

The State of Men's Health™

Vermont



A report on the health and well-being of men and boys in Vermont.

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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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.

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Introduction

It has been called the “silent crisis” for good reason. It’s Men’s Health. Overall, men live “sicker” and shorter lives than women. It’s common knowledge that a woman the same age as her husband will most likely live longer than he will. But the true crisis lies in the popular acceptance of these statistics. Closer inspection indicates that we do not have to accept this as a fact of life.

Men die at higher rates than females of the same age for a number of reasons, due in no small part to a society that encourages men to engage in risky behaviors, where men work at the most dangerous jobs, and where men put their work above their own safety. Yet one behavior may well be the most threatening to their longevity of all – not being aware of their own health care needs. According to studies by the Commonwealth Fund and the Centers for Disease Control and Prevention (CDC) cited in this report, men are far less likely than women to have regular contact with a doctor over the course of their lifetime and are half as likely as women to have a preventive health exam. This means that men often do not receive any preventive care for potentially life-threatening conditions, nor are those conditions diagnosed early when they are easier to treat and/or cure.

According to the National Center for Health Statistics at CDC, overall per capita spending on healthcare nearly doubled in 12 years, from \$4,128 in 2000 to \$7,826 in 2013, and continues to grow.¹ However, due to the factors mentioned above, the health of America’s men has not benefited in proportion to this increase. In short, many men die long before their time because of diseases that could have been prevented if only they had known.

This is also a family crisis. Almost half of elderly widows who live in poverty were not living in poverty before the death of their husbands. In terms of lost years for societal contributions, the numbers are staggering.

For over two decades Men's Health Network has been seeking to educate the public on health disparities among men and women, and to support a new generation with the tools to turn the tide on these statistics. Education plays a major role in the understanding and eventual elimination of health disparities between men and women, rich and poor. Access to health care services is also key, and the ongoing changes in our health care delivery systems provide promise for a more engaged male, with retail clinics and neighborhood urgent care centers making health care more accessible to both men and women whose work schedules or lifestyles otherwise hinder their access to a health care provider.

This extensive report sheds light on the current male health crisis in our communities and should be the impetus for all of us to push for broader solutions nationwide and most importantly, bring the focus back home where we need to encourage our own men to lead healthier lifestyles. The report provides the data needed to begin to understand the problem, offering a starting point for changes in policies and attitudes that will allow us to improve the health and wellbeing of men and boys...and their families.

For ideas on how to improve the health and wellbeing of men and boys in your state, contact: state@menshealthnetwork.org

¹ National Center for Health Statistics. Health, United States, 2014. Retrieved January, 15, 2016.

Vermont: Life Expectancy at Birth: 2010

Simply put, there is a silent crisis in America and in Vermont, 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 Vermont.

This higher mortality of men leads to striking disparities in life expectancy as reflected in the statistics. The disparity is also illustrated by a 1990 study 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.²

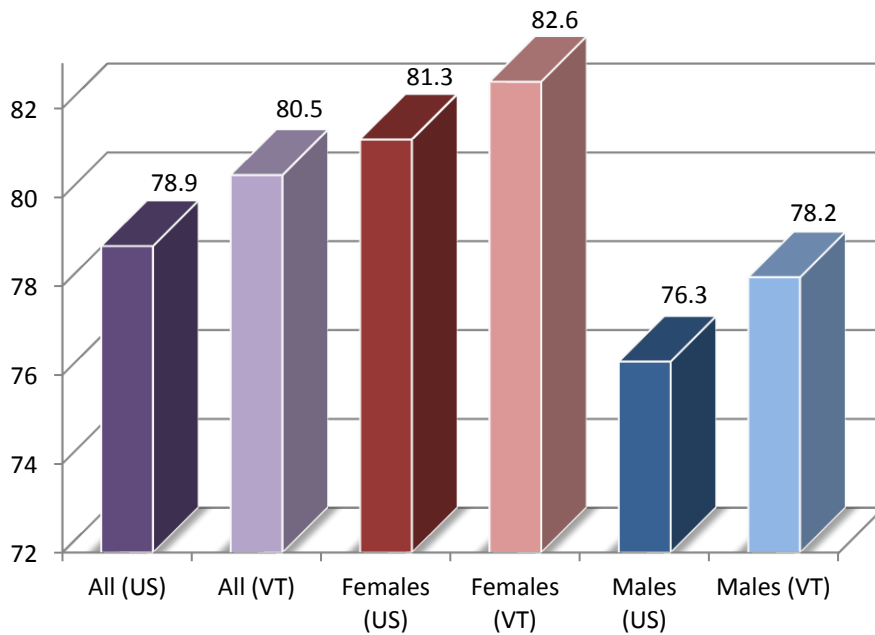
Silent Health Crisis

“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 Gremlion
Men’s Health Network*

Vermont vs US Life Expectancy at Birth, 2010³

(The most current data available to compare state with national)



