

Selected Health Indicators Among Adult Men in Connecticut: Results of the Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS)

Presented at the
8th Annual *Healthyfellows* Men's Health & Wellness Forum
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Connecticut Department of Public Health



Presentation Outline

Understand the population distribution of men in Connecticut;

Describe mortality statistics in Connecticut among men in Connecticut;

Using the Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS):

Describe selected health indicators that are statistically greater or lesser in prevalence among men, compared to women, and highlight racial and ethnic disparities among some of these health indicators,

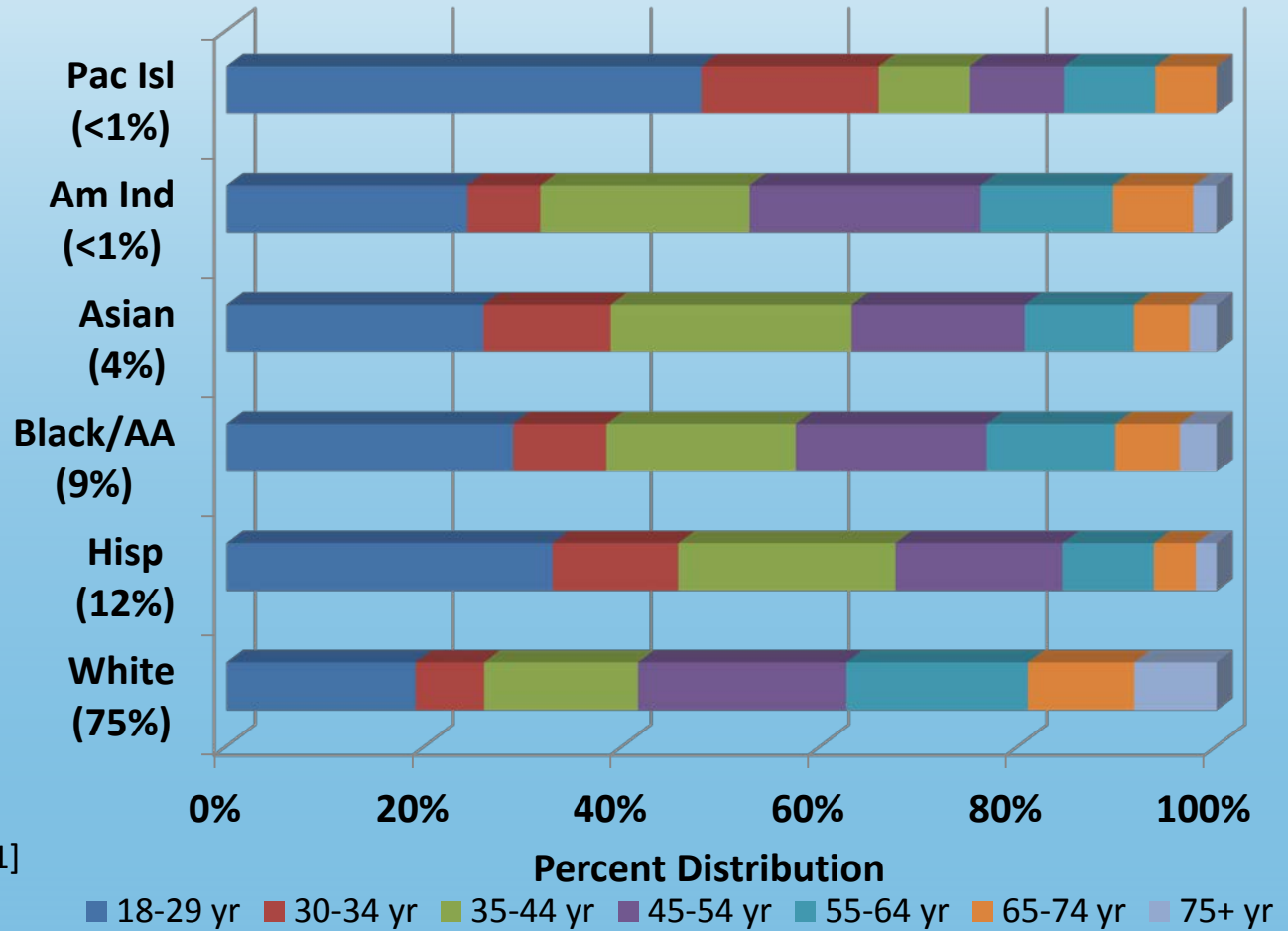
Three themes: 1) Risk behaviors, 2) health access and utilization, & 3) perceived health status; and

Look more closely at racial/ethnic disparities in tobacco cessation and depression among men in Connecticut.



