

Included in this Brief:

- In 2015, 11.2% of Texans had diagnosed diabetes.
- Diabetes disproportionately impacts among older adults & racial/ethnic minorities, and is concentrated in East Texas.
- Diabetes may become a larger problem in the future because population growth will be driven by groups at high risk for diabetes.

The Texas Demographic Center is responsible for interpreting and communicating information on demographic and socioeconomic issues for the State of Texas to the public and the legislature.

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DIABETES IN TEXAS

Type II diabetes poses a major health burden for the United States, but even more so for states like Texas. Many Texans have already been diagnosed with Type II diabetes (hereafter referred to as diabetes), and the rate of new cases increases every year. Diabetes is associated with complications like retinopathy (vision problems resulting from damage to the retina) and amputation and increased risk for other problems like cardiovascular disease. It remains one of the leading causes of death in Texas and the United States. In addition, diabetes costs the nation billions of dollars in medical fees and reduced productivity. These physical and financial costs are felt throughout the nation but especially in Texas, which has greater-than-national diabetes prevalence. Thus, given its high costs and increasing spread across the state, it is important to assess the trend and prevalence of diabetes in Texas.

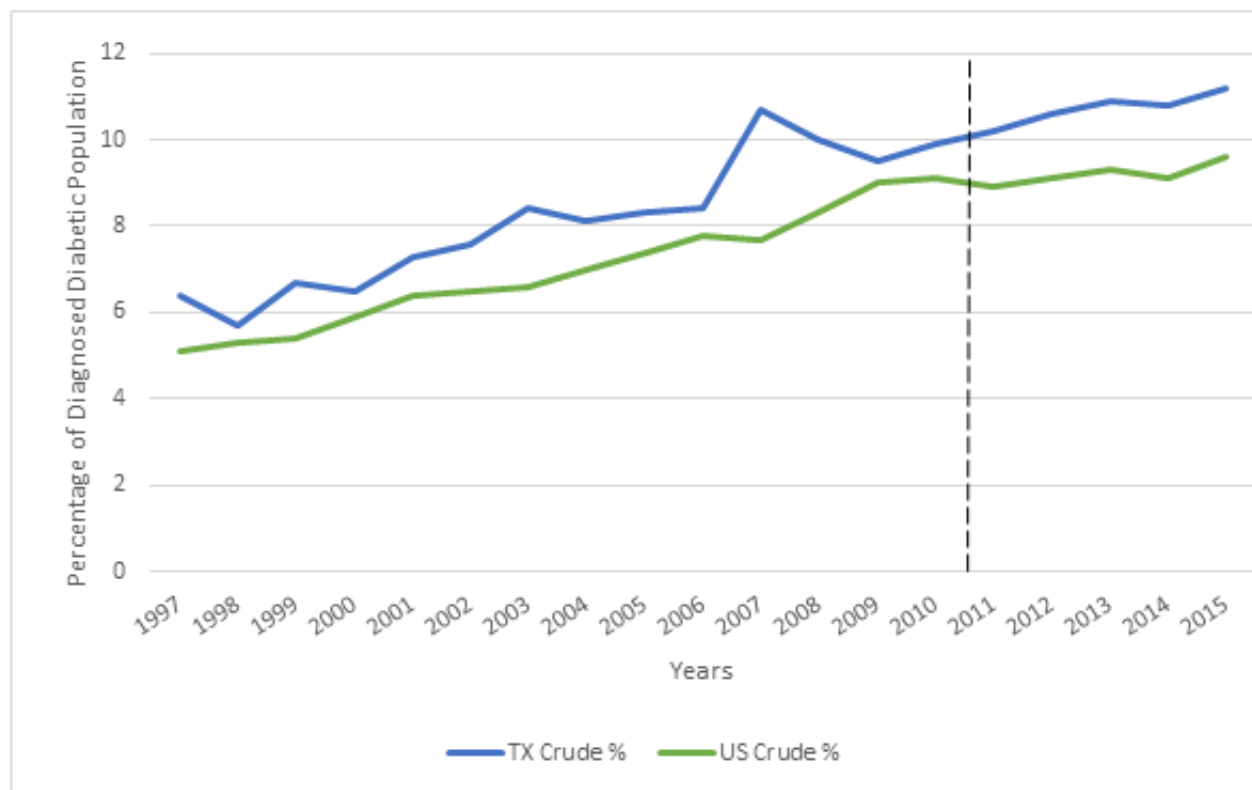
Diabetes prevalence is greater in Texas than the United States.

