

# The State of Men's Health™ Kentucky

*National Men's Health Week provides an opportunity to call attention to the importance of a healthy lifestyle and the benefits of seeking early detection and treatment of diseases. Heart disease and cancers of the prostate, colon, and testicle remain a serious concern for men. Fortunately, the long-term outlook is often favorable if these afflictions are diagnosed early.*

*Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue.*

Representative Bill Richardson (NM)  
Congressional Record, May 24, 1994  
Passage of National Men's Health Week

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Men’s Health Network™  
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## Kentucky: Life expectancy at Birth: 2000

Simply put, there is a silent crisis in America and in Kentucky, a crisis of epic proportions: On average, American men live shorter and less-healthy lives than American women. As shown below, this is also true for Kentucky.

This higher mortality of men leads to striking disparities in life expectancy as reflected in the statistics. The disparity is further illustrated by a study of 1990 data which found a life expectancy of 56.5 years for men living on two South Dakota reservations, and 97 for Asian women living in one New Jersey county.<sup>1</sup>

### Silent Health Crisis

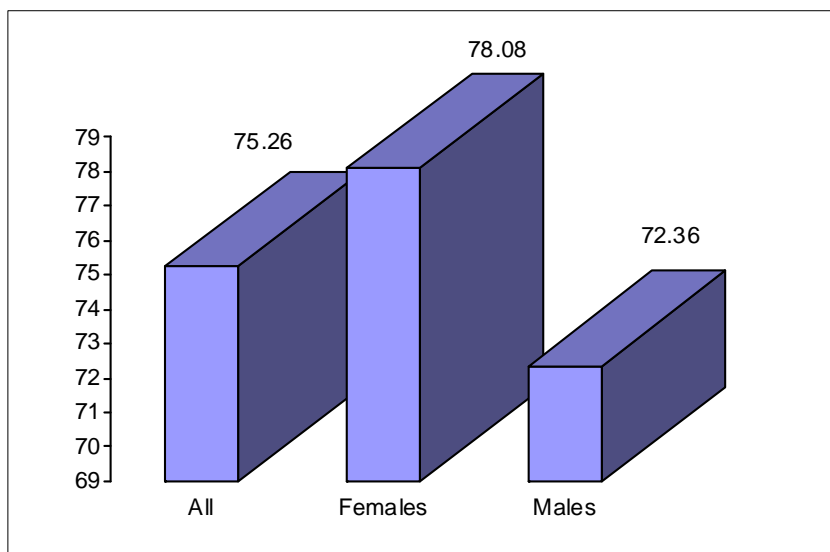
There is a silent health crisis in America...it's that fact that, on average, American men live sicker and die younger than American women."

Dr. David Gremillion  
Men's Health Network

What does this mean for spouses and families? In Kentucky, among women *married to men approximately the same age as themselves*, nearly 15% could be widows as they enter retirement (see page 10 of this report).

## Kentucky, Life Expectancy at Birth, 2000<sup>2</sup>

(The most recent data available.)



More than one-half the elderly widows now living in poverty were not poor before the death of their husbands.

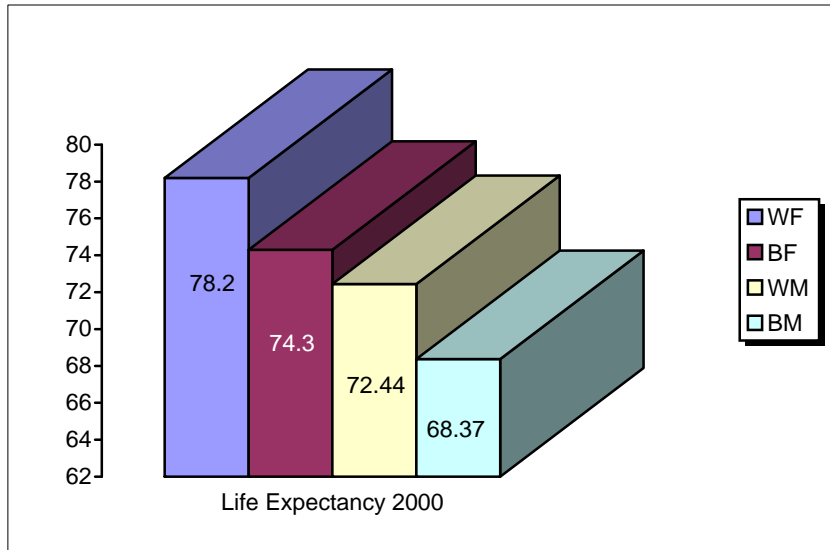
Meeting the Needs of Older Women: A Diverse and Growing Population,  
The Many Faces of Aging, U.S. Administration on Aging

<sup>1</sup> (Lifelines—Long and Short. *Harvard Magazine*: 1998. <<http://www.harvard-magazine.com/issues/mj98/right.lifelines.html>> Retrieved June 3, 2003

<sup>2</sup> Personal Communication: November 6, 2003. Michael Price: State Demographer, Urban Studies Institute at the University of Louisville. 502-852-8918.

