

Center for Health Statistics Report

Men's Health

Importance

This report provides an overview of Men's Health, the major indicators of poor health outcomes in men and highlights major health issues for men in Duval County for which data is available.

Men and women share many health concerns; however, men tend to have unique factors that contribute to poor health outcomes. Estimates for Life Expectancy in 2008 rank the U.S. poorly in comparison to other industrialized countries. Specifically, men are ranked 28th and women are ranked 24th in the world for life expectancy.¹ Complicating this issue further, there are major disparities in life expectancy between black and white men with white men living more than 5 years longer than black men. Prostate cancer/disease, a major health issue, is unique to men's health; however, a wide range of conditions including heart disease, dia-

betes, high blood pressure, and some cancers affect men differently than women. Men may respond to treatments and prevention strategies differently than women. Men may experience different symptoms than women for the same health issues; men tend to lead less healthy lifestyles than women and not seek medical help when necessary, men engage in more risky behaviors and men largely define themselves by their work, potentially leading to additional stress in all aspects of their lives.

Source:

¹ Central Intelligence Agency <https://www.cia.gov/library/publications/the-world-factbook/geos/us.html>

Local Disparities In Men's Health

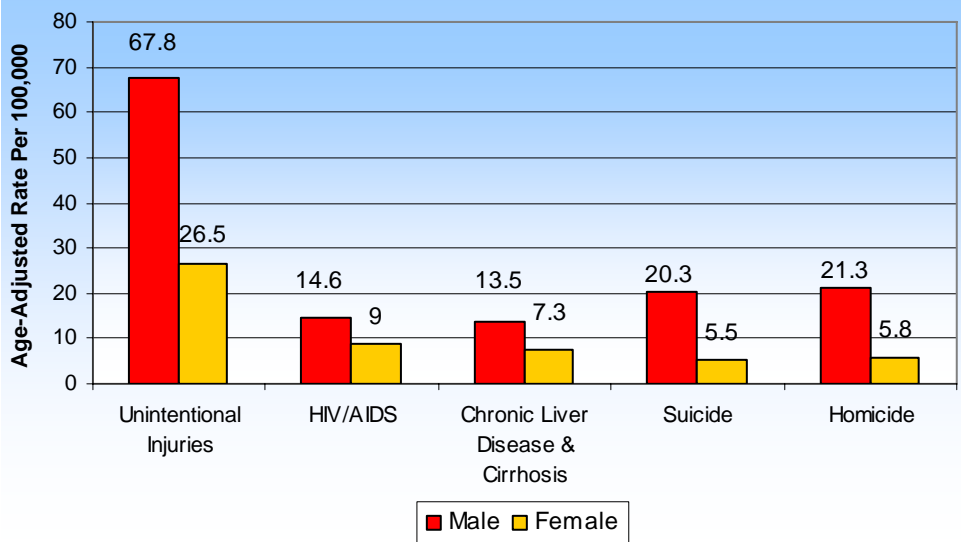
Racial, gender and geographic disparities in Duval County are numerous across many health and economic variables. Differences in health outcomes for men among race and location of residence are also notable. The death rate in Duval County is 846.4 per 100,000 for white males and 690.7 for black males. Years of Potential Life Lost (YPLL) provide additional insight to disparities. YPLL is an estimate of premature mortality that has been defined as the number of years of life lost among

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Figure 1 Mortality Rates by Gender, Duval County, 2006



Source: Florida Department of Health, Office of Vital Statistics, 2006
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, May, 2008

