

# The Health of Tennessee's Men 2005

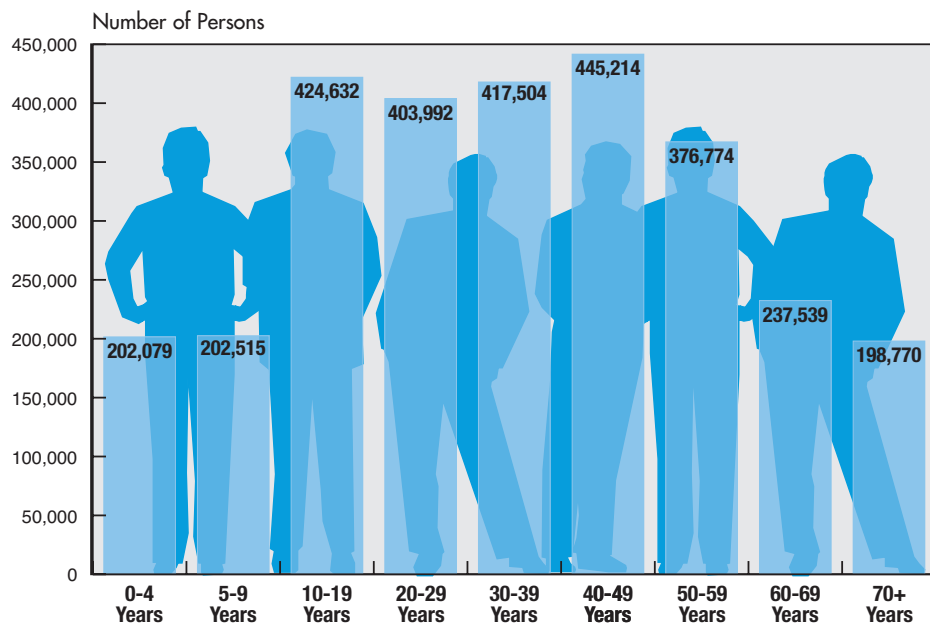
A Summary Report of Mortality and Men's Health Issues

SEPTEMBER 2006 TENNESSEE DEPARTMENT OF HEALTH

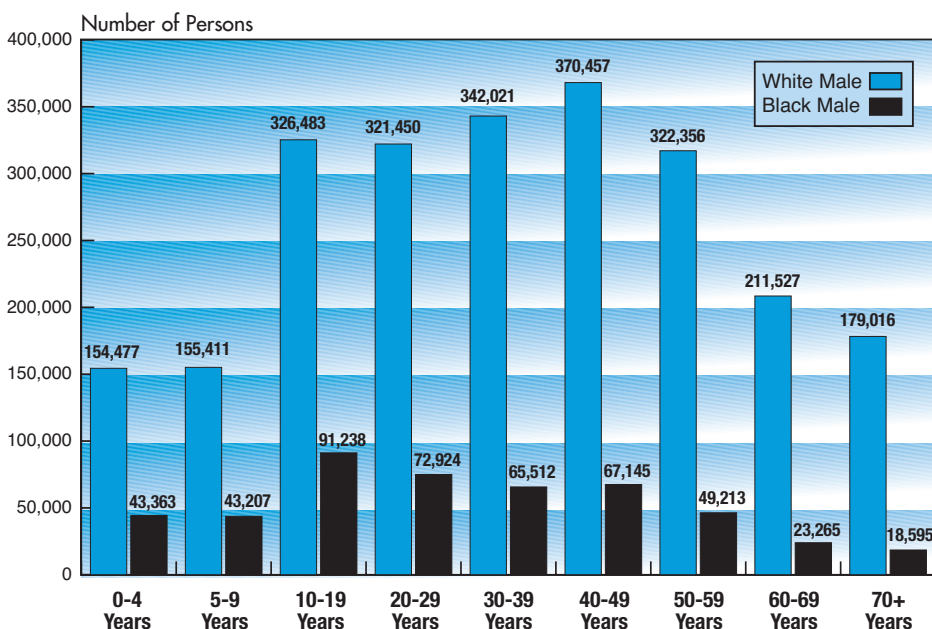
The Health of Tennessee's Men 2005 examines some of the factors that affect the health status of Tennessee's male population. Risk factors such as no physical activity, obesity, no access to healthcare, smoking, having diabetes, not controlling blood pressure and not having blood cholesterol monitored can precipitate premature loss of quality of life and early mortality.