## Kentucky, Life Expectancy at Birth by Race, 2000<sup>3</sup>

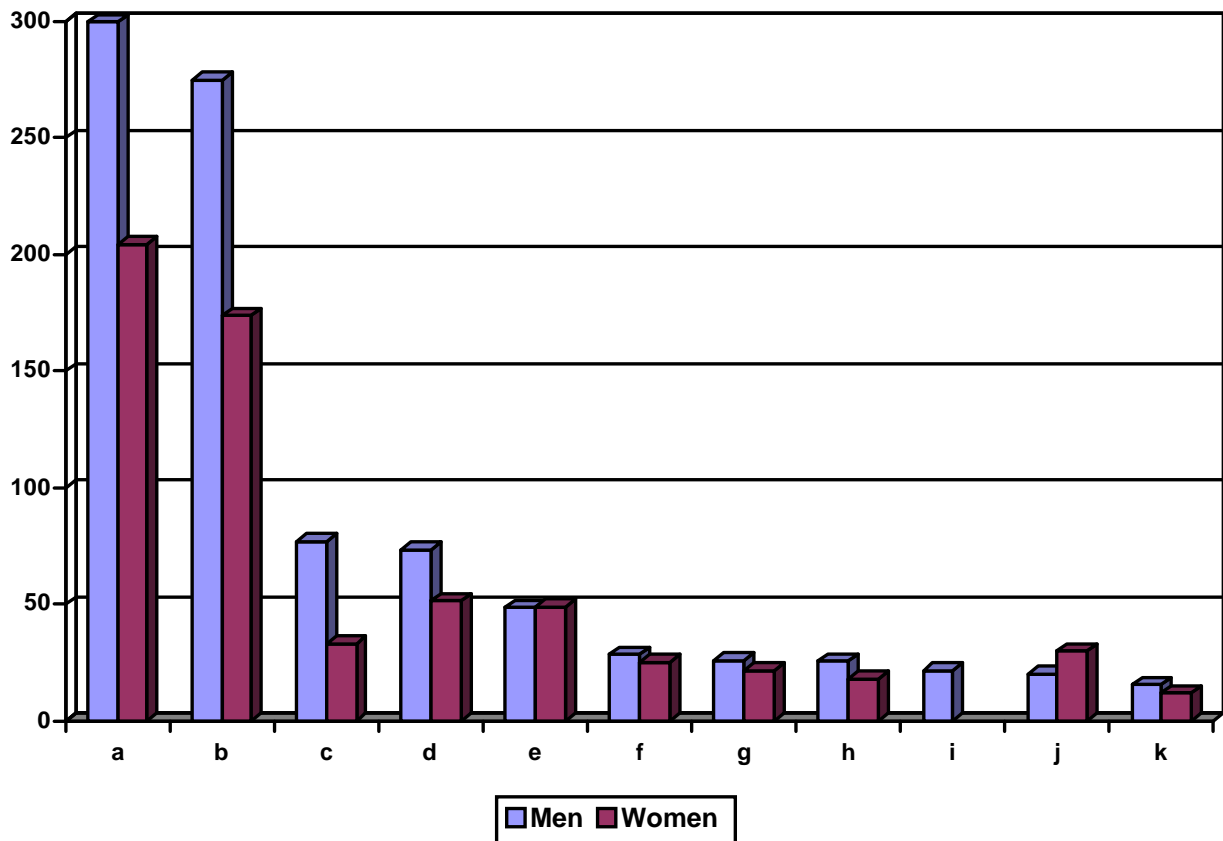
(The most recent data available.)



Sex/Race	Total
White Female	78.20
Black Female	74.30
White Male	72.44
Black Male	68.37

<sup>3</sup> Personal Communication: November 6, 2003. Michael Price: State Demographer, Urban Studies Institute at the University of Louisville. 502-852-8918.

## Age Adjusted Death Rates for the Top Causes of Death, by Sex (2005): Kentucky<sup>4</sup>



**Chart Items (rates per 100,000; age adjusted using 2000 Standard Population):**

<sup>a</sup> Top 10 Male – <sup>b</sup> Top 10 Female

Legend	Disease or Condition	Top Ten	Male	Female*
	All Causes		1106.6	773.9
a	Diseases of the Heart	a,b	299.6	204.1
b	Malignant Neoplasms (cancers)	a,b	274.8	173.7
c	Accidents/ Unintentional Injuries	a,b	76.8	32.9
d	Chronic Lower Respiratory Diseases	a,b	73.3	51.4
e	Cerebrovascular Diseases (stroke)	a,b	48.7	49.1
f	Diabetes Mellitus	a,b	28.5	25.3
g	Influenza and Pneumonia	a,b	26.1	21.6
h	Nephritis, Nephrotic Syndrome & Nephrosis	a,b	25.4	18.1
i	Suicide	a	21.6	**
j	Alzheimer's Disease	a,b	20.0	30.0
k	Septicemia (blood poisoning)	b	15.5	12.0

\*In a list of top ten leading causes of death for females, suicide would be replaced by septicemia

\*\* Suicide data for females is not available as it is not a top leading cause of death