Jacksonville Men's Health Report Card

Obj. #	Objective	U.S. ² (2005)	FL ¹ (2006)	Duval ¹ (2006)	2010 ² Target
Violent Deaths for Men					
15-13	Deaths from unintentional injuries (Age-Adjusted Rates Per 100,000)	54.2	64	67.8	17.1
15-15a	Deaths from motor vehicle crashes (Age-Adjusted Rates Per 100,000)	20.8	27.2	22.1	8
15-32	Homicide (Age-Adjusted Rates Per 100,000)	9.6	10.5	21.3	2.8
18-01	Suicide (Age-Adjusted Rates Per 100,000)	18.0	19.6	20.3	4.8
Chronic Disease Deaths for Men					
3-01	Overall cancer (Age-Adjusted Rates Per 100,000)	225.1	206.5	229.8	158.6
3-02	Lung cancer (Age-Adjusted Rates Per 100,000)	69.0	65.0	69.3	43.3
3-07	Prostate cancer (Age-Adjusted Rates Per 100,000)	24.5	19.3	31.2	28.2
5-05	Diabetes-related (Age-Adjusted Rates Per 100,000)	91	64.1	94.3	46
12-01	Coronary heart disease (CHD) (Age-Adjusted Rates Per 100,000)	197	180.8	171.5	162
12-07	Stroke (Age-Adjusted Rates Per 100,000)	47	36.2	41.9	50
24-10	Deaths from chronic obstructive pulmonary disease (COPD, excluding asthma) (Rates Per 100,000 aged 45 years and over)	142.9	39.4	48.8	62.3
26-02	Cirrhosis (Age-Adjusted Rates Per 100,000)	12.4	14.6	13.5	3.2
Infectious Disease Deaths for Men					
13-14	HIV-infection (Age-Adjusted Rates Per 100,000)	6.2	13.1	14.6	.7
**	Influenza and pneumonia deaths (Rates Per 100,000)	21.3 ³	11.9	21.8	TNA

¹ Source: Florida Department of Health, Office of Vital Statistics, Deaths 2006

² Source: National Center for Health Statistics, CDC Wonder, <http://wonder.cdc.gov/data2010/>

³ Source: http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf

TNA = Target Not Available

**Not a Healthy People 2010 Objective

Report Card Overview

The data report card provides a comparison between local, state, and national data for Healthy People 2010 objectives related to men's health. Healthy People 2010 targets are used as benchmarks for comparison with Duval County rates. The majority of data for this report include local, state,

and national vital statistics and data from the Behavioral Risk Factor Surveillance System.

Several objectives in the report card are leading causes of death in males. The highest death rate in Duval County was due to cancer at 229.8 per 100,000 males. The rate

is 44.9% greater than the Healthy People 2010 target, but only 1% greater than the rate in the U.S. Coronary heart disease followed the cancer deaths rate with a rate of 171.5 per 100,000 males. The local rate for male deaths from coronary heart disease is nearly

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Jacksonville Men's Health Report Card (continued from page 2)

Objective	U.S. ¹ (2007)	FL ¹ (2007)	Duval ¹ (2007)	2010 ² Target
Prevention Indicators for Men (PERCENT)				
Adults who currently smoke	21.2	21.2	23.4	12+
Adults who engage in heavy or binge drinking	DNA	20.3	25.6	TNA
Adults with no leisure time physical activity	20.5	22.5	19.3	20+
Adults who are obese	27.2	25.2	22.8	15++
Adults who are overweight	43.1	46	43.5	TNA
Adults who have been told by their doctor or health professional they have high blood pressure	28.1	28.8	28.1	14++
Adults who have diagnosed high blood cholesterol	39.0	38.9	39.3	TNA
Adults who have been told by their doctor they have diabetes	8.1	9.4	9.7	TNA
Adults under 65 who have ever been tested for HIV	DNA	46.4	50.2	TNA

¹ Source: Behavioral Risk Factors Surveillance Telephone Survey, National Center for Chronic Disease Prevention and Health Promotion

² Source: National Center for Health Statistics, CDC Wonder

+Age-Adjusted 18 years and over

++Age-Adjusted 20 years and over

TNA=Target Not Available; DNA = Data Not Available

Report Card Overview (continued from page 2)

the same as the state's rate, yet it is over 50% higher than the female rate in Duval County.

