

# SNAPSHOT OF MEN'S HEALTH

NEVADA, 2013



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# Snapshot of Men's Health

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## 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. Men in the United States, on average, die five years younger than women.<sup>1</sup>

## Data Sources

This report utilizes data from the Nevada State Health Division:

- Nevada Central Cancer Registry (NCCR), 2010 data
- Office of Vital Records, 2009 data
- Behavioral Risk Factor Surveillance System (BRFSS), 2011 data
- Inpatient Hospital Discharge Database, 2011 data
- Office of Public Health Informatics and Epidemiology, 2011 data

Please note this report draws on the most recent data from each program at the Nevada State Health Division. Programs may calculate 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 and maintain 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 Records is overseen by the Bureau of Health Statistics, Planning, Epidemiology and Response and 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.

BRFSS is the largest telephone health survey in the world. In Nevada, the 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 particular 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 Discharge 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-92), which is utilized by hospitals to bill for their hospital charges. 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 (identified by International Classification of Disease codes—9 (ICD-9)), diagnostic and operative procedures, billed hospital charges, length of hospital stay, and discharge destination. The data identify billed charges, but not payments received. The ICD-9 system is used to code and classify morbidity data from inpatient records.

The Office of Public Health Informatics and Epidemiology conducts disease surveillance, investigates disease outbreaks, and initiates disease control activities. To carry out this mission, the Office of Public Health Informatics and Epidemiology records and analyzes reportable disease information, conducts interviews with infected individuals and their contacts, refers individuals for medical treatment, analyzes data from disease investigations, identifies risk factors, provides education and recommendations on disease prevention, and works in conjunction with appropriate agencies to enforce communicable disease laws.

## Technical Notes

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

Age-adjusted rates shown in this report are adjusted to the US standard male population and are per 100,000 male Nevada residents.

2009 population estimates were used in this report. 2009 population estimates are based on 2005 population and 2009 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 in regard to 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.

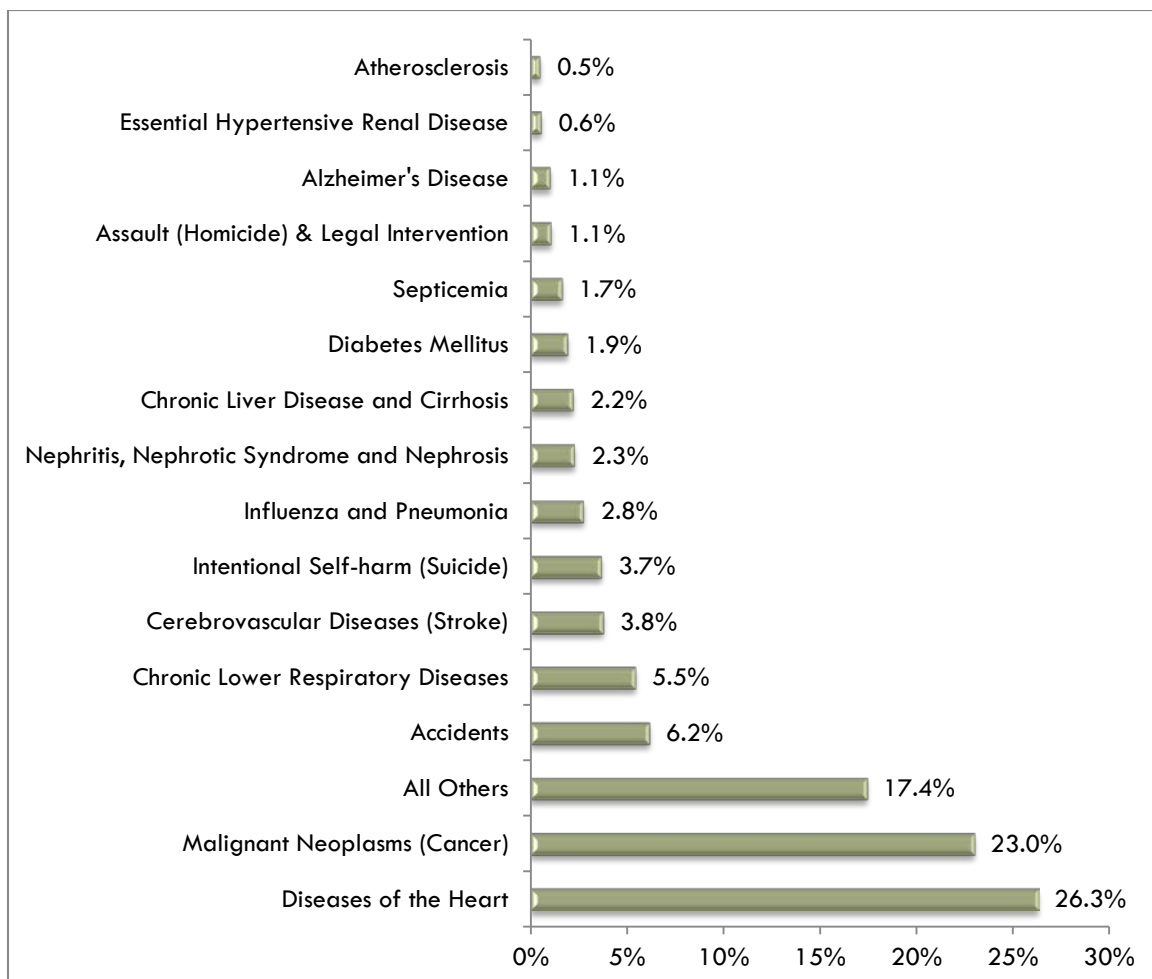
## OVERVIEW OF MEN'S HEALTH IN NEVADA

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 measures Nevada men to the Healthy People 2020 goals.

