

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

**Dr Rose Stewart
Clinical Psychologist**

*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.

March 2020: COVID-19 hits the UK

Lockdown 1

Emerging risk evidence

Confusing/conflicting advice

Extremely high anxiety

Stockpiling

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



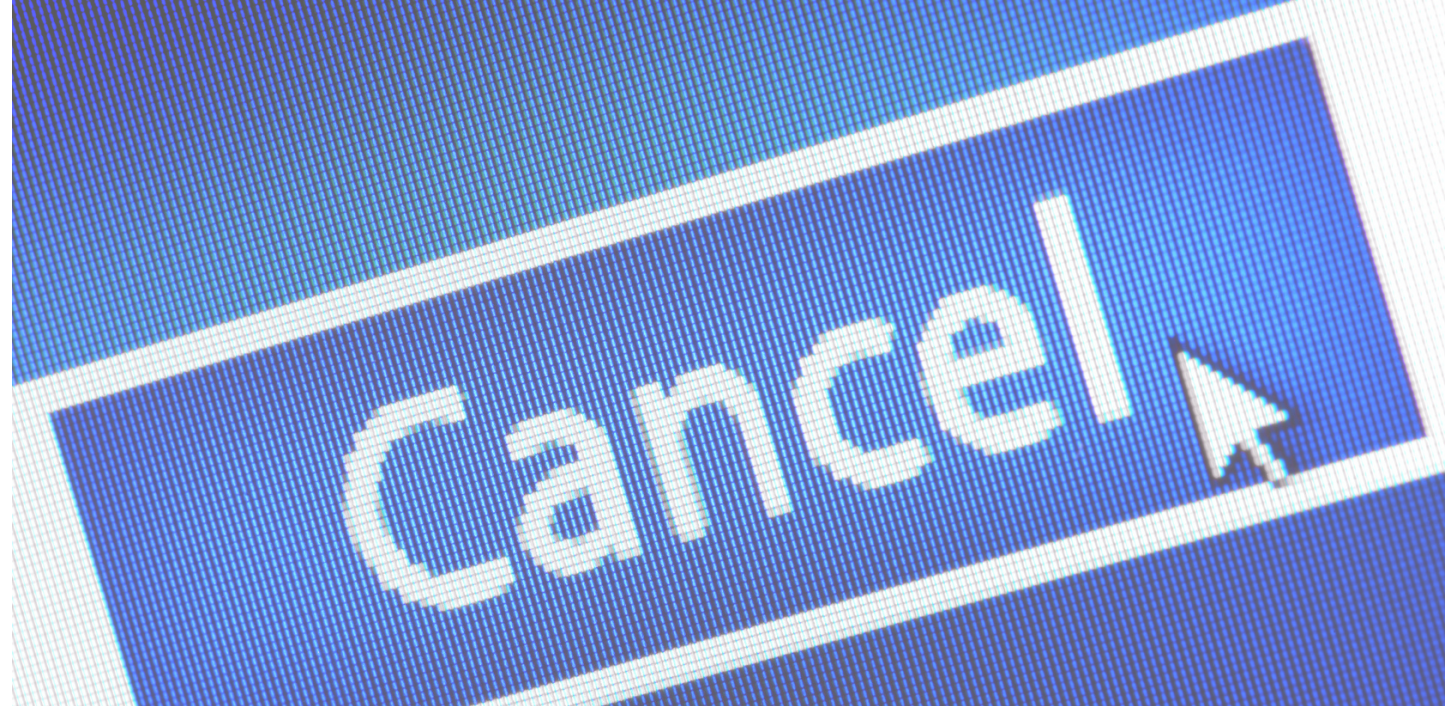
'Where did my service go?'

