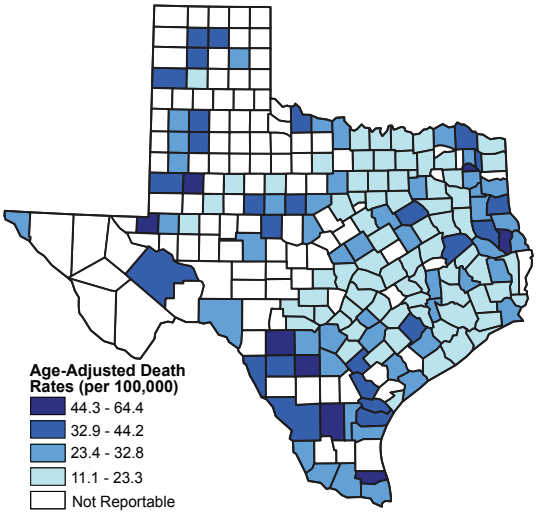
Diabetes and Obesity

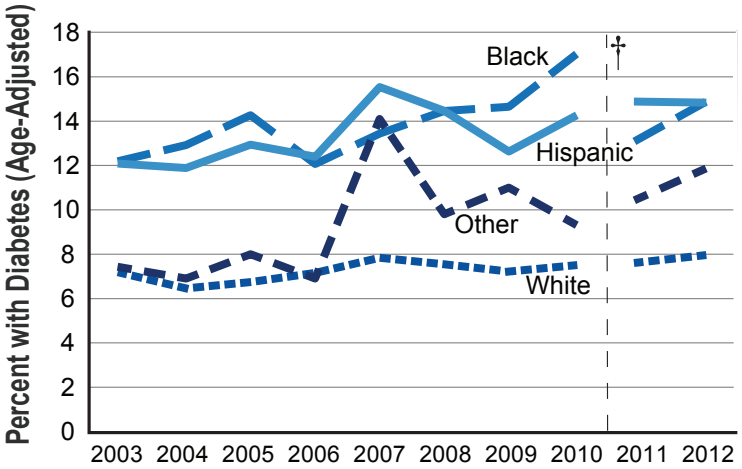
Age-Adjusted Death Rates (per 100,000) for Diabetes Mellitus by County of Residence, 2012[14]



Diabetes and obesity are interrelated and they contribute to a wide variety of chronic diseases. Lack of exercise and poor dietary habits are strong predictors of both obesity and type 2 diabetes.[22]

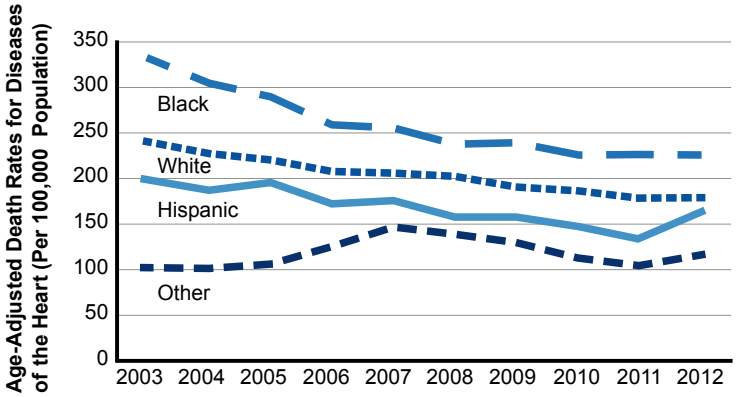
DIABETES accounted for 5,127 Texas deaths in 2012.[14] Mortality rates were higher in border counties (28.7 deaths per 100,000 population) versus non-border counties (21.2 deaths per 100,000 population, above).[14,23]

Age-Adjusted Prevalence of Diabetes by Race/Ethnicity, Texas Residents[8]



The prevalence of adult diabetes has been increasing since the 1990s. The 2012 prevalence of diabetes among adults in Texas (10.6%) was higher than the U.S. rate of 9.0% (age-adjusted).[24] In Texas, diabetes prevalence varies by race and ethnicity, and both Hispanics and non-Hispanic Blacks have a higher prevalence of diabetes than Whites (above).

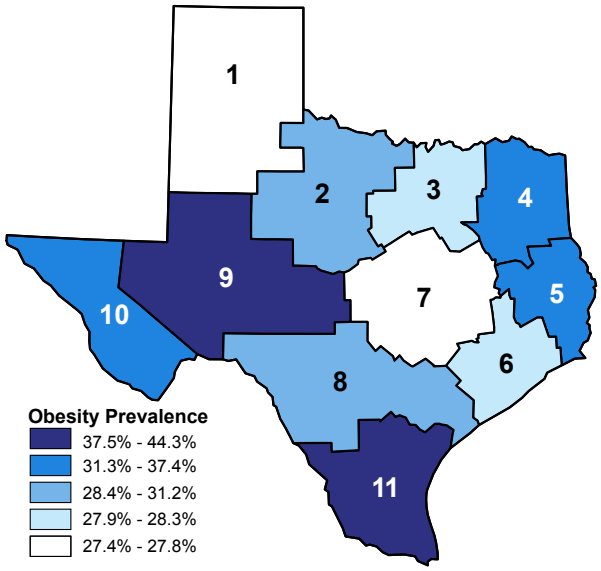
Age-Adjusted Death Rates for Diseases of the Heart by Race/Ethnicity, Texas Adult Residents[14‡]



Both diabetes and obesity are highly associated with heart diseases.[25] Texas mortality rates for diseases of the heart have declined by 28% from 2003 through 2012, but **HEART DISEASES** are still the number one cause of death in Texas at 170.8 deaths per 100,000 population (age-adjusted). In 2012, a total of 38,987 deaths were attributed to diseases of the heart in Texas.[14] Disparities by race/ethnicity persist and non-Hispanic Blacks still have higher rates than other races/ethnicities (directly above).

