

2010 Tennessee Men's Health Report Card



TENNESSEE
DEPARTMENT OF HEALTH

2010 Tennessee Men's Health Report Card

HOW TO READ THIS REPORT CARD.

Grades are based on comparing Tennessee data to national goals set by the Centers for Disease Control and Prevention in their Healthy People 2010 Report (HP2010).¹ Indicators that do not have a HP2010 goal were not graded.

The following guidelines were used:

A=better than or no more than 10% worse than the HP2010 goal.

B=10-30% worse than the HP2010 goal.

C=30-60% worse than the HP2010 goal.

D=60-100% worse than the HP2010 goal.

F=more than 100% worse than the HP2010 goal.

We used 2008 data (the most recent set of complete data available) and compared that to data from 2003 to assess if we were moving closer to or farther from the HP2010 goals. If there was a statistically significant trend showing a worsening of the indicator, there is a downward arrow (↓) next to the grade.

All data in this report card refer to Tennessee men aged 18 and older unless otherwise noted.

Causes of death	2003	2008	Grade
HEART DISEASE DEATHS PER 100,000 MEN. Goal: Reduce to 166 heart disease deaths/100,000.			
ALL	369.6	323.5	D
White	371.8	332.6	F
African American	392.9	304.9	D
STROKE DEATHS PER 100,000 MEN. Goal: Reduce to 48 stroke deaths/100,000.			
ALL	69.9	56.6	B
White	69.6	54.0	B
African American	77.5	75.9	C
DIABETES DEATHS PER 100,000 MEN. Goal: Reduce to 45 diabetes deaths/100,000.			
ALL	39.4	35.0	A
White	37.6	33.6	A
African American	54.5	45.6	A
CANCER DEATHS (ALL CANCERS COMBINED) PER 100,000 MEN. Goal: Reduce to 159.9 cancer deaths/100,000.			
ALL	313.6	316.3	D
White	320.7	327.7	F
African American	300.5	283.4	D
LUNG CANCER DEATHS PER 100,000 MEN. Goal: Reduce to 44.9 lung cancer deaths/100,000.			
ALL	115.3	113.7	F
White	119.8	118.5	F
African American	100.1	98.7	F
HEAD AND NECK CANCER DEATHS PER 100,000 MEN. Goal: Reduce to 2.7 oropharyngeal cancer deaths/100,000.			
ALL	6.6	6.0	F
White	5.8	6.4	F
African American	11.6	4.3	C
COLORECTAL CANCER DEATHS PER 100,000 MEN. Goal: Reduce to 21.2 colorectal cancer deaths/100,000.			
ALL	28.7	27.5	B
White	28.4	27.4	B
African American	33.6	31.8	C

Causes of death (continued)	2003	2008	Grade
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PROSTATE CANCER DEATHS PER 100,000 MEN. *Goal: Reduce to 28.8 prostate cancer deaths/100,000.*

ALL	31.7	25.3	A
White	29.4	23.6	A
African American	48.9	37.9	C

CHRONIC LOWER RESPIRATORY DISEASE DEATHS PER 100,000 MEN. *Goal: Reduce to 60 chronic obstructive pulmonary disease deaths/100,000.*

ALL	73.0	74.5	B
White	79.3	82.2	C
African American	42.9	38.2	A

CHRONIC LIVER DISEASE AND CIRRHOSIS DEATHS PER 100,000 MEN. *Goal: Reduce to 3 cirrhosis deaths/100,000.*

ALL	22.9	19.1	F
White	23.8	20.7	F
African American	19.9	12.0	F

ACQUIRED IMMUNE DEFICIENCY SYNDROME DEATHS PER 100,000 MEN. *Goal: Reduce to 0.7 deaths due to HIV infection/100,000.*

ALL	10.0	8.5	F
White	4.5	3.7	F
African American	43.5	37.9	F

MOTOR VEHICLE DEATHS PER 100,000 MEN. *Goal: Reduce to 9.2 motor vehicle accident deaths/100,000.*

