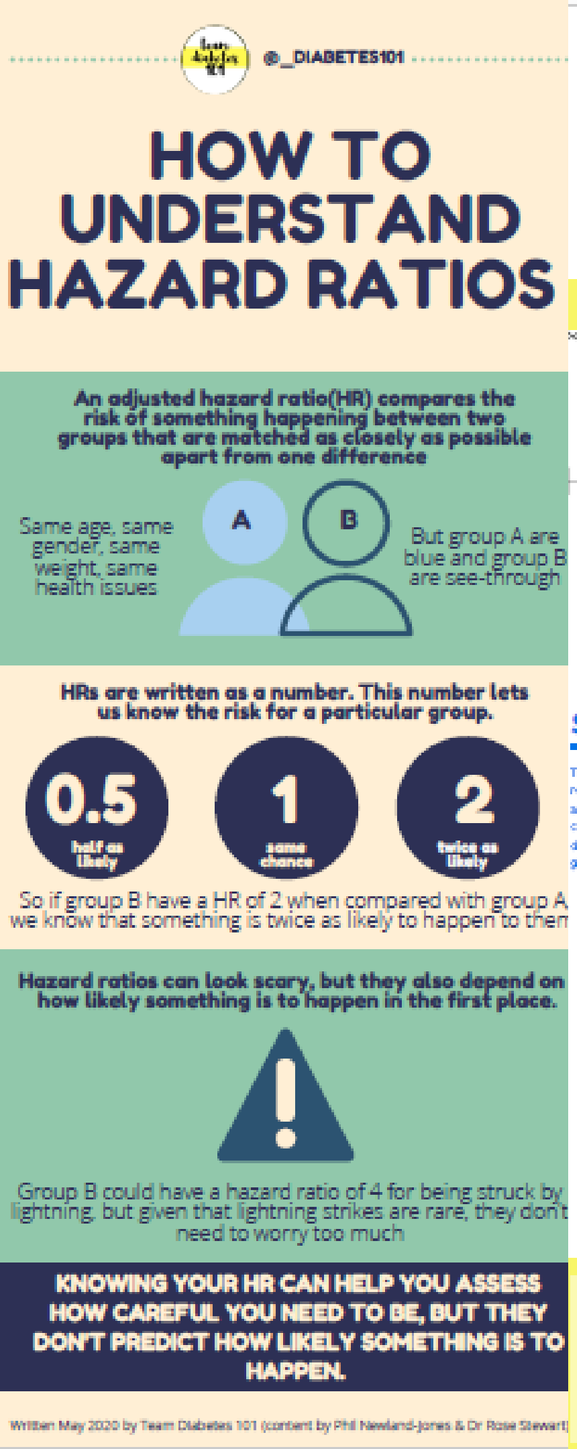



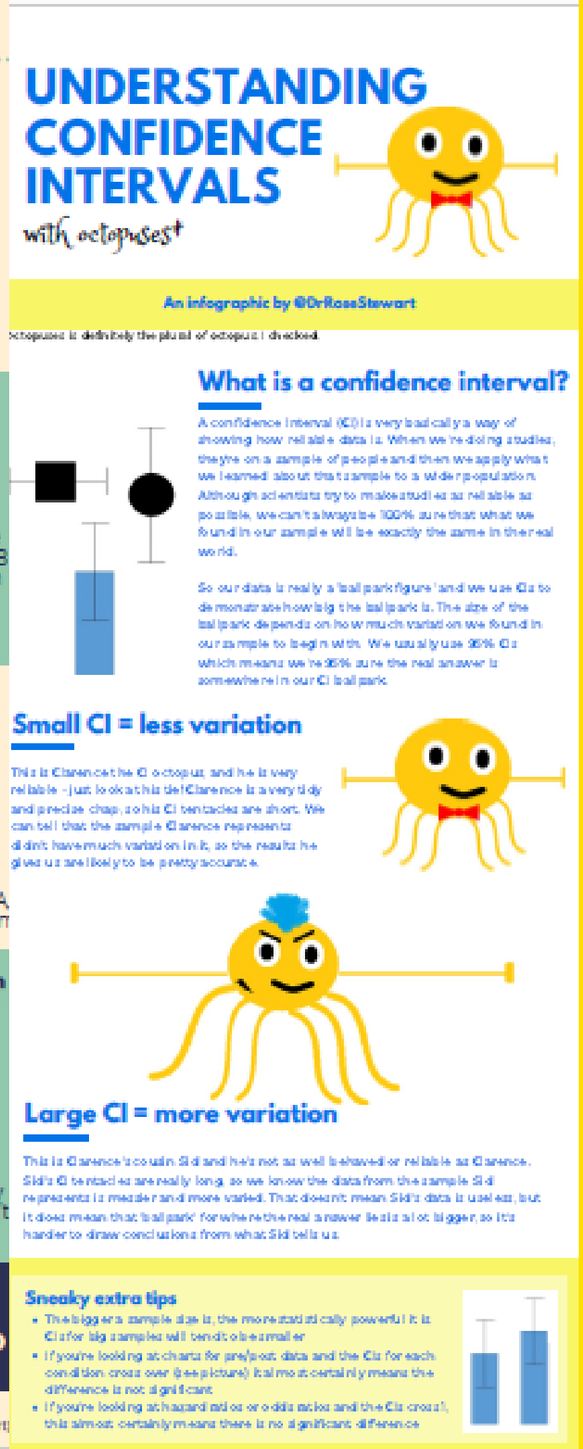

# Phase 2: Education

Could we use this platform to deliver education ?

## Tweetorials

- Eye health
- Statins & blood pressure
- Virtual consultations
- Foot health
- Relaxation
- Sport & exercise
- CGM & Flash in children & young people
- Medication for type 2 diabetes
- Urine ACR & renal health
- Compassion focussed therapy
- Injection technique & site care
- Hypo management
- Hypos part 2
- Lockdown foot care
- GIRFT deconstructed
- Sexual dysfunction & diabetes
- Lipids & statins
- Oral health for children
- Oral health for adults
- Alcohol & diabetes
- Sick day rules - finding TDD
- Annual diabetes reviews for adults
- Urine ACR testing




# Phase 2: Education

Could we use this platform to deliver education ?

## Infographics

- Managing worry about COVID & T1D
- Managing worry about COVI & a health condition
- Self-isolating when you have diabetes
- How to 'hack' your HbA1c
