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healthcare professionals

Equity in diabetes tech starts with you

Children and young people (CYP) from Black and ethnic minority groups face significant barriers to accessing diabetes technologies like insulin pumps, despite recommendations from the National Institute for Health and Care Excellence[6]. 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. However, many families remain unaware of this entitlement or assume devices must be paid for, particularly where language barriers or limited engagement with services exist.[4,8]

Barriers are intersectional: Language, cultural differences, socioeconomic deprivation, and geographical disparities compound access challenges.[4]

Digital access matters: Some diabetes technologies rely on smartphones or internet access. Lack of digital infrastructure can create additional barriers for some families.[4]

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.[1]

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.[2]

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.[5]

Cultural sensitivity: Ask about family context, language needs, and cultural perspectives on technology (for example concerns about visible devices or misunderstandings about what technologies do). Misunderstandings due to accents or dialects can hinder communication.[4,8]

Time investment pays off: Some CYP and families may need more initial support (for example around technology terminology, training, or digital access), but this investment can improve long-term engagement and equity.[2,4]

Engage families: Caregiver involvement is critical, especially for younger CYP. Address their fears about technology complexity through clear, accessible explanations.[8]

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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.[1]

Use accessible resources: Provide simplified, multilingual materials and clear explanations of technologies (for example avoiding unexplained acronyms such as CGM or HCL). Platforms like DigiBete can support this.[2,4,5]

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. [7,8]

Reflect on bias: Regularly review your practice and National Paediatric Diabetes Audit (NPDA) data to identify disparities in technology uptake across ethnic or socioeconomic groups. Engage in team discussions to challenge biases.[2,4]

Advocate for support: Share successes and barriers with leadership to secure resources for training, interpreters, community outreach, or additional support roles (such as diabetes care technicians or youth support workers).[2,4]

Foster trust: Build rapport through community engagement, peer support, or trusted local networks., especially for families hesitant due to cultural or systemic distrust. [4,8]

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

015_Dietitian, 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."

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