In 2006, Duval County had a homicide rate double that of Florida and 131.5% higher than the national rate. Similarly, the suicide rate in Duval is higher than that of the U.S., Florida, and target rate. The disparity in suicide is seen when comparing the local, state, and national rates. The local rate is 86.2% greater than the national rate. A gender disparity exists between the male and female death rates for both homicide and suicide. The local male death rates for both objectives are over 3

times greater than the female rates (see Figure 1).

Not all male death rates in Duval County differ significantly from state and national data. The death rate for stroke is lower than both the national rate and Healthy People 2010 target. Similarly, male deaths rates from cirrhosis are similar in the U.S., Florida, and Duval County. Yet, locally, the male death rate is 84.9% greater than the female rate (See Figure 1).

The report card includes prevention indicators from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS gathers data on health risk behav-

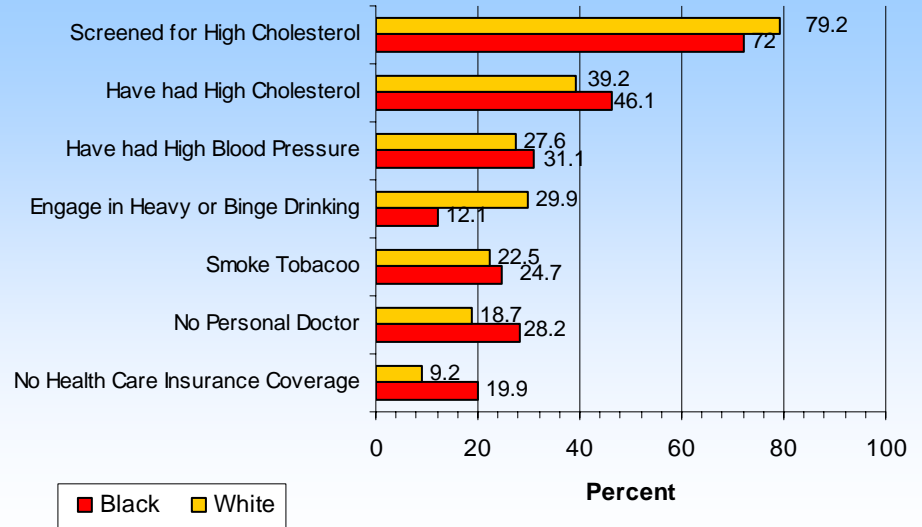
iors which are influential on morbidity and mortality. In 2007, 23.4% of Duval County male residents smoked which was higher than the percentage of male smokers nationally and statewide. Over 43.5% of males in Duval County were overweight, nearly 22.8% were obese, and 19.3% had no leisure time physical activity in their lives. These factors affect high blood pressure and diabetes which are both prevalent in Duval County. Male residents also engage in heavy or binge drinking which is associated with various health problems like cirrhosis, cancer, high blood pressure, unintentional injuries, and violence.

Local Disparities in Men's Health (continued from page 1)

persons who die before a predetermined age, which is 75 in the state of Florida.

The YPLL for white males is lower, 11,456.1, than for black males, 15,975.9, per 100,000 population less than 75 years of age. Notable disparities in YPLL between black and white men were accidental injuries, diabetes, heart disease, HIV/AIDS, Homicide, and Suicide (see Figure 3). For example, the years of potential life lost due to homicides for black men was 2,966.6 per 100,000 population under 75 years compared to 259.7 per 100,000 for white men, over one thousand percent higher. Also alarming, the YPLL for HIV/AIDS among blacks was 973.8% higher than for whites. In contrast, the suicide rate for white men was 662% higher than for black men. In addition to deaths, disparities in