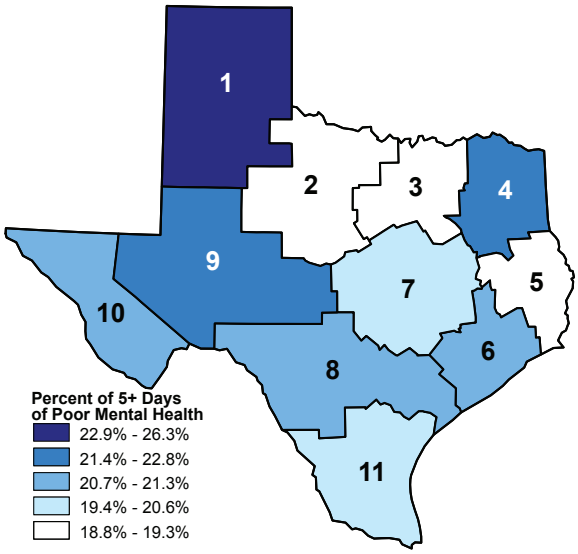
Approximately 31% of adults and 16% of adolescents were **OBESE** in Texas in 2013.[8,26] Since 1980 in the U.S., estimated obesity rates for adults have doubled and rates for children have tripled.[27,28] Prevalence of obesity varies by region with the Western, border, and Eastern regions having generally higher percentages (below).

Age-Adjusted Prevalence of Obesity by Public Health Region, Texas Adult Residents, 2012[8§]



Mental Health

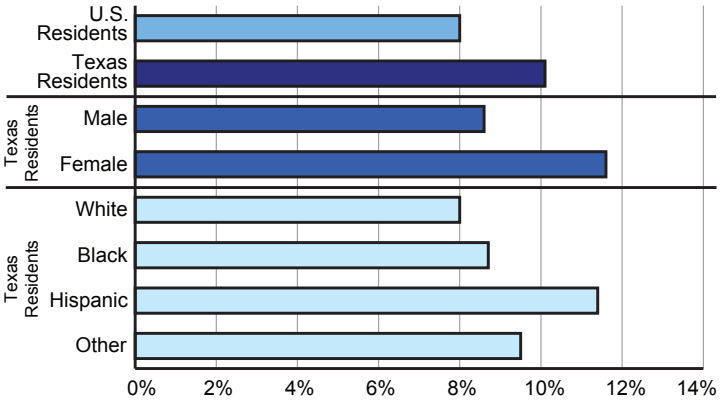
Age-Adjusted Prevalence of at Least 5 "Poor Mental Health Days" in the Past Month, 2012[8§]



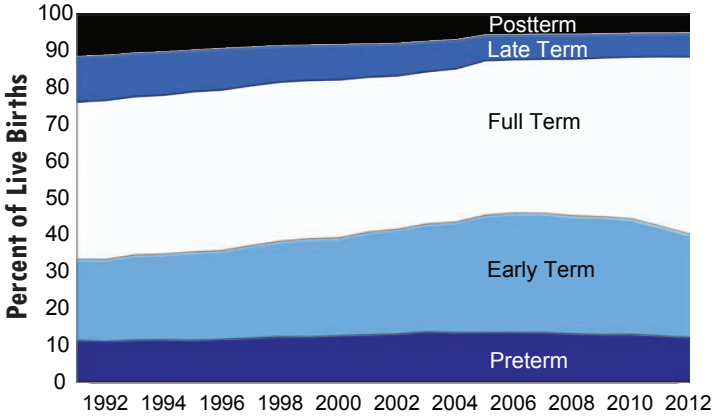
Nationally, 46.4% of adults had a mental health disorder at least once in their lifetime and 26.2% had a mental health disorder within the previous twelve months.[32,33] However, only 39.2% of persons with any sort of mental illness and 60.8% of persons with a serious mental illness received mental health services.[34] In 2012, 20.4% of adult Texans reported experiencing poor mental health on five or more days in the past month[8, 26], and this percentage was highest in the Panhandle region (left). **MENTAL HEALTH DISORDERS** are the leading cause of disability, accounting for 25% of all years of potential life lost to disability and premature mortality.[35] People with mental health disorders also have high rates of comorbid medical conditions and chronic diseases.[35]

More than 90% of all **SUICIDES** are linked to mental health disorders.[29] Suicide attempts increase as individuals enter adolescence. In 2013, over 10% of high school students in Texas reported having attempted suicide within the past twelve months (right). While more women than men attempt suicide, men are more likely to die by suicide across all age groups.[30,31] Compared to other races/ethnicities, Hispanic youth had the greatest prevalence of attempting suicide (right).

Prevalence of High School Students Who Attempted Suicide in the Last 12 Months, 2013[1,4]

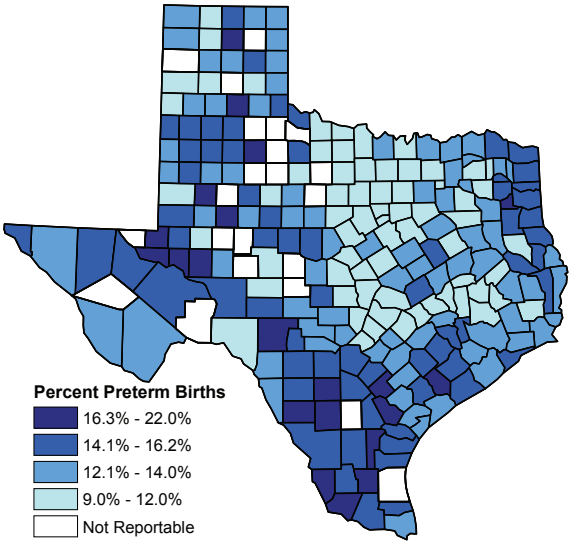


Percent of Live Births by Weeks of Gestation and Term Status, Texas Residents, 1991-2012[15]



Due to the increasing risks of labor complications and of infant illnesses, many groups now define the period from 37 through 38 weeks of gestation as **EARLY TERM** and heavily discourage early term cesareans and inductions.[20,21] From 1991 to 2006, the rate of Texas' preterm and early term deliveries increased. Early term deliveries began decreasing after 2006, but have still not reached 1991 levels (left).