- 20 ways to relax without deep breathing
- How to get to sleep in anxious times
- Understanding hazard ratios
- Understanding confidence intervals
- Diabetes & the COVID vaccine for adults

## and quizzes!

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# Phase 3: Evaluation

Did people use the account?

**6.3k**

*Followers*

76% people living with diabetes
13% parents & family members
11% healthcare professionals
63.4% female

**6490**

*Tweets*

7.6k retweets
35.3k likes
8.8k replies

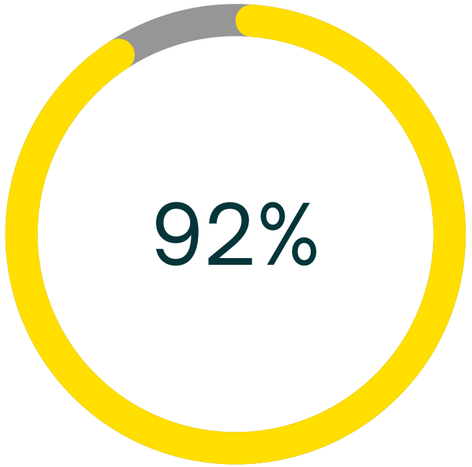
**8.8m**

*Impressions*

Resources shared by:
NHS teams
Diabetes UK
Diabetes Australia
Diabesties (India)

# Phase 3: Evaluation

Online evaluation survey May 2020. 459 responses




Would recommend the account to friends, family, healthcare professionals or other PWD

**I feel...**
**Supported**
**Connected**
**Positive**
**Safer**
**...because of the diabetes 101 account**

Results from adapted WBQ28 questionnaire (full discussion paper currently in press)

