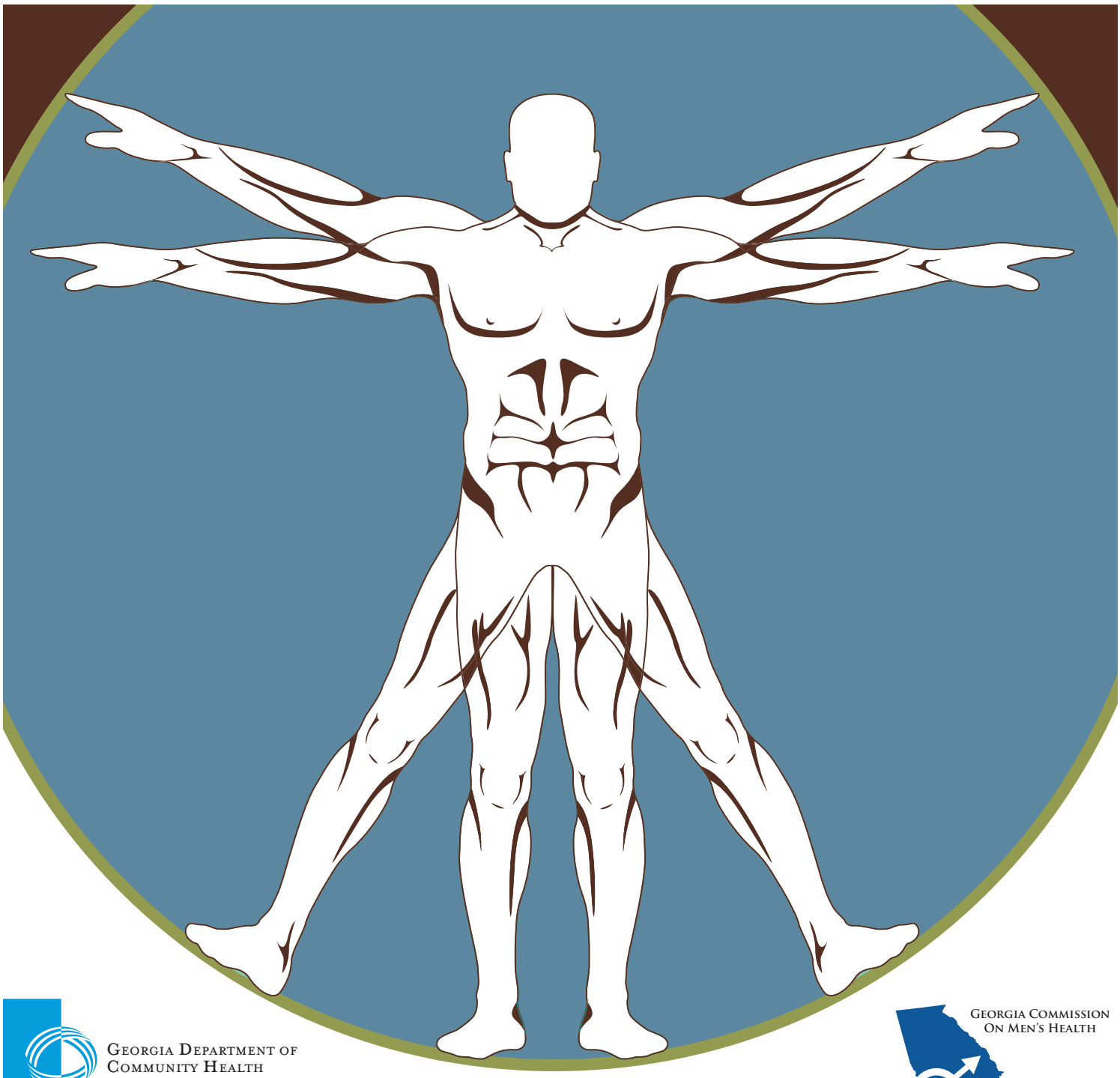
Men's Health Report: 2009

A Comprehensive Look at the Status of Men's Health in Georgia



Georgia Department of Community Health

Georgia Commission On Men's Health

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Fellow Georgians,

The Georgia Department of Community Health (DCH), Office of Health Improvement and the Georgia Commission on Men's Health is pleased to present the *2009 Men's Health Report: A Comprehensive Look at the Status of Men's Health in Georgia*.

The mission of the Commission on Men's Health is to develop statewide opportunities to promote awareness, disease prevention, wellness, and positive behavior changes.

The objective of this report is to compile and publish - in one place - information that will help assess men's health in the state and further catalyze efforts to improve quality of life and health outcomes for men in Georgia. Consequently, this report focuses primarily on the diseases and disorders that most commonly affect men in our state and how the health of Georgia's men compares to men in other states. Where current information is available, the report also examines the differences in health status among Georgia's men by age groups, geographic location and race/ethnicity.

This document represents one of the first publications on men's health in Georgia since 2001. We anticipate that it will prove useful to all citizens of our state and specifically government agencies, legislators, policymakers, public and private health care organizations, educational institutions, community groups, and other civic organizations interested in men's health policies and practices in Georgia. Further, it is our hope that this report will both inform and engage communities in dialogue, while motivating them to seek solutions that address health issues and challenges faced by Georgia's men as we strive to become a healthier nation.

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Georgia Commission on Men's Health

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Report Highlights

Life Expectancy

- More men in Georgia are living beyond age 60, but on average live five years less than women and have lower average life expectancies than men living in many other states in the United States

Leading Causes of Death

- Heart disease, stroke and cancer account for more than 50 percent of all male deaths in the state
- Chronic diseases are the most common causes of death in men aged 45 years and older
- Unintentional (motor vehicle crashes) and intentional (homicide and suicide) injuries are the primary causes of death in younger men

Healthy Behaviors

- Most men in Georgia do not eat the recommended amount of fruits and vegetables or engage in the recommended levels of exercise daily
  - Twenty-one percent report that they consumed the recommended amount of fruits and vegetables per day
  - Twenty-two percent report being inactive during their leisure time
- One in every five men currently smoke cigarettes
- In Georgia, much like the rest of the country, a growing number of men report that they are overweight or obese
  - Nearly 43 percent report being overweight and about 29 percent reported being obese

Health Status

- Mortality rates from chronic diseases in men are improving but racial/ethnic and geographic disparities in outcomes persist
  - Black men have a significantly higher age adjusted death rate due to cardiovascular disease than white men
  - The age-adjusted diabetes death rate for black men in Georgia is more than twice that of white men in the state
  - Death rates due to major cardiovascular disease, cancer and external causes are all lower in metro Atlanta counties when compared to rural areas in the state
- Men in Georgia are more likely than women to be diagnosed with cancer
  - Lung cancer is still the leading cause of cancer death in men
  - Black men are more disparately affected by prostate cancer
- Infectious diseases such as HIV/AIDS and sexually transmitted diseases are a significant health burden in Georgia's male young adult population

Access to Care

- Men living in rural communities report significant challenges to health care access and poorer health outcomes

The Changing Face of Men in Georgia

- Georgia's male population is becoming increasingly diverse.
  - Over the last decade, the number of Latino men in the population is estimated to have grown by more than 50 percent

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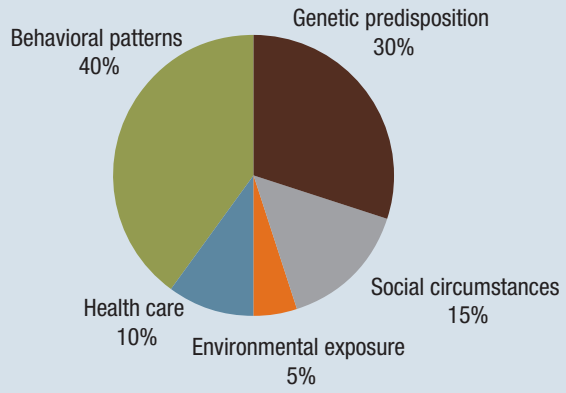
MEN'S HEALTH REPORT

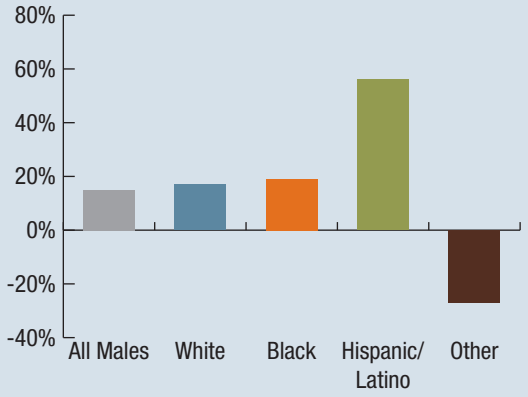
Introduction

Figure 1.
Proportional Contribution to Premature Death



Source: MCGinnis et al 2002

Figure 2.
Percent Change of Male Population in Georgia by Race and Ethnicity, 2000-2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

In 2004, men living in the United States experienced the smallest gender gap in life expectancy since 1946 according to the U.S. Census Bureau. Despite this improvement, the following[1] continue to hold true:

- Men die of chronic diseases at younger ages, and in greater numbers, than women
- Men don't take care of themselves as well as women do
- Men are more likely to engage in unhealthy behavior
- Men are less likely than women to follow preventive health measures
- Men don't seek medical attention when they need it
- Men are less likely to have health insurance

In addition to the burden that poor health places on the affected male, premature death and loss of productive years due to illness and injury also increase the number of elderly/aging women who must rely on public assistance after death or disability befalls their spouses. Men enter the Medicare population in poorer health than women, and are therefore more likely to place a greater burden on the health care system as they age.

As outlined by McGinnis et al (2002), many factors contribute to poor health and premature death in populations.

Of the five primary factors described (see Figure 1), behavioral/ lifestyle patterns are thought to contribute the most to premature death and potential years of life lost, even more so than health care, genetic predisposition or social circumstance.

Changing Face of Georgia's Male Population

In 2006, Georgia's total male population was estimated at just over 4.6 million, an increase of 15 percent since 2000. Approximately 3.5 million are adult men aged 18 years and older.

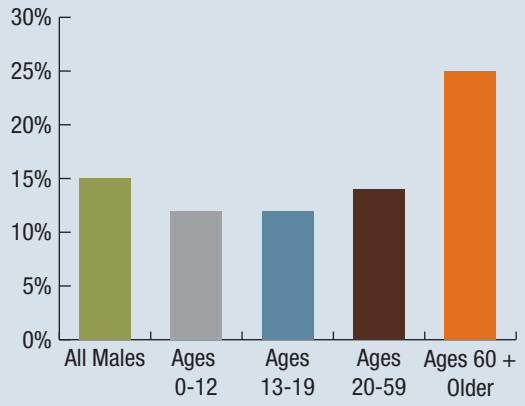
Caucasians make up an estimated 62 percent of all people living in the state, which boasts one of the largest populations of African-Americans in the country and a rapidly growing Latino community. Caucasian and African-American male populations were estimated to have increased at comparable rates, i.e. 17 and 19 percent respectively, from 2000 to 2006. The greatest

[1] *Brott, Armin, et al., Blueprint for Men's Health, A Guide to a Healthy Lifestyle, Men's Health Network*

estimated growth however, occurred in the Latino community, which experienced a 56 percent increase in its male population. Together, the population of other males (including Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multi-racial and unknown) decreased by an estimated 27 percent over the same period (see Figure 2).