## LEADING CAUSE OF DEATH IN NEVADA

According to data from the Nevada Office of Vital Records, in 2009 (the most current data available), heart disease was the leading cause of death among Nevada males. More than one quarter of deaths among men were attributed to heart disease (26.3%), and more than one in five (23%) male deaths were due to cancer. Approximately 6.2% of Nevada male deaths were from accidents, 5.5% were due to chronic lower respiratory diseases, and 3.8% were due to stroke (Figure 1).

**Figure 1: Top 15 Causes of Death Among Males Residing in Nevada, 2009**

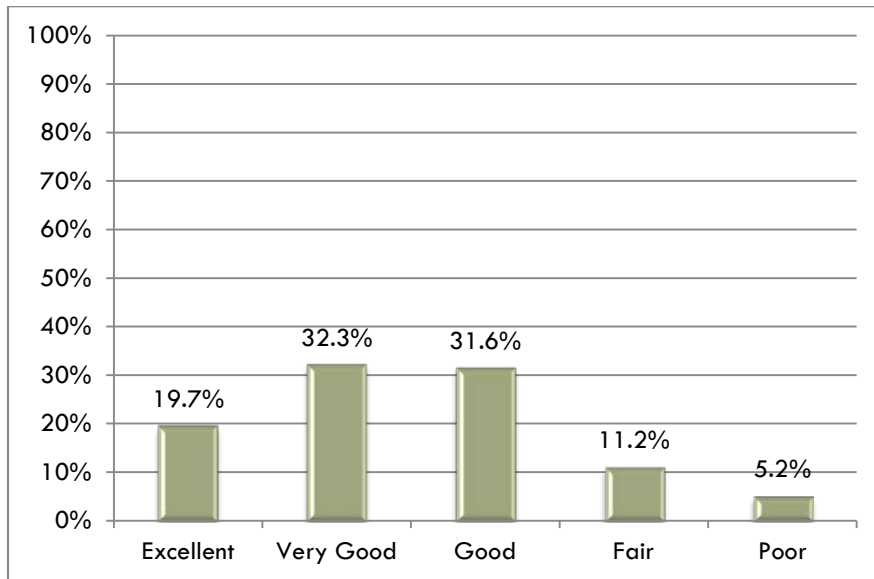


Data from 09/21/2012, Nevada Vital Statistics Records 2009

## GENERAL HEALTH IN NEVADA

When asked about their general health, 31.6% of adult Nevada men said their health was good. This is an increase of 1.4% from the year before. Approximately 83% of adult Nevada men rated their health status as “good or better health,” while 16.4% of adult Nevada men rated their health status as “fair or poor health” (Figure 2).

**Figure 2: Percentage of Adult Men in Nevada Who Were Asked About Their General Health Status, 2009**



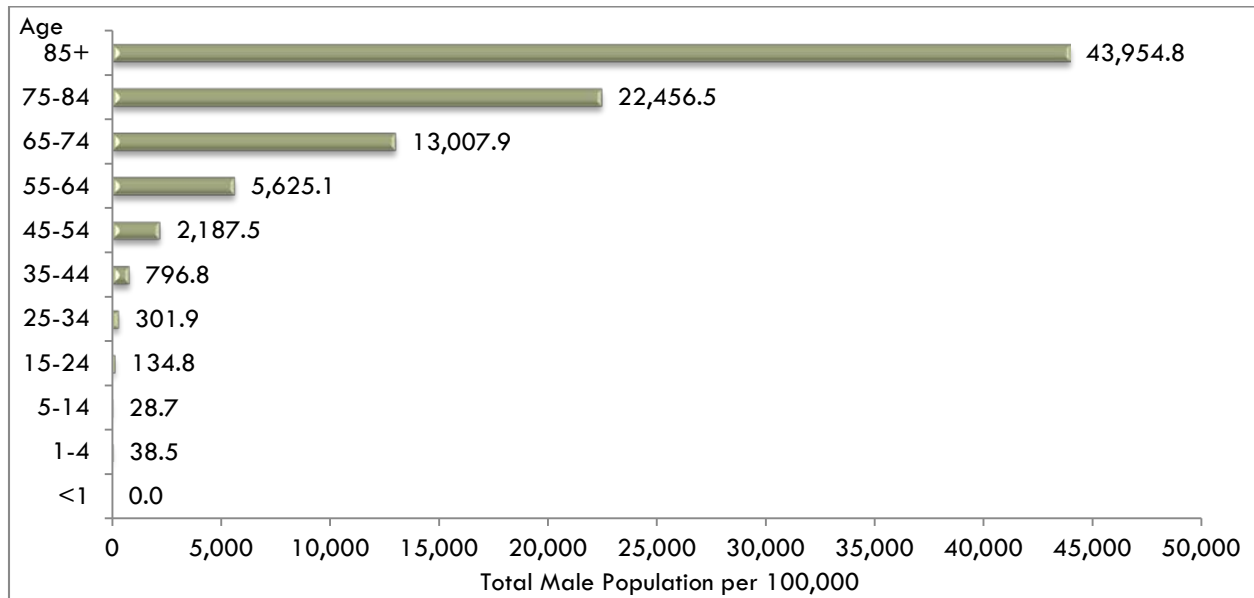
Data from 12/12/2012, BRFSS 2009

## 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.<sup>2</sup> Approximately half of Americans (49%) have at least one of these three risk factors.<sup>3</sup>

In 2009, 26.3% of all deaths among Nevada men were attributed to heart disease. In 2011, Nevada's male age-adjusted disease heart hospitalization rate was 3,528.9 per 100,000 population. There were 43,954 hospitalizations related to heart disease in Nevada men (Figure 3).