Percent of Live Births that are Preterm (<37 Weeks Gestation) by Mother's County of Residence, 2008-2012[15]

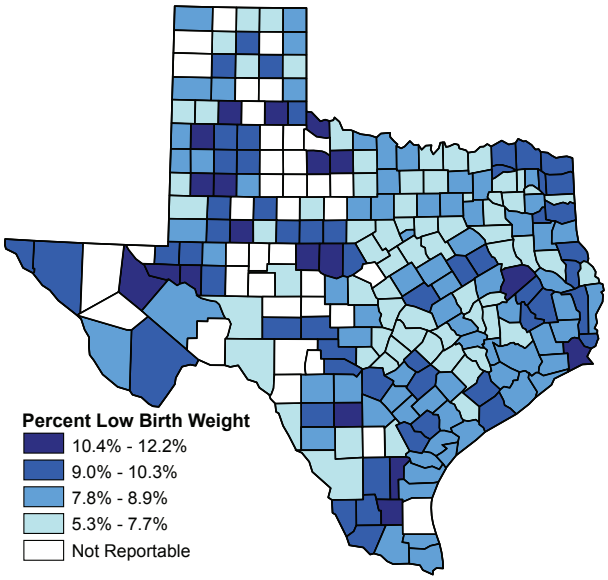


Risk factors for **INFANT MORTALITY** include having no prenatal care, maternal smoking, and maternal alcohol use.[19] Women are less likely to receive early **PRENATAL CARE** due to poor access to health care, low socioeconomic status, language barriers, or if the pregnancy was unplanned.[19] Birth outcomes may be improved through interventions such as early and continued access to pre-pregnancy healthcare and prenatal care, smoking cessation programs, and improved compliance with professional medical treatment.

Fetal and Infant Health

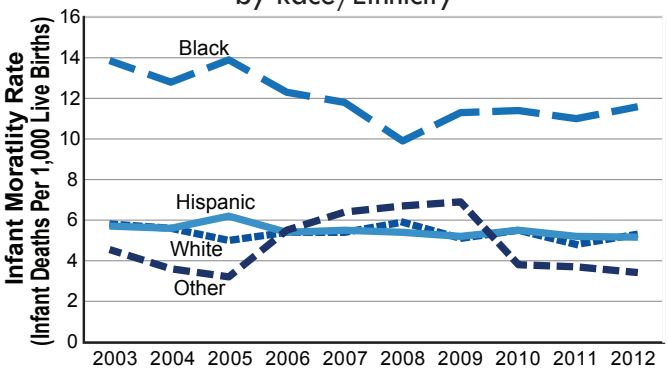
Fetal and Infant Health

Percent of Live Births at Low Birth Weight (<2,500g) by Mother's County of Residence, 2008-2012[15]

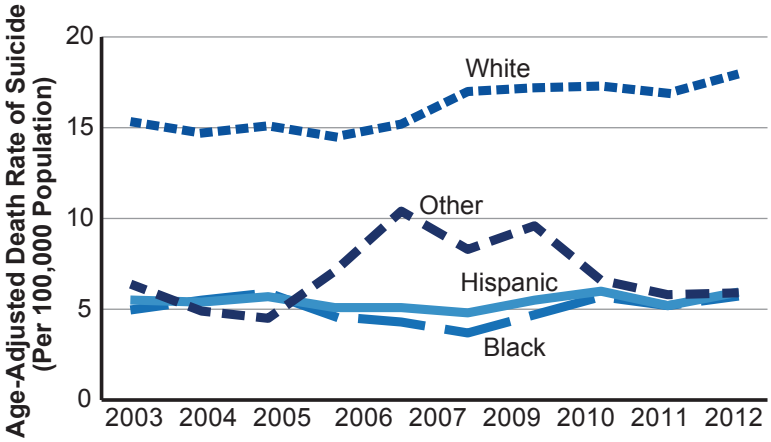


Babies born **PRETERM** (<37 weeks of gestation) or with **LOW BIRTH WEIGHT** (<2,500g or <5 lbs 8 oz) are at a high risk for infections and developmental challenges. Further, low birth weight and preterm births are among the leading causes of infant mortality.[14] The annual U.S. cost of preterm birth is $26.2 billion, or $51,600 per baby born preterm.[16] In 2012, Texas hospital charges related to preterm births were $3.44 billion.[17] While the overall infant mortality rates have decreased over time, these rates remain higher among non-Hispanic Blacks than for other race/ethnicities (below).

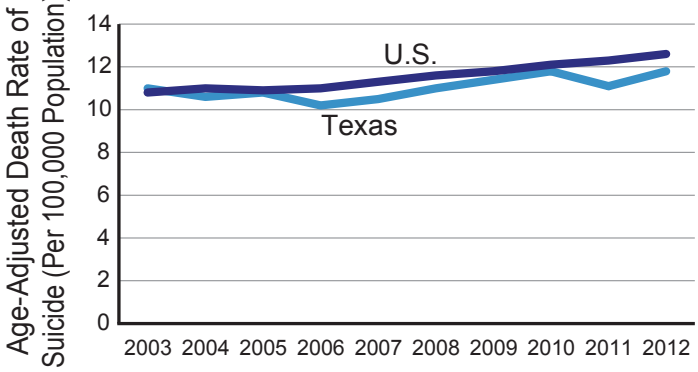
Texas Resident Infant Mortality Rates by Race/Ethnicity[18‡]



Age-Adjusted Death Rates of Suicide by Race/Ethnicity, Texas Adult Residents[14†]



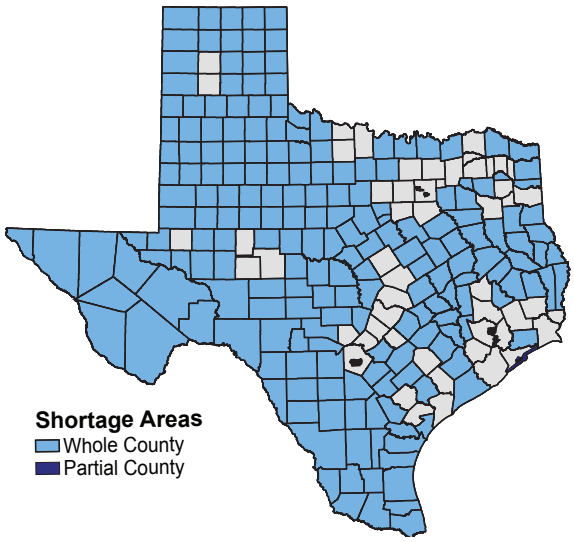
Age-Adjusted Death Rates of Adult Suicide, Texas vs. U.S. Residents[8,14,37]



Mortality rates due to **SUICIDE** have been increasing in both Texas and the U.S. In 2012, 11.8 deaths per 100,000 Texas residents were due to suicide (age-adjusted).[14] Age-adjusted death rates due to suicide are higher for non-Hispanic Whites than all other races/ethnicities in Texas, and within this demographic the rate appears to be increasing (above).

