

The Health of Tennessee's Men

A Summary Report of Mortality and Men's Health Issues

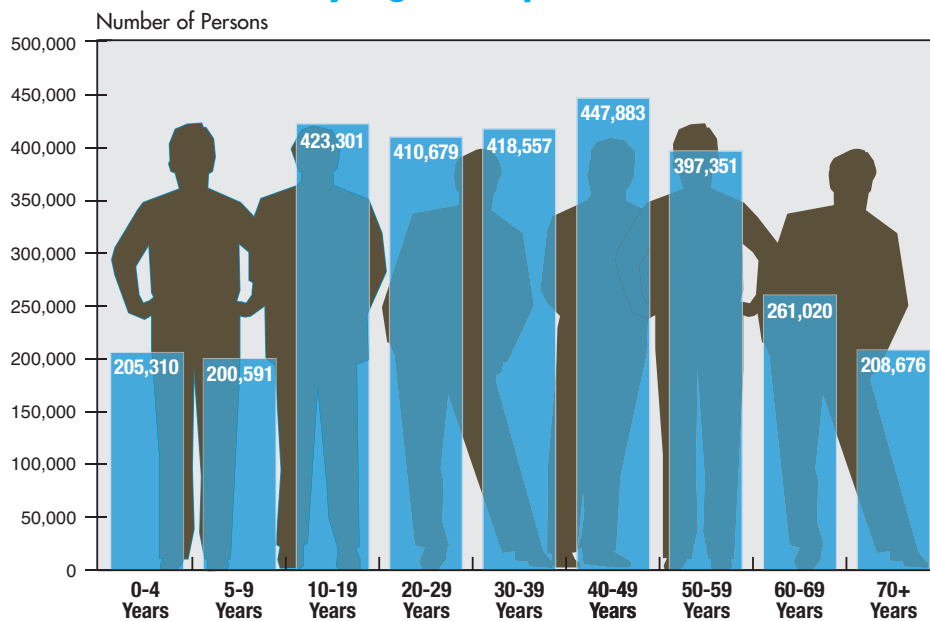
DECEMBER 2008

TENNESSEE DEPARTMENT OF HEALTH

The Health of Tennessee's Men 2007 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.

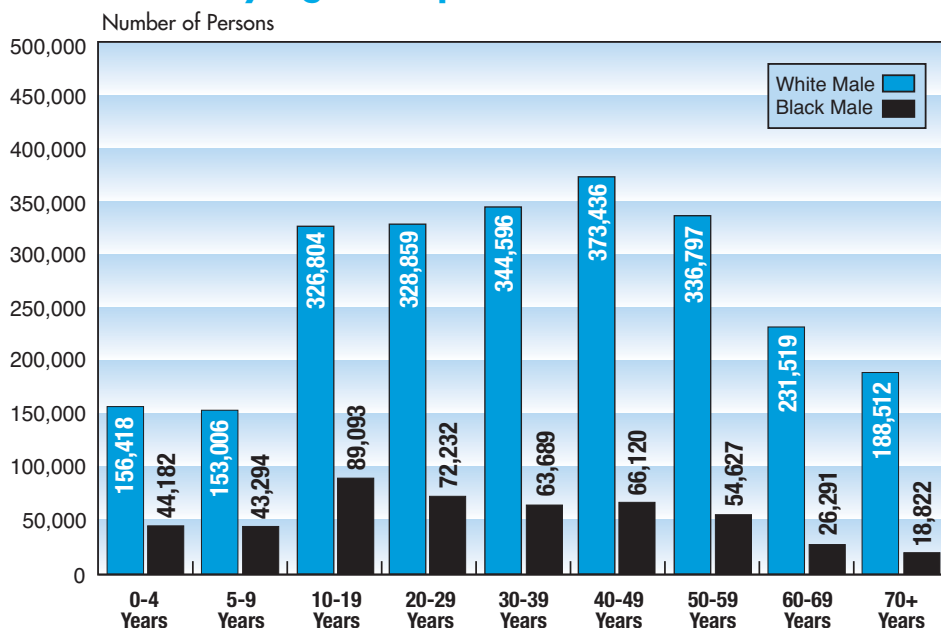
Mortality trends and behavioral risk data are also included in this report. The challenge facing men as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from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

Tennessee Male Population, By Age Group, 2007



Source: Tennessee Department of Health, Division of Health Statistics, February 2008 Population Estimates.

