



2017

TENNESSEE MEN'S HEALTH REPORT CARD

The goal of the 2017 Tennessee Men's Health Report Card is to monitor the health and well-being of men in Tennessee and to inform strategies to improve the health of men in the state. Following the 2010, 2012 and 2014 editions, this fourth edition of the men's health report card continues to distinguish Tennessee as the only state in the U.S. that has regularly published a report card to guide the planning, implementation and evaluation of programs and policies to improve men's health. The 2017 Tennessee Men's Health Report Card presents data collected by the Tennessee Department of Health and the U.S. Census Bureau. For more information, including graphs and tables of the data, please go to the Tennessee Men's Health Report Card website at: <http://www.vanderbilt.edu/crmh/tmhc/index.php>.

The Tennessee Department of Health generously provided the **2015** health indicator data in this Report Card, which are the **most recent data available**. These data come from three state sources:

- **Death certificate data.** Deaths are reported as **rates per 100,000 men**.
- Reports of **new cases of infectious diseases**. The Tennessee Department of Health requires certified medical testing laboratories to report new cases of infectious diseases. These data are also reported as a **rate**.
- Results of the **Behavioral Risk Factor Surveillance Survey (BRFSS)**: a random land line and mobile-phone-based survey of Tennessee men and women ages 18 and older. The Tennessee Department of Health conducts the BRFSS annually in collaboration with the U.S. Center for Disease Control and Prevention. These data are reported as **percentages** of all men sampled.

Data on Hispanic men are not included in the 2017 report because the small sample size could potentially lead to inaccurate conclusions and recommendations, but it is important to identify ways to include them in future efforts to understand and improve men's health in the state.

Data on poverty and graduation rates are from the **2011-2015 American Community Survey, U.S. Census Bureau**, and data on life expectancy at birth for both men and women in the state are from the **Centers for Disease Control and Prevention- Mortality in the United States, 2015 report**.

The 2017 Report Card also includes information on statistically significant changes in mortality from **2005 to 2015** that highlights where men's health improved, stayed the same or became worse. Information is reported for ALL men in Tennessee 18 and older unless otherwise noted. Data also are presented by race (Black or White), age, and state grand division. Similar to the 2014 Report Card, the 2017 Report Card death data have been **age-adjusted** statistically to increase the accuracy of comparisons between racial groups that have different patterns of ages.

Comprising slightly less than half of the state's population, Tennessee men had a 5-year shorter life expectancy at birth than Tennessee women (73.8 years vs. 78.8 years). The life expectancy at birth for both men and women in the state is more than two years shorter than the national averages of 76.3 years for men and 81.2 years for women. In Tennessee, white men have a five-year shorter life expectancy at birth than white women (74.5 years vs. 79.2 years), and black men have a seven-year shorter life expectancy than black women (70.8 years vs. 77.9 years). Within the grand divisions of the state, there is a larger gap in life expectancy between men and women in west Tennessee than is found in east and middle Tennessee, and men in west Tennessee have a shorter life expectancy than men in east and middle Tennessee.

Accounting for almost half of the deaths of men in Tennessee, heart disease and cancer were the leading causes of death for men overall. Heart disease and cancer were the leading causes of death for black men, white men, men in each grand division of the state, and men 35 years old and older. For men 18-34 years old, the leading cause of death was unintentional injuries (including accidental drug overdoses) not including motor vehicle accidents, and the second leading cause of death for young adult men was suicide.

EXECUTIVE SUMMARY

In 2015, fewer men in Tennessee had a personal health care provider (71.2%) than the national Healthy People 2020 goal (83.9%). Men in Tennessee also were more likely to report that they were unable to get the care they needed due to affordability of care (14.8%) than the Healthy People 2020 goal (4.2%). Additionally, men in Tennessee did not meet the Healthy People 2020 goals for hypertension, wearing seatbelts, tobacco use (smoking or smokeless) or obesity.

When comparing death rates in 2015 to the 2005 rates, progress has been made in some important areas but Healthy People 2020 goals were rarely met or exceeded. Overall and for black and white men, heart disease, cancer (overall and colorectal, lung and prostate), stroke, motor vehicle accidents, and AIDS mortality rates improved between 2005 and 2015 but did not meet or exceed the national Healthy People 2020 goal. However, death rates from heart attacks in Tennessee improved and were lower (better) than the national Healthy People 2020 goal. Overall and among white men, rates of death from unintentional injuries (excluding motor vehicle accidents) and death rates from accidental poisoning by exposure to drugs and other biological substances worsened. In summary, these data highlight that there has been improvement in men's health but there are still opportunities to improve men's access to healthcare, health behaviors and health in Tennessee.

In addition to providing information about the state of men's health, a goal of the report card is to offer insight into what we can do to improve men's health in Tennessee. It is important for men to do what they can to be healthy, no matter how young or old. For example, to reduce deaths from heart disease, cancer and other chronic conditions, it is important for men to decrease or eliminate tobacco use; sit less and move more during work and leisure time; eat healthier; and get regular preventive screenings (e.g., blood pressure, diabetes, cancers, HIV testing). While changing these behaviors is important, it also is important to recognize that policies and programs to improve the characteristics of neighborhoods (e.g., increase walkability and decrease violence), increase earnings, enhance the safety of the work environments, and improve the health of public spaces (e.g., promoting smoke-free restaurants and parks) also are important to reduce the leading causes of death among men in Tennessee. Though not often thought of as a way to improve health, increasing high school education, GED completion rates, access to community colleges and four-year college completion also tend to be linked with better health.