Population: Age Distribution of Men in CT, 2014

Whites have the highest concentration of older men; Minority racial and ethnic groups have higher concentrations of young men.



Source: U.S. Census Bureau [1]

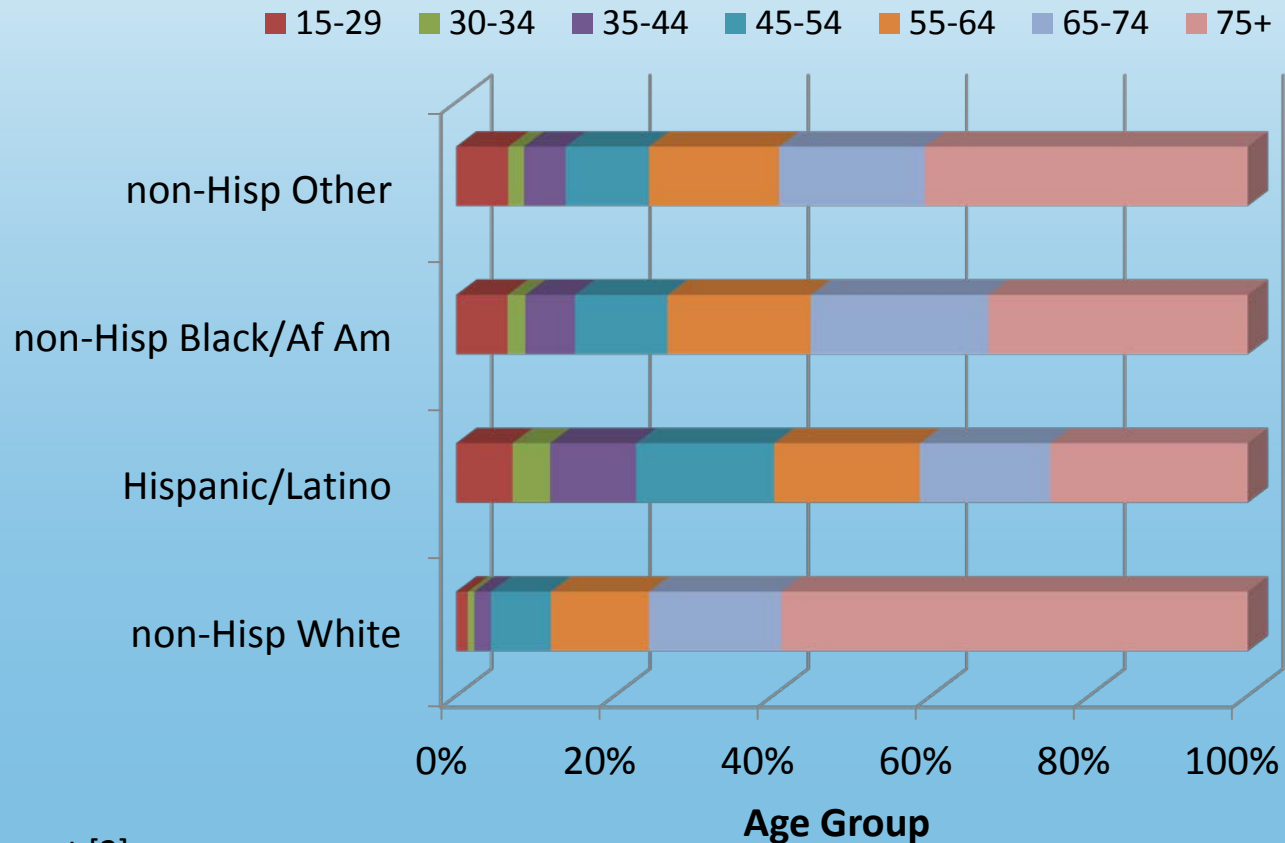


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Age Distribution of Deaths among Men in CT, 2012

Compared to non-Hispanic White men, men of minority race/ethnicity have a higher percent of deaths among younger men.