Tennessee Male Population, By Age Group and Race, 2007



Source: Tennessee Department of Health, Division of Health Statistics, February 2008 Population Estimates.

Demographic Characteristics of Tennessee Male Population

In 2007, the age group 40-49 contained Tennessee's greatest number of males (447,883). This age group accounted for 15.1 percent of Tennessee's total male population. The percentage of males under 10 years of age was 13.7, while 7.0 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 aged 70 and older was 3.9 percent compared to the percent of white males 70 years and over of 7.7 percent.

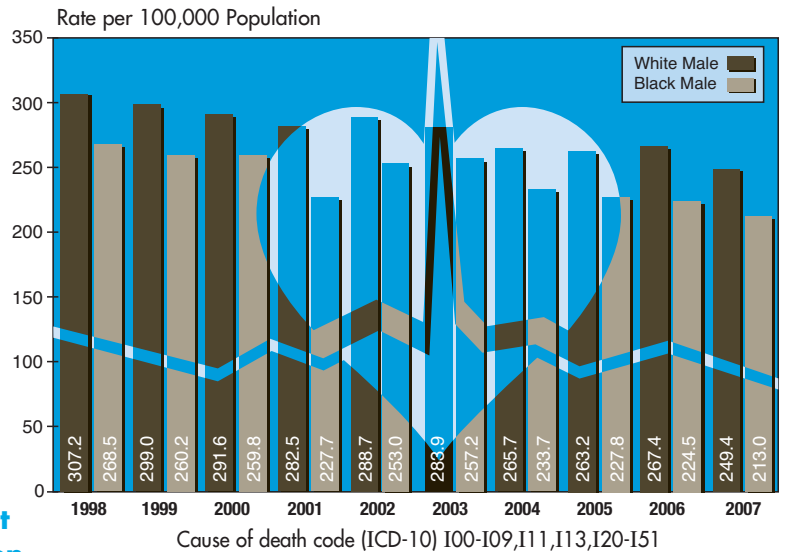
Leading Causes of Male Deaths (ICD-10 Codes), By Race, with Percentage of Deaths, Resident Data, Tennessee, 2007

Cause	Total	Percent	White	Percent	Black	Percent
Total Deaths	28,445	100.0	24,069	100.0	4,226	100.0
1. Malignant neoplasms (C00-C97)	7,175	25.2	6,181	25.7	963	22.8
2. Diseases of heart (I00-I09, I11, I13, I20-I51)	7,132	25.1	6,086	25.3	1,019	24.1
3. Accidents (V01-X59, Y85-Y86)	2,055	7.2	1,728	7.2	299	7.1
4. Chronic lower respiratory disease (J40-J47)	1,551	5.5	1,420	5.9	127	3.0
5. Cerebrovascular Diseases (I60-I69)	1,312	4.6	1,068	4.4	237	5.6
6. Diabetes Mellitus (E10-E14)	825	2.9	669	2.8	149	3.5
7. Alzheimer's Disease (G30)	643	2.3	588	2.4	55	1.3
8. Intentional Self-Harm (X60-X84, Y87.0)	632	2.2	581	2.4	44	1.0
9. Influenza and Pneumonia (J10-J18)	629	2.2	558	2.3	66	1.6
10. Chronic Liver Disease and Cirrhosis (K70, K73-K74)	417	1.5	371	1.5	45	1.1

