

SNAPSHOT OF MEN'S HEALTH NEVADA, 2017



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Brian Sandoval, Governor
State of Nevada

Richard Whitley, MS, Director
Department of Health and Human
Services

Cody Phinney, MPH, Administrator
Division of Public and Behavioral
Health

John M. DiMuro DO
Chief Medical Officer
Division of Public and Behavioral
Health

Office of Public Health Informatics and Epidemiology
Division of Public and Behavioral Health
Department of Health and Human Services

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Snapshot of Men's Health

NEVADA, 2017

Purpose

The goal of this report is to provide a statistical snapshot of men's health in Nevada, including a descriptive analysis on the leading causes of mortality and morbidity. Additionally, this report evaluates selected behavioral risk factors, men's access to cancer screenings, and Nevada's progress towards meeting the Healthy People 2020 national target rates.

Many chronic diseases, such as cancer, are gender-specific or gender-related. One such cancer that only affects men is prostate cancer. We will be exploring most of these diseases to give an overview of men's health in Nevada today. Men in the United States, on average, die five years younger than women. Life expectancy in the US as of today is 78.8 years; 76.4 years for males and 81.2 for females respectively. This has remained unchanged since 2012.

Data Sources

This report utilizes data from the Nevada State Division of Public and Behavioral Health:

- Nevada Central Cancer Registry (NCCR), 2010-2014 data
- Office of Vital Records, 2015 data
- Behavioral Risk Factor Surveillance System (BRFSS), 2014 and 2015 data
- Inpatient Hospital Discharge Database, 2015 data

Please note this report draws on the most recent data available from each of these programs within the Division of Public and Behavioral Health. Programs collect data differently, thus the years may vary from program to program.

The NCCR is a population-based registry that maintains data on all cancer patients in Nevada. The NCCR receives data from hospitals, outpatient facilities, and pathology laboratories throughout the state. The NCCR collects data on all reportable cancers. In accordance with National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR) standards, the NCCR strives to achieve 95% complete case ascertainment within 24 months of diagnosis date. The data is compiled, aggregated, and submitted to federal agencies annually. Once submitted, NCCR data is reviewed by each diagnosis year for completeness, accuracy, and timeliness.

The Nevada Office of Vital Statistics collects, processes, analyzes, and maintains the Nevada birth and death records. Funeral directors, or persons acting as such, are legally responsible for filing death certificates. The vital records statistical database includes those individuals who died in Nevada (residents and non-residents) and Nevada residents who died outside the state of Nevada. Mortality data in this report includes only Nevada residents.

Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collects data about US residents regarding their health-related risk behaviors, chronic health conditions, and the use of preventive services. It is the largest telephone health survey in the world. In the state of Nevada, BRFSS survey is conducted among adults aged 18 years and older. There are limitations to BRFSS data in terms of the representations of all regions in the state and all population groups. The frequency of responses by specific population groups such as rural counties may be rather small, so in some instances multiple counties of the state were combined to achieve reliable frequencies.

Inpatient Hospital Billing Data provide information about patients discharged from non-federal acute care hospitals in Nevada. These data are collected through the standard Uniform Billing Form (UB-04), which is utilized by hospitals to bill their patients. This data includes patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. It includes demographic information, diagnoses, diagnostic and operative procedures, billed hospital charges, length of hospital stay, and discharge destination. The data identify billed charges, but not payments received. The international classification of diseases, Clinical Modification (ICD-10-CM and ICD-9-CM) are system used by physicians and other healthcare providers to classify and code all diagnosis, symptoms and procedures recorded in conjunction with hospital care in the United States.

Technical Notes

Age-specific rates shown in this report are per 100,000 age-specific, male population.

The 2014 population estimates were used in this report. 2014 population estimates are based on 2010 population census and 2014 county population estimates provided by the Nevada State Demographer.

Due to changes in methodology, rates for subgroups published in this edition may not match or be directly comparable to past years, and should be used with caution when compared to other published rates.

Throughout this document, the status of Nevada regarding the Healthy People 2020 goals was measured as the following:

ACHIEVED: The observed indicator is *better than* the established benchmark and the nearest confidence interval bound does not include the benchmark.

NOT ACHIEVED: The observed indicator is *worse than* the established benchmark and the nearest confidence interval bound does not include the benchmark

NOT SIGNIFICANTLY DIFFERENT, RELIABLE: The confidence interval of the indicator includes the established benchmark; therefore, the observed measure is not significantly different from the benchmark. The true population parameter may lie slightly below or slightly above the benchmark. This area is a likely candidate for continued or increased public health intervention for the benchmark to show that it has been appreciably achieved.

OVERVIEW OF MEN'S HEALTH IN NEVADA

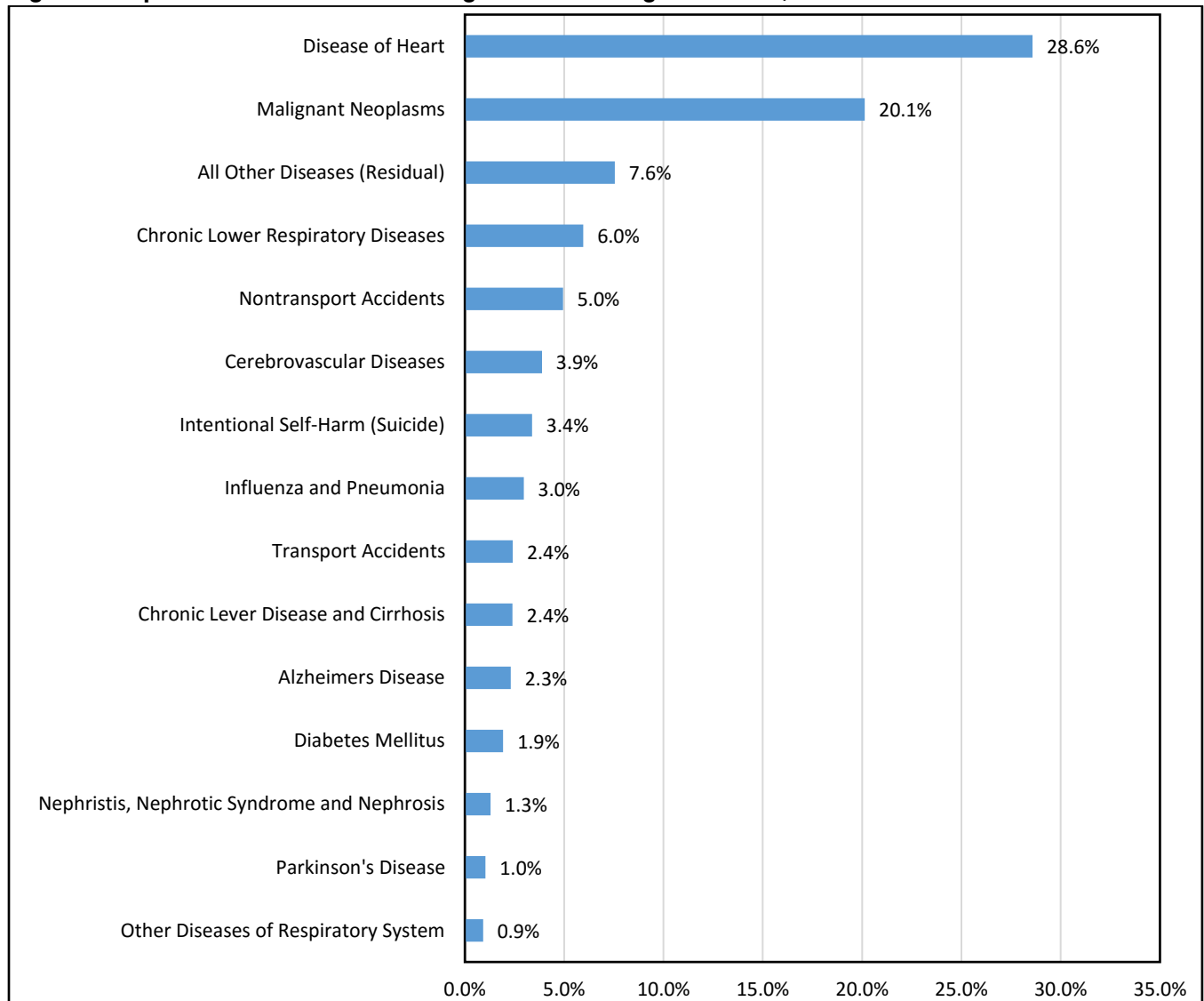
The following report will address several top causes of death among Nevada men. The diseases covered in this report include: heart disease, lung cancer, prostate cancer, colorectal cancer, and pancreatic cancer. The report