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

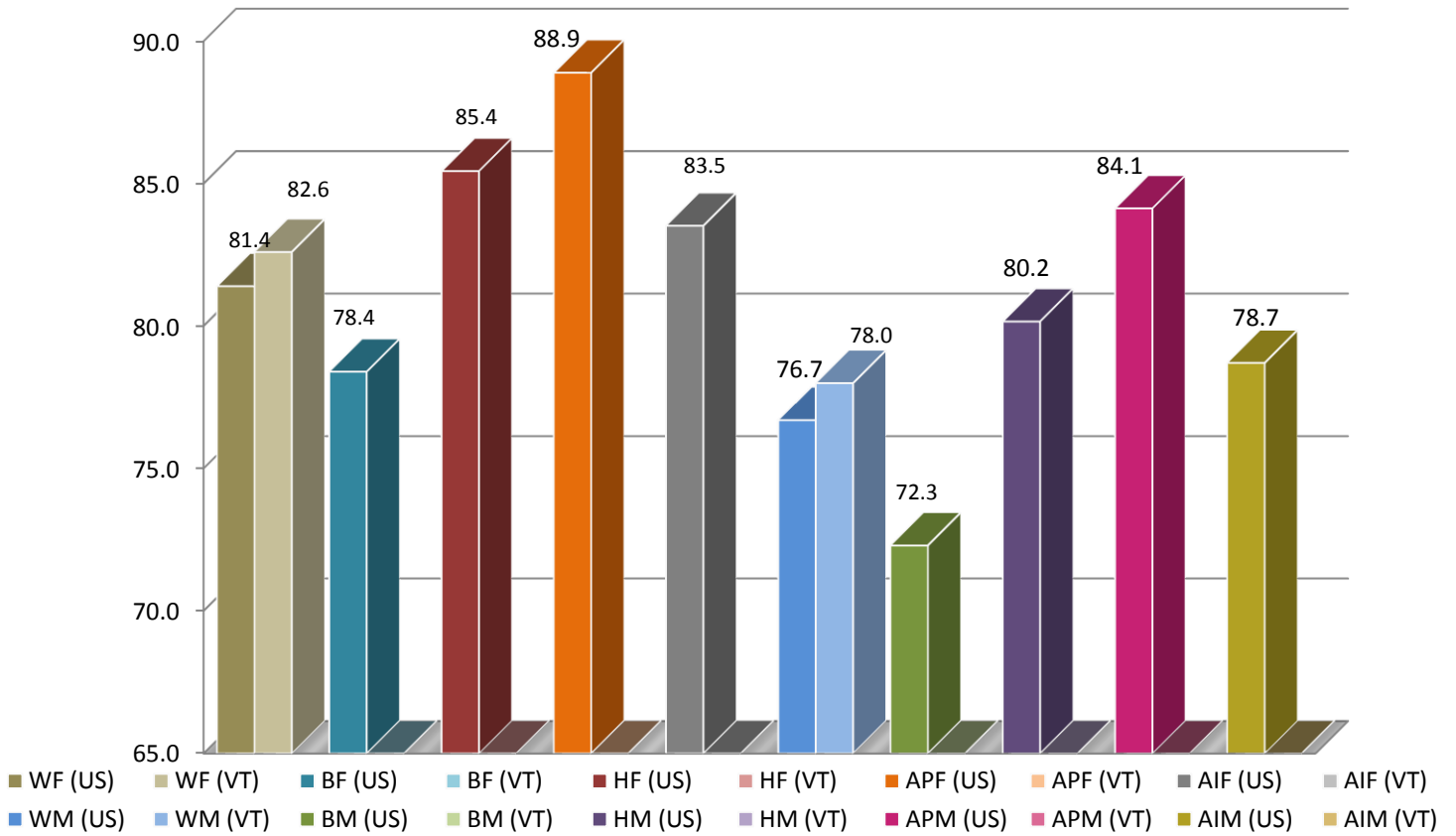
*Meeting the Needs of Older Women: A Diverse and Growing Population,
The Many Faces of Aging, U.S. Administration on Aging*

² Lifelines—Long and Short. Harvard Magazine: 1998. <<http://www.harvard-magazine.com/issues/mj98/right.lifelines.html>> Retrieved June 3, 2003.

³ Social Science Research Council. Measure of America. HD index and supplemental indicators by state: 2013-14 dataset. Life expectancy at birth. Measure of America A Project of the Social Science Research Council. Retrieved January 11, 2016. <www.measureofamerica.org>

Vermont vs US, Life Expectancy at Birth by Race and Gender, 2010⁴

(The most current data available to compare state with national)



Female/Race (Population)	Life Expectancy (Years)	Male/Race (Population)	Life Expectancy (Years)
White (US)	81.4	White (US)	76.7
White (VT)	82.6	White (VT)	78.0
Black (US)	78.4	Black (US)	72.3
Black (VT)	*	Black (VT)	*
Hispanic (US)	85.4	Hispanic (US)	80.2
Hispanic (VT)	*	Hispanic (VT)	*
Asian/Pac. Islander (US)	88.9	Asian/Pac. Islander (US)	84.1
Asian/Pac. Islander (VT)	*	Asian/Pac. Islander (VT)	*
Amer. Indian/ Alaskan Native (US)	83.5	Amer. Indian/ Alaskan Native (US)	78.7
Amer. Indian/ Alaskan Native (VT)	*	Amer. Indian/ Alaskan Native (VT)	*

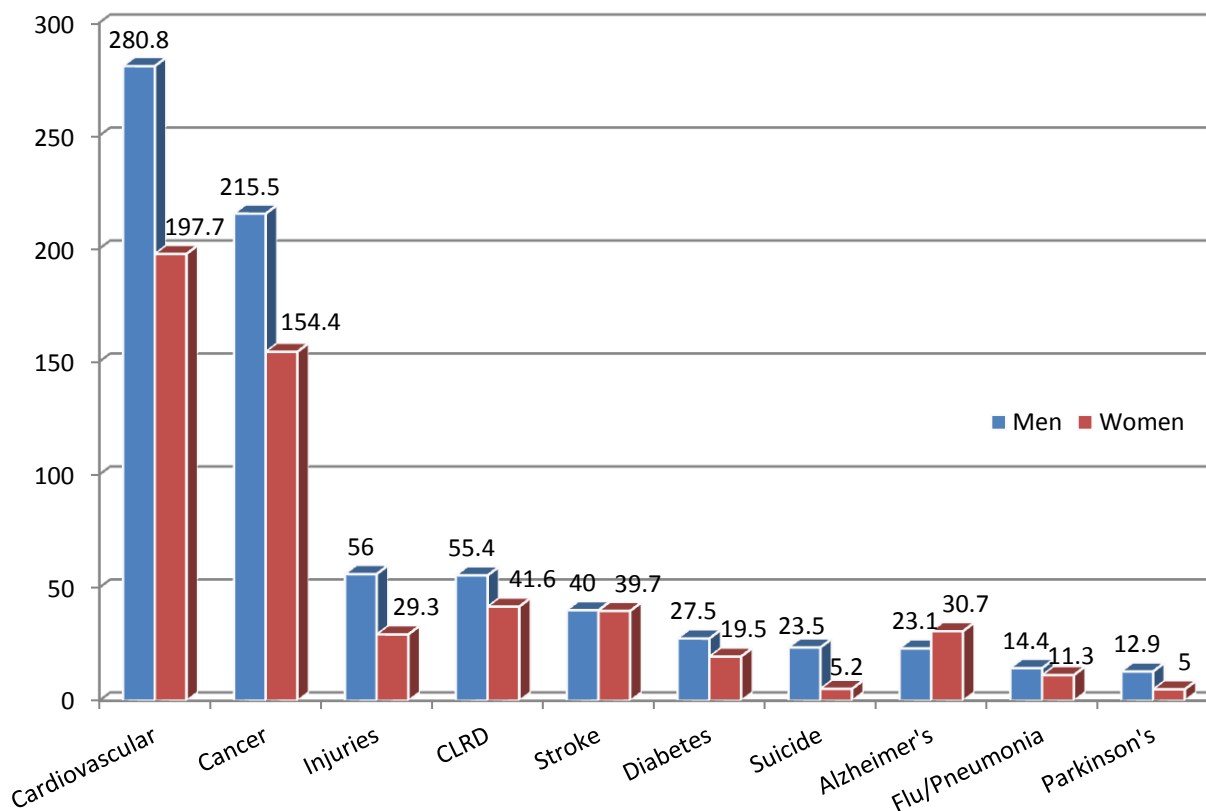
* No significant data available

In 2013, the county with the highest life expectancy in Vermont for both men (79.2) and for women (83.5) was Chittenden County.⁵

⁴ Ibid

Every year, in every state, the death rate for men is higher than the rate for women.