Figure 2 Risk Factors by Race, Duval County, 2007

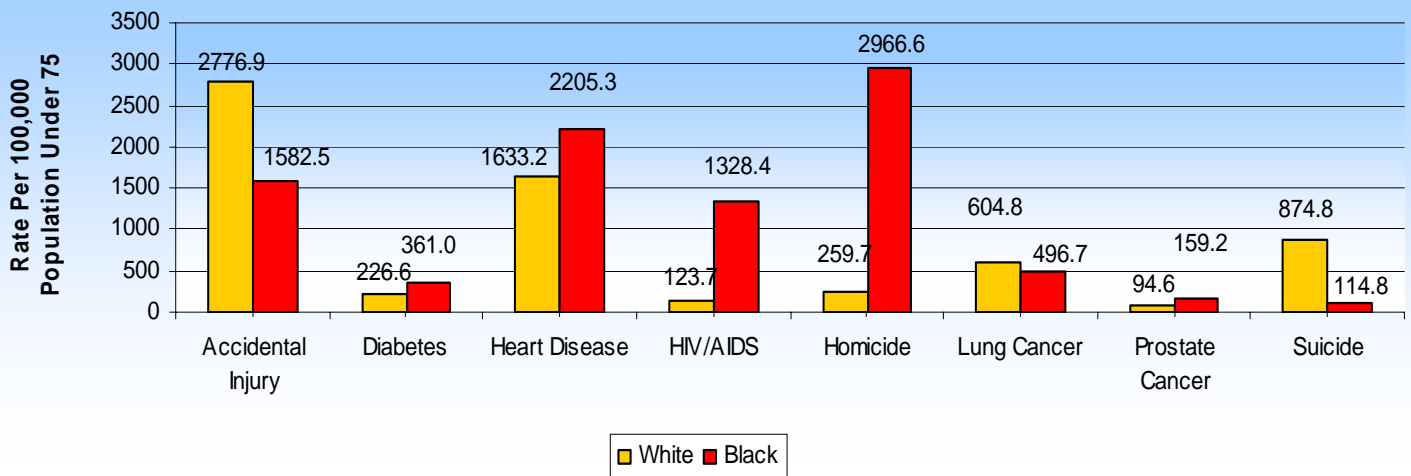


Source: Behavioral Risk Factor Surveillance System, 2007
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, April 2008

access to health care as well as disease prevention among race also exists (see Figure 2). According to the 2007 Behavioral Risk Factor Sur-

veillance System, 19.9% of black men have no health care coverage compared to only
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Figure 3 Years of Potential Life Lost (under age 75) for Males by Race, Duval County, 2006



Source: Florida Department of Health, Office of Vital Statistics, 2006
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, April 2008

Emergency Room Visits and Hospitalizations Among Men

In 2005, 34,045 males visited an emergency room because of an injury. The rate, 94.9 per 1,000 population, is 16.7% greater than the female rate for the same diagnosis. The second most common reason males visited the emergency room was for symptoms, signs, and ill-defined conditions such as headache, fever, and chest pain with a rate of 49.7 per 1,000. Similarly, females went to the emergency room for the same reasons although at a higher rate, 78.7 per 1,000. Males visited an emergency room mainly for injuries, symptoms, signs and ill-defined conditions, respiratory infections, infections of skin and subcutaneous tissue, dorsopathies, and COPD. Females also went to the ER for similar conditions, yet the overall male rate of visits was 27.3% less than females. A difference was also apparent be-

tween black males and white males. Black males went to the ER at a rate of 388.5 per 1,000 population which is 61.5% greater than the rate for white males, 240.5 per 1,000. The higher rate of ER use among this population may be expected because of a large number of underinsured residents who have reduced access to primary care.

Thirty-nine percent of males who were seen in the emergency room were either underinsured, paid outright for their medical bills, or had costs covered by charity (see Figure 4). The total cost for all male ER visits in 2005 was \$190,131,150 which averages to a cost of \$1,875 per visit.

There was little difference between black male and white male rates for hospitalization. The primary condition for which males were hospitalized was heart disease followed by injuries.