Source: CT Registration Report [2]

Top Three Leading Causes of Death for Males in CT, 2012

Rank	Male Age (Years)								
	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Unintentional injuries	Unintentional injuries	Unintentional injuries	Unintentional injuries	Diseases of the heart	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Diseases of the heart
2	Suicide	Homicide	Suicide	Diseases of the heart	Malignant neoplasms	Diseases of the heart	Diseases of the heart	Diseases of the heart	Malignant neoplasms
3	Homicide	Suicide	Diseases of the heart	Suicide	Unintentional injuries	Unintentional injuries	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases

Source: CT Registration Report [2]

Disparities in Cause of Death by Age, Males in CT, 2012

Compared to non-Hispanic White young men, more non-Hispanic Black/Afr Am and Hispanic/Latino men died of intentional injuries.

Hispanic/Latino and Black/African American men died earlier from conditions associated with older men.

		15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
non-Hispanic White	unintentional injuries														
	intentional injuries														
	diseases of the heart														
	cancers														
Hispanic/Latino	unintentional injuries														
	intentional injuries														
	diseases of the heart														
	cancers														
non-Hispanic Black/AfrAm	unintentional injuries														
	intentional injuries														
	diseases of the heart														
	cancers														
non-Hispanic Other	unintentional injuries														
	intentional injuries														
	diseases of the heart														
	cancers														

Source: CT Registration Report [2]

The Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS)

- Ongoing statewide phone survey: landline and cell phone, and English and Spanish;
- Connecticut Adult citizen volunteers (18 and over);
- Funded, in part, by U.S. Centers for Disease Control and Prevention (CDC) to all states in country, and in Connecticut since 1989;
- Households randomly selected and contacted from listed and unlisted phone numbers;
- One adult household member selected at random;
- Responses are anonymous, voluntary and self-reported.

<http://www.ct.gov/dph/BRFSS>



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Risk Behaviors Among Adult Men in CT, 2012–2014

Compared to women, men are at significantly greater risk of using a variety of tobacco products.

Indicator	Prevalence (%)	95% Confidence Interval		Disparity Ratio (Male/Female)	
Ever tried Snus	11.6	10.6	12.6	950.8%	
Ever tried hookah	15.2	14.1	16.3	178.8%	
Ever tried e-cigarettes	14.2	13.1	15.3	143.4%	
Currently smoke cigarettes daily or most days	17.6	16.5	18.7	127.5%	★
Binge drinking in the past month	22.7	21.5	23.9	107.1%	
Always use seatbelt in car	85.2	84.2	86.2	92.9%	

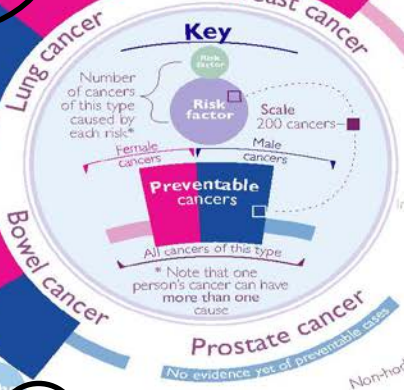
Men and women do not differ for heavy drinking behavior in the past month.

Source: CT BRFSS

Tobacco is a Major Risk Factor for Cancer

All cancers

- HRCT** Taking any type of Hormonal Replacement Therapy
- Salt** Having at least 6 grams a day
- Not breastfeeding** Breastfeeding each child for less than 6 months
- Inactivity** Being moderately active for less than 150 minutes a week
- Low fibre diet** Having less than 23 grams of fibre a day
- Radiation** Being exposed to any ionizing radiation, including background levels such as those released from the earth
- Red meat** Eating any red or processed meat
- Infections** Exposure to cancer-causing infections like HPV and Hepatitis B or C
- Sunlight & sunbeds** Getting more UV than was typical for people born in 1903
- Occupation** Being exposed to cancer-causing chemicals or conditions at work
- Alcohol** Drinking any type of alcohol
- Low fruit & veg diet** Getting fewer than five portions a day
- Overweight** Having a BMI of 25 kg/m² or over
- Tobacco** Smoking any form of tobacco, or exposure to environmental tobacco smoke

