

Employment Considerations for People who have Diabetes

This brochure is one of a series on human resources practices and workplace accommodations for persons with disabilities edited by Susanne M. Bruyère, Ph.D., CRC, SPHR, Director, Program on Employment and Disability, School of Industrial and Labor Relations – Extension Division, Cornell University. It has been revised and updated in 2001 by Shereen Arent, National Director of Legal Advocacy, American Diabetes Association from the original, which was written in 1993 by Mary B. Dickson.

Cornell University was funded in the early 1990's by the U.S. Department of Education National Institute on Disability and Rehabilitation Research as a National Materials Development Project on the employment provisions (Title I) of the ADA (Grant #H133D10155). These updates, and the development of new brochures, have been funded by Cornell's Program on Employment and Disability, the Pacific Disability and Business Technical Assistance Center, and other supporters.

Cornell University currently serves as the training and co-management division of the Northeast Disability and Business Technical Assistance Center. Cornell is also conducting employment policy and practices research, examining private and federal sector employer responses to disability civil rights legislation. This research has been funded by the U.S. Department of Education National Institute on Disability and Rehabilitation Research (Grant #H133A70005) and the Presidential Task Force on Employment of Adults with Disabilities.

The full text of this brochure, and others in this series, can be found at: www.ilr.cornell.edu/ped/ada. Research reports relating to employment practices and policies on disability civil rights legislation, are available at: www.ilr.cornell.edu/ped/

For further information, contact the Program on Employment and Disability, Cornell University, 102 ILR Extension, Ithaca, New York 14853-3901; 607/255-2906 (Voice), 607/255-2891 (TTY), or 607/255-2763 (Fax).

More information is also available from the ADA Technical Assistance Program and Regional Disability and Business Technical Assistance Centers, (800) 949-4232 (voice/TTY), www.adata.org

What is Diabetes?

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. There are 16 million people in the United States with diabetes.

There are two major types of diabetes:

Type 1 (formerly known as “juvenile diabetes” or “insulin-dependent diabetes”) – A disease in which the body does not produce any insulin, most often first diagnosed in children and young adults. People with type 1 diabetes must take daily insulin injections or use an insulin pump to stay alive. Type 1 diabetes accounts for 5 to 10 percent of diabetes.

Type 2 (formerly known as “adult onset diabetes”) - A metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease. Type 2 diabetes accounts for 90 to 95 percent of diabetes. People with type 2 diabetes seek to manage the disease through weight control, appropriate diet, exercise, oral medication, and/or insulin depending upon the course of the disease in that person. About half of the people with diagnosed type 2 diabetes take insulin.

Diabetes causes blood glucose (sugar) levels to be too high. This is known as hyperglycemia. In the short term, high blood glucose levels can cause hunger, thirst, headache, blurry vision, frequent urination, itchy and dry skin, and – the most serious possible short term consequence – diabetic ketoacidosis, which can cause breathing difficulties, coma, and even death.

In the long term, high blood glucose levels can cause a number of serious complications such as eye disease (including blindness), kidney disease (including kidney failure), nerve damage, blood vessel disease (including heart attack, stroke and leg/foot amputations), and susceptibility to dangerous infections.

Insulin and oral medications do not cure diabetes. Moreover, insulin and some oral medications can cause blood glucose levels to go too low. This is known as hypoglycemia and can result in tremors, palpitations and sweating, confusion, drowsiness, mood changes, unresponsiveness, unconsciousness, convulsions, and death.

This does not mean that most people with diabetes, or even insulin-treated diabetes, will experience the most extreme

symptoms of high and low blood sugar levels. It does mean that people with diabetes must use vigilance in order to keep their blood sugar levels as close to normal as possible in order to avoid a broad range of immediate and long-term medical problems.

As many as five million of the sixteen million Americans with diabetes do not know they have the condition. This is dangerous since such people are subject to the short and long term consequences of high blood glucose levels. Employers may offer diabetes detection and education programs. This can alert employees to the symptoms of diabetes and encourage them to be tested so they can obtain appropriate treatment.

Diabetes cannot be cured, but through diabetes self-management, people with diabetes adjust food, insulin and/or oral medication, and exercise in order to keep blood glucose levels within a prescribed range. The person with diabetes needs to take responsibility for maintaining a good diet, exercising, and seeking appropriate medical care. Those who take good care of themselves can be as productive or even more productive than other employees simply because they are knowledgeable about and participate in a healthy life-style.

Diabetes and the Americans with Disabilities Act (ADA)

The ADA defines a person with a disability in three ways:

1. An individual who has a physical or mental impairment that substantially limits one or more major life activities;
2. Someone who has a record of such an impairment; or
3. Someone who is regarded as having such an impairment.

