

2012
Tennessee
Men's Health
Report Card



2012 Tennessee Men's Health Report Card

How to read this report card:

Grades were assigned by comparing Tennessee data from calendar year 2010 (the most recent set of complete data available) to national health objectives set by the Centers for Disease Control and Prevention (CDC) in their Healthy People 2020 (HP2020) framework (healthypeople.gov/2020). The following guidelines were used:

A = Better than, equal to, or no more than 10% worse than the HP2020 goal

B = 10-30% worse than the HP2020 goal

C = 30-60% worse than the HP2020 goal

D = 60-100% worse than the HP2020 goal

F = More than 100% worse than the HP2020 goal

Indicators that do not have a HP2020 goal were not graded and are marked with an asterisk (*) in the grade column. We assessed trends in the data from 2005 to 2010 to determine if we were moving farther from the HP2020 goals. If there was a statistically significant trend showing a worsening of the indicator, there is a downward arrow (↓) next to the grade.

It is important to recognize that the CDC made considerable changes to the HP2020 goals compared to the Healthy People 2010 goals that were used in the 2010 Tennessee Men's Health Report Card. This makes comparison of grades between the present and previous Report Cards problematic in some cases.

Causes of death	2005	2010	Grade
ISCHEMIC HEART DISEASE DEATHS PER 100,000 MEN			
<i>Goal: Reduce to 100.8 heart disease deaths/100,000</i>			
All	113.3	95.9	A
White	117.0	107.4	A
African American	102.5	63.5	A
STROKE DEATHS PER 100,000 MEN			
<i>Goal: Reduce to 33.8 stroke deaths/100,000</i>			
All	64.5	54.5	D
White	63.0	56.7	D
African American	78.9	58.8	D
CANCER DEATHS (ALL CANCERS COMBINED) PER 100,000 MEN			
<i>Goal: Reduce to 160.6 cancer deaths/100,000</i>			
All	316.4	317.6	D
White	320.2	342.5	F↓
African American	319.2	284.0	D
LUNG CANCER DEATHS PER 100,000 MEN			
<i>Goal: Reduce to 45.5 lung cancer deaths/100,000</i>			
All	120.6	113.0	F
White	125.2	124.1	F
African American	105.1	90.1	D
HEAD AND NECK CANCER DEATHS PER 100,000 MEN			
<i>Goal: Reduce to 2.3 head and neck cancer deaths/100,000</i>			
All	5.9	7.7	F
White	5.4	7.6	F↓
African American	9.7	10.4	F

Causes of death (continued)	2005	2010	Grade
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COLORECTAL CANCER DEATHS PER 100,000 MEN

Goal: Reduce to 14.5 colorectal cancer deaths/100,000

All	28.3	26.5	D
White	28.2	27.1	D
African American	31.0	31.3	F

PROSTATE CANCER DEATHS PER 100,000 MEN

Goal: Reduce to 21.2 prostate cancer deaths/100,000

All	27.3	25.8	B
White	24.5	25.1	B
African American	46.2	37.4	D

CHRONIC LIVER DISEASE AND CIRRHOSIS DEATHS PER 100,000 MEN

Goal: Reduce to 8.2 cirrhosis deaths/100,000

All	19.6	20.7	F
White	20.8	23.2	F↓
African American	13.6	13.6	D

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) DEATHS PER 100,000 MEN

Goal: Reduce to 3.3 deaths due to HIV infection/100,000

All	9.7	6.3	D
White	4.3	3.2	A
African American	42.0	25.2	F

MOTOR VEHICLE ACCIDENT (MVA) DEATHS PER 100,000 MEN

Goal: Reduce to 12.4 motor vehicle deaths/100,000

All	37.8	29.4	F
White	38.2	31.7	F
African American	38.5	22.9	D

SUICIDE DEATHS PER 100,000 MEN

Goal: Reduce to 10.2 suicide deaths/100,000

All	31.3	30.4	F
White	34.1	34.9	F
African American	17.1	13.3	C

UNINTENTIONAL INJURY DEATHS (NOT INCLUDING MVA) PER 100,000 MEN

Goal: Reduce to 36.0 unintentional injury deaths/100,000

All	47.3	57.9	D↓
White	47.7	62.3	D↓
African American	49.2	51.3	C

HOMICIDE DEATHS PER 100,000 MEN

Goal: Reduce to 5.5 homicide deaths/100,000

All	16.6	12.2	F
White	8.6	7.2	C
African American	64.0	42.3	F

DATA SOURCE: Tennessee Department of Health Death Certificates

- Heart disease remains the leading cause of death among Tennessee men. It often results in functional disability and lowered quality of life. Risk factors such as obesity, lack of exercise, cigarette smoking, high blood pressure, high cholesterol, diabetes, and poor nutrition choices all contribute to heart disease and stroke. Screening, early treatment, and behavioral changes can help reduce heart disease risk.¹
- It is a well-known fact that tobacco use is associated with lung cancer, but many people do not realize it is also associated with chronic lung diseases such as emphysema and bronchitis, stroke, head and neck cancer, bladder cancer, heart disease, and blood vessel disease. Reducing tobacco use could have a positive effect on death rates from these conditions.²