Approximately 9.4% of Americans (30.3 million) had diabetes in 2015, in comparison to 11.2% of Texans (2.3 million) (see Figure 1). In addition, the rate of new diagnoses (i.e., incidence rate) for diabetes has increased over the past several years and is also greater in Texas than nationally. Approximately 7.5 per 1,000 (or 1.4 million) adults aged 18 to 76 years in the United States were persons newly diagnosed with diabetes in 2015, in comparison to 11.1 per 1,000 (or 187,000) adults aged 18 to 76 years in Texas during the same year. Diabetes prevalence has also been on the rise since the 1990s. Between 1997 and 2010, the population with diagnosed diabetes increased from 5.1% to 9.1% among Americans, and from 6.4% to 9.9% among Texans. Diabetes prevalence continued to grow between 2011 and 2015, swelling from 8.9% to 9.6% in the US and from 10.2% to 11.2% in Texas.

Diabetes disproportionately impacts older adults, racial/ethnic minorities, men, and the population with lower levels of education.

Diabetes prevalence is strongly patterned by age and is most common among those aged 65 to 74 years (25.9%; 516,411), followed by those 75 years and older (23.3%; 306,863), 45-64 years (17.8%; 1,178,670), and 18-44 years of age (3.1%; 321,276) (see Figure 2). The highest percentage of diabetes is concentrated among the population 65 to 74 years old, whereas the greatest number of population with diabetes is concentrated among those 45 to 64 years old. Similarly, diabetes is more common among some racial/ethnic minorities, men, and the population with lower levels of education relative to their counterparts. NH (non-Hispanic) Blacks (17%) and Hispanics (12.2%) have a higher prevalence of diabetes than the Texas average (11.5%), whereas the disease's

Figure 1: Percentage of Diagnosed Diabetes Cases among Adults 18 Years and Older, Texas, 2015



Sources: U.S. Diabetes Surveillance System, Division of Diabetes Translation, CDC, Diagnosed Diabetes

prevalence is lower among NH Whites (10.2%), NH Others (7.9%), and NH Multiracial individuals (3.2%). Approximately 12.4% of Texas men have diabetes (1,230,020) compared to 10.1% of women (1,093,200). Finally, 16.2% (639,415) of adults with less than a high school education have diabetes, compared to 10.7% (565,002) of those with a high school education, and 9.7% (1,113,785) of those with a greater than high school education.

