



# 15. Diabetes Advocacy

American Diabetes Association

*Diabetes Care* 2017;40(Suppl. 1):S128–S129 | DOI: 10.2337/dc17-S018

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 to ensure that they live a healthy and productive life. A strategic goal of the ADA is that more children and adults with diabetes live free from the burden of discrimination.

One tactic for achieving this goal is to implement the ADA's Standards of 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 the ADA's clinical position statements, these advocacy position statements are important tools in educating schools, employers, licensing agencies, policymakers, and others about the intersection of diabetes medicine and the law.

## ADVOCACY POSITION STATEMENTS

*Partial list, with most recent publications appearing first*

### **Diabetes Care in the School Setting (1)**

**First publication: 1998 (revised 2015)**

A sizeable portion of a child's day is spent in school, so close communication with and cooperation of school personnel are essential to optimize diabetes management, safety, and academic opportunities. See the ADA position statement "Diabetes Care in the School Setting" (<http://care.diabetesjournals.org/content/38/10/1958.full>).

### **Care of Young Children With Diabetes in the Child Care Setting (2)**

**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" (<http://care.diabetesjournals.org/content/37/10/2834>).

### **Diabetes and Driving (3)**

**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" ([http://care.diabetesjournals.org/content/37/Supplement\\_1/S97](http://care.diabetesjournals.org/content/37/Supplement_1/S97)).

### **Diabetes and Employment (4)**

**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

*Suggested citation: American Diabetes Association. Diabetes advocacy. Sec. 15. In Standards of Medical Care in Diabetes—2016. Diabetes Care 2017;40(Suppl. 1):S128–S129*

© 2017 by the American Diabetes Association. Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered. More information is available at <http://www.diabetesjournals.org/content/license>.

an individualized assessment. See the ADA position statement “Diabetes and Employment” ([http://care.diabetesjournals.org/content/37/Supplement\\_1/S112](http://care.diabetesjournals.org/content/37/Supplement_1/S112)).

### ***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” ([http://care.diabetesjournals.org/content/37/Supplement\\_1/S104](http://care.diabetesjournals.org/content/37/Supplement_1/S104)).

#### **References**

1. Jackson CC, Albanese-O’Neill A, Butler KL, et al. Diabetes care in the school setting: a position statement of the American Diabetes

Association. *Diabetes Care* 2015;38:1958–1963

2. 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

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

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

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