Beyond Tennessee, establishing an Office on Men's Health in the U.S. Department of Health and Human Services that mirrors the positive work of the Department's Office on Women's Health could potentially enhance the ability to create, coordinate and implement health promotion campaigns and raise awareness about health issues specific to males. This office would allow state and local governments, community-based organizations, and other stakeholders access to resources to improve the health and increase the quality and length of life of boys and men.

In conclusion, the leading causes of death for men in Tennessee are similar to national patterns, but there are some important differences by race, age and grand division of the state. In order to help Tennessee's men progress along the road to being the healthiest in the country, it will be important to consider policies and programs that influence neighborhoods where men work and live, social and economic factors, health behaviors and access to quality health care. When policy makers, public health practitioners and healthcare providers are creating policies and programs, it will be important for them to consider whether or not they are likely to benefit men and women equally or benefit all men equally. While there are some strategies that may help all Tennesseans and other policies and programs that may help all men, it will be important to develop local, county and state policies and programs that address the unique needs of men that vary by race, age and grand division of the state.

THE STATE OF Tennessee

MEN'S HEALTH

TOTAL POPULATION
6,499,615



48.7%
MEN



51.3%
WOMEN

77.8% Non-Hispanic White
16.8% Non-Hispanic Black/ African American
4.9% Hispanic

TENNESSEE MEN 25 AND OLDER WHO DID NOT GRADUATE FROM HIGH SCHOOL OR EARN A GED IN 2015



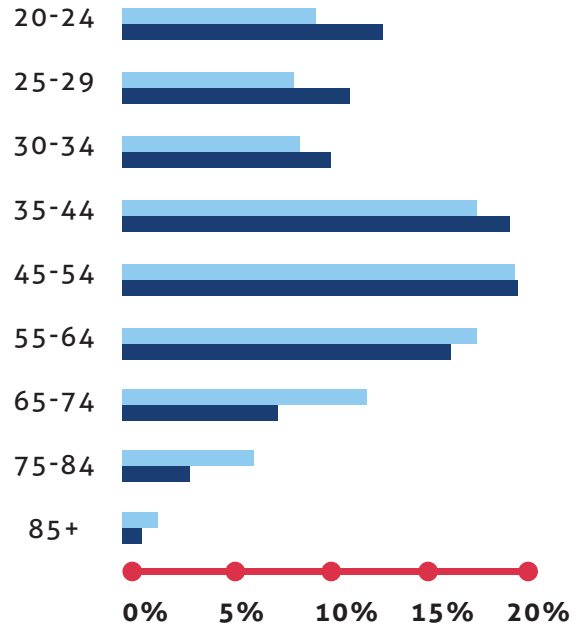
ALL 15.6%
WHITE 14.5%
BLACK 18.3%

Healthy People 2020 goal is to be less than 2.1%

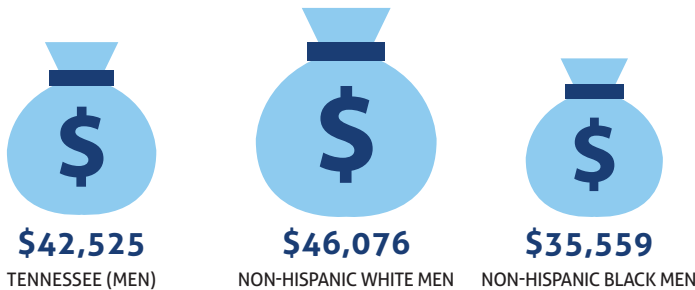
Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

AGE PROFILE OF TENNESSEE MEN 20 AND OLDER BY RACE IN 2015

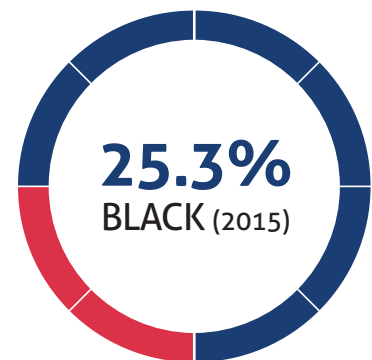
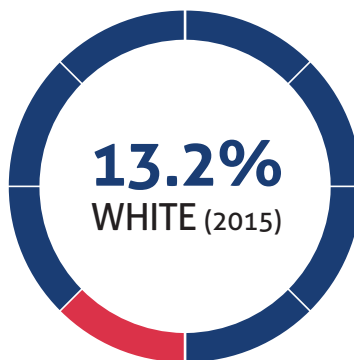
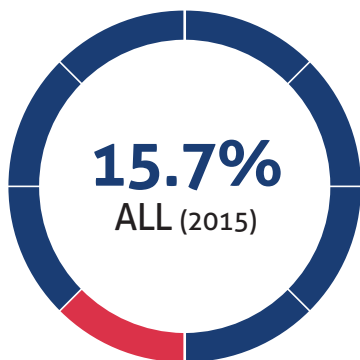
BLACK: 347,575 ■ WHITE: 1,867,265 ■



MEDIAN EARNINGS FOR MEN IN THE PAST 12 MONTHS 2015 IN AGE ADJUSTED DOLLARS (FULL TIME, YEAR ROUND WORKERS)