also covers information on STD/HIV rates for Nevada men, the amount of physical activity and access to health care Nevada men receive. Lastly, the report compares Nevada men to the Healthy People 2020 goals.

LEADING CAUSE OF DEATH IN NEVADA

Per data from the Nevada Office of Vital Records, in 2015, heart disease was the leading cause of death among Nevada males. More than one quarter of deaths among men were attributed to heart disease (28.6%), and more than one in five (20.1%) male deaths were due to cancer. Approximately 6.0% of Nevada male deaths were from chronic liver respiratory diseases, 5.0% were due to non-transport accidents, and 3.9% were due to cerebrovascular diseases (Figure 1).

Figure 1: Top 15 Causes of Death Among Males Residing in Nevada, 2015

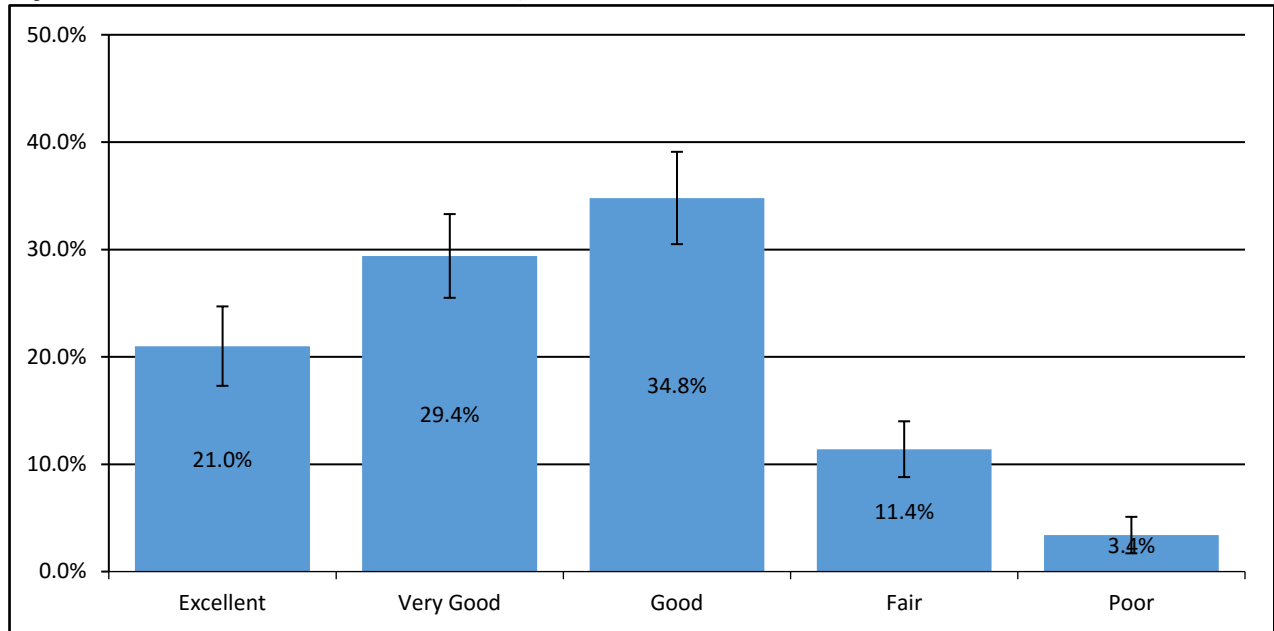


Data from Nevada Vital Statistics Records 2015

GENERAL HEALTH OF NEVADA MEN

When asked about their general health, 34.8% of adult Nevada men said their health was good. Approximately 85.2% of adult Nevada men rated their health status as “good or better health,” while 14.8% of adult Nevada men rated their health status as “fair or poor health” (Figure 2).