Mortality trends and behavioral risk data are also included in this report. The challenge facing men as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening and early detection are important factors to reduce mortality risk from diseases such as cancer, cerebrovascular and heart disease.

## Tennessee Male Population by Age Group, 2005



## Tennessee Male Population by Age Group and Race, 2005



## Demographic Characteristics of Tennessee Male Population

The demographic composition of Tennessee's male population underlies the description and understanding of Tennessee's male health conditions and problems. In 2005, the age group 40-49 contained Tennessee's greatest number of males (445,214). This age group accounted for 15.3 percent of Tennessee's total male population. The percentage of males under 10 years of age was 13.9, while 6.8 percent of males were aged 70 and older. It should be noted that Tennessee's black male population constitutes a much younger population distribution than that of the white male population. The percent of black males over age 70 was 3.9 percent compared to the percent of white males over age 70 of 7.5 percent.

## Leading Cause of Death (ICD-10 Codes) for Males by Race with Rates Per 100,000 Population, Provisional Resident Data, Tennessee, 2005

Cause	Total	Rate	White	Rate	Black	Rate
Total Deaths	28,374	975.4	23,844	1,000.5	4,377	922.5
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	7,383	253.8	6,267	263.0	1,081	227.8
2. Malignant neoplasms (C00-C97)	6,904	237.3	5,868	246.2	995	209.7
3. Accidents (V01-X59, Y85-Y86)	1,961	67.4	1,665	69.9	287	60.5
4. Chronic lower respiratory disease (J40-J47)	1,547	53.2	1,418	59.5	121	25.5
5. Cerebrovascular Disease (I60-I69)	1,409	48.4	1,154	48.4	249	52.5
6. Diabetes Mellitus (E10-E14)	864	29.7	696	29.2	164	34.6
7. Influenza and Pneumonia (J10-J18)	709	24.4	627	26.3	81	17.1
8. Intentional Self-Harm (X60-X84, Y87.0)	691	23.8	633	26.6	54	11.4
9. Alzheimer's Disease (G30)	580	19.9	533	22.4	47	9.9
10. Chronic Liver Disease and Cirrhosis (K70, K73-K74)	426	14.6	380	15.9	42	8.9

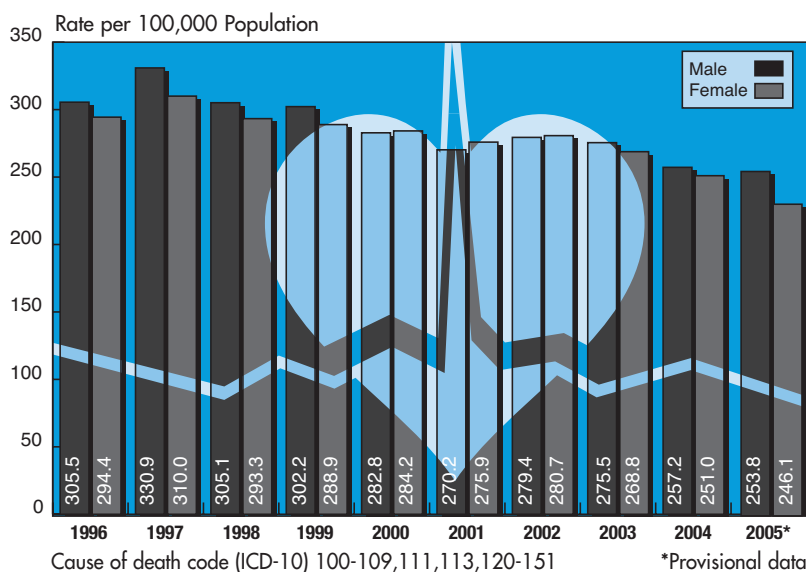
### Leading Causes of Death for Tennessee Males