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

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

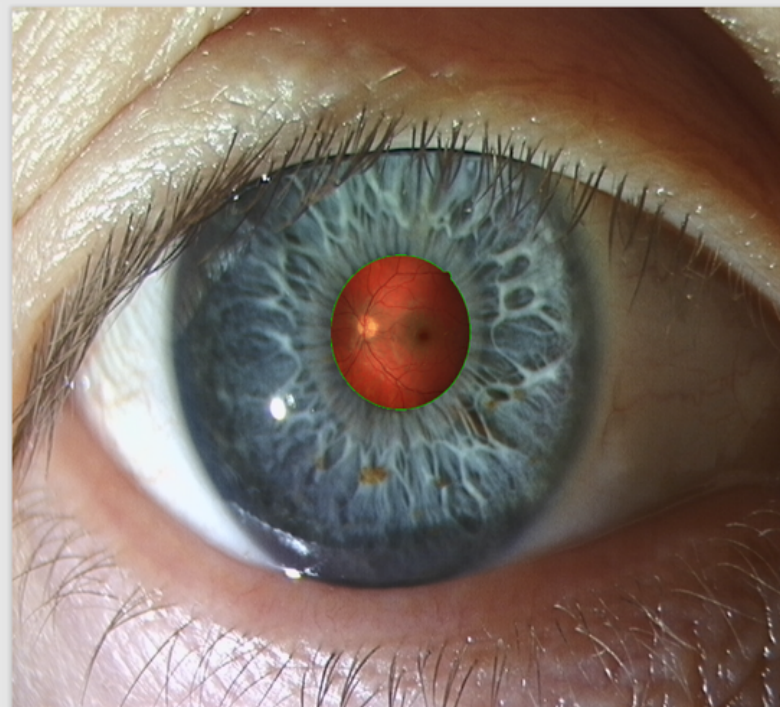


Phase 1: emergency response

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



team
diabetes
101

Diabetes & Eye Health

Dr Rebecca Thomas
Swansea University
Medical School

team
diabetes
101

“Lockdown Foot Care”

Vicki Alabraba
Diabetes Specialist Nurse
QiC Diabetes Professional of the Year 2020



Blood Pressure and Cholesterol

Hannah Beba and Patrick Holmes
@_diabetes101

Phase 2: Education

Could we use this platform to deliver education ?

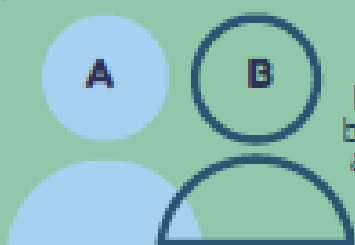
Tweetorials

- 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

HOW TO UNDERSTAND HAZARD RATIOS

An adjusted hazard ratio(HR) compares the risk of something happening between two groups that are matched as closely as possible apart from one difference

Same age, same gender, same weight, same health issues



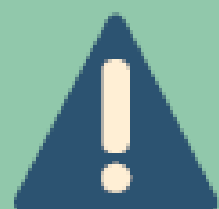
But group A are blue and group B are see-through

HRs are written as a number. This number lets us know the risk for a particular group.



So if group B have a HR of 2 when compared with group A we know that something is twice as likely to happen to them

Hazard ratios can look scary, but they also depend on how likely something is to happen in the first place.

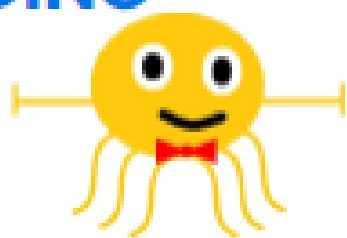


Group B could have a hazard ratio of 4 for being struck by lightning, but given that lightning strikes are rare, they don't need to worry too much

KNOWING YOUR HR CAN HELP YOU ASSESS HOW CAREFUL YOU NEED TO BE, BUT THEY DON'T PREDICT HOW LIKELY SOMETHING IS TO HAPPEN.

UNDERSTANDING CONFIDENCE INTERVALS

with octopuses!



An infographic by @DrRoseStewart

Octopuses is definitely the plural of octopus! checked.

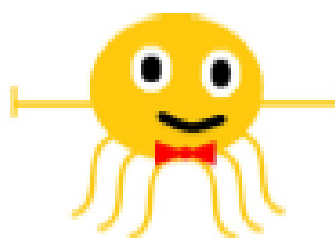
What is a confidence interval?

A confidence interval (CI) is a very technical way of showing how reliable data is. When we're doing studies, they're on a sample of people and then we apply what we learned about that sample to a wider population. Although scientists try to make studies as reliable as possible, we can't always be 100% sure that what we found in our sample will be exactly the same in the real world.

So our data is really a 'ball park figure' and we use CIs to demonstrate how big the ball park is. The size of the ball park depends on how much variation we found in our sample to begin with. We usually use 95% CIs which means we're 95% sure the real answer is somewhere in our CI ball park.

