



Eating Disorders Prevalence

**As Required by
Senate Bill 184, 87th Texas
Legislature, Regular Session,
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Executive Summary

[Senate Bill 184 \(SB 184\)](#), 87th Legislature, Regular Session, 2021, requires the Texas Department of State Health Services (DSHS), in collaboration with the Texas Health and Human Services Commission (HHSC), to prepare a report on the prevalence of eating disorders and eating disorder-related deaths in Texas, an overview of state-funded treatment options for eating disorders, and national trends in eating disorders.

SB 184 requires DSHS include information on the prevalence of eating disorders among youth. The legislation also requires DSHS to include eating disorder-related questions when administering the Center for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS).

This report uses information and data from available literature, surveys, vital statistics, hospital discharge data, and HHSC Behavioral Health Services. Overall findings include:

- Less than two percent (1.5 percent) of Texas adults self-reported a diagnosed eating disorder.
- More than 20 percent of Texas youth self-reported engaging in at least one disordered eating behavior in the last 30 days.
- Eating disorder-related emergency department visits and inpatient hospitalizations are highest among individuals 0-44 years of age, females, and non-Hispanic White.
- Medicaid claims related to eating disorders are highest in individuals who are 0-17 years of age, females, and Hispanic.
- State-funded services or treatment options for eating disorders may be available for eligible Texans depending on resources in their area. Multiple free crisis counseling services are available statewide.

Background

Eating disorders are illnesses that cause severe disturbances to a person's eating behaviors and related thoughts and emotions.¹ These illnesses can cause serious harm and are sometimes fatal. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder. For the purposes of this report, anorexia nervosa, bulimia nervosa, binge-eating disorder, avoidant/restrictive food intake disorder, and other non-specified eating disorders are assessed together to highlight the overall burden of the disorders. However, each eating disorder is unique and has different health outcomes.

Eating disorders can affect anyone but are more commonly seen in teens, young adults, and women. However, eating disorders are increasingly being diagnosed in men and can also develop later in life. Additionally, individuals with eating disorders often have co-occurring mental health issues such as depression or substance use.

While health care providers diagnose eating disorders, some individuals may engage in irregular eating behaviors that do not meet the criteria for an eating disorder diagnosis. These disordered eating behaviors include engaging in unhealthy weight control, fasting, taking diet pills or laxatives, or inducing vomiting. Disordered eating behaviors put individuals at risk of eating disorders and severe physical and mental health outcomes.

Early treatment for individuals with eating disorders or disordered eating behaviors is necessary to address the high potential for medical complications and adverse health outcomes, such as malnutrition, infertility, organ damage or failure, and death.¹

¹ National Institute of Mental Health. (2024). Eating Disorders. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved June 18, 2024, from <https://www.nimh.nih.gov/health/topics/eating-disorders>.

Texas Prevalence Data

DSHS assessed the prevalence of diagnosed eating disorders, disordered eating behaviors, and unhealthy weight control using the 2022 Behavioral Risk Factor Surveillance System (BRFSS) and the 2023 YRBS.

Behavioral Risk Factor Surveillance System

BRFSS is a self-reported telephone survey conducted annually among adults 18 years and older. DSHS administers the survey in collaboration with the CDC. DSHS selects more than 9,000 adults randomly and anonymously to interview each year. All respondents are asked to voluntarily respond to a uniform set of questions.

BRFSS prevalence results are based on a weighting methodology that incorporates demographic information by phone source, education level, marital status, and renter/owner status. These control variables reduce bias in estimates and enhance the generalizability of the results representing the state's adult population. DSHS developed questions on eating disorder diagnoses, disordered eating, and unhealthy weight control in partnership with members of the Texas Health Survey User Group (HSUG), which includes stakeholders from health organizations.

See Table 1 below for 2022 BRFSS results for the eating disorder-related questions.

Table 1. Adults, Ages 18 Years and Older, Who Answered Yes to the Following Survey Questions, Texas BRFSS, 2022²

BRFSS Question	Overall Percent (%)
During the past 30 days, did you go without eating for 24 hours or more, also called fasting, to lose weight or to keep from gaining weight?	8.4
During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not count meal replacement products such as Slim Fast).	2.0
During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?	0.9
During the past 30 days, did you eat an amount of food that most people would consider to be very large in a short period of time, sometimes called binge eating?	8.4
Has a doctor, nurse, or other health professional ever told you that you have an eating disorder such as anorexia, bulimia, or binge eating disorder?	1.5

Youth Risk Behavior Survey

DSHS conducts YRBS every other year in collaboration with the CDC. Schools can choose to participate, and parents can choose whether their child participates. Parents and schools can review the questions. Participation in the YRBS is anonymous, and students can skip questions if they choose.

YRBS monitors health risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth in grades 9 through 12. The questionnaire measures:

- Tobacco, alcohol, and drug use;
- Behaviors that contribute to unintentional injury and violence;
- Dietary and weight control behaviors;
- Physical activity; and
- Other behaviors.

² For details on BRFSS methodology, see <https://www.dshs.texas.gov/texas-behavioral-risk-factor-surveillance-system-brfss>.

YRBS data are weighted to ensure results are representative of the student population from which the sample was drawn. These adjustments are made using student demographic information including sex, grade, and race and ethnicity. A 60 percent response rate is needed for the data to be weighted and representative. CDC develops standard questions and Texas can propose state-added questions for CDC approval. YRBS provides overall prevalence estimates and estimates by sex, age, and race and ethnicity.

Tables 2 through 5 below provide the results of the following eating disorder-related topics covered by 2023 YRBS: Additional information about YRBS can be found on the [DSHS](#) and [CDC](#) websites.

- Youth describing themselves as overweight;
- Youth engaged in weight loss;
- Youth fasting of 24 hours or more to lose weight;
- Youth using diet pills, powders, or liquids without a doctor’s advice;
- Youth vomiting or taking laxatives for weight loss or control.

Table 2. Percentage of Youth, Grades 9-12, Who Described Themselves as Overweight, by Demographic Characteristics, Texas YRBS, 2023

Demographics	Percent
All Youth (Grades 9-12)	33.6
Sex	
Female	41.3
Male	25.9
Age (Years)	
15 Years	30.3
16-17 Years	34.4
18+ Years	39.0
Race/Ethnicity	
Non-Hispanic White	30.3
Non-Hispanic Black	30.0
Hispanic	35.7
Non-Hispanic Other	37.4

Table 3. Percentage of Youth, Grades 9-12, Who Were Trying to Lose Weight, by Demographic Characteristics, Texas YRBS, 2023

Demographics	Percent
All Youth (Grades 9-12)	48.5
Sex	
Female	62.7
Male	34.8
Age (Years)	
15 Years	46.4
16-17 Years	49.5
18+ Years	50.2
Race/Ethnicity	
Non-Hispanic White	42.9
Non-Hispanic Black	44.4
Hispanic	52.7
Non-Hispanic Other	47.7

Table 4. Percentage of Youth, Grades 9-12, Who Went Without Eating for 24 Hours or More to Lose Weight or to Keep from Gaining Weight (Fasting) 30 Days Prior, by Demographic Characteristics, Texas YRBS, 2023

Demographics	Percent
All Youth (Grades 9-12)	23.7
Sex	
Female	33.6
Male	14.5
Age (Years)	
15 Years	23.0
16-17 Years	24.9
18+ Years	21.3
Race/Ethnicity	
Non-Hispanic White	22.3
Non-Hispanic Black	15.1
Hispanic	25.5
Non-Hispanic Other	31.4

Table 5. Percentage of Youth, Grades 9-12, Who Took Some Diet Pills, Powders, or Liquids Without a Doctor’s Advice to Lose Weight or to Keep from Gaining Weight 30 Days Prior (Excluding Meal Replacement Products, such as Slim Fast), by Demographic Characteristics, Texas Youth Risk Behavior Survey, 2023

Demographics	Percent
All Youth (Grades 9-12)	6.5
Sex	
Female	8.9
Male	4.2
Age (Years)	
15 Years	4.5
16-17 Years	6.7
18+ Years	10.0
Race/Ethnicity	
Non-Hispanic White	4.2
Non-Hispanic Black	8.5
Hispanic	7.5
Non-Hispanic Other	3.8

Texas Health Care Data on Eating Disorders

DSHS analyzed data related to emergency department (ED), inpatient hospitalizations, and Medicaid claims to provide insights on the impact of eating disorders to health care in Texas.