Local Disparities in Men's Health

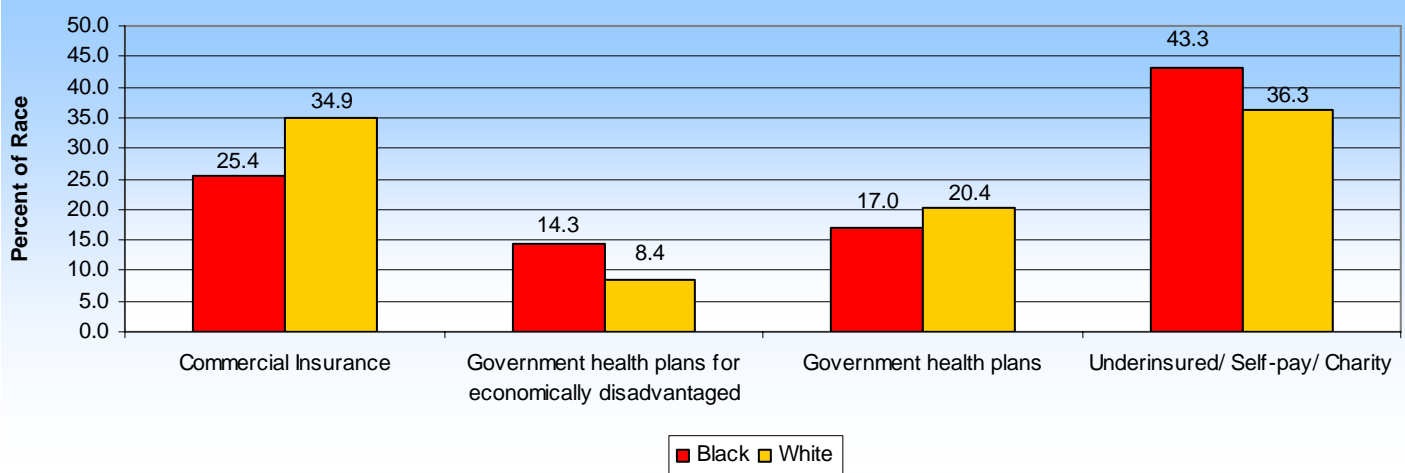
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9.2% of white men, and 28.2% of black men have no personal health care provider compared to 18.7% of white men. In addition, 24.7% of black men smoke tobacco compared to 22.5% of white men, 72% of black men had been screened for cholesterol compared to 79.2% of white men, 31.1% of black men have high blood pressure compared to whites (27.6%), and 46.1% of black men have high cholesterol compared to 39.2% of white men. However, only 12.1% of black men engage in heavy or binge drinking compared to 29.9% of white men.

In addition to race, disparities also exist regarding location of residence. Males who live in Health Zone 1 are more likely to

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Figure 4 Male Emergency Room Visits, by Payer, by Race, Duval County, 2005



Commercial Insurance: self-insured and Blue Cross/ Blue Shield, Commercial HMO, Commercial PPO
Government health plans for economically disadvantaged: Medicaid, Medicaid HMO, KidCare
Government health plans: Medicare, Medicare HMO, Champus, VA, Other State/Local Govt, Workers' Compensation
Underinsured/ Self-pay/ Charity: includes those as titled and other

Source: Florida Department of Health, Office of Vital Statistics, 2006
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, December 2007

Life Expectancy

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 Program Coordinator, Northwest Behavioral Health Services, Inc.

Healthy People 2010 is a set of national health objectives utilized to improve the overall health of the U.S. population. The first goal of Healthy People 2010 is to increase life expectancy. A person's life expectancy is based on age-specific death rates. It is the average number of years they are expected to live given their year of birth.¹

The Center for Disease Control reports that in the early 1900's the life expectancy of men and women was relatively the same. Males were expected to live an average of 46.3 years whereas women had a life expectancy of 48.3 years. Data show that whites lived an average of 47.6 years and blacks lived an average of 33 years.² Now, more than a century later, life expectancies have drastically improved. A person born in 2005 can expect to live 77.8 years. In particular, the life expectancy of females is 80.4, while for males it is 75.2. The difference in life expectancies by gender, 5.2, is similar to the difference in life expectancy between blacks and whites, 5.1. Whites have a life expectancy of 78.3 whereas blacks are only expected to live 73.2 years,³ which is not explained by biological differences in the races.

