

Twitter tweets and twaddle: twittering at AHPA's National Health Promotion Conference

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Abstract

Issue addressed: This paper explored the first-time use of Twitter by the Australian Health Promotion Association (AHPA) at its 2013 National Health Promotion Conference.

Methods: The @AHPA_AU Twitter account and #AHPA2013 hashtag were established and included in the conference program. Attendees were encouraged throughout the conference to use it. A total of 748 tweets were captured under the hashtag #AHPA2013 in chronological order from 16–19 June 2013. Tweets with photos and more than one hashtag were recorded. A thematic analysis of tweets was conducted.

Results: Thirteen broad themes were identified, with each of the 748 tweets allocated to one of the themes. Tweets about keynote sessions made up 38% of all tweets, followed by 14% for concurrent sessions. A photo was included in 11% of tweets, and 25% were sent to more than one hashtag. There were 96 tweeters; 75% of them posted five or less tweets and ~9%, including a professional blogger, posted greater than 20 tweets. At the Aboriginal and Torres Strait Islander pre-conference workshop there was a relatively high level of Twitter engagement.

Conclusion: Twitter could potentially be useful for promoting conference content and activities, but what it adds in value to a health promotion conference cannot be determined by this study.

So what? This paper highlights the engagement of tweeters with conference content and activities and suggests that tweeting benefited from the engagement of a professional health blogger.

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Introduction

Twitter,¹ an online microblogging service launched in 2006, enables people to communicate via 140 character 'tweets'. Twitter has played a significant role in changing conventional communication in many fields, including journalism,² public health research³ and emergency response.⁴ Twitter is Australia's seventh most popular social media platform,⁵ with ~15% of Australian internet users using Twitter. It is informative that about '24% of people who use Twitter don't tweet. They use Twitter to follow other people so they can keep up to date.'⁶ Twitter use continues to grow as an informal communication medium at work.⁷ Also, the use of social media is growing as a strategic tool in health promotion and behaviour change.⁸

Several studies have reported on the use of Twitter at health-related conferences, looking at numbers of tweets and tweeters^{9,10} and

content analysis of themes.^{11,12} Twitter and hashtag use is growing in popularity at health-related conferences, both in Australia and internationally, with some studies showing it to be an effective method of reaching a broader 'audience' than conference attendees.^{9–12} There is a lack of empirical data on the characteristics of Twitter users at conferences.

Studies that have analysed Twitter traffic using qualitative methods show that tweets are predominantly related to conference data or session themes.^{11,12} One study found there is quite a lot of debate among participants despite the 140-character limit.¹¹ Studies have also found that tweets perceived as informative are more likely to be re-tweeted than uninformative tweets such as promotion, opinion or other types of personal comment.¹² Other health-related conferences have found Twitter user numbers to be small in relation to overall attendee numbers.^{11,12}

Given that Twitter is a relatively new phenomenon, more needs to be understood about its use and usefulness. In addition to tallying tweets and tweeters, this study used a qualitative method to explore what Twitter users communicated and how they interacted across the three-day Australian Health Promotion Association (AHPA) 21st National Conference.

Methods

AHPA established a new Twitter account (@AHPA_AU), nominating #AHPA2013 as the hashtag for its national conference in Sydney in June 2013. Records show that 466 people (356 full and 110 day registrations) attended the conference. The @AHPA_AU account and the #AHPA2013 hashtag were included in the conference program and attendees were encouraged throughout the conference to use them.

Also, a health issues and policy blog, Croakey, was contracted to disseminate information from the conference and highlight keynote sessions. Croakey prepared and posted a conference preview from information provided on upcoming keynote presentations, provided a daily summary of conference highlights from #AHPA2013 tweets, and posted reflections and excerpts from keynotes and selected workshops.¹³

Publicly available conference tweets were recorded using the Twitter archiving application Storify.¹⁴ A total of 748 tweets were captured under the hashtag #AHPA2013 in chronological order over the conference period 16–19 June 2013.

The data were analysed using a thematic analysis method.¹⁵ Initially, each of five researchers categorised and assigned one-fifth of the tweets to themes according to their own coding scheme. Then all researchers met, discussed and agreed upon major themes and a coding scheme. For purposes of consistency, all tweets were revisited, with one researcher meeting individually with each of the other researchers to review allotted tweets and their assigned categories. Those with more than one hashtag were identified, as were those with a photo and tweets responding to a previous tweet. Tweets coded differently by individual researchers were discussed and the theme agreed by consensus at a follow-up research meeting.

Results and discussion

A total of 13 broad themes were identified and each of the 756 tweets were allocated to one of the themes (Table 1). Keynote tweets made up almost 38% of all tweets, followed by 14% for concurrent sessions with ~12% of all tweets tweeting opinions about ‘likes’, what was happening and what was coming up next.

This tweet illustrates tweets in the keynote theme:

Mark Dooris rocks a discussion about the impact of nature and green space for health #AHPA2013.

whereas:

Table 1. AHPA 2013 Conference hashtag Twitter themes

Themes	No. of tweets (<i>n</i> = 756)	% of total tweets
Statement from keynote and plenary sessions	282	37.3
Concurrent sessions	107	14.2
What is happening next and looking forward to	92	12.2
Personal comments, likes and dislikes	62	8.2
Aboriginal and Torres Strait Islander pre-conference workshop	51	6.7
AHPA and Croakey	50	6.6
Workshops	30	4.0
General appreciative remarks	27	3.6
Passing on health promotion information not from conference	19	2.5
Tweeted statistical facts	17	2.2
Conference oration	10	1.3
Not categorised: ‘out of the blue’	5	0.7
Posters	4	0.5

Distressing figures on the poor #MentalHealth of Australians in the workplace: men 13.2%. women 17.2% #AHPA2013.

is an example of the ‘fact’ tweet category.

