Leading causes of death for Tennessee men by age in the Middle Grand Division in 2015-total deaths = 11,602

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Leading cause of death</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Diseases of Heart (Heart Disease)</td>
<td>24.5%</td>
<td>2842</td>
</tr>
<tr>
<td></td>
<td>Malignant Neoplasms (Cancer)</td>
<td>23.3%</td>
<td>2703</td>
</tr>
<tr>
<td></td>
<td>Chronic Lower Respiratory Diseases</td>
<td>5.9%</td>
<td>685</td>
</tr>
<tr>
<td></td>
<td>Accidents (Minus Motor Vehicle)</td>
<td>5.4%</td>
<td>627</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular Disease</td>
<td>4.4%</td>
<td>511</td>
</tr>
<tr>
<td>(18-34)</td>
<td>Accidents (Minus Motor Vehicle)</td>
<td>16.4%</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>14.5%</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>Motor Vehicle Accidents</td>
<td>11.4%</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Assault (homicide)</td>
<td>6.7%</td>
<td>35</td>
</tr>
<tr>
<td>(35-54)</td>
<td>Diseases of Heart (Heart Disease)</td>
<td>23.0%</td>
<td>342</td>
</tr>
<tr>
<td></td>
<td>Malignant Neoplasms (Cancer)</td>
<td>16.7%</td>
<td>248</td>
</tr>
<tr>
<td></td>
<td>Accidents (Minus Motor Vehicle)</td>
<td>12.5%</td>
<td>186</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>7.4%</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>Motor Vehicle Accidents</td>
<td>5.2%</td>
<td>77</td>
</tr>
<tr>
<td>(55+)</td>
<td>Diseases of Heart (Heart Disease)</td>
<td>25.8%</td>
<td>2471</td>
</tr>
<tr>
<td></td>
<td>Malignant Neoplasms (Cancer)</td>
<td>23.3%</td>
<td>2429</td>
</tr>
<tr>
<td></td>
<td>Chronic Lower Respiratory Diseases</td>
<td>6.8%</td>
<td>654</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular Disease</td>
<td>5.0%</td>
<td>476</td>
</tr>
<tr>
<td></td>
<td>Alzheimer's Disease</td>
<td>4.0%</td>
<td>380</td>
</tr>
</tbody>
</table>

Leading causes of death for Tennessee men by age in the West Grand Division in 2015-total deaths = 7,805

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Leading cause of death</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Disease of Heart (Heart Disease)</td>
<td>26.9%</td>
<td>2099</td>
</tr>
<tr>
<td></td>
<td>Malignant Neoplasms (Cancer)</td>
<td>22.3%</td>
<td>1741</td>
</tr>
<tr>
<td></td>
<td>Chronic Lower Respiratory Diseases</td>
<td>5.1%</td>
<td>398</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular Disease</td>
<td>4.8%</td>
<td>375</td>
</tr>
<tr>
<td></td>
<td>Accidents (Minus Motor Vehicle)</td>
<td>4.3%</td>
<td>336</td>
</tr>
<tr>
<td>(18-34)</td>
<td>Assault (Homicide)</td>
<td>27.7%</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>Accidents (Minus Motor Vehicle)</td>
<td>16.1%</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Motor Vehicle Accidents</td>
<td>15.6%</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>12.4%</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Malignant Neoplasms (Cancer)</td>
<td>3.7%</td>
<td>13</td>
</tr>
<tr>
<td>(35-54)</td>
<td>Diseases of Heart (Heart Disease)</td>
<td>22.9%</td>
<td>245</td>
</tr>
<tr>
<td></td>
<td>Malignant Neoplasms (Cancer)</td>
<td>16.6%</td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>Accidents (Minus Motor Vehicle)</td>
<td>10.6%</td>
<td>113</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>5.9%</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Motor Vehicle Accidents</td>
<td>4.6%</td>
<td>49</td>
</tr>
<tr>
<td>(55+)</td>
<td>Diseases of Heart (Heart Disease)</td>
<td>28.9%</td>
<td>1844</td>
</tr>
<tr>
<td></td>
<td>Malignant Neoplasms (Cancer)</td>
<td>24.3%</td>
<td>1552</td>
</tr>
<tr>
<td></td>
<td>Chronic Lower Respiratory Diseases</td>
<td>5.4%</td>
<td>372</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular Disease</td>
<td>5.2%</td>
<td>332</td>
</tr>
<tr>
<td></td>
<td>Alzheimer’s Disease</td>
<td>3.5%</td>
<td>223</td>
</tr>
</tbody>
</table>

2015 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 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


Lung Cancer Resources

The Tennessee Tobacco Quit Line provides FREE coaching and referrals to help all Tennessee residents quit smoking. You can also check out the program online at [www.tnquitline.com](http://www.tnquitline.com).

The United States Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Source: Tennessee Tobacco Quit Line, 2017
US Preventative Services Task Force, 2015
In 2015, men in Tennessee had lung cancer death rates higher than the Healthy People 2020 goal of 45.5.