The increase in Georgia's male population mirrors the overall trend in America, of a population that is generally growing older. Between 2000 and 2006, the largest increase in the male population occurred in men over age 60 years (25 percent) while males in early childhood, adolescence, and adulthood experienced growth rates of 12 - 14 percent for the period (see Figure 3).

Figure 3.
Percent Change of Male Population Change in Georgia by Age Group, 2000-2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Leading Causes of Death Among Males

In 2005, men living in the United States had an average life expectancy of 75.2 years, with an average of 75.7 years and 69.5 years in white men and black men respectively. In Georgia, life expectancy of men at birth in 2005 was estimated at 72.3 years, one of the lowest in the nation and five years less than that of women living in the state (77.8 years - see Table 1).

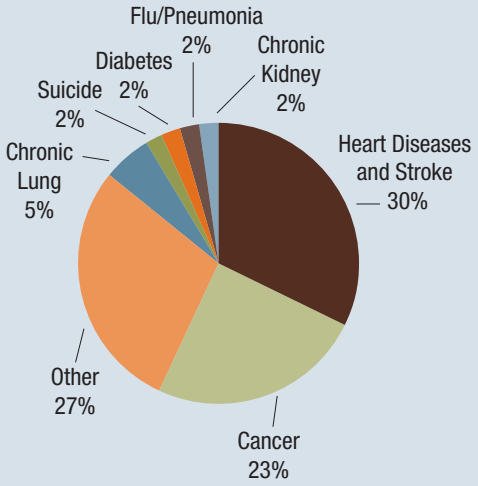
Heart disease continues to be the leading overall cause of death for both men and women in the country. In 2005, 36 percent of all deaths in males were due to heart disease and stroke, followed

Table 1. States with Lowest Estimated Life Expectancies in Men, 2005

State	Life expectancy at birth Total (yrs)	Life expectancy at birth Male (yrs)	Life expectancy at birth Female (yrs)
Alabama	74.6	71.3	77.5
Arkansas	75.1	72.1	77.9
District of Columbia	72.6	68.5	76.1
Georgia	75.3	72.3	77.8
Kentucky	75.3	72.3	77.9
Louisiana	74.4	71.2	77.3
Mississippi	73.7	70.4	76.7
North Carolina	75.8	72.7	78.4
Oklahoma	75.3	72.6	77.6
South Carolina	74.9	71.6	77.9
Tennessee	75.0	71.8	77.7
West Virginia	75.0	72.3	77.7

U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

Figure 4.
Leading Causes of Death Among Georgia Males, 2003-2006



Source:
Georgia Department of Human Resources, Division of Public Health

by cancer which accounted for 29 percent of deaths. The same is true in Georgia where the leading causes of death in men, during 2003 to 2006, were heart disease/stroke (30 percent) and cancer (see Figure 4).

While these two conditions are responsible for the largest number of deaths over the last decade or more, other significant causes of death include: unintended injury, diabetes, flu/pneumonia and chronic lung, and chronic kidney diseases.

Age and Mortality

Throughout the life cycle of men living in the United States and Georgia, violence and unintentional injury deaths are more likely to occur in adolescence and early adulthood. These include deaths by homicide, suicide and motor vehicle crashes. Cancer deaths occur more frequently in middle and older adulthood, and cardiovascular disease related deaths occur most often in older adulthood. HIV/AIDS continues to cause premature death in young men though less so than a decade ago. The table below represents the distribution of deaths among age groups in Georgia males, aged 15 year and older, from 2003-2006.

Table 2. Leading Causes of Death in Georgia Males, by Age Group, 2003-2006

Rank	All ages	15-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65-74 yrs	75-84 yrs	85+ yrs
1	Heart Disease	Unintended Injury	Unintended Injury	Injury	Heart Disease	Cancer	Cancer	Heart Disease	Heart Disease
2	Cancer	Homicide	Homicide	Heart Disease	Cancer	Heart Disease	Heart Disease	Cancer	Cancer
3	Unintended Injury	Suicide	Suicide	Cancer	Injury	Stroke	Chronic Lung Disease	Chronic Lung Disease	Stroke
4	Stroke	Cancer	Heart Disease	HIV	Suicide	Chronic Lung Disease	Stroke	Stroke	Chronic Lung Disease
5	Chronic Lung Disease	Heart Disease	HIV	Suicide	HIV	Injury	Diabetes	Flu/ Pneumonia	Flu/ Pneumonia
6	Diabetes	HIV	Cancer	Homicide	Stroke	Diabetes	Injury	Chronic Kidney Disease	Alzheimer's
7	Suicide	Congenital Disorders	Diabetes	Stroke	Chronic Liver Disease	Chronic Liver Disease	Chronic Kidney Disease	Alzheimer's	Chronic Kidney Disease
8	Chronic Kidney Disease	Stroke	Stroke	Diabetes	Diabetes	Chronic Kidney Disease	Septicemia	Injury	Injury
9	Flu/ Pneumonia	Flu/ Pneumonia	Chronic Kidney Disease	Chronic Liver Disease	Chronic Lung Disease	Suicide	Flu/ Pneumonia	Diabetes	Septicemia
10	Septicemia	Septicemia /Diabetes	Septicemia	Septicemia	Homicide	Septicemia	Hypertension	Septicemia	Pneumonitis

Source: Georgia Department of Human Resources, Division of Public Health

Healthy Lifestyles and Preventive Practices

There are many preventive activities that men could incorporate into their everyday lives to achieve better health and well being. These activities include a nutritionally well-balanced diet, and regular exercise to reduce the risk of chronic illness due to obesity – a challenging issue that is increasingly being faced by more men. Avoiding tobacco use is a lifestyle choice that has also been shown to reduce the risk of many illnesses including cancers and respiratory disorders.

Additionally, routine primary care check-ups and screenings are recommended as a part of a wellness protocol for men. Screenings for high blood pressure, high blood cholesterol and some cancers are essential in the early detection of many chronic diseases and their risk factors.

Physical Activity

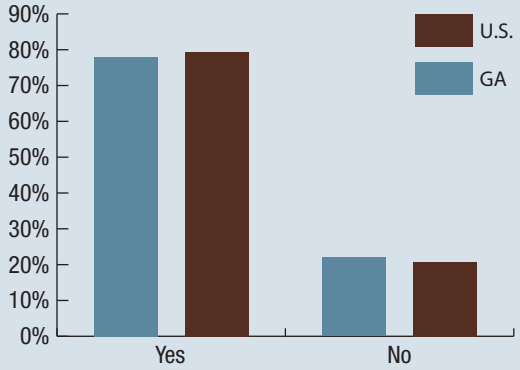
Regular physical activity, has been shown to have many health benefits. It reduces the risk of many diseases such as heart disease, stroke, high blood pressure, diabetes and colon cancer. Further, physical activity may improve one's quality of life, help maintain a healthy body weight and reduce mild anxiety and depression.

The 2005 Dietary Guidelines for Americans recommend at least 30 minutes of moderate-intensity physical activity on most days of the week to prevent chronic disease and approximately 60 minutes of moderate to vigorous intensity activity on most days of the week to maintain weight. However, individuals who become more active without reaching the recommended levels may still improve their health. The *Healthy People 2010* objective is to increase the number of individuals who report regular moderate physical activity to 30 percent or more.

Georgia's men are exercising at the same rate as men in the nation.

In 2007, nearly 750,000 men in Georgia (22 percent) reported being inactive during their leisure time (see Figure 5). Approximately 67 percent reported that they did not participate in vigorous physical activity for three or more days a week. The estimate is similar for men nationally.

Figure 5.
Males who have Participated in Leisure Time Physical Activity in the Past Month, 2007



Source:
Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2007

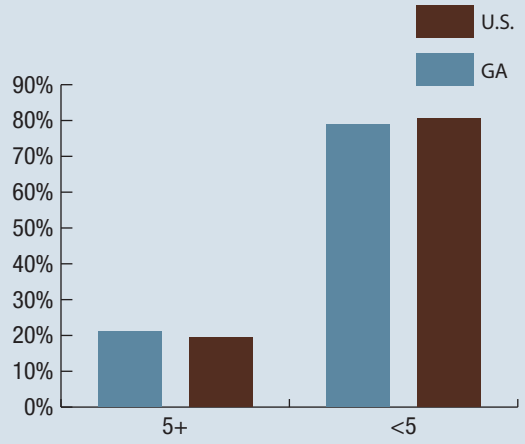
Consumption of Fruits and Vegetables

Eating fruits and vegetables is also very beneficial to a person's health. Effective components of weight management programs include foods that are low in fat and rich sources of vitamins, minerals and fiber. Regular fruit and vegetable consumption has

been shown to lower a person's risk of cardiovascular disease and certain cancers.

It is currently recommended that adults eat four to five cups of fruits and vegetables per day – two cups of fruits and two to three cups of vegetables.

Figure 6.
Male Consumption of Fruits and Vegetables, 2007



Source:
Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2007

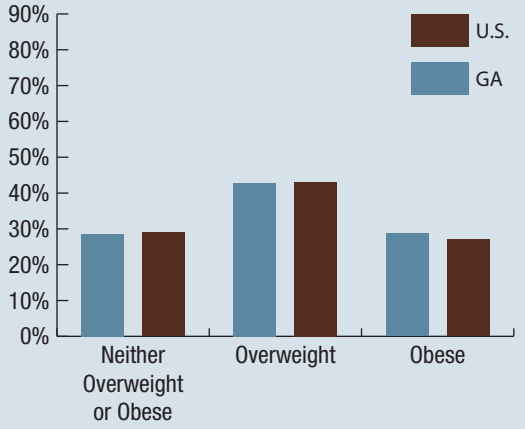
Most men in Georgia do not eat the recommended amount of fruits and vegetables daily

In 2007, more than 700,000 men (21 percent) reported that they consumed the recommended amount of fruits and vegetables per day. This was slightly higher than the 19.4 percent of men nationally who reported that they consumed the recommended amount of fruits and vegetables per day (see Figure 6).

Obesity

Obesity, defined as a body mass index of 30.0 or more, is a risk factor for many diseases – heart disease, some types of cancer, diabetes, high blood pressure, and high blood cholesterol. Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. BMI is calculated by dividing one's weight in kilograms by their squared height in meters. Being overweight is defined as a BMI of 25 - 29.9. *The Healthy People 2010* objective is to decrease the number of obese individuals in the population to 15 percent or less.

Figure 7.
Male Weight Classification, 2007



Source:
Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2007

A growing number of Georgia's men are overweight or obese

In 2007, 29 percent of Georgia men were not overweight or obese. Over 1.5 million or nearly 43 percent were overweight and 950,000 (about 29 percent) were obese. Nationally, 29 percent of men were not overweight or obese while 43 percent and 27 percent were overweight and obese respectively (see Figure 7).