<sup>4</sup> Leading Causes of Resident Deaths by Sex and Race. Number, Crude and Age-Adjusted Rates\*: Kentucky, 2005.  
 < [http://chfs.ky.gov/NR/rdonlyres/3039D210-B807-4049-B4D1-8470F145DD31/0/Table2J2005\\_1page.pdf](http://chfs.ky.gov/NR/rdonlyres/3039D210-B807-4049-B4D1-8470F145DD31/0/Table2J2005_1page.pdf) > Retrieved  
 January 25, 2011

## Other Leading Causes of Death for Kentucky<sup>5</sup>

Disease or Condition	Male	Female
Chronic Liver Disease and Cirrhosis	11.8	5.3
Assault/Homicide	7.2	*
Parkinson's Disease	9.7	4.3

\* Assault/homicide data for females is not available as it is not a leading cause of death

## Prostate Cancer Mortality

Data found in the State Cancer Profiles from the National Cancer Institute indicates that compared to the national average, white males in Kentucky are at a somewhat higher risk for death from prostate cancer.<sup>6</sup>

In 2010 (latest race specific data), the American Cancer Society estimated<sup>7</sup>

- 3,180 new cases of prostate cancer would be diagnosed among men in Kentucky.
- 470 men would die of prostate cancer in Kentucky.

The National Cancer Institute provides the following death rates for the years: 2003-2007

	<b>Kentucky</b>	<b>National</b>
Overall	25.8	24.7
White (Non Hispanic)	24.4	22.9
Black	56.5	64.2
Hispanic	*	18.8
Asian/Pacific Islander	*	10.6
American Indian/Alaska Native	*	16.3

\* 3 or fewer deaths therefore too small to compute a reliable rate

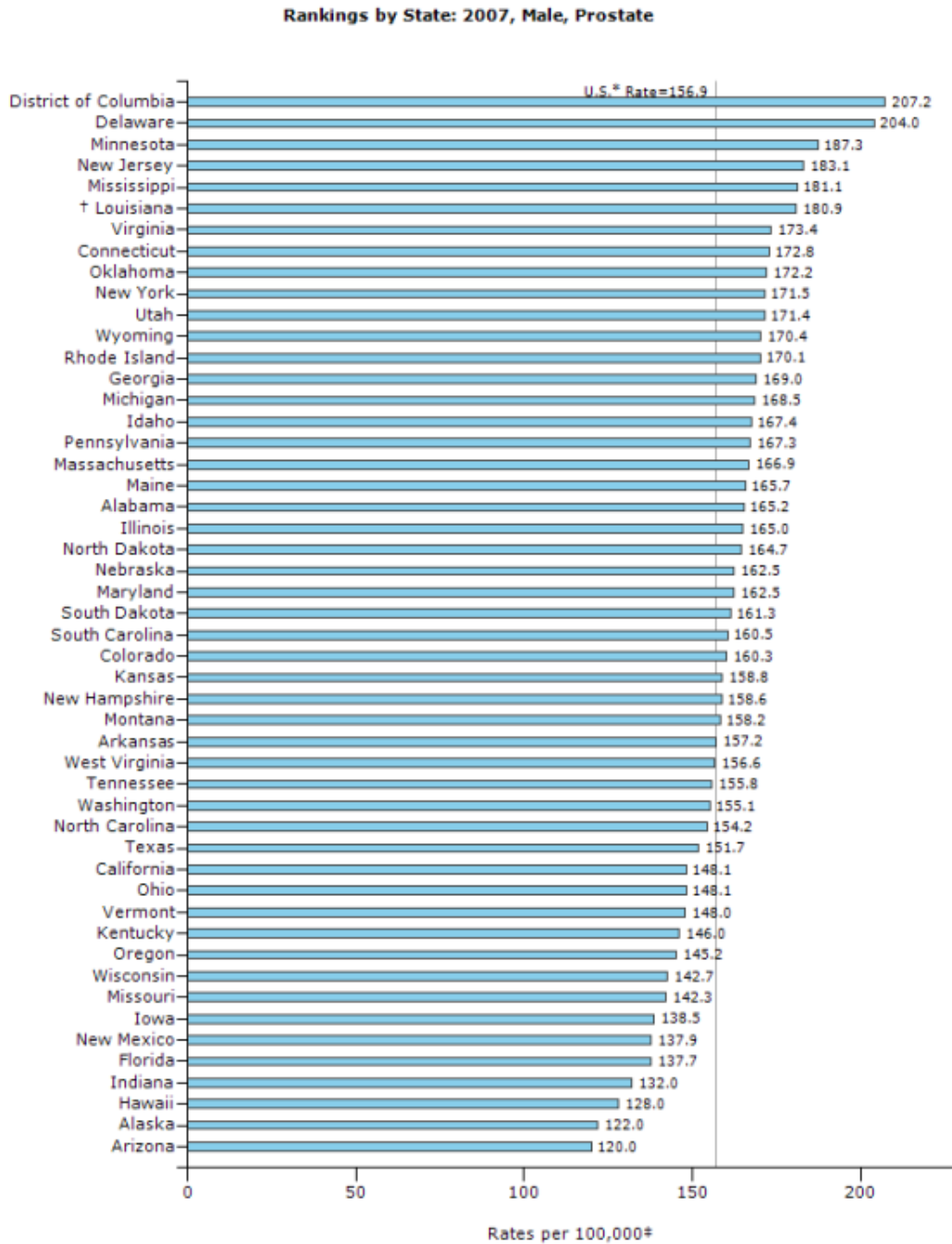
<sup>5</sup> Leading Causes of Resident Deaths by Sex and Race. Number, Crude and Age-Adjusted Rates\*: Kentucky, 2005. < [http://chfs.ky.gov/NR/rdonlyres/3039D210-B807-4049-B4D1-8470F145DD31/0/Table2J2005\\_1page.pdf](http://chfs.ky.gov/NR/rdonlyres/3039D210-B807-4049-B4D1-8470F145DD31/0/Table2J2005_1page.pdf)> Retrieved January 25, 2011