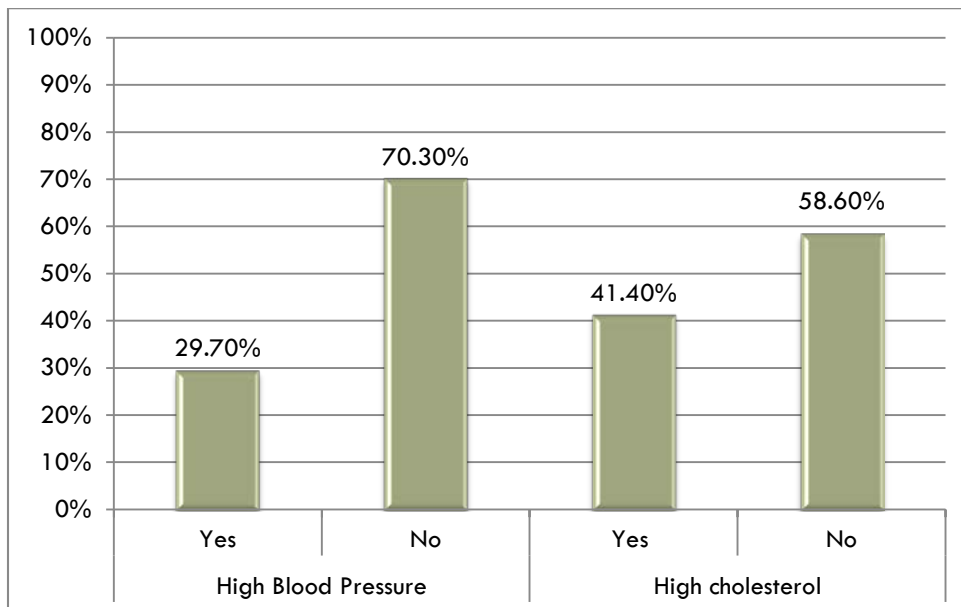
**Figure 3: Age-Specific Heart Disease Hospitalization Rate Among Males Residing in Nevada, 2011**



Data from 06/26/2012, Nevada Inpatient Hospital Discharge Database 2011



**Figure 4: Percentage of Adult Nevada Men Who Have Ever Been Told They Have High Blood Pressure or High Cholesterol, 2009**



Data from 12/03/2012, BRFSS 2009

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 and eye problems, and heart failure.<sup>4</sup>

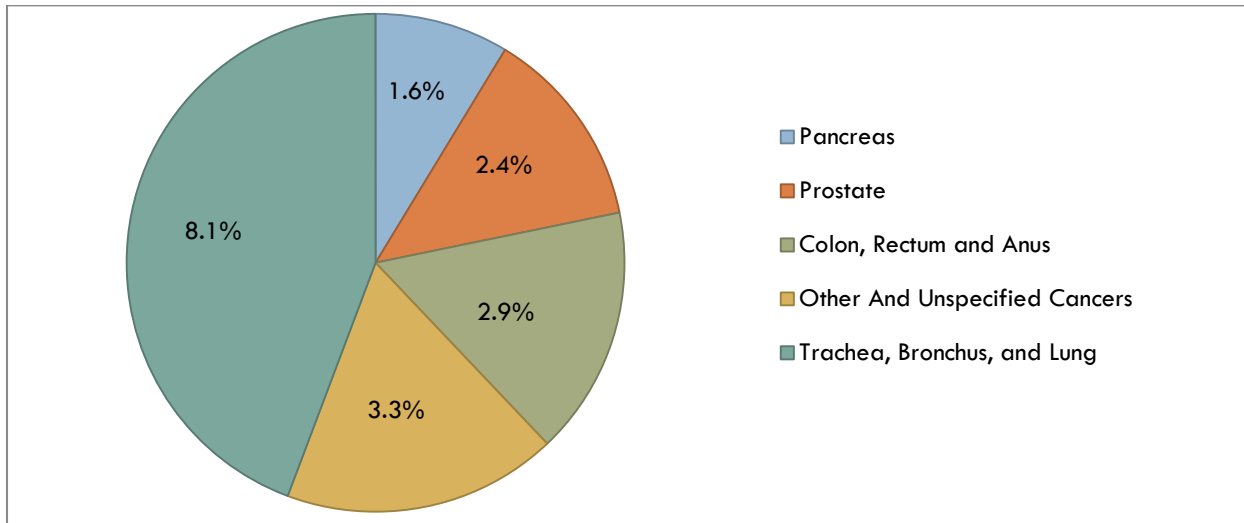
In 2009, 19.7% of Nevada adult men aged 18 years and older self-reported that they have or have had high blood pressure, and 41.4% of Nevada adult men reported that they have or have had high blood cholesterol.

## 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.<sup>5</sup> Data from Nevada Cancer Central Registry estimates that the age-adjusted incidence rate of cancer in Nevada was 517.8 per 100,000 male population in 2009.

8.1% of all deaths among Nevada men were attributed to tracheal, bronchial, and lung cancer, 2.9% were attributed to colorectal cancer, 2.4% were attributed to prostate cancer, and 1.6% were attributed to cancer of the pancreas. 3.3% of male deaths in 2009 were attributed to other cancers (Figure 5).