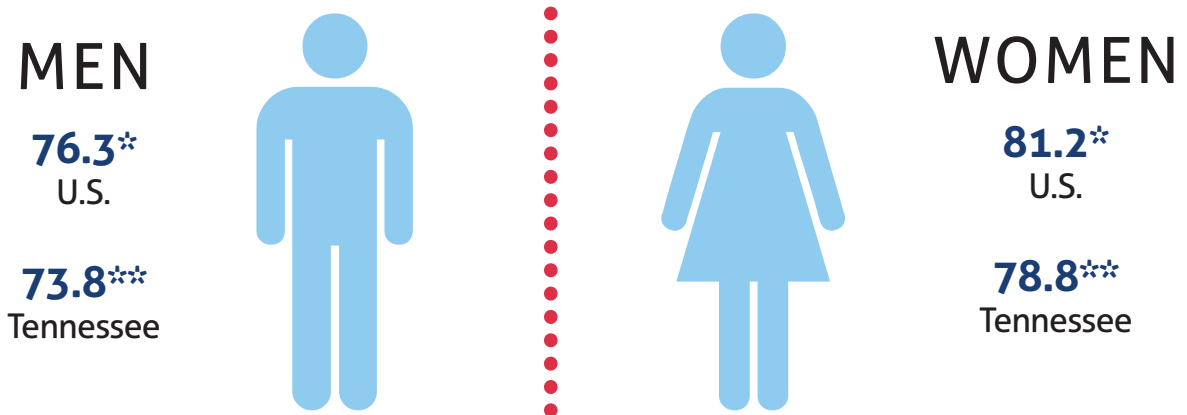
TENNESSEE MEN WHOSE INCOMES WERE BELOW 2015 FEDERAL POVERTY GUIDELINES (\$11,770 FOR HOUSEHOLD FOR A SINGLE PERSON; \$24,250 FOR HOUSEHOLD OF FOUR PEOPLE)



NO HEALTHY PEOPLE 2020 GOAL ESTABLISHED

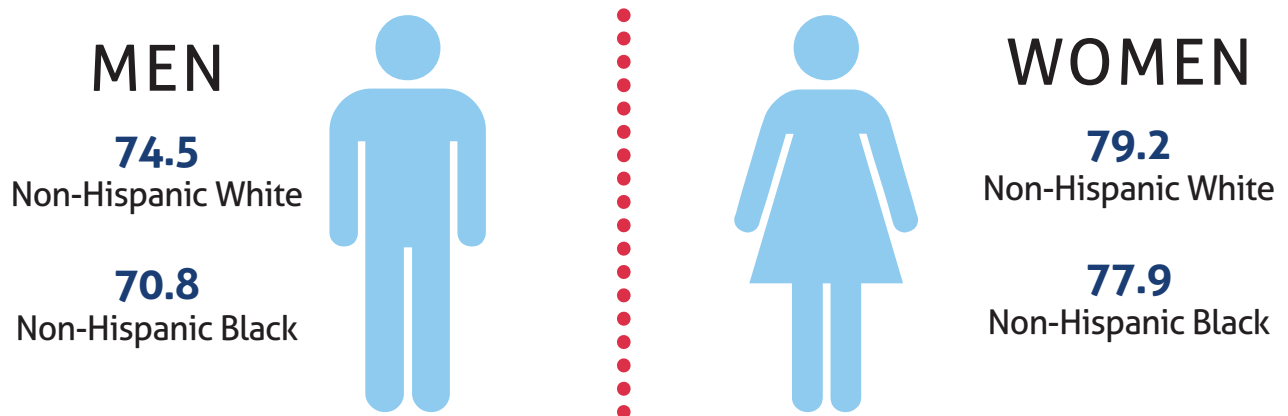
Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

2015 LIFE EXPECTANCY AT BIRTH OF MEN AND WOMEN IN TENNESSEE COMPARED TO MEN AND WOMEN IN THE U.S.



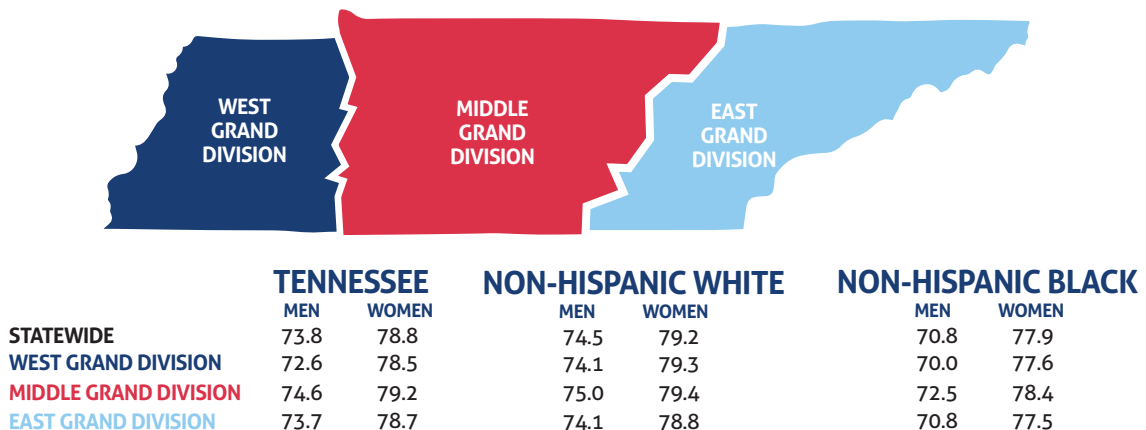
Source: *Centers for Disease Control and Prevention- Mortality in the United States, 2015 and **Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.

2015 LIFE EXPECTANCY AT BIRTH BY RACE FOR MEN AND WOMEN IN TENNESSEE



Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.

2015 LIFE EXPECTANCY OF BLACK AND WHITE MEN AND WOMEN IN TENNESSEE BY GRAND DIVISION OF THE STATE



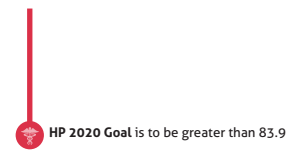
Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.