<sup>6</sup> State Cancer Profiles 2003-2007, National Cancer Institute. <<http://statecancerprofiles.cancer.gov>> Retrieved: January 3, 2011

<sup>7</sup> American Cancer Society. Cancer Facts and Figures, 2010. <<http://www.cancer.org/Research/CancerFactsFigures/CancerFactsFigures/cancer-facts-and-figures-2010>> Retrieved February 14, 2011

## Prostate Incidence Cancer Rates 2007

**Invasive Cancer Incidence Rates and 95% Confidence Intervals by State (Table 5.4.1M)**  
 Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25–1130).<sup>8</sup>



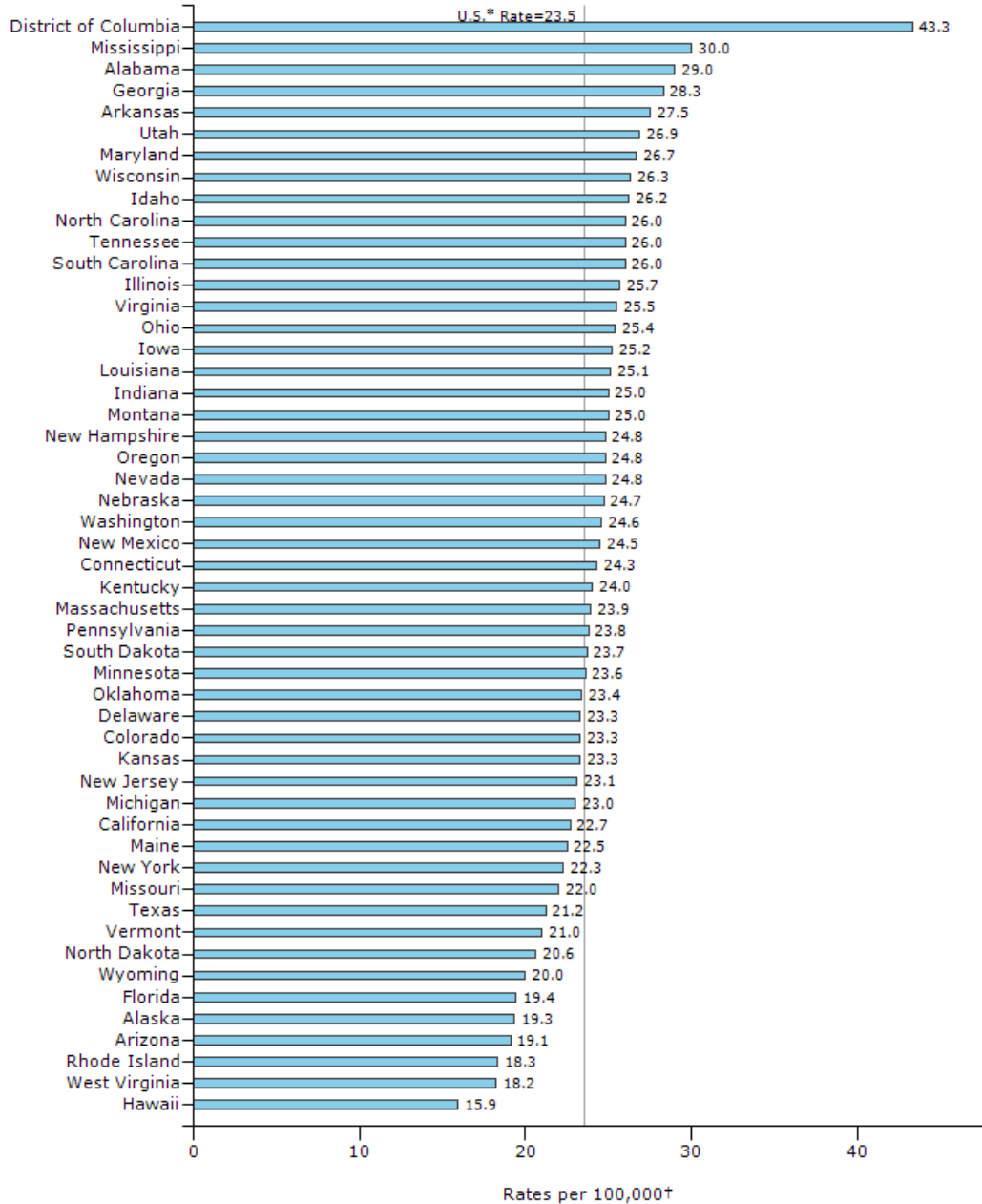
<sup>8</sup> National Program of Cancer Registries (NPCR). Centers for Disease Control and Prevention. <http://apps.nccd.cdc.gov/uscs/cancersrankedbystate.aspx> Retrieved January 3, 2011