A significant amount of the increase in life expectancy can be attributed to the epidemiologic shift from deaths caused by infectious and parasitic diseases to those caused by chronic and degenerative diseases.⁴ For example, the leading causes of death in 1900 were pneumonia, tuberculosis, and diarrhea.⁵ In 2005, they were heart disease, cancer, and stroke.³ While current life expectancy data is not available for specific populations, due

to population size requirements, Years of Potential Life Lost (YPLL), as discussed on page 4 under "local disparities," is a related measure and is notably different in men and women as well as in men and women by race. The YPLL for men in Duval County was 12,431.8 per 100,000 population under 75. This rate is 67.2% higher than for women with a rate of 7,437.4 per 100,000 less than 75 years. The YPLL rate for white men, 11,456.1 was 66.9% higher than for white women, with 6,863.1 per 100,000 population under 75 years. In addition, the YPLL rate for black men, 15,975.9, was 63% higher than for black women, with 9,797.4 per 100,000 population under 75 years.

Sources:

- ¹ Healthy People 2010. A systematic approach to health improvement. http://www.healthypeople.gov/document/html/uih/uih_2.htm
- ² U.S. Department of Health and Human Services. CDC. Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/07.pdf#027>
- ³ U.S. Department of Health and Human Services. CDC. National Vital Statistics Report, Deaths: Final Data for 2005, Volume 56, Number 10. http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf
- ⁴ U.S. Census Bureau, the Official Statistics. Gender and Aging, Mortality and Health. <http://www.census.gov/ipc/prod/ib98-2.pdf>
- ⁵ U.S. Department of Health and Human Services. CDC. National Center for Health Statistics. Leading Causes of Death, 1900-1998. http://www.cdc.gov/nchs/data/dvs/lead1900_98.pdf

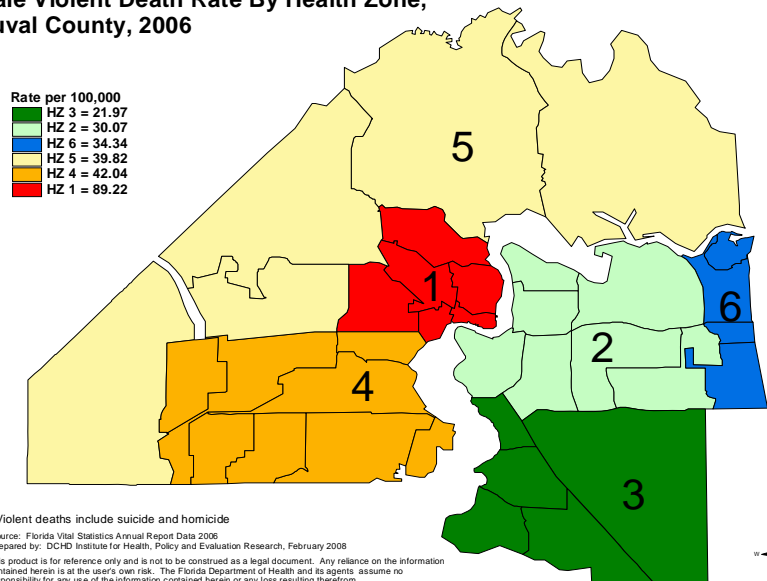
Teen Male Violence

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Jacksonville, Florida has a serious murder problem despite the fact that, in many ways, the community is getting safer. Nationally, Jacksonville's murder rate is average among similar-sized cities. When comparing the time period of January through April in both 2005 and 2006, the murder rate in Jacksonville was up 109% (although, overall violent crime was only up 1%). Half of the victims were black males, 12.5% were black females, 35.4% of victims were white (approximately even between male and female) and 31 of the 48 victims were under the age of 30.¹ Adolescents in the age group of 10-24, made up over half (51.3%) of all emergency room (ER) visits and 42% of hospital discharges due to a fight or brawl. Similarly, those in the same age group accounted for over 52% of all ER visits and 47% of hospital discharges due to firearm injuries.² For combined years 2001-2005, black males made up 62% of

