

The Health of Tennessee's Men 2009

A Summary Report of Mortality and Men's Health Issues

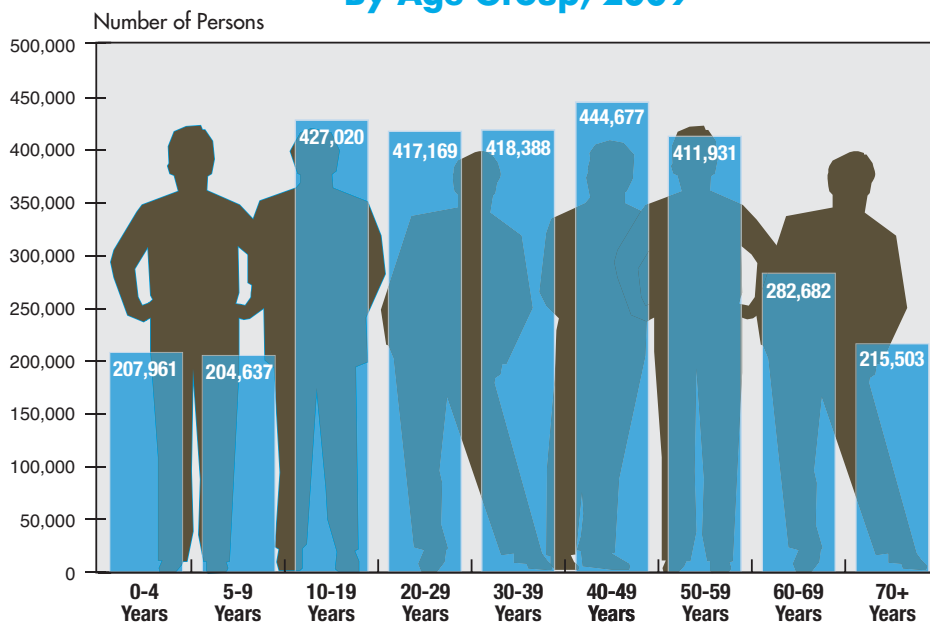
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TENNESSEE DEPARTMENT OF HEALTH

The Health of Tennessee's Men 2009 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.

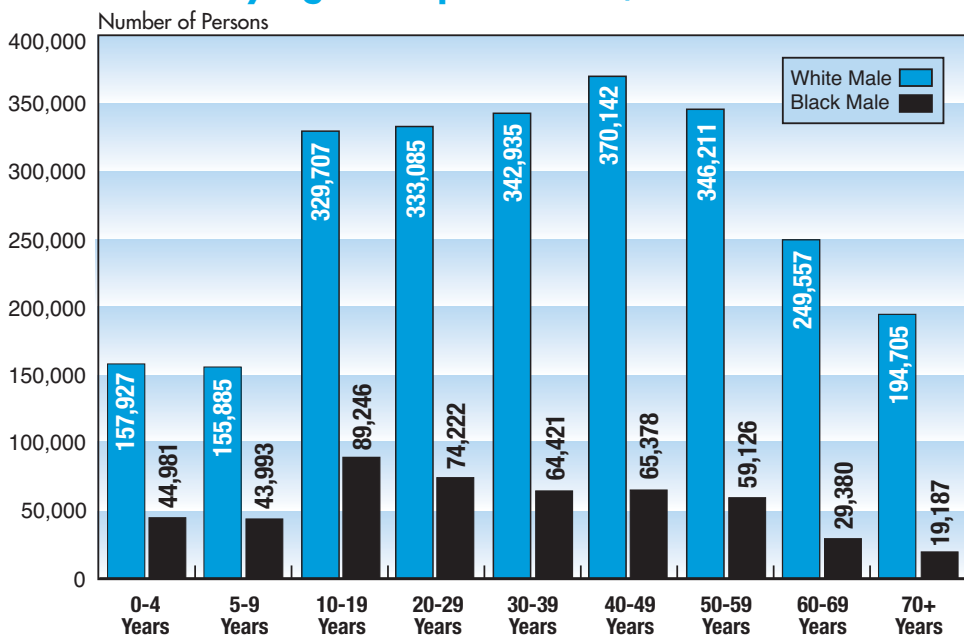
Mortality trends and behavioral risk data are also included in this report. The challenge facing men as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from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

Tennessee Male Population, By Age Group, 2009



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

Tennessee Male Population, By Age Group and Race, 2009



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

Demographic Characteristics of Tennessee Male Population

In 2009, the ten-year age group 40-49 contained Tennessee's greatest number of males (444,677). This age group accounted for 14.7 percent of Tennessee's total male population (3,029,968). The percentage of males under 10 years of age was 13.6, while 7.1 percent of males were aged 70 and older. It should be noted that Tennessee's black male population was greatest for the ten-year age group 10-19 years, while the white male population was greatest for the age group 40-49 years. 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 7.9 percent. The ethnic group Hispanic males accounted for 4.2 percent of the total male population.