Eating Disorder-Related Emergency Department Visits

DSHS assessed eating disorder-related ED visits between 2017 and 2022 using Texas Health Care Information Collection (THCIC) inpatient and outpatient public use data files (PUDFs).^{3,4} DSHS included all inpatient and outpatient records flagged as ED encounters. DSHS determined eating disorder-related ED visits by identifying patient records where the International Classification of Disease 10th Edition, Clinical Modification (ICD-10-CM) code F50 (eating disorders) was present in any diagnosis field. See Table 6.

DSHS began collecting data from Freestanding Emergency Medical Care Facilities (FEMCF) on October 1, 2020. As defined by Texas Health and Safety Code Section [254.001](#), an FEMCF is a facility, structurally separate and distinct from a hospital, that receives an individual and provides emergency care.

Table 6. International Classification of Disease 10th Edition, Clinical Modification Codes for Eating Disorders

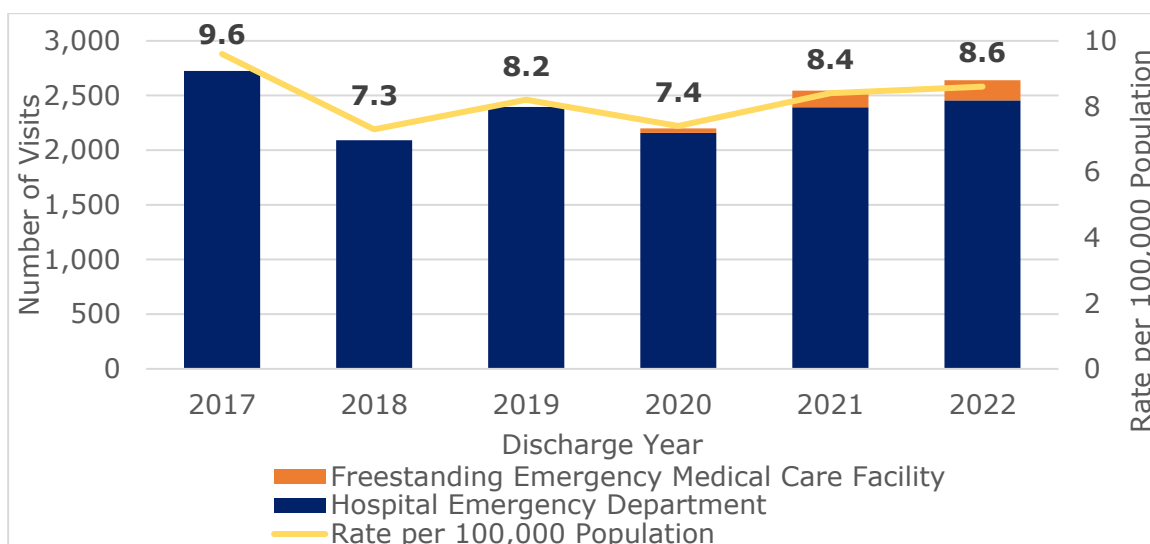
ICD-10-CM Code	Description
F50	Eating disorders
F50.0	Anorexia nervosa
F50.2	Bulimia nervosa
F50.8	Other eating disorders
F50.81	Binge-eating disorder
F50.82	Avoidant/restrictive food intake disorder
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified

³ THCIC collects and reports health care discharge data from hospitals and health maintenance organizations operating in Texas.

⁴ Public use data files contain de-identified patient information from hospital discharges.

The number and rate of eating disorder-related ED visits were highest in 2017 (2,724 ED visits with a rate of 9.6 per 100,000) and lowest in 2018 (2,090 visits with a rate of 7.3 per 100,000). See Figure 1. Counts and rates of eating disorder-related emergency department visits increased again in 2021 and 2022.

Figure 1. Number of Eating Disorder-Related ED Visits and Rate per 100,000 Population in Texas, 2017 - 2022



Data note: Population denominators for rate calculations are – 2017: 28,245,982; 2018: 28,716,123; 2019: 29,193,268; 2020: 29,677,668; 2021: 30,168,926; 2022: 30,667,390.

With the addition of FEMCF data in 2020, there were 40 FEMCF visits related to eating disorders in 2020, 151 FEMCF visits in 2021, and 184 FEMCF visits in 2022. See Table 7.

Table 7. Number of Eating Disorder-Related ED Visits by Facility Type in Texas, 2017 - 2022

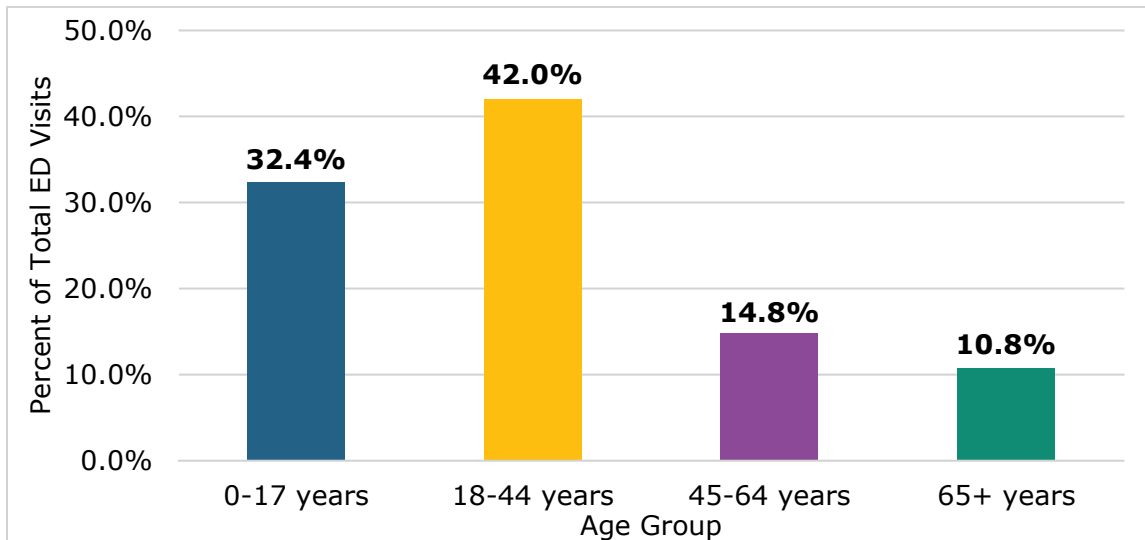
Year	Hospital ED	FEMCFs
2017	2,724	--
2018	2,090	--
2019	2,395	--
2020	2,158	40
2021	2,392	151
2022	2,455	184

Data note: FEMCF data was not collected until October 2020.