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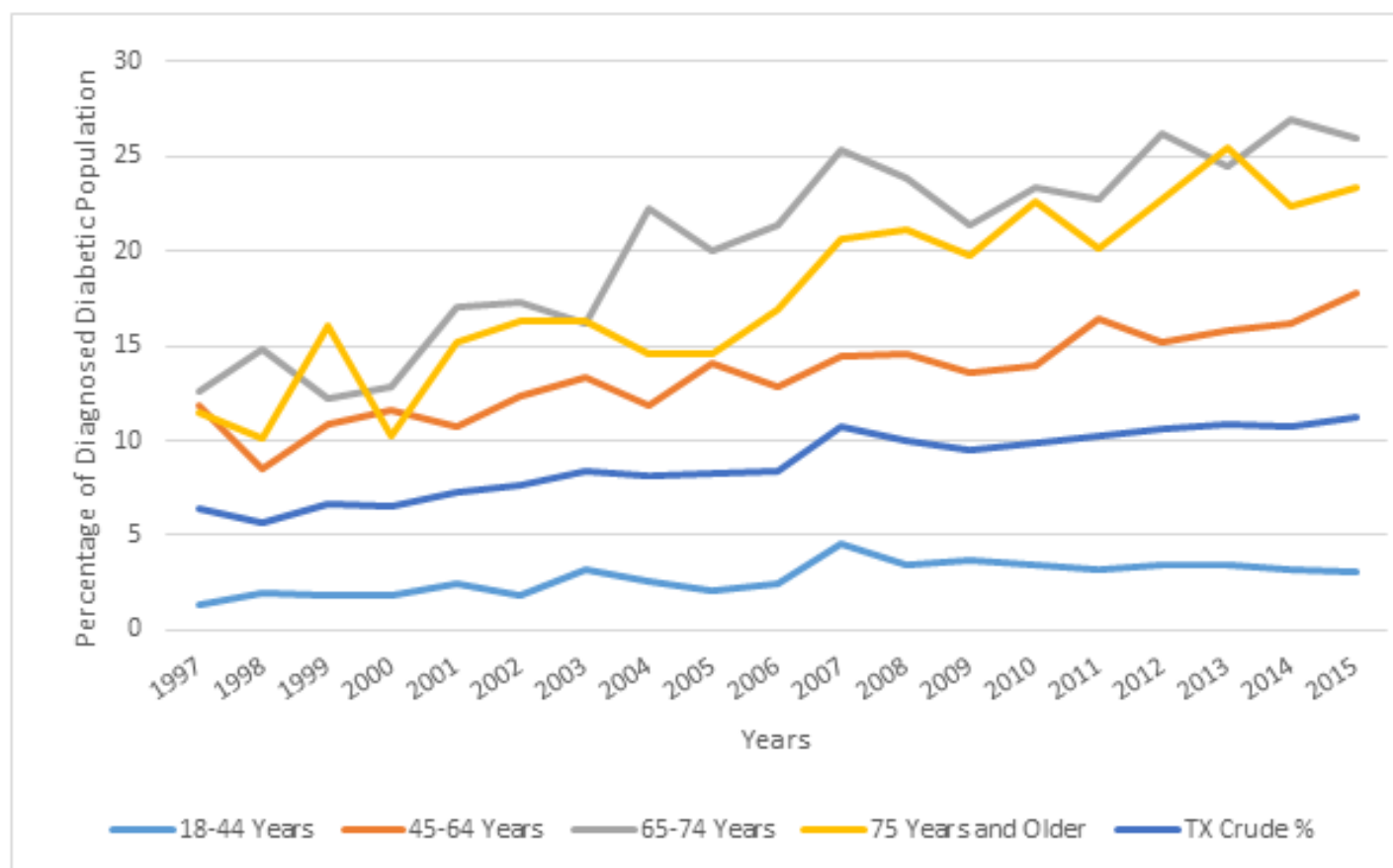
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and the population with lower levels of education relative to their counterparts. NH (non-Hispanic) Blacks (17%) and Hispanics (12.2%) have a higher prevalence of diabetes than the Texas average (11.5%), whereas the disease's prevalence is lower among NH Whites (10.2%), NH Others (7.9%), and NH Multiracial individuals (3.2%). Approximately 12.4% of Texas men have diabetes (1,230,020) compared to 10.1% of women (1,093,200). Finally, 16.2% (639,415) of adults with less than a high school education have diabetes, compared to 10.7% (565,002) of those with a high school education, and 9.7% (1,113,785) of those with a greater than high school education.

Diabetes prevalence is unevenly distributed across the state, but concentrated in East Texas.

Figure 3 highlights Texas counties that fall at, above, or below the 2015 US and Texas averages for diabetes prevalence (9.4% and 11.2%, respectively). The findings indicate that much of West Texas and the Panhandle, parts of North, and parts of Central Texas report at or below the US prevalence for diabetes (see Table 1). Counties with lower

Figure 2: Percentage of Diagnosed Diabetics by Age Group among Adults 18 Years and Older, Texas, 2015



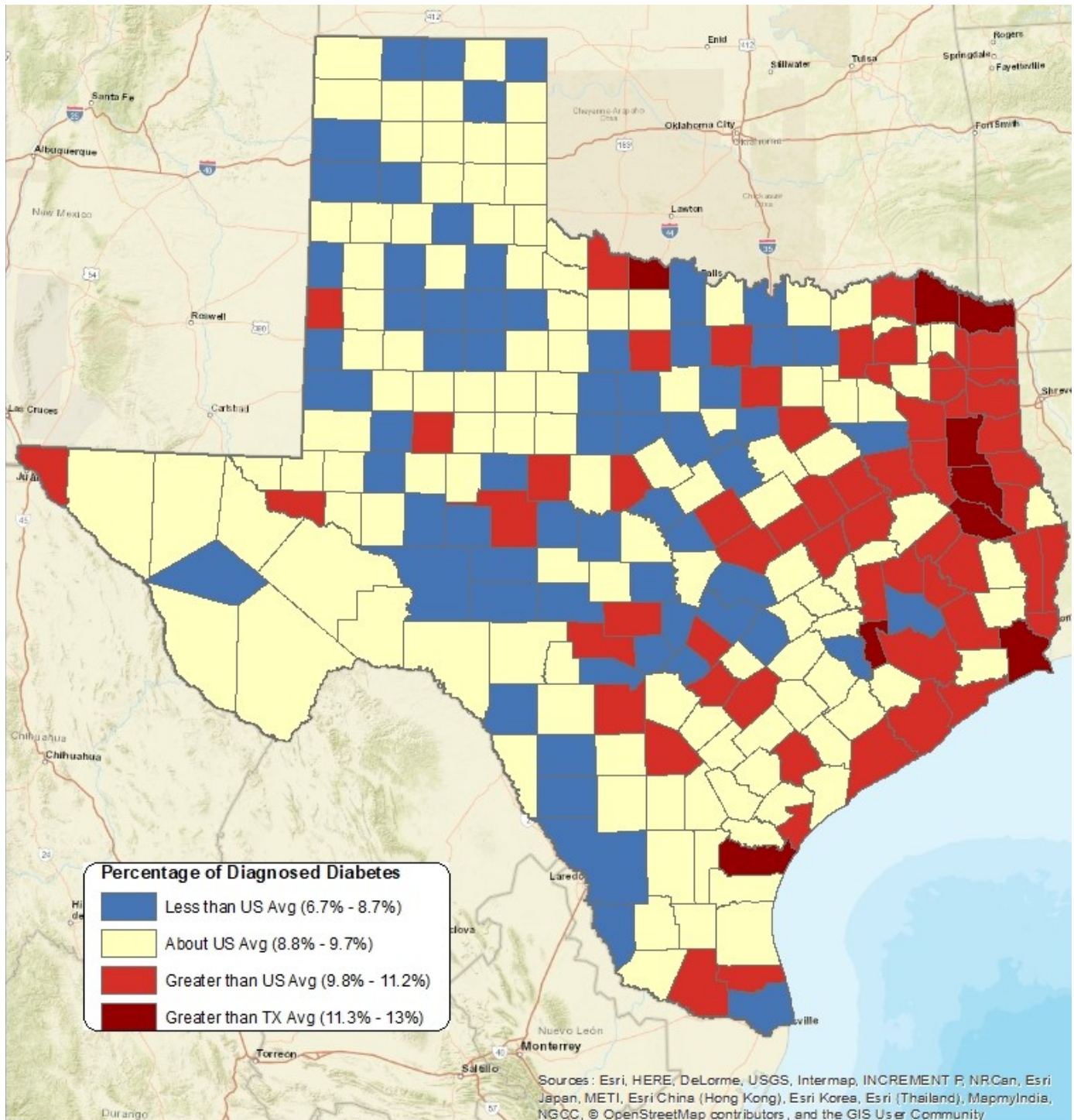
Sources: U.S. Diabetes Surveillance System, Division of Diabetes Translation, CDC, Diagnosed Diabetes

Table 1: Texas Counties with the Highest and Lowest Prevalence of Age-Adjusted Diagnosed Diabetes Prevalence, 2015

Rank	County	Prevalence	Rank	County	Prevalence
1	Rusk	13%	...245	Comal	6.7%
2	Nacogdoches	12.7%	246	Kendall	7.3%
3	Wichita	12.3%	247	Parker	7.7%
4	Angelina	12.1%	248	Williamson	7.8%
5	Jefferson	11.8%	249	Travis	7.9%
6	Red River	11.5%	250	Bandera	8.1%
7	Bowie	11.3%	251	Lampasas	8.1%
8	Nueces	11.3%	252	Montgomery	8.1%
9	Waller	11.3%	253	Midland	8.2%
10...	Cherokee	11.2%	254	Randall	8.2%
-	<i>Texas</i>	<i>11.2%</i>	-	<i>Texas</i>	<i>11.2%</i>
-	<i>US</i>	<i>9.4%</i>	-	<i>US</i>	<i>9.4%</i>

Sources: U.S. Diabetes Surveillance System, Division of Diabetes Translation, CDC, Diagnosed Diabetes

Figure 3: Prevalence of Diagnosed Diabetes among Adults 18 Years and Older, Texas Counties, 2015



prevalence rates in North and Central Texas are generally part of large cities, suburbs, and/or metropolitan areas. In contrast, pockets of South Texas, areas in Central Texas and the Hill Country, and a large swath of East Texas reported diabetes prevalence above the national average. Rusk County and other parts of East Texas reported diabetes prevalence rates higher than even the Texas average. Wichita, Waller, and Nueces Counties also

reported higher than Texas average prevalence rates. This suggests residents in these areas are more impacted by diabetes than the balance of Texas.

In conclusion, diabetes is a significant burden on Texas health. With a large and increasing prevalence, steady rise of newly diagnosed cases, and uneven distribution across

Texas groups and geographies, diabetes is an important issue for Texans. Furthermore, diabetes could become an even larger problem in the future. Much of the state's projected growth will occur among groups that are high-risk for diabetes, including older adults and racial/ethnic minorities such as Hispanics. According to the latest Texas Demographic Center projections, the percentage of adults 65 years and older is projected to double from 10% to 20% between 2010 and 2050. Similarly, racial/ethnic minorities will make up 72% of the population by 2050, compared to just 55% in 2010. Most of this growth will be driven by Hispanics, whose share of the population is projected to increase from 38% to 53% by 2050. Thus, the prevalence of diabetes may surge as the population increasingly becomes comprised of greater numbers and shares of at-risk groups. Taken together, these demographic and geographic characteristics all emphasize the importance of preventing diabetes to improve Texas health.

Endnotes

Diagnosed diabetes numbers do not reflect the substantial number of undiagnosed diabetic population. However, since the CDC does not provide state-level estimates of undiagnosed diabetes, this report focuses on diagnosed diabetes numbers alone.

The rate of newly diagnosed cases of diabetes for the US reflects the median of states rather than the national average. The rate for the median of states, rather than the national average, was used because it was directly comparable to state rates (e.g., Texas).

Note: Major methodological changes occurred in the 2011 Behavioral Risk Factor Surveillance System (BRFSS).

About This Report

The Texas Demographic Center produced this report. The report's authors include: Sara Robinson, Lila Valencia, Helen You, Lloyd B. Potter, Steve White, and Jeffrey A. Jordan.

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