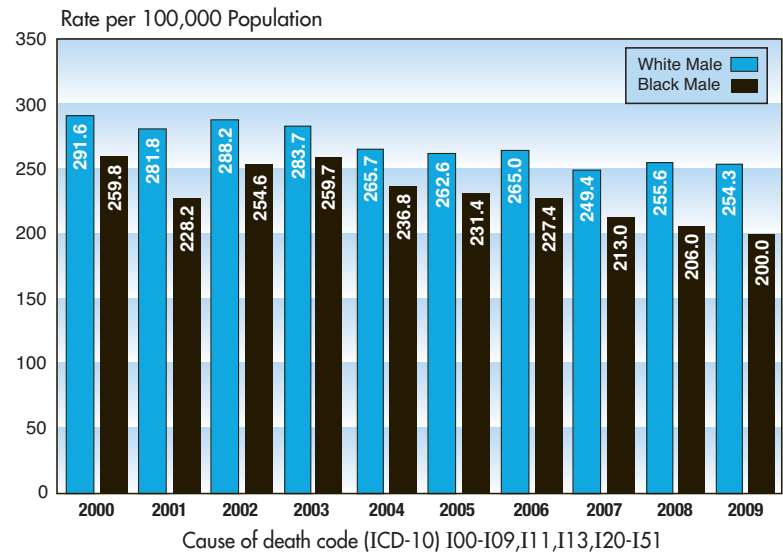
Leading Causes of Male Deaths (ICD-10 Codes), By Race, with Percentage of Deaths, Resident Data, Tennessee, 2009

Cause	Total	Percent	White	Percent	Black	Percent
Total Deaths	29,235	100.0	24,882	100.0	4,203	100.0
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	7,319	25.0	6,308	25.4	980	23.3
2. Malignant neoplasms (C00-C97)	7,299	25.0	6,250	25.1	1,020	24.3
3. Accidents (V01-X59, Y85-Y86)	1,934	6.6	1,680	6.8	236	5.6
4. Chronic lower respiratory disease (J40-J47)	1,691	5.8	1,564	6.3	120	2.9
5. Cerebrovascular Diseases (I60-I69)	1,318	4.5	1,086	4.4	227	5.4
6. Diabetes Mellitus (E10-E14)	830	2.8	656	2.6	168	4.0
7. Intentional Self-Harm (X60-X84, Y87.0)	745	2.5	695	2.8	43	1.0
8. Alzheimer's Disease (G30)	602	2.1	545	2.2	57	1.4
9. Influenza and Pneumonia (J10-J18)	580	2.0	516	2.1	62	1.5
10. Chronic Liver Disease and Cirrhosis (K70, K73-K74)	464	1.6	416	1.7	44	1.0

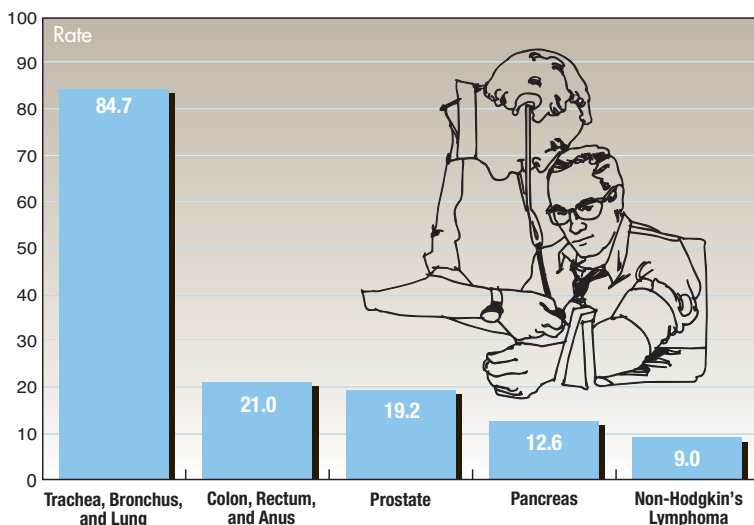
Leading Causes of Death for Tennessee Males

In 2009, diseases of heart and malignant neoplasms accounted for 50.0 percent of all deaths to Tennessee's males. While diseases of heart was the leading cause of death for white males, malignant neoplasms was the leading cause for black males. Accidents ranked third accounting for 6.6 percent of the total male deaths. Chronic lower respiratory diseases accounted for 5.8 percent of all male deaths, while cerebrovascular diseases accounted for 4.5 percent. 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 quality of life and longevity.

