

Adult Men's Health – Data Brief

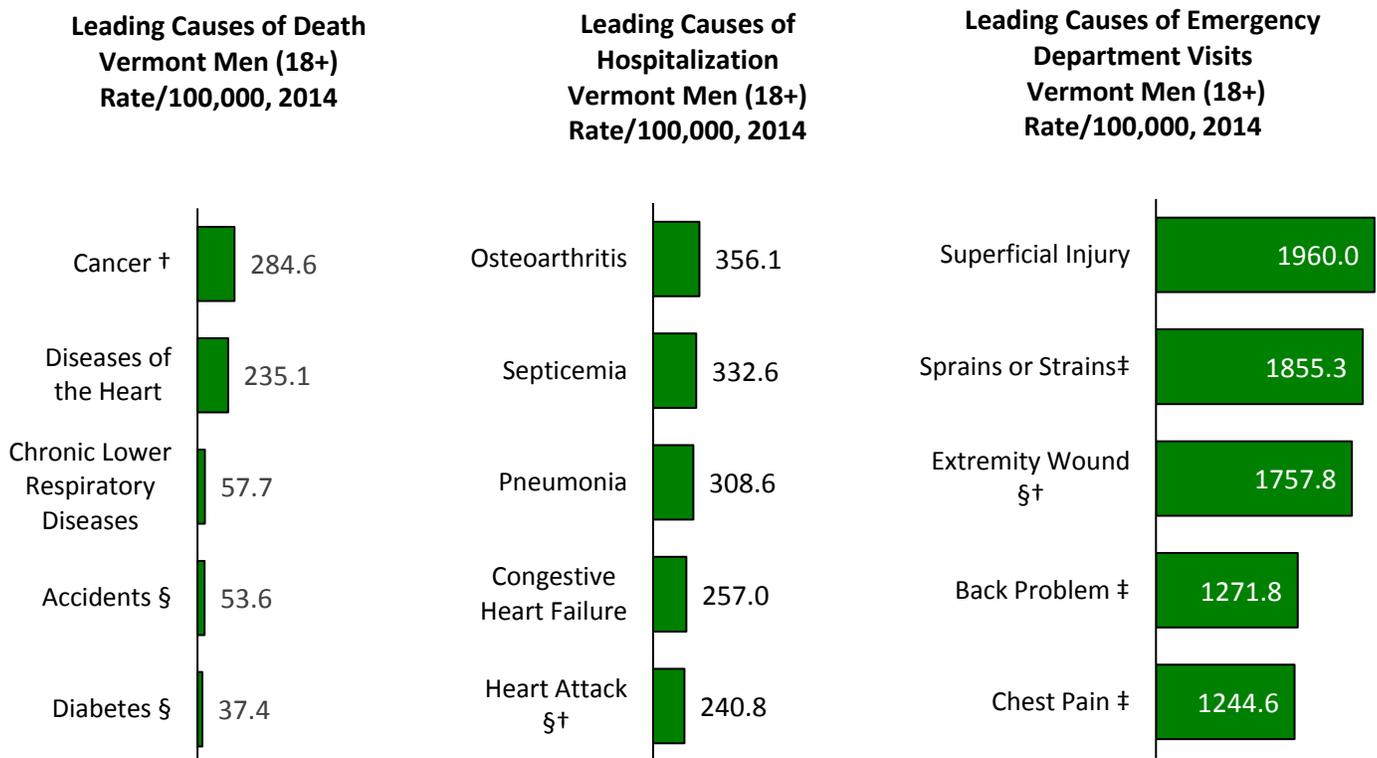
Vermont Behavioral Risk Factor Surveillance System, Vital Statistics, & Uniform Hospital Discharge Data Set

In 2015, adult men made up 39