ALL	37.5	33.3	F
White	38.9	34.1	F
African American	30.6	31.1	F

SUICIDE DEATHS PER 100,000 MEN. *Goal: Reduce to 5 suicide deaths/100,000.*

ALL	27.6	32.2	F↓
White	29.8	35.0	F↓
African American	16.3	18.8	F

HOMICIDE DEATHS PER 100,000 MEN. *Goal: Reduce to 3 homicide deaths/100,000.*

ALL	14.2	15.3	F
White	7.5	7.4	F
African American	54.8	61.4	F

DATA SOURCE: Tennessee Department of Health Death Certificates

- Heart disease is a major cause of death for men of all ages in Tennessee. While death rates from heart disease have improved in the last 5 years, they are still nearly twice as high as the HP2010 goal.
- About 90% of lung cancer deaths in American men are related to tobacco use.² Quitting reduces risk of lung cancer, stroke, head and neck cancer, bladder cancer, heart disease, and blood vessel disease. People who quit around age 30 reduce their risk of dying from smoking related diseases by about 90 percent, and those who quit around age 50 reduce their risk of early death by half compared to those who continue to use tobacco.³
- Prostate cancer is more common in African-American men than in white men, and African-American men are more likely to die from this disease.⁴ Screening is simple and consists of a prostate-specific antigen (PSA) blood test and a rectal exam. Almost half (48.1%) of Tennessee men over age 40 had a PSA test in the last two years.
- In 2008, 59% of motor vehicle accident deaths in our state involved failure to use proper restraints. Of those fatalities tested, 42% had blood alcohol concentrations (BACs) above the legal limit of 0.08.⁵ Nationwide in 2008, 31% of men killed in passenger vehicle accidents had BACs greater than twice the legal limit.⁶
- Suicide rates for men are four times that for women in Tennessee, regardless of race.⁷ Increased mental health awareness and psychological care for men are crucial.

Age specific causes of death for Tennessee men in 2008

18-39		40-64		65+	
CAUSE	%	CAUSE	%	CAUSE	%
Motor Vehicle Accident	19.7	Cancer	27.5	Heart Disease	27.3
Unintentional Injury	16.6	Heart Disease	25.6	Cancer	26.0
Suicide	14.1	Unintentional Injury	5.7	Chronic Lung Disease	7.6
Homicide	12.3	Suicide	4.2	Stroke	5.4
Heart Disease	9.9	Lung Disease	3.5	Influenza & Pneumonia	2.9
AIDS	3.0	Liver Disease	3.5	Diabetes	2.8
All Other	24.4	All Other	30.0	All Other	28.0

- While leading causes of death change depending upon a man's age, at all ages many of the most common causes of death are preventable. In younger men, decreased alcohol and drug use could reduce the risk of motor vehicle accidents and influence rates of death from suicide, homicide, and unintentional injury (which includes falls, drowning, overdoses, and other accidents).
- For men of any age, a healthy diet and increased physical activity would reduce the risk of heart disease, diabetes, and many cancers in later life.
- Better diagnosis and treatment have helped reduce diabetes as a direct cause of death, but it remains in the top 10 causes of death for all age groups. Diabetes also contributes to deaths from other causes, and remains a serious lifelong illness for hundreds of thousands of Tennesseans.

New cases of sexually transmitted infections **2003** **2008** **Grade**

HIV/AIDS DISEASE CASES PER 100,000 MEN. *Goal: Reduce to 1 new HIV/AIDS case/100,000.*

ALL	24.4	25.4	F
White	10.7	10.3	F
African American	92.2	95.1	F
Hispanic	15.5	33.3	F↓

GONORRHEA CASES PER 100,000 MEN. *Goal: Reduce to 19 new gonorrhea cases/100,000.*

ALL	147.4	131.4	F
White	27.3	15.6	A
African American	675.0	637.8	F
Hispanic	69.7	68.9	F

EARLY LATENT, PRIMARY, AND SECONDARY SYPHILIS CASES PER 100,000 MEN. *Goal: Reduce to 0.2 new primary and secondary syphilis cases/100,000.*

ALL	7.4	15.7	F↓
White	2.6	4.0	F↓
African American	33.1	71.6	F↓
Hispanic	4.4	12.4	F↓

DATA SOURCE: Tennessee Department of Health Communicable and Environmental Disease Surveillance Reports

- In 2008, 11% of new cases of HIV/AIDS occurred in heterosexual men and 22% of new cases were in men under 25.⁸
- One way to prevent the spread of sexually transmitted infections is condom use.
- Rates of infections reflect screening and reporting rates and may understate the actual number of men with sexually transmitted infections.