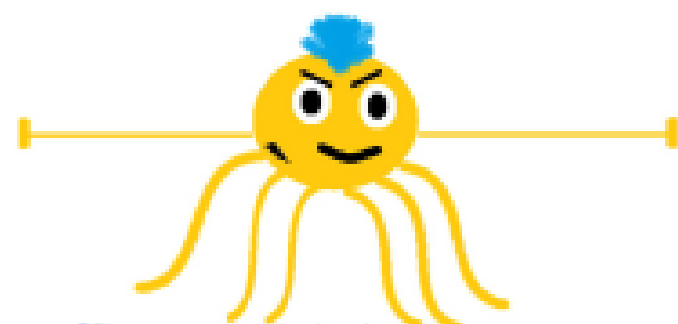
Small CI = less variation

This is Clarence the CI octopus, and he is very reliable - just look at his belt Clarence is a very tidy and precise chap, so his CI tentacles are short. We can tell that the sample Clarence represents didn't have much variation in it, so the results he gives us are likely to be pretty accurate.



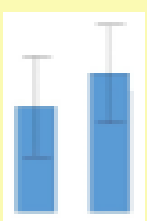
Large CI = more variation

This is Clarence's cousin Sid and he's not as well behaved or reliable as Clarence. Sid's CI tentacles are really long, so we know the data from the sample Sid represents is messy and more varied. That doesn't mean Sid's data is useless, but it does mean that 'ball park' for where the real answer lies is a lot bigger, so it's harder to draw conclusions from what Sid tells us.



Sneaky extra tips

- The bigger the sample size is, the more statistically powerful it is. CIs for big samples will tend to be smaller.
- If you're looking at charts for pre/post data and the CIs for each condition cross over (see picture) that most certainly means the difference is not significant.
- If you're looking at hazard ratios or odds ratios and the CIs cross, that almost certainly means there is no significant difference.



Phase 2: Education

Could we use this platform to deliver education ?

Infographics

- Managing worry about COVID & T1D
- Managing worry about COVID & 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!