In 2005, the crude death rate for white males was greater than both the total male rate and black male rate for 8 of the 10 leading causes of death. Black males had higher death rates per 100,000 population for cerebrovascular disease and diabetes mellitus as classified by the International Classification of Disease Codes (ICD-10). Heart disease remains the number one health issue affecting the Tennessee male population. Lifestyle changes are seen as one of the best indicators toward improving the health of the male population. Stopping smoking, more physical exercise and a healthier diet could increase the quality of life and longevity.

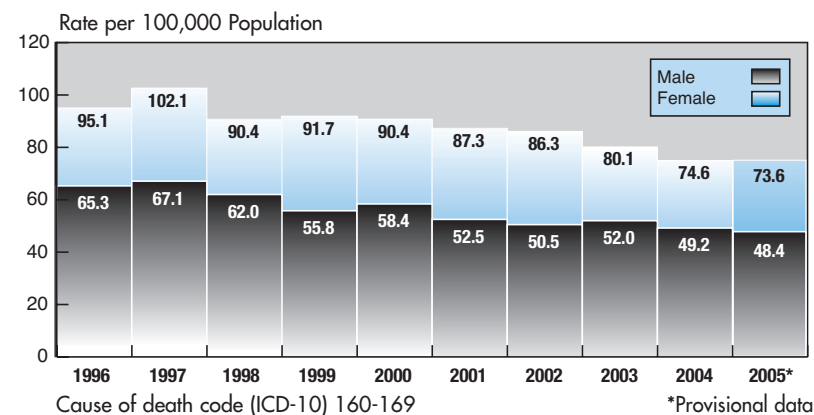
Heart disease, the leading cause of all deaths in Tennessee, has generally declined in recent years. The crude death rate for males declined 16.9 percent from 1996 to 2005. In 1996, the rate for males was 3.8 percent greater than the female death rate. By 2005, the male rate for heart disease exceeded the female death rate by 3.1 percent. However in 2005, the heart disease death rate for white males was 263.0 and for black males the rate was 227.8, which still leaves heart disease as the number one cause of death for the male population.

Tennessee's cerebrovascular disease death rate was higher for females than for males for the period 1996-2005. The 2005 cerebrovascular disease death rate for males of 48.4 per 100,000 population was the lowest for the 10 year period. In 2005, cerebrovascular disease ranked as the 5th leading of death for Tennessee's total male population, but was the 4th leading cause for black males.