Figure 2: General Health of Nevada Men, 2015



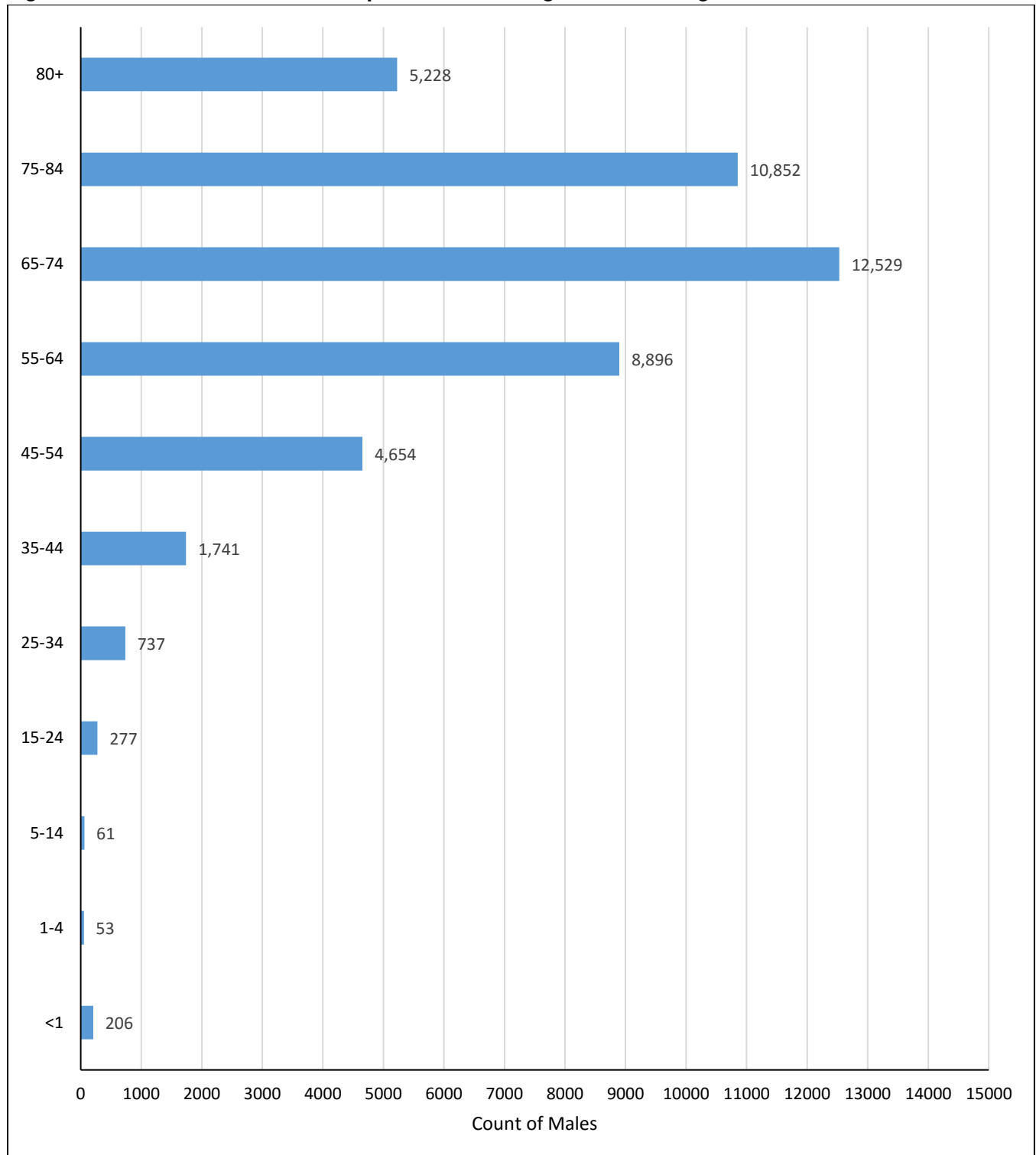
Data from BRFSS 2015

HEART DISEASE

Cardiovascular disease (mainly heart attacks but also ischemic heart disease and stroke) is the number one killer of men. Heart disease symptoms are slightly different when comparing women and men. High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease in men. Approximately half of Americans (49%) have at least one of these three risk factors.

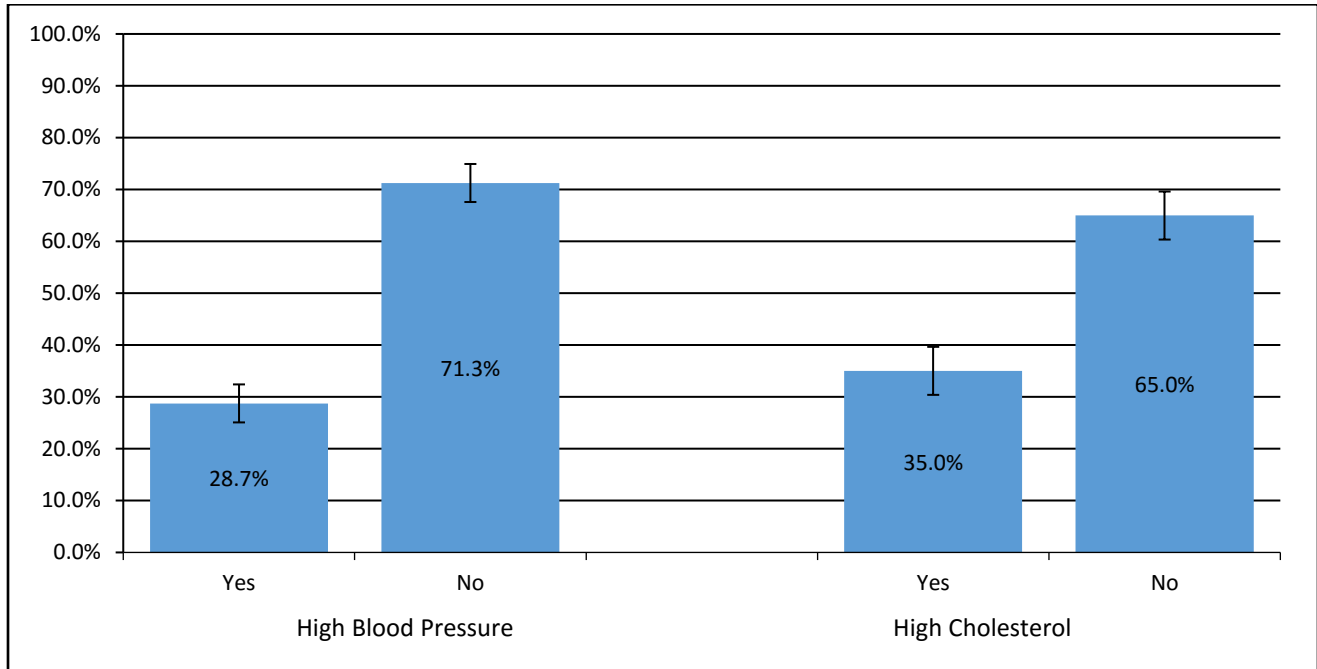
In 2014, 28.8% of all deaths among Nevada men were attributed to heart disease. Between January and September 2015, males in Nevada's who were hospitalized due to heart related diseases was 34,087 (Figure 3).

Figure 3: Count of Heart Disease Hospitalization Among Males Residing in Nevada, 2015



Data from Nevada Inpatient Hospital Discharge Database 2015

Figure 4: Percentage of Adult Nevada Men Who Have Ever Been Told They Have High Blood Pressure or High Cholesterol, 2015



Data from BRFSS 2015

According to the U.S. Department of Health and Human Services, adults aged 18 and older should have their blood pressure checked at least every two years. High blood pressure is defined as a blood pressure of 140/90 or higher. High blood pressure is a risk factor for stroke, heart attack, kidney, eye problems, and heart failure.