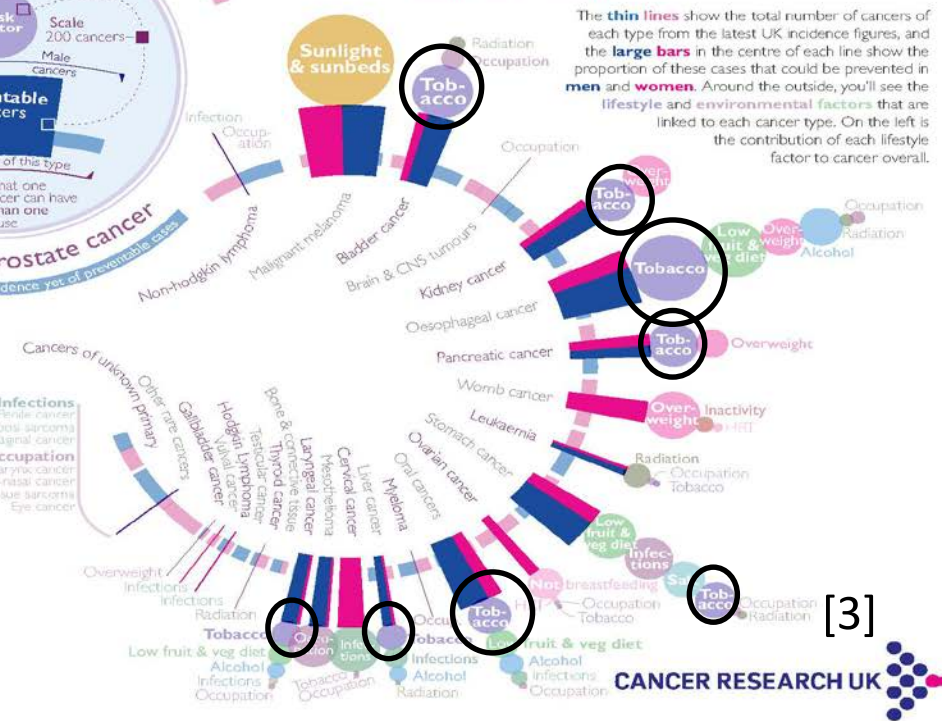


How many cancers can be prevented?

Although there are some things we can't control about our cancer risk, decades of research have clearly shown that by living a **healthy life**, people can reduce the risk of developing the disease. But how many cancers in the UK are really caused by things we can change?

This diagram shows the results of new research funded by Cancer Research UK, which aims to show the number of cancer cases in the UK that could be prevented by known lifestyle and environmental factors, like being a **non-smoker**, keeping a **healthy weight**, drinking **less alcohol**, eating a healthy, **balanced diet**, and **avoiding** being exposed to certain infections or radiation.

The **thin lines** show the total number of cancers of each type from the latest UK incidence figures, and the **large bars** in the centre of each line show the proportion of these cases that could be prevented in **men** and **women**. Around the outside, you'll see the lifestyle and environmental factors that are linked to each cancer type. On the left is the contribution of each lifestyle factor to cancer overall.



[3]

CANCER RESEARCH UK

Together we will beat cancer



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Cigarette Use, By Race/Ethnicity, Adult Men in CT, 2012-2014

The risk of cigarette use was greatest for men of minority race/ethnicity.

Age alone cannot fully explain the racial/ethnic disparities.

Race/Ethnic Group	Percent Prevalence	95% Confidence Interval		Odds Ratio, Race/Ethnicity versus Cigarette Use	
				Crude	Controlled for Age
non-Hispanic White	15.1	13.6	16.5	ref	ref
non-Hispanic Black/Afr Am	22.2*	16.9	27.4	1.43**	1.33*
Hispanic/Latino	26.9*	22.0	31.9	1.56**	1.28*
non-Hispanic Asian	NA	NA		0.60	0.5*
non-Hispanic Am Indian	NA	NA		1.75	1.62
non-Hispanic Other/Multiple	NA	NA		1.64*	1.47
significant risk difference compared to non-Hispanic White men: * < 0.05; ** < 0.01					
NA - data not available					

Source: CT BRFSS

Cigarette Use in CT Among Men, 2012-2014

The risk of cigarette use among men was greatest for:

Younger ages;

Low income;

No healthcare insurance;

and

No more than a high school degree.