Vermont: Age-Adjusted Death Rates (All Ages) for the Leading Causes of Death, by Sex (1999 - 2014)⁶



Mortality rates per 100,000; Age-Adjusted using 2014 Standard Population

a – Top 10 for Males in state, b – Top 10 for Females in state

Cause of Death	Top Ten	National Rate (Male)	Male	Female	Ratio Male:Female
All causes		940.7	875.6	636.6	1.4
Major cardiovascular diseases	a,b	321.1	280.8	197.7	1.4
Cancer	a,b	219.8	215.5	154.4	1.4
Unintentional Injuries	a,b	52.9	56.0	29.3	1.9
Chronic Lower Respiratory Diseases	a,b	50.6	55.4	41.6	1.3
Stroke	a,b	46.2	40.0	39.7	1.0
Diabetes mellitus	a,b	26.9	27.5	19.5	1.4
Suicide	a,b	19.0	23.5	5.2	4.5
Alzheimer's Disease	a,b	19.0	23.1	30.7	0.8
Influenza and Pneumonia	a,b	22.1	14.4	11.3	1.3
Parkinson's Disease	a	10.0	12.9	5.0	2.6

⁵ Institute for Health Metrics and Evaluation. Life Expectancy in US Counties, by gender. < <http://www.healthdata.org/data-visualization/us-health-map> > Retrieved January 13, 2016.

⁶ Wonder - Centers for Disease Control and Prevention. Health Data Interactive. Underlying Cause of Death, 1999-2014.

State-Specific Leading Causes of Mortality, by Gender and Race⁷

Vermont's 10 Leading Causes of Death by Gender*

Rank	Men	Women
1	Major cardiovascular diseases	Major cardiovascular diseases
2	Cancer	Cancer
3	Unintentional injuries	Chronic lower respiratory diseases
4	Chronic lower respiratory diseases	Stroke
5	Stroke	Alzheimer's disease
6	Diabetes mellitus	Unintentional injuries
7	Suicide	Diabetes mellitus
8	Alzheimer's disease	Influenza & Pneumonia
9	Influenza & Pneumonia	Kidney diseases
10	Parkinson's disease	Suicide

*Rankings only account for deaths due to singular cause of death and does not account for multiple causes of death

Vermont's 10 Leading Causes of Death by Race*

Rank	Non-Hispanic White	Non-Hispanic Black	Hispanic/Latino
1	Major cardiovascular diseases	Major cardiovascular diseases	Cancer
2	Cancer	Cancer	Major cardiovascular diseases
3	Chronic lower respiratory diseases	Unintentional injuries	Unintentional injuries
4	Unintentional injuries	***	***
5	Stroke	***	***
6	Alzheimer's disease	***	***
7	Diabetes mellitus	***	***
8	Suicide	***	***
9	Influenza & Pneumonia	***	***
10	Parkinson's disease	***	***

Rank	Asian/Pacific Islander	American Indian/ Alaskan Native	Other**
1	Cancer	Major cardiovascular diseases	***
2	Major cardiovascular diseases	Cancer	***
3	***	***	***
4	***	***	***
5	***	***	***
6	***	***	***
7	***	***	***
8	***	***	***
9	***	***	***
10	***	***	***

*Rankings only account for deaths due to singular cause of death and does not account for multiple causes of death

**The 10 leading causes for "Other" may not necessarily be ranked as listed in the chart above, due to inadequate population data