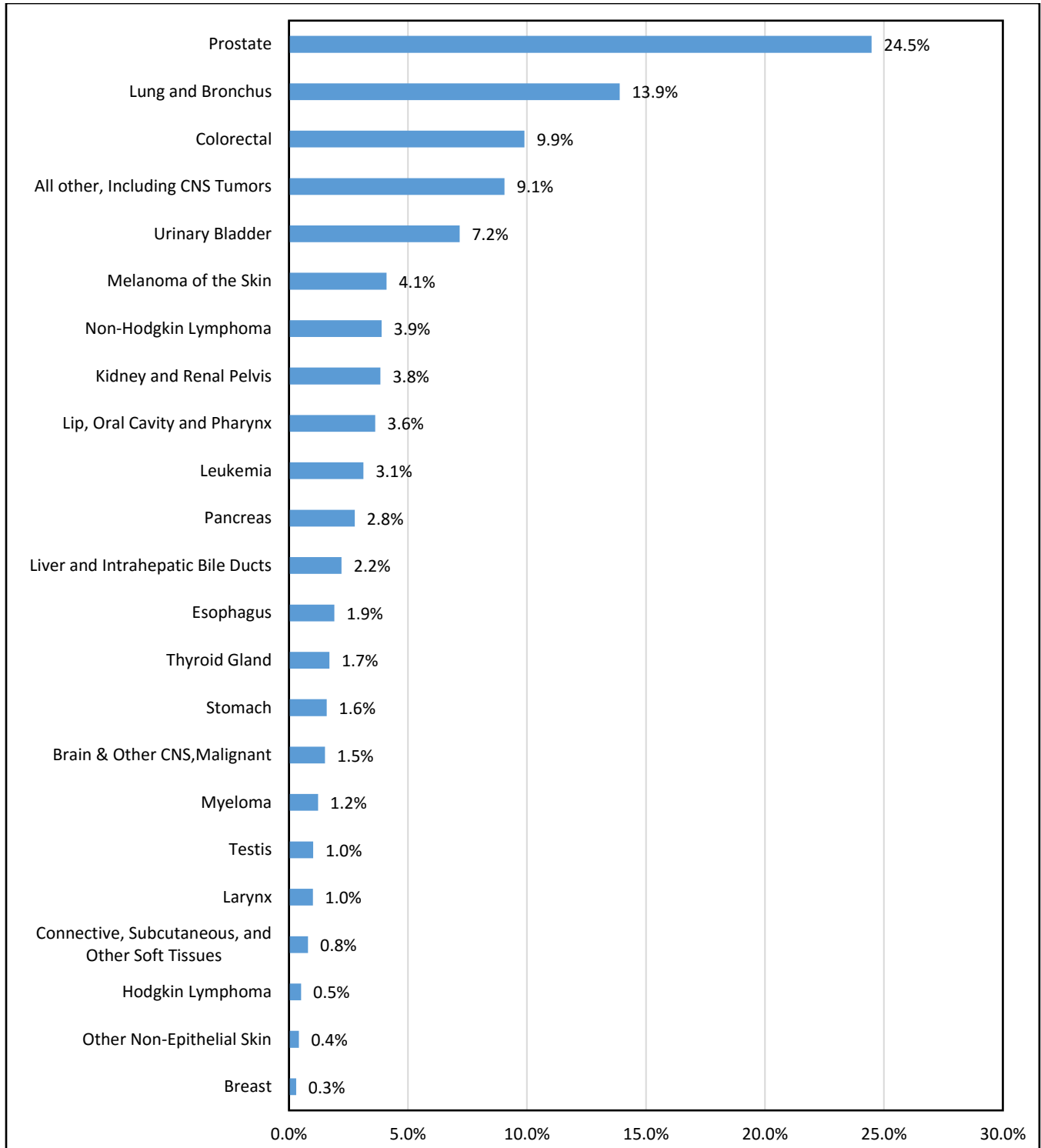
In 2015, 28.7% of Nevada adult men aged 18 years and older self-reported that they have or have had high blood pressure, and 35.0% of Nevada adult men reported that they have or have had high blood cholesterol.

CANCER

Cancer is a group of diseases that cause cells in the body to change and grow out of control. Cancerous cells are also called malignant cells.⁵ Data from Nevada Cancer Central Registry shows prostate cancer was the leading type of cancer incidence followed by lung and bronchus cancer.

In Nevada, 24.5% of all cancer related incidence was due to prostate cancer, lung and bronchus contributed to 18.9%, 9.9% were attributed to colorectal cancer and 7.2% were attributed to urinary bladder cancer (Figure 5).

Figure 5: Male Cancer Incidence, Nevada Male Residents, 2010-2014



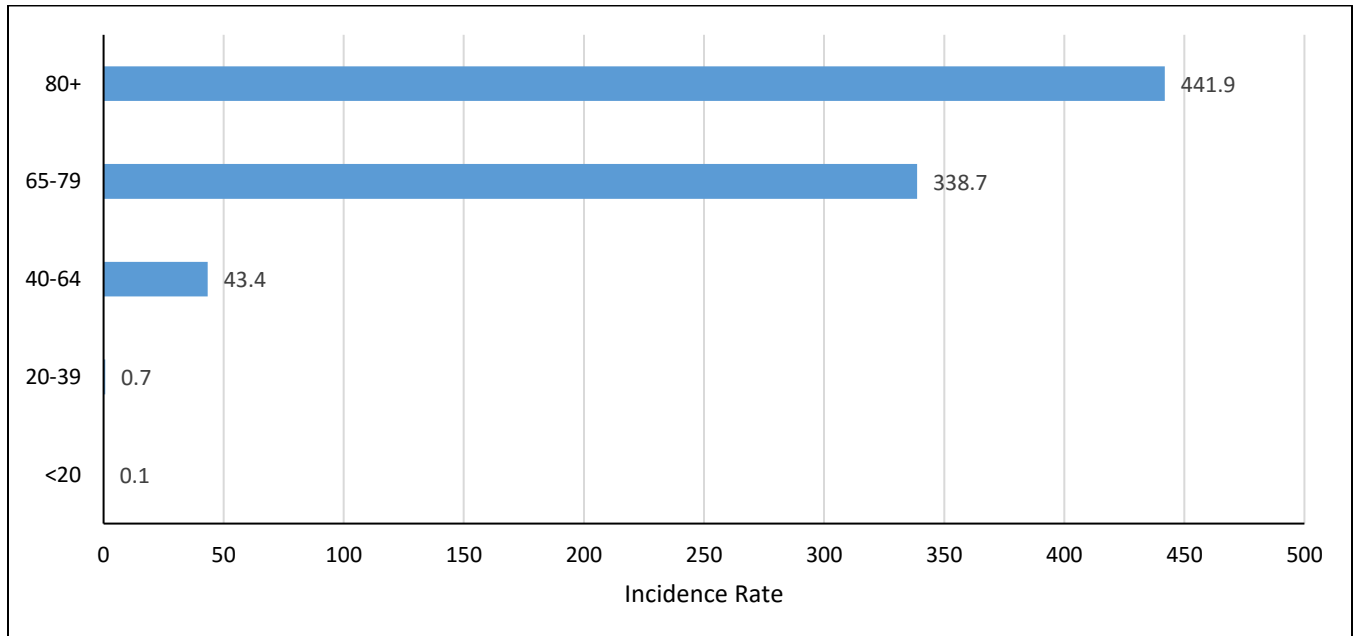
Data from Nevada Central Cancer Registry 2010-2014

Lung Cancer

Lung cancers are cancers that originate in the lungs. Other types of cancers may spread to the lungs; however, these are not considered primary lung cancers because they did not originate in the lungs.

Between 2010-2014, there were 4,366 new cases of lung and bronchus cancer among male Nevada residents. The age adjusted lung and bronchial cancer incidence rate was 64.8 per 100,000 male population in Nevada, compared to 55.8 per 100,000 Nevada females.