**Figure 5: Male Cancer Related Deaths, Percentage of All Deaths, Nevada Residents, 2009**



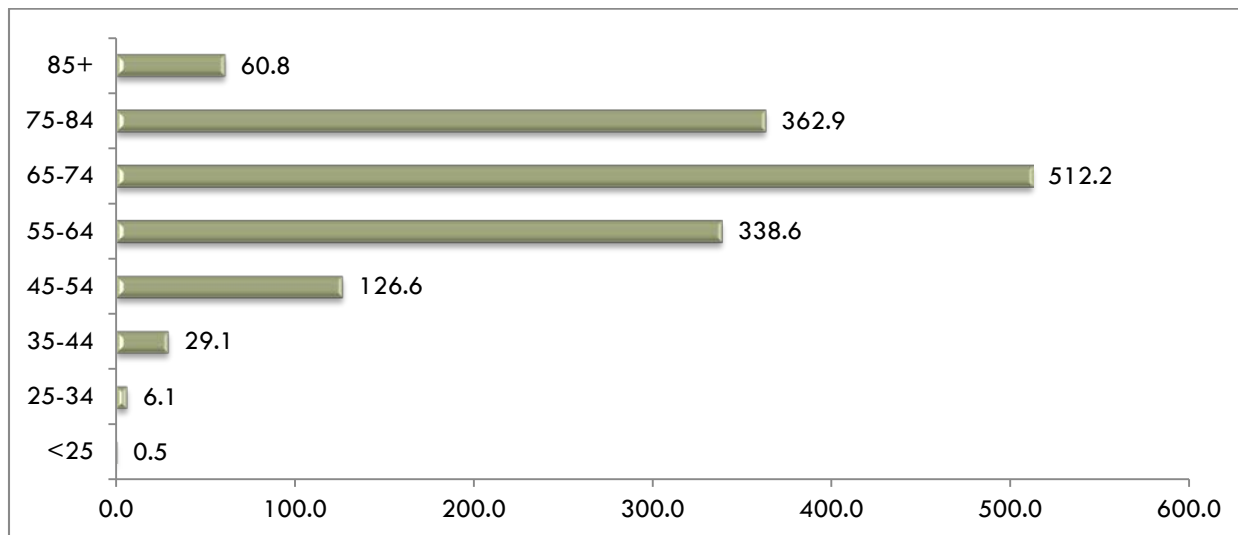
Data from 09/21/2012, Nevada Vital Statistics Records 2009

## 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<sup>6</sup>.

In 2009, there were 832 new cases of lung and bronchus cancer among male Nevada residents. The age-adjusted lung and bronchial cancer incidence rate was 67.0 per 100,000 male population in Nevada, compared to 59.4 per 100,000 Nevada females.

**Figure 6: Age-Specific Male Lung and Bronchus Cancer Incidence Rate, Nevada Residents, 2009**



Data from 09/21/2012, Nevada Central Cancer Registry 2009

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:

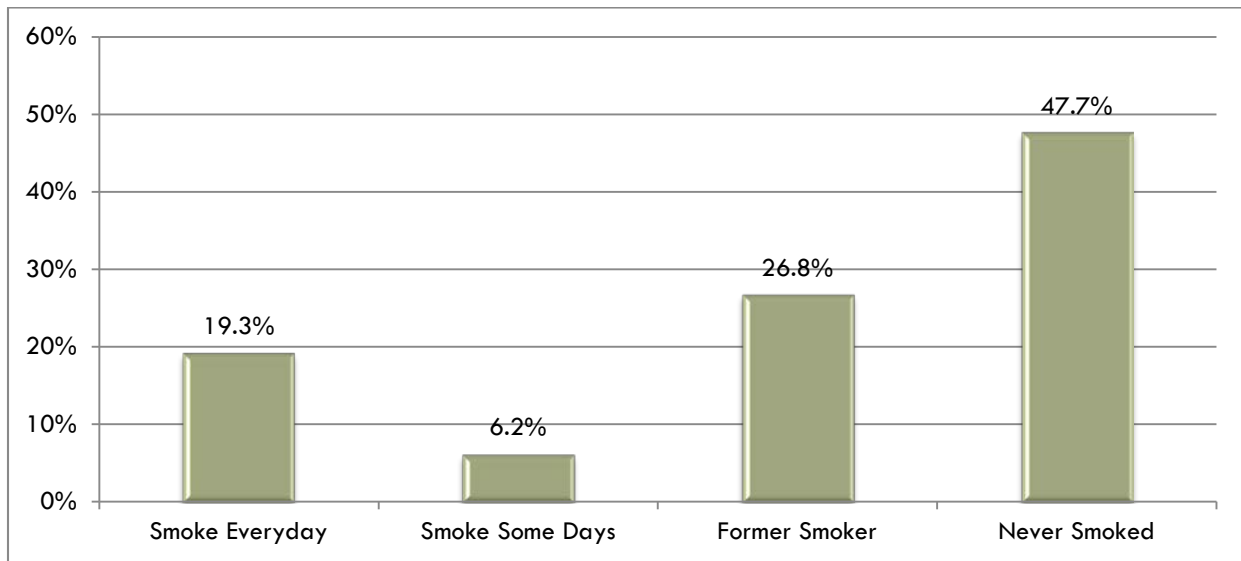
- smoking
- exposure to environmental tobacco smoke
- factors around us at home or work, such as radon gas
- personal traits such as a family history of lung cancer<sup>7</sup>

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<sup>1\*</sup> origin populations.<sup>8</sup> Yet, lung cancer is the second-most commonly diagnosed cancer in both men and women.<sup>7</sup>

Men who smoke also have an increased risk for hip fracture<sup>4</sup>.

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

**Figure 7: Tobacco Use among Adult Nevada Men Aged 18 Years and Older, 2010**



Data from 09/21/2012, BRFSS 2010

According to BRFSS, in 2010, fewer than half (47.7%) of Nevada adult men aged 18 years and older reported that they had never been smokers. Approximately 19.3% smoked every day, 6.2% smoked some days, and 26.8% were former smokers.