## Prostate Death Cancer Rates 2007

### Cancer Death Rates and 95% Confidence Intervals by State (Table 5.4.2M)

Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25–1130).<sup>9</sup>

Rankings by State: 2007, Male, Prostate



<sup>9</sup> National Program of Cancer Registries (NPCR). Centers for Disease Control and Prevention. <http://apps.nccd.cdc.gov/uscs/cancersrankedbystate.aspx> Retrieved January 3, 2011

## Aging in America: Effect on the Male-Female Ratio

Although the older population in America is living longer and has a better quality of life than any other previous generation, disparities among gender still exists. Due to the lack of awareness, poor education and culturally induced behavior patterns in their work and personal lives, men are generally in worse health condition than females leading to a lower life expectancy.

The poor health habits of men take a toll at early ages and the trend is accelerated as men age toward retirement, causing them to rely on the public health care system (Medicare) sooner than women do. The effect of the poor health habits is reflected in higher mortality among aging men when compared to women and the male-female ratio in later years. This leaves women more likely to live as widows and in poverty.

Health data reflects on the poor health status of aging men its effect on spouses and loved ones:

- Despite the fact that nearly more than 100,000 more males than females are born each year, the number of living males decreases rapidly as they age.<sup>10</sup>
- As of 2009, older women outnumber older men at 22.4 million older women to 16.5 million older men.<sup>8</sup>
- Due to the fact that men die earlier, older women are three times more likely to be living alone, are nearly twice as likely to reside in a nursing home, and are more than twice as likely to live in poverty.<sup>8</sup>
- Of the 9 million older persons living alone, 80% are women (Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging)
- 7 out of 10 “baby boom” women will outlive their husbands and many can expect to be widows for 15 to 20 years.<sup>11</sup> This is because women often marry older men and then go on to outlive their husbands.

- Men have a lower life expectancy at birth than females. (M= 77.7 years; F= 80.3 years)
- More newborn males die than females, 5 to 4
- Teenage boys die at twice the rate of girls

(Births: Final Data 2007. National Vital Statistics. Vol 54. No.24)

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<sup>10</sup> *Aging Statistics*. US Administration on Aging. <[http://www.aoa.gov/AoARoot/Aging\\_Statistics/index.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/index.aspx)> Retrieved January 12, 2011

<sup>11</sup> Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging

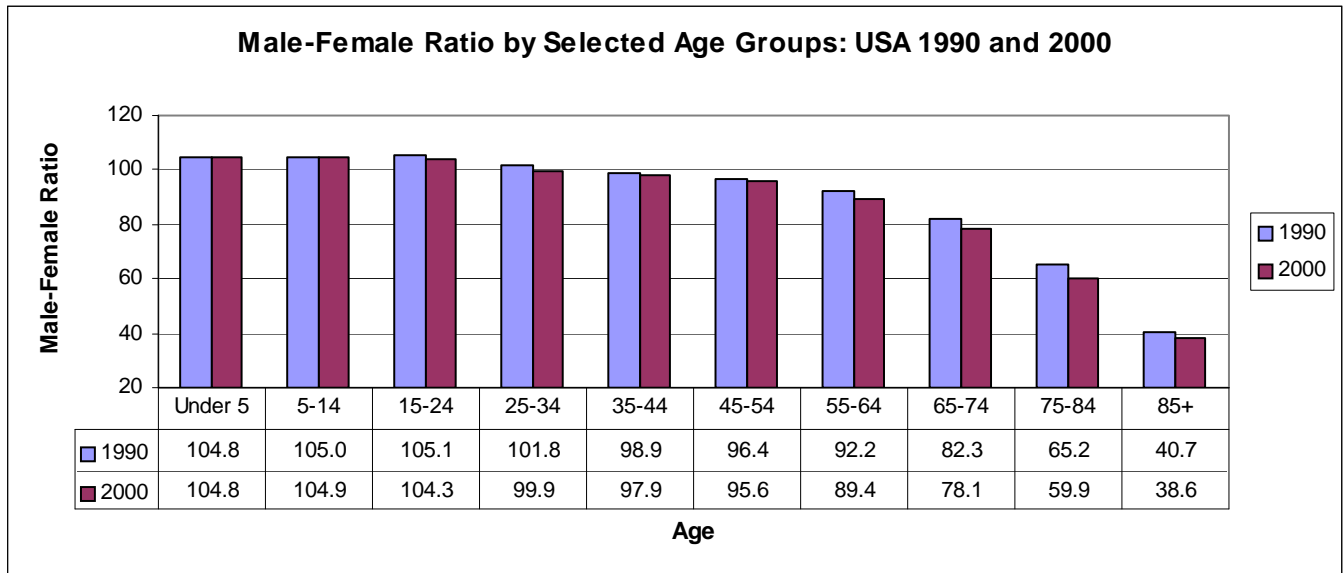
## Aging in Kentucky:

In Kentucky, the male-female ratio converges in the mid to late 30s and then drops rapidly as shown in this chart developed from year 2000 Census data.