Tobacco Use

Tobacco use is one of the leading preventable causes of sickness and death. Approximately 17 percent of the average number of deaths among adults aged 35 years and older from 2000 to 2005 can be attributed to smoking. Of those deaths 40 percent were a due to cancer, 35 percent were due to cardiovascular disease and 25 percent were due to respiratory disease. Lung cancer accounts for the greatest percentage (79 percent) of smoking related

cancer deaths. *The Healthy People 2010* objective is to reduce the number of tobacco smokers to no more than 12 percent or less of the population.

One in every five men in Georgia smokes tobacco; habit starts as young men

Males account for about 6,700 of the 10,000 Georgians who die every year from smoking-related illnesses. In 2007, more than 717,000 men in Georgia (21 percent) reported that they were current smokers. Nationally, a similar percentage of men reported being current smokers (see Figure 8). In 2006, data from the Georgia Tobacco Use Prevention Program indicated that about 80 percent of adult smokers in Georgia reported beginning the habit before the age of 18 years and further suggested that the likelihood of smoking decreased as educational attainment increased (see Figure 9).

Immunizations

Influenza and pneumonia vaccinations are important to ensure health and wellness in the aging population. Both influenza and pneumonia can become life threatening to people aged 65 and older and to people with chronic conditions such as heart diseases, diabetes and kidney failure.

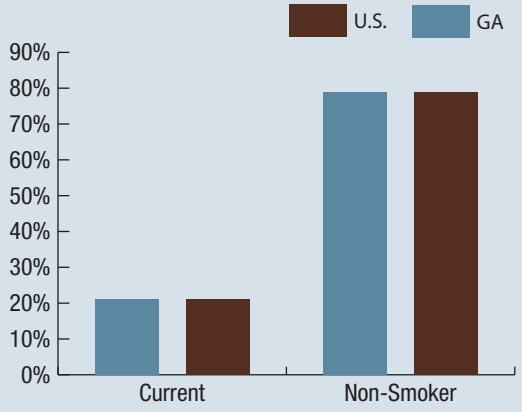
The influenza vaccination, or the flu shot, can greatly reduce illness and death that occurs as a result of the virus. The flu shot should be taken every year in the fall to help protect against illness. Similarly, immunization against pneumonia is vital, given the continuous development of resistant strains of the pneumococcal bacteria. The pneumonia vaccine can be given at any time of the year. *The Healthy People 2010* objective is to obtain a vaccine coverage rate of 90 percent or more.

Many of Georgia's elderly males are not receiving immunization against influenza and pneumonia.

In 2005, Georgia ranked 44th in the nation for influenza vaccinations in adults aged 65 and older, and 46th in the nation for pneumonia vaccinations for adults aged 65 and older. Influenza and pneumonia were the seventh leading causes of death in Georgia.

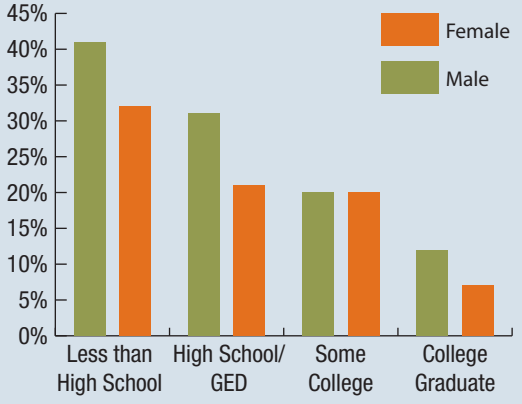
In 2007, just over 250,000 men in Georgia aged 65 and older (or 68 percent of that population) reported ever having a flu shot. The nationwide average for the same group was slightly higher at 72 percent. Approximately 220,000 Georgia men (62 percent) aged 65 and older reported that they had sometime previously been vaccinated against pneumonia, compared to 66 percent nationally (see Figure 10).

Figure 8.
Men who are Current Smokers, 2007



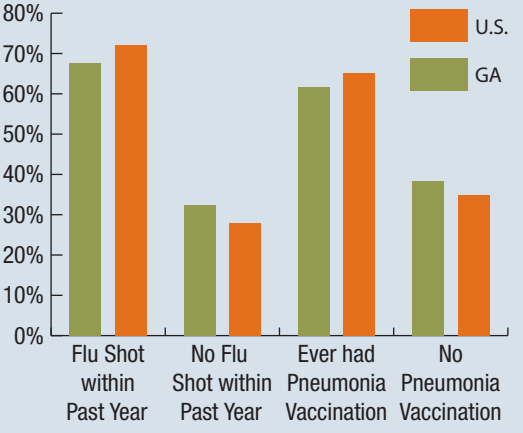
Source:
Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2007

Figure 9.
Smoking in Georgia's Adults 2006



Source:
2007 Georgia Data Summary: Tobacco Use

Figure 10.
Male Immunizations, Ages 65 +, 2007

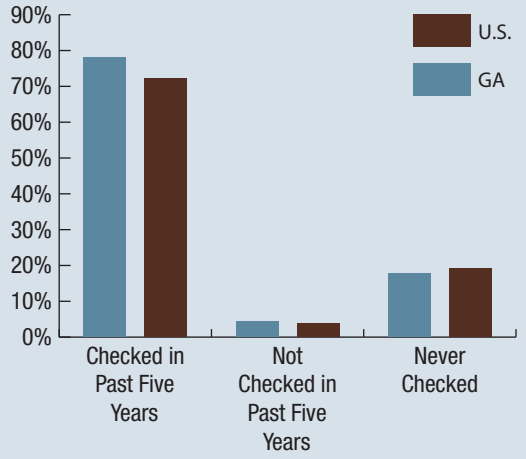


Source:
Centers for Disease Control, Behavioral Risk FactorSurveillance System, 2007

Healthy Habits

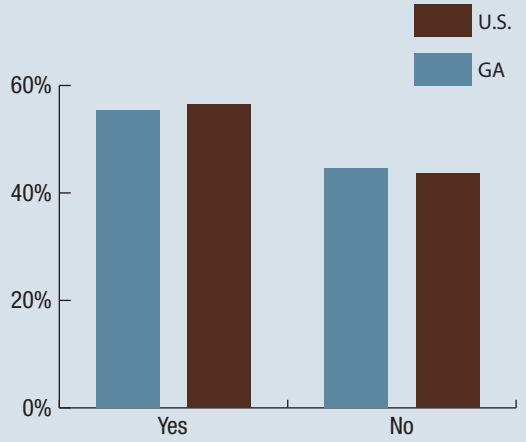
- Eat a varied diet, rich in fruits, vegetables, whole grains, and low-fat foods
- Be especially careful to limit cholesterol intake and avoid saturated fats
- Exercise 30 minutes three days per week
- Protect yourself from the sun
- Maintain a healthy weight
- Drink at least eight, eight-ounce glasses of water per day
- Limit alcohol to two drinks per day
- Don't smoke, and minimize your exposure to second-hand smoke
- See your doctor regularly
- Know your family history and discuss it with your doctor
- Practice safe sex
- Wear a seatbelt whenever you're in the car and a helmet when on a motorcycle or bicycle
- Manage your stress
- Get help if you need it

Figure 11.
Males who have had their Blood Cholesterol Checked within the Past Year, 2007



Source:
Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2007

Figure 12.
Males who have ever has a Sigmoidscopy or Colonscopy, Ages 50+, 2006



Source:
Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2007

Cholesterol Screening

Cholesterol is a component of fats or lipids found in all cells throughout the body and circulating in blood. Although cholesterol is essential to normal body functioning, high blood cholesterol levels can increase the risk of heart attack, stroke, and other diseases. Lowering blood cholesterol levels over time has been shown to reduce a person's risk of developing heart disease. The National Cholesterol Education Program recommends that adults have their cholesterol level checked at least every five years.

An increasing number of Georgia's men are having their cholesterol levels checked regularly

In 2007, over 2 million men in Georgia (78 percent) reported having their blood cholesterol checked within the past five years compared to the national rate of 72 percent (see Figure 11).

Cancer Screenings

The American Cancer Society recommends that adults should begin screening for colorectal cancer at age 50. The screening tools used to detect colorectal cancer are sigmoidoscopy and colonoscopy exams. During these exams, the lower colon and rectum are inspected using a lighted tube. It is also recommended by the American Cancer Society that adults should continue to have a sigmoidoscopy done every five years and a colonoscopy every 10 years after turning 50 years of age.

The *Healthy People 2010* objective is to increase to 50 percent the number of adults over 50 years old reporting that they have ever had a colon examination by sigmoidoscopy or colonoscopy.

Georgia is achieving the Healthy People 2010 objective for colon cancer screening in men

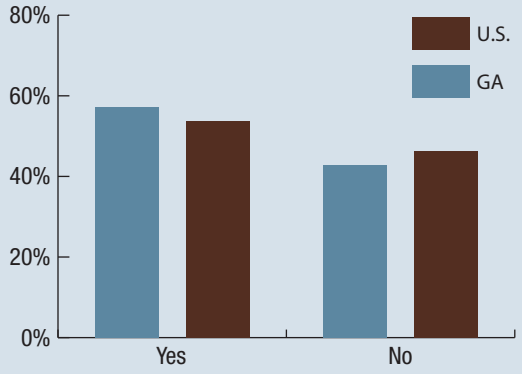
In 2006, more than 580,000 of Georgia's males aged 50 and older (55 percent), reported ever having a sigmoidoscopy or colonscopy exam. This rate is nearly the same as that of other men in the United States, aged 50 and older, who report ever having a sigmoidosopy or colonscopy (57 percent - see Figure 12).

Prostate cancer, a cancer exclusive to men because of its origin in the prostate of the male reproductive tract, has a cure rate more than 90 percent when detected and treated early. It is often detected by physical examination (digital rectal examination) and a screening blood test called the Prostate Specific Antigen (PSA) test though the diagnostic value of the latter as a screening tool is still in question.

Just over one in every two men in Georgia report having had a PSA test in the last two years

In 2006, more than 929,000 Georgia men aged 40 and older (57 percent) reported having a PSA test within the last two years. This rate is slightly higher than that of other men in the nation aged 40 and older (54 percent - see Figure 13).

Figure 13.
Males who have had a PSA Test within the Past Two Years, Ages 40+, 2006



Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2007

HIV Testing

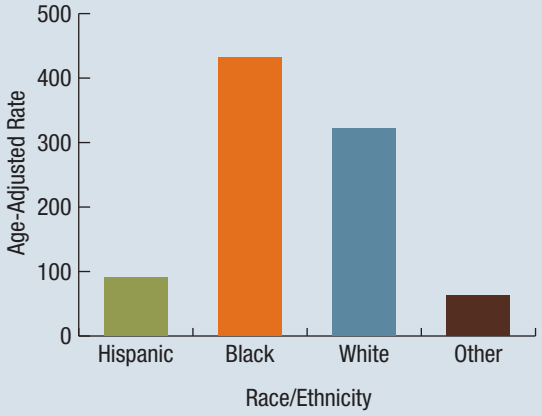
People who are infected with Human Immunodeficiency Virus (HIV) may not exhibit any symptoms for a long time.