Source: CT BRFSS

Demographic Characteristics	%	95% Confidence Intervals	
Age			
18-29 years old	20.9	17.9	24.0
30-39 years old	24.5	21.4	27.7
40-49 years old	21.1	18.4	23.9
50-59 years old	16.8	14.7	18.9
60-69 years old	12.2	10.3	14.1
70 years old and over	6.0	4.5	7.5
Income			
Less than \$35,000	28.7	26.1	31.3
\$35,000-\$74,999	19.5	17.2	21.7
\$75,000 and more	9.8	8.4	11.1
Insurance Status			
Insured	17.7	16.3	19.0
Not Insured	34.3	30.1	38.5
Education			
HS graduate or less	25.2	23.2	27.3
More than HS education	12.2	11.1	13.3

Factors Associated with Disparities in Tobacco Use

- Age, Gender, Race/Ethnicity;
- Social Determinants of Health
 - Economic stability, Education, Health & healthcare
 - Social & community context; & Neighborhood & built environment;
- Tobacco Industry Influence; and
- Lack of Comprehensive Policies.

Source: Best Practices User Guide: Health Equity in Tobacco Prevention and Control, Centers for Disease Control and Prevention (2015) [4]

Health Care Access & Utilization, Adult Men, CT, 2012 – 2014

Compared to women, men are at significantly greater risk for not having healthcare insurance or staying healthy with preventive healthcare visits.

Indicator	Prevalence (%)	95% Confidence Interval		Disparity Ratio (Male/Female)	
Healthcare Insurance	88.1	87.4	88.8	95.0%	★
Visited dentist in the past year (2012, 2014)	72.6	71.1	74.1	92.7%	★
At least one personal doctor	75.8	74.6	76.9	92.3%	★
Routine checkup in the past year	68.3	67	69.4	91.1%	★
Flu vaccine in past year	36.8	35.5	38.2	83.1%	★
Ever had HPV Vaccine (2012, 2013)	4.7	3.2	6.2	22.9%	
Prostate exam in past two years, at least 40 years old (2012, 2014)	45.4	43.5	47.2		

Men and women do not differ for lifetime pneumococcal and shingles vaccinations, and for HIV testing.

Source: CT BRFSS



Healthcare Access & Utilization, By Race, Men, CT, 2012-2014

Compared to non-Hispanic White men, men of minority race/ethnicity are at significantly greater risk for not having healthcare insurance or staying healthy with preventive healthcare visits.

Health Access Indicator	Percent Prevalence (95% confidence interval)		
	non-Hispanic White	non-Hispanic Black/Afr Am	Hispanic/Latino
Healthcare insurance	91.8 (90.5, 93.1)	85.1 (80.1, 90.2)*	62.8 (57.5, 68.1)*^
Dental visit in past year	75.9 (73.6, 78.2)	60.8 (53.0, 68.7)*	61.7 (54.7, 68.7)*
At least one personal doctor	85.5 (84.0, 87.0)	76.8 (71.7, 81.9)*	57.3 (52.0, 62.6)*^
Checkup in past year	69.8 (68.0, 71.6)	73.6 (67.9, 79.3)	58.3 (53.0, 63.7)*^
Flu vaccination in past year	40.9 (39.0, 42.8)	33.2 (27.2, 39.2)	24.0 (19.1, 28.8)*

* - significant risk difference compared to non-Hispanic White men (p < 0.05)

^ - significant risk difference compared to non-Hispanic Black/Afr Am men (p < 0.05)