Eating disorder-related ED visits from 2017-2022 varied across age groups, with those 18-44 years of age constituting the largest proportion (42.0 percent; 6,133

visits), followed by those 0-17 years of age (32.4 percent; 4,728 visits). Eating disorder-related ED visits were lowest in the older age groups, with those aged 45-64 years at 14.8 percent (2,152 visits) and those aged 65 and older at 10.8 percent (1,573 visits). See Figure 2.

Figure 2. Percent of Total Eating Disorder-Related ED Visits by Age Group in Texas, 2017-2022

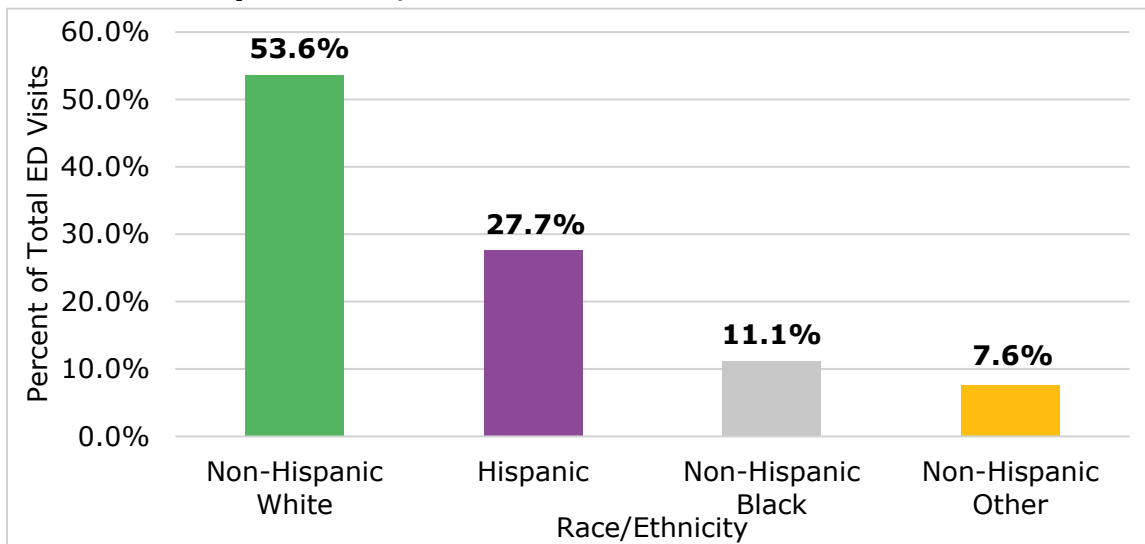


Data note: Total eating disorder-related ED visits from 2017-2022 in Texas = 14,587

ED visits related to eating disorders from 2017-2022 (Figure 3) was largest among non-Hispanic White individuals (53.6 percent; 7,818 visits), followed by:

- Hispanic individuals (27.7 percent; 4,039 visits);
- Non-Hispanic Black individuals (11.1 percent; 1,614 visits); and
- Non-Hispanic Other individuals (7.6 percent; 1,114 visits)

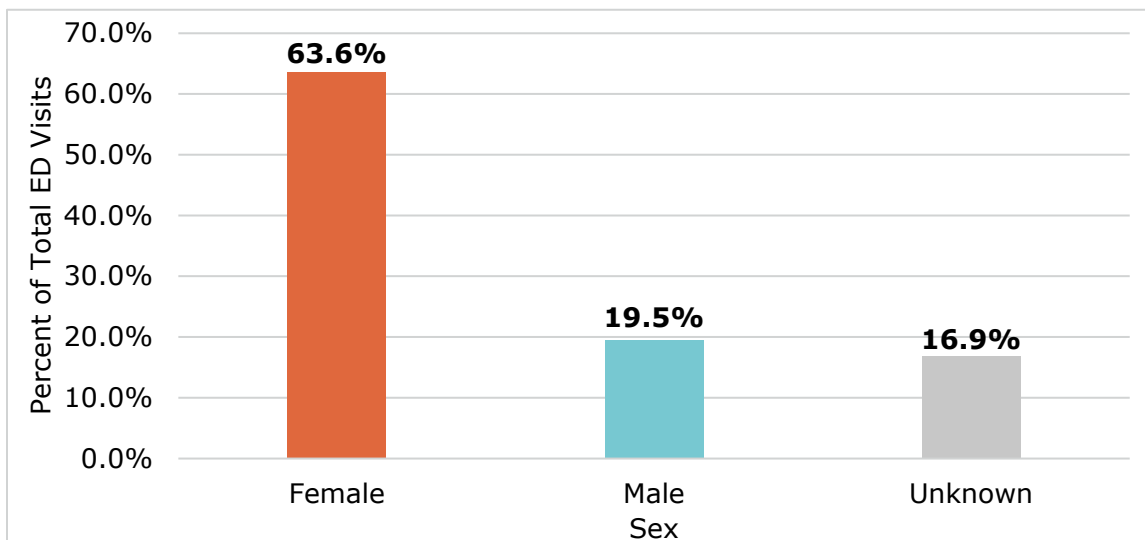
Figure 3. Percent of Total Eating Disorder-Related ED Visits by Race/Ethnicity in Texas, 2017-2022



Data note: Total eating disorder-related ED visits from 2017-2022 in Texas = 14,587

63.6 percent of ED visits (9,280 visits) related to eating disorders were in females and 19.5 percent (2,849 visits) were among males. 16.9 percent of eating disorder-related ED visits (2,458 visits) were categorized as unknown.⁵ See Figure 4.

Figure 4. Percent of Total Eating Disorder-Related ED Visits by Sex in Texas, 2017-2022



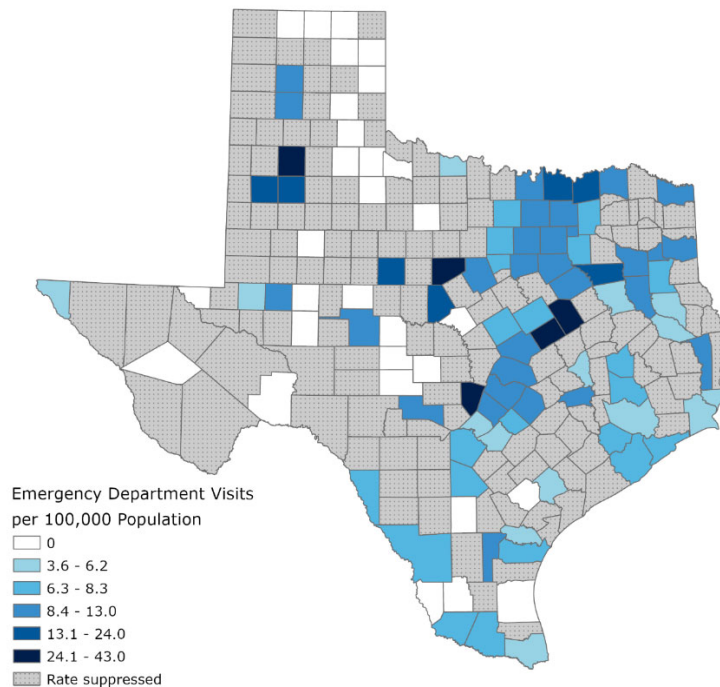
Data note: Total eating disorder-related ED visits from 2017-2022 in Texas = 14,587

⁵ If the patient record indicates drug or alcohol use or an HIV diagnosis, the patient sex is reported as unknown in compliance with [42 US Code §290dd-2](#).