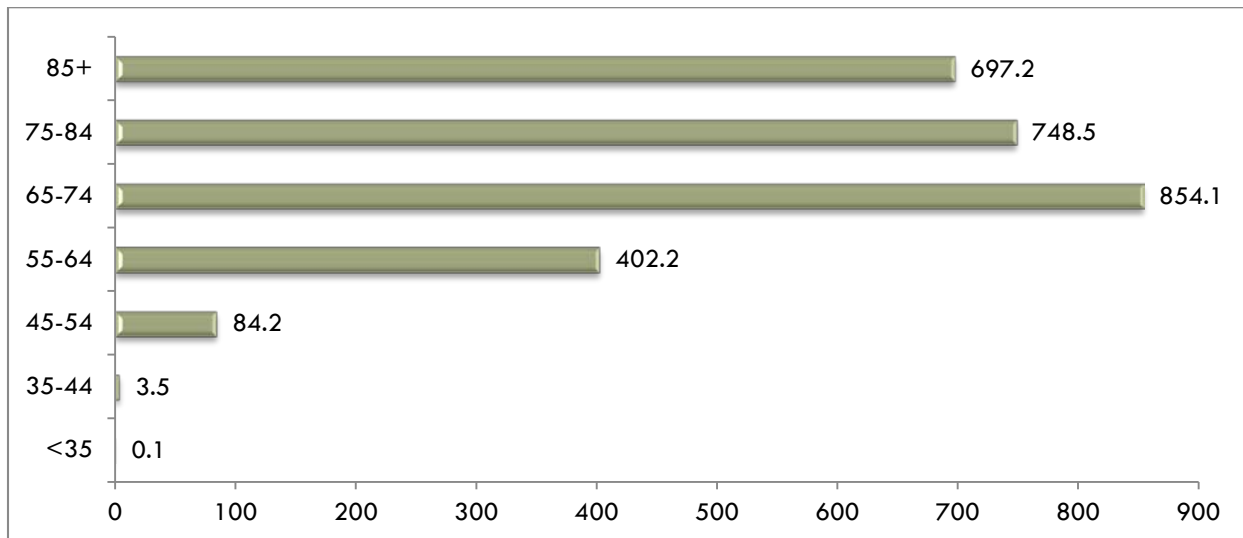
Quitting smoking can greatly improve health. See Resources on page 20 to find help with tobacco cessation.

## 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 second most common cancer among men in the United States.<sup>9</sup>

In 2009, there were 1,947 new cases of prostate cancer among male Nevada residents. The age-adjusted prostate cancer incidence rate was 147.9 per 100,000 male population in Nevada.

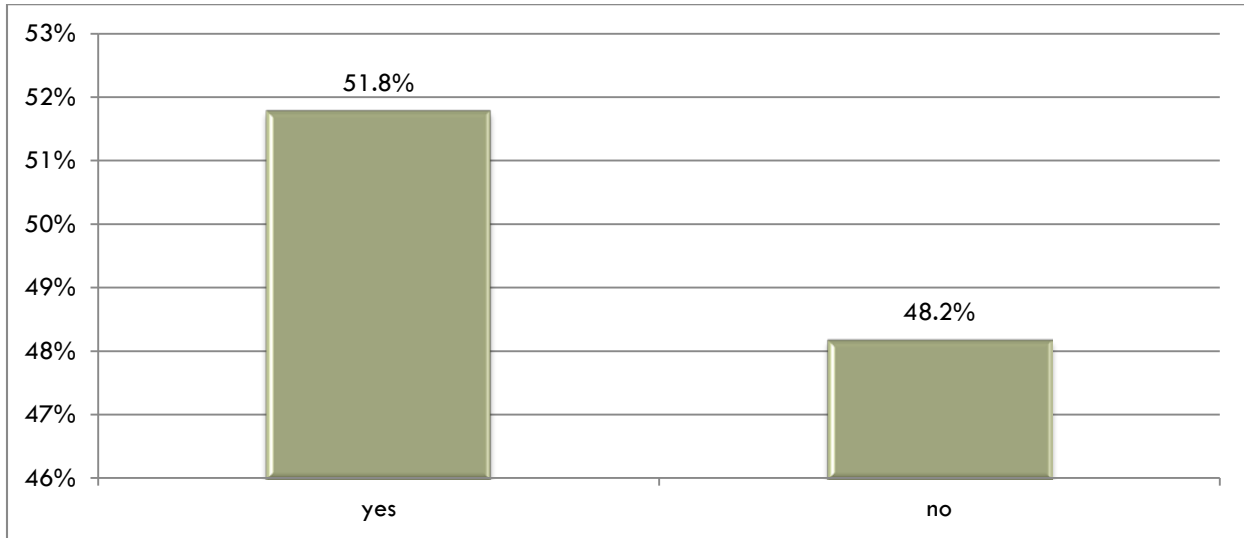
**Figure 8: Age-Specific Male Prostate Cancer Incidence Rate per 100,000 Nevada Residents, 2009**



Data from 09/21/2012, Nevada Central Cancer Registry 2009

There is no proven prostate cancer prevention strategy. However by making healthy choices such as exercising, eating a healthy diet and maintaining a healthy weight, risk is reduced. Also by having a routine yearly exam, prostate cancer may be found at earlier more treatable stages.

**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, 2010**



Data from 09/21/2012, BRFSS 2010

According to Nevada 2010 BRFSS data, over half of men 40 years and older have received a prostate-specific antigen (PSA) test for prostate cancer screening. This is a decrease from 2008 BRFSS data, where 54.8% of Nevada men received a PSA test.