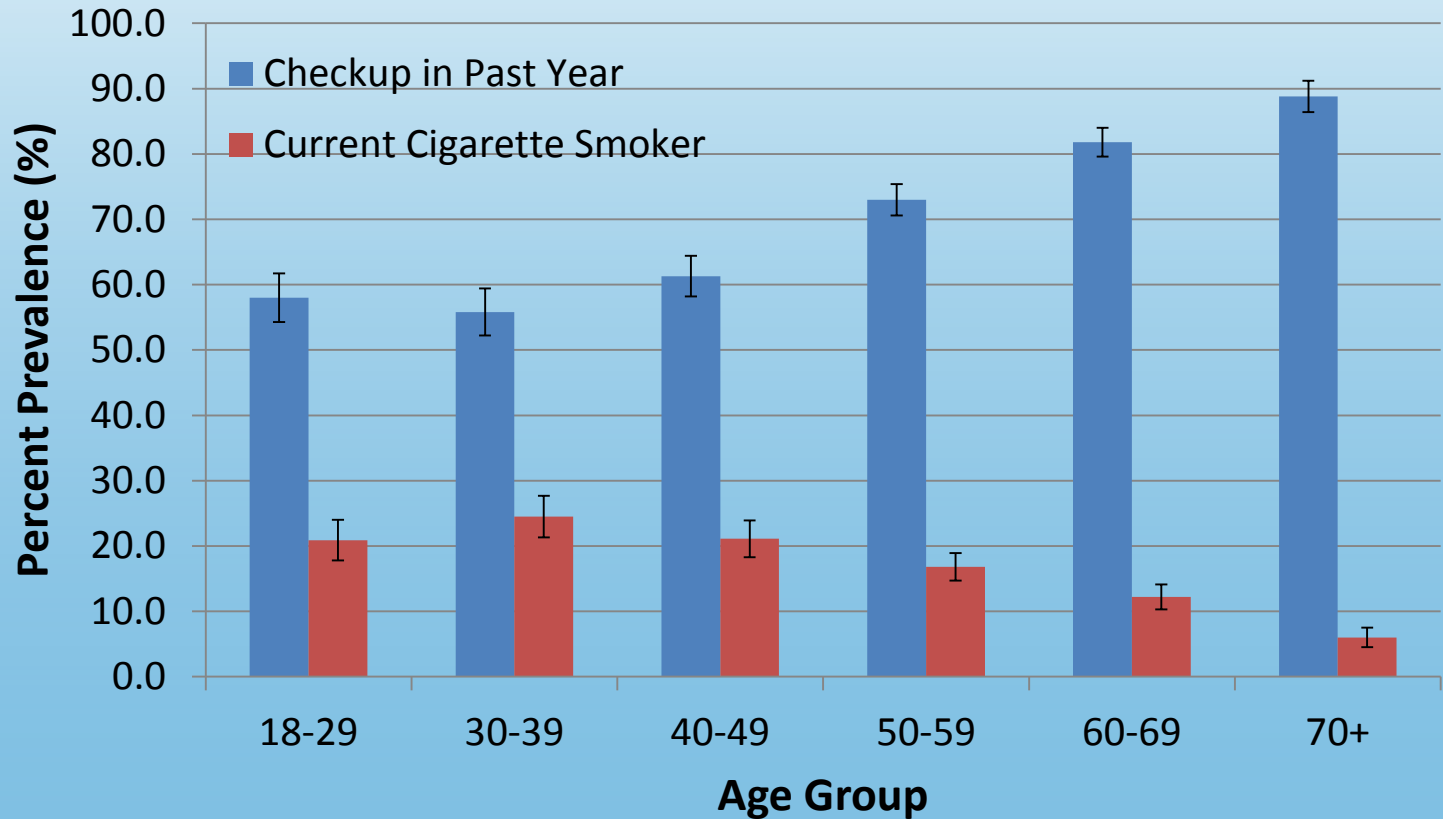
Source: CT BRFSS

Health Behaviors, by Age, Men, CT, 2012-2014

Among men in CT:

Risky Behaviors decrease with age;

Healthy Behaviors increase with age.



Source: CT BRFSS



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Health Status Indicators, Adult Men in CT, 2012 – 2014

Men in Connecticut report being healthier than women and having less health issues.

Men report have a lower prevalence of depression,

but suicide is a leading cause of death for men less than 45 years old.....