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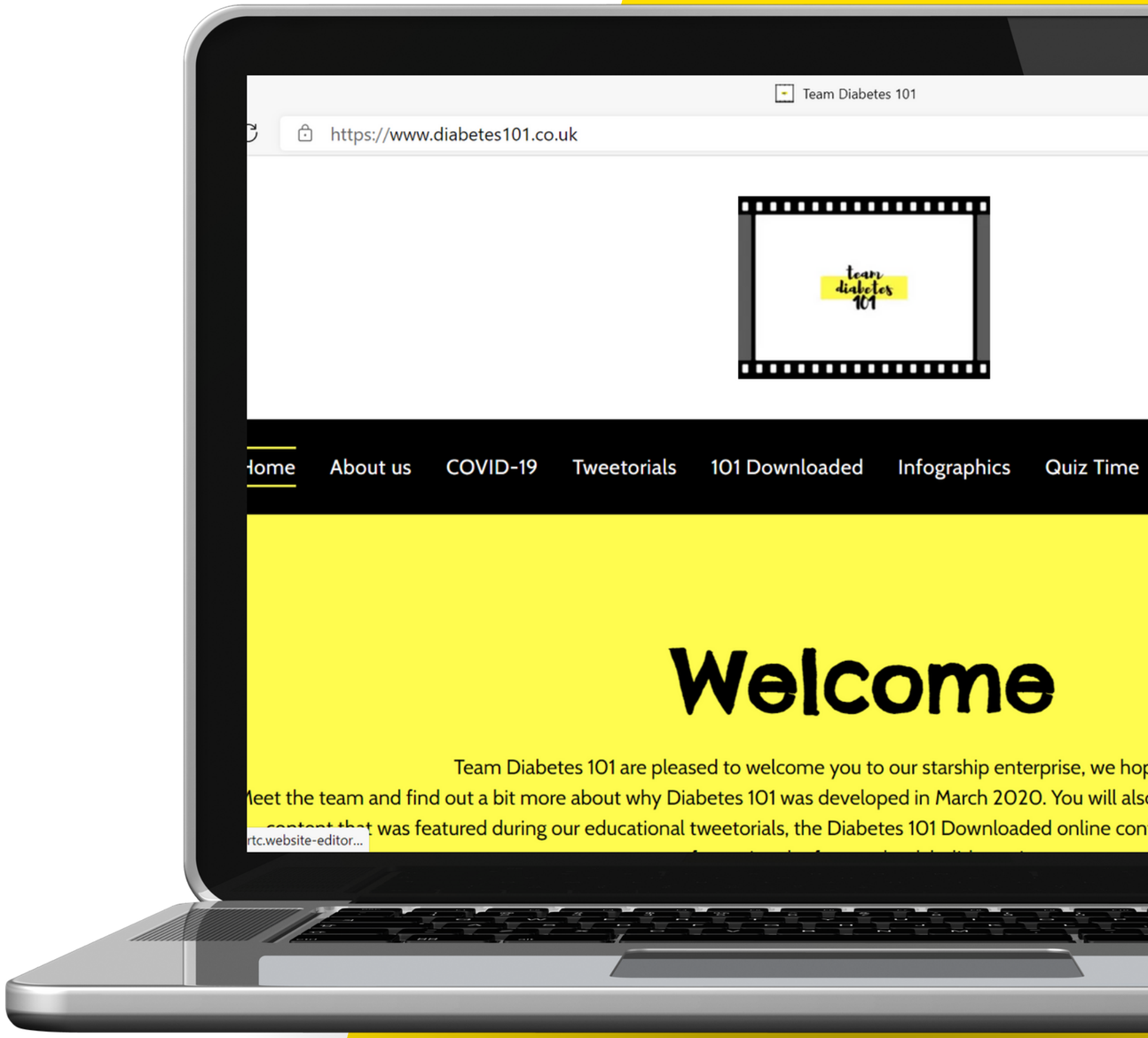
# Further dissemination

Resources from the diabetes101 account have been shared across health services, peer support groups, 3rd sector charities, and around the world in more than 26 languages

1. Youtube channel
   Diabetes101

2. Website
   www.diabetes101.co.uk

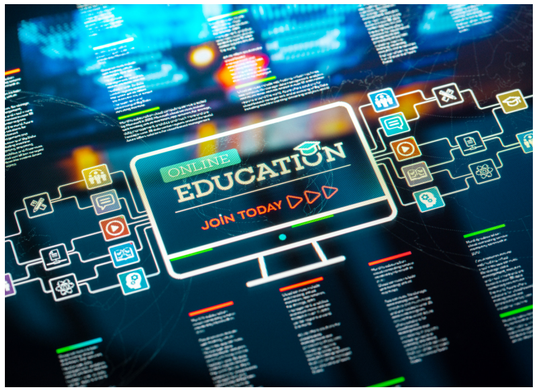


# Conclusions & Learning points

A free service, staffed voluntarily, set up in days during a crisis.
No pre-pandemic measures
'Quick & dirty' evaluation due to lack of suitable measures

*Point 1*

Using agile and accessible communications platforms to convey messages from credible sources can help contain anxiety during emergency situations




*Point 2*

Providing mass education via social media is a significant paradigm shift and may help make education more accessible

*Point 3*

The 101 account is staffed on an entirely voluntary basis during the team's free time.  Delivering an equivalent level of support long-term will require funding

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# THANK YOU

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