Responding to the Epidemic:
Strategies For Improving Diabetes Care in Texas
WHAT IS DIABETES?
The disease is a condition whereby the body does not produce or properly use insulin, a naturally produced hormone within the body. Insulin is required to properly convert sugar, starches and other foods into energy for our bodies.

- **Type 1 diabetes** is usually but not always diagnosed in children and young adults as a result of an autoimmune disorder.
- **Type 2 diabetes** is the most common form of the diabetes and accounts for 90-95% of the cases diagnosed today. Previously diagnosed primarily in adults, this form of diabetes is now being diagnosed in children and adults.
- **Gestational diabetes** affects pregnant women, causing high blood glucose levels during pregnancy.
- **Pre-diabetes** is a condition in which blood glucose levels are higher than normal but not at a level high enough for a type 2 diabetes diagnosis.

Diabetes is asymptomatic in its earliest stages, but when diagnosed all forms of the disease are treatable. While there is not a known cure, daily and often more frequent treatments allow people with diabetes to live a relatively healthy and normal life. Early screening, diagnosis and treatment also prevent or reduce serious consequences of the disease including heart attack, stroke, blindness, amputations, kidney failure, emergency room visits and unnecessary hospitalizations.

Once diagnosed, diabetes requires involved self-management often including insulin injections, blood glucose monitoring, medications, dietary modifications and exercise. Because treatment requires patient education, medications, special treatment and supplies, diabetes can become costly to patients. However, the daily self-management needs of people with diabetes are remarkably affordable when compared to the hospital costs associated with diabetes complications.

CAN DIABETES BE PREVENTED?
Yes, type 2 diabetes may be prevented or delayed, but annual incidence rates continue to grow and the associated costs of treating the disease and its complications represent a significant threat to the financial solvency of the Texas public health and medical care infrastructure.

Management and control of the disease for the 1.7 million Texas adults already diagnosed, is critical to reduce the risk of complications from the disease that may lead to serious illness or death. Some key components to diabetes prevention or delaying onset are:

- Development of school and community based programs that promote healthy habits for children, adolescents, and families;
- Increased employer incentives to provide employees with workforce wellness programs; and
- Implementation of culturally appropriate awareness campaigns toward higher risk populations.

**Over 3.1 Million Adult Texans are Affected by Diabetes and Pre-diabetes**

1.7 million Texans diagnosed with diabetes. 425,000 Texans have diabetes - but do not know. Over 1 million have pre-diabetes.

HOW MANY ARE AFFECTED BY DIABETES?
About 1.7 million or one in twelve Texas adults are diagnosed with diabetes, another 425,000 are undiagnosed and more than a million are estimated to have pre-diabetes and are at high risk for developing the disease within 10 years.³

Data for diabetes prevalence among Texans aged 18 and younger is not readily available. But with the growing epidemic of obesity among Texas children, it is inevitable that many of these children will develop type 2 diabetes. At 20.4 percent, Texas is currently ranked 7th in the country among the states with the highest rates of obesity among 10-17 year olds.³

Approximately 85% of people with diabetes are type 2, and of these, 90% are obese or overweight.⁴
WHO ARE MOST AFFECTED?
Currently, there are more Anglos affected by diabetes than any other racial/ethnic group. However, with the overall demographic changes in the Texas population, the State Demographer projects the Hispanic population to be most affected in the future.

More than two thirds of the 1.6 million new cases of diabetes occurring in America each year occur in Hispanics, African Americans and Native Americans. A hereditary predisposition to diabetes, gaps in access to health care delivery systems and the quality of care provided by physicians and other health administrators, and limited access to preventive services and healthy foods creates a higher rate of diabetes among these populations.

Although diabetes is the sixth leading cause of death in Texas, it is the fourth leading cause of death among Hispanics and African Americans. Particularly in South Texas, where obesity rates are very high and health insurance coverage is very low, there are a large number of Hispanic residents at high-risk of developing diabetes. Among African Americans in Texas aged 18 and older, 244,590 people or 12.9 percent of the population has diabetes, a rate higher than Hispanics but smaller in number overall.

WHAT’S DIABETES COSTING TEXAS?
The overall cost of diabetes among all age groups in Texas annually exceeds $12.5 billion, according to the American Diabetes Association’s Diabetes Cost Calculator. This figure includes $8.1 billion in excess medical expenditures attributed to diabetes, as well as $4.4 billion in absenteeism, reduced productivity, unemployment, and other indirect costs. Medical expenditures for people with diabetes are approximately 2.3 times higher than what is spent by those living without diabetes. It is further estimated that approximately $1 in $10 health care dollars is attributed to diabetes.

Recent estimates of Texas Medicaid reimbursement for diabetes-related services in 2009 reached almost $553 million, and Children’s Health Insurance Plan (CHIP) payments for 2009 were an estimated $3.8 million.

PROJECTIONS
The State Demographer’s study, funded by Methodist Healthcare Ministries, projects a quadrupling of the number of Texas adults with diagnosed diabetes from an estimated $2.2 million in 2010 to almost $8 million in 2040. The diabetes prevalence rate among diagnosed adults will increase from one in nine adults now to one in five adults by 2040.
Texas Health Institute recommends that Texas do more to control, diagnose and treat this growing epidemic so that costs borne by the state can be contained.

**No Cost Strategies**
1. Conduct an assessment of the reach and scope of the state’s current work on diabetes prevention and treatment.
2. Re-calibrate all ongoing public health activities to focus on reaching those living with diabetes today, given that is where the health care system (including Medicaid) is experiencing the current crisis and costs.
3. Ensure that the Medicaid program biannually identifies its priorities for addressing diabetes in a report to the Legislature and Governor.
4. Develop a budget blueprint identifying needs, costs and resources for diabetes and its complications to guide policymakers and elected officials on how best to fight the disease.
5. Establish diabetes as one of the priority areas of focus for the implementation of the Health Disparities Task Force Strategic Plan 2010 - 2015. Evaluate existing programs throughout the state that address health disparities with a focus on diabetes, and identify best practices within those programs.
6. As Texas implements health information technology throughout the state, look for ways to focus on improved outcomes for patients with diabetes and support the use of best information technology available to enable better diabetes management.
7. Maximize potential federal resources available to the State to battle diabetes, with a clear understanding of mandatory or financial obligations.

**Low Cost Strategies**
1. Implement a statewide screening program consistent with current recommendations that adults and children at increased risk for diabetes be tested within the health care setting.
2. Expand Medicaid self management training and other cost effective interventions for those diagnosed with diabetes. Focus first on those populations already consuming healthcare services and already needing cost effective interventions.
3. Pursue a federal state plan amendment to close the benefit gap between Medicaid and CHIP so that pregnant mothers covered by CHIP perinate benefits can have access to essential diabetes supplies to monitor the disease, such as glucose meters, test strips, lancets and syringes.

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1 Texas Diabetes Council: Texas Diabetes Fact Sheet, Revised October 5, 2009.
7 Ibid.
9 Ibid.