Figure 6: Age-Specific Male Lung and Bronchus Cancer Incidence Rate, Nevada Male Residents, 2010-2014



Data from Nevada Central Cancer Registry 2010-2014

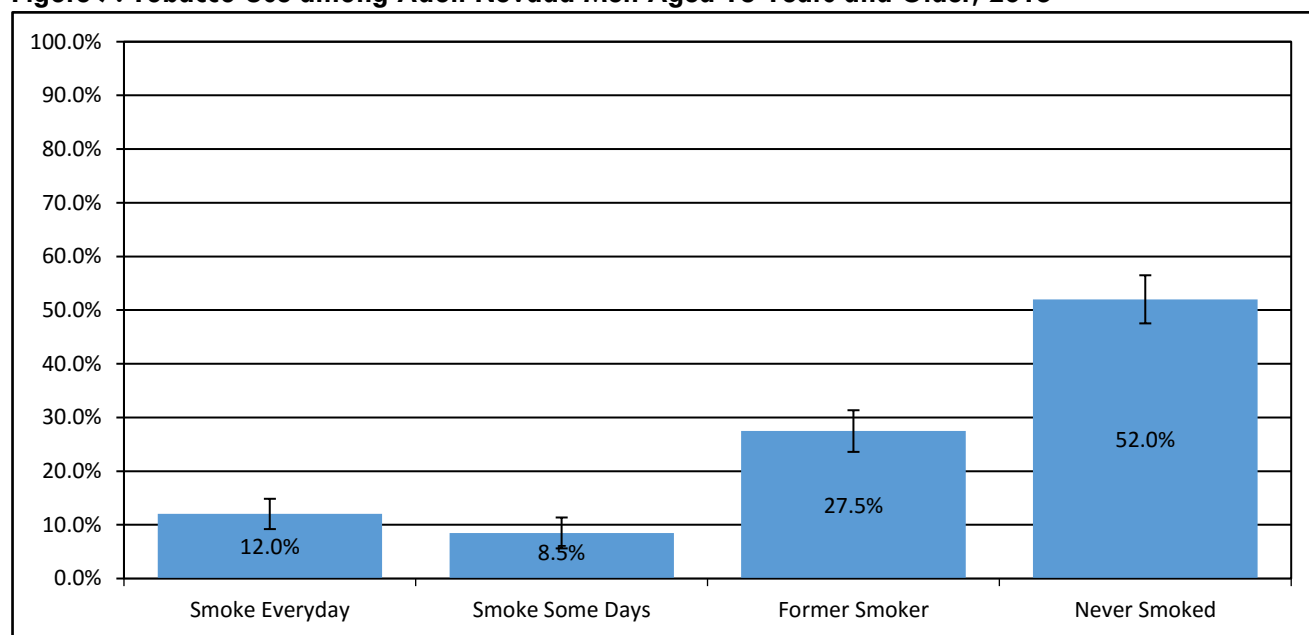
Research has found several risk factors for lung cancer. A risk factor is anything that may change the chance of getting a disease. Some risk factors for lung cancer include:

- smoking
- exposure to environmental tobacco smoke
- factors around us at home or work, such as radon gas
- personal traits such as a family history of lung cancer⁷

Nationally, 90% of all lung cancer deaths among men smokers are attributable to smoking. Lung cancer is the second most common cancer among White, Black, American Indian/Alaska Native, and Asian/Pacific Islander men. It is the third most common cancer among Hispanic men. Lung cancer is the leading cause of cancer death

among men of all races and Hispanic^{1*} origin populations. Yet, lung cancer is the second-most commonly diagnosed cancer in both men and women. Men who smoke also have an increased risk for hip fracture.

Figure 7: Tobacco Use among Adult Nevada Men Aged 18 Years and Older, 2015



Data from BRFSS 2015

According to BRFSS, in 2015, more than half (52.0%) of Nevada adult men aged 18 years and older reported that they had never been smokers. Approximately 12.0% smoked every day, 8.5% smoked some days, and 27.5% were former smokers.

Quitting smoking can greatly improve health. See Resources on page 18 to find help with tobacco cessation.

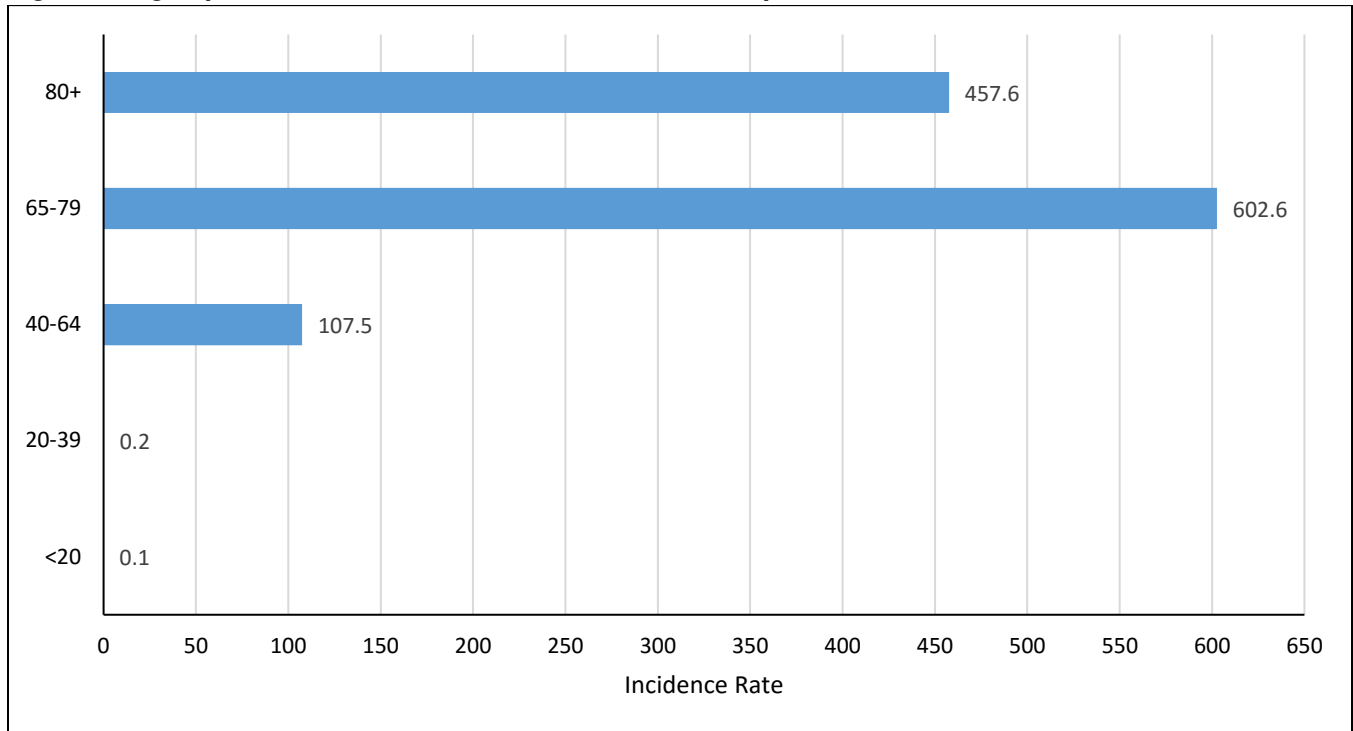
Prostate Cancer

Prostate cancer is a cancer that forms in tissues of the prostate, a gland in the male reproductive system found below the bladder and in the front of the rectum. Prostate cancer usually occurs in older men. It is the most common cancer among men in the United States.