Diabetes is not well known or understood by many employers. The vast majority of people with diabetes live and work successfully without negative impact on their work. Because their condition does not impact their ability to do their job, they may choose to not make their employer aware of their condition. Fear of discrimination keeps many employees with diabetes quiet.

In what areas might employers discriminate?

As with any disability, the potential to discriminate exists at any point in the employment process.

Examples:

- A nurse sent her resume to 16 institutions and in her cover letter mentioned her diabetes. She had only two responses, and no job offer.

- A man with diabetes initially hired to run a shipboard boutique was rejected by the company doctor because a passenger with diabetes slipped into a coma 20 years ago and died, setting a precedent.
- An airline employee was forced to take one twenty-minute break rather than the two 10- minute breaks she needed to test her blood sugar, take insulin, and/or eat.
- A cashier with diabetic neuropathy was unable to do his job because the employer would not allow him to sit down between customers.
- A person with diabetes was rejected for the position of police officer because the municipal police department had a blanket policy that disqualified anyone who uses insulin – even though the applicant had successfully held a law enforcement position in another county for a number of years.

These situations reflect the fear and misunderstanding surrounding this condition. As with any other disability, employers are required by ADA to look at the actual limitations, not perceived limitations.

Workplace Implications of Diabetes

Despite good monitoring of diet, medication, and exercise, some people with diabetes may experience hypoglycemia or hyperglycemia. However, most people with diabetes recognize the warning signals of these conditions and immediately take appropriate action to bring their blood glucose level back to a safe range.

It is important that employers make the reasonable accommodations that allow people with diabetes to check their blood glucose level by self-administering a finger stick test (which takes less than a minute) and then administering medication (for high glucose levels) or a source of sugar (for low glucose levels). It only takes a few minutes for the person's blood sugar to return to normal.

The risk of hypoglycemia generally does not create a danger in the workplace. Thus, for example, there is no reason to disqualify a person for a desk job simply because s/he experiences even extreme hypoglycemia.

Even in those jobs where severe hypoglycemia could create a danger (for example, law enforcement positions) there is no reason to disqualify a person simply because he or she has diabetes or uses insulin. Rather, both the current state of diabetes management and judicial interpretations of the ADA have stressed that each person should be evaluated individually. The American Diabetes Association states, "*Diabetes as such should not be a cause for discriminating against any person in employment.*"

People with diabetes should be individually considered for employment, weighing such factors as the requirements or hazards of the specific job, the individual's medical condition, and their treatment regimen (diet, oral hypoglycemic agents, and insulin). Any person with diabetes, whether insulin-dependent or non-insulin-dependent, should be eligible for any employment for which he or she is otherwise qualified."

What Types of Jobs Do People with Diabetes Do?

There are very few restrictions for people with diabetes. Employers should not assume that diabetes will increase safety concerns, and they must demonstrate that any medical examination or screening is job related and consistent with business necessity. In addition, individuals should be assessed for their *present* ability to safely perform the essential functions of the job, not based upon the possibility of future complications.

Problems may occur with those who cannot avoid severe hypoglycemia, and consequently they should not work in dangerous areas. However, since this is quite uncommon, the employee, based on his or her experiences, should generally make this decision, not the employer, unless the employer can show that a hypoglycemic employee presents a direct threat to workplace health or safety. Diabetes is a highly individualized condition. Ideally the employee, his or her doctor, and the employer, will work together to ensure success.

Reasonably Accommodating a Person who has Diabetes

For the most part, people with diabetes should need no special treatment from their supervisors. An understanding of the condition and the possible need for regular work schedules and meal breaks is usually helpful and appreciated. Living successfully with diabetes means that a person must be self-disciplined, self-aware, and self-responsible, all valued characteristics in many jobs.

The Americans with Disabilities Act requires employers to "reasonably accommodate" the limitations imposed by a person's physical or mental disability. Reasonable accommodation is defined as modification or adjustment of a job, employment practice, or the work environment that makes it possible for a qualified person with a disability to be employed. The law states that the employer needs to accommodate from the first contact with the person with the disability, during the application process, on the job, in training, on the work site, and when considering promotions and layoffs. If job duties change, new accommodations may need to be made.

The ADA requires an employer to accommodate unless doing so would cause the employer an undue hardship. If an employer finds that the cost of an accommodation would impose an undue hardship, and no funding is available from another source, an applicant or employee with a disability should be offered the option of paying for the portion of the cost that constitutes an undue hardship, or of providing the accommodation.

If we think of accommodations as "productivity enhancements" similar to others made in the workplace, they become part of the cost of doing business.