To assess the geographic distribution of eating disorder-related ED visits for 2017-2022, DSHS used patient county of residence as listed in the hospital record. See Figure 5. County rates are suppressed for a count of less than 20 to prevent unreliable rate calculations. The counties with the highest rates were:

- Eastland at 43.0 per 100,000 population (47 visits);
- Blanco at 34.9 per 100,000 population (24 visits);
- Hale at 32.7 per 100,000 population (65 visits);
- Limestone at 30.4 per 100,000 population (43 visits);
- Falls at 30.0 per 100,000 population (30 visits); and
- Grayson at 24.1 per 100,000 population (189 visits).

Figure 5. Eating Disorder-Related ED Visit Rates per 100,000 Population by County, 2017-2022

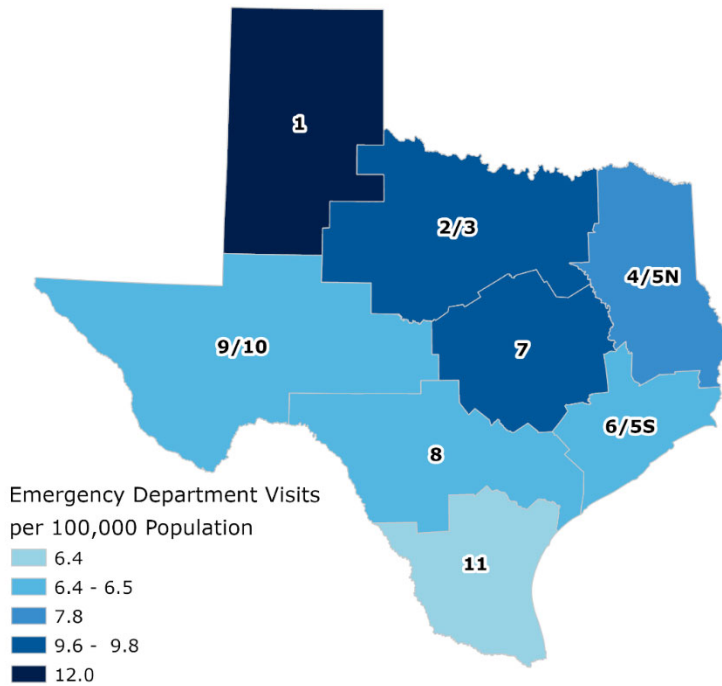


Rates for eating disorder-related ED visits (Figure 6) were highest in DSHS Public Health Region (PHR) 1 at 12.0 per 100,000 population (668 visits), followed by:

- PHR 2/3 at 9.8 per 100,000 population (5,034 visits);
- PHR 7 at 9.6 per 100,000 population (2,054 visits);
- PHR 4/5N at 7.8 per 100,000 population (723 visits);
- PHR 8 at 6.5 per 100,000 population (1,215 visits);
- PHR 9/10 at 6.5 per 100,000 population (606 visits);

- PHR 6/5S at 6.5 per 100,000 population (3,045 visits); and
- PHR 11 with the lowest rates at 6.4 per 100,000 population (881 visits).

Figure 6. Eating Disorder-Related ED Visit Rates per 100,000 Population by PHR, 2017-2022

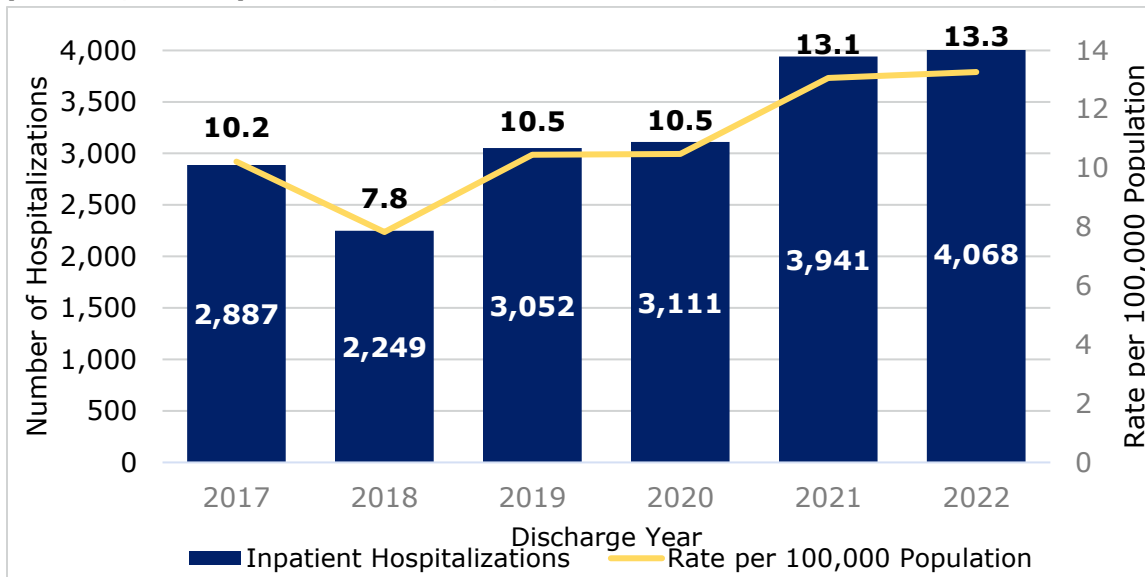


Eating Disorder-Related Inpatient Hospitalizations

DSHS assessed eating disorder-related inpatient hospitalizations from 2017 to 2022 using THCIC inpatient PUDFs, which include inpatient hospitalizations admitted from an ED. DSHS used ICD-10-CM code F50 in any diagnosis field in the patient record to identify eating disorder-related inpatient hospitalizations.

Since 2018, counts and rates of eating disorder-related inpatient hospitalizations have increased. See Figure 7. In 2022, there were 4,068 eating disorder-related inpatient hospitalizations with a rate of 13.3 per 100,000 population.

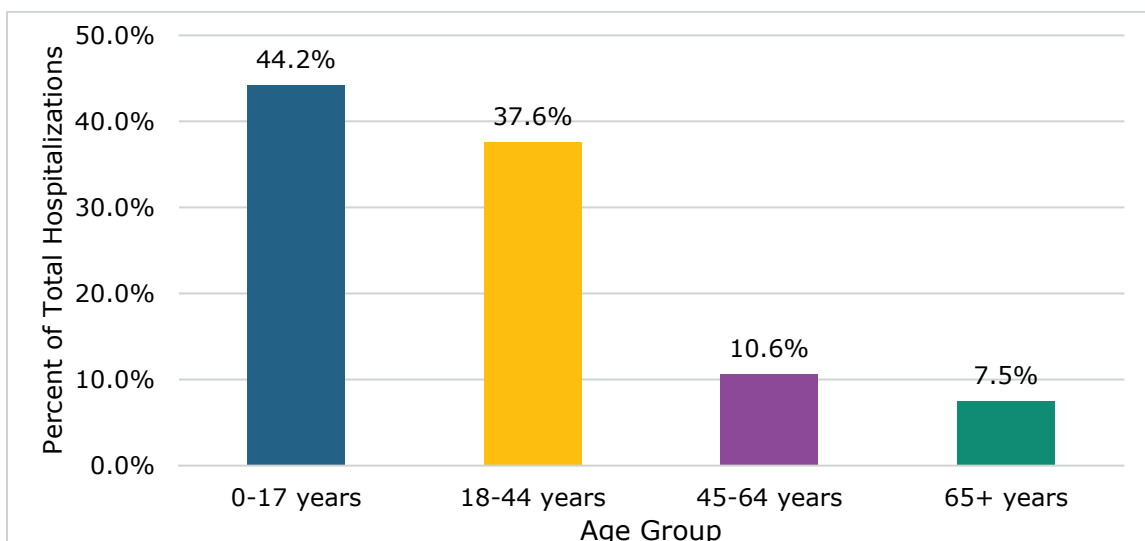
Figure 7. Number of Eating Disorder-Related Inpatient Hospitalizations and Rate per 100,000 Population in Texas, 2017-2022



Data note: Population denominators for rate calculations are – 2017: 28,245,982; 2018: 28,716,123; 2019: 29,193,268; 2020: 29,677,668; 2021: 30,168,926; 2022: 30,667,390.