Health behaviors	2003	2008	Grade
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PERCENTAGE OF MEN AGE 18+ WHO DID NOT ENGAGE IN ANY PHYSICAL ACTIVITY IN THE PAST MONTH. Goal: Reduce the percentage of adults who engage in no leisure time activity to 20% or less.

ALL	26.0%	26.2%	C
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PERCENTAGE OF MEN AGE 18+ WHO ARE A HEALTHY WEIGHT. Goal: Increase the percentage of adults who are a healthy weight to 60%.

ALL	32.5%	26.1%	C↓
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PERCENTAGE OF MEN AGE 18+ WHO ARE OBESE (HAVE A BODY MASS INDEX (BMI)>30). Goal: Reduce the percentage of adults who are obese to 15%.

ALL	25.3%	32.2%	F↓
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PERCENTAGE OF MEN AGE 50+ WHO HAVE HAD A COLORECTAL CANCER SCREENING (COLONOSCOPY OR SIGMOIDOSCOPY). Goal: Increase the percentage of adults 50 or older who have ever been screened for colorectal cancer to 50%.

ALL	44.9%*	59.2%	A
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PERCENTAGE OF MEN AGE 18+ WHO HAVE HAD A CHOLESTEROL SCREENING WITHIN THE LAST 5 YEARS. Goal: Increase the percentage of adults who have had their cholesterol checked within the past 5 years to 80%.

ALL	73.9%	76.4%	A
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PERCENTAGE OF MEN AGE 65+ WHO RECEIVED A FLU SHOT WITHIN THE PAST YEAR. Goal: Increase the percentage of adults who are vaccinated every year against influenza to 60%.

ALL	66.0%	70.9%	A
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PERCENTAGE OF MEN AGE 18+ WHO ARE CURRENT SMOKERS. Goal: Reduce the percentage of adults who smoke cigarettes to 12%.

ALL	27.3%	26.6%	F
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PERCENTAGE OF MEN AGE 18+ WHO USE SMOKELESS TOBACCO. Goal: Reduce smokeless tobacco use to 0.4%.

ALL	11.3%**	9.1%	F
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PERCENTAGE OF MEN AGE 18+ DRINKING 5+ DRINKS ON ONE OCCASION IN THE PAST MONTH. Goal: Reduce the percentage of adult males who engage in binge drinking to 6%.

ALL	10.5%	15.7%	F↓
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PERCENTAGE OF MEN AGE 18+ WHO [ALWAYS] WEAR SEATBELTS. Goal: Increase the use of safety belts to 92%.

ALL	76.3%*	79.4%	B
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DATA SOURCE: Tennessee Behavioral Risk Factor Surveillance Survey (TN BRFSS).⁹ *This data point is from the 2002 TN BRFSS.

**This data point is from the 2007 TN BRFSS.

- The average Tennessee adult spends nearly 3 hours watching TV every day, which contributes to our state ranking as the 4th most inactive state in the U.S. in 2010.¹⁰ Taking just 30 minutes on most days for moderate physical activity reduces risk of heart disease, high blood pressure, stroke, and diabetes.¹¹
- Tennessee has the 2nd highest percentage of obesity among adults in the nation.¹² Obesity has a negative influence on quality of life and is a risk factor for heart disease, diabetes, kidney disease, and some cancers.¹³
- Studies suggest routine colorectal cancer screening for everyone aged 50 or older could prevent up to 60% of deaths from this cancer.¹⁴

- Routine screening for high cholesterol is strongly recommended for all men over 35. Men between 20 and 35 with risk factors such as smoking, high blood pressure, overweight, or family history of heart disease should also get regular testing.
- Vaccines against flu, pneumonia, and hepatitis can decrease the risk of hospitalization and death from these conditions. Between 2003 and 2008, as more men got flu shots each year, the rate of male deaths from influenza or pneumonia declined from 36.1 to 28 per 100,000 men.