In 2015, men in Tennessee had prostate cancer death rates higher than the Healthy People 2020 goal of 21.2.
2015 Tennessee colorectal cancer deaths age-adjusted rates per 100,000 men ages 18 and over

Healthy People 2020 Goal is to be lower than 14.5


In 2015, men in Tennessee had colorectal cancer death rates higher than the Healthy People 2020 goal of 14.5.

2015 Tennessee leukemia and lymphoma combined cancer deaths age-adjusted rates per 100,000 men age 18 and over

No Healthy People 2020 Goal

2014 Tennessee percentage of men over 50 who have had a colorectal cancer screening (colonoscopy or sigmoidoscopy)

Healthy People 2020 Goal is to meet or exceed 70.5%


*2015 data not available at the time of publication.

2014 percentage of Tennessee men over 50 who had a colorectal cancer screen was lower than the Healthy People 2020 goal of 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
  - Across all racial groups, the death rate is higher than the Healthy People 2020 goal for chronic lower respiratory disease and diabetes

- **By age and by region**
  - Chronic lower reparatory disease is the #3 cause of death for men 55 and older in each grand region of the state

- **Largest disparities are in diabetes**
  - The largest differences between Non-Hispanic Black/African American and Non-Hispanic White men are in diabetes mortality

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2015 Tennessee acute ischemic heart disease (Heart Attack) age-adjusted rate per 100,000 men ages 18 & over

![Graph showing heart attack rates in 2015 for different groups and Healthy People 2020 goal](image)

- **Healthy People 2020 Goal is to be lower than 100.8**


In 2015, death from heart attacks among Tennessee men have decreased and are below the Healthy People 2020 goal of 100.8, which is in the right direction.
In 2015, diabetes death rates among Tennessee men are higher than the Healthy People 2020 goal of 65.8.

In 2015, chronic lower respiratory disease death rates among Tennessee men are higher than the Healthy People 2020 goal of 53.9.
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

• Largest disparities are in Acquired Immune Deficiency Syndrome
  • The largest differences between Non-Hispanic Black/African American and Non-Hispanic White men are in Acquired Immune Deficiency Syndrome mortality
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/African American**: 15.1
- **Healthy People 2020 Goal**: 3.3

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

In 2015, deaths from AIDS were higher for Black men compared to White men and the Healthy People 2020 goal of 3.3.

**Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Prevention**

- **Modes of transmission**: In the United States, HIV is mainly spread by having sex or sharing syringes and other injection equipment with someone who is infected with HIV. Substance use can contribute to these risks indirectly because alcohol and other drugs can lower people’s inhibitions and make them less likely to use condoms.

- **Prevention**: Today, more tools than ever are available to prevent HIV. In addition to abstinence, limiting your number of sexual partners, never sharing needles, and using condoms the right way every time you have sex, you may be able to take advantage of newer medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). If you are living with HIV, there are many actions you can take to prevent passing it to others. The most important is taking medicines to treat HIV (called antiretroviral therapy, or ART) the right way, every day. They can keep you healthy for many years and greatly reduce your chance of transmitting HIV to your partners.

- **Free HIV/AIDS Testing**
  - Nashville Metro Public Health Department Lentz Public Health Center (Nashville, Tennessee)
  - Knox County Health Department Teague Clinic (Knoxville, Tennessee)
  - Shelby County Health Department Packer STD HIV Clinic (Memphis, Tennessee)

**Source**: Centers for Disease Control and Prevention: HIV Risk and Prevention, 2017
2015 mental health screening for men in Tennessee: How many days during the past 30 days was your mental health not good?

- 12.2 days
- 2.8 days
- 7.6 days
- 5.8 days
- 72.6 days


No Healthy People 2020 Goal

Encourage Men to Seek Help for 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, 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

Source: Centers for Disease Control and Prevention: National Men's Health Week, 2016
Mental Health America: Mental Health Screening Tools, 2017
Effect on 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.

Source: American Psychological Association. Mind/body health: Obesity, 2017
Equity Pyramid

- **Education & Counseling** – reduce tobacco use, substance abuse (e.g., alcohol, opioids) and sedentary time, and increase physical activity

- **Clinical interventions** – get regular preventive care, increase screening for diabetes, high blood pressure and recommended cancer screenings, increase access to health insurance and quality healthcare

- **Long-lasting protective interventions** – colonoscopy, HIV testing, tobacco cessation, obesity treatment

- **Changing the context** – Create healthier contexts where men live, work, and pray; create and promote smoke free homes and workplaces, increase and enforce occupational safety requirements, create more walkable neighborhoods, reduce food deserts, promote seatbelt use, create safer roads and vehicles, increase neighborhood safety, and reduce community violence

- **Social and environmental determinants** – Address economic and social factors that affect health; increase high school graduation and GED completion rates; increase access to community colleges and other post-high school education
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Office for Equity, Diversity, and Inclusion at Vanderbilt University

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