Table 3. Life-stage Screening Recommendations for Men

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65+
Full check-up, including weight and height	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider
Blood pressure test	Starting at age 21, then once every 1-2 years if normal	Every 1-2 years	Every 1-2 years	Every 1-2 years
Cholesterol test	Starting at age 45, then every 3 years	Every 5 years	Every 5 years	Every 5 years
Blood sugar test	Discuss with your health care provider.	Starting at age 45, then every 3 years	Every 3 years	Every 3 years
Digital Rectal Exam (DRE)	Discuss with provider whether prostate cancer screening is right for you	Discuss with provider whether prostate cancer screening is right for you	Discuss with provider whether prostate cancer screening is right for you	Discuss with provider whether prostate cancer screening is right for you
Prostate-Specific Antigen (PSA) (blood test)	Discuss with provider whether prostate cancer screening is right for you	Discuss with provider whether prostate cancer screening is right for you	Discuss with provider whether prostate cancer screening is right for you	Discuss with provider whether prostate cancer screening is right for you
For colorectal screening, you need to have one of the following tests:				
Fecal occult blood test			Yearly	Yearly
Flexible Sigmoidoscopy (with annual fecal occult blood test is preferred)			Every 5 years	Every 5 years
Double Contrast Barium Enema (DCBE)			Every 5-10 years (if not having colonoscopy or sigmoidoscopy)	Every 5-10 years (if not having colonoscopy or sigmoidoscopy)
Colonoscopy			Every 10 years	Every 10 years

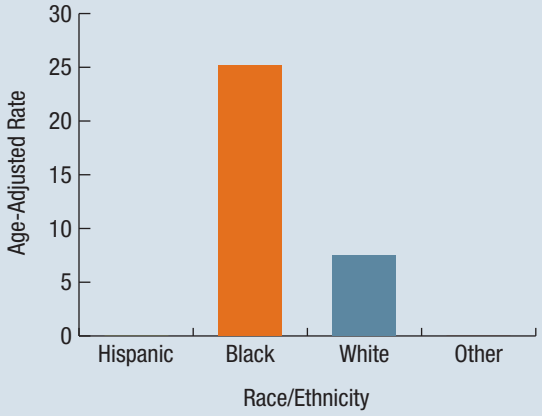
Source: U.S. Department of Health and Human Services

Figure 14.
Age-Adjusted Death Rates, Major Cardiovascular Disease, by Race/Ethnicity, Georgia Males, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 15.
Age-Adjusted Hypertension Death Rates, by Race/Ethnicity, Georgia Males, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

However, they are still carrying the virus and able to infect others through sexual contact and intravenous drug use. At a later stage of the infection the illness might develop into Acquired Immune Deficiency Syndrome people with the disease become more susceptible to various opportunistic infections that could potentially be life-threatening. Testing for HIV is thus important in ensuring that infected persons begin treatment early and also take the necessary precautions in order to stop transmission of the disease to others.

In 2007, more than 1,300,000 Georgia men, (47 percent) aged 18-64 years reported that they had ever been tested for HIV. This is almost 10 percentage points higher than the national rate in men.

Health Status

Chronic Disease

Chronic Diseases - heart disease, stroke, diabetes and some forms of cancer – are among the most prevalent, costly and preventable of all health problems. Many unhealthy habits such as physical inactivity, poor nutrition and tobacco use are risk factors for chronic diseases noted earlier as being among the leading causes of death in the United States and Georgia. Early detection of these illnesses often results in effective treatment and the best opportunity of cure.

Cardiovascular Diseases

Cardiovascular diseases characterize disorders of the heart and blood vessels, including ischemic heart disease, heart attack, stroke, congestive heart failure, hypertension, and atherosclerosis. In 2006, black males living in Georgia had a significantly higher death rate (age adjusted) due to cardiovascular disease than their Caucasian counterparts – 431.4 and 322.2 per 100,000 population respectively. These rates reflect a small reduction over those reported in 2004. In 2006, over 75,000 men with major cardiovascular diseases were discharged [2] from Georgia hospitals.

Three cardiovascular disorders are highlighted given their impact and relative burden. These conditions are hypertension, heart attack and stroke.

Hypertension

Hypertension or high blood pressure greatly increases a patient's risk for heart disease and stroke. A blood pressure reading is the combination of a systolic and diastolic pressure measurement. Systolic pressure is the blood pressure measurement during contraction of the heart or when blood is pushed through the arteries. Diastolic pressure is the blood pressure measurement between contractions or when the heart chambers are filling with blood. Blood pressure is considered "high" when the systolic

[2] *Discharges are from non-Federal acute-care inpatient facilities; persons may be counted more than once if readmitted and discharges include people both living and who have died.*

reading is at or above 140mm Hg and the diastolic reading is at or above 90mm Hg. Life expectancy for men with controlled blood pressure is 5.1 years longer than those with uncontrolled high blood pressure.

While the mortality rate from hypertension has improved over time, African American males continue to be more disparately affected

In 2006, death rates due to hypertension in black males in Georgia were more than three times that of their Caucasian counterparts (age-adjusted rates of 25.2 and 7.5 per 100,000 men respectively). The same was true in 2004, when the rate for black males was 29.0 per 100,000 men compared to 8.0 per 100,000 white males (see Figure 15).

Heart Attack

A heart attack, also referred to as a myocardial infarction, occurs when the heart is damaged due to an insufficient supply of blood to the walls of the organ itself. The signs of a heart attack include: chest discomfort, discomfort in other areas of the upper body and shortness of breath. Most heart attacks are identified by a discomfort in the center of the chest that can last more than a few minutes or it may occur, stop and then recur.

Recently, men in the state are are experiencing improved outcomes after heart attacks

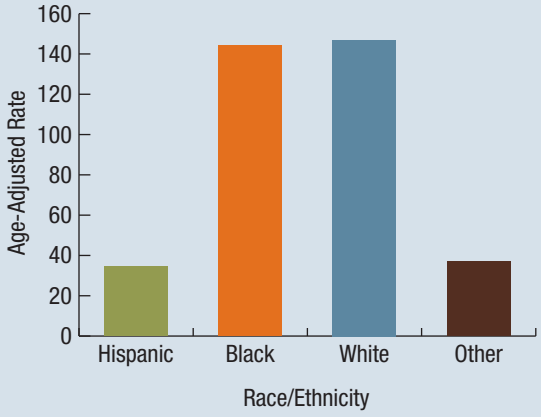
In Georgia, 2006 data indicates that, Georgia's males experienced improvement in age-adjusted death rates for obstructive heart disease (including ischemic heart disease and heart attacks) when compared to 2004. The mortality rate in black males improved from 176.6 to 144.1 per 100,000 men, while the rates in Caucasian men were reduced from 174.3 to 146.9 per 100,000 men (see Figure 16). Yet, more than 28,000 men were discharged from Georgia hospitals in 2006 with a diagnosis of obstructive heart disease.

Stroke

A stroke is the result of either a blocked artery (thrombus) or a ruptured vessel (hemorrhage) that prevents adequate blood flow to the brain. The signs of a stroke include: sudden numbness or weakness of the face, arm, or leg – especially on one side of the body; sudden confusion, trouble speaking or understanding; sudden vision loss in one or both eyes; sudden trouble walking, loss of balance or coordination, or dizziness; and sudden, severe headache with no known cause.

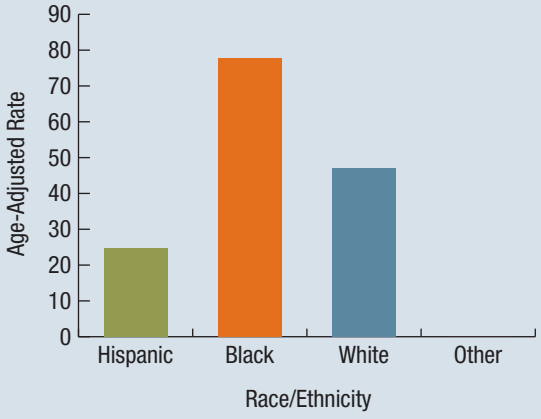
Stroke persists as a cause of premature death in men who live in Georgia, particularly in African Americans

Figure 16.
Age-Adjusted Obstructive Heart Disease Death Rates, by Race/Ethnicity, Georgia Males, 2006



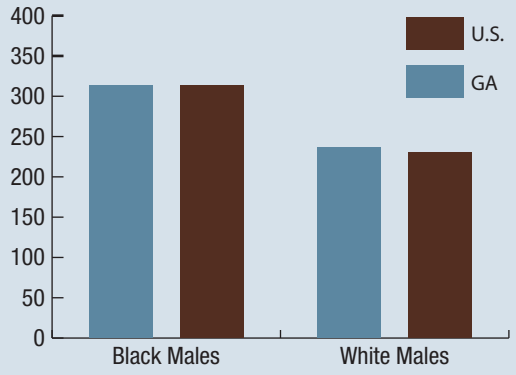
Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 17.
Age-Adjusted Stroke Death Rates, by Race/Ethnicity, Georgia Males, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 18.
Age-Adjusted Cancer Death Rates, Males, 2001-2005



Sources:
Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry North American Association of Central Cancer Registries, Cancer in North America, 2001-2005

Estimated deaths due to cancer in Georgia's men (2005)

Lung and bronchus - 3,150
Prostate - 1,070
Colon and rectum - 810
ALL SITES - 9,080

Estimated new cases of cancer in Georgia's men (2005)

Prostate - 6,110
Lung and bronchus - 3,910
Colon and rectum - 2,200
ALL SITES - 20,700

Adapted from the Georgia Cancer Report, 2005; Georgia Department of Human Resources

Stroke was the third most frequent cause of death in Georgia in 2005 and the fourth leading cause of death for men in Georgia in 2004. In 2004, men living in the rest of the nation were dying from strokes at a similar rate as men in Georgia (88.8 per 100,000 men for black males, 55.5 per 100,000 men for white males and 17.8 per 100,000 men for Hispanic/Latino males).

In 2006, the age-adjusted stroke death rate for black males in Georgia was the highest at 77.8 per 100,000 men followed by white males at 46.9, then Hispanic/Latino men at 24.7 (see Figure 17).

Cancer

Cancer is the second leading cause of death in Georgia. Of all cancers, lung cancer is the most common cause of cancer death among males, followed by prostate and colorectal. Nearly two-thirds of cancer deaths are thought to be linked to lifestyle factors such as tobacco use, diet, obesity and physical activity.

Georgia's males are more likely to be diagnosed with cancer than females; lung, prostate and colorectal cancer are the leading causes of cancer deaths

The annual age-adjusted cancer incidence rate for males in Georgia is 572 per 100,000 men, as compared to females at 395 per 100,000 women. In Georgia, males are 45 percent more likely to be diagnosed with cancer than females, and black males are 15 percent more likely to be diagnosed with cancer than white males. Prostate, lung and colorectal cancers make up 56 percent of all new cases of cancer among males in Georgia. Black males in the state, also have a higher cancer death rate (314 per 100,000 men) than white males(236 per 100,000 men - see Figure 18).