The proportion of eating disorder-related inpatient hospitalizations (Figure 8) is highest in those 0-17 years of age at 44.2 percent (8,540 hospitalizations), followed by those 18-44 years of age at 37.6 percent (7,267 hospitalizations). Inpatient hospitalizations related to eating disorders are lowest in the older age groups, with those aged 45-64 years at 10.6 percent (2,055 hospitalizations) and those 65 years and older at 7.5 percent (1,445 hospitalizations).

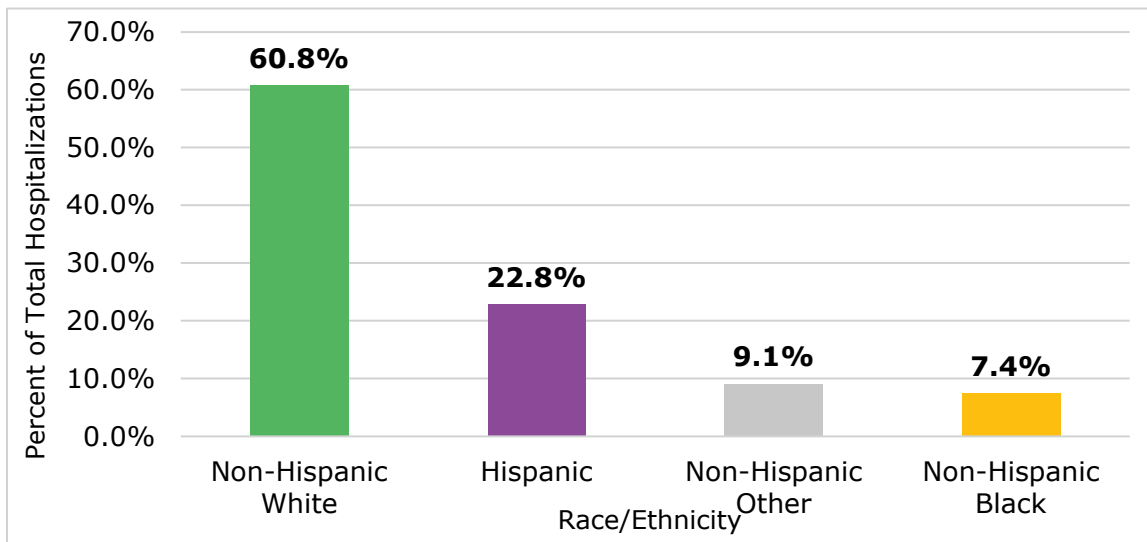
Figure 8. Percent of Total Eating Disorder-related Inpatient Hospitalizations by Age Group in Texas, 2017-2022



Data note: Total eating disorder-related inpatient hospitalizations from 2017-2022 in Texas = 19,308

Non-Hispanic White individuals constitute the largest proportion of inpatient hospitalizations related to eating disorders at 60.8 percent (11,738 hospitalizations), followed by Hispanic individuals at 22.8 percent (4,397 hospitalizations). The proportion of inpatient hospitalizations related to eating disorders is lowest among non-Hispanic Other (9.1 percent; 1,750 hospitalizations) and non-Hispanic Black individuals (7.4 percent; 1,419 hospitalizations).

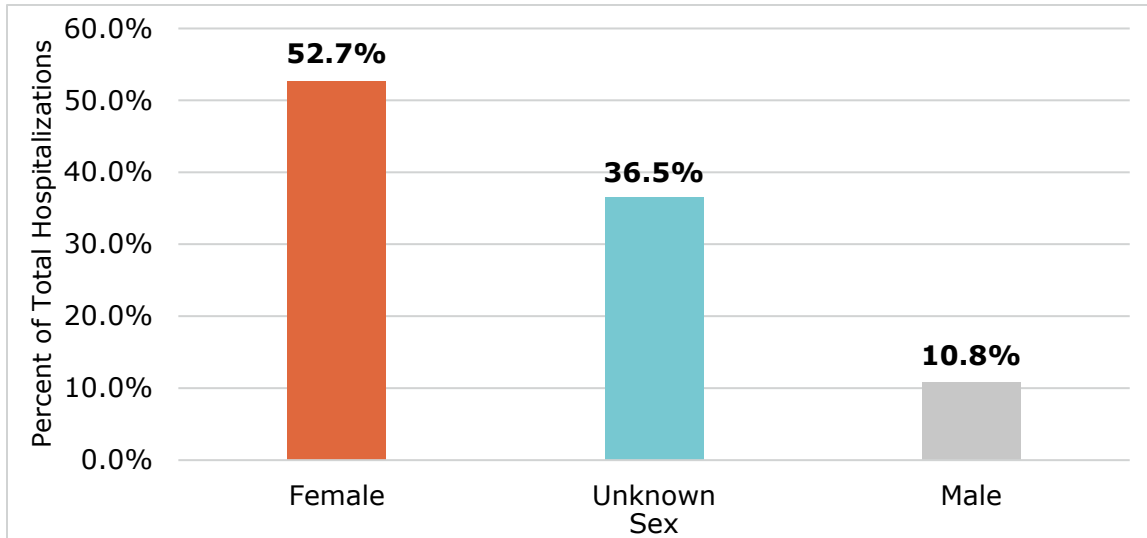
Figure 9. Percent of Total Eating Disorder-Related Inpatient Hospitalizations by Race/Ethnicity in Texas, 2017-2022



Data note: Total eating disorder-related inpatient hospitalizations from 2017-2022 in Texas = 19,308

More than half (52.7 percent) of eating disorder-related inpatient hospitalizations (10,172 hospitalizations) occurred in females, 10.8 percent (2,090 hospitalizations) occurred in males, and more than a third (36.5 percent; 7,046 hospitalizations) occurred in those classified as unknown. See Figure 10.