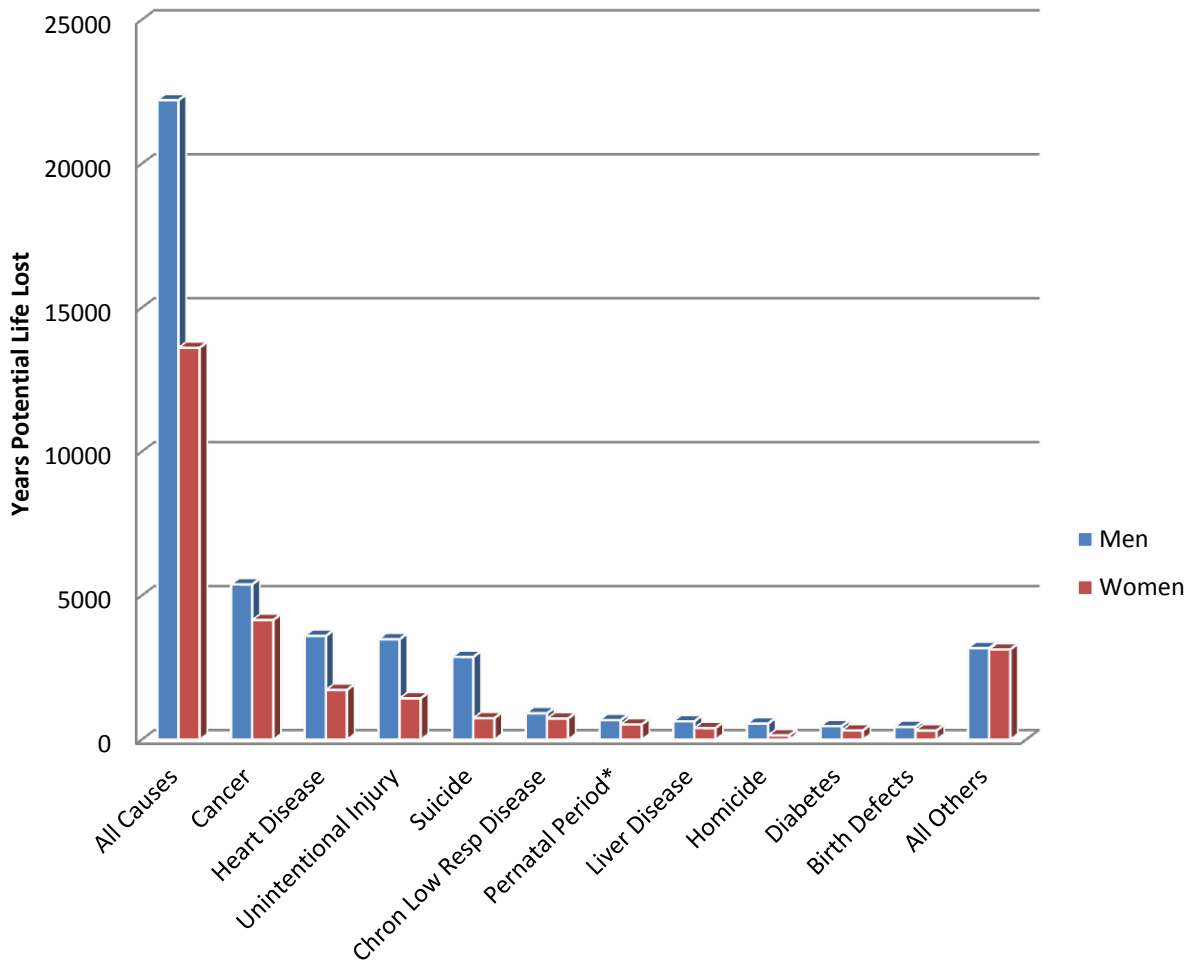
*** Data not available

⁷ ibid

Vermont: Years Potential Life Lost

Years of potential life lost (YPLL) is an estimate of the average years a person would have lived if he had not died prematurely. Premature death is considered any death that occurred before the age of 75. These numbers are reflective of the *toll of premature deaths from specific causes affecting younger age groups*. YPLL calculates the sum of all the years lost from all specific diseases for all Vermont residents. For example, Vermont males lost 3,601 years of life in total from heart disease in 2014. For Vermont in 2014, total YPLL for all causes of death for males was 22,207 years and 13,608 years for females, which represents a 63.1% greater total years lost for males.

Vermont: Years of Potential Life Lost (YPLL) Before Age 75, 2013⁸



⁸ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). <<http://webappa.cdc.gov/sasweb/ncipc/ypll10.html>> Retrieved January 14, 2016

* infant deaths of less than 7 days of age and fetal deaths of 28 weeks of gestation or more.

Leading Causes of Death for Boys

While the rates of birth defects, cancer, and heart disease are similar for both boys and girls, many more boys die from unintentional injuries, homicide, and suicide than girls. *It can be concluded that the higher rate of death in boys may be preventable.*

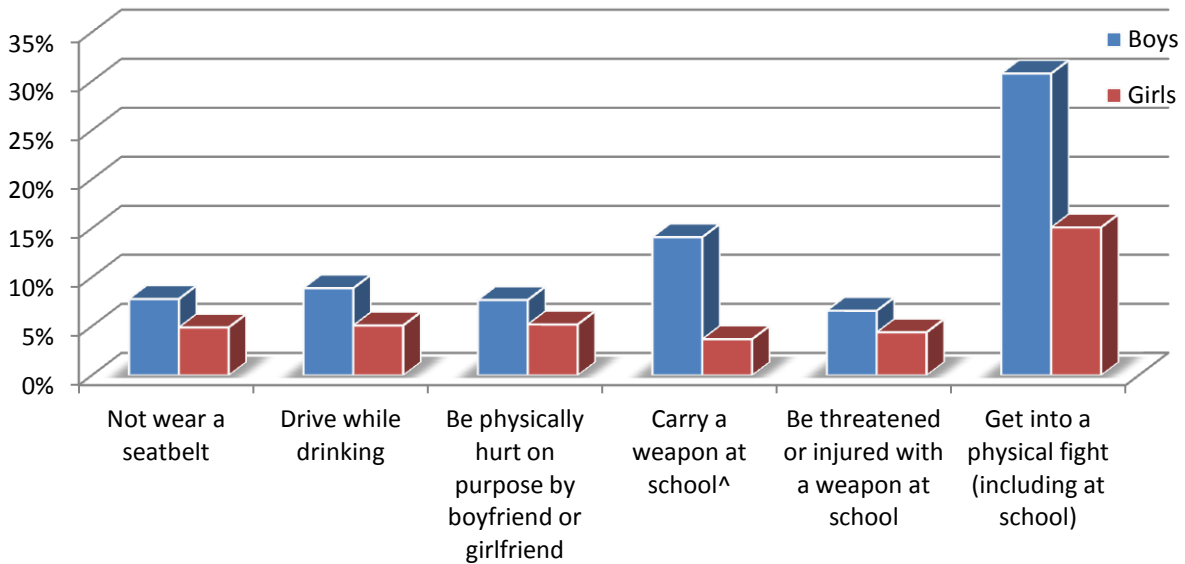
Vermont: Age-Adjusted Leading Causes of Death for Ages 0-17⁹
(rates per 100,000; age-adjusted using 2010 Standard Population)

Cause of Death	Boys					Girls				
	0-17	0-4	5-9	10-14	15-17	0-17	0-4	5-9	10-14	15-17
All causes	66.7	173.5	15.1	19.7	59.1\2	50.5	141.9	12.2	13.6	29.2
Unintentional injuries	12.4	15.5	*	7.3	25.9	7.7	11.1	*	*	13.8
Birth defects	9.0	30.7	*	*	*	8.5	28.9	*	*	*
Homicide	*	*	*	*	*	*	*	*	*	*
Cancer	2.6	*	*	*	*	2.2	*	*	*	*
Suicide	2.1	*	*	*	9.0	2.6	*	*	*	*
Heart Disease	*	*	*	*	*	*	*	*	*	*

* = negligible number

The higher rates unintentional injuries, homicide, and suicide may be explained, in part, by risky behaviors. High school boys in Vermont¹⁰ are more likely than girls to:

Percentage of High School Students in Vermont (2011)



The research shows that while girls are likely to have more suicide attempts (4.5% vs. 2.7%)¹⁰, boys have more of suicide deaths. This is because females are more likely to attempt suicide by drug overdose and males by firearms. Firearms are more likely to result in immediate death.

⁹ Wonder. Centers for Disease Control and Prevention (CDC). Mortality by underlying cause: US/State, 1999-2014. Retrieved January 15, 2016.

¹⁰ Eaton, Danice K., et al. Centers for Disease Control and Prevention. (2011) Youth risk behavior surveillance-United States. < <http://nccd.cdc.gov/youthonline/App/Default.aspx> > Retrieved November 1, 2014.