Obstacles to health 2003 2008 Grade

PERCENTAGE OF MEN AGE 25+ WHO HAVE LESS THAN A HIGH SCHOOL EDUCATION AND NO GED. *Goal: Reduce the high school non-completion rate to 10%.*

	2003	2008	Grade
ALL	20.0%	17.8%	D
White	18.4%	16.0%	D
African American	24.1%	21.8%	F
Hispanic	56.7%	45.0%	F

DATA SOURCE: American Community Survey data, U.S. Census Bureau

PERCENTAGE OF MEN AGE 18+ LIVING IN POVERTY STATUS DURING PAST 12 MONTHS.

	2003	2008	
ALL	9.4%	10.7%	*↓
White	8.0%	9.4%	*↓
African American	15.2%	16.0%	*↓
Hispanic	16.9%	16.2%	*

DATA SOURCE: American Community Survey data, U.S. Census Bureau

PERCENTAGE OF MEN AGE 18-64 WHO ARE INSURED. *Goal: Increase the percentage of persons with health insurance to 100%.*

	2003	2008	
ALL	82.9%	75.5%	B↓
White	81.5%	76.7%	B↓
African American	84.3%	72.2%	B↓
Hispanic	43.2%	36.0%	D↓

DATA SOURCE: Current Population Survey, Annual Social and Economic Supplement tables

- * There was no HP2010 goal directly related to reduction in poverty levels. The new Healthy People 2020 goals are expected to discuss income, education, and employment as social determinants of health.¹⁵
- The number of uninsured men in Tennessee increased between 2003 and 2008. This may reflect rising unemployment as the economy declined, and cuts in federal and state health insurance programs.
- Lack of insurance is a major barrier to health. In 2008, 34.1% of men in our state had not seen a dentist and 27.5% of men had not seen a doctor for a routine check-up in the past year.

Data notes

Population estimates: Death and disease rates are based on estimates of the state's population changes between the times of the national census. The state adjusts estimates using direct methods that take into account local population changes. State estimates may vary slightly from U.S. Census Bureau estimates.

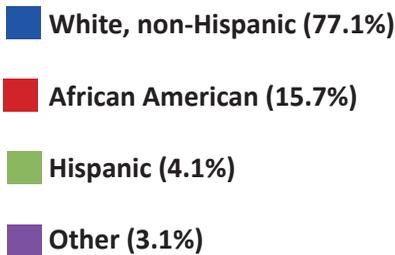
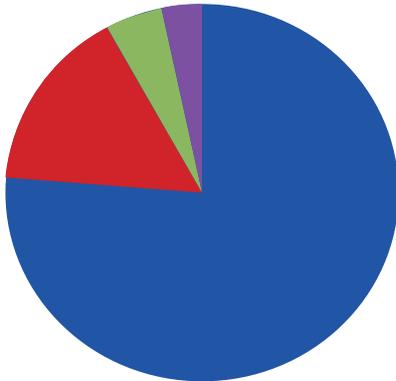
Rates and percentages: Numbers of deaths and numbers of new cases of sexually transmitted diseases have been converted into rates per 100,000 to make comparison possible. In the section on *Health behaviors*, the responses from men randomly surveyed through the Tennessee Behavioral Risk Factor Surveillance System are projected as a percentage of all Tennessee men.

Reporting data by race and ethnicity: Race and ethnicity are reported separately by the state. Hispanics can be of any race. Presenting data by race and ethnicity can be helpful to target resources and programs. A person's race or ethnicity does not determine any one health problem, but race and ethnicity are often linked with income, education, access to health care, and other factors that can affect health status. Few sources of health data record such social or economic data, but most do collect information on race and ethnicity. Because actual numbers of men of Hispanic origin have been hard to estimate accurately, and because most are young, it was difficult to interpret their death rates. For this reason, cause of death data for Hispanic men were not presented in this report.