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

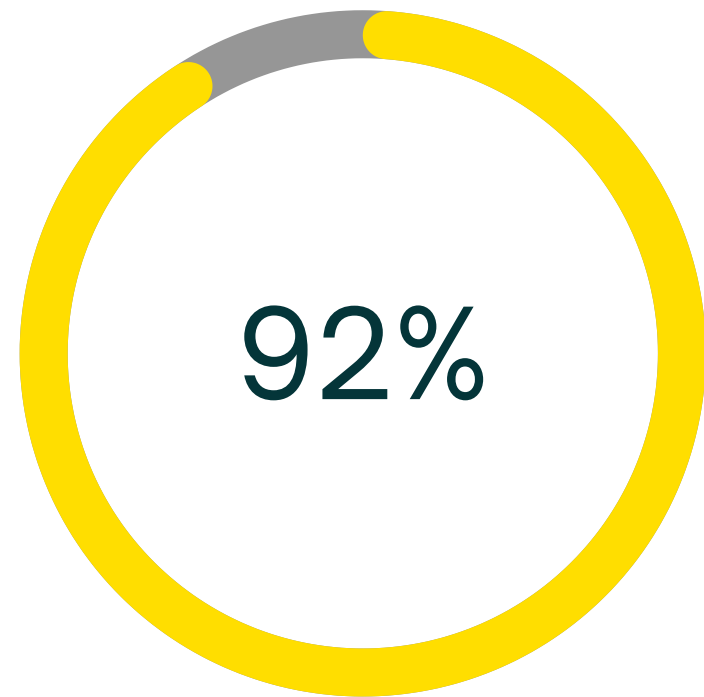
8.8m

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

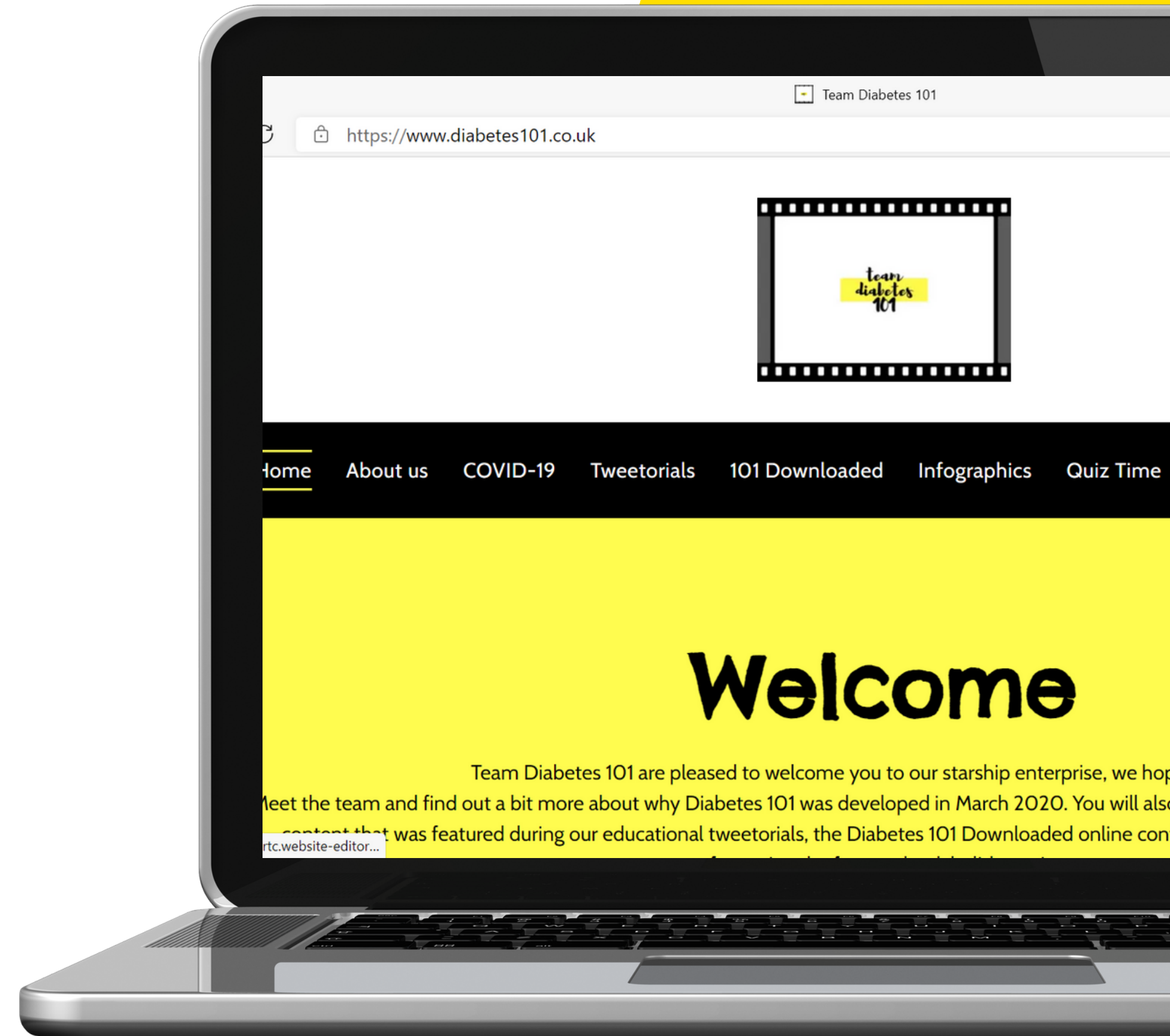
Results from adapted WBQ28 questionnaire (full discussion paper currently in press)

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



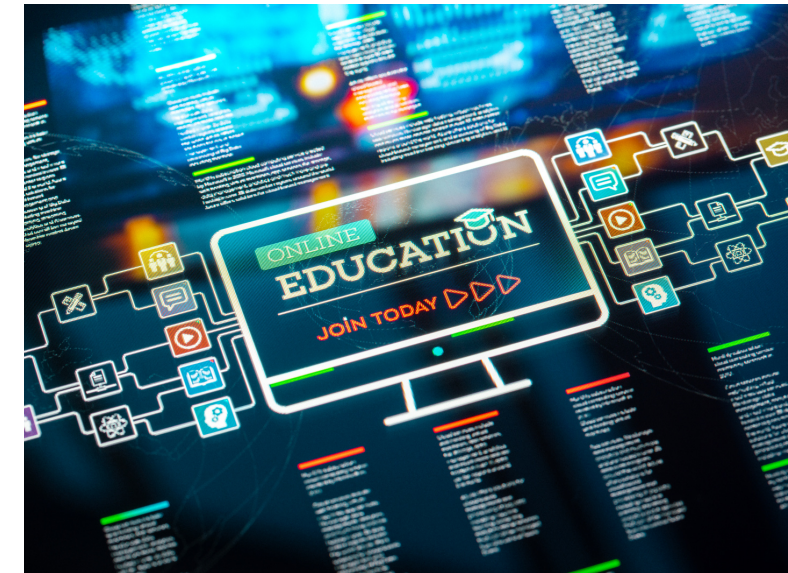
Conclusions & Learning points

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

THANK YOU

@_diabetes101