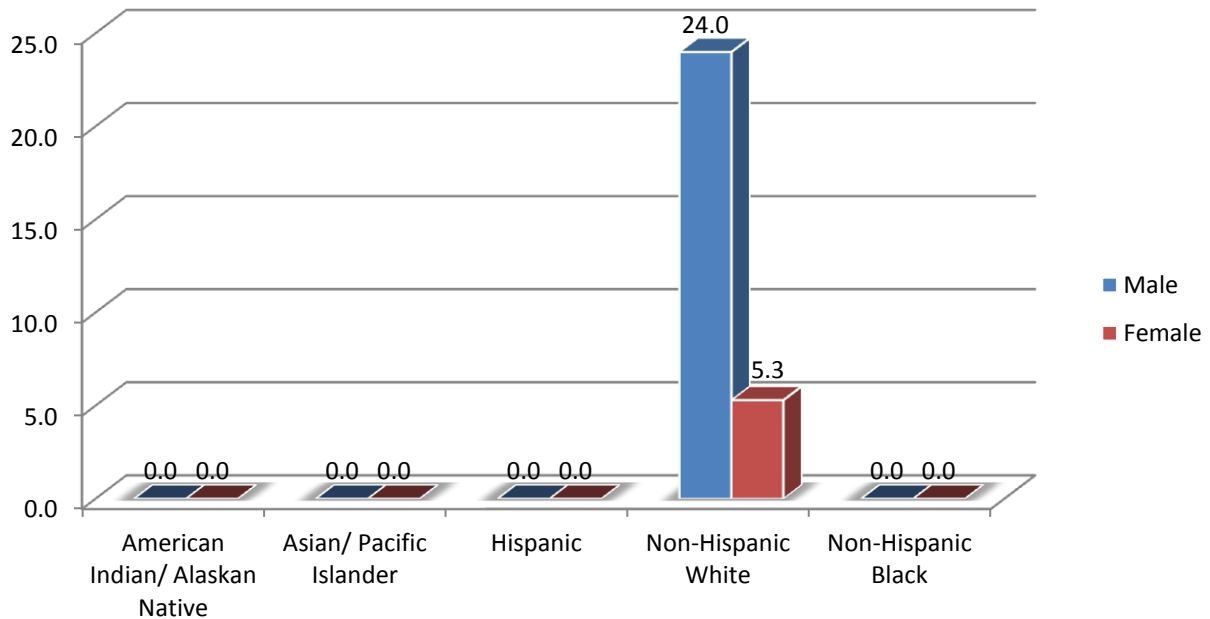
[^] = high school boys in Vermont are significantly more at risk than the United States average.

Two Specific Causes of Death: A Closer Look

Suicide in Vermont

Former Surgeon General Dr. David Satcher has stated; “Suicide is our most preventable form of death.” For the nation (as of 2014), suicide is the third leading cause of death in males 15-44, and the fourth leading cause of death for females in the same age group. On average, 20.9 men per 100,000 will commit suicide, compared to 5.4 women, making suicide the single largest gender-based mortality disparity.¹¹ By age group, suicide rates are highest for men over 85 years of age, and by race for White men in Vermont

Vermont: Age-Adjusted Suicide Rates per 100,000 (2014)¹¹:



The rate of suicide for men in Vermont is 4.5 times the rate for women.

Risk factors for suicide include: loss (relational, social, work, or financial), family history of suicide, history of child maltreatment, history of depression, history of mental disorders, history of alcohol and substance abuse, feelings of hopelessness, local epidemics of suicide, social isolation due to bullying and other factors, and unwillingness or inability to seek help for mental health issues or suicidal thoughts.¹²

¹¹ Wonder. Centers for Disease Control and Prevention. Health Data Interactive. Retrieved January 14, 2016.

¹² Centers for Disease Control and Prevention. Suicide: Risk and Protective Factors.

<http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html> Retrieved February 7, 2014.

Prostate Cancer Mortality

Data found from the National Cancer Institute, State Cancer Profiles indicates that compared to the national average, males overall in Vermont are at higher risk for death from prostate cancer.¹³

In 2016, the American Cancer Society estimates:¹⁴

- 450 new cases of prostate cancer will be diagnosed among men in Vermont.
- 70 men will die of prostate cancer in Vermont.

Obesity has been linked to prostate cancer, particularly for men who are obese before the age of 30.

American Journal of Epidemiology

The National Cancer Institute provides the following age-adjusted death rates for prostate cancer for the years 2008-2012 (per 100,000)¹³:

Race/Ethnicity	Vermont	National
Overall	22.4	21.4
White (Non-Hispanic)	22.4	19.9
Black (Includes Hispanic)	**	46.3
Hispanic (Any Race)	**	17.8
Asian/Pacific Islander	**	9.4
American Indian/Alaska Native	**	16.1

** Data has been suppressed to ensure confidentiality and stability of rate estimates. (less than 15 deaths per year)

As of the 2008-2012 data (most currently available), the county in Vermont with the highest death rates due to prostate cancer:¹³

- For white men (27.3) is Chittenden County
- With Chittenden County having the highest prostate cancer death rate (27.0) overall in the state for men when not considering race/ethnicity

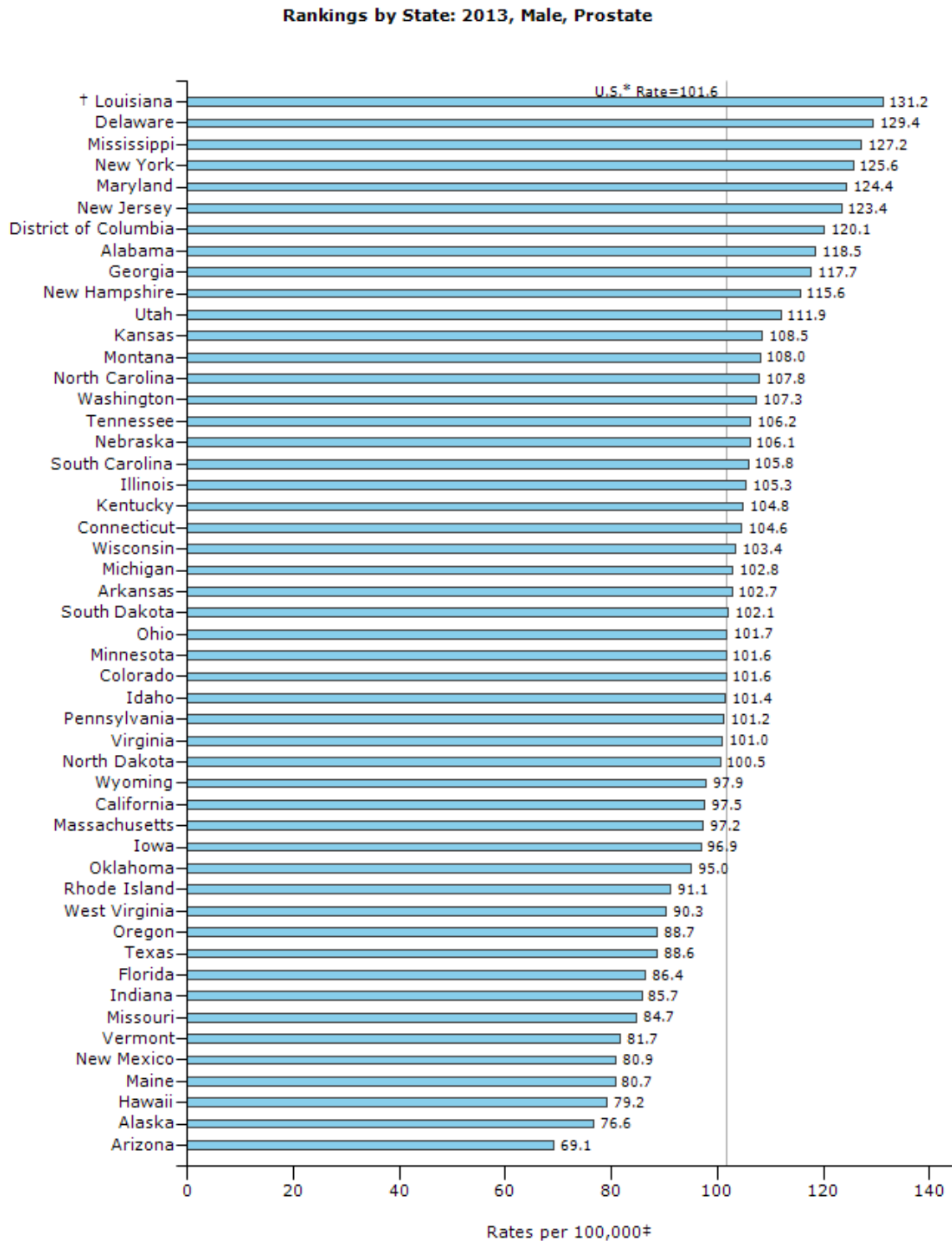
¹³ National Cancer Institute. State Cancer Profiles 2008-2012. <<http://statecancerprofiles.cancer.gov>> Retrieved: January 14, 2016.