Lung Cancer

Risk factors for lung cancer include tobacco use; exposure to secondhand smoke; exposure to some industrial substances (such as arsenic, organic chemicals, radon, and asbestos); radiation exposure from occupational, medical, and environmental sources; and air pollution. Lung cancer prevention efforts include never starting, or quitting tobacco smoking and avoiding secondhand smoke.

Lung cancer is still the leading cause of cancer death in Georgia's men; incidence higher in rural areas

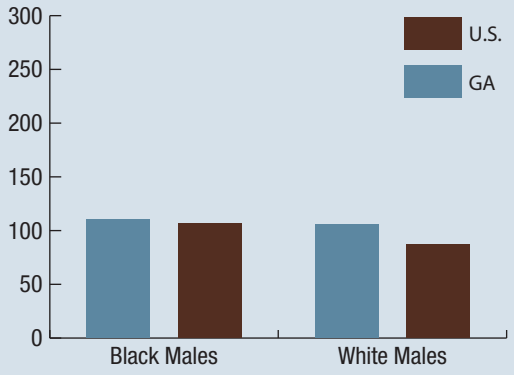
Lung cancer is the second most frequently diagnosed cancer and the leading cause of cancer death in Georgia's men. The Northwest, North Georgia, North Central, East Central, West Central, South, Southwest and Southeast Health Districts have

significantly higher lung cancer incidence rates in men than the state average. Fulton, Cobb/Douglas, East Metro and Dekalb Health Districts have significantly lower lung cancer incidence rates than the state average for males (see Appendix A for map of health districts).

For the period 2001-2005, age-adjusted lung cancer incidence rates for both black men (110 per 100,000 men) and white men (106 per 100,000 men) living in the state were higher than the national average (see Figure 19).

In general, men in Georgia have a slightly higher death rate from lung cancer (78.1 per 100,000 men) than is average for other men living in the country (72.0 per 100,000 men). In 2006, white men in the state had a higher death rate from the disease (80.8 per 100,000 men) than other groups of men (blacks 74.9 per 1000,000 men and others 7.2 per 100,000 men).

Figure 19.
Age-Adjusted Lung and Bronchus Cancer Incidence Rates, Males, 2001-2005



Sources:
Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry North American Association of Central Cancer Registries, Cancer in North America, 2001-2005

Prostate Cancer

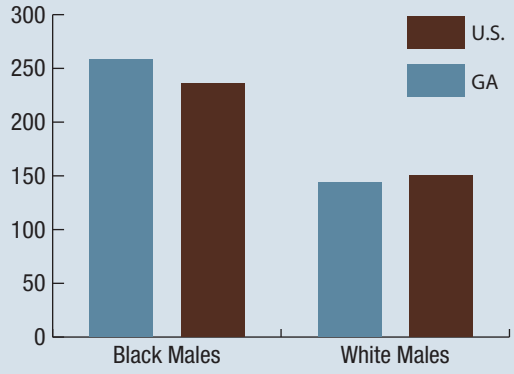
Prostate cancer is caused by the mutation of cells in the prostate gland and subsequent multiplication and spread of these cells to other parts of the body, such as the bones or lymph nodes. During the early stages of prostate cancer, symptoms are often not present. Therefore, men, especially over the age of 50, need to begin talking with their primary care physician about prostate health. The symptoms of advanced prostate cancer can include pelvic pain, frequent urination, difficulty or pain when urinating, blood in the urine, painful ejaculation, loss of appetite or weight and bone pain.

Prostate cancer occurs most frequently in males over the age of 50 and is most common among black males and least common among Asian males. A family history of prostate cancer, nationality and diet have also been identified as risk factors for the development of the disease.

Prostate cancer is the leading cause of new cancer cases in men in Georgia; black men are disproportionately affected

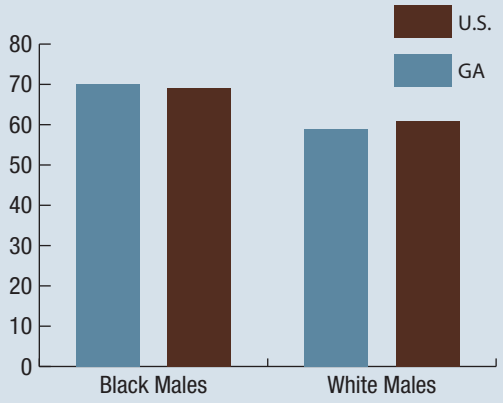
Prostate cancer is the leading cause of cancer incidence among Georgia males, accounting for 28 percent of all new cancers in men. Black men are disproportionately affected, as the incidence of prostate cancer is 79 percent higher than white males. The Northwest, North Georgia, East Metro, South Central, East Central, Coastal, Southeast, and Northeast Health Districts have significantly lower prostate cancer incidence rates than the state average. The Fulton, Dekalb, North Central and Southwest Health Districts have significantly higher prostate cancer incidence rates than the state average.

Figure 20.
Age-Adjusted Prostate Cancer Incidence Rates, Males, 2001-2005



Sources:
Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry North American Association of Central Cancer Registries, Cancer in North America, 2001-2005

Figure 21.
Age-Adjusted Colorectal Cancer Incidence Rates, Males, 2001-2005



Sources:
Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry North American Association of Central Cancer Registries, Cancer in North America, 2001-2005

A comparison of state and national incidence rates from 2001-2005 reveals that the age-adjusted prostate cancer incidence rate among black men in Georgia is higher than that of other black males throughout the country while the rate for white men in the state is actually lower than that of their national counterparts (see Figure 20).

Georgia has one of the highest prostate cancer death rates in the nation. For the period 2001-2005, the prostate cancer death rate nationally was estimated at 26.7 per 100,000 men. This is less than Georgia's mortality rate of 36.5 per 100,000 men. Black men in the state are nearly three times more likely to die from the disease than their white counterparts (57.2 per 100,000 men vs. 21.8 per 100,000 men respectively).

While there is still some debate about the usefulness and diagnostic value of estimating the blood levels of PSA as a screening test, in 2006 the screening rate for men aged 50 years or more was 57.3 percent, representing a 2.5 percent increase over the previous year.

Colorectal Cancer

Colorectal cancer is the third most commonly diagnosed cancer among all adults (men and women) in Georgia. Men who live in the Cobb/Douglas, Clayton and East Metro Health Districts have lower colorectal cancer incidence rates than the state average. The North Central, East Central, West Central and Southeast health districts have higher rates than the state average for males.

Black men in Georgia with colorectal cancer have poorer outcomes than other groups of men

During the period 2001-2005, the incidence of colorectal cancer in men living in Georgia was similar to that of the rest of the country. Black males in Georgia had a slightly higher incidence than white males but both rates were similar to that of their cohorts nationally (see Figure 21). Like the incidence rate, the mortality rate of colorectal cancer in Georgia's men is similar to the national average (20.1 per 100,000 men and 22.7 per 100,000 men respectively) but black men die of the disease at a higher rate (30.0 per 100,000 men) than their white peers (18.2 per 100,000 men).

Diabetes

Diabetes is a disorder that is characterized by high blood glucose levels. Two forms of Diabetes – Type 1 and Type 2 – and a precursor condition (pre-diabetes) are of concern to men.

Type 1 diabetes is most common in children and young adults, but it can occur at any age. Type 1 diabetes occurs when the body destroys the cells in the body that produce insulin, which

regulates blood glucose. People with Type 1 diabetes must have insulin delivered by injection or a pump. Type 1 diabetes accounts for five to 10 percent of all diagnosed cases of diabetes.

Type 2 diabetes is the most common form of diabetes, accounting for 90 to 95 percent of all diagnosed cases of diabetes. It typically begins as a disorder called insulin resistance that hinders the body from using insulin properly. The pancreas then gradually loses its ability to produce insulin. Obesity, physical inactivity, and increasing age are associated with Type 2 diabetes.

Pre-diabetes is the type of diabetes where the blood glucose levels are high but not high enough for a diagnosis of diabetes to be made. Other types of diabetes result from specific genetic conditions, surgery, drugs, infections, malnutrition and other illnesses.

Premature deaths due to diabetes is most common in black males

According to the *2007 Georgia Program and Data Summary for Diabetes*, diabetes was the seventh leading cause of death in Georgia in 2005. Diabetes is often a secondary cause of death in people with co-morbid conditions. In 2005, the age-adjusted diabetes death rate was higher in men (25.5 per 100,000 men) than it was in women (20.7 per 100,000 women). In addition, premature deaths due to diabetes were most common among black males, followed by white males, black females and white females, respectively.

In 2006, the age-adjusted diabetes death rate for black men in Georgia (42.4 per 100,000 men) was more than twice that of white men in the state (19.1 per 100,000 men). This compares nationally to a diabetes mortality rate of 51.3 per 100,000 men for black males and 26.2 per 100,000 men for white males (see Figure 22).

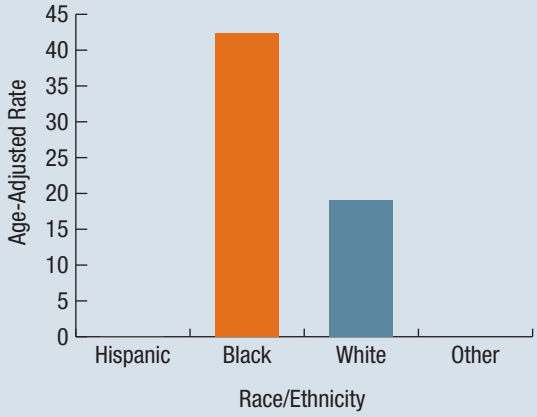
Communicable Diseases

A communicable or infectious disease is one that can be transmitted from one individual to another either by direct or indirect contact. The primary agents are usually viruses and bacteria for which immunizations, antibiotics and anti-virals are used in controlling disease and its spread. This report will focus on the impact of HIV/AIDS, tuberculosis, and sexually transmitted diseases on men in Georgia.

HIV/AIDS

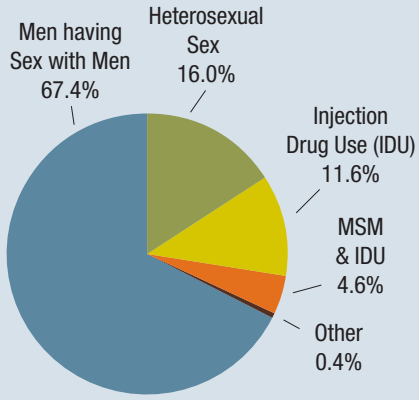
The HIV/AIDS epidemic is a significant problem here in Georgia. Though the state has the sixth highest rate of HIV testing (screening) in the United States, Georgia also has the seventh highest number of reported AIDS cases in the

Figure 22.
Age-Adjusted Diabetes Death Rates, by Race/Ethnicity, Georgia Males, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 23.
Transmission Categories of HIV Diagnoses, U.S. Male Adults and Adolescents, 2006



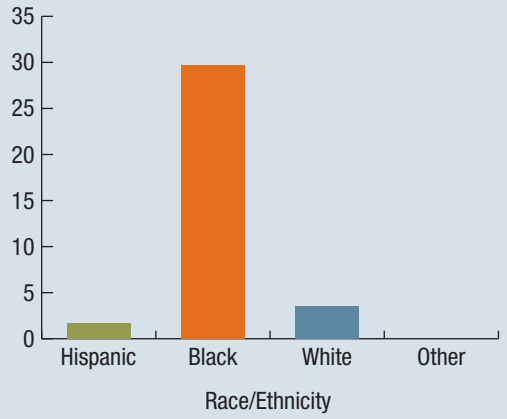
Source:
Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, Vol. 18, Table 1

country and the sixth highest rate of AIDS cases per 100,000 people reported in 2006. Recent trends include:

- men who have sex with men (MSM) still represent the largest number of people living with AIDS in Georgia
- more African-Americans are becoming infected
- rural area HIV prevalence is increasing and
- drug use continues to be a major factor in the contraction of AIDS.