### Kentucky Resident Population: 2000 Census by Age and Sex<sup>12</sup>

Age	Number			Males per 100 females
	Both sexes	Male	Female	
<b>Total population</b>	<b>4,041,769</b>	<b>1,975,368</b>	<b>2,066,401</b>	<b>95.6</b>
Under 5 years	265,901	136,273	129,628	105.1
5 to 9 years	279,258	143,419	135,839	105.6
10 to 14 years	279,481	143,929	135,552	106.2
15 to 19 years	289,004	147,977	141,027	104.9
20 to 24 years	283,032	143,883	139,149	103.4
25 to 29 years	281,134	141,769	139,365	101.7
30 to 34 years	286,974	143,506	143,468	100.0
<b>35 to 39 years</b>	<b>321,931</b>	<b>159,316</b>	<b>162,615</b>	<b>98.0</b>
40 to 44 years	320,734	158,212	162,522	97.3
45 to 49 years	293,976	144,952	149,024	97.3
50 to 54 years	262,956	128,971	133,985	96.3
55 to 59 years	204,483	99,187	105,296	94.2
60 to 64 years	168,112	79,993	88,119	90.8
<b>65 to 69 years</b>	<b>144,671</b>	<b>66,591</b>	<b>78,080</b>	<b>85.3</b>
70 to 74 years	129,272	56,207	73,065	76.9
75 to 79 years	104,760	41,734	63,026	66.2
80 to 84 years	67,829	23,743	44,086	53.9
85 to 89 years	38,693	11,230	27,463	40.9
90 years and over	19,568	4,476	15,092	29.7

### Male – Female Ratio by Age Groups: USA<sup>13</sup>



<sup>12</sup> Age Groups and Sex: 2000. *American FactFinder*, U.S. Census Bureau. 2002

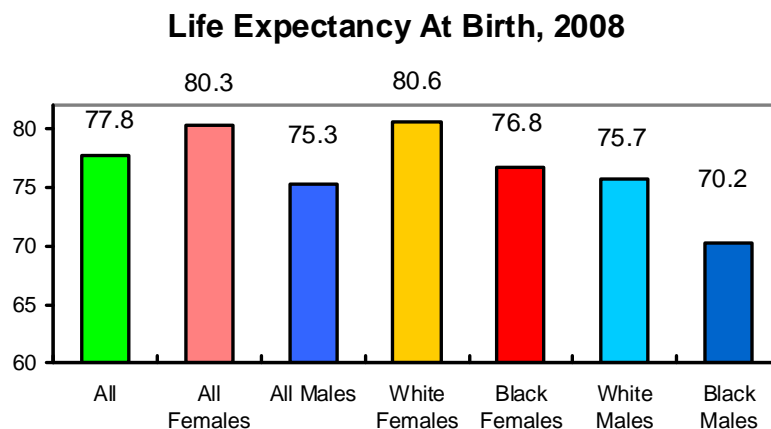
<[http://factfinder.census.gov/servlet/QTTTable?ds\\_name=DEC\\_2000\\_SF1\\_U&geo\\_id=04000US51&q\\_r\\_name=DEC\\_2000\\_SF1\\_U\\_QTP1](http://factfinder.census.gov/servlet/QTTTable?ds_name=DEC_2000_SF1_U&geo_id=04000US51&q_r_name=DEC_2000_SF1_U_QTP1)> Retrieved June 25, 2003

<sup>13</sup> Gender: 2000. *U.S. Census Bureau (C2KBR/01-9)*. September 2001, page 2.

## Mortality by Sex and Race: USA

Based on data released by CDC in December of 2010, the preliminary life expectancy of a newborn child in 2008 is defined by sex and race. The preliminary of life expectancy at birth for the US total population, was 77.8 years, which represents a decrease of life expectancy of 0.1 when compared to 2007 data.

Hispanic females have the highest life expectancy. Black males have the lowest life expectancy even though a record-high life expectancy of 70.2 years was reached in 2008<sup>14</sup>. White males have the next lowest life expectancy.



Life Expectancy at Birth, 2008 <sup>14</sup>	1970 <sup>15</sup>	1950 <sup>12</sup>	1920 <sup>12</sup>	Hispanic 2006 <sup>16</sup>	
<b>Classification</b>	<b>Life Expectancy</b>				
Population	77.8	70.8	68.2	54.1	80.6
All females	80.4	74.7	71.1	54.6	83.1
All males	75.3	67.1	65.6	53.6	77.9
White females	80.7	75.6	72.2	55.6	
Black females	77.0	68.3	62.9 <sup>17</sup>	45.2 <sup>14</sup>	
White males	75.8	68.0	66.5	54.4	
Black males	70.2	60.0	59.1 <sup>14</sup>	45.5 <sup>14</sup>	

<sup>14</sup> Includes all races.

<sup>15</sup> *National Vital Statistics Report*. Vol.59, No. 2, December 9, 2010, page 53. Retrieved January 12, 2011 from [www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_02.pdf)

<sup>16</sup> United States Life Tables by Hispanic Origin. Vital and Health Statistics. Series 2, no 152. October 2010. Includes all races. 2008 Data for Hispanic population is not available.