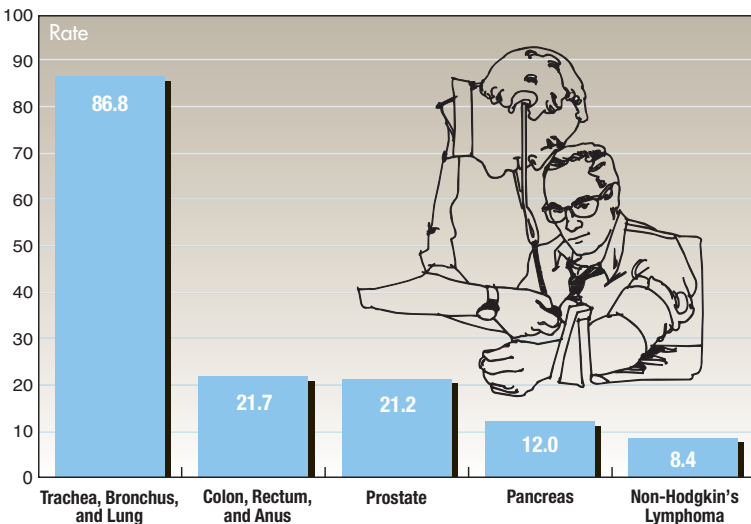
Leading Causes of Death for Tennessee Males

In 2007, diseases of heart and malignant neoplasms accounted for 50.3 percent of all deaths to Tennessee's males. While cancer remains the second leading cause of death for the population overall, malignant neoplasms was the leading cause of death for the total and white male population, as classified by the International Classification of Disease Codes (ICD-10) in 2007. For black males, diseases of heart remained the leading cause of death, while cerebrovascular diseases was fourth. Accidents ranked third for both the white and black male populations. Lifestyle changes are seen as one of the best indicators toward improving the health of the male population. Not smoking, improved physical exercise, a better diet, and safety belt usage could increase the quality of life and longevity.

Male Heart Disease Death Rates By Race Resident Data, Tennessee, 1998-2007



Male Selected Causes of Death for Malignant Neoplasms, with Rates Per 100,000 Population, Resident Data, Tennessee, 2007



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).

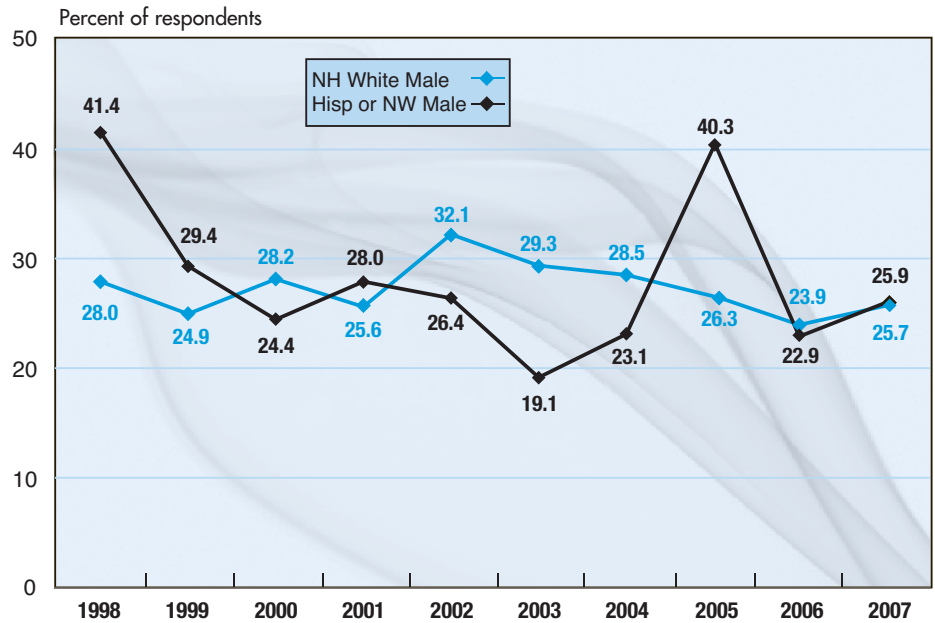
Heart disease, the leading cause of all deaths in Tennessee, has generally declined in recent years. There were 7,132 deaths to Tennessee males from diseases of heart in 2007. The crude death rate for white males declined 18.8 percent from 1998 to 2007 and for black males decreased 20.7 percent. In 2007, the heart disease death rate for white males was 249.4 and for black males the rate was 213.0.