Education, prevention, and early detection are crucial elements in stopping the spread of the disease in Georgia's men. Studies suggest that many young homosexual men are engaging in unsafe sex which increases the risk of HIV infection spreading to other homosexual men. In addition, MSM who are also involved in heterosexual relationships are contracting the disease and spreading it to their female partners.

Figure 24.
Age-Adjusted HIV/AIDS Death Rates, by Race/Ethnicity, Georgia Males, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System and the HIV/AIDS Epidemiology Team

The prevalence of HIV infection is increasing in rural areas

Nationally, in 2006, 73 percent of adults and adolescents who were diagnosed with HIV/AIDS were male. Males accounted for 75 percent of newly diagnosed AIDS cases in Georgia in 2005.

MSM account for the largest percentage of the HIV/AIDS cases reported among adults and adolescents in the United States; transmission through heterosexual sex and injection drug use account for most of the other reported HIV/AIDS cases (see Figure 23). This distribution is somewhat different for

Table 4. Men in Georgia with Newly Diagnosed HIV (non-AIDS) and AIDS, 2005 and 2006

	2005				2006			
	HIV (non-AIDS)		AIDS		HIV (non-AIDS)		AIDS	
	Cases (#)	Percent (%)	Cases (#)	Percent (%)	Cases (#)	Percent (%)	Cases (#)	Percent (%)
Men who have sex with men (MSM)	293	34	260	37	421	49	117	37
Injection Drug Use (IDU)	44	5	32	5	31	4	14	4
MSM and IDU	19	2	28	4	18	2	7	2
Heterosexual Contact	56	7	34	5	58	7	16	5
Other	4	0	3	0	5	1	3	1
Risk not Specified	439	51	339	49	334	39	163	5
Total	855	100	696	100	867	100	320	100

Source: 2006 Georgia HIV/AIDS Surveillance Summary

Table 5. Number and percent of Georgia Men Living with HIV (non-AIDS) and AIDS, 2006

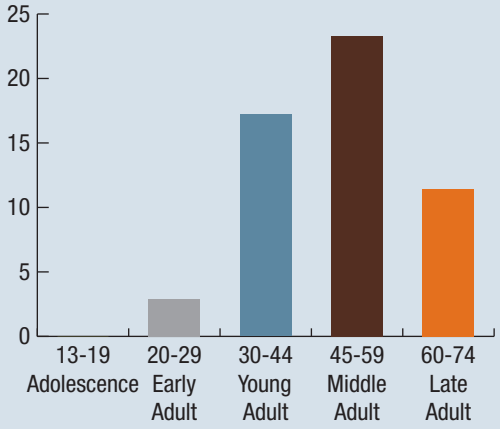
	HIV (non-AIDS)		AIDS		TOTAL	
	Cases (#)	Percent (%)	Cases (#)	Percent (%)	Cases (#)	Percent (%)
Men who have sex with men (MSM)	2,979	43	7,419	51	10,398	49
IInjection Drug Use (IDU)	439	6	1,542	11	1,981	9
MSM and IDU	259	4	820	6	1,079	5
Heterosexual Contact	376	5	1,112	8	1,488	7
Other	103	1	153	1	256	1
Risk not Specified	2,810	40	3,372	23	6,182	29
Total	6,966	100	14,418	100	21,384	100

*Source: 2006 Georgia HIV/AIDS Surveillance Summary * Not adjusted for reporting delays; 2006 numbers underestimate the true prevalence.*

males in Georgia (see Table 4) due to the large percentage with unspecified risk. However, MSM make up the majority of men living with HIV/AIDS in Georgia (see Table 5).

In 2006, non-Hispanic black and white males in Georgia had the highest rates of reported deaths caused by HIV/AIDS. The age-adjusted rate for HIV/AIDS death was 29.7 per 100,000 men among black males, 3.5 per 100,00 men for white males and 1.7 per 100,00 men for Hispanic males (see Figure 24). The highest HIV/AIDS death rates among male age groups occurred in 45 to 59 year olds (23.3 per 1000,000 men), followed by the 30 to 44 year olds (17.2 per 100,000 men), 60 to 74 year olds (11.4 per 100,000 men) and lastly 20 to 29 year olds 2.9 per 100,000 men (see Figure 25).

Figure 25.
HIV/AIDS Death Rates, Georgia Males, by Age Group, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System and the HIV/AIDS Epidemiology Team

Tuberculosis

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. TB can be fatal if left untreated. The symptoms of TB include malaise, weakness, weight loss, fever, and night sweats. The symptoms of TB in the lungs (pulmonary) include coughing, chest pain and the coughing up of blood. Symptoms of TB in other parts of the body depend on the area affected.

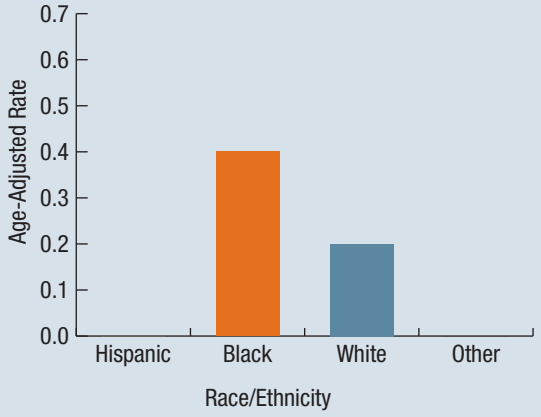
TB is spread when an infected individual coughs, sneezes, speaks or sings. These germs can stay in the air for several hours. Uninfected persons then breathe in TB germs and then develop the disease. People with latent TB have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB, and they cannot

spread the germs to others. However, they may develop TB in the future. The disease is most likely to be spread among people who are in close proximity every day.

TB testing should occur when there has been exposure to the disease and, or, symptoms of the disease are present. TB testing is generally available at primary care physician offices or local county health departments. TB can be cured by taking several drugs for at least six to nine months. However, it is important that the medication is taken exactly as it is prescribed.

The determination of HIV status is very important when treating TB as the effectiveness of TB treatment can be affected by HIV antiretroviral medications. TB also accelerates the progress of HIV infection. Lastly, individuals that have this dual diagnosis generally have a poor prognosis and response to treatment because of a compromised immune system. Throughout the United States, co-infection of TB and HIV occurs in 14 percent of TB cases where HIV status is known. Males account for 64 percent of these cases.

Figure 26.
Age-Adjusted Tuberculosis Death Rates, by Race/Ethnicity Georgia Males, 2007



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

More TB cases being are reported in young urban dwelling men

Four hundred and seventy-four cases of TB were reported in Georgia in 2007. Georgia also had the sixth highest number of reported TB cases in the United States the same year. Within Georgia, four metro Atlanta counties – Fulton, Dekalb, Gwinnett and Cobb – reported the highest number of TB cases of all 159 counties. These four metro Atlanta counties accounted for 49 percent of all of Georgia's TB cases. In the same year, 65 percent of Georgia's TB cases were among men, with the majority of cases occurring between the ages of 25 and 44 years old. However, the majority of deaths caused by tuberculosis occurred in males aged 60 to 74 years with a rate of 0.8 per 100,000 men. Black and white males accounted for all of the reported tuberculosis male deaths in Georgia with death rates of 0.4 and 0.2 per 100,000 men respectively (see Figure 26).

Sexually Transmitted Infections

Sexually transmitted infections (STI) are infections that are contracted through sexual contact.

More young black males are affected by STIs

Since 2003 through 2007 Georgia has ranked in the top five for the number of reported cases of primary and secondary syphilis. During this period black males were disproportionately affected by this disease. The burden of disease among blacks increased

Figure 27.
Number of Chlamydia Cases, by Race/Ethnicity, Georgia Males, 2003-2007

	2003	2004	2005	2006	2007
White, Non Hispanic	648	598	548	663	854
Black, Non Hispanic	3,977	3,796	3,602	4,276	6,484
Hispanic	(Data not available)				
Asian/Pacific Islander	24	22	16	24	41

Source: Georgia Department of Human Resources, Division of Public Health

Figure 28.
Number of Gonorrhea Cases, by Race/Ethnicity, Georgia Males, 2003-2007

	2003	2004	2005	2006	2007
White, Non Hispanic	471	397	314	421	270
Black, Non Hispanic	5,831	5,164	5,062	6,306	5,311
Hispanic	(Data not available)				
Asian/Pacific Islander	10	11	8	21	12

Source: Georgia Department of Human Resources, Division of Public Health

from 52 percent of cases reported in 2003, to 78 percent of cases reported in 2007. In 2003, data also indicated a shift in the disease from hetero-sexual transmission to MSM among both groups. This trend has been seen nationally in other metropolitan cities. The number of cases among white males has been decreasing during same period, even as the total number of infectious cases has been increasing. Adults in the age range of 24 to 44 years account for over 50 percent of infectious cases reported.

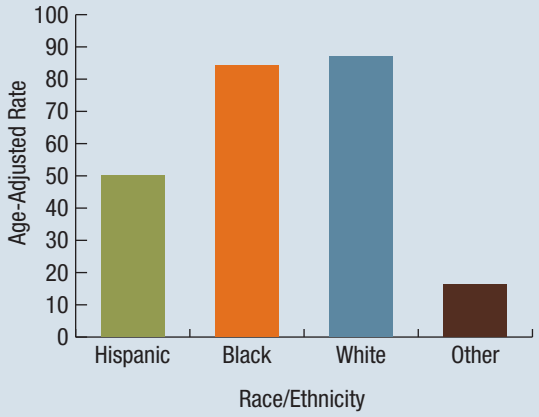
Chlamydia and gonorrhea are also infections that are transmitted through sexual contact. In Georgia, young adult men between the ages of 15-24 years account for 60 percent of infections. The burden of both infections disproportionately affects African-Americans.

Violence and Injury

Violence and injury continue to be two of the leading "external" causes of death for men living in Georgia. These deaths include motor vehicle crashes, falls, poisonings, fires, drownings, suicides, and homicides. This report focuses on the top three leading causes of death within this category – motor vehicle crashes, suicides and homicides.