¹⁴American Cancer Society. Cancer Facts and Figures 2016 < <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>>. Retrieved January 14, 2016.

- Prostate Incidence Cancer Rates 2013

Invasive Cancer Incidence Rates by State (Table 5.23.1M)

Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25–1130).¹⁵



¹⁵ National Program of Cancer Registries (NPCR). Centers for Disease Control and Prevention. <<http://apps.nccd.cdc.gov/uscs/cancersrankedbystate.aspx>> Retrieved January 14, 2016.

Prostate Death Cancer Rates 2013

Cancer Death Rates by State (Table 5.23.2M)

Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25-1130).¹⁶

Rankings by State: 2013, Male, Prostate



¹⁶ National Program of Cancer Registries (NPCR). Centers for Disease Control and Prevention. <<http://apps.nccd.cdc.gov/uscs/cancersrankedbystate.aspx>> Retrieved January 14, 2016.

Explaining the Gender Mortality Gap

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 recent study based on data from the Centers for Disease Control and Prevention (CDC) on ambulatory care and health behavior illustrates just how wide the health care gulf between the two sexes is. Among other things, the study found that:¹⁷

- Women make nearly twice as many preventive care visits as men. In 2006, 22.8% of adult men and 11.8% of adult women did not make any health care visits whatsoever.
- Overall, amongst those aged 18-64 years, 23.9% of men do not have a usual source of healthcare, as compared to 13% of women.
- 8.6% of Vermont's residents are currently uninsured. Of these, 65.4% are men. ¹⁸
- A woman spends \$615 more annually on healthcare and medicine (\$3,316) than a man (\$2,701).
- Men are more likely to be regular and heavy alcohol drinkers, heavier smokers who are less likely to quit, non-medical illicit drug users, and are more overweight compared to women.

A study done by The Commonwealth Fund (see page 24 of 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.

Some researchers¹⁹ have offered several possible explanations for this disparity. One theory is that 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.

Other research has shown that the mortality gap is mostly due to gender differences in the way health is *viewed or discussed*. "Hundreds of empirical studies consistently show that men are more likely to engage in almost every health risk behavior (e.g., alcohol use, tobacco use, not seeking medical care) increasing their risk of disease, injury, and death."²⁰

¹⁷ Pinkhasov, Ruben M., et al. Are men shortchanged on health? Perspective on health care utilization and health risk behavior in men and women in the United States. *International journal of clinical practice* 64.4 (2010): 475-48

¹⁸ The Number of Estimated Eligible Uninsured People for Outreach Targeting. (2013). Center for Medicaid and Medicare Services Health Insurance Marketplace. <<http://marketplace.cms.gov/explorerresearch/census-data.html>> Retrieved December 19, 2013.

¹⁹ Tomkins, Joshua. Why Men Avoid the Doctor. <<http://www.bluecrossma.com/member-email/menshealth/avoid.html>> Retrieved November 14, 2013.

²⁰ Mahalik, J. R., Burns, S. M., & Syzdek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine*, 64(11), 2201-2209.

The reason for this, according to researchers, is that the way a man *perceives what is "normal"* masculine health behavior influences his own behavior. Men often adopt traditional masculine ideals, and these ideals often involve risky behavior. Thus, the trend continues from generation to generation. Researchers have found no correlation, on the other hand, of such trends for women. Women are less motivated by what they perceive to be as "normal" for other women.

"Men are less likely to seek preventive healthcare measures than women."

Are men shortchanged on health?
2010, CDC

Men's devotion to the workplace may also be partly to blame. 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.

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 perhaps to the lack of awareness and culturally induced behavior patterns, men generally have poorer health habits than women, and are generally in worse health condition. This leads to premature death, and thus, a lower life expectancy for men.

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

- Despite the fact that approximately 100,000 more males than females are born each year, the number of living males decreases rapidly as they age.²¹
- As of 2012, older women outnumber older men at 23.4 million older women to 17.9 million older men.²²
- Almost half of older women (46%) age 75+ live alone.¹⁹
- Due to the fact that men die earlier, older women are nearly twice as likely to reside in a nursing home, and are more than twice as likely to live in poverty.²⁰
- Older women have less money than their male counterparts. The median income of older persons in 2011 was \$27,707 for males and \$15,362 for females. ¹⁹
- Older men were much more likely to be married than older women--72% of men vs. 45% of women. 37% older women in 2012 were widows.¹⁹
- 7 out of 10 “baby boom” women will outlive their husbands and many can expect to be widows for 15 to 20 years.²³ This is because women often marry older men and then go on to outlive their husbands.

²¹ US Administration on Aging. Aging Statistics. <http://www.aoa.gov/AoARoot/Aging_Statistics/index.aspx> Retrieved January 12, 2011.

²² US Administration on Aging. A Profile of Older Americans: 2012. <http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2012/docs/2012profile.pdf> Retrieved November 14, 2013.