Age specific causes of death for Tennessee men in 2010

18-39		40-64		65+	
CAUSE	%	CAUSE	%	CAUSE	%
ACCIDENTS (NON-MVA)	20.4	CANCER	26.8	HEART DISEASE	26.9
MOTOR VEHICLE ACCIDENTS	16.6	HEART DISEASE	26.2	CANCER	26.4
SUICIDE	16.0	ACCIDENTS (NON-MVA)	7.4	LUNG DISEASE	8.9
HEART DISEASE	9.7	LIVER DISEASE	6.3	STROKE	7.2
HOMICIDE	9.6	SUICIDE	3.9	ALZHEIMER'S DISEASE	5.3
CANCER	6.5	LUNG DISEASE	3.5	DIABETES	3.8
ALL OTHER CAUSES	21.2	ALL OTHER CAUSES	25.9	ALL OTHER CAUSES	21.5

- Obesity and a high-fat diet are associated with prostate cancer incidence and progression. Modifying one's dietary habits and losing weight may be one way of reducing prostate cancer risk.³
- Liver disease is often related to alcohol and drug abuse, and infections with hepatitis viruses, particularly subtypes B and C which are blood borne and can be transmitted sexually. The vaccine for Hepatitis B is now recommended for all adults with potential occupational exposure to blood, with certain chronic illnesses such as diabetes, and whose sexual behavior puts them at high risk.⁴
- Studies have found that rates of depression and suicide are significantly higher among those with military experience. The risk is especially high among young male veterans age 17-24. This risk appears to be lessened by strong community appreciation and support, and coordinated health care services.⁵

New cases of sexually transmitted infections 2005 2010 Grade

HIV/AIDS CASES PER 100,000 MEN

Goal: Reduce to 13.0 new HIV/AIDS cases/100,000

All	24.2	22.6	D
White, non-Hispanic	11.2	8.2	A
African American, non-Hispanic	85.6	85.4	F
Hispanic	27.3	31.6	F

GONORRHEA CASES PER 100,000 MEN

Goal: Reduce to 198.0 new gonorrhea cases/100,000

All	144.5	105.7	A
White, non-Hispanic	22.9	14.7	A
African American, non-Hispanic	604.8	532.3	F
Hispanic	70.7	34.5	A

EARLY LATENT, PRIMARY, AND SECONDARY SYPHILIS CASES PER 100,000 MEN

Goal: Reduce to 6.8 new primary and secondary syphilis cases/100,000

All	5.4	15.0	F↓
White, non-Hispanic	2.1	4.3	A↓
African American, non-Hispanic	43.4	63.3	F↓
Hispanic	10.4	13.2	D

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

- The burden of HIV falls heaviest on poor and minority communities in the southern region of the US.⁶ African Americans make up 17% of the Tennessee population, but account for 65% of the new HIV cases each year.⁷ The incidence of HIV is rising in the Hispanic population as well.
- Voluntary HIV testing of all sexually active individuals aged 13-64 years is recommended by the CDC as a routine part of primary care practice.⁸ HIV positive persons starting treatment today are living about 16 years longer than persons who started treatment 10 years ago, highlighting the need for encouraging testing and treatment.⁹
- The relatively high rates of new sexually transmitted infections may signal a lapse in the use of safer sexual practices among men.

Health behaviors	2005	2010	Grade
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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 age 50 and older who receive a colorectal cancer screening to 70.5%

All	NA	61.1%	B
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PERCENTAGE OF MEN AGE 18+ WHO HAVE HAD A CHOLESTEROL SCREENING WITHIN THE PAST 5 YEARS

Goal: Increase the percentage of adults who have had their blood cholesterol checked within the past 5 years to 82.1%

All	73.8%	80.9%	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 seasonal influenza to 90%

All	65.1%	70.1%	B
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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	29.2%	21.7%	D
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PERCENTAGE OF MEN AGE 18+ WHO USE SMOKELESS TOBACCO

Goal: Reduce the percentage of adults who use smokeless tobacco to 0.3%

All	NA	9.0%	F
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PERCENTAGE OF MEN AGE 18+ WHO ALWAYS WEAR SEATBELTS

Goal: Increase the use of safety belts to 92.4%

All	NA	79.3%	B
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NA: These data were not available for 2005