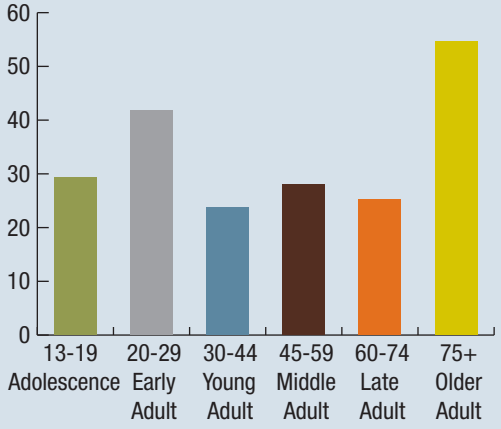
In 2006, over 21,000 men were discharged from hospitals in Georgia with a diagnosis of injury by an external cause. Insofar as fatalities from injuries were concerned, white males had the highest age-adjusted "external cause" death rate in men, at 87.0 per 100,000 men, followed by black males (84.1), Hispanic/Latino males (50.0), and "other" males (16.2).

Figure 29.
Age-Adjusted External Causes Death Rates, by Race/Ethnicity Georgia Males, 2006



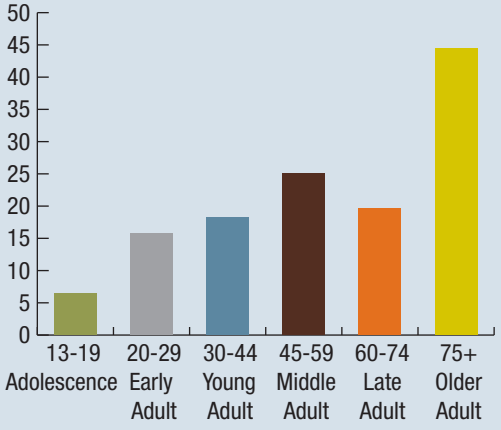
Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 30.
Motor Vehicle Crash Death Rates, Georgia Males, by Age Group, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 31
Suicide Rates, Georgia Males, by Age Group, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Motor Vehicle Crashes

Motor vehicle crashes are the leading cause of injury death in Georgia. In 2006, the two groups that accounted for the largest share of motor vehicle crash deaths were the 75 and older age group at 54.6 per 100,000, men and the 20 to 29 year old group at 41.8 per 100,000 men.

Motor vehicle crashes claim more lives than other external causes of injury

Suicides

According to the *2005 Profile of Injury Report in Georgia*, suicide was the second leading cause of injury death in Georgia. In 2006, the overall suicide rate in Georgia's men was 15.4 per 100,000 men. The rate in white men was twice that of black men, and males aged 75 and older had the highest rate of suicide when compared to other male cohorts (see Figure 31).

Suicide is more common in older males

Homicides

In 2006, 342 black men in Georgia lost their lives due to homicide, representing 65 percent of all homicides committed in that year. The most vulnerable group continues to be males aged 20 to 29 years who, in 2006, had the highest homicide rate of all males. (27.9 per 100,000 men - see Figure 32).

Many young men are losing their lives as a result of homicide

Occupation/Workplace Injury

According to the U.S. Department of Labor, men accounted for 90 percent of the 192 work-related fatalities that occurred in Georgia in 2006. Transportation incidents (which include highway, non-highway, pedestrian, air, water and rail fatalities) accounted for 41 percent of these deaths and falls made up 18 percent. Men working in jobs related to transportation, material moving, construction and extraction were the most vulnerable to injuries and fatalities occurring at work.

Mental Health and Substance Abuse

Mental illnesses such as schizophrenia, depression and bi-polar disorders may greatly affect how a person feels, thinks and functions. Counseling, individualized community support services and pharmacotherapy (medication) are all options available to help people living with mental illnesses cope with their daily lives. With these services, many people are able to recover. However, people with serious mental illnesses often do not seek professional help due to the severity of their condition and the prevailing stigma that surrounds mental illness in their communities.

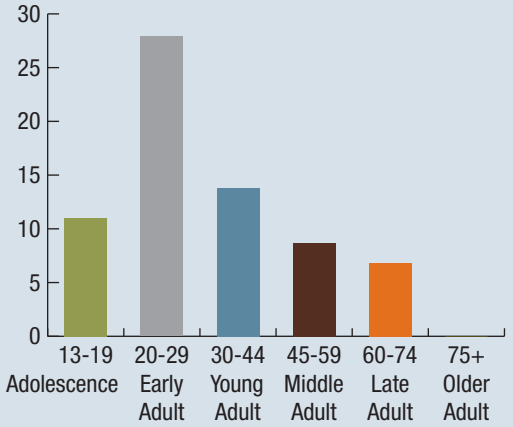
According to the Substance Abuse and Mental Health Association (SAMHSA), it was estimated that 11.8 percent of Georgians over the age of 18 experienced serious psychological distress within the past year and 7.2 percent of Georgians over the age of 18 had at least one major depressive episode in 2006. Black men in Georgia had the highest death rate from mental and behavioral disorders[3] at 47.3 per 100,000 men, followed by white males (31.6) and Hispanic/Latino males (14.1 - see Figure 33).

Alcohol abuse and other drug addictions are also considered illnesses. With treatment people can recover from their addictions and lead drug-free lives. However, if left untreated, addiction often leads to job loss, family disruption, domestic violence, crime, illness and death.

According to SAMHSA, it was estimated that 2.91 percent of Georgians aged 12 years or older abused or had a dependence on illicit drugs (including marijuana, cocaine, heroin, hallucinogens and inhalants) and 6.8 percent of Georgians, aged 12 or older, abused or had a dependence on alcohol in 2006. It was also estimated that 2.7 percent of Georgians, aged 12 and older, felt that they needed treatment for their drug use but did not seek treatment and 6.6 percent of Georgians, aged 12 and older, felt they needed treatment for their alcohol use but did not seek treatment.

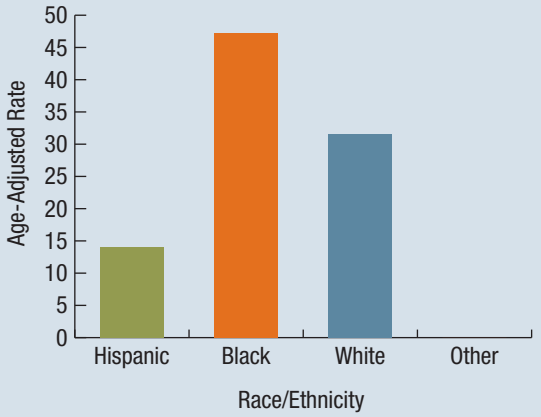
In 2006, black males had the highest age-adjusted male drug overdose[4] death rates at 10.9 per 100,000 men, followed by white males at 4.8, per 100,000 men and Hispanic/Latino males at 2.1 per 100,000 men (see Figure 34).

Figure 32.
Homicide Rates, Georgia Males, by Age Group, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 33.
Age-Adjusted Mental and Behavioral Disorder by Death Rates, by Race/Ethnicity Georgia Males, 2006

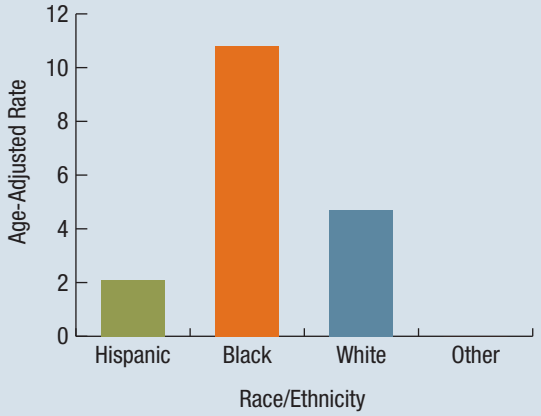


Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

[3] *Any of a series of mental and/or behavioral disorders which may be developmental or caused by external factors.*

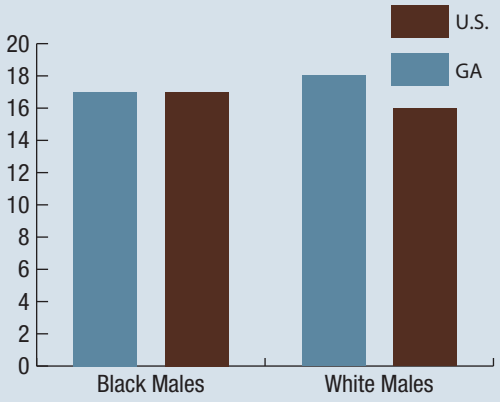
[4] *Drug overdoses are the misuse or overuse of any medication or drug, including alcohol and tobacco.*

Figure 34.
Age-Adjusted Drug Overdose Death Rates, by Race/Ethnicity Georgia Males, 2006



Source:
Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Figure 35.
Age-Adjusted Oral Cancer Incidence Rates, Males, 2001-2005



Sources:
Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry North American Association of Central Cancer Registries, Cancer in North America, 2001-2005

There is a wide range of treatment and support services available to men with mental health disorders and addictive diseases. The services received by an individual are recommended by a mental health professional after the level of need is determined. Crisis services are also available to individuals or families who are in need of immediate help and linkage to other services. Outpatient services include evaluation, diagnosis, needs assessment, therapy and/or medication. Community Support Services are individualized support services for individuals and sometimes their families which provide daily living support and assistance in locating available community resources. Day and employment services, including day treatment and peer support programs, teach daily living skills and work related skills such as work readiness, job training and job placement services. Residential support services offer a more intense level of services that provide supervision, care, and support for people living in an apartment, home or group home.

Oral Health

Regular dental visits are important in screening for tooth decay, cavities, gum disease and the detection of oral cancer. Additionally, recent research indicates a link between poor oral health and cardiovascular disease. In 2006, 68 percent of Georgia's male population reported having visited a dentist or dental clinic within the past year; a similar percentage of men nationally reported having had a dental visit in the previous year.

Oral cancer, which is cancer of the oral cavity or pharynx, has a higher prevalence among males than females. It is the fourth most common cancer diagnosed among black males and the seventh most common cancer among white males in the United States. Men in Georgia have a slightly higher oral cancer incidence rate than U.S. males at 17.9 per 100,000 men versus 16 per 100,000 men, respectively. The most common sites of oral cancer are the tongue, lip, and the floor of the mouth. Seventy-five percent of all head and neck cancers begin in the oral cavity and it is estimated that 75 to 90 percent of oral cancers are caused by cigarette smoking. In addition, the risk of developing oral cancer becomes 15 times greater in individuals who both abuse alcohol and smoke tobacco. Both of these practices are more prevalent in men.

Access to Health Care

Men historically underutilize health care services. The reason for this avoidance of the health care system is likely a result of many influences that are societal, cultural and personal. There are also other system level barriers to health care access that contribute to the underutilization of services, such as lower coverage rates and a relative lack of specialist medical facilities and health care professionals.