²³ U.S. Administration on Aging. Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging. <<http://www3.uakron.edu/schulze/401/readings/olderwomen.htm>> Retrieved November 14, 2013.

Aging in Vermont

In Vermont, the male-female ratio converges in the mid 20s and then drops rapidly as shown in this chart developed from year 2010 Census data.

Vermont Resident Population: 2010 Census by Age and Sex²⁴

Age	Number			Males per 100 females
	Both sexes	Male	Female	
Total population	625,741	308,206	317,535	97.1
Under 5 years	31,952	16,339	15,613	104.6
5 to 9 years	34,654	17,854	16,800	106.3
10 to 14 years	37,637	19,351	18,286	105.8
15 to 19 years	46,012	23,659	22,353	105.8
20 to 24 years	43,851	22,682	21,169	107.1
25 to 29 years	35,441	17,713	17,728	99.9
30 to 34 years	34,181	16,908	17,273	97.9
35 to 39 years	36,358	17,982	18,376	97.9
40 to 44 years	42,001	20,603	21,398	96.3
45 to 49 years	50,110	24,514	25,596	95.8
50 to 54 years	52,493	25,773	26,720	96.5
55 to 59 years	48,739	23,905	24,834	96.3
60 to 64 years	41,234	20,609	20,625	99.9
65 to 69 years	29,390	14,386	15,004	95.9
70 to 74 years	20,148	9,534	10,614	89.8
75 to 79 years	15,960	7,108	8,852	80.3
80 to 84 years	12,783	5,183	7,600	68.2
85 years and over	12,797	4,103	8,694	47.2

Male - Female Ratio by Age Groups 2000 and 2010: USA²²



	0 to 5	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+
2000	104.8	104.9	104.3	99.9	97.9	95.6	89.4	78.1	59.9	38.6
2010	104.4	104.6	104.7	100.9	99.0	96.8	93.2	86.9	72.2	48.3

²⁴ American FactFinder, U.S. Census Bureau. Age Groups and Sex: 2010.
http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml Retrieved November 8, 2013.

Points of Hope

by Eric "Ric" Bothwell, DDS, MPH, PhD

This report of the health of the citizens of the state of Vermont highlight long standing gender-related health disparities that have been largely invisible to most people in the U.S. Overcoming these health disparities will be a difficult task but has never been more achievable than it is today.

For over a decade, Men's Health Network has in fact been supporting efforts such as engaging/offering to assist boys and men toward accepting better health practices in a diversity of "safe and male friendly" environments with considerable success. And this same nuanced approach toward offering help and support from a trusted person may help explain why research continues to show that women are successful in promoting better health behavior for the males in their lives by supporting, nudging, or even demanding it.

Research has shown several radical points of hope:

- **The Internet:** A promising approach for assisting males to accept help on virtually any topic including health that is anonymous, safe, and private is the internet. Like using a GPS when one is lost (which males disproportionately buy), the internet is increasingly being shown to be a powerful tool in reaching males with information.
- **Male Peer Support:** From the other end of the technology spectrum, the timeless approaches of male peer support and trans-generational mentoring continues to be a useful approach to assisting males adopt healthy life styles and accept needed help. Several successful programs such as *Aha Kane* and *Sources of Strength* have shown the power of male-male mentoring.
- **Targeted Suicide and Violence Prevention Programs:** In response to raising rates of suicide in its predominantly male population, the Air Force in the early to mid-1990's implemented a comprehensive multi-dimensional suicide prevention initiative. Comparing rates from 1990-1996 with those observed during the period of the prevention program (1997-2002), suicide rates were reduced by 33%. Homicide rates were reduced 51%, severe domestic violence was reduced 54%, moderate domestic violence was reduced 30% and unintentional injuries dropped 18%²⁵.

The Men's Health Network seeks to reduce health disparities by focusing on two broad areas:

1. Increasing quality, access and utilization of critical primary health care services for prevention and controlling chronic and infectious diseases (thus improving health outcomes) and,
2. Targeting recognized social determinants of health (positive and negative) through multifaceted approaches in community settings that address hope, healing, and wellness for males and their families.

We strongly encourage you to join us in this critical effort. As John F. Kennedy noted:

There are risks and costs to action. But they are far less than the long range risks of comfortable inaction.

²⁵ Knox KL, Litts DA, Talcott GW, Feig JC, Caine ED. Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. *BMJ*. 2003;327:1376-1380.

Addendum

Life Expectancy: USA

Source: CDC/NCHS/Health Data Interactive: Life Expectancy at Birth, 65 and 85 Years of Age, US, Selected Years 1900-2013 (Source: NVSS) 7-19-15

The life expectancy at birth for the U.S. total population was 78.8 years in 2013. This chart is based on data released by CDC in 2015.

Hispanic females have the highest life expectancy. Non-Hispanic black males have the lowest life expectancy, even though a record-high life expectancy of 71.8 years for non-Hispanic black males was reached in 2013. Life expectancy for females exceeds that of males in every category.

Life Expectancy at Birth, 2013



Life Expectancy at Birth	2013	1970	1950*	1920*
Classification				
Population**	78.8	70.8	68.2	54.1
All females	81.2	74.7	71.1	54.6
All males	76.4	67.1	65.6	53.6
Hispanic females	83.8	***	***	***
White females	81.4	75.6	72.2	55.6
Non-Hispanic W females	81.2	***	***	***
Black females	78.4	68.3	62.9	45.2
Non-Hispanic B females	78.1	***	***	***
Hispanic males	79.1	***	***	***
White males	76.7	68.0	66.5	54.4
Non-Hispanic W males	76.5	***	***	***
Black males	72.3	60.0	59.1	45.5
Non-Hispanic B males	71.8	***	***	***

* Life expectancies for the black population for years prior to 1970 are estimated using figures for the total nonwhite population.

** Includes all races.

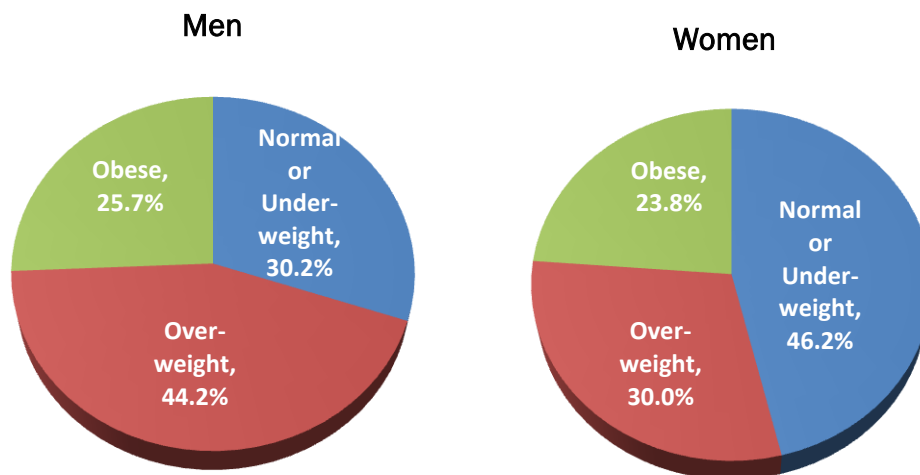
*** Prior to 2006, data on life expectancy by Hispanic origin were not available.

