

UNBIASED
breaking barriers in diabetes tech_

Equity in diabetes tech starts with you

Children and young people (CYP) from Black and ethnic minoritised backgrounds face significant barriers to accessing diabetes technologies like insulin pumps, despite recommendations from the National Institute for Health and Care Excellence (NICE, 2023). This action sheet, informed by recent research, outlines steps to address these inequities, challenge biases, and ensure fair access.

What to know

Eligibility is universal: All CYP with Type 1 diabetes are eligible for free diabetes technology under NICE TA943, yet many from ethnic minoritised groups are unaware due to language barriers and misinformation (Tonga et al., 2025).

Barriers are intersectional: Language, cultural differences, socioeconomic deprivation, and geographical disparities compound access challenges (Tonga et al., 2025).

Literacy concerns are overstated: Fears that patients lack the education or literacy to manage technology often stem from unconscious bias. With proper support, most CYP and families can use technology effectively (Dlugatch et al., 2024).

Bias impacts decisions: healthcare professionals may hesitate to offer technology to those perceived as "less capable," often due to assumptions about literacy or engagement, perpetuating inequities (Dlugatch et al., 2025).

What to keep in mind

Challenge assumptions: Avoid assuming CYP or families from ethnic minoritised backgrounds are less capable of using technology. Studies show equitable outcomes are possible with tailored support (NHS England, 2024).

Cultural sensitivity: Ask about the impact of family and culture (e.g., stigma around visible devices) and linguistic needs. Misunderstandings due to accents or dialects can hinder communication (Tonga et al., 2025).

Time investment pays off: CYP from deprived or ethnic minority backgrounds may require more initial support, but this investment reduces long-term disparities (Dlugatch et al., 2025).

Engage families: Caregiver involvement is critical, especially for younger CYP. Address their fears about technology complexity through clear, accessible explanations (Tonga et al., 2025).

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How to improve equity

Offer technology consistently: Proactively discuss CGM, pumps, and hybrid closed-loop systems with all CYP, regardless of background. Avoid gatekeeping based on perceived literacy (Dlugatch et al., 2024).

Use accessible resources: Provide simplified, multilingual materials or platforms like DigiBete to overcome language and literacy barriers (Dlugatch et al., 2025; NHS England, 2024).

Address literacy fears: Break down technology use into manageable steps. Use visual aids, hands-on demos, or peer support to build confidence, countering assumptions about capability (Tonga et al., 2025; The Health Foundation, 2023).

Reflect on bias: Regularly review your practice and National Paediatric Diabetes Audit (NPDA) data to identify disparities. Engage in team discussions to challenge biases (Dlugatch et al., 2025).

Advocate for support: Share successes and barriers with leadership to secure resources for training, interpreters, or community outreach (Dlugatch et al., 2025).

Foster trust: Build rapport through home visits or community-based engagement, especially for families hesitant due to cultural or systemic distrust (Tonga et al., 2025).

Equity in diabetes tech starts with you. Take steps to ensure every CYP accesses the technology they need.



"We refined those initial massive workbooks down to these two A4 pages...we use a lot of visual representation graphics, so smiley faces, graphs, colours, to represent information in a more easily accessible format for anyone."

007_Consultant, Dlugatch et al., 2025



The parent will say, I can sleep, and I haven't slept in five years. [They're] hearing someone actually that's done that... is much more powerful than us saying [technology] will improve your [glycaemic] control."

015_Dietitian, Dlugatch et al., 2025

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