Indicator	Prevalence (%)	95% Confidence Interval		Disparity Ratio (Male/Female)	
Overweight/Obese	69.2	67.9	70.5	127.0%	
Poor Physical Health at least 14 days in past month	9.3	8.5	10.0	81.7%	
Poor Mental Health at least 14 days in past month	8.8	8.1	9.6	74.0%	
Ever diagnosed with depression	13.6	12.6	14.6	64.6%	★
Current asthma	6.7	6.0	7.4	54.2%	

Source: CT BRFSS

Depression in CT Among Men, 2012-2014

The risk of depression was greatest for:

Younger men (less than 70 years old);

Men of lower income, where depression decreased with increasing income; and

Men of lower educational level.

Racial/ethnic disparities in depression were not significant.

Source: CT BRFSS

Demographic Characteristics	%	95% Confidence Intervals	
Race/Ethnicity			
non-Hispanic White	13.4	12.4	15.5
non-Hispanic Black/Afr Am	13.1	9.7	16.6
Hispanic	17.4	13.8	21.0
Age			
18-49 years old	13.6	12.2	15.1
50-69 years old	15.1	13.6	16.5
70 years old and over	9.8	7.9	11.6
Income			
Less than \$35,000	20.8	18.6	23.1
\$35,000-\$74,999	13.2	11.3	15.2
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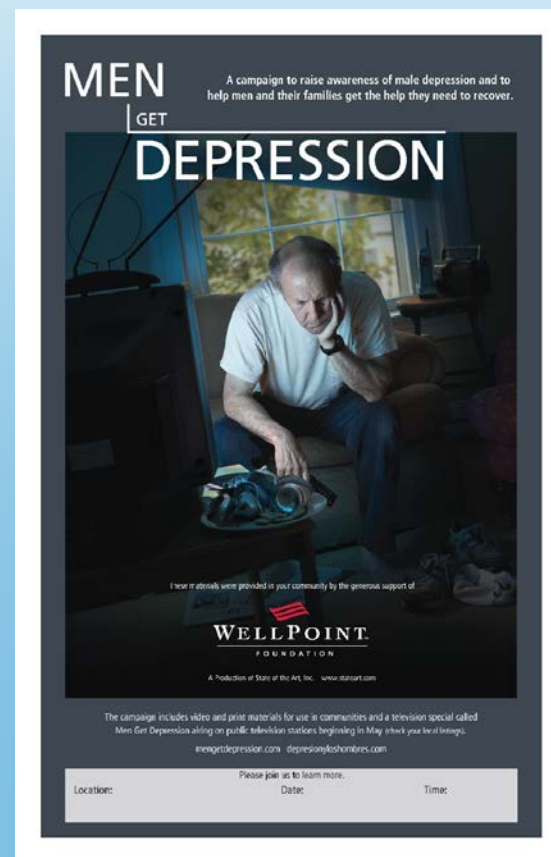
Depression Among Men in the U.S.

- Among men aged 18–44, non-Hispanic Black/Afr Am and Hispanic men (6.1%) were less likely than non-Hispanic white men (8.5%) to report daily feelings of anxiety or depression.
- Among men aged 18–44 who had daily feelings of anxiety or depression, non-Hispanic black and Hispanic men (26.4%) were less likely than non-Hispanic white men (45.4%) to have used mental health treatments.
- The significant racial and ethnic disparity in treatment utilization was associated with lack of health insurance coverage.

Source: NCHS Data Brief No. 206 June 2015 [5]

National Campaign – Depression Among Men

- The Men Get Depression National Educational Outreach Campaign was conducted to raise awareness among men about depression;
- Conducted in 2007-2008;
- Downloadable Community Outreach DVD includes these elements in English and Spanish:
Three short videos that focus on issues of mental health care in three stages of men's lives representing a unique set of challenges and potential triggers of depression:
 - 18-30 years old,
 - 30-55 years old, and
 - 55+ years old.



Source: <http://www.mengetdepression.com/campaign/>

Summary

- Disparities in mortality, risk behaviors, healthcare access and utilization, and health status exist in the state by:
 - Sex;
 - Age;
 - Race/Ethnicity;
 - Social determinants of health (income, education, insurance status)
- Strategies are available to reduce racial and ethnic disparities in tobacco use & raise awareness about depression among men;
- National movement to create an Office of Men's Health.