Obesity and Its Complications

Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer. The estimated annual medical cost of obesity in the U.S. is \$190 billion, or 20.6% of the U.S. health care expenditures.²⁶

Adults with a Body Mass Index (BMI) between 25 and 29.9 are considered overweight, and adults with a BMI of 30 or higher are considered obese. According to the 2013 Behavioral Risk Factor Surveillance System survey, 61.9% of Vermont's residents are overweight or obese, including 69.6% of men. This is compared to 64.6% of US residents that are overweight or obese, including 70.8% of men, nationally.²⁷

Vermont: Weight Classification by Body Mass Index (BMI), 2013²⁶



Diabetes

Obesity is directly correlated with the development of Type II diabetes. Nationally, men are more likely to have diabetes than women.

- In Vermont, men are 41.0% more likely to die from diabetes than women.²⁸
- In 2013, the national age-adjusted prevalence of diagnosed diabetes in men was 9.6%, compared to 8.6% in women. (In 2001, the rate in men was 5.1%, and in 1991 it was 2.8%.)²⁷
- Nationally, men around retirement age (65-74) have the highest prevalence; 23.9% of them have diabetes.²⁹
- More than 1 in 10 health care dollars in the U.S. are spent directly on diabetes and its complications, and more than 1 in 5 health care dollars in the U.S. goes to the care of people with diagnosed diabetes.³⁰

Women are diagnosed with diabetes 1 year after the onset of symptoms, but men are diagnosed 10 years after.

Dr. Ian Banks, World Congress on Men's Health

²⁶ Cawley, J., & Meyerhoefer, C. (2012). The medical care costs of obesity: an instrumental variables approach. *Journal of health economics*, 31(1), 219-230.

²⁷ CDC. Behavioral Risk Factor Surveillance System 2013. <<http://apps.nccd.cdc.gov/brfss>> Retrieved January 16, 2016.

²⁸ Wonder. Centers for Disease Control and Prevention. Health Data Interactive. Mortality by Underlying Cause, 1999-2014.

²⁹ National Center for Health Statistics. Health Interview Survey. Age-Adjusted Percentage of Civilian, Noninstitutionalized Population with Diagnosed Diabetes, by Sex, United States, 1980-2011.

³⁰ American Diabetes Association. (2013) Economic costs of diabetes in the US in 2012. *Diabetes Care* 36.4: 1033-1046.

The Commonwealth Fund Study

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"³¹ 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 (2000). In 2000, 6 of 10 men age 50 or older were not screened for colon cancer, and by 2012, the rate has remained roughly the same³². 4 men of 10 were not screened for prostate cancer as of 2012. 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 (as of the year 2000) had a complete physical exam.
- Only 57% of men who made one or more visits to the physician (as of the year 2000) received a blood cholesterol screening. In 2009, 74.5% of men had had been screened.³³
- 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.

³¹ Sandman, D. R., Simantov, E., & An, C. (2000). Out of Touch: American Men and the Health Care System: Commonwealth Fund Men's and Women's Health Survey Findings. Commonwealth Fund.

³² American Cancer Society. Colorectal Cancer Facts & Figures 2014-2016.

<<http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf> > Retrieved January 14, 2016.

³³ Centers for Disease Control and Prevention (CDC). (2012). Prevalence of cholesterol screening and high blood cholesterol among adults--United States, 2005, 2007, and 2009. MMWR. Morbidity and mortality weekly report, 61, 697.

A subsequent study, conducted by the federal Agency for Healthcare Research and Quality (AHRQ) further explored men's lack of contact with physicians³⁴:

People who had an office-based or outpatient department visit, by race		
Race	Men	Women
White	72.9	83.8
Black	58.8	70.5
Hispanic	55.2	70.5
All	67.4	79.1

³⁴ Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends, Medical Expenditure Panel Survey. <<http://nhqrnet.ahrq.gov/inhqrdr/data/submit>>, Retrieved April 11, 2014.

The Weaker Sex?

Evidence suggests that men may in fact be the weaker sex. As shown in this report, men live shorter, less healthy lives than women. Here are some more startling facts:

- The male fetus is at greater risk of miscarriage and stillbirth.³⁵
- 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.³³
- Boys ages 15-19 are almost 11 times as likely to die by drowning. ³³
- Boys have higher rates of death than girls from all causes of death³⁶.
- Boys are three times as likely to have Tourette's syndrome.³³
- Men die at higher rates from the 9 of the top 10 causes of death.³³
- 1 in 2 men, and 1 in 3 women, will be diagnosed with cancer in their lifetime³⁷.
- Men account for 92% of workplace deaths. ³³
- In the year 2010, more men under 44 died of unintentional injuries than major cardiovascular disease and cancer combined. ³⁴
- Men are 16 times as likely as women to be colorblind. ³³
- Men suffer hearing loss at twice the rate of women. ³³
- The male hormone testosterone is linked to elevations of LDL, the bad cholesterol, as well as declines in HDL, the good cholesterol. ³³
- Men have fewer infection-fighting T-cells and are thought to have weaker immune systems than women. ³³
- Among people 65 and older, men account for 84 percent of suicides.³³
- By the age of 100, women outnumber men eight to one.³³

³⁵ Jones, Maggie. The New York Times Magazine. The Weaker Sex.

<www.nytimes.com/2003/03/16/magazine/16MALE.html>. Retrieved March 16, 2003.

³⁶ National Center for Health Statistics (NCHS). Centers for Disease Control and Prevention. Health Data Interactive. Mortality by underlying and multiple cause, ages 18+: US, 1981-2010

³⁷ Lifetime Risk (Percent) of Being Diagnosed with Cancer by Site and Race/Ethnicity: Males, 18 SEER Areas, 2008-2010 (Table 1.16) and Females, 18 SEER Areas, 2008-2010 (Table 1.17). 2013. Accessed at <http://seer.cancer.gov/csr/1975_2010/results_merged/topic_lifetime_risk_diagnosis.pdf> Retrieved May 22, 2014.

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