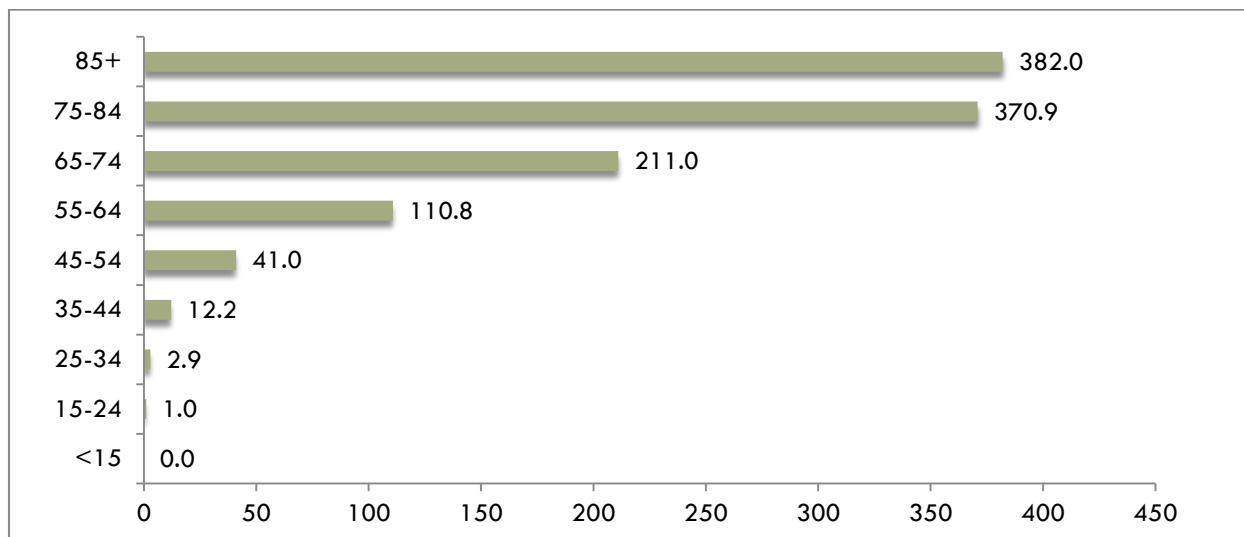
## Colorectal Cancer

Colorectal cancer is 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<sup>10</sup>.

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<sup>10</sup>. Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States<sup>10</sup>.

In 2009, there were 673 new cases of colorectal cancer among Nevada's male residents. The age-adjusted colorectal cancer incidence rate was 54.2 per 100,000 male population in Nevada in 2009.

**Figure 10: Age-Specific Male Colorectal Cancer Incidence Rate per 100,000 Nevada Residents, 2009**



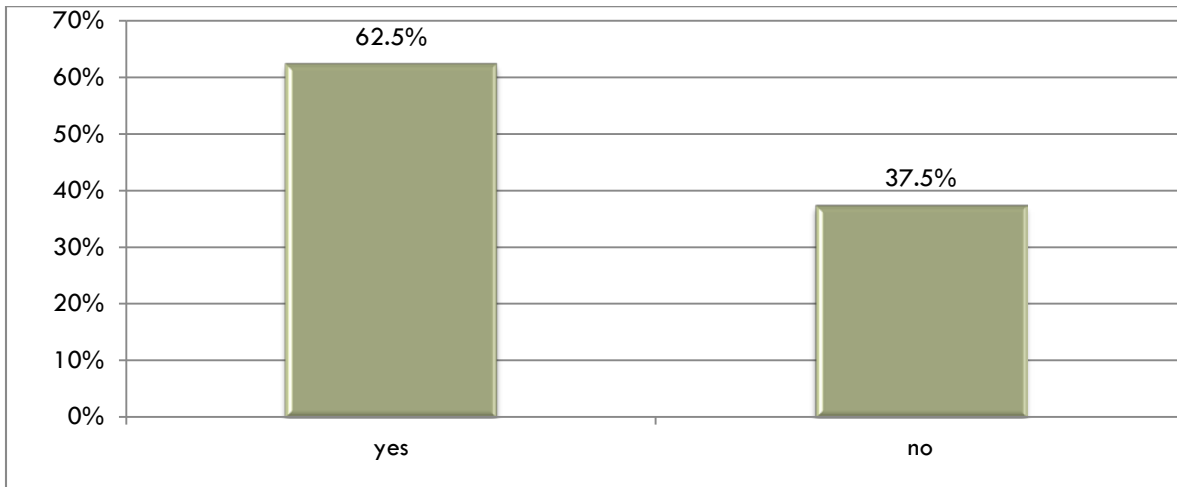
Data from 09/21/2012, Nevada Central Cancer Registry 2009

A family history of polyps (small growths in the colon) or colon cancer can greatly increase the risk for developing colorectal cancer<sup>4 10</sup>. The United States Preventative Health Care Services Task Force recommends starting regular colorectal cancer screenings at age 50.

Several different tests can detect colorectal cancer<sup>4</sup>. A blood stool test is an at-home kit which can detect the presence of occult stool in feces<sup>10</sup>.

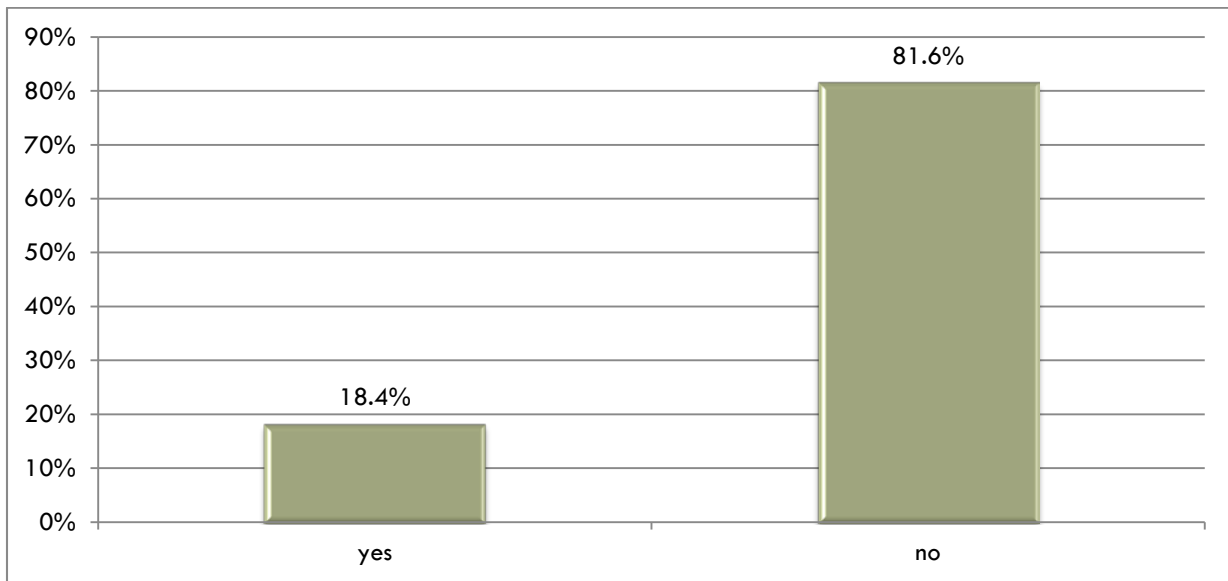
In 2010, 18.4% of Nevada adult men aged 50 years and older had a blood stool test in the past 2 years and 62.5% had ever had a sigmoidoscopy or colonoscopy. These screenings tests are not mutually exclusive.