Male Heart Disease Death Rates By Race Resident Data, Tennessee, 2000-2009



Male Selected Causes of Death for Malignant Neoplasms, with Rates Per 100,000 Population, Resident Data, Tennessee, 2009



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).

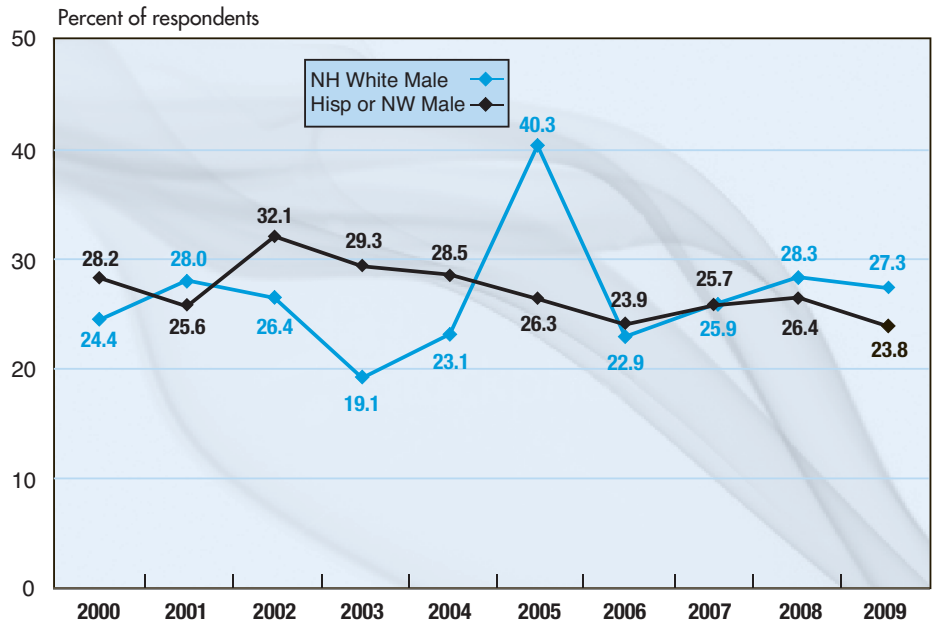
Heart disease, the leading cause of all deaths in Tennessee, has generally declined in recent years. There were 7,319 deaths to Tennessee males from diseases of heart in 2009. From 2000 to 2009, the crude death rate for white males declined 12.8 percent and for black males decreased 23.0 percent. The 2009 rate for black males (200.0) was the lowest for the 10-year period.

There were 7,299 malignant neoplasms (cancer) deaths for males in 2009. Of these deaths, malignant neoplasms of the trachea, bronchus, and lung had the highest crude rate at 84.7 per 100,000 males. Colon, rectum and anus cancer had a rate of 21.0, while prostate cancer was 19.2 per 100,000 male population. The male crude rate for cancer of the pancreas was 12.6 and Non-Hodgkin's lymphoma had a rate of 9.0 in 2009.

Behavioral Risk Factors that Affect Tennessee Men's Health

Smoking data for males was collected from the Tennessee Behavioral Risk Factor Surveillance System for 2000–2009. Generally the percent of current smoking fluctuated for both non-Hispanic white males and Hispanic or non-white males during the ten-year period with Hispanic or non-white males reporting a high smoking percentage of 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.