Tennessee male population estimates 2008

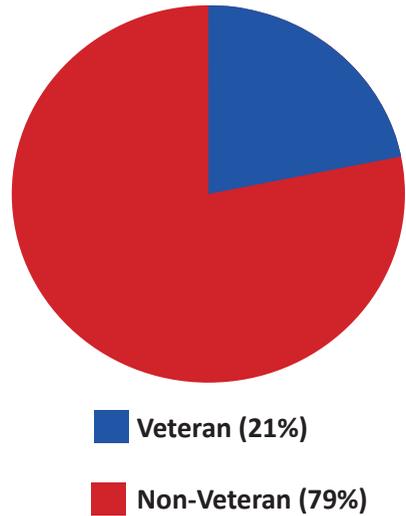
Estimates of race and ethnicity of male population 18 and over:

White, non-Hispanic	2,334,083
African American	476,639
Hispanic	125,235
Other	93,158



Source: U.S. Census Bureau: American Community Survey

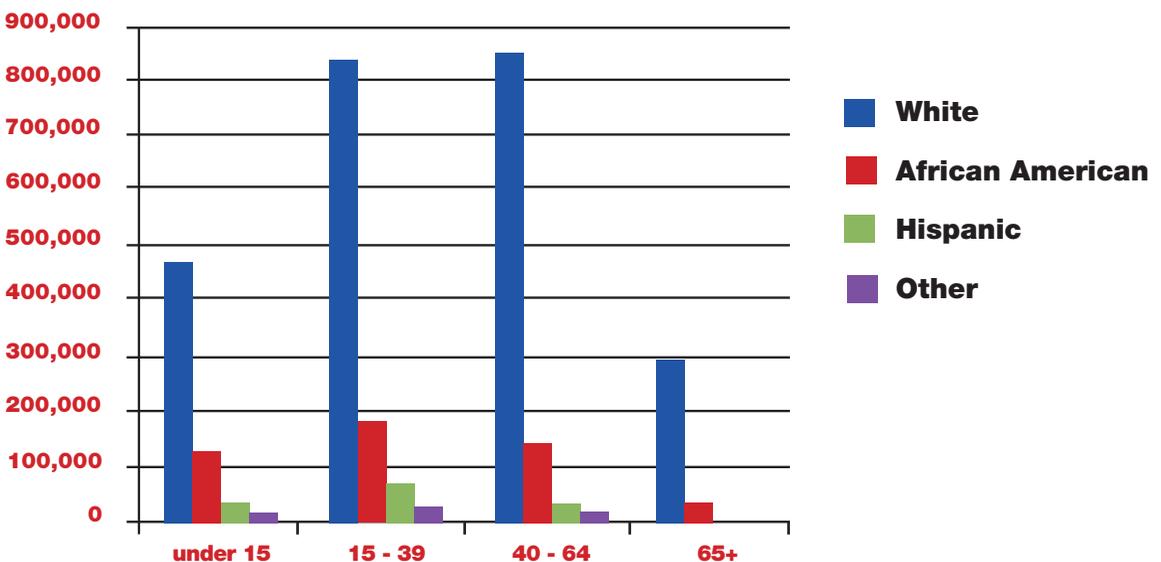
Veteran status for the Tennessee civilian male population 18 years and over:



Source: U.S. Census Bureau: American Community Survey

- An estimated 83,146 Tennessee veterans had a service-connected disability in 2008.¹⁶ Veteran health concerns include not only physical disability and traumatic brain injury, but also post-traumatic stress disorder (PTSD), depression, suicide, substance abuse, chronic diseases and diseases associated with an aging population.¹⁷

Estimated age profile of Tennessee male population:



Source: Tennessee Department of Health, Office of Policy, Planning and Assessment Division of Health Statistics, 2008 revision

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