The ADA requires that employers only accommodate known disabilities. The most common accommodation that a person with diabetes needs is easy and virtually cost-free: the time and space to check blood glucose levels and to self-administer medication or food. Schedules should be arranged to accommodate this. A private place to test should be available if the employee desires it, as well. The employee may also need to test on an as-needed basis, when he or she can tell blood glucose levels are starting to rise or fall.

Some people with diabetes do experience complications such as vision loss, nerve damage, or amputation that may require additional accommodations.

If the diabetes has resulted in visual loss, accommodations can be made. Low vision aids may prove useful. The employee's eye care professional may suggest magnification, appropriate lighting, or large print materials. The employee may want to contact a local resource center for people who are blind or visually impaired for a low vision assessment on the job to find useful aids.

Other people may develop complications such as neuropathy or amputation that make walking difficult. These conditions can often be accommodated by such easy actions as allowing an employee to sit while working or to limit walking by having a close parking spot or permitting shortcuts through the facility.

In some cases of diabetes, despite one's best efforts at maintaining good blood sugar control, the individual will experience the complications of diabetes including loss of vision, neuropathy, amputations, heart disease, and kidney disease. These complications may have a great enough impact that the person will need to learn alternative ways of performing activities. The employee may need to take a leave of absence to attend a formal program of vocational rehabilitation, where he or she will learn new ways to perform job duties. Vocational rehabilitation training will teach the person how to get around safely (perhaps with a

white cane), use adaptive equipment, and perhaps to perform job tasks in a somewhat different manner.

Training and Promotion

For most people with diabetes, the employer should have no concerns about training and promotion. If the employee's diabetes has caused significant functional limitations, and if training activities are planned, consult the employee about possible accommodations needed in the training environment.

These may include:

- regular testing of blood glucose levels and meal breaks, just as during the normal work day
- training materials put into alternative formats such as large print
- having another trainee copy his or her notes if training is conducted in a darkened room

Employers should assume that people with diabetes have the same career goals and aspirations as any other employee. A person's diabetes should play no part in decisions about transfers and promotions. Concentrate only on the appropriateness of the person's skills for a new position and determine if reasonable accommodations are needed. Capitalize on the person's strengths and accommodate limitations to gain greatest productivity from the employee.

Resources

ADA Regional Disability and Business Technical Assistance Center Hotline

(800) 949-4232 (voice/TTY).

Equal Employment Opportunity Commission, 1801 L Street, NW, Washington, DC 20507, (800) 669-4000 (voice), (800) 800-3302 (TTY), (800) 666-EEOC (publications). For on-line information, go to www.eeoc.gov.

American Diabetes Association

1701 North Beauregard Street, Alexandria, VA 22311, 1-800-DIABETES (342-2383)

If visual functioning is affected by diabetes, the employee or employer may wish to contact the local office of the state **Commission (or Services) for the Blind and Visually Impaired**. Look in your telephone directory under state services.

American Diabetes Association (ADA) is the nation's leading nonprofit health organization providing diabetes research, information and advocacy. The mission of the organization is to prevent and cure diabetes, and to improve the lives of all people affected by diabetes. As part of its mission, ADA advocates for the rights of people with diabetes and supports strong public policies and laws to protect persons with diabetes against discrimination. ADA has over 400,000 general members and over 17,000 professional members.

Disclaimer

This material was produced by the program on Employment and Disability, School of Industrial and Labor Relations-Extension Division, Cornell University, and funded by a grant from the National Institute on Disability and Rehabilitation and Rehabilitation Research (grant #H133D10155). The U.S. Equal Employment Opportunity Commission has reviewed it for accuracy. However, opinions about the Americans with Disabilities Act (ADA) expressed in this material are those of the author, and do not necessarily reflect the viewpoint of the Equal Employment Opportunity Commission or the publisher. The Commission's interpretations of the ADA are reflected in its ADA regulations (29 CFR Part 1630), Technical Assistance Manual for Title I of the Act, and EEOC Enforcement Guidance.

Cornell University is authorized by the National Institute on Disability and Rehabilitation Research (NIDRR) to provide information, materials, and technical assistance to individuals and entities that are covered by the Americans with Disabilities Act (ADA). However, you should be aware that NIDRR is not responsible for enforcement of the ADA. The information, materials, and/or technical assistance are intended solely as informal guidance, and are neither a determination of your legal rights or responsibilities under the Act, nor binding on any agency with enforcement responsibility under the ADA.

The Equal Employment Opportunity Commission has issued enforcement guidance which provides additional clarification of various elements of the Title I provisions under the ADA. Copies of the guidance documents are available for viewing and downloading from the EEOC web site at: <http://www.eeoc.gov>