### Heart Disease Death Rates by Gender Resident Data, Tennessee, 1996-2005

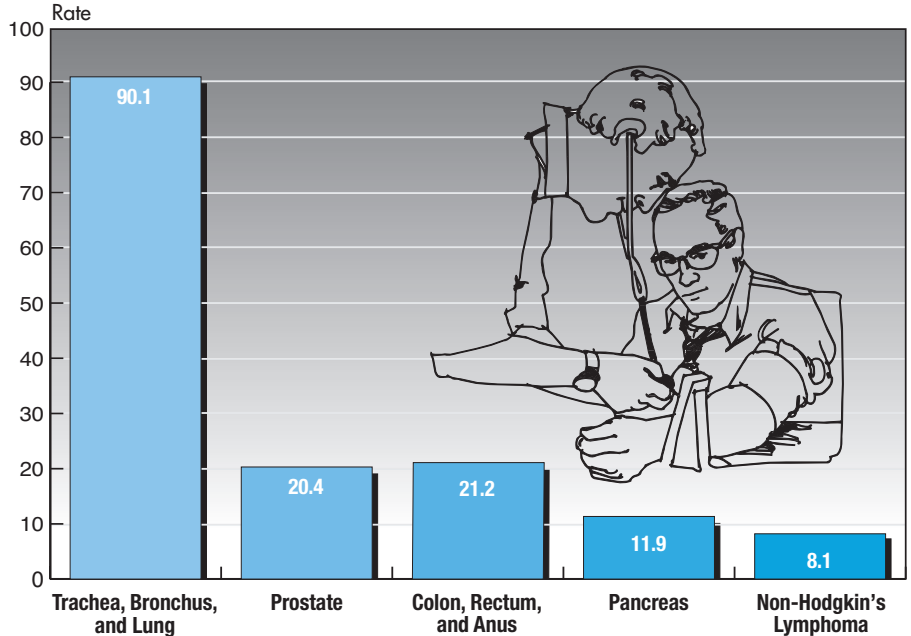


### Cerebrovascular Disease Death Rates by Gender Resident Data, Tennessee, 1996-2005



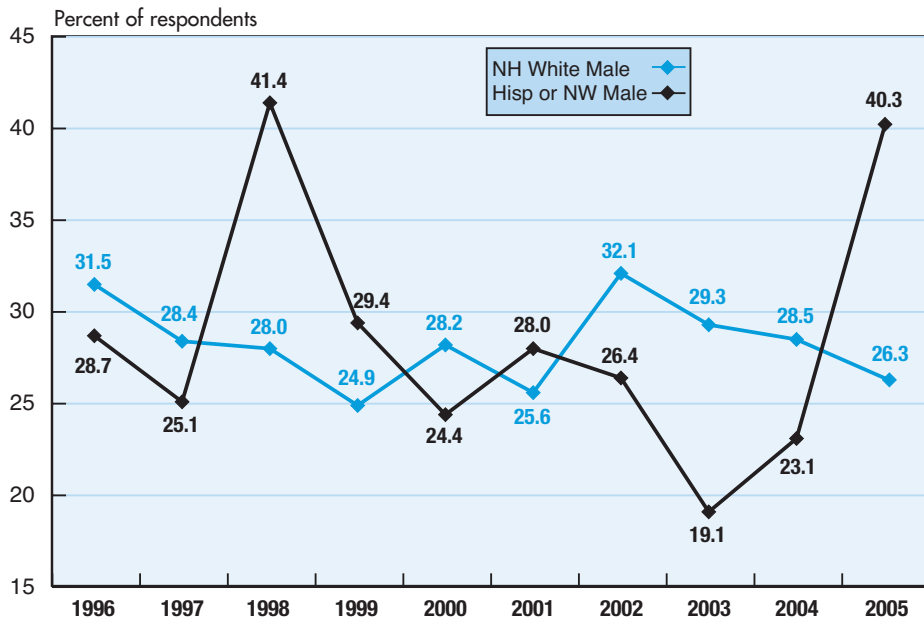
### Male Selected Causes of Death for Malignant Neoplasms, with Rates Per 100,000 Population Tennessee, Provisional Resident Data, 2005

There were 6,904 malignant neoplasms (cancer) deaths for males in 2005. Of these deaths, malignant neoplasms of the trachea, bronchus, and lung had the highest rate at 90.1 per 100,000 population. Colon, rectum and anus cancer had a rate of 21.2, while prostate cancer was 20.4 per 100,000 male population. The male rate for cancer of the pancreas was 11.9, and Non-Hodgkin's lymphoma had a rate of 8.1 in 2005.



Cause of death codes (ICD-10) trachea, bronchus and lung (C33-C34), colon, rectum and anus (C18-C21), prostate (C61), pancreas (C25), Non-Hodgkin's lymphoma (C82-C85).