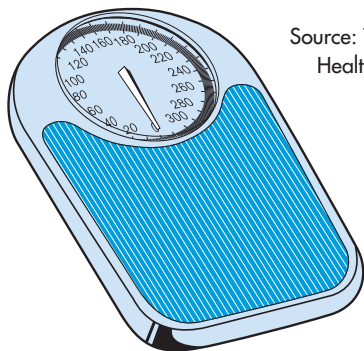
Percent of Male Respondents Who Reported Current Smoking By Race, Tennessee, 2000-2009



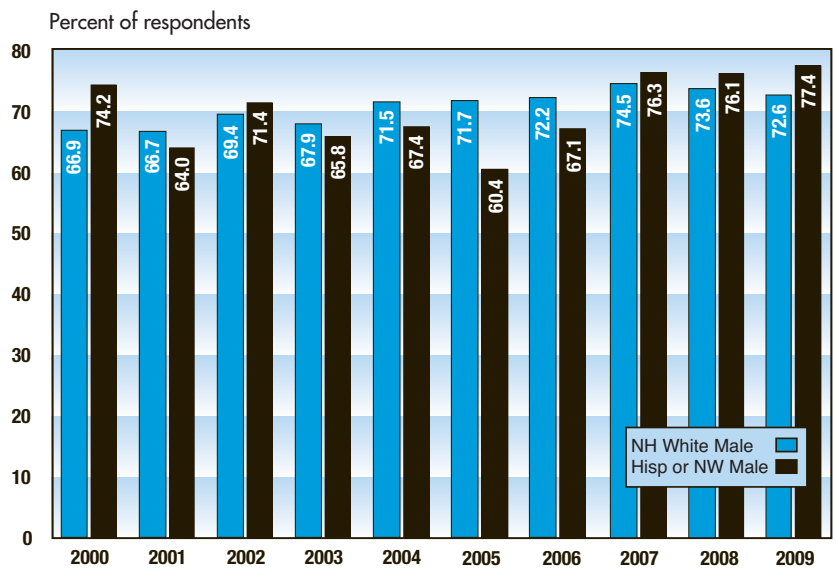
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

Percent of Male Respondents Who Reported Overweight/Obesity*, By Race, Tennessee, 2000-2009

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



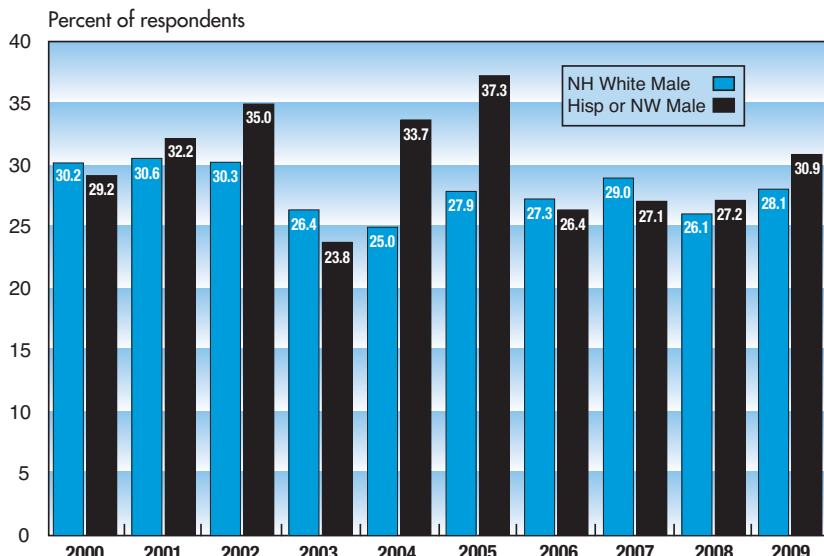
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.



Many health concerns can be directly attributed to obesity. The Behavioral Risk Factor Surveillance System indicated that from 2000-2009 there continued to be an increase in the at-risk male population for being overweight or obese. 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 2009 surveillance showed that 72.6 percent of non-Hispanic white males reported overweight/obese and 77.4 percent of Hispanic or non-white males were in that category. Thus, both population groups were well above the 2010 objective.

