

# Vlogging for Youth with Type 1 Diabetes (T1D): A No or a Go?

👤 Viena T. Cao, Jasmine N. Jones, Daniel J. DeSalvo MD, & Marisa E. Hilliard PhD

## OBJECTIVES

- Behavioral interventions for youth with T1D have primarily targeted parents and teens.
- This pilot study focused on feasibility and acceptability of video-blogging ("vlogging") as a possible component of a behavioral intervention for pre-teens with T1D.

## METHODS

- We invited youth ages 9-14 and their parents to share thoughts on vlogging about life with T1D.
- We asked youth to create & share videos about living well with T1D, and to view videos made by other youth.
- We asked families about how vlogging went in follow-up interviews.

## RESULTS

- Out of 24 families invited, 9 (38%) enrolled and completed initial interviews.
- Out of 9 families enrolled:
  - 4 youth (44%) created and shared videos.
  - 6 youth (67%) viewed videos.
  - 8 families (89%) completed follow-up interviews.
- Youth reported wanting more videos to watch.
- Parents had no privacy concerns.
- Parents had technical problems with the HIPAA-compliant private video-sharing platform.

## CONCLUSIONS

- Youth were interested in vlogging, but engagement rates told a different story.
- Vlogging may be too demanding for youth ages 9-14.
- An intervention component where youth can view videos made by other kids may be of interest and have fewer barriers to engagement than creating and sharing their own videos.

Youth with type 1 diabetes watched video-blogs (vlogs) about living well with diabetes, but few created and shared their own. Vlogging appears to be too demanding, but viewing videos may be an engaging intervention component.



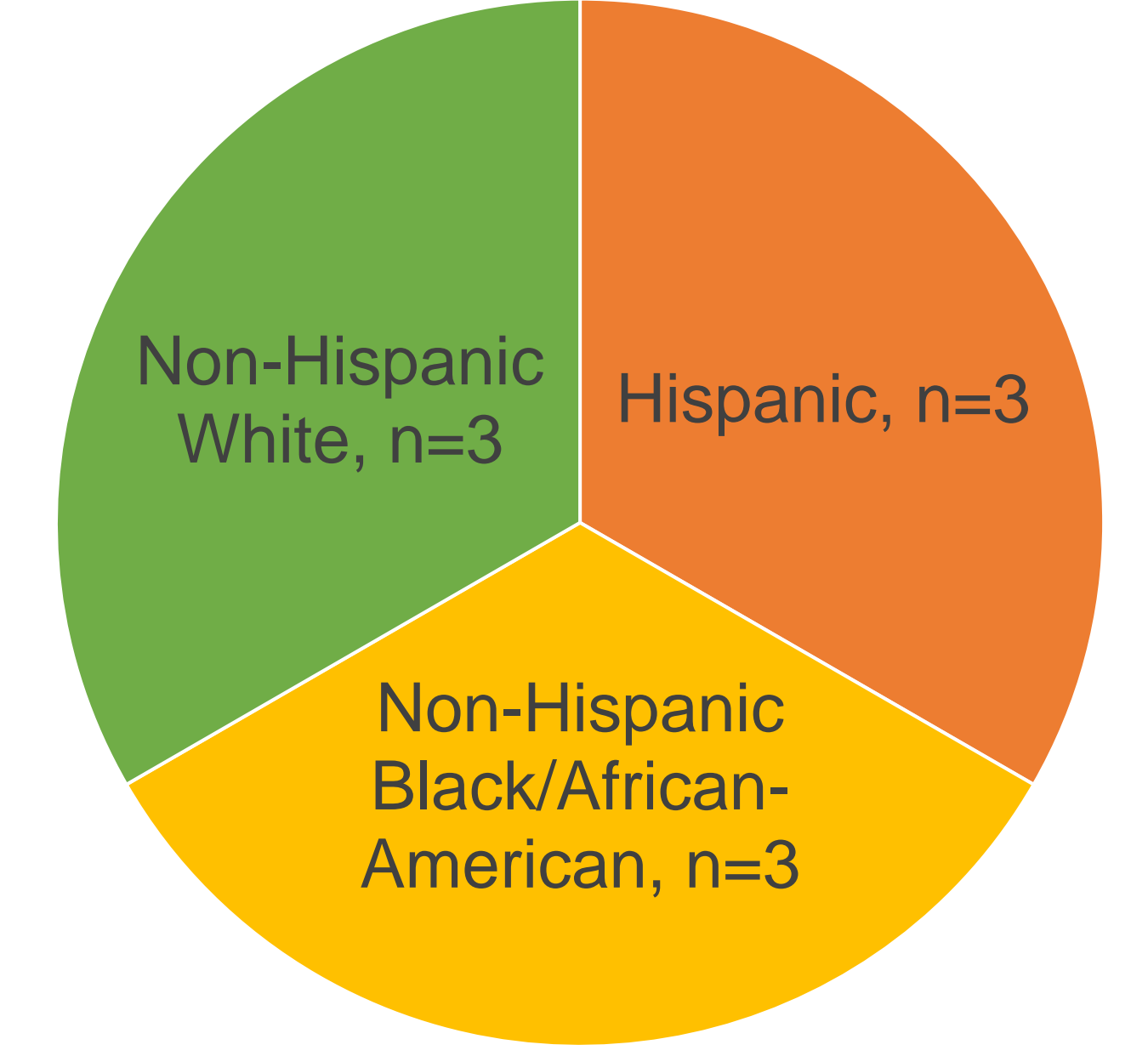
Poster available at: <http://bit.ly/T1Dvlogging>  
Questions or inquiries may be directed to Marisa Hilliard, PhD at [marisa.hilliard@bcm.edu](mailto:marisa.hilliard@bcm.edu)