### Percent of Male Respondents Who Reported Current Smoking, by Race Tennessee, 1996-2005



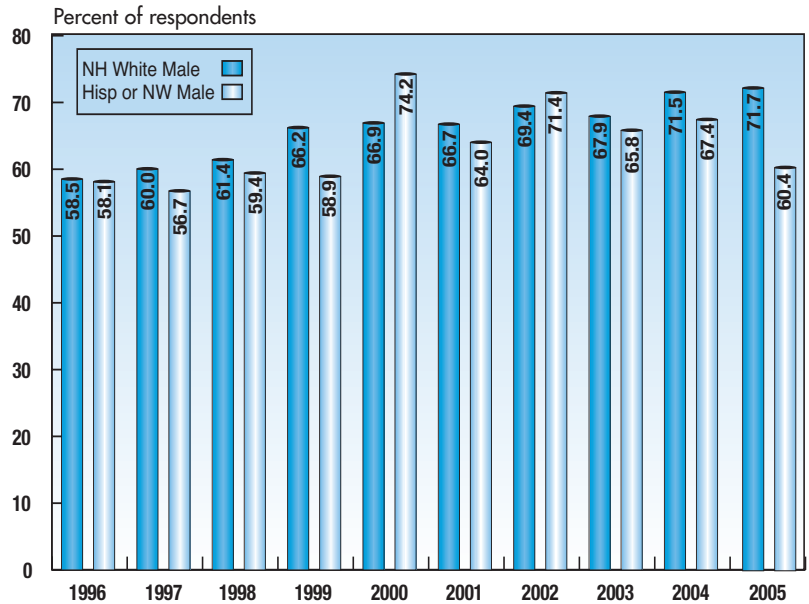
### Behavioral Risk Factors that Affect Tennessee Men's Health

According to smoking data collected from the Tennessee Behavioral Risk Factor Survey for 1996 – 2005, Hispanic or non-white males had high smoking percentages of 41.4 in 1998 and 40.3 in 2005. Generally the percent of current smoking was higher for non-Hispanic white males for the 10 year period. Smoking is an extreme risk behavior and can contribute to other health problems including malignant neoplasms of the trachea, bronchus and lung, heart, and cerebrovascular diseases.

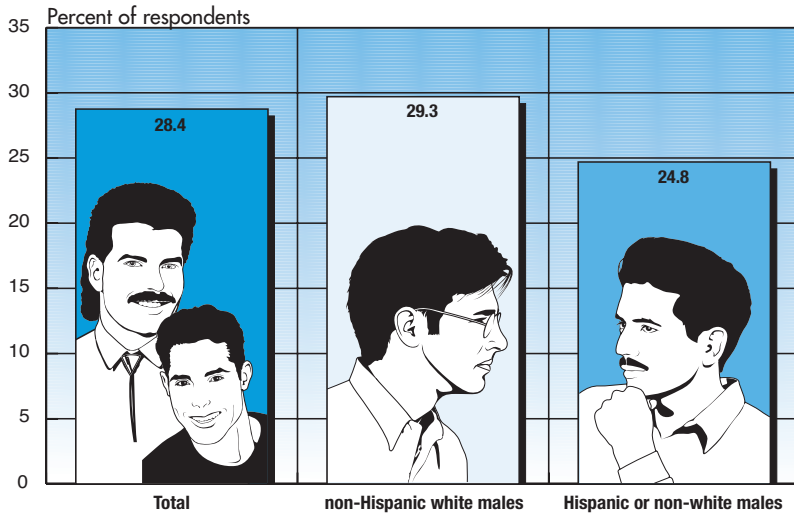
Many health concerns can be directly attributed to obesity. The Behavioral Risk Factor Survey indicated that from 1996-2005 there continued to be an increase in the male population for being overweight or obese. This upward trend could be a risk factor for other health concerns such as hypertension, cerebrovascular disease, heart disease, diabetes and other chronic respiratory diseases. The Healthy People 2010 objectives set by the federal government recommend that the target percentage for adults aged 20 years and older to be at a healthy weight is 60 percent, and the proportion of adults who are obese to be 15 percent. In 2005, the overweight/obese non-Hispanic white male population of 71.7, and the Hispanic or non-white male population of 60.4, were above the 2010 objective.

### Percent of Male Respondents Who Reported Overweight/Obesity\*, by Race, Tennessee, 1996-2005

\*Includes all respondents to weight and height questions that have a computed body mass index greater than or equal to 25.0.