DATA SOURCE: Tennessee Behavioral Risk Factor Surveillance Survey (TN BRFSS)

- Regular colorectal cancer screening for everyone age 50 or older could prevent up to 60% of the deaths from this cancer.¹⁰ Regular physical activity significantly reduces your risk of developing colorectal cancer while being overweight increases your risk by 50%.^{11, 12}
- Annual flu vaccination is recommended for all adult Tennesseans, but is especially important for persons over 50, persons with chronic health conditions such as lung disease and diabetes, persons with suppressed immune systems, and persons who are obese.¹³
- While the percentage of Tennessee men who smoke cigarettes continues to decline, it still exceeds the national goal. Smoking kills an estimated 6,000 Tennessee men each year. Smokers die an average of 13-14 years earlier than non-smokers. Health care costs to treat Tennessee men who smoke are nearly \$1.4 billion dollars each year.¹⁴
- Nine percent (9%) of Tennessee men use smokeless tobacco, which causes oral cancer, gum disease, infertility, and addiction.¹⁵ While this number has dropped slightly in recent years, a new form of tobacco use, water pipe or hookah smoking, is increasing dramatically among male teenagers and young adults.¹⁶
- In Tennessee, 56.6% of the occupants killed in motor vehicle (car and light truck) crashes were not wearing restraints, compared to 49.2% for the US as a whole.¹⁷

Reported health conditions	2005	2010	Grade
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PERCENTAGE OF MEN AGE 18+ WHO HAVE EVER BEEN TOLD BY A DOCTOR THEY HAVE HIGH BLOOD PRESSURE

Goal: Reduce the proportion of persons in the population with hypertension to 26.9%

All	28.4%	35.1%	C↓
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PERCENTAGE OF MEN AGE 18+ WHO HAVE EVER BEEN TOLD BY A DOCTOR THEY HAVE DIABETES

All	8.6%	11.0%	*
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DATA SOURCE: TN BRFSS

Reported health conditions (continued)

- Hypertension is an important modifiable risk factor for heart attack and stroke. The keys to reducing hypertension are exercising regularly, attaining a healthy weight, reducing alcohol intake and restrictions on dietary sodium and fats.¹⁸
- Diabetes is associated with obesity, physical inactivity, and aging.¹⁹ Heart disease, including coronary heart disease, stroke, peripheral arterial disease, and heart failure, is the major complication of diabetes, accounting for about 65% of deaths and 75% of hospital admissions among people with diabetes.²⁰

Social determinants of health

2005

2010

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 2.1%

All	19.6%	17.5%	F
White, non-Hispanic	18.6%	15.8%	F
African American, non-Hispanic	19.9%	19.9%	F
Hispanic	49.4%	44.3%	F

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

All	11.0%	12.9%	*↓
White, non-Hispanic	9.6%	11.2%	*↓
African American, non-Hispanic	17.0%	18.8%	*↓
Hispanic	17.7%	24.6%	*↓

DATA SOURCE: US Census Bureau, American Community Survey

PERCENTAGE OF MEN AGE 18-64 WHO HAVE HEALTH INSURANCE

Goal: Increase the percentage of persons with health insurance to 100%

All	78.3%	76.1%	B↓
White, non-Hispanic	82.4%	79.1%	B↓
African American, non-Hispanic	69.5%	67.2%	C
Hispanic	42.7%	55.1%	C

DATA SOURCE: US Census Bureau, Current Population Survey

- Recent studies have found that lower income adults were more likely to be uninsured, and that low and middle income adults who lacked access to health coverage were almost 30% less likely to be up-to-date on recommended preventive screening tests such as blood pressure and cholesterol checks, and 40% less likely to have had colon cancer screenings.²¹
- Studies of unemployed men over the past twenty years have consistently shown that unemployment increases depression, anxiety, suicide, and hypertension.²²

Data notes

Population data: Death and disease rates for this Report Card are based upon the 2010 US Census. The 2010 American Community Survey of the US Census is the source of population breakdowns included in the report.

