
Health Equity Bill of Rights

The current health pandemic and its disproportionate toll on minority, low-income, and historically underserved Americans shines a troubling light on historic, systemic inequities in American health care. It is time for health equity now.

The **Health Equity Bill of Rights** envisions a future without unjust health disparities. It ensures the 122 million Americans living with diabetes and prediabetes, along with the millions more who are at high risk for diabetes – no matter their race, income, zip code, age, education or gender – get equal access to the most basic of human rights: their health. These rights include:

1. The right to access insulin and other drugs affordably.

People with diabetes account for \$1 of every \$4 spent on health care in our country, and growing numbers cannot afford the medications they need to survive. One in four insulin-dependent people with diabetes say they ration their insulin. People with diabetes should be able to get the medication they need without having to choose between filling their prescription, paying rent, or putting food on the table.

2. The right to healthy food.

The poorer you are in America, the less likely you are to have a grocery store within walking distance of your home. Diabetes rates are inversely related to income level, and nutrition is critical to diabetes prevention and management. Every American with diabetes and prediabetes must have access to affordable, culturally relevant food and the information they require to eat healthfully.

3. The right to insurance that covers diabetes management and future cures.

Diabetes is the most expensive chronic condition in the U.S., and people with diabetes incur medical costs nearly two and a half times higher than others. Costs skyrocket for Americans who have diabetes but who do not have insurance – they are hospitalized nearly 170% as often, compounding their risk for complications and leaving them medically worse off than if they sought care earlier. To start bridging disparities in diabetes care, it is essential that all people with or at risk of diabetes are covered by robust health insurance.

4. The right not to face stigma or discrimination.

Even though Americans with diabetes are legally protected against discrimination at work and school, the diabetes community still faces many barriers to equal treatment. Children with diabetes have too often been refused treatment in school, and frontline workers too often refused the ability to manage their condition on the job. Every American with diabetes should be able to live and work free of discrimination and stigma.

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5. The right to avoid preventable amputations.

Every 4 minutes in America, a limb is amputated due to diabetes – and most are avoidable. The risk of amputation rises among communities of color; African Americans suffer diabetes-related amputations more than twice as often as whites. Every American with diabetes should have access to the care necessary to prevent diabetes-related amputations.

6. The right to participate in clinical trials without fear.

Though Americans of color are nearly twice as likely to have diabetes and related chronic diseases as whites, there is inadequate diversity in clinical trials to test drugs that people with diabetes need. Given the troubling history of mistreatment of minorities in medical research, every effort must be made not just to invite a diverse range of participants in drug trials, but to also ensure participants are protected by and in the process. Drugs and treatments utilized for diabetes care should be created with the diverse populations that use them and the unique risks they face in mind.

7. The right to stop prediabetes from becoming diabetes.

Diabetes care should not start at diagnosis – it should begin long before. Even though prediabetes and Type 2 diabetes are often preventable, low-income, minority, and historically underserved communities still see the highest incidence. Every American should have access to culturally and linguistically appropriate diabetes testing, care, counseling, and other resources necessary to prevent diabetes onset.

8. The right to a built environment that does not raise the risk of getting diabetes.

Historically underserved communities not only see the highest diabetes rates, but also face the greatest barriers to safe places to live and exercise, to clean air, and clean water – the things that mitigate diabetes onset and related risks for others. All Americans are entitled to access to an environment that allows for a healthy lifestyle.

9. The right to the latest medical advances.

Medical technologies like continuous glucose monitors, insulin pumps, and artificial pancreases can be instrumental in treating and managing diabetes. Still, many people with diabetes in the lowest income brackets do not have the same access to these life-saving technologies as do higher income peers. The latest advances in diabetes management should be accessible for all who stand to benefit in tandem, communicated in culturally relevant ways, and prioritize the protection of patient data.

10. The right to have your voice heard.

Every community should have a say in how their needs can best be addressed everywhere from the doctor's office to the ballot box. In our new post-COVID reality, things as simple as visiting family, going to the grocery store, or even leaving your home can pose grave danger for people with diabetes and others facing a heightened threat during this pandemic. Every American should be able to exercise their civic duty safely, regardless of underlying medical condition.