<sup>17</sup> Prior to 1970, data for the black population are not available. Data shown prior to 1970 are for the nonwhite population.

## Why the Gender Mortality Gap?

Simply put, there is a silent crisis in America, a crisis of epic proportions: on average, American men live shorter and less-healthy lives than American women. A Centers for Disease Control and Prevention (CDC) study of ambulatory care by women illustrates just how wide the health care gulf between the two sexes is. Among other things, the study found that<sup>18</sup>:

- Excluding pregnancy-related office visits, women make twice as many preventative care visits as men.
- Overall, women ages 15-44 are 56% more likely than men in the same age group to visit the doctor for any reason. Among people 65 years of age and over, the rate of visits was fairly similar.
- Regardless of race, the overall rate of ambulatory care use among women with non pregnancy-related diagnoses was 33 percent higher than for men.
- As would be expected, there are more drug mentions per population among women than there are men, since there are more visits per population.

The study's authors offered several possible explanations for this disparity: Women's self-reported health is, on average, worse than men's, which may either reflect more illness or differences in the way health is viewed or discussed by women. Women generally are responsible for their family's health and so may think about health care needs more than men. They are more likely to have a usual source of care, which is a strong predictor of health care utilization. They also tend to use medical care for screening and health education more often than men do. Women have been said to also be more likely to report and act on illness, although research has not always borne this out.

Men's devotion to the workplace is also partly to blame. Various studies have shown that men are less likely than women to take time off from work for health related issues. Men's reluctance to make timely health care visits, however, is not only a function of work and time, but also of the way our culture socializes boys from the earliest age: "big boys don't cry." That attitude extends to the workplace where men feel compelled to ignore their own physical (and mental) health needs and put in a "full 40 hours" ... or more ... knowing in their hearts that if they take time off for anything less than a true health emergency, they will lose status in the workplace, and, in the case of hourly workers, most probably their job.

"The huge disparity between men and women results partly from a lack of awareness, poor health education, and a paucity of male-specific health programs," explains Dr. Gremillion. "The costs, including the cost of caring for dependents left behind, is enormous."

"Excluding pregnancy-related office visits, women make twice as many preventative care visits as men."

Utilization of Ambulatory Medical Care by  
Women: United States, 1997-98, CDC

<sup>18</sup> Utilization of Ambulatory Medical Care by Women: United States, 1997-98, Centers for Disease Control and Prevention (CDC) National Center for Health Statistics Vital and Health Statistics, Series 13, # 149 : July 2001 : pages 12 & 15

In 2000, the Commonwealth Fund released data on men from a study of women's health. The findings from "Out of Touch: American Men and the Health Care System" were featured in virtually every media outlet and in foreign language newspapers and magazines. Those findings help identify the gaps in health care for men:

- This report presents research revealing that an alarming proportion of American men have only limited contact with physicians and the health care system generally. Many men fail to get routine checkups, preventive care, or health counseling, and they often ignore symptoms or delay seeking medical attention when sick or in pain. When they do seek care, social taboos or embarrassment can sometimes prevent men from openly discussing health concerns with their physicians. These and other findings point to a need for expanded efforts to address men's special health concerns and risks and their attitudes toward health care.
- Men's irregular contact with doctors means they often do not receive any preventive care for potentially life-threatening conditions.
- More than half of all men did not have a physical exam or a blood cholesterol test in the past year. Six of 10 men age 50 or older were not screened for colon cancer, while four of 10 were not screened for prostate cancer in the past year. Roughly, a third of these men had not been screened for either disease in the past five years.
- Only 58% of adult men who saw their doctor at least once in the past year had a complete physical exam.
- Only 57% of men who made one or more visits to the physician in the past year received a blood cholesterol screening.
- 24% of males stated that even if they were in pain or sick, they would delay seeking health care as long as possible.
- 17% of males stated that even if they were in pain or sick, they would delay going to a doctor for a week or more.
- Hispanic men have the hardest time gaining access to care.
- Working-age Hispanic men were twice as likely as white or black men not to have seen a physician in the past year: 45 percent of Hispanics did not go to a doctor, compared with 22 percent of black men and 25 percent of white men.
- More than half (55%) of Hispanic men ages 18 to 64 did not have a regular doctor, compared with 45 percent of black men and 33 percent of white men.

The study also explored men's lack of contact with physicians:

<b>No Regular Physician by Age</b>		
<b>Age</b>	<b>Men</b>	<b>Women</b>
All	33%	19%
18-29	53%	33%
30-44	38%	22%
45-64	24%	13%
65+	10%	6%

<b>No MD Visit / Past Year by Age</b>		
<b>Age</b>	<b>Men</b>	<b>Women</b>
All	24%	8%
18-29	33%	7%
30-44	30%	10%
45-64	18%	7%
65+	5%	7%

What can be done to counter this pattern? In an article written for *The News and Observer*,<sup>19</sup> Dr. Gremillion offers some advice:

Research has shown that women strongly affect the health decisions within families, and this includes emphasis on the health of their spouses and the younger males who are forming attitudes about healthy lifestyles. Women, spouses and others with a male in their life can help them understand the importance of healthy lifestyles and health-seeking behavior. By expressing concern, women give men "permission" to be momentarily weak, honestly express their vulnerabilities, and feel more comfortable in the health care setting.<sup>16</sup>

Another study suggests that computers and the Internet offer men an anonymous, private manner of seeking health information in a venue that they feel comfortable with.