HEALTH CARE, HEALTH BEHAVIOR & HEALTH USE INDICATORS FOR ALL MEN IN TENNESSEE FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

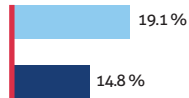
PERCENT IN 2012 ■ PERCENT IN 2015 ■ HP2020 GOAL ●



HAVE A PERSONAL HEALTH CARE PROVIDER



UNABLE TO GET THE CARE THEY NEED DUE TO AFFORDABILITY OF CARE



HP 2020 Goal is to be less than 4.7%

HAD ANY KIND OF HEALTH CARE COVERAGE
(THIS QUESTION WAS NOT ASKED IN 2012)



NO HEALTHY PEOPLE 2020 GOAL ESTABLISHED

DIAGNOSED WITH HYPERTENSION



HP 2020 Goal is to be less than 26.9%

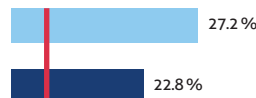


ALWAYS WEAR SEATBELTS



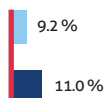
HP 2020 Goal is to be greater than 94.4%

CURRENT SMOKERS



HP 2020 Goal is to be less than 12.0%

USE SMOKELESS TOBACCO



HP 2020 Goal is to be less than 0.3%

DID NOT ENGAGE IN PHYSICAL ACTIVITY OUTSIDE OF WORK IN THE PAST MONTH



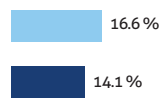
HP 2020 Goal is to be less than 32.6%

REPORT A BODY MASS INDEX IN OBESE RANGE (>30)



HP 2020 Goal is to be less than 30.5%

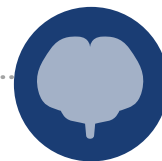
CONSUMED 5 OR MORE ALCOHOLIC DRINKS ON ONE OCCASION IN THE PAST MONTH



HP 2020 Goal is to be less than 24.2%



CHRONIC LOWER RESPIRATORY DISEASES - 5.9%



CEREBROVASCULAR DISEASE - 4.3%



MALIGNANT NEOPLASMS - 23.2%
(CANCER)

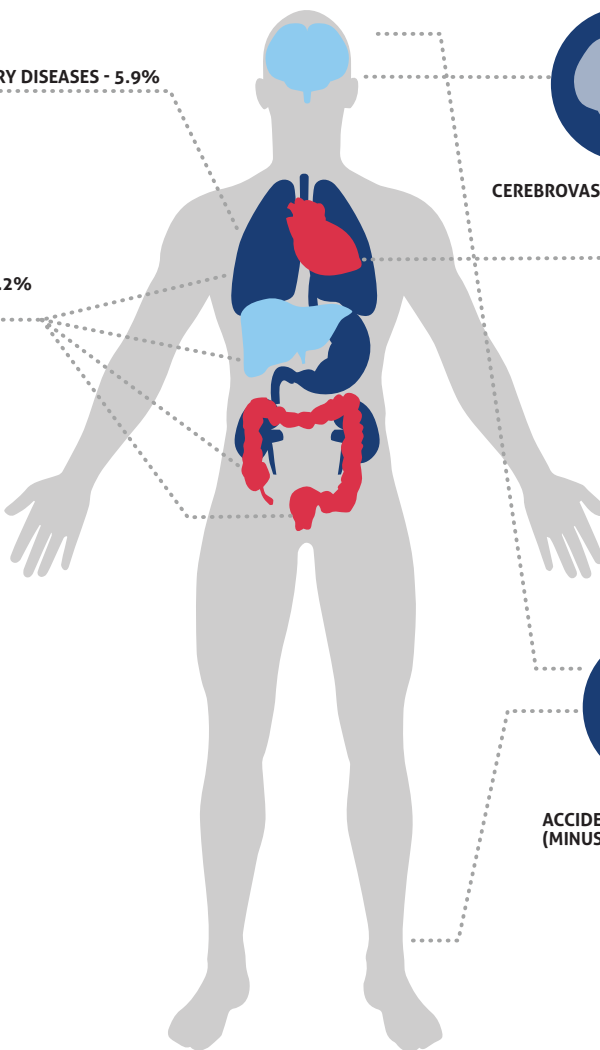


DISEASES OF HEART - 25%
(HEART DISEASE)



ACCIDENTS
(MINUS MOTOR VEHICLE) - 4.8%

LEADING CAUSES OF DEATH FOR ALL MEN IN TENNESSEE (2015)



TOP 5 CAUSES OF DEATH BY RACE AMONG MEN IN TENNESSEE IN 2015

	BLACK	WHITE
Total number of deaths for this age group	4,454	27,738
Diseases of Heart (Heart Disease)	25.8%	24.9%
Malignant Neoplasms (Cancer)	22.8%	23.4%
Cerebrovascular Disease	5.8%	4.1%
Chronic Lower Respiratory Diseases		6.5%
Accidents (Minus Motor Vehicle)		4.9%
Assault (Homicide)	4.5%	
Diabetes Mellitus	4.1%	

TOP 5 CAUSES OF DEATH FOR MEN IN TENNESSEE BY AGE GROUP IN 2015

AGE 18-34 (Total Number of Deaths - 1,293)	
CAUSE	PERCENT
Accidents (Minus Motor Vehicle)	21.6%
Suicide	16.9%
Motor Vehicle Accidents	16.3%
Assault (Homicide)	14.2%
Diseases of Heart (Heart Disease)	7.1%
AGE 35-54 (Total Number of Deaths - 4,245)	
CAUSE	PERCENT
Diseases of Heart (Heart Disease)	22.7%
Malignant Neoplasms (Cancer)	16.5%
Accidents (Minus Motor Vehicle)	12.7%
Suicide	6.9%
Motor Vehicle Accidents	4.8%
AGE 55+ (Total Number of Deaths - 27,537)	
CAUSE	PERCENT
Diseases of Heart (Heart Disease)	26.3%
Malignant Neoplasms (Cancer)	25.1%
Chronic Lower Respiratory Diseases	6.8%
Cerebrovascular Disease	4.7%
Alzheimer's Disease	3.4%

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.