Between 2010-2014, there were 7,690 new cases of prostate cancer among male Nevada residents. The age-adjusted prostate cancer incidence rate was 104.1 per 100,000 male population in Nevada.

¹ * Hispanic origin is not mutually exclusive from race categories (white, black, Asian/Pacific Islander, American Indian/Alaska Native).

Figure 8: Age-Specific Male Prostate Cancer Incidence Rate per 100,000 Nevada Residents, 2010-2014

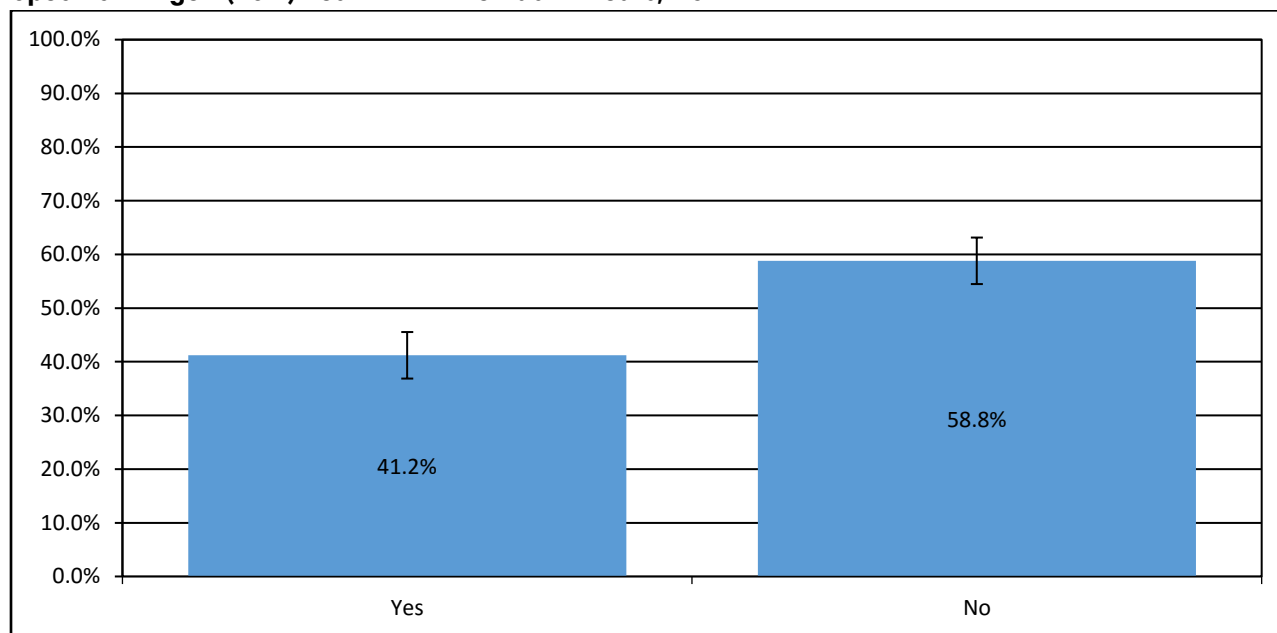


Data from Nevada Central Cancer Registry 2010-2014

There is no proven prostate cancer prevention strategy. However, by making healthy choices such as exercising, eating a healthy diet, maintaining a healthy weight and having a routine yearly exam, risk is reduced. When prostate cancer is detected early, they are more treatable.

According to Nevada BRFSS 2014 data, 41.2% of men 40 years and older have received a prostate specific antigen (PSA) test for prostate cancer screening in the past two years. There were 58.8% of men 40 years and older who have not received a prostate specific antigen (PSA) test for prostate cancer. It is recommended that men 40 years and above have this test once a year since is the most common cancer among men. When detected at an early stage, it is easily treatable.

Figure 9: Percentage of Adult Nevada Men Aged 40 Years and Older Who Have Received a Prostate-Specific Antigen (PSA) Test within the Past 2 Years, 2014



Data from BRFSS 2014

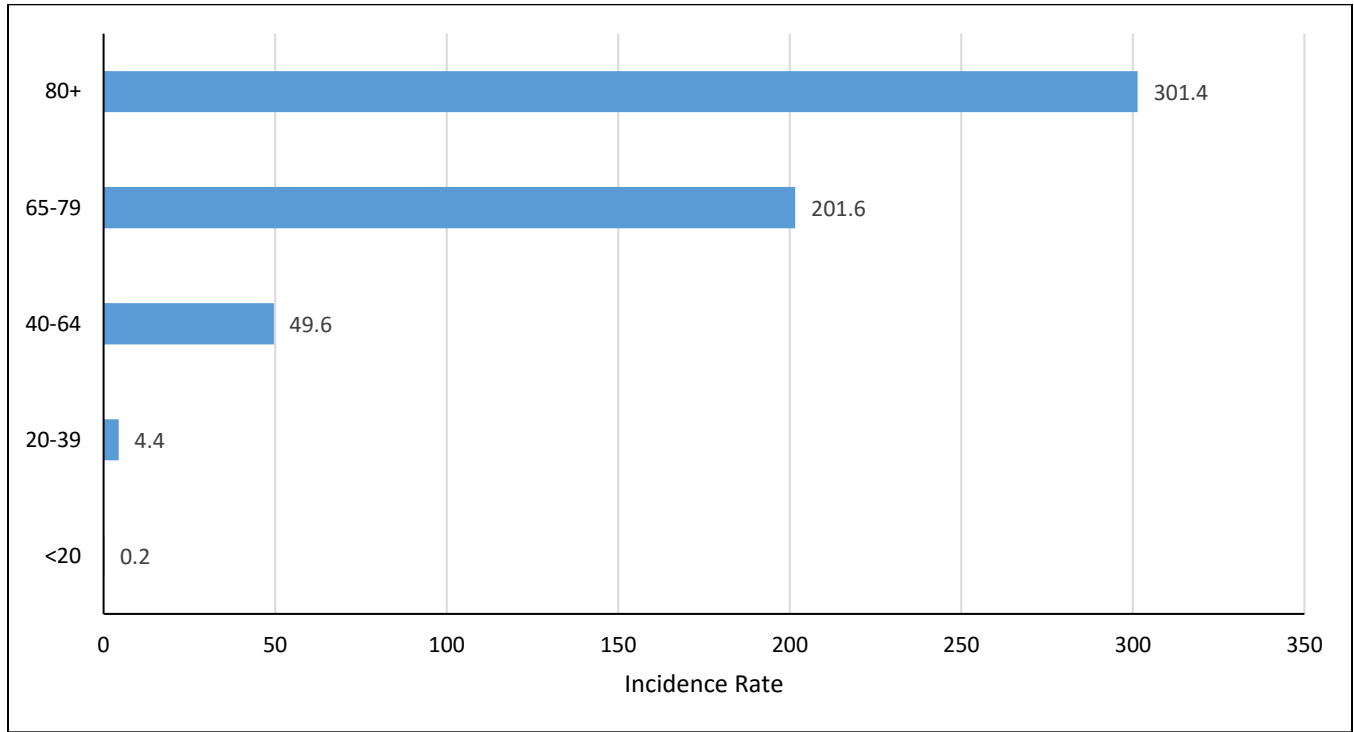
Colorectal Cancer

Colorectal cancer is a cancer that occurs in the colon and/or rectum. Sometimes it is called colon cancer, for short. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anal canals.