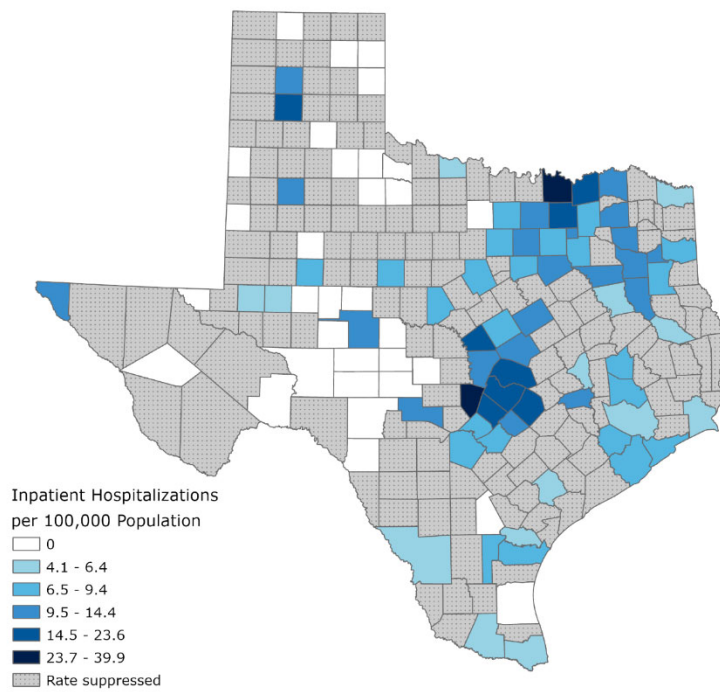
Figure 10. Percent of Total Eating Disorder-Related Inpatient Hospitalizations Visits by Sex in Texas, 2017-2022



Data note: Total eating disorder-related inpatient hospitalizations from 2017-2022 in Texas = 19,308

Rates of eating disorder-related inpatient hospitalizations vary across patient resident counties. See Figure 11. Most county rates are suppressed due to low counts of less than 20 to prevent unreliable rate calculations. The counties with the highest rates were Grayson at 39.9 per 100,000 population (314 hospitalizations) and Blanco at 33.5 per 100,000 population (23 hospitalizations).

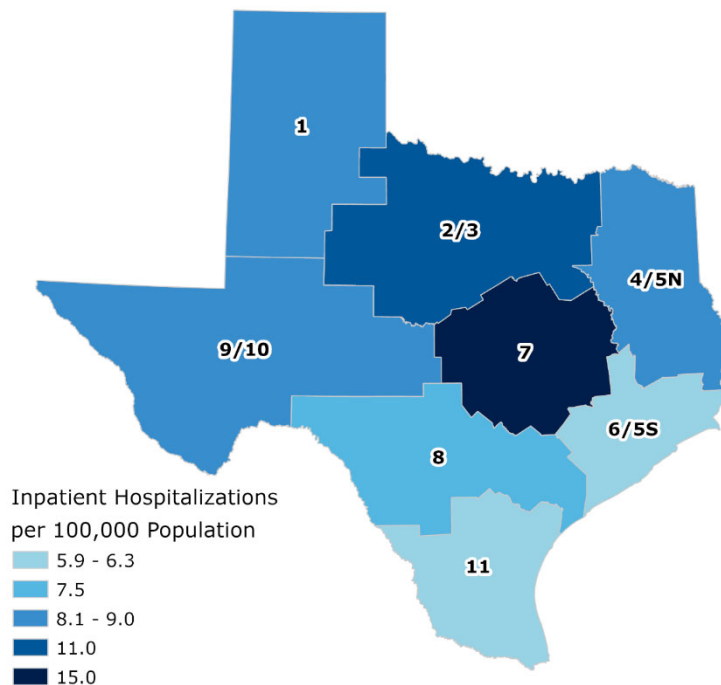
Figure 11. Eating Disorder-Related Inpatient Hospitalization Rates per 100,000 Population by County, 2017-2022



Rates for eating disorder-related inpatient hospitalizations (Figure 12) were highest in PHR 7 at 15.0 per 100,000 population (3,197 hospitalizations), followed by:

- PHR 2/3 at 11.0 per 100,000 population (5,655 hospitalizations);
- PHR 1 at 9.0 per 100,000 population (503 hospitalizations);
- PHR 4/5N at 8.1 per 100,000 population (750 hospitalizations);
- PHR 9/10 at 8.1 per 100,000 population (760 hospitalizations);
- PHR 8 at 7.5 per 100,000 population (1,400 hospitalizations);
- PHR 6/5S at 6.3 per 100,000 population (2,990 hospitalizations); and
- PHR 11 with the lowest rates at 5.9 per 100,000 population (816 hospitalizations).

Figure 12. Eating Disorder-Related Inpatient Hospitalization Rates per 100,000 Population by PHR, 2017-2022

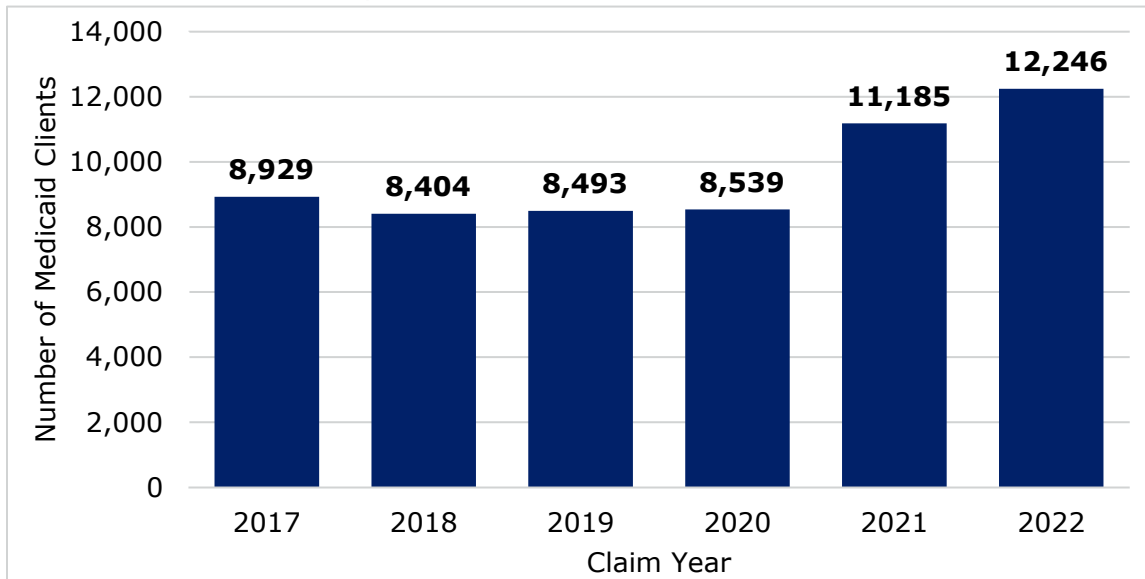


Eating Disorder-Related Medicaid Claims

Medicaid is a health care and long-term services program for certain groups of low-income individuals including children and their caretakers, former foster care youth, pregnant adults, individuals over the age of 65, and individuals with disabilities. DSHS assessed eating disorder-related paid or partially paid fee-for-service (FFS) claims or managed care encounters from enrolled Medicaid clients. DSHS included 2017 – 2022 Medicaid claims with ICD-10-CM code F50 in the analysis. Medicaid FFS eating disorder claims and managed care encounters include inpatient, outpatient, dental, and professional claims. The data represented is the total number of distinct clients served during the analytic period, not the number of distinct paid claims.