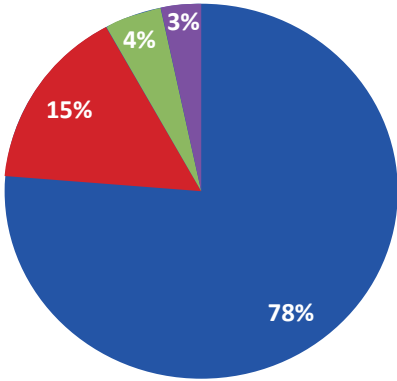
Rates and percentages: Numbers of deaths and numbers of new cases of sexually transmitted infections have been converted into rates per 100,000 to make comparison possible. In the section on health behaviors, the responses from men randomly selected and surveyed through the Tennessee Behavioral Risk 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 where they are most needed. A person's race or ethnicity does not determine any one health problem, but race and ethnicity are often linked with income, educational attainment, 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 accurately estimate, and because most are young, it was difficult to interpret death rates for this population. For this reason, cause of death data for Hispanic men were not presented in this report.

Tennessee male population estimates 2010

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

White, non-Hispanic	1,825,115
African American, non-Hispanic	346,652
Hispanic	100,443
Other	56,752

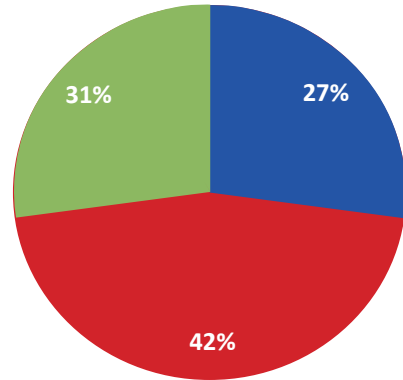


- White, non-Hispanic
- African American, non-Hispanic
- Hispanic
- Other

DATA SOURCE: US Census Bureau, American Community Survey

2010 Weight Status of Tennessee Men 18 and Over

BMI (Body Mass Index) is a number calculated from a person's weight and height to indicate body fatness



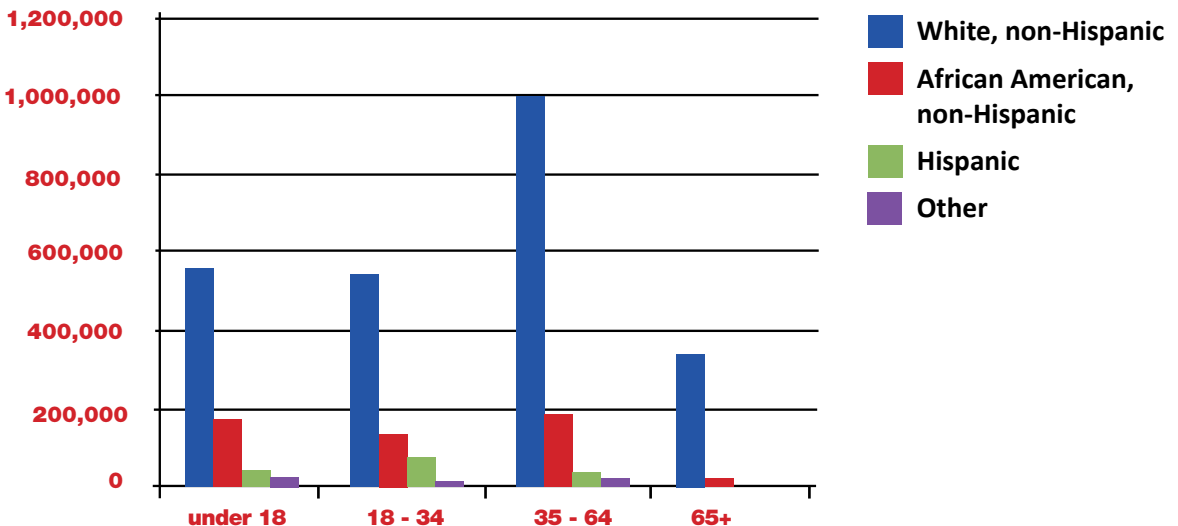
- Healthy weight (BMI = 18.5 - 25.0)
- Overweight (BMI = 25.1 - 30.0)
- Obese (BMI > 30.0)

DATA SOURCE: TN BRFSS

Note that less than 1% of all Tennessee men age 18+ are underweight (BMI < 18.5)

Data from the most recent (2011) Behavioral Risk Factor Surveillance Survey ranks Tennessee the 4th highest state in the nation for residents who are obese. Obesity has a negative influence on quality of life, and is a risk factor for heart disease, diabetes, kidney disease, and cancer of the esophagus, breast, colon and rectum, kidney, pancreas, thyroid and gallbladder.²³ To reduce obesity, efforts of the statewide Tennessee Obesity Task Force and State Department of Public Health are focused on: increasing physical activity; increasing access to and consumption of more fruits and vegetables; decreasing consumption of sugar-sweetened beverages and junk foods; and decreasing screen (TV/video game) time.

Estimated age profile of Tennessee male population:



DATA SOURCE: US Census Bureau, American Community Survey

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