**Figure 11: Percentage of Nevada Men Aged 50 Years and Older Who Have Ever Had Colonoscopy or Sigmoidoscopy, 2010**



Data from 09/21/2012, BRFSS 2010

**Figure 12: Percentage of Nevada Men Aged 50 Years and Older Who Have Had a Blood Stool Test in the Past 2 Years, 2010**



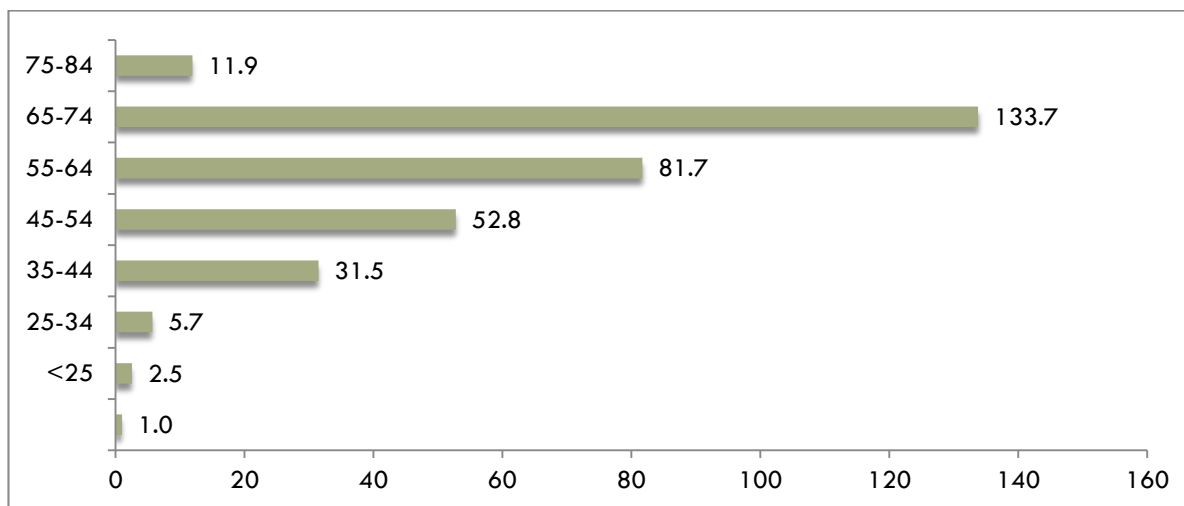
Note: Data from 09/21/2012, BRFSS 2010



## 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.<sup>11</sup> 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.<sup>12</sup>

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



Note: Data from 09/21/2012, Nevada Central Cancer Registry 2009

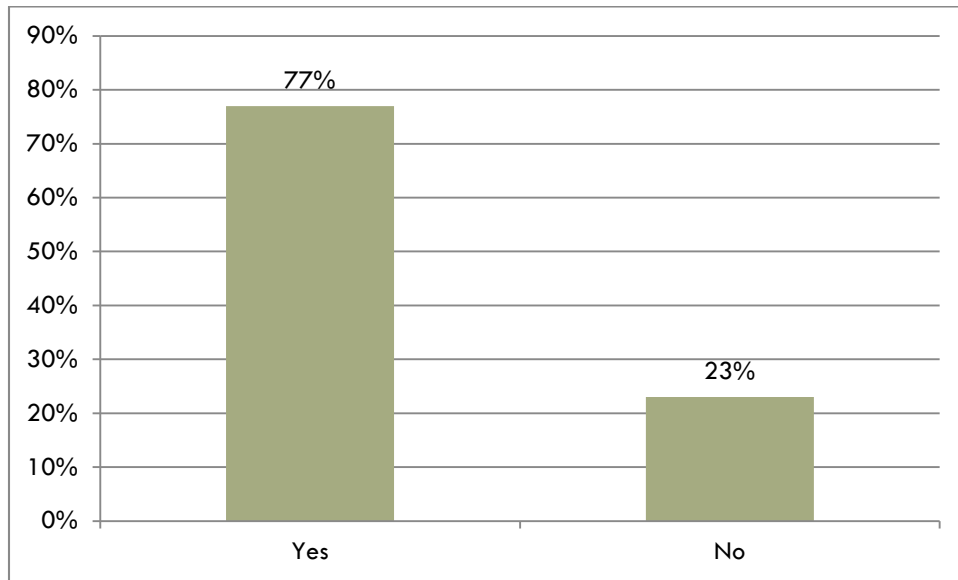
In 2009, there were 163 new cases of cancer of the pancreas among Nevada's male residents. The age-adjusted pancreas cancer incidence rate was 13.3 per 100,000 males in Nevada in 2009. This may not seem high; however, cancer of the pancreas is one of the major causes of cancer-related death in Nevada males, accounting for 5.7% of all cancer-related deaths and 1.6% of all deaths among Nevada's male population in 2009.