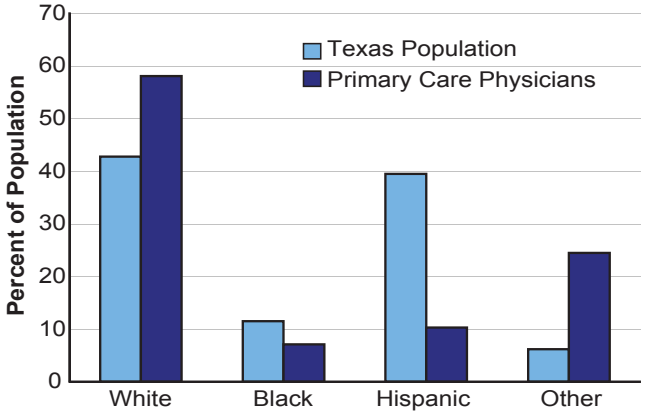
An area is designated as a **MENTAL HEALTH HPSA (HEALTH PROFESSIONAL SHORTAGE AREA)** if it has a minimum ratio of 30,000 people to one psychiatrist.[36] Of Texas' 254 counties, 206 counties had whole or partial county Mental HPSA (right). Thus, the vast majority of Texas counties lack a sufficient workforce of psychiatrists to serve the needs of its communities.

Mental Health HPSAs, 2013[38]

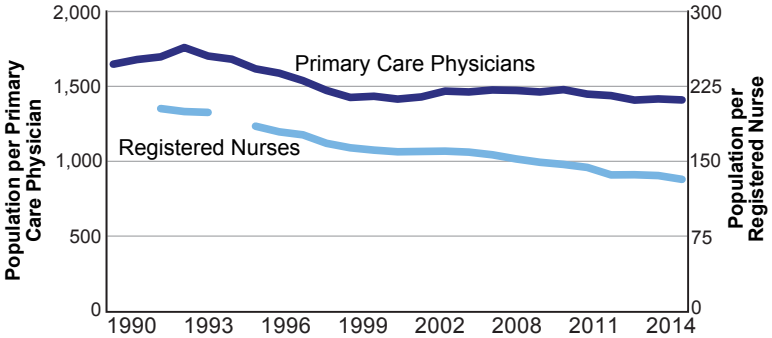


Healthcare Workforce

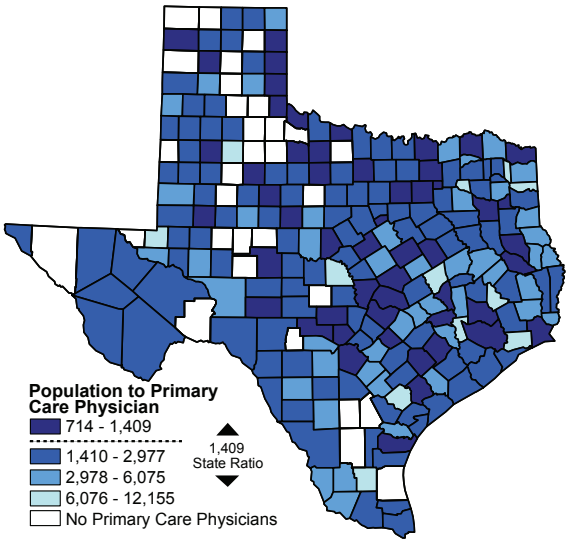
Texas Population vs. Primary Care Physicians by Race/Ethnicity, 2014[38]



Ratio of the Texas Population per Primary Care Physicians and per Registered Nurses[38,39¶]



Population per Primary Care Physician, 2014[38]



ACCESS TO HEALTH SERVICES involves timely entry into a health care system, having a nearby location where needed services are provided, and having adequate health care providers with whom the patient can communicate and trust.[40] Along with socioeconomic status, poor access to care may play a role in predicting delays in receiving care, unmet health care needs, and lower use of preventive services.[40]

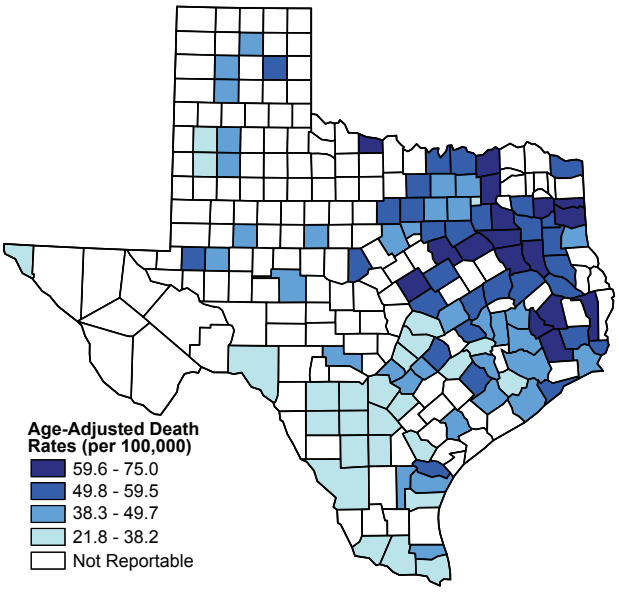
The ratio of Texas population per **PRIMARY CARE PHYSICIAN (PCP)** and population per registered nurse appears to have been decreasing since 1991 (above). Despite this trend, the race/ethnicity makeup of the Texas healthcare workforce is still imbalanced. For example, Hispanic PCPs are under-represented compared to the Hispanic proportion of the population in Texas (upper left). The Panhandle, West Texas, and border regions typically have higher populations per PCP (left).