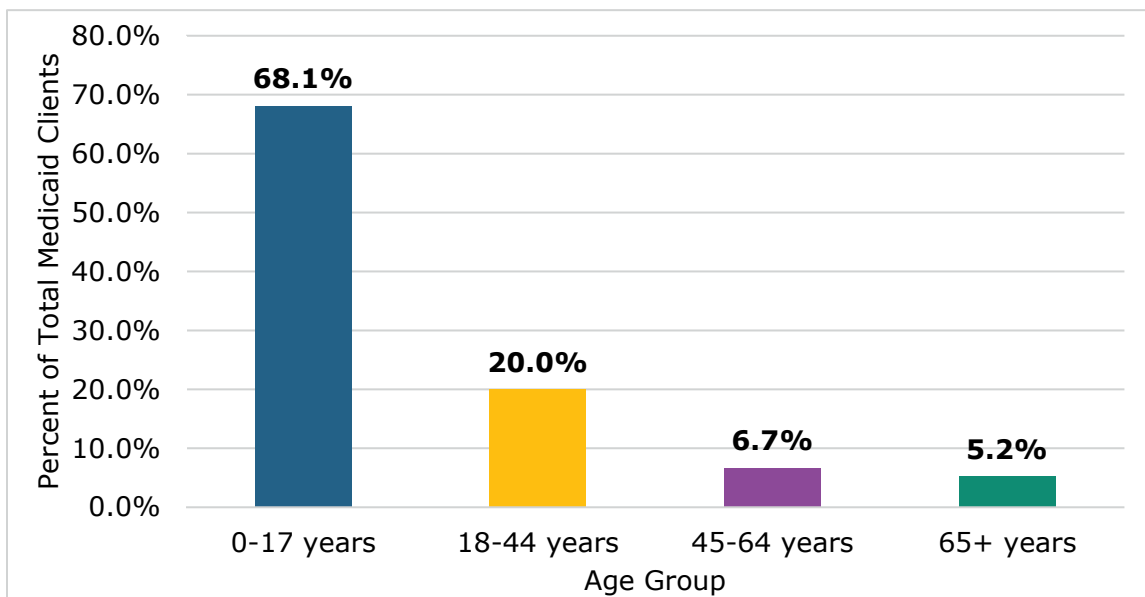
The number of Medicaid clients with eating disorder-related paid Medicaid claims increased in 2021 and 2022 after remaining relatively stable between 2017 through 2020. See Figure 13.

Figure 13. Number of Medicaid Clients with an Eating Disorder-Related Paid Medicaid Claim in Texas, 2017-2022



Those 0-17 years of age constitute the largest proportion of Medicaid clients with a paid Medicaid claim related to eating disorders at 68.1 percent (30,987 clients). See Figure 14. This may be due to the underlying population eligible for coverage, as those under the age of 18 years make up the largest age group served by Medicaid in Texas at 64.1 percent. A fifth (20.0 percent, 9,102 clients) of Medicaid clients with paid Medicaid claims related to eating disorders were 18-44 years, while 6.7 percent (3,045 clients) were 45-64 years, and 5.2 percent (2,366 clients) were 65 years or older.

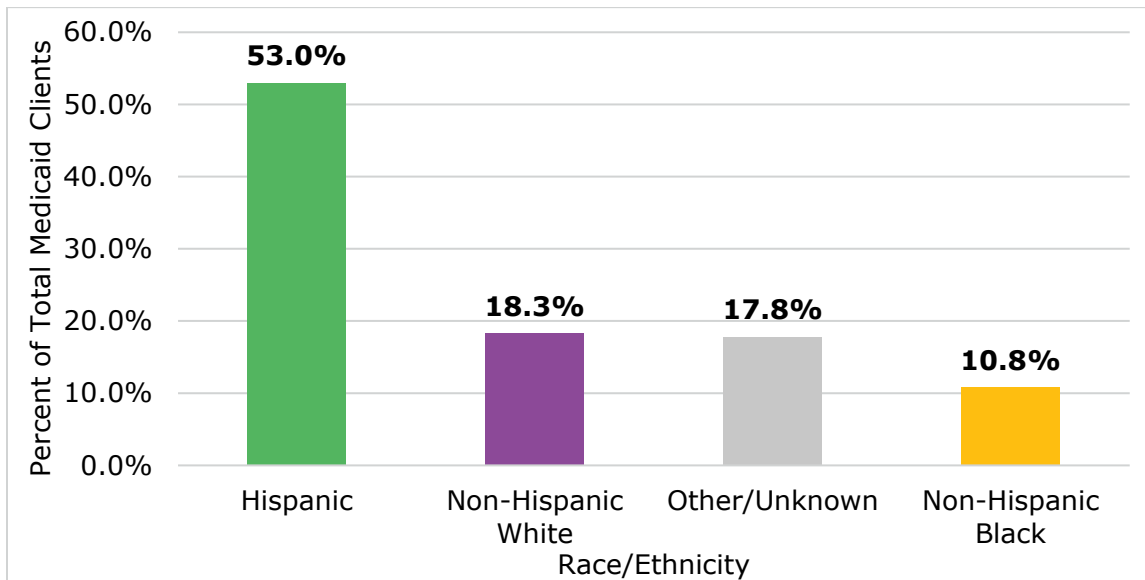
Figure 14. Percent of Total Medicaid Clients with an Eating Disorder-Related Paid Medicaid Claim by Age Group in Texas, 2017-2022



Data note: Total Texas Medicaid clients with eating disorder-related claims for all age groups, 2017-2022 = 45,500

When looking at the proportion of Medicaid clients with paid Medicaid claims related to eating disorders by race and ethnicity (Figure 15), most clients were Hispanic (53.0 percent, 23,803 clients), followed by non-Hispanic White (18.3 percent, 8,217 clients). Hispanic individuals constitute the largest racial/ethnic group served by Texas Medicaid at 47.6 percent, which may impact these proportions. Non-Hispanic Black Medicaid clients with paid Medicaid claims related to eating disorders constituted the smallest group at 10.8 percent (4,847 clients), while the other/unknown group represented 17.8 percent (8,003 clients).

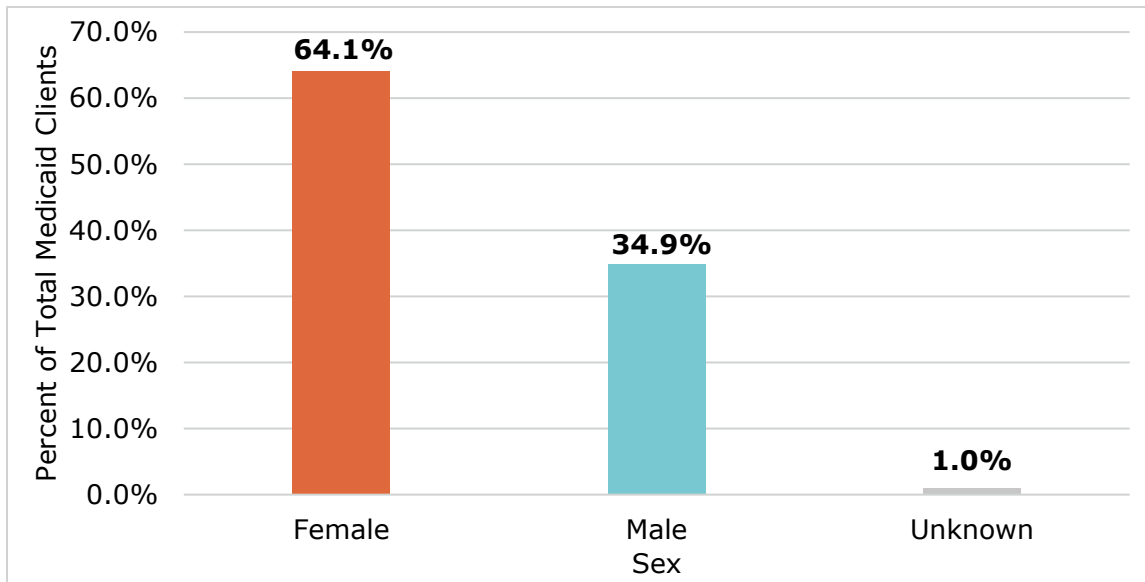
Figure 15. Percent of Total Medicaid Clients with an Eating Disorder-Related Paid Medicaid Claim by Race/Ethnicity in Texas, 2017-2022



Data note: Total Texas Medicaid clients with eating disorder-related claims for all age groups, 2017-2022 = 44,870

The proportion of Medicaid clients with paid Medicaid claims related to eating disorders was highest in females (64.1 percent; 28,551 clients). See Figure 16. Males accounted for 34.9 percent (15,555 clients), and 1.0 percent (449 clients) were in those whose sex was classified as unknown.

