16. Diabetes Advocacy: *Standards of Medical Care in Diabetes—2019*

American Diabetes Association

Diabetes Care 2019;42(Suppl. 1):S182–S183 | https://doi.org/10.2337/dc19-S016

The American Diabetes Association (ADA) "Standards of Medical Care in Diabetes" includes ADA's current clinical practice recommendations and is intended to provide the components of diabetes care, general treatment goals and guidelines, and tools to evaluate quality of care. Members of the ADA Professional Practice Committee, a multidisciplinary expert committee, are responsible for updating the Standards of Care annually, or more frequently as warranted. For a detailed description of ADA standards, statements, and reports, as well as the evidence-grading system for ADA's clinical practice recommendations, please refer to the Standards of Care Introduction. Readers who wish to comment on the Standards of Care are invited to do so at professional.diabetes.org/SOC.

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. The ADA is also focused on making sure cost is not a barrier to successful diabetes management.

One tactic for achieving these goals has been 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, insulin access and affordability, and diabetes management in certain settings such as schools, child care programs, and correctional institutions. In addition to the ADA's clinical documents, these advocacy statements are important tools in educating schools, employers, licensing agencies, policy makers, and others about the intersection of diabetes medicine and the law and for providing scientifically supported policy recommendations.

ADVOCACY STATEMENTS

Partial list, with the most recent publications appearing first

Insulin Access and Affordability Working Group: Conclusions and Recommendations (1)

(first publication 2018)

The ADA's Insulin Access and Affordability Working Group compiled public information and convened a series of meetings with stakeholders throughout the insulin supply chain to learn how each entity affects the cost of insulin for the consumer. Their conclusions and recommendations are published in the ADA statement "Insulin Access and Affordability Working Group: Conclusions and Recommendations" (https://doi.org/10.2337/dci18-0019).

Suggested citation: American Diabetes Association. 16. Diabetes advocacy: Standards of Medical Care in Diabetes—2019*. Diabetes Care 2019;42(Suppl. 1):S182–S183*

© 2018 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.

Diabetes Care in the School Setting (2)
(first publication 1998; latest revision 2015)

A sizable 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" (https://doi.org/10.2337/dc15-1418).

Care of Young Children With Diabetes in the Child Care Setting (3)
(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" (https://doi.org/10.2337/dc14-1676).

Diabetes and Driving (4)
(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 their 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" (https://doi.org/10.2337/dc14-S097).

Editor's note: Federal commercial driving rules for individuals with insulin-treated diabetes changed on 19 November 2018. These changes will be reflected in an updated ADA statement.

Diabetes and Employment (5)
(first publication 1984; latest revision 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" (https://doi.org/10.2337/dc14-S112).

Diabetes Management in Correctional Institutions (6)
(first publication 1989; latest revision 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 the training of medical and correctional staff in diabetes care practices. See the ADA position statement "Diabetes Management in Correctional Institutions" (https://doi.org/10.2337/dc14-S104).

References

1. Cefalu WT, Dawes DE, Gavlak G, et al.; Insulin Access and Affordability Working Group. Insulin Access and Affordability Working Group: conclusions and recommendations [published correction appears in Diabetes Care 2018;41:1831]. Diabetes Care 2018;41:1299–1311
2. 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
3. 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
4. American Diabetes Association. Diabetes and driving. Diabetes Care 2014;37(Suppl. 1):S97–S103
5. American Diabetes Association. Diabetes and employment. Diabetes Care 2014;37(Suppl. 1):S112–S117
6. American Diabetes Association. Diabetes management in correctional institutions. Diabetes Care 2014;37(Suppl. 1):S104–S111