There were 7,175 malignant neoplasms (cancer) deaths for males in 2007. Of these deaths, malignant neoplasms of the trachea, bronchus, and lung had the highest crude rate at 86.8 per 100,000 males. Colon, rectum and anus cancer had a rate of 21.7, while prostate cancer was 21.2 per 100,000 male population. The male crude rate for cancer of the pancreas was 12.0, and Non-Hodgkin's lymphoma had a rate of 8.4 in 2007.

Percent of Male Respondents Who Reported Current Smoking By Race, Tennessee, 1998-2007

Behavioral Risk Factors that Affect Tennessee Men's Health

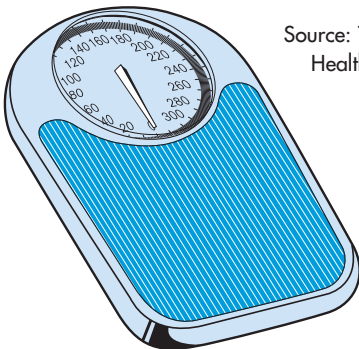
Smoking data for males was collected from the Tennessee Behavioral Risk Factor Surveillance System for 1998–2007. Generally the percent of current smoking declined for non-Hispanic white males during the ten-year period. The percent of current smoking fluctuated for Hispanic or non-white males with high smoking percentages of 41.4 in 1998 and 40.3 in 2005. Smoking is an extreme risk behavior and can contribute to other health problems including malignant neoplasms of the trachea, bronchus and lung, heart disease, and cerebrovascular diseases.



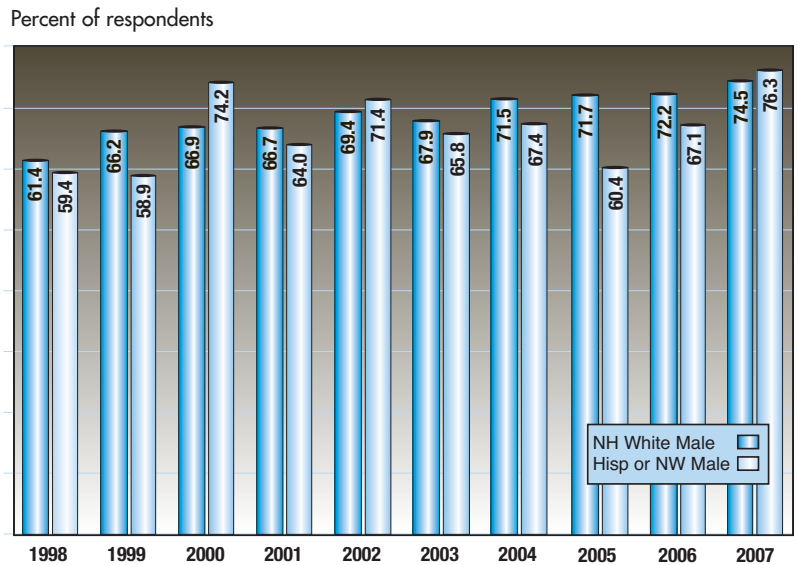
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

Percent of Male Respondents Who Reported Overweight/Obesity*, By Race, Tennessee, 1998-2007

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



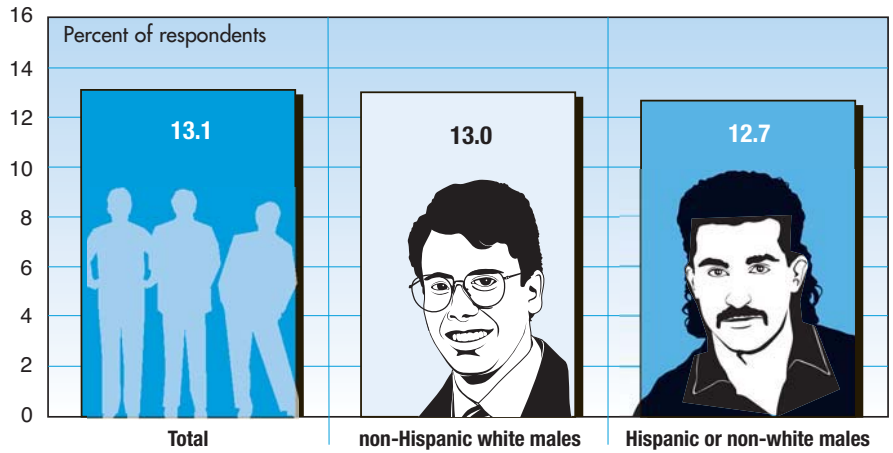
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.