Colorectal cancer affects men and women of all racial and ethnic groups and occurs most frequently in people ages 50 years or older. In the United States, it is the third most common cancer for men and women. Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States.

Between 2010-2014, there were 3,109 new cases of colorectal cancer among Nevada's male residents. The age-adjusted colorectal cancer incidence rate was 45.2 per 100,000 male population in Nevada in 2014.

Figure 10: Age-Specific Male Colorectal Cancer Incidence Rate per 100,000 Nevada Residents, 2010-2014



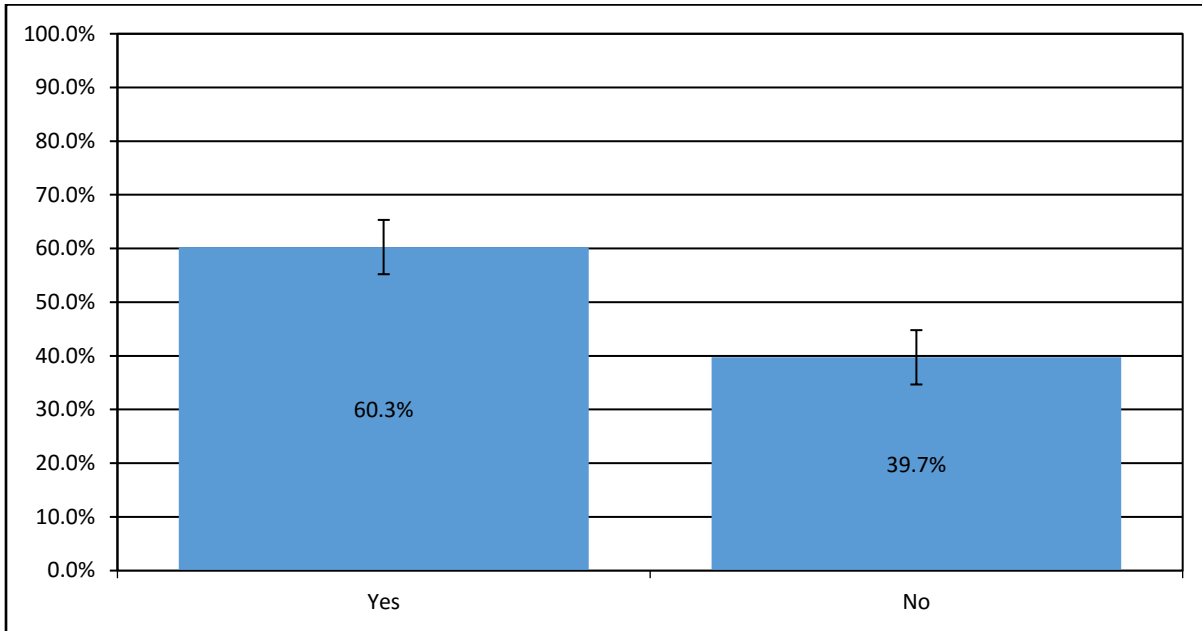
Data from Nevada Central Cancer Registry 2010-2014

A family history of polyps (small growths in the colon) or colon cancer can greatly increase the risk for developing colorectal cancer. The United States Preventive Health Care Services Task Force recommends starting regular colorectal cancer screenings at age 50.

Several different tests can detect colorectal cancer. A blood stool test is an at-home kit which can detect the presence of occult stool in feces.

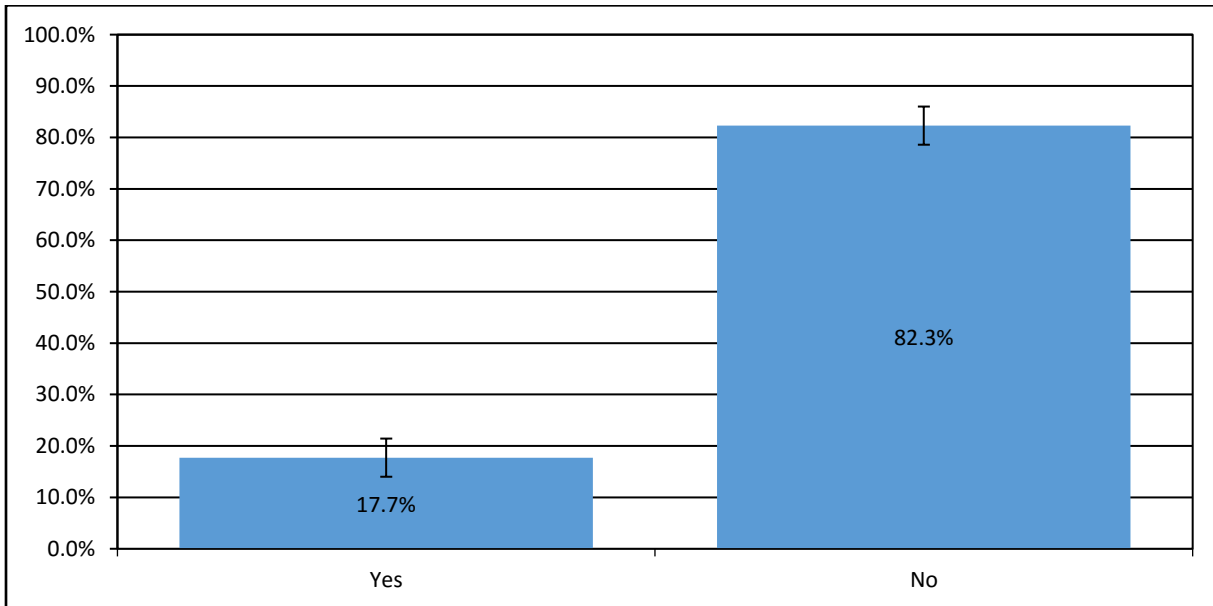
In 2014, 17.7% of Nevada adult men aged 50 years and older had a blood stool test in the past 2 years and 60.3% had ever had a sigmoidoscopy or colonoscopy. These screenings tests are not mutually exclusive.