10 YEAR TRENDS IN LEADING CAUSES OF DEATH FROM 2005 TO 2015 AMONG ALL MEN IN TENNESSEE



WORSE

- Unintentional injuries not including motor vehicle accidents
- Accidental poisoning by exposure to drugs and other biological substances

SAME

- Suicide
- Homicide
- Chronic liver disease and cirrhosis

BETTER

- Heart disease
- Malignant neoplasms (cancer)
- **Acute ischemic heart disease (meet's HP 2020 goal)**
- Stroke
- Colorectal cancer
- Lung cancer
- Motor vehicle
- Chronic lower respiratory disease
- Influenza and pneumonia
- Diabetes
- Prostate cancer
- Acquired immune deficiency syndrome
- Kidney disease



10 YEAR TRENDS IN LEADING CAUSES OF DEATH FROM 2005 TO 2015 AMONG WHITE MEN IN TENNESSEE



WORSE

- Unintentional injuries not including motor vehicle accidents
- Accidental poisoning by exposure to drugs and other biological substances

SAME

- Diabetes
- Kidney disease
- Prostate cancer
- Suicide
- Homicide
- Chronic liver disease and cirrhosis
- Acquired immune deficiency syndrome

BETTER

- Heart disease deaths
- Malignant neoplasms (cancer)
- Acute ischemic heart disease*
- Stroke deaths
- Colorectal cancer deaths
- Lung cancer deaths
- Motor vehicle deaths
- Chronic lower respiratory disease
- Influenza and pneumonia



10 YEAR TRENDS IN LEADING CAUSES OF DEATH FROM 2005 TO 2015 AMONG BLACK MEN IN TENNESSEE



WORSE

- Diabetes
- Kidney disease
- Accidental poisoning by exposure to drugs and other biological substances
- Suicide
- Chronic liver disease and cirrhosis

SAME

- Heart disease
- Malignant neoplasms (cancer)
- Acute ischemic heart disease *
- Stroke
- Prostate cancer
- Colorectal cancer
- Lung cancer
- Motor vehicle
- Unintentional injuries not including motor vehicle accidents
- Homicide
- Chronic lower respiratory disease
- Acquired immune deficiency syndrome
- Influenza and pneumonia

BETTER



**LEADING CAUSES OF DEATH
FOR TENNESSEE MEN BY AGE IN THE
EAST GRAND DIVISION IN 2015**
TOTAL DEATHS = 13,666

OVERALL

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	24.5%	3,348
Malignant Neoplasms (Cancer)	23.5%	3,212
Chronic Lower Respiratory Disease	6.4%	875
Unintentional injuries not including motor vehicle accidents	4.7%	642
Cerebrovascular Disease	3.9%	533

AGE 18-34

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Unintentional injuries not including motor vehicle accidents	21.9%	92
Suicide	17.6%	74
Motor Vehicle Accidents	16.9%	71
Diseases of Heart (Heart Disease)	10.5%	44
Assault (Homicide)	6.7%	28

AGE 35-54

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	22.4%	378
Malignant Neoplasms (Cancer)	16.3%	275
Unintentional injuries not including motor vehicle accidents	14.1%	239
Suicide	7.2%	121
Motor Vehicle Accidents	4.6%	77

AGE 55+

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	25.3%	2,925
Malignant Neoplasms (Cancer)	25.3%	2,924
Chronic Lower Respiratory Disease	7.3%	840
Cerebrovascular Disease	4.3%	495
Pneumonia and Influenza	3.0%	341

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.

**LEADING CAUSES OF DEATH FOR TENNESSEE MEN BY AGE IN THE MIDDLE GRAND DIVISION IN 2015
TOTAL DEATHS = 11,602**

OVERALL

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	24.5%	2,842
Malignant Neoplasms (Cancer)	23.5%	2,703
Chronic Lower Respiratory Disease	5.9%	685
Unintentional injuries not including motor vehicle accidents	5.4%	627
Cerebrovascular Disease	4.4%	511

AGE 18-34

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Unintentional injuries not including motor vehicle accidents	25.0%	131
Suicide	19.4%	102
Motor Vehicle Accidents	16.4%	86
Assault (Homicide)	11.4%	60
Diseases of Heart (Heart Disease)	6.7%	35


AGE 35-54

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	23.0%	342
Malignant Neoplasms (Cancer)	16.7%	248
Unintentional injuries not including motor vehicle accidents	12.5%	186
Suicide	7.4%	110
Motor Vehicle Accidents	5.2%	77

AGE 55+

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	25.8%	2,471
Malignant Neoplasms (Cancer)	25.3%	2,429
Chronic Lower Respiratory Disease	6.8%	654
Cerebrovascular Disease	5.0%	476
Alzheimer's Disease	4.0%	380

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.