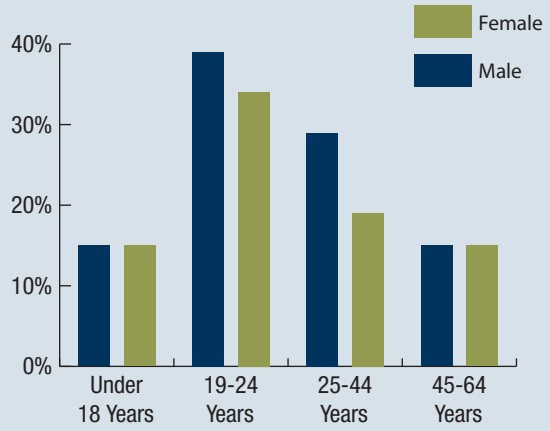
Health Insurance

Through an analysis of the U.S. Census Bureau's *2003 Study of Health Insurance*, the Men's Health Network found that "men are significantly less likely to have health insurance than women, and the gap is widening." They also found that "among people living in poverty, men are much less likely to have access to health insurance."[5]

In Georgia, men are more likely than women to lack coverage, especially between the ages of 19 to 44 years (see Figure 36). In 2007, over 620,000 (or nearly 20 percent) men in Georgia had no form of health care coverage. This is slightly higher than the percentage of men in the United States with no health insurance (19 percent).

Women of childbearing years are more likely to use health care services than men of the same age, given that they are also more likely than men to have public coverage. Invariably, non elderly males have to be poorer and sicker than their female counterparts in order to be eligible for some forms of public coverage.

Figure 36.
Percent Uninsured by Age and Gender in Georgia



Source:
Tabulations of March 2007 Supplement to Census Bureau Current Population Survey by the Center of Health Services Research, Georgia State University

Health and Health Care in Rural Georgia

There are many factors that affect health care access for men living in rural areas. There are not as many health care facilities in rural areas and, additionally, the transportation systems in rural areas are not as extensive and accessible as they are in urban areas.

Men in rural areas report poorer access and outcomes

Health care professionals with expertise in men's health issues are also less abundant in rural areas. Providers of care in urban areas are usually offered larger salaries and more resources and the attraction of working in large urban cities is often more appealing to many health care professionals than working in intimate rural areas. With this lack of medical facilities and health care professionals, men living in rural areas are more disadvantaged when seeking medical care.

[5] *Men's Health Network. Lack of Health Insurance Hinders Medical Care for Men. Retrieved from www.menshealthnetwork.org*

An examination of male death rates in Georgia reveals that death rates are often lower in the metro Atlanta area. Death rates due to major cardiovascular disease, cancer and external causes are all lower in metro Atlanta counties when compared to rural areas in the state (see Figures 37-39).

Figure 37.
Cardiovascular Disease Death Rates among Georgia Males by County, 2006
per 100,000 males

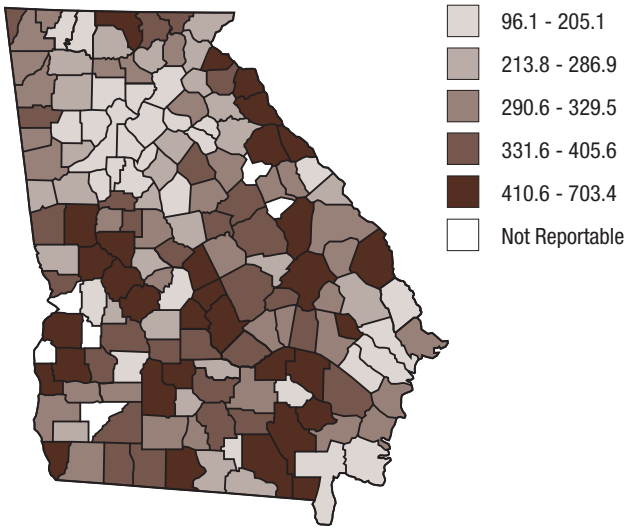


Figure 38.
Cancer Death Rates among Georgia Males by County, 2006
per 100,000 males

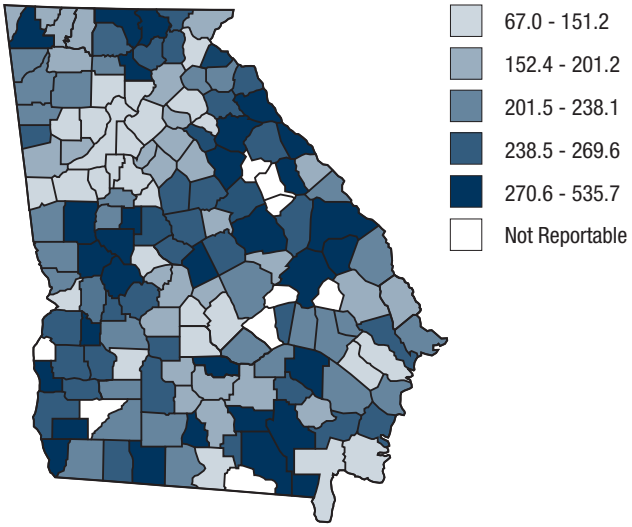
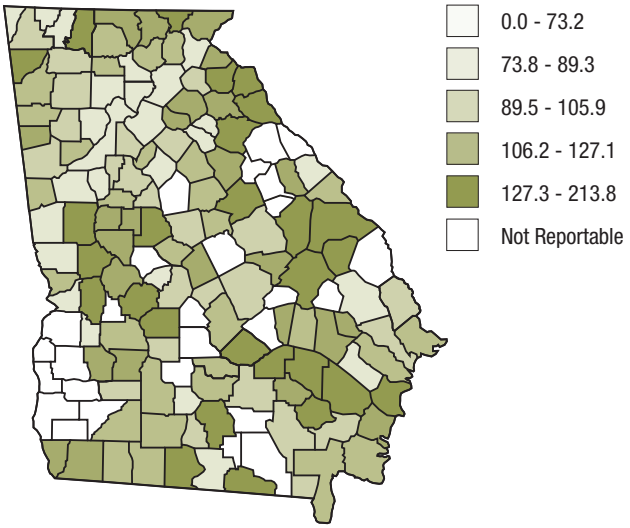


Figure 39.
All External Causes Death Rates among Georgia Males by County, 2006
per 100,000 males



Source: Georgia Department of Human Resources, Division of Public Health, Online Analytical Statistical Information System

Conclusion

Men in Georgia, like others throughout the rest of the country, continue to experience poorer health and health outcomes than their female counterparts. Efforts to address this disparity must include improvements to policies, programs, infrastructure and education about the health issues that affect Georgia's men. Data indicates that more men are reporting improvements in preventative and screening habits but there is still far to go. Behaviors still figure prominently in the impact of infectious diseases. Violence and injury continue to claim the lives of young men throughout the state, and the burden of chronic diseases falls heavily on Georgia's elderly males and their families. Efforts to improve men's health should address all the factors that contribute to poor health and focus on promoting healthy behaviors.

While it is clear that health outcomes for many of the conditions that affect Georgia's men have been improving over time, the gap between men by race, health insurance status and place of residency persists. Men of color, uninsured men and men living in rural areas still have poorer outcomes and report poorer health that their white, insured and urban dwelling counterparts.

Establishing rural health care safety nets, attracting more health professionals to rural areas and implementing targeted men's health campaigns improve health care access for men living in rural areas and reduce health disparities among men of different races/ethnicities or places of residence throughout the state.

All men in Georgia have a critical role to play in improving their health by adjusting their lifestyles to ensure a lifetime emphasis on prevention. Men should continue to participate in frequent and regular physical activity, consume more balanced and nutritionally appropriate foods, refrain from tobacco use, learn and apply stress reduction techniques and get regular check-ups and screenings for cardiovascular disease, cancer and HIV.

Local and state governments might facilitate these efforts by ensuring that policy changes and improvements to the built environment results in additional places to engage in physical activities and walkable communities as well as the availability of healthy foods for men and their families. Local communities and health departments should continue to promote campaigns to stop tobacco use and assure accessibility to screenings. Ideally, more campaigns would be specifically targeted to males.

Creating equal access to health care is also fundamental to improving men's health in Georgia. Future efforts to expand health care coverage to more men in the state might require the collaborative participation of public and private partners at the state, local and federal levels. Additionally, medical facilities and health care professionals must be available and accessible to the men, especially to men in rural Georgia. Recruitment efforts for health care providers, particularly specialty providers and functional safety net providers of care in rural areas are essential in these efforts.

Despite the challenges that lay ahead, the Commission on Men's Health is committed to improving the health of all men in Georgia and eliminating health disparities. The Commission will continue its advocacy for men's health and wellness and looks forward to ongoing opportunities for collaboration with state agencies and community based organizations.

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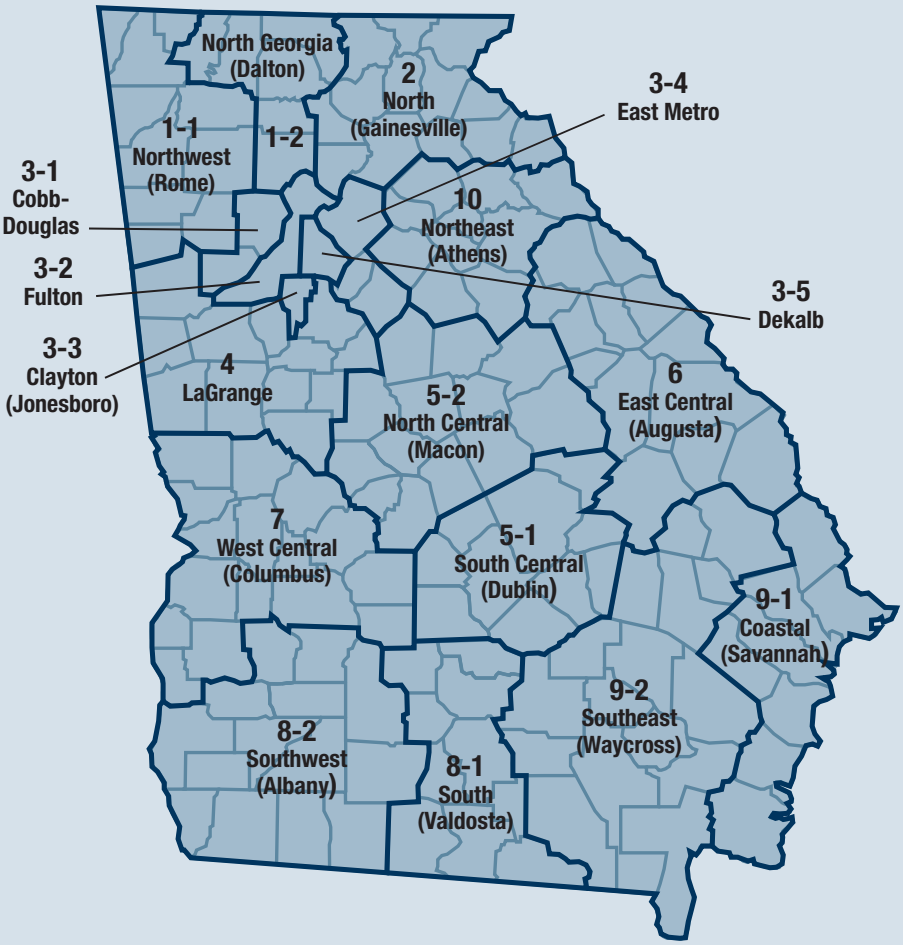
Appendix A. Public Health Districts in Georgia



Source: Georgia Department of Human Resources, Division of Public Health

Georgia Health Policy Center

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