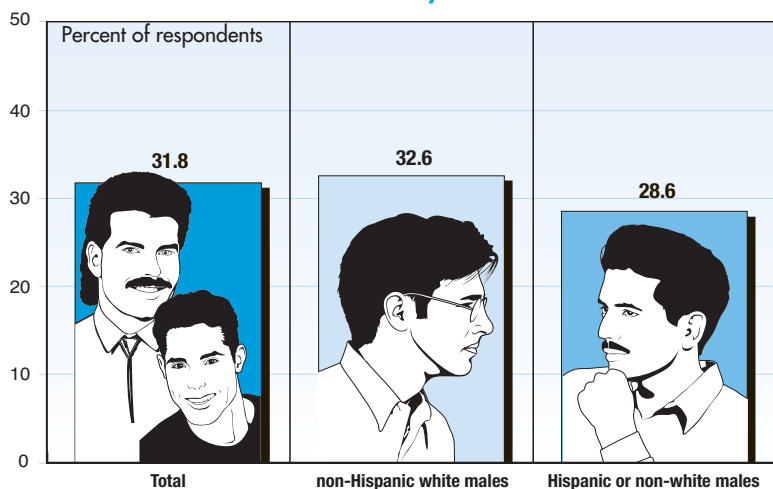
Percent of Male Respondents Who Reported No Physical Activity, By Race, Tennessee, 2000-2009

The Behavioral Risk Factor Surveillance System collected the percent of male respondents who reported no physical activity for 2000-2009. For both non-Hispanic white males and Hispanic or non-white males the percent fluctuated over the ten-year period, but overall approximately 30 percent of males reported no physical activity. Lack of exercise has been linked to obesity, high cholesterol, depression, high blood pressure and coronary heart disease.



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

Percent of Male Respondents Who Reported Ever Having High Blood Pressure, By Race, Tennessee, 2009



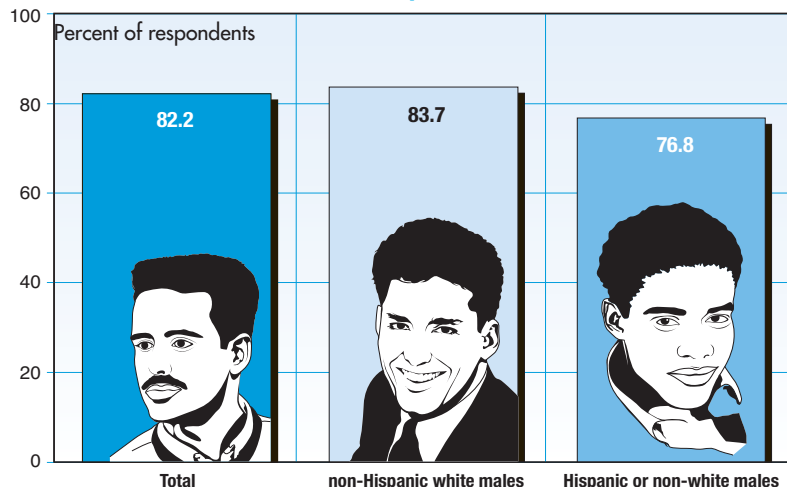
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

In 2009, Tennessee's at-risk male population for high blood pressure was reported at 31.8 percent, according to the Behavioral Risk Factor Surveillance System. The percent of non-Hispanic white males reporting high blood pressure was 32.6, while 28.6 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.

The Behavioral Risk Factor Surveillance System shows the percent of Tennessee's male population, who reported ever having their blood cholesterol checked was 82.2 in 2009. Non-Hispanic white males reported 83.7 percent, and Hispanic or non-white males reported 76.8 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.

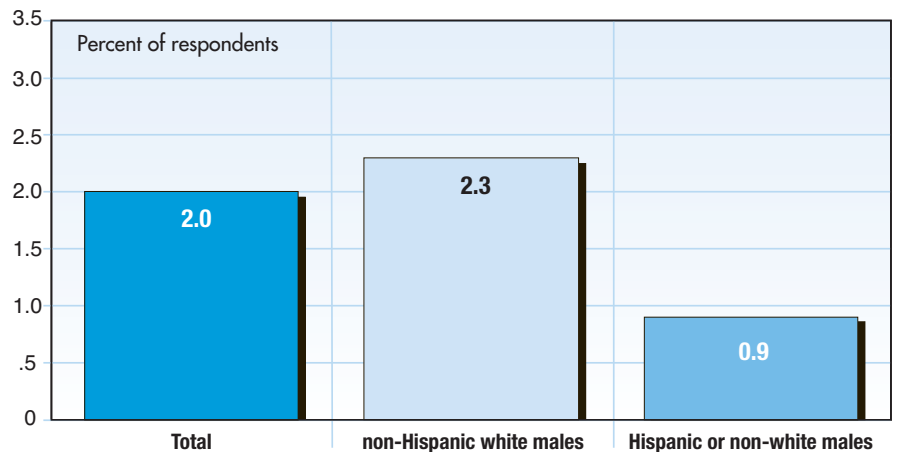
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

