



General Assembly of the Commonwealth of Pennsylvania
Joint State Government Commission
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Summary of the Staff Study in Response to House Resolution 936 of 2014

DIABETES IN PENNSYLVANIA: PREVENTION AND MAINTENANCE PROGRAMS

This is the third of a series of reports by the Joint State Government Commission (JSGC) written in response to House Resolution No. 936 of 2014. HR 936 provides for an ongoing study of the public health problem posed by diabetes in Pennsylvania and directs the JSGC, in collaboration with certain other state departments and agencies, to describe, evaluate, and make recommendations for the Commonwealth's response. This report describes the relevant programs run by the entities charged with implementing public health policy and with assisting persons with diabetes. The broad purposes of public health policies aimed at controlling diabetes and preventing the disease are "to reduce the incidence of diabetes, improve diabetes care, and control complications associated with diabetes."

The introduction contains a general discussion of diabetes as a public health problem nationwide and in Pennsylvania and the latest available data regarding incidence of diabetes, prediabetes, and obesity in the United States and in Pennsylvania as well as the number of diabetes-related hospital admissions in the Commonwealth.

The second chapter includes the definition and classification of diabetes mellitus and details new developments in diabetes research and therapeutic approaches promoted by the American Diabetes Association and the international diabetes research community.

The third chapter lists the programs administered by the Department of Health, which is the lead agency on public health issues. These programs include the Diabetes Prevention Program (DPP), the Diabetes Self-Management Education Program (DSME), and the Juvenile Diabetes Cure Research Tax Check-Off Program, that funds medical research on type 1 diabetes. As obesity is associated with type 2 diabetes in adults and increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes in

children, Obesity Prevention and Wellness Section activities are also reviewed.

The fourth chapter covers the programs administered by the Department of Aging: Health & Wellness Program, Chronic Disease Self-Management Program, and Diabetes Self-Management Program, that teach older adults practical skills that can help in maintaining good health, preventing illness and injury, and successfully managing their chronic conditions. The Department of Aging is also responsible for the programs that assist eligible older Pennsylvanians in paying for their prescription medications: the Pharmaceutical Assistance Contract for the Elderly (PACE) and PACE Needs Enhancement Tier (PACENET).

The fifth chapter reflects the diabetes-related activities of the Department of Human Services, which is responsible for Medicaid.

The sixth chapter is devoted to the current policies and procedures intended to assist school children with diabetes to manage their condition while in school setting and during school-sponsored activities. The Department of Education (PDE) is directly responsible for helping these students, primarily those with type 1 diabetes. The Department of Health (PADOH) developed detailed recommendations and guidelines that serve as the primary resource guide for school faculty and staff.

The seventh and eighth chapters, respectively, describe YMCA's Diabetes Prevention Program and the Pennsylvania Diabetic Eye Health Alliance (PDEHA).

The report concludes with a list of recommendations aimed at increasing the awareness of diabetes and prediabetes, facilitating early diagnosis, improving access to care and quality of care, and expanding evidence-based prevention programs and diabetes self-management education.