Figure 16. Percent of Total Medicaid Clients with an Eating Disorder-Related Paid Medicaid Claim by Sex in Texas, 2017-2022



Data note: Total Texas Medicaid clients with eating disorder-related claims for all age groups, 2017-2022 = 44,555

Texas Data on Eating Disorder-Related Deaths

DSHS analyzed eating disorder-related deaths using death certificate data for Texas residents, regardless of an individual's location of death. DSHS included data from death certificates with ICD-10-CM code F50 for the analysis. Data for 2018 are suppressed due to low counts. DSHS calculated death rates using population projections from the Texas Demographic Center.⁶

Between 2019 and 2021, there was an increase in Texas resident deaths with an eating disorder-related ICD-10 code listed on the death certificate, followed by a decrease in 2022.

Table 8. Eating Disorder-Related Deaths and Rate per 100,000 population in Texas, 2017-2022

Year	2017	2018	2019	2020	2021	2022
Deaths	16	--	15	22	26	22
Rate	0.06	--	0.05	0.07	0.09	0.07

Data note: Population denominators for rate calculations are – 2017: 28,245,982; 2018: 28,716,123; 2019: 29,193,268; 2020: 29,677,668; 2021: 30,168,926; 2022: 30,667,390.

⁶ Texas Demographic Center's Population Projections can be found at: <https://demographics.texas.gov/Projections/2018/>.

National Trends in Eating Disorders

DSHS conducted a literature review for national statistics related to eating disorders. Studies indicate that:

- Approximately 6.37 percent of the U.S. population will experience an eating disorder at some point in their lives. The overall prevalence within a 12-month period (one-year prevalence) is estimated to be 1.66 percent.⁷
- Across the U.S., eating disorders are more commonly diagnosed in females but are increasingly diagnosed in males.⁸
- An estimated 4.07 percent of males and 8.60 percent of females have had an eating disorder in their lifetime. The estimated one-year prevalence for males is 0.67 percent and 2.62 percent for females.⁷
- The one-year prevalence of eating disorders is estimated to be highest in those under 30 years of age, but women 50 years of age and older see a much higher prevalence compared to males of the same age.⁷
- Among U.S. college students, the risk for eating disorders increased by 13 percentage points from 2013 to 2021.⁹
- College students with eating disorders are significantly more likely to have comorbid substance use disorders compared to their peers without an eating disorder.¹⁰
- Hispanic, non-Hispanic Black, and non-Hispanic Asian report higher rates of disordered eating behaviors than their non-Hispanic White counterparts.¹¹

⁷ Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>.

⁸ Gorrell S, Murray SB. Eating Disorders in Males. *Child and Adolescent Psychiatric Clinics of North America*. 2019;28(4):641-651. doi:10.1016/j.chc.2019.05.012

⁹ Daly M, Costigan E. Trends in eating disorder risk among U.S. college students, 2013–2021. *Psychiatry Research*. 2022;317:114882. doi:10.1016/j.psychres.2022.114882

¹⁰ Qeadan F, English K, Luke A, Egbert J. Eating disorders and substance use: Examining associations among US college students. *Intl J Eating Disorders*. 2023;56(5):956-968. doi:10.1002/eat.23892

¹¹ Simone M, Telke S, Anderson LM, Eisenberg M, Neumark-Sztainer D. Ethnic/racial and gender differences in disordered eating behavior prevalence trajectories among women and men from adolescence into adulthood. *Social Science & Medicine*. 2022;294:114720. doi:10.1016/j.socscimed.2022.114720

State Programs for Behavioral Health Treatment

HHSC Behavioral Health Services (BHS) strives to ensure Texans have statewide access to the right community-based behavioral health services at the right time and place. To meet the behavioral health needs of Texans, HHSC contracts with 37 Local Mental Health Authorities (LMHAs) and two Local Behavioral Health Authorities (LBHAs). Each LMHA and LBHA provides services to a specific geographic area of the state.¹² As outlined in Section [533.0354](#) of the Texas Health and Safety Code, LMHAs and LBHAs provide assessment services, crisis services, and intensive or comprehensive services using disease management practices for children with serious emotional illnesses and adults with severe mental illness who are experiencing significant functional impairment due to a mental health disorder. Texas LMHAs and LBHAs define priority populations¹³ as:

- Child Mental Health (MH) Priority Population – The children’s MH Priority Population are children ages three through 17 years of age with serious emotional disturbance (excluding a single diagnosis of substance abuse, intellectual or developmental disability, or autism spectrum disorder), who have a serious functional impairment, or who: (1) Are at risk of disruption of a preferred living or children care environment due to psychiatric symptoms; or (2) Are enrolled in special education because of a serious emotional disturbance.
- Adult Mental Health (MH) Priority Population: Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, anxiety disorder, attention deficit/hyperactivity disorder, mood disorders, delusional disorder, bulimia nervosa, anorexia nervosa, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

The Texas Resilience and Recovery (TRR) framework promotes a person-centered approach to mental health treatment and early intervention. Recovery from mental illness is a process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential. While HHSC does not have programming through the TRR framework specific to eating

¹² List of current LMHA/LBHA: <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>

¹³ [Performance Contract Notebook Attachment \(texas.gov\)](#)

disorders, a child with a severe emotional disturbance or an adult with serious mental illness or functional impairment due to mental illness can be eligible for LMHA/LBHA TRR services.

Additionally, the 988 Suicide and Crisis Lifeline provides confidential support for people experiencing a mental health crisis, prevention services, and crisis resources at no cost.¹⁴ LMHA/LBHA Crisis Hotlines are operated by trained crisis staff providing crisis screening and assessment, crisis intervention services, mental health referrals, and general mental health information to the community.¹⁵ Crisis hotlines are an integrated component of the overall crisis service delivery system and are accessible toll free throughout each LMHA/LBHA service area.

¹⁴ HHSC contracts with MHMR of Tarrant County, Emergence Health Network, The Harris Center, and Integral. HHSC also contracts with Bluebonnet Trails Community Services to provide oversight for Avail Solutions Inc. While the Suicide and Crisis Center of North Texas answers 988 calls, HHSC does not have a formal contractual relationship with this agency.

¹⁵ LMHA/LBHA Crisis Hotline List: <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services>

Conclusion

Diagnosed eating disorder prevalence in the adult population remains low in Texas at 1.5 percent among self-reports. However, the prevalence of unhealthy weight control behaviors, such as consuming diet pills, powders, or liquids to lose weight without a doctor's advice, or disordered eating behavior such as binge eating, is estimated to be over eight percent of the Texas adult population.

Among Texas youth, over one-third of students describe themselves as overweight, and almost half are trying to lose weight. While weight perception alone is not cause for concern, it does highlight how students view themselves and may signal the potential for future unhealthy weight control behaviors. Moreover, over one-fifth of Texas students are restricting food intake to lose weight or keep from gaining weight.

Eating disorder-related ED visits and inpatient hospitalizations have increased in recent years and are most common among those aged 0-44 years, females, and non-Hispanic White individuals. Paid Medicaid claims occurred most often in those 0-17 years of age, females, and Hispanic individuals. Similarly, eating disorder-related deaths have increased in Texas and nationally.