An example of the ‘personal comments’ theme is:

Up early to squeeze in a walk to the Opera House and Harbour Bridge #sydney #tourist #ahpa2013.

The concurrent session theme included tweets such as:

... convincing study on sit-stand work station to combat sedentary workplaces at AHPA CONF #AHPA2013.

Several tweeters let others know what they were looking forward to, for example:

Looking forward to another great day @AHPA_AU conference looking at children’s settings #ahpa2013.

These were allocated to the ‘what’s happening next’ theme.

There were also several discussions that did not appear to be relevant to the conference themes. This is probably the usual noise – the ‘twaddle’, if you like – of social discourse, which is probably more obvious in the written form than the spoken word.

There were 96 tweeters (12.8% of attendees, which is relatively high compared with the percentage of tweeters reported at other conferences). Of these, 75% posted five or less tweets and ~9% posted more than 20 tweets. The number of posts from individual tweeters ranged from 1 to 129 tweets (with one person posting 129, the next 82, another 50, and one 36).

The relatively high percentage of tweeters may have resulted from the wide and regular promotion of the conference hashtag before and during the conference (on the Association’s website, with the abstracts online, via email to the Association’s members, and through regular reminders from session Chairs and from

Croakey tweets). Also, the fact that ‘social media and health promotion’ was one of the main themes of the conference possibly attracted skilled Twitter users to the conference, positively contributing to tweeting numbers. Numbers may also just reflect the growing trend in Twitter use in general.

At this conference, Twitter was largely used to restate points made by keynote speakers, which suggests that the information tweeted was, not surprisingly, supportive of health promotion perspectives, as might be expected of participants at a national health promotion conference. An illustrative example was this tweet on a keynote presentation:

We know what we need to do with disadvantaged communities. We just don't do it.

The conference provided a platform for people repeating speaker points, possibly reinforcing their own world view. The authors of the present paper noted that there was very little debate or challenging comments about what was presented. It is worth considering whether future conferences could actively encourage debate.

In relation to other health-related conferences,^{9–12} there was a relatively high level of Twitter engagement, but as one tweeter reminded us:

It's great all the social media action at #ahpa2013 though I can't help but think there has to be better metrics than likes & tweets. Help?

This is a salutary reminder that the jury is still out on the usefulness of Twitter for conferences. It does increase engagement among tweeting conference participants but they are only a subsample and still somewhat exclusive. Twitter is characterised by a younger urban demographic (18–29 year olds);¹⁶ however, there is evidence that 55–64 year olds are the fastest growing group, increasing 73% since 2012.¹⁷ One study suggests that Twitter user types are mostly extroverted,¹⁸ and that they develop an increased need for connection as time spent on the social media site increases.¹⁹

Over the three days of the conference, 11% of tweets included a photo and 25% were sent to more than one hashtag. An example of a tweet that incorporated a second hashtag to engage an external audience was: ... Can the NPAPH (individual responsibility) exist in parallel with #SDoH? #clap #AHPA2013.

Interestingly, the pre-conference Aboriginal and Torres Strait Islander workshop generated a lot of tweeting activity. From the 35 attendees there were 51 tweets with 21 (41%) including a photo and 38 (75%) using more than one hashtag. This level of activity is consistent with the observation of increasing social media engagement in the field of Aboriginal and Torres Strait Islander health.²⁰

The engagement of a professional health blogger was good value for several reasons. Croakey's preview²¹ of the conference stimulated early tweeting interest. During the conference, daily independent reflections and summaries of participants' tweets by

Croakey¹² not only encouraged participant tweeter activity and increased reach outside the conference, but also established a very readable, informative, accessible reference resource, permanently available at the blog site.²²

The present study had several limitations. The free software used to download conference tweets did not track all re-tweets – had it been able to do so, it may have provided a deeper understanding of the popularity of particular tweets or topics. Future conference studies could address this limitation by using paid services to track the specific reach of individual Twitter posts. A further limitation of the study was that some tweets were not self-explanatory; a case of ‘you had to be there’ and maybe even at a particular session. Another limitation inherent to Twitter is that communication is limited to 140 characters, *ipso facto* restricting the deeper discussion possible with other social media such as blogs. This study did not estimate the total audience that may have been reached by conference tweets because there was no tracking of follower numbers.

Twitter was most used at this conference for alerting other conference participants to what was happening in specific sessions, for informing a broader sphere of colleagues and allied organisations about important points made by speakers (both in plenary and concurrent sessions) and for sharing recommended resources.

Conclusion

Twitter could potentially be useful for promoting conference content and activities, but what it adds in value to a health promotion conference cannot be determined by this study. It may be useful for future conferences to encourage not just the tweeting of direct quotes from presenters, but also the raising of controversial issues for debate, and to systematically integrate Twitter into, for example, panel question-and-answer sessions. There is a need for future research to better understand the characteristics of Twitter users and what the use of Twitter adds to public health and health promotion. Engaging an independent journalist, as AHPA did with Croakey, helps reach a broader audience and makes available independent comment and resources, thus stimulating a greater depth of discussion beyond the conference. Future conferences could use this approach to help stimulate discussion or to pose specific questions for debate during sessions.

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