**LEADING CAUSES OF DEATH FOR
TENNESSEE MEN BY AGE IN THE
WEST GRAND DIVISION IN 2015
TOTAL DEATHS = 7,805**

OVERALL

LEADING CAUSE OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	26.9%	2,099
Malignant Neoplasms (Cancer)	22.3%	1,741
Chronic Lower Respiratory Disease	5.1%	398
Cerebrovascular Disease	4.8%	375
Unintentional injuries not including motor vehicle accidents	4.3%	336

AGE 18-34

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Assault (Homicide)	27.7%	96
Unintentional injuries not including motor vehicle accidents	16.1%	56
Motor Vehicle Accidents	15.6%	54
Suicide	12.4%	43
Malignant Neoplasms (Cancer)	3.7%	13

AGE 35-54

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	22.9%	245
Malignant Neoplasms (Cancer)	16.6%	178
Unintentional injuries not including motor vehicle accidents	10.6%	113
Suicide	5.9%	63
Motor Vehicle Accidents	4.6%	49

AGE 55+

LEADING CAUSES OF DEATH	PERCENTAGE	NUMBER
Diseases of Heart (Heart Disease)	28.9%	1,844
Malignant Neoplasms (Cancer)	24.3%	1,552
Chronic Lower Respiratory Disease	5.8%	372
Cerebrovascular Disease	5.2%	332
Alzheimer's Disease	3.5%	223

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2015. Nashville, TN.

CANCER IS A LEADING CAUSE OF DEATH FOR MEN IN TENNESSEE

Overall

- Cancer is the #2 cause of death for men in Tennessee
- Across all racial groups, the death rate is higher than the Healthy People 2020 goal for lung, prostate, and colorectal cancer.

By age and by region

- Cancer is the #2 cause of death for ages 35 and older for men in Tennessee and in each Grand Region of the state.

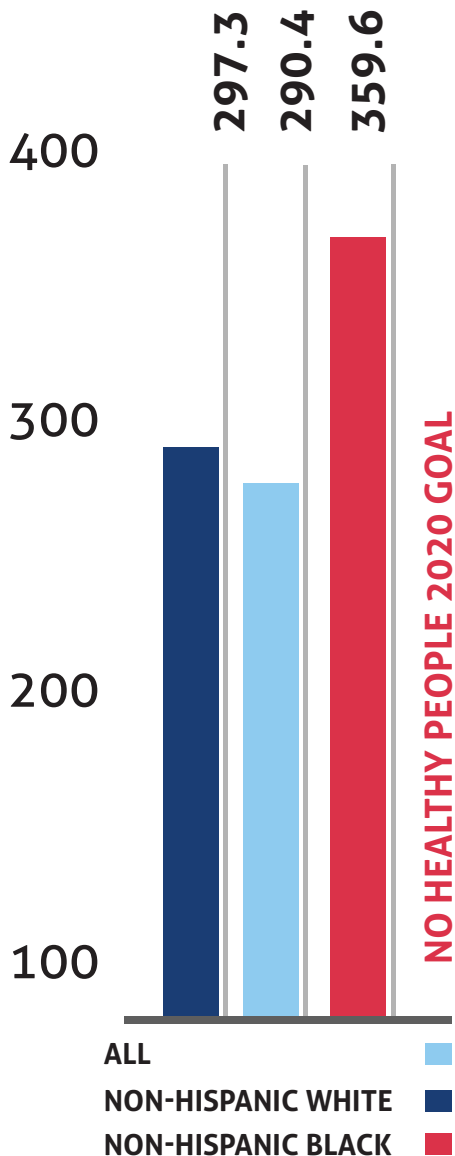
Lung cancer

- Lung cancer deaths are most prevalent among Non-Hispanic Black/African American men (111.7 per 100,000 men aged 18 and older).

Largest cancer disparities are in prostate cancer

- The largest differences between Non-Hispanic Black/African American and Non-Hispanic White men are in prostate cancer mortality.

2015 TENNESSEE MALIGNANT NEOPLASMS (CANCER) AGE-ADJUSTED RATE PER 100,000 MEN AGES 18 & OVER

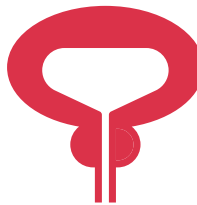


2015 TENNESSEE LUNG CANCER DEATHS AGE-ADJUSTED RATE PER 100,000 MEN AGES 18 & OVER



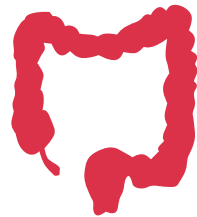
ALL	93.5
NON-HISPANIC WHITE	91.8
NON-HISPANIC BLACK	111.7
HEALTHY PEOPLE 2020 GOAL IS TO BE LESS THAN	45.5

2015 TENNESSEE PROSTATE CANCER DEATHS AGE-ADJUSTED RATES PER 100,000 MEN AGE 18 AND OVER



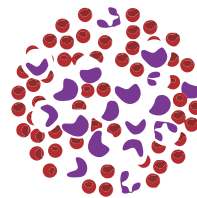
ALL	25.7
NON-HISPANIC WHITE	22.9
NON-HISPANIC BLACK	54.8
HEALTHY PEOPLE 2020 GOAL IS TO BE LESS THAN	21.2

2015 TENNESSEE COLORECTAL CANCER DEATHS AGE-ADJUSTED RATES PER 100,000 MEN AGES 18 AND OVER



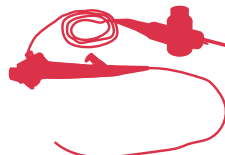
ALL	24.9
NON-HISPANIC WHITE	23.3
NON-HISPANIC BLACK	41.2
HEALTHY PEOPLE 2020 GOAL IS TO BE LESS THAN	14.5