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Figure 5
 Male Violent Death Rate By Health Zone, Duval County, 2006



Teen Male Violence

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all homicide deaths in the 10-24 age group. This number has steadily increased while the white rate has decreased.³

A recent Center for Health Statistics Violent Death and Injury report noted that homicides for the adolescent age group 10-19 were higher in Duval County than in Hillsborough and Orange counties in 2005 (10 percent of all homicides from 2003-2005 were in this age group).⁴ Furthermore, homicide death rates from firearm discharges for ages 15-24 were notably higher in Duval County than for all ages, when compared to Orange and Hillsborough Counties.

Dating Violence Among Adolescents and Teen Males' Role in Dating Violence / Coercion: More than 20% of all adolescents report having experienced either psychological or physical violence from an intimate partner (underreporting remains a concern).⁵ Dating violence and abuse can lead to negative sexual health outcomes. The rates of sexually transmitted infections (STIs) and pregnancy are higher for young people who have a history of abuse. Those who have experienced dating violence are also more likely to suffer from mental illness, suicidal thought and to be involved in binge-drinking, smoking and/or fighting.

Among students between the ages of 13-18 who had ever dated, 36% of the girls and 37% of the boys reported they had experienced physical violence in a dating relationship. In a preliminary study on Adolescents' Beliefs About Rape, it is reported that adolescent girls between the

ages of 12 and 19 are at risk, not only for stranger rape, but also for rape that occurs within the context of dating. In fact, law enforcement agencies estimate that fewer than 35% of stranger rapes and only 13% of acquaintance rapes are reported in the United States, which leads the world as the most rape-prone country.³ Young women are the least likely to contact law enforcement about rape victimization and teen males have the least understanding of the rape protection laws and how it impacts them.

Increasingly, young adolescent males are being arrested as perpetrators of rape. Males between 12 and 20 were involved in 17% of single-offender rapes, which are defined as one victim/one offender. Thirty percent of multiple-offender rapes are committed by males 20 years of age or younger. The greatest increase in arrested rape offenders involves adolescent males. A limited number of studies specific to adolescents and rape beliefs have been published. Much of what is known comes from college-age students. Many young adults are not aware of what constitutes sexually coercive behavior. This is especially apparent when rape occurs between acquaintances or during a date.

An analysis of studies that have been conducted with adolescents regarding rape reveals some illuminating findings. Both young males and females consider forced intercourse acceptable in certain situations, and are not immune to conservative attitudes ("Conservative attitudes" refers to conservatively held attitudes about the "roles" of men and women in society). Research has shown that those with more rigid perspectives about gen-

der roles are more likely to blame women for their rape victimization and less likely to blame men for being perpetrators. Other studies with adolescents indicate that young people subscribe to a belief in male dominance and tend to perceive women as sexual objects which may influence behavior.

For more information, contact Ms. Afi-Leigh at 253-2260.

Sources:

¹ Summary of the Jacksonville Sheriff's Report: "Murders from January through April 2006"

² Florida Department of Health, Office of Vital Statistics, 2002-2005

³ Ibid

⁴ Florida Department of Health, Office of Vital Statistics, 2000-2005

⁵ Roberts TA, Klein J. Intimate Partner abuse and High-Risk Behavior in Adolescents. Archives of Pediatrics & Adolescent Medicine

Local Disparities in Men's Health

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die from health problems such as heart disease, cancer, diabetes and violence than in any other health zone. Specifically, the violence death rate in Health Zone 1 is more than double that of the next highest health zone (see Figure 5). The prostate cancer death rate, unique only to men, is also higher in Health Zone 1, with a rate of 49.6 per 100,000 compared to the 34.4 per 100,000 in the next highest health zone (see Figure 6). Health Zone 1 also has the highest percentage of blacks, the lowest median income, and the highest poverty rates in Duval County.

Center for Health Statistics Report

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Figure 6

Prostate Cancer Death Rate by Health Zone, Duval County, 2006