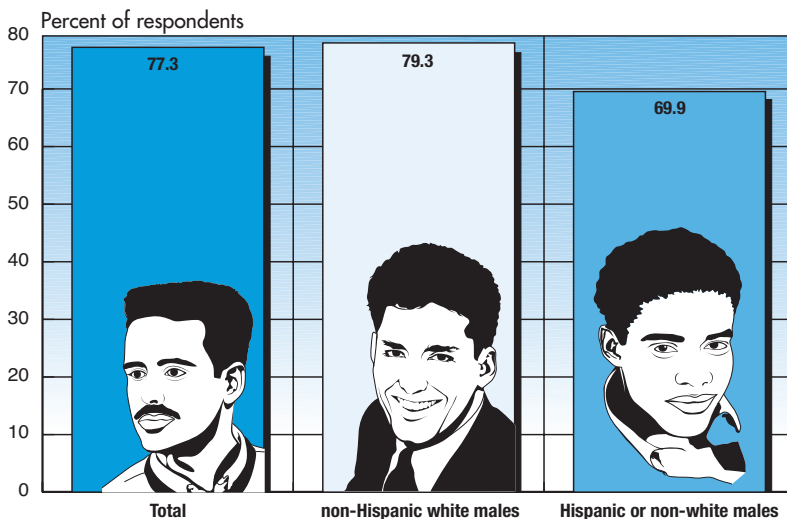


### Percent of Male Respondents Who Reported Ever Having High Blood Pressure, by Race Tennessee, 2005



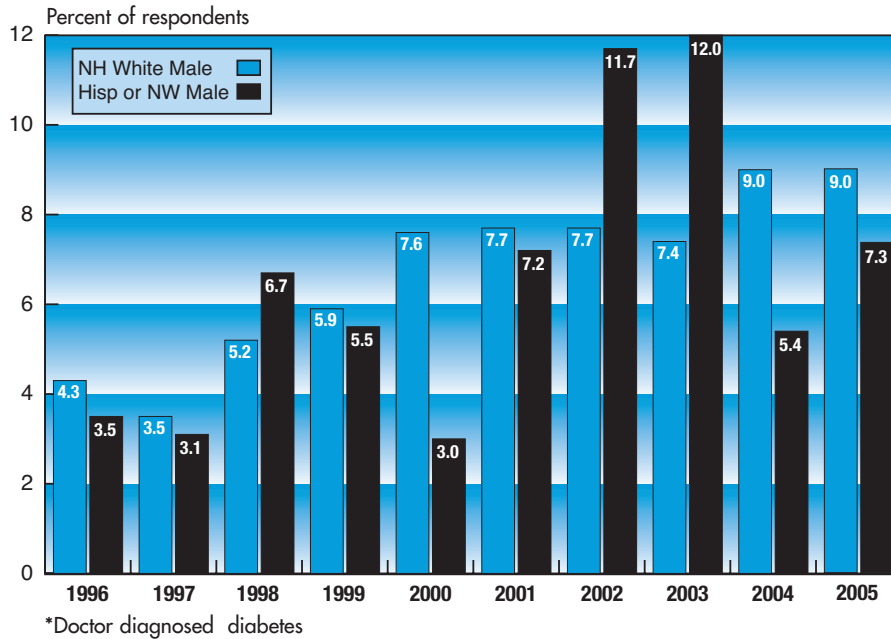
In 2005, Tennessee's at risk male population for high blood pressure was reported at 28.4 percent, according to the Behavioral Risk Factor Survey. The percent of non-Hispanic white males reporting high blood pressure was 29.3, while 24.8 percent of Hispanic or non-white males reported having high blood pressure. The modifiable risk factors for heart disease and cerebrovascular disease are high blood pressure, high blood cholesterol and smoking. The Healthy People 2010 objective is to reduce the proportion of adults with high blood pressure to 16 percent.