2015 TENNESSEE LEUKEMIA AND LYMPHOMA COMBINED CANCER DEATHS AGE-ADJUSTED RATES PER 100,000 MEN AGE 18 AND OVER



ALL	21.5
NON-HISPANIC WHITE	22.3
NON-HISPANIC BLACK	14.8
*NO HEALTHY PEOPLE 2020 GOAL	

2014 TENNESSEE PERCENTAGE OF MEN OVER 50 WHO HAVE HAD A COLORECTAL CANCER SCREENING (COLONOSCOPY OR SIGMOIDOSCOPY)



2014	66.7
HEALTHY PEOPLE 2020 GOAL IS TO BE GREATER THAN	70.5

CHRONIC DISEASE IS A LEADING CAUSE OF DEATH FOR MEN IN TENNESSEE

Overall

- Chronic lower respiratory diseases are the #4 cause of death for all men in Tennessee
- Overall and for black men and white men, the death rate for chronic lower respiratory disease and diabetes is higher than the Healthy People 2020 goal

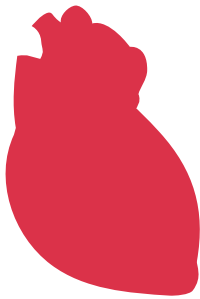
By age and by region

- Chronic lower respiratory disease is the #3 cause of death for men 55 and older in each grand region of the state

Largest disparities are in diabetes

- Among the leading causes of death for men in Tennessee, the largest racial differences between black and white men are in diabetes mortality

2015 TENNESSEE ACUTE ISCHEMIC HEART DISEASE (HEART ATTACK) AGE-ADJUSTED RATE PER 100,000 MEN AGES 18 & OVER



ALL.....	93.5
NON-HISPANIC WHITE.....	91.8
NON-HISPANIC BLACK.....	111.7

SOURCE: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT DEATH STATISTICAL SYSTEM, 2015. NASHVILLE, TN.

2015 TENNESSEE DIABETES DEATHS AGE-ADJUSTED RATE PER 100,000 MEN AGES 18 & OVER



ALL.....	123
NON-HISPANIC WHITE.....	115.4
NON-HISPANIC BLACK.....	181.4
HEALTHY PEOPLE 2020 GOAL IS TO BE LESS THAN 65.8	

SOURCE: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT DEATH STATISTICAL SYSTEM, 2015. NASHVILLE, TN.

2015 TENNESSEE CHRONIC LOWER RESPIRATORY DISEASE AGE-ADJUSTED RATES PER 100,000 MEN AGE 18 AND OVER (INCLUDES ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD))



ALL.....	81.1
NON-HISPANIC WHITE.....	84.4
NON-HISPANIC BLACK.....	53.9
*NO HEALTHY PEOPLE 2020 GOAL	

SOURCE: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT DEATH STATISTICAL SYSTEM, 2015. NASHVILLE, TN.

SUICIDE IS A LEADING CAUSE OF DEATH

By age

- Suicide is the #2 cause of death for men ages 18-34 in Tennessee
- Suicide is the #4 cause of death for men ages 35-54 in Tennessee

By region

- In the East and Middle Grand Division suicide is the #2 cause of death for men ages 18-34 and #4 cause of death for men ages 35-54
- In the West Grand Division suicide is the #4 cause of death for men ages 18-54

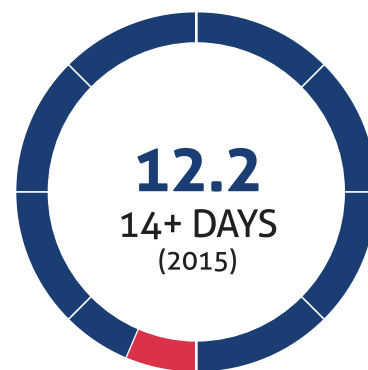
2015 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) DEATHS AGE ADJUSTED RATES PER 100,000 MEN AGE 18 AND OVER



ALL.....	4.4
NON-HISPANIC WHITE.....	2.3
NON-HISPANIC BLACK.....	15.1
HEALTHY PEOPLE 2020 GOAL IS TO BE LESS THAN 3.3	

SOURCE: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT DEATH STATISTICAL SYSTEM, 2015. NASHVILLE, TN.

2015 MENTAL HEALTH SCREENING FOR MEN IN TENNESSEE: HOW MANY DAYS DURING THE PAST 30 DAYS WAS YOUR MENTAL HEALTH NOT GOOD?