These suggestions, coupled with proactive workplace health programs, community and public health outreach, and public awareness campaigns on the national level can go a long way toward encouraging healthy behaviors among men and reducing the health disparity between men and women.

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<sup>19</sup> Men's health needs a heartfelt change. *The News and Observer*, Raleigh, NC. June 17, 2001

## **The Weaker Sex<sup>20</sup> (excerpts): The New York Times Magazine**

- Men start out ahead: 115 males are conceived for every 100 females. However, it's downhill from there.
- The male fetus is at greater risk of miscarriage and stillbirth.
- Male births slightly outnumber female births (about 105 to 100), but boys have a higher death rate if born premature: 22 percent compared with 15 percent for girls.
- Overall, more newborn males die than females (5 to 4).
- SIDS is one and a half times as common in boys as in girls.
- Boys are three to four times as likely to be autistic.
- Boys are three times as likely to have Tourette's syndrome.
- Mental retardation afflicts one and a half times as many boys as girls.
- Dyslexia is diagnosed two to three times as often in boys as girls.

(As teenagers, boys die at twice the rate of girls.)

- Men are 16 times as likely as women to be colorblind.
- Men suffer hearing loss at twice the rate of women.

(Men are 4 times as likely to commit suicide)

- The male hormone testosterone is linked to elevations of LDL, the bad cholesterol, as well as declines in HDL, the good cholesterol.
- Men have fewer infection-fighting T-cells and are thought to have weaker immune systems than women.

(Men die at higher rates from the top 10 causes of death.)

- Men have a higher death rate from pneumonia and influenza than women.
- By the age of 36, women outnumber men.

(Men account for 92% of workplace deaths)

- In the United States, men are twice as likely to die from parasite-related diseases (in part, some speculate, because their greater average size may offer parasites a bigger target).

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<sup>20</sup> Jones, Maggie. The New York Times Magazine. <[www.nytimes.com/2003/03/16/magazine/16MALE.html](http://www.nytimes.com/2003/03/16/magazine/16MALE.html)>. Retrieved March 16, 2003

- Among people 65 and older, men account for 84 percent of suicides.
- American men typically die almost six years before women do.
- By the age of 100, women outnumber men eight to one.

## Men's Health Week Proclamation

Recognizing the need for men to become more engaged with the health care system, the governors issue Men's Health Week proclamations to correspond with National Men's Health Week.

Alabama	Maryland	South Carolina
Alaska	Massachusetts	South Dakota
Arizona	Michigan	Tennessee
Arkansas	Minnesota	Texas
California	Mississippi	Utah
Colorado	Missouri	Vermont
Connecticut	Montana	Virginia
Delaware	Nebraska	Washington
District of Columbia	Nevada	West Virginia
Florida	New Hampshire	Wisconsin
Georgia	New Mexico	Wyoming
Hawai'i	New Jersey	
Idaho	New York	
Illinois	North Carolina	American Samoa
Indiana	North Dakota	Guam
Iowa	Ohio	Puerto Rico
Kansas	Oklahoma	Saipan, Northern Mariana Islands
Kentucky	Oregon	Virgin Islands
Louisiana	Pennsylvania	
Maine	Rhode Island	

## Men's Health Week: Kentucky

# Commonwealth of Kentucky



*To All To Whom These Presents Shall Come:*

- WHEREAS, Despite advances in medical technology and research, men continue to live an average of almost six years less than women, with African-American men having the lowest life expectancy; and
- WHEREAS, Educating the public and health care providers about the importance of a healthy lifestyle and early detection of male health problems will help lower men's mortality rates from disease; and
- WHEREAS, Men who are educated about the value of preventative health will be more likely to participate in health screening; and
- WHEREAS, The Men's Health Network worked with Congress to develop "National Men's Health Week" as a special campaign to help educate men and their families about the importance of positive health attitudes and preventative health practices; and
- WHEREAS, "Kentucky Men's Health Week" will focus on a broad range of men's health issues, including heart disease, diabetes, prostate, testicular and colon cancer; and
- WHEREAS, The citizens of the Commonwealth are encouraged to increase general awareness of the importance of a healthy lifestyle, regular exercise and medical check-ups;
- NOW, THEREFORE, I, STEVEN L. BESHEAR, Governor of the Commonwealth of Kentucky, do hereby proclaim June 14-20, 2010, as

## MEN'S HEALTH WEEK

in Kentucky, and encourage all our citizens to pursue preventative health practices and early detection efforts.



DONE AT THE CAPITOL, in the City of Frankfort this 20<sup>th</sup> day of May, in the year of Our Lord Two Thousand Ten and in the 218<sup>th</sup> year of the Commonwealth.

Handwritten signature of Steven L. Beshear in black ink.

STEVEN L. BESHEAR  
GOVERNOR

Handwritten signature of Trey Grayson in black ink.

Trey Grayson  
Secretary of State