Figure 11: Percentage of Nevada Men Aged 50 Years and Older Who Have Ever Had Colonoscopy or Sigmoidoscopy, 2014



Data from BRFSS 2014

Figure 12: Percentage of Nevada Men Aged 50 Years and Older Who Have Had a Blood Stool Test in the Past 2 Years, 2014



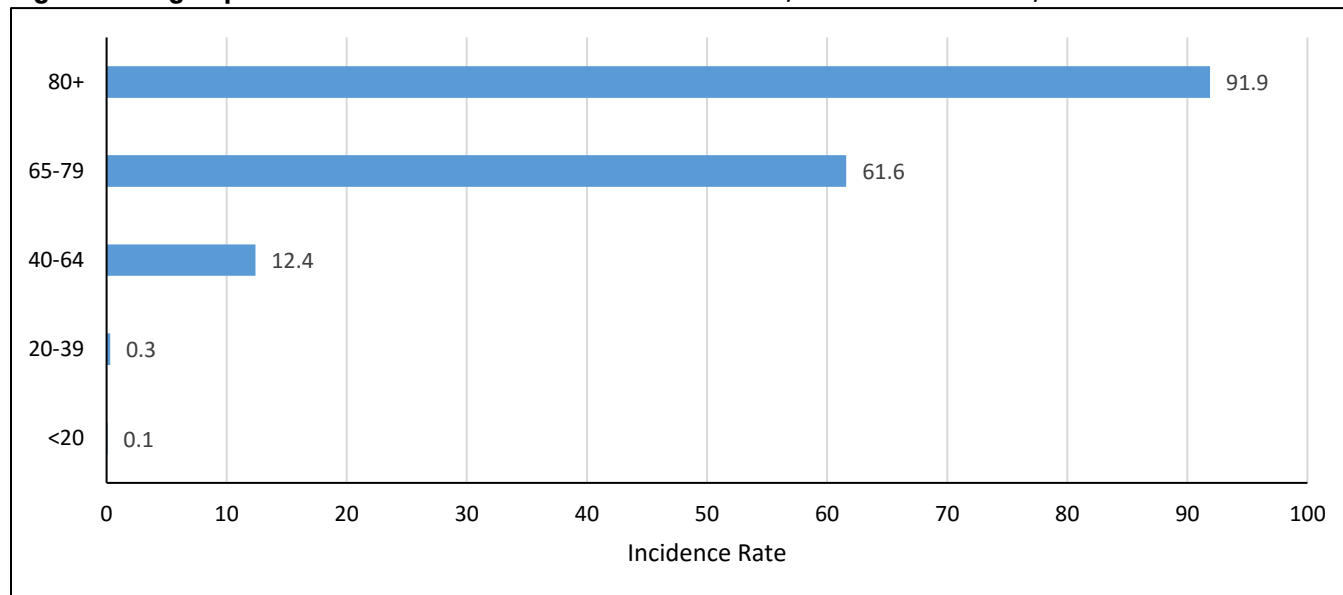
Data from BRFSS 2014

Pancreatic Cancer

Pancreatic cancer is a disease in which malignant cells are found in the tissues of the pancreas. It is also called exocrine cancer. Men are slightly more likely to develop pancreatic cancer than women. This may be due, at

least in part, to increased tobacco use in men. The risk of developing pancreatic cancer increases as people age. Almost all patients are older than 45 years old. Nearly 90% are older than 55 and more than 70% are older than 65. The average age at the time of diagnosis is 72 years old.

Figure 13: Age-Specific Male Pancreas Cancer Incidence Rate, Nevada Residents, 2010-2014



Data from Nevada Central Cancer Registry 2010-2014

Between 2010-2014, there were 867 new cases of cancer of the pancreas among Nevada's male residents. The age adjusted pancreas cancer incidence rate was 12.6 per 100,000 males in Nevada between 2010-2014. This may not seem high; however, cancer of the pancreas is one of the major causes of cancer-related death in Nevada males, accounting for 6.3% of all cancer-related deaths and 0.7% of all deaths among Nevada's male population in 2015.

PHYSICAL ACTIVITY

Physical activity can occur in the context of daily, family, and community activities and may include running, dancing, gardening, hiking, swimming, transportation (for example: walking or cycling), occupational activity, household chores, games, sports or planned exercise. Regular participation in physical activity can improve physical, mental and emotional health.

According to the 2015 BRFSS, 2015, 79.1% of Nevada adult men aged 18 years and older reported that they had participated in any physical activity in the past month. In 2015, 57.8% had participated in 150 minutes or more of aerobic physical activity per week, 41.7% had participated in muscle strength exercises more than twice per week, and 30.4% had participated in enough aerobic and muscle strength exercises to meet guidelines.

ACCESS TO HEALTH CARE

Those without health insurance are less likely to get recommended care than those who do have health insurance. Underinsurance and lack of health insurance is an important issue in Nevada. In 2015, 84.3% of Nevada adult men aged 18 years or older reported having some type of health insurance.

HOW NEVADA COMPARES

Healthy People 2020 is a national strategy for significantly improving the health of Americans by assessing health status, health behavior, and health services. Healthy People 2020 has several goals related to preventive screenings. Screenings can be advantageous in identifying diseases before symptoms occur. By increasing the percentage of the population which receive screenings, it is believed that the incidence rates for corresponding diseases can be reduced.

<p>Prostate Cancer</p> <p>Aim: Reduce the prostate cancer death rate.</p>	<p>Screening: There is no recommended screening for prostate cancer because the risks of screening and treatment outweigh the benefits.</p>	<p>Healthy People 2020 Target: 21.8 deaths per 100,000 male population</p> <p>Nevada: 19.8 (18.6-20.9) deaths per 100,000 male population</p>	<p>ACHIEVED</p>
<p>Colorectal Cancer</p> <p>Aim: Reduce the colorectal cancer death rate.</p>	<p>Screening: Adults aged 50 to 75 years received a colorectal cancer screening.</p>	<p>Healthy People 2020 Target: 14.5 deaths per 100,000 male population</p> <p>Nevada: 19.0 (17.9-20.0) deaths per 100,000 male population</p>	<p>NOT ACHIEVED</p>
<p>Lung Cancer</p> <p>Aim: Reduce lung cancer death rate.</p>	<p>Screening: Adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within past 15 years.</p>	<p>Healthy People 2020 Target: 45.5 deaths per 100,000 male population</p> <p>Nevada: 49.3(47.6-50.9) deaths per 100,000 male population</p>	<p>NOT ACHIEVED</p>
<p>Heart Disease</p> <p>Aim: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.</p>	<p>Screening: Adults 18 years and older who have their blood Cholesterol checked with the preceding 5 years.</p>	<p>Healthy People 2020 Target: 82.1%</p> <p>Nevada: 74.7% (72.0-77.5%) per 100,000 male population</p>	<p>NOT ACHIEVED</p>

RESOURCES

Requests for additional information regarding this report can be made to:

Henry Agbewali
Biostatistician II
Office of Public Health Informatics and Epidemiology
Nevada Division of Public and Behavioral Health
(775)-684-5286 hagbewali@health.nv.gov

Reports on related topics can be obtained from the Nevada State Health Division website at:

[http://dpbh.nv.gov/Programs/OPHIE/dta/Publications/Public_Health_Informatics_and_Epidemiology \(OPHIE\) - Publications/.](http://dpbh.nv.gov/Programs/OPHIE/dta/Publications/Public_Health_Informatics_and_Epidemiology_(OPHIE)_-Publications/)

For more information and resources regarding men's health, please see the following websites:

1. Nevada Department of Health and Human Services, Nevada Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness at:
<http://dhhs.nv.gov/Health/Bureaus.htm>.
2. The National Men's Health Resource Center, U.S. Department of Health and Human Services, Office on Men's Health, Tools to Help You Build a Healthier Life! at:
[www.menshealthresourcecenter.com/.](http://www.menshealthresourcecenter.com/)
3. For help quitting smoking call Nevada Tobacco Users Helpline:
1-800-QUIT-NOW (in English and Spanish).

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Office of Public Health Informatics and Epidemiology
4126 Technology Way, Suite 200
Carson City, NV 89706
775-684-4200

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