Age-Adjusted Prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Texas by Household Income Level, 2012[8]

TOBACCO SMOKING is the primary risk factor for **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD),** a condition that often develops in long-time smokers.[9] In Texas, the prevalence of COPD decreases as household income levels increase (above).

Over 80% of **LUNG CANCER** deaths are directly attributable to smoking.[9] Lung cancer is the third overall most common form of cancer and the leading cause of cancer death, in part because it is often diagnosed at late stages when prognosis is poor.[13]

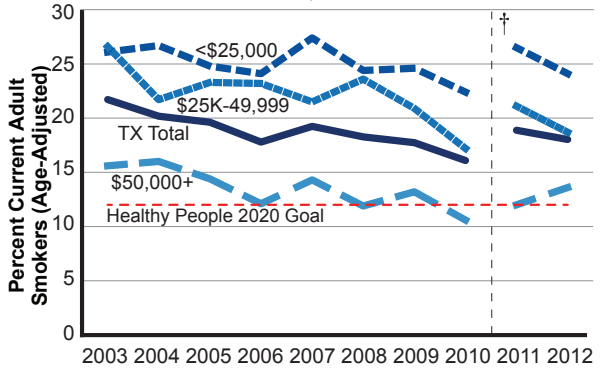
Age-Adjusted Death Rates (per 100,000) from Cancers of the Trachea, Bronchus, and Lung by County of Residence, 2012[14]



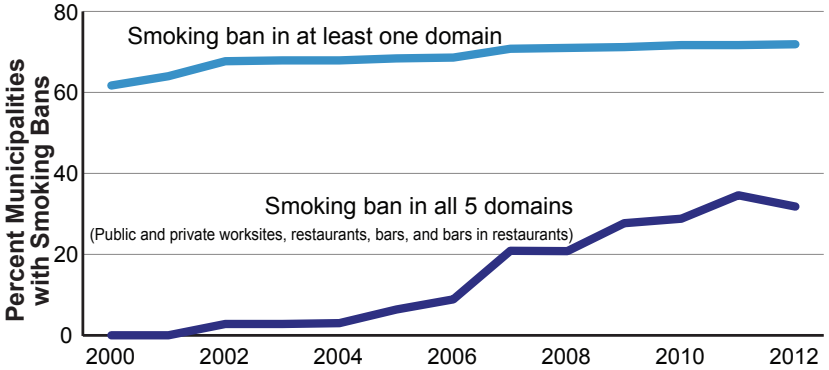
Tobacco Smoking and Related Diseases

Tobacco Smoking and Related Diseases

Current Cigarette Smoking Prevalence by Household Income Level, Texas Adult Residents[8]



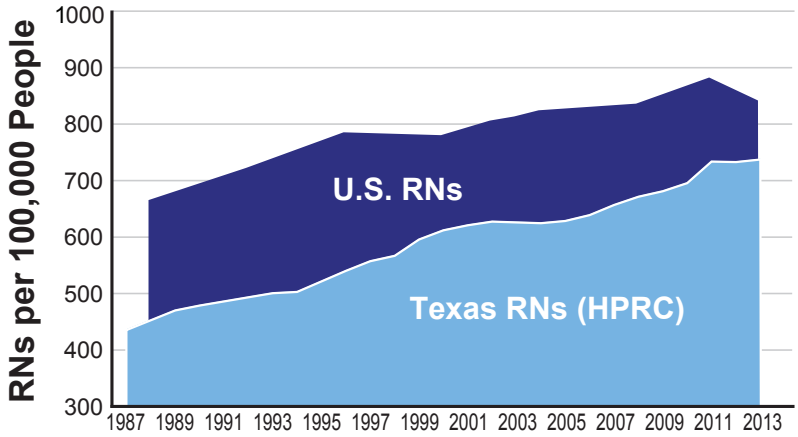
Percent of Texas Municipalities Covered by Smoking Bans[11]

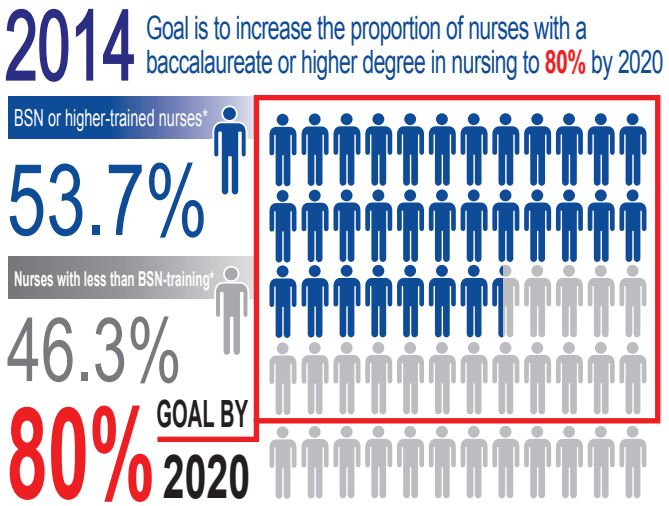


SMOKING is a risk factor for many chronic diseases which include asthma, hypertension, heart disease, stroke, diabetes, and osteoporosis.[9] Smoking is more common among individuals with lower income. Texas households with the lowest income are the furthest from achieving the Healthy People 2020 goal of fewer than 12.0% of the population as current smokers (upper left).[10]

In 2009, the Institute of Medicine issued a landmark report demonstrating that secondhand smoke is a health risk, and concluded that smoke-free laws help reduce the number of heart attacks.[12] Some Texas communities have passed ordinances banning smoking, but as of 2012, only 31.8% of local municipalities banned smoking in the majority of indoor public settings (upper right).

Registered Nurses per 100,000 Population for the US and Texas, 1987-2013[39]



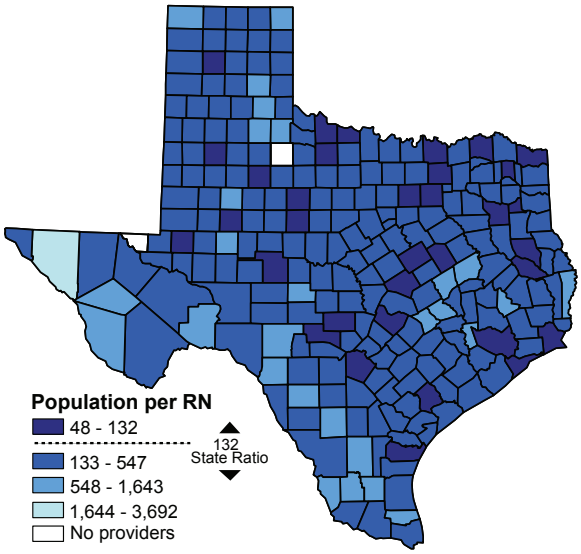


*BSN stands for Baccalaureate of Science in Nursing. Statistics include all nurses actively practicing in Texas.