## 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 and emotional health.<sup>13</sup>

In 2010, 77% of Nevada adult men aged 18 years and older reported that they had participated in any physical activity in the past month. In 2011, 52.6% had participated in 150 minutes or more of aerobic physical activity per week, 30.1% had participated in muscle strength exercises more than twice per week, and 21.3% had participated in enough aerobic and muscle strength exercises to meet guidelines.

**Figure 14: Percentage of Adult Nevada Men Who Have Participated Activity, 2010**

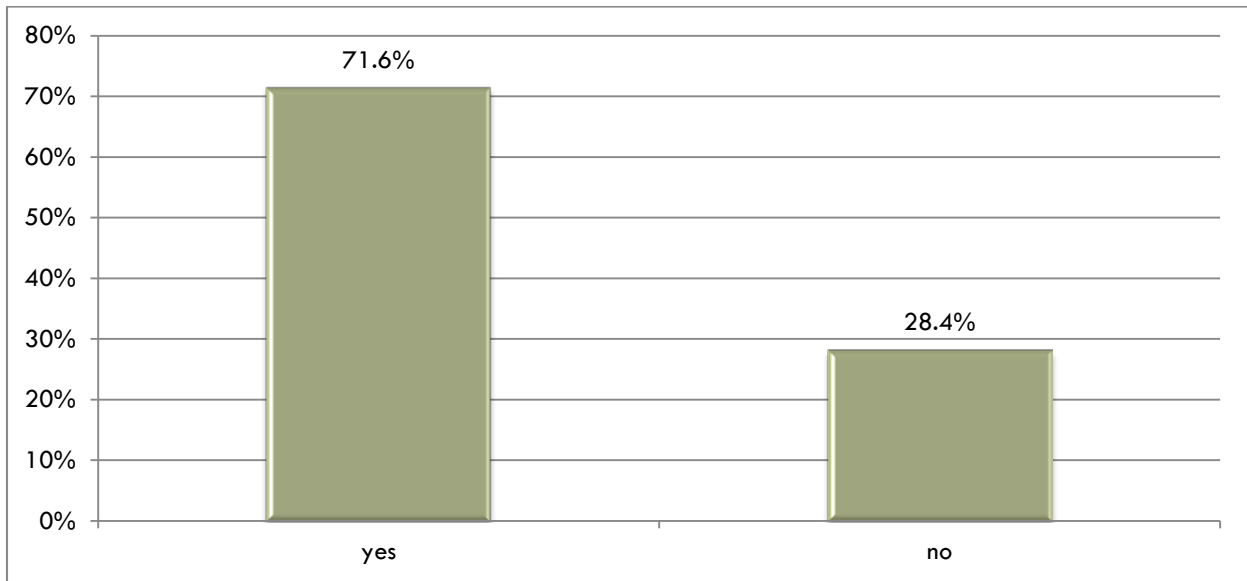


Note: Data from 09/21/2012, BRFSS 2010

## ACCESS TO HEALTH CARE

Those without health insurance are less likely to get recommended care than those who do have health insurance.<sup>14</sup> Underinsurance and lack of health insurance is an important issue in Nevada. In 2010, 71.6% of Nevada adult men aged 18 years or older reported having some type of health insurance.

**Figure 15: Percentage of Adult Nevada Men Aged 18 Years and Older Who Have Health Insurance Coverage, 2010**



Note: Data from 09/21/2012, BRFSS 2010

## 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 receives screenings, it is believed that the incidence rates for corresponding diseases can be reduced.

### Prostate Cancer

Reduce the prostate cancer death rate.

*There is not a recommended screening for prostate cancer because the risks of screening and treatment outweigh the benefits.*

Healthy People 2020 Target: 21.2 deaths per 100,000 males

**Nevada: 15.0 (10.1-19.9) deaths per 100,000 male population**

**ACHIEVED**

### Colorectal Cancer

Reduce the colorectal cancer death rate.

*Adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2008*

Healthy People 2020 Target: 14.5 deaths per 100,000 males

**Nevada: 18.5 (13.7-23.2) deaths per 100,000 male population**

**NOT SIGNIFICANTLY DIFFERENT, RELIABLE**

### Lung Cancer

Reduce the lung cancer death rate.

Healthy People 2020 Target: 45.5 deaths per 100,000 population

**Nevada: 50.7 (47.0-54.4) deaths per 100,000 male population**

**NOT SIGNIFICANTLY DIFFERENT, RELIABLE**

### Heart Disease

Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years

*Adults 18 years and older who have their blood cholesterol checked with the preceding 5 years.*

Healthy People 2020 Target: 82.1%

**Nevada: 75.4% (71.1-79.6%) per 100,000 male population**

**NOT ACHIEVED**

## RESOURCES

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

Julia Peek  
 Manager, Office of Public Health Informatics and Epidemiology  
 Nevada Division of Public and Behavioral Health  
 (775)-684-4192  
[jpeek@health.nv.gov](mailto:jpeek@health.nv.gov)

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

[www.health.nv.gov/FP\\_Publications.htm](http://www.health.nv.gov/FP_Publications.htm)

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

1. Nevada Department of Health and Human Services, Nevada State Health Division, Bureau of Child, Family and Community Wellness at: <http://health.nv.gov/BCFCW.htm>
2. Centers for Disease Control and Prevention, US Department of Health and Human Services, Men's Health at: <http://www.cdc.gov/features/healthymen/>
3. Agency for Healthcare Research and Quality, US Department of Health & Human Services, Men: Stay Healthy at Any Age at: <http://www.ahrq.gov/ppip/healthymen.htm>
4. For help quitting smoking call Nevada Tobacco Users Helpline: 1-800-QUIT NOW (in English and Spanish).

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