



14. Diabetes Advocacy

American Diabetes Association

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Managing the daily health demands of diabetes can be challenging. People living with diabetes should not have to face additional discrimination due to diabetes. By advocating for the rights of those with diabetes at all levels, the American Diabetes Association (ADA) can help ensure that they live a healthy and productive life. A strategic goal of the ADA is that by the end of 2015, more children and adults with diabetes will be living free from the burden of discrimination.

One tactic for achieving this goal is to implement the ADA's Standards of Medical Care through advocacy-oriented position statements. The ADA publishes evidence-based, peer-reviewed statements on topics such as diabetes and employment, diabetes and driving, and diabetes management in certain settings such as schools, child care programs, and correctional institutions. In addition to ADA's clinical position statements, these advocacy position statements are important tools in educating schools, employers, licensing agencies, policy makers, and others about the intersection of diabetes medicine and the law.

ADVOCACY POSITION STATEMENTS

Partial list, with most recent publications appearing first

Care of Young Children With Diabetes in the Child Care Setting (1)

First publication: 2014

Very young children (aged <6 years) with diabetes have legal protections and can be safely cared for by child care providers with appropriate training, access to resources, and a system of communication with parents and the child's diabetes provider. See the ADA position statement "Care of Young Children With Diabetes in the Child Care Setting" for further discussion: <http://care.diabetesjournals.org/content/37/10/2834>.

Diabetes and Driving (2)

First publication: 2012

People with diabetes who wish to operate motor vehicles are subject to a great variety of licensing requirements applied by both state and federal jurisdictions, which may lead to loss of employment or significant restrictions on a person's license. Presence of a medical condition that can lead to significantly impaired consciousness or cognition may lead to drivers being evaluated for fitness to drive. People with diabetes should be individually assessed by a health care professional knowledgeable in diabetes if license restrictions are being considered, and patients should be counseled about detecting and avoiding hypoglycemia while driving. See the ADA position statement "Diabetes and Driving" for further discussion: http://care.diabetesjournals.org/content/37/Supplement_1/S97.

Diabetes and Employment (3)

First publication: 1984 (revised 2009)

Any person with diabetes, whether insulin-treated or noninsulin-treated, should be eligible for any employment for which he or she is otherwise qualified. Employment decisions should never be based on generalizations or stereotypes regarding the effects of diabetes. When questions arise about the medical fitness of a person with diabetes for a particular job, a health care professional with expertise in treating diabetes should perform an individualized assessment. See the ADA position statement "Diabetes and Employment" for further discussion: http://care.diabetesjournals.org/content/37/Supplement_1/S112.

Diabetes Care in the School and Day Care Setting (4)*

First publication: 1998 (revised 2008)

As a sizeable portion of a child's day is spent in school, close communication with and cooperation of school personnel are essential for optimal diabetes management, safety, and maximal academic opportunities. See the ADA position statement "Diabetes

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Care in the School and Day Care Setting” for further discussion: http://care.diabetesjournals.org/content/37/Supplement_1/S91.

*In October 2014, a separate statement on the care of young children with diabetes in the child care setting was published.

Diabetes Management in Correctional Institutions (5)

First publication: 1989 (revised 2008)

People with diabetes in correctional facilities should receive care that meets national standards. Because it is estimated

that nearly 80,000 inmates have diabetes, correctional institutions should have written policies and procedures for the management of diabetes and for training of medical and correctional staff in diabetes care practices. See the ADA position statement “Diabetes Management in Correctional Institutions” for further discussion: http://care.diabetesjournals.org/content/37/Supplement_1/S104.

References

1. Siminerio LM, Albanese-O'Neill A, Chiang JL, et al. Care of young children with diabetes in the

child care setting: a position statement of the American Diabetes Association. *Diabetes Care* 2014;37:2834–2842

2. American Diabetes Association. Diabetes and driving. *Diabetes Care* 2014;37(Suppl. 1):S97–S103

3. American Diabetes Association. Diabetes and employment. *Diabetes Care* 2014;37(Suppl. 1):S112–S117

4. American Diabetes Association. Diabetes care in the school and day care setting. *Diabetes Care* 2014;37(Suppl. 1):S91–S96

5. American Diabetes Association. Diabetes management in correctional institutions. *Diabetes Care* 2014;37(Suppl. 1):S104–S111