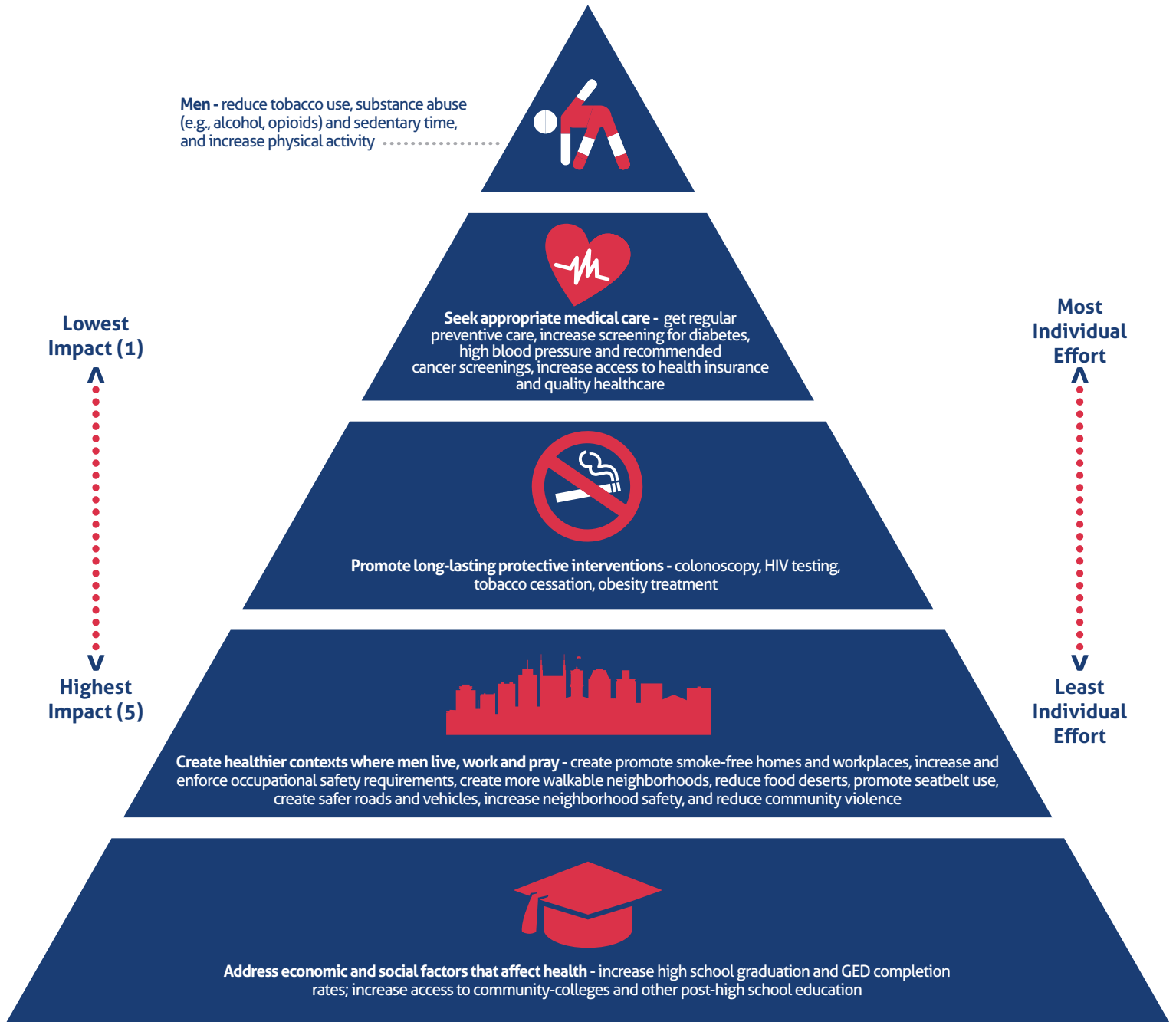
ENCOURAGE MEN TO SEEK HELP FOR SUICIDAL THOUGHTS AND DEPRESSION

- **Depression** is one of the leading causes of disease or injury worldwide for both men and women. Learn to recognize the signs and how to help the men in your life.
- **Signs of depression** include persistent sadness, grumpiness, irritability, anger outbursts, substance use, feelings of hopelessness, tiredness and decreased energy, and thoughts of suicide.
- **Those that suffer from depression or anxiety should seek help as early as possible.** If you or someone you care about is in crisis, please seek help immediately.
 - Call 911
 - Visit a nearby emergency department or your health care provider's office
 - Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor
 - Taking a mental health screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. Ten free screenings are available at <http://www.mentalhealthamerica.net/mental-health-screening-tools?ref=MHAMT>

SUICIDAL THOUGHTS AND DEPRESSION CAN AFFECT QUALITY OF LIFE

- **Obesity** is frequently accompanied by depression and the two can trigger and influence each other.
- **Depression** can both cause and result from stress, which, in turn, may cause you to change your eating and activity habits. Many people who have difficulty recovering from sudden or emotionally draining events (e.g., loss of a close friend or family member, relationship difficulties, losing a job or facing a serious medical problem) unknowingly begin eating too much of the wrong foods or forgoing exercise. Before long, these become habits and difficult to change.
- Dealing with obesity and similar weight-control problems requires adopting new habits that foster a healthier lifestyle, but don't attempt radical changes to your diet or activity patterns. Instead, consider a team approach that involves several qualified health professionals. Your physician will help you develop a safe plan for losing weight that includes both diet and exercise. A psychologist can help you with the emotional side of the equation—the stress, depression or experiences that caused you to gain weight.

WHAT WE CAN DO TO IMPROVE MEN'S HEALTH IN TENNESSEE?



*THIS FIGURE WAS ADAPTED FROM FRIEDEN, T. R. (2010). A FRAMEWORK FOR PUBLIC HEALTH ACTION: THE HEALTH IMPACT PYRAMID. AMERICAN JOURNAL OF PUBLIC HEALTH, 100(4), 590-595.

2017 Men's Health Report Card Collaborators

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Tennessee Department of Health
Tennessee Men's Health Network
Center for Medicine, Health, and Society, Vanderbilt University
Vanderbilt-Ingram Cancer Center
Vanderbilt Institute for Medicine and Public Health, Vanderbilt University Medical Center
Vanderbilt Institute for Clinical and Translational Research, Vanderbilt University Medical Center
Office for Equity, Diversity, and Inclusion at Vanderbilt University

This work could not have been completed without the dedication and expertise of our Advisory Panel members:

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