Percent of Male Respondents Who Reported Ever Having Blood Cholesterol Checked, By Race, Tennessee, 2009



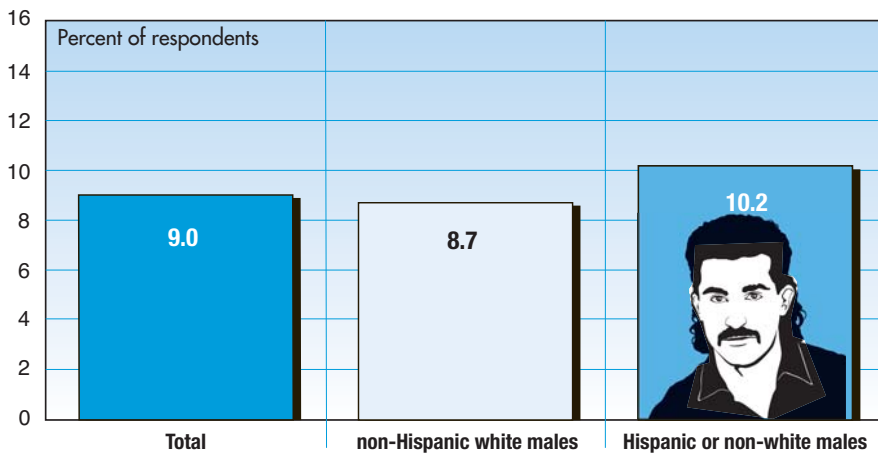
Percent of Male Respondents Who Reported Chronic (Heavy Drinking*), By Race, Tennessee 2009

In 2009, the Behavioral Risk Factor Surveillance System collected alcohol consumption data from Tennessee males. According to the BRFSS, 2.0 percent of male respondents reported (chronic or heavy drinking) having more than two drinks per day. For non-Hispanic white males the percentage was 2.3, and for Hispanic or non-white males 0.9 percent reported chronic or heavy drinking.



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

Percent of Male Respondents Who Reported Binge Drinking*, By Race, Tennessee 2009

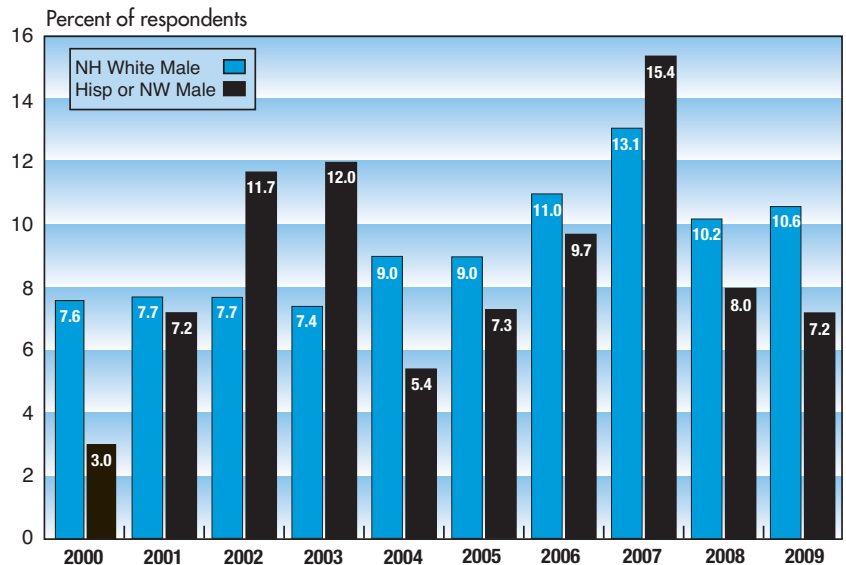


The 2009 Behavioral Risk Factor Surveillance System showed that 9.0 percent of all male respondents reported they drank in the past 30 days and had five or more drinks on one or more occasion in the past month. The percent for non-Hispanic white males was slightly lower 8.7 while the percent reported for Hispanic or non-white male was 10.2 percent.

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

Percent of Male Respondents Who Reported Diabetes*, By Race, Tennessee, 2000-2009

In 2009, the Behavioral Risk Factor Surveillance System indicated 10.6 percent of non-Hispanic white males and 7.2 percent of Hispanic or non-white males reported diabetes. For Tennessee males, diabetes was the 6th leading cause of death in 2009. 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:
health.state.tn.us

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