### Percent of Male Respondents Who Reported Ever Having Blood Cholesterol Checked, by Race Tennessee, 2005



The Behavioral Risk Factor Survey shows the percent of Tennessee's male population, who reported ever having their blood cholesterol checked was 77.3 in 2005. Non-Hispanic white males reported 79.3 percent, and Hispanic or non-white males reported 69.9 percent for ever having their blood cholesterol checked. The Healthy People 2010 objective is to increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years to 80 percent.

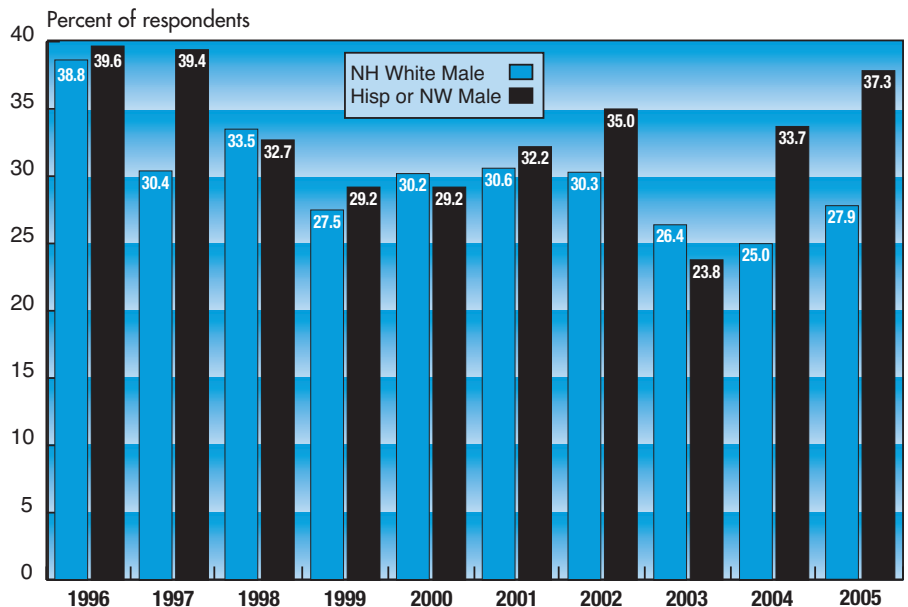
### Percent of Male Respondents Who Reported Diabetes\*, by Race Tennessee, 1996-2005



In 2005, the Behavioral Risk Factor Survey indicated 9.0 percent of non-Hispanic white males and 7.3 percent of Hispanic white males reported diabetes. For Tennessee males, diabetes was the 6th leading cause of death in 2005. Diabetes has been associated with end-stage renal disease, blindness, and lower extremity amputation.

The Behavioral Risk Factor Survey showed the percent of male respondents who reported no physical activity for 1996-2005. For both non-Hispanic white males and Hispanic non-white males, the percent of no physical activity decreased from 1996 to 2005. Non-Hispanic white males reported a percentage of 27.9 for no physical activity, while Hispanic or non-white males reported a percent of 37.3 in 2005. Lack of exercise has been linked to obesity, high cholesterol, depression, high blood pressure and coronary heart disease.

### Percent of Male Respondents Who Reported No Physical Activity, by Race Tennessee, 1996-2005



The Behavioral Risk Factor Surveillance System is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Since 1984, adults have been surveyed every month in randomly selected households throughout the state. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity.

**NOTE: The population estimates for Tennessee used to calculate the rates in this report were based on figures prepared from the 2000 census in August 2003 by the Division of Health Statistics. These revised population figures may result in rates that differ from those previously published.**

**Death certificates filed with the Office of Vital Records supplied the death data for this report. Please note that the 2005 death data is provisional. Final death data for 2005 may result in different numbers and rates from the provisional data in this report.**

Please visit the Division of Health Statistics and Health Information Tennessee (HIT) pages on the Tennessee Department of Health website by selecting Statistics and Data at: [tennessee.gov/health](http://tennessee.gov/health)

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