Many health concerns can be directly attributed to obesity. The Behavioral Risk Factor Surveillance System indicated that from 1998-2007 there continued to be an increase in the overweight or obese male population. This upward trend could be a risk factor for other health concerns such as hypertension, cerebrovascular diseases, 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. Results of the 2007 surveillance showed that 74.5 percent of non-Hispanic white males reported overweight/obese and 76.3 percent of Hispanic or non-white males were in that category. Thus, both population groups were well above the 2010 objective.

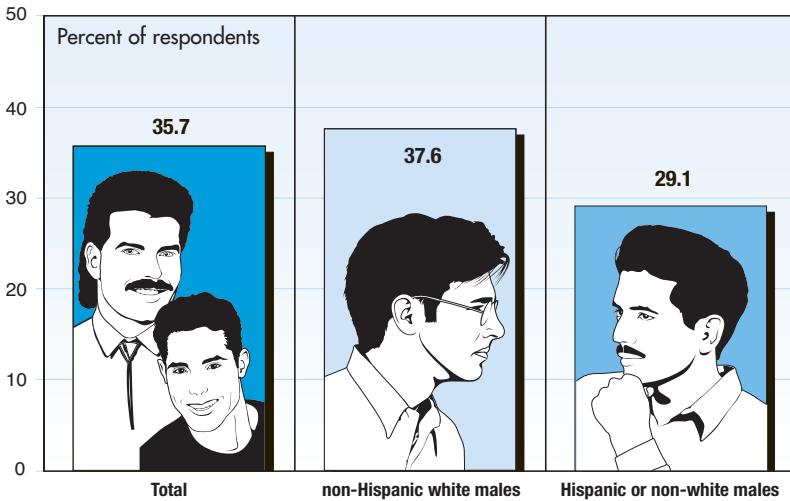
In 2007, the Behavioral Risk Factor Surveillance System collected alcohol consumption data from Tennessee males. The BRFSS showed that 13.1 percent of all male respondents reported they drank in the past 30 days and had five or more drinks on one or more occasion in the past month. The percent for non-Hispanic white males was slightly lower 13.0, while the percent for Hispanic or non-white males was 12.7 percent.

Percent of Male Respondents Who Reported Binge Drinking*, By Race, Tennessee 2007



Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

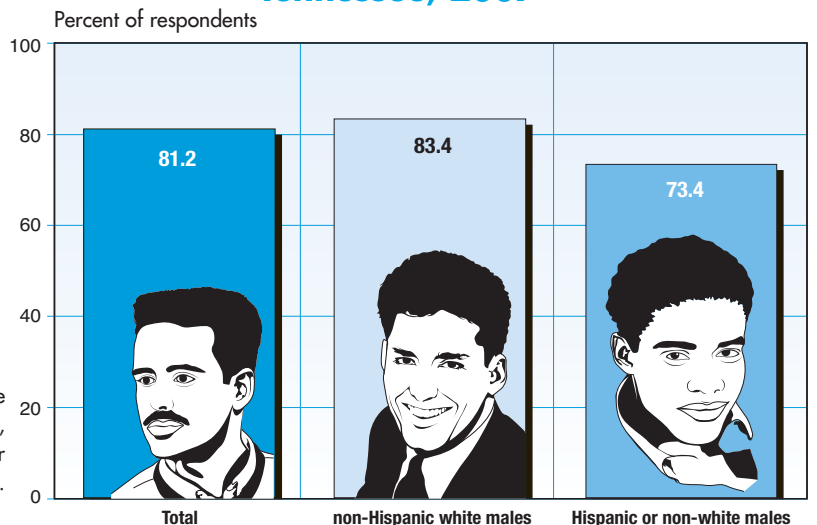
Percent of Male Respondents Who Reported Ever Having High Blood Pressure, By Race, Tennessee, 2007



Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

In 2007, Tennessee's at risk male population for high blood pressure was reported at 35.7 percent, according to the Behavioral Risk Factor Surveillance System. The percent of non-Hispanic white males reporting high blood pressure was 37.6, while 29.1 percent of Hispanic or non-white males reported having high blood pressure. The modifiable risk factors for heart disease and cerebrovascular diseases 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, 2007

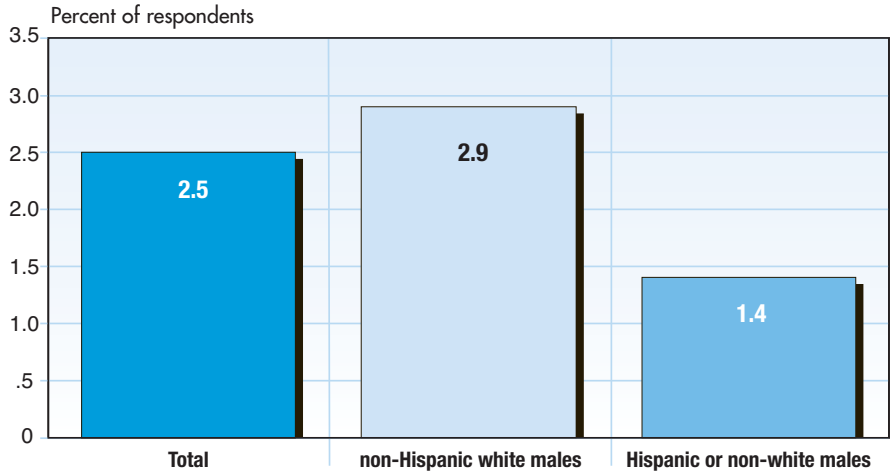


Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

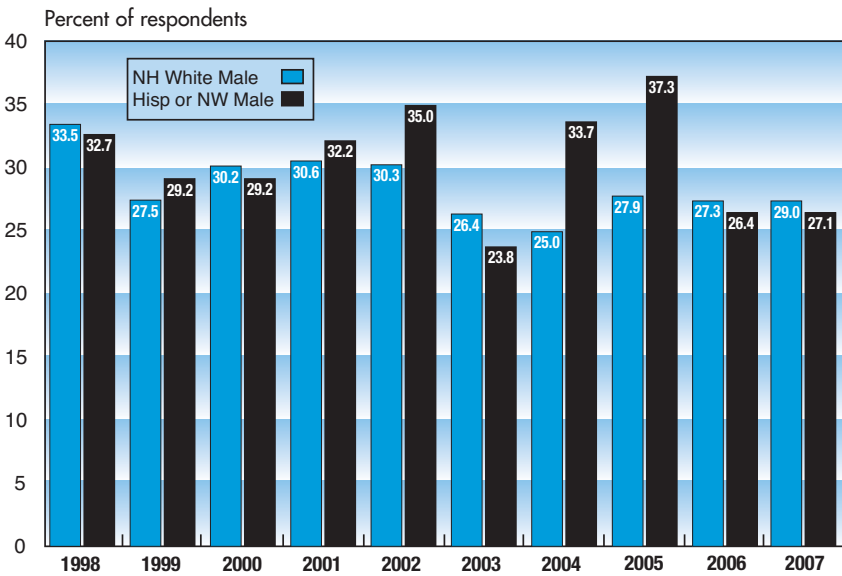
The Behavioral Risk Factor Surveillance System shows the percent of Tennessee's male population, who reported ever having their blood cholesterol checked was 81.2 in 2007. Non-Hispanic white males reported 83.4 percent, and Hispanic or non-white males reported 73.4 percent for ever having their blood 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 Chronic (Heavy Drinking*), By Race, Tennessee 2007

According to the Behavioral Risk Factor Surveillance System for 2007, 2.5 percent of the male respondents reported (chronic or heavy drinking) having more than two drinks per day. For non-Hispanic white males the percentage was 2.9, and for Hispanic or non-white males 1.4 percent reported chronic or heavy drinking.



Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.



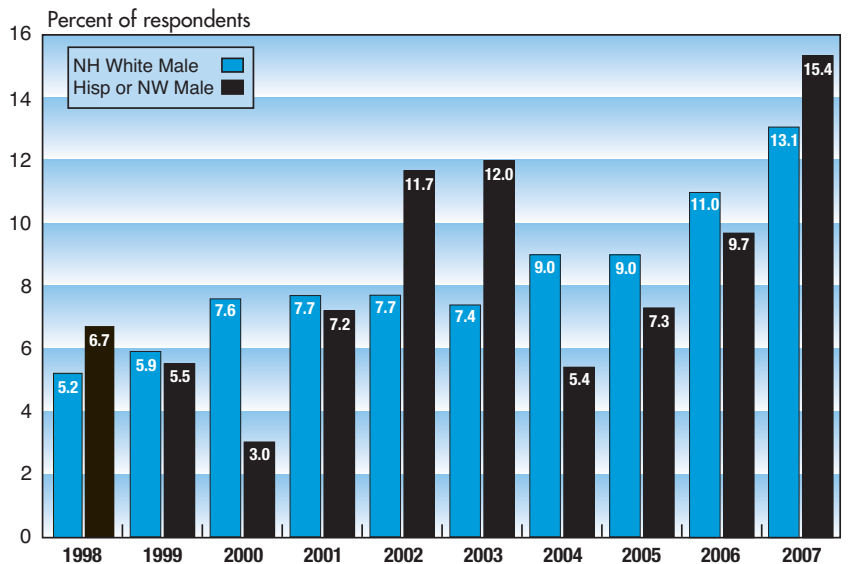
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

Percent of Male Respondents Who Reported No Physical Activity, By Race, Tennessee, 1998-2007

The Behavioral Risk Factor Surveillance System showed the percent of male respondents who reported no physical activity for 1998-2007. For both non-Hispanic white males and Hispanic or non-white males, the percent of no physical activity decreased from 1998 to 2007. Non-Hispanic white males reported a percentage of 29.0 for no physical activity, while Hispanic or non-white males reported a percent of 27.1 in 2007. Lack of exercise has been linked to obesity, high cholesterol, depression, high blood pressure and coronary heart disease.

Percent of Male Respondents Who Reported Diabetes*, By Race, Tennessee, 1998-2007

In 2007, the Behavioral Risk Factor Surveillance System indicated 13.1 percent of non-Hispanic white males and 15.4 percent of Hispanic or non-white males reported diabetes. For Tennessee males, diabetes was the 6th leading cause of death in 2007. Diabetes has been associated with end-stage renal disease, blindness, and lower extremity amputation.



Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

*Doctor diagnosed diabetes

The Behavioral Risk Factor Surveillance System (BRFSS) 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. Beginning in 1999, the Centers for Disease Control and Prevention (CDC) redefined its demographic classification scheme to include the ethnicity factor of Hispanic or non-Hispanic origin in its data collection and presentations. Thus where Tennessee Behavioral Risk Factor Surveillance System (BRFSS) data were previously analyzed and presented according to the broad categories of white, black, and other races groups, current BRFSS data are now presented using the categories of non-Hispanic white and Hispanic or nonwhite. Since the Hispanic population in Tennessee is relatively small in comparison to the total population this new classification scheme is basically a change in terminology and does not significantly differ from the previous classification used. However, the population and vital statistics data presented in this report still follows a racial classification scheme of white, black and other races. Please note that there are technically two different racial definitions employed in this report depending upon the source of the data. This different should be very minimal in the context of the report.

NOTE: The population estimates for Tennessee used to calculate the rates in this report were based on figures prepared from the 2000 census in February 2008 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 visit the **Division of Health Statistics** pages on the **Tennessee Department of Health Website** at: <http://health.state.tn.us>.

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