## FEASIBILITY: RECRUITMENT

- Out of 24 families invited:
  - 3 unable to contact for decision
  - 1 opted-out before learning more
  - 1 ineligible after full screening
  - 10 declined
    - 4 youth/children-declined
      - Too shy (n=3)
      - No reason given (n=1)
    - 6 parent-declined
      - Uncomfortable with child vlogging (n=1)
      - Time concerns, too busy (n=4)
      - Not interested in research (n=1)
  - 9 enrolled

## PARTICIPANT CHARACTERISTICS

	n=9	% (n)	M±SD
Age, years			11.8±1.9
Gender, female		67% (6)	
Most recent A1c, percent			8.3±1.7



## ADDITIONAL INTERVIEW FEEDBACK

- Youth enjoyed participating in the vlog.
- Youth interested in viewing more videos with topics including a day-in-the-life, snack recipes, new technologies, DIY/decorating T1D supplies.
- Parents recognized the benefits of youth-focused vlogging.
- Overall, youth and parents reported:
  - Some youth may be less comfortable making videos than others.
  - Difficulty prioritizing this activity over other demands.
  - Creating videos may be more fitting for older youth/children.

## BARRIERS TO ENGAGEMENT

- Difficulty with recruitment and completing study visits during summertime (e.g., camp, vacation).
- Parents had difficulty gaining access to, uploading, and viewing videos via institution's HIPAA-compliant cloud-based platform.

**Title:** Vlogging for Youth with Type 1 Diabetes (T1D): A No or a Go?

**Authors:** Viena T Cao, Jasmine N Jones, Daniel J DeSalvo, Marisa E Hilliard

**Objectives.** Behavioral interventions for youth with T1D have largely targeted adolescents and parents. Less work has focused on pre-adolescents. The purpose of this pilot was to test the feasibility of youth-focused video-blogging (“vlogging”), a developmentally appropriate and interactive social support activity, as a potential intervention component. We report on feasibility, acceptability, and considerations for incorporation into a larger multi-component intervention.

**Methods.** Participants were youth with T1D, ages 9-14 (mean age  $11.8 \pm 1.9$  yrs; 67% female; 33% Non-Hispanic White; mean  $A1c = 8.3 \pm 1.7\%$ ) and their parents. Parents and youth were interviewed about their thoughts on viewing and sharing videos about living with T1D. Next, youth were encouraged to make videos about what they are doing well with diabetes. Staff provided an idea flyer and a non-diabetes example video. Youth shared/viewed videos via a private HIPAA-compliant platform. Parents and youth completed follow-up interviews about their experiences with the vlogs, whether or not they made/viewed videos. Participants were compensated for interviews.

**Results.** Of 24 families invited, nine (38%) enrolled and completed initial interviews. Four (44%) uploaded videos and six (67%) viewed other participants’ videos. Eight families (89%) completed follow-up interviews. Follow-up feedback included: youth enjoyed participating in the vlog and were interested in seeing more videos (e.g., day-in-the-life, snack recipes, crafts/decorating T1D supplies). Parents recognized benefits of vlogging and had no privacy concerns, but had difficulty using the video-sharing platform. Youth and parents said some pre-adolescents were less comfortable making videos or prioritizing this activity over other demands.

**Conclusions.** Although participants verbally expressed interest in vlogs, engagement rates told a different story. Rates of enrollment, vlog creation/sharing, watching others’ videos, and follow-up were relatively low. Vlogging may be too demanding, but a low-burden video-based intervention component where preteens with T1D can view videos made by others may be of interest and have fewer barriers to engagement.