Texas has lagged behind the U.S. in the ratio of **REGISTERED NURSES (RNs)** to population. The RN workforce of Texas has been increasing and in 2013, there were slightly more than 737 nurses per 100,000 population (above). Similar to PCPs, the makeup of the RN workforce is imbalanced with respect to the Texas population. Rural counties in West Texas, the Panhandle, and the border regions generally have fewer RNs per population than other areas of Texas (right).

Having a sufficient supply of RNs with baccelaureate degrees in nursing is vital to a robust health care workforce. The increasing complexity of the healthcare environment and demand on the workforce has resulted in the Institute of Medicine calling for at least 80% of the nursing workforce to have a baccalaureate or higher degree by 2020.[41] As of 2014, Texas is well under that goal at 53.7% (upper right).

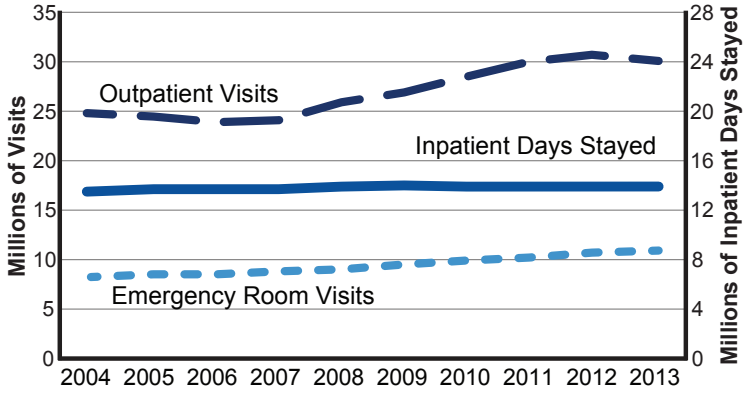
Population per Registered Nurse, 2013[38,39]



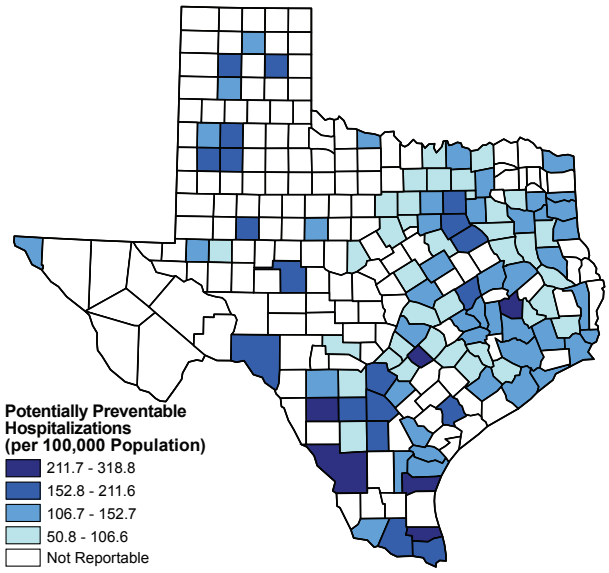
Healthcare Workforce

Hospitalizations and Uncompensated Care

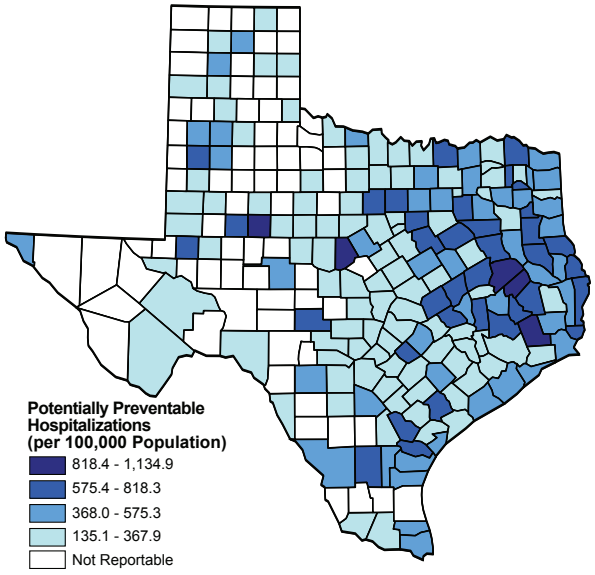
Total Number of Texas Outpatient Visits, Inpatient Days Stayed, and Emergency Room Visits[42]



Potentially Preventable Hospitalizations due to Long Term Diabetes Complications, Adults Aged 18+, 2012[43,44]



Potentially Preventable Hospitalizations due to Asthma and Chronic Obstructive Pulmonary Disease, Adults Aged 40+, 2012[43,44]



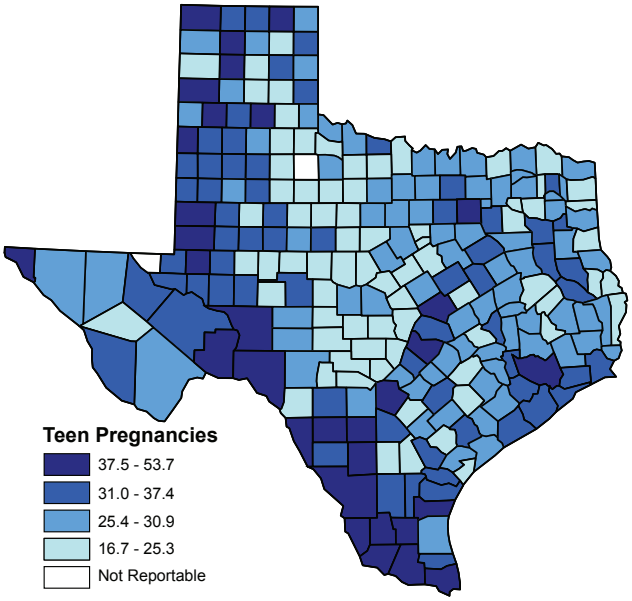
In Texas, outpatient and emergency room visits have both been rising while the number of inpatient days stayed has remained stable (upper left). However, **HOSPITALIZATIONS** remain a large proportion of the cost to Texas health care and many could be prevented with better health habits and timely access to adequate care.[45] Texas **POTENTIALLY PREVENTABLE HOSPITALIZATIONS** (which might not have occured with access to and compliance with appropriate outpatient health-care) accounted for $49 billion in total charges from 2008-2013.[46] These include hospitalizations for conditions such as asthma, chronic obstructive pulmonary disease, complications of diabetes, and congestive heart failure.