Movement to create a U.S. Office of Men's Health

- Men's Health Act of 2001 (H.R. 632);
- White House dialogue on Men's Health, with Congressional Men's Health Caucus (Congressman Donald Payne, Jr. (D-NJ) & Congressman Markwayne Mullin (R-OK), co-chairs), Jan 2016;
- Bill expected to be re-introduced this legislative session.

For more information:

Men's Health Network (<http://menshealthnetwork.org>)

PO Box 75972, Washington, DC 20013

202-543-6461

Brandon Leonard, MA, Director of Strategic Initiatives

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Resources



Connecticut Registration Report

Births, Deaths, and Marriages Calendar Year 2012

State of Connecticut
Department of Public Health

Raul Pino, MD, MPH, Commissioner

March, 2016



<http://www.ct.gov/dph/RegistrationReport>



Connecticut Department of Public Health
470 Capitol Avenue,
PO Box 340028, Hartford, CT 06134
www.ct.gov/dph/BRESS

Jewel Muller, MD, M
Commissioner

Centers for Disease Control and Prevention (<http://www.cdc.gov/men/index.htm>)

2016: SAFE AND HEALTHY MEN

Eat Healthy • Be Active • Protect Yourself • Manage Stress • Get Check-Ups

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Tips for a Safe and Healthy Life

Take steps every day to live a safe and healthy life.

Eat healthy.

- Eat a variety of fruits, vegetables, and whole grains every day.
- Limit foods and drinks high in calories, sugar, salt, fat, and alcohol.
- Eat a balanced diet to help keep a healthy weight.

Be active.

- Be active for at least 255 hours a week. Include activities that raise your breathing and heart rates and that strengthen your muscles.
- Help kids and teens be active for at least 1 hour a day. Include activities that raise their breathing and heart rates and that strengthen their muscles and bones.

Protect yourself.

- Wear helmets, seat belts, sunscreens, and insect repellent.
- Wash hands to stop the spread of germs.
- Avoid smoking and breathing other people's smoke.
- Build safe and healthy relationships with family and friends.
- Be ready for emergencies. Make a supply kit. Make a plan. Be informed.

Manage stress.

- Balance work, home, and play.
- Get support from family and friends.
- Stay positive.
- Take time to relax.
- Get 7-9 hours of sleep each night. Make sure kids get more, based on their age.
- Get help or counseling if needed.

Get check-ups.

- Ask your doctor or nurse how you can lower your chances for health problems based on your lifestyle and personal and family health histories.
- Find out what exams, tests, and shots you need and when to get them.
- See your doctor or nurse as often as he or she says to do so. See him or her sooner if you feel sick, have pain, notice changes, or have problems with medicines.

For more information about these tips, visit www.cdc.gov/family/tips

Centers for Disease Control and Prevention, Office of Men's Health
404-498-3500 (toll-free) • info@cdc.gov (e-mail)

Connecticut Department of Public Health (<http://www.ct.gov/dph>)



Connecticut Department of Public Health



References

- [1] U.S. Census Bureau, 2010-2014 Five-year American Community Survey, Fact Finder, Table DP05.
- [2] Smart, A, Stone, C, Mueller, L, Amadeo, F, Backus, K (2016) 2012 Registration Report, Connecticut Department of Public Health, Hartford, Connecticut (pending clearance).
http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601
- [3] Cancer Research UK (2011) How many cancers can be prevented?
http://publications.cancerresearchuk.org/downloads/product/CS_POSTER_ATTRIB.pdf
- [4] Centers for Disease Control and Prevention (2015) Best Practices User Guide: Health Equity in Tobacco Prevention and Control, Atlanta, GA.
<http://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/index.htm>
- [5] Blumberg, SJ, Tainya, CC, Blackwell, DL (2015) Racial and ethnic disparities in Men's use of mental health treatments. *NCHS Data Brief, No 206*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
<http://www.cdc.gov/nchs/data/databriefs/db206.pdf>.

Thank you!

These slides will be available at <http://www.ct.gov/dph/BRFSS>

Contributions are gratefully acknowledged from the more than 12,000 adult male citizen-volunteers who responded to the CT BRFSS during calendar years 2012, 2013, and 2014.

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