The health of **TEXAS' YOUTH** is influenced by a combination of behavioral and environmental factors. During adolescence, **PHYSICAL ACTIVITY** contributes to appropriate development and it is associated with improved health outcomes during adult life.[2] As they age, smaller percentages of high school students in Texas engage in physical activity five or more times per week, and this trend has not changed since 2007 (differences by year and grade are not statistically significant; above).

BULLYING during high school is associated with many mental health disorders and with psychological distress.[3] In 2013, more high-school females than males reported being bullied on Texas school property (upper right). A larger proportion of adolescent teenaged women (19%) than adolescent teenaged men (9%) in 2013 reported being victims of cyberbullying.[1,4]

Texas has one of the highest **TEEN PREGNANCY RATES** in the nation (right).[5] Teenaged women have less access to prenatal care and these mothers and their children are both more likely to have many socioeconomic disadvantages across life.[6]

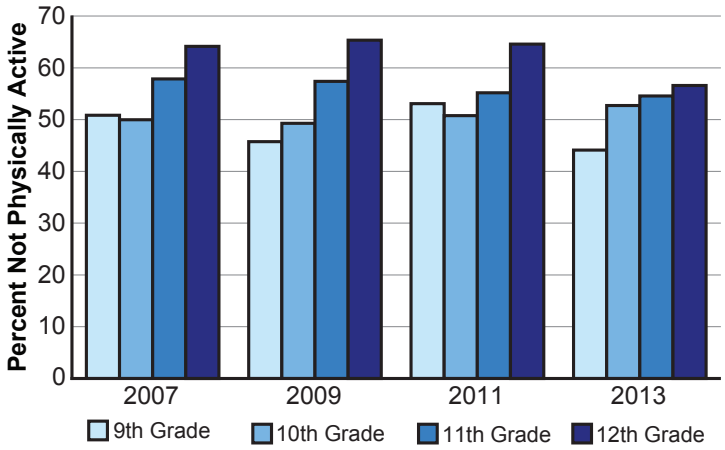
Teen Pregnancy Rates (per 1,000 Texas Resident Females Aged 14-19), 2012[7]



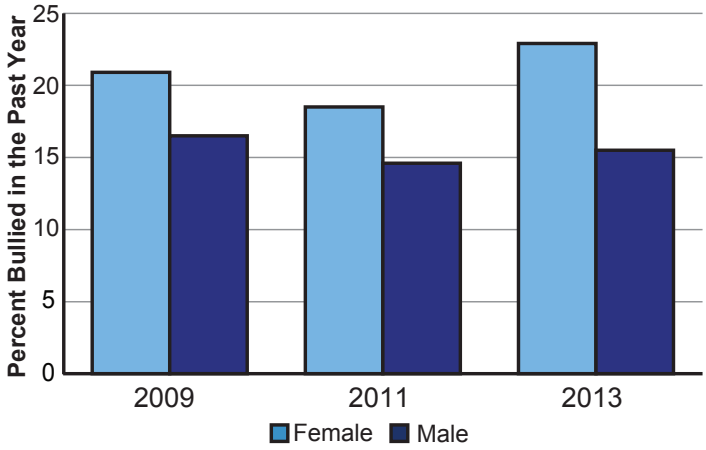
Youth Risk Factors

Youth Risk Factors

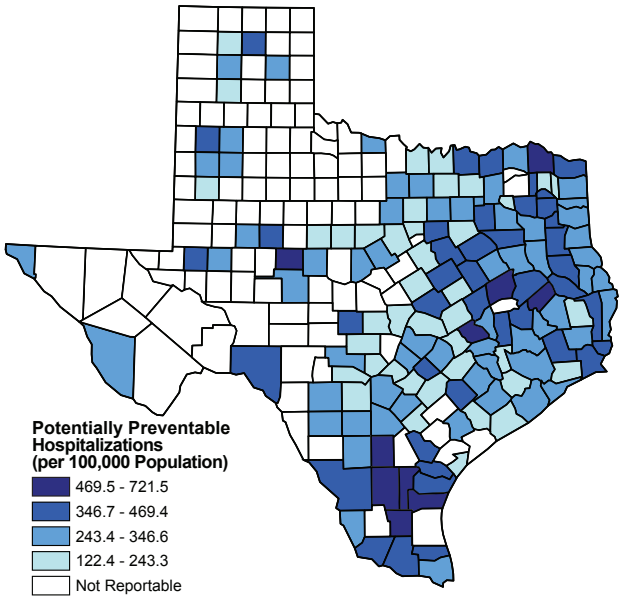
Percent of Texas High School Students Who Were Not Physically Active at Least Sixty Minutes Per Day on Five or More Days a Week[1]



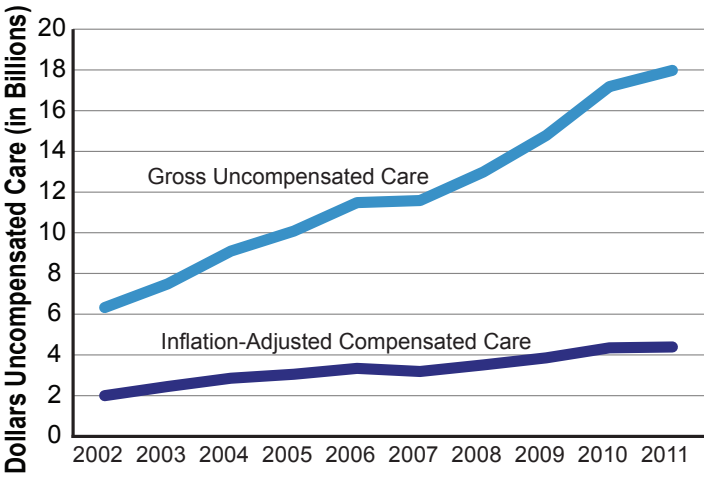
Percent of Texas High School Students Bullied on School Property[1]



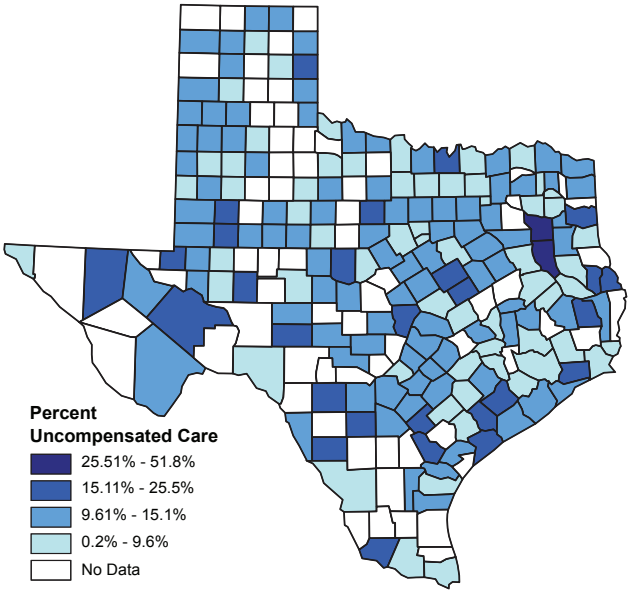
Potentially Preventable Hospitalizations due to Congestive Heart Failure per 100,000 Population, Adults Aged 18+, 2012[43,44]



Total Uncompensated Care, Gross and Adjusted for Inflation, Texas Acute Hospitals, 2002-2011[42]



Uncompensated Care as a Percent of Gross Patient Revenue, 2012[43,44]



During an inpatient or outpatient hospital visit, services may be provided for which no payment is received from either the patient or third-party payers. This **UNCOMPENSATED CARE** includes uncollected charges resulting from extension of credit and care given in charity. It does not include charges that are eventually adjusted due to contractual negotiations with insurance providers or other groups. Uncompensated care is therefore care provided to patients that were unable to pay for the health care services rendered.[47] The total amount of uncompensated care increased 180.6% in Texas between 2002 and 2011 (115.6% after adjusting for inflation, direct upper right). While this rise occurred across much of Texas, some counties have larger proportions of care that go without compensation (right).

Hospitalizations and Uncompensated Care

The Health Status of Texas

This reference brochure presents components of the latest data on a variety of topics related to the health of Texans.

TEXAS Department of State Health Services

"To improve health and well-being in Texas"

TEXAS Department of State Health Services

To improve health and well-being in Texas

Publication Number 25-14667

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For more information contact:
The Texas Department of State Health Services
Center for Health Statistics
1100 West 49th Street
Austin, Texas 78756-3199
Phone: (512) 776-7261

http://www.dshs.state.tx.us/chs/

Keep Texas healthy, fit, safe, and informed.

References and more information can be found online at:
www.dshs.state.tx.us/chs/healthstatusbrochure.aspx

Data Sources

Youth Risk Factors
-Youth Risk Behavior Survey (YRBS). http://www.dshs.state.tx.us/chs/yrbs/
-Texas Vital Events Birth Certificate, Fetal Death Certificate, and Induced Terminations of Pregnancy Reports.http://www.dshs.state.tx.us/chs/vstat/

Tobacco Smoking and Related Diseases
-Texas Behavioral Risk Factor Surveillance System (BRFSS). http://www.dshs.state.tx.us/chs/brfss/
-Texas Smoke-free Ordinance Database, University of Houston Law Center and Texas DSHS. http://shsordinances.uh.edu/
-Texas Vital Events Death Certificate Data. http://www.dshs.state.tx.us/chs/

Fetal and Infant Health
-Texas Vital Events Birth and Death Certificates. http://www.dshs.state.tx.us/chs/vstat/

Diabetes and Obesity
-Texas Vital Events Death Certificate Data. http://www.dshs.state.tx.us/chs/
-Texas Behavioral Risk Factor Surveillance System (BRFSS). http://www.dshs.state.tx.us/chs/brfss/

Mental Health
-Texas Behavioral Risk Factor Surveillance System (BRFSS). http://www.dshs.state.tx.us/chs/brfss/
-Youth Risk Behavior Survey. http://www.dshs.state.tx.us/chs/yrbs/
-Texas Vital Events Death Certificate Data. http://www.dshs.state.tx.us/chs/
-National Vital Statistics System Death Data, CDC. http://www.cdc.gov/nchs/nvss.htm

Healthcare Workforce
-Health Professions Resource Center. http://www.dshs.state.tx.us/chs/hprc/
-Texas Center for Nursing Workforce Studies. http://www.dshs.state.tx.us/chs/cnws/

Hospitalizations and Uncompensated Care
-Texas Hospital Survey Unit. http://www.dshs.state.tx.us/chs/hosp/
-Agency for Healthcare Research and Quality. http://www.dshs.state.tx.us/ph/
-Texas Health Indicators. http://healthindicators.dshs.texas.gov/THIMaps

Data Notes

* Healthy People goal for current smoking prevalence among adults aged 18 years and older is 12.0 percent or lower by 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives

† Due to changes in Behavioral Risk Factor Surveillance System methodology, data from 2011 and 2012 are not comparable to data from 2010 and earlier.

‡ Reflecting changes in population calculation from the Texas State Demographer, beginning in 2012 for vital events calculations by race/ethnicity, selections of multiple non-Hispanic races are coded in the Other category.

§ In Texas, each county is assigned to one of 11 regions for public health statistical reporting. http://www.dshs.state.tx.us/chs/info/info_txco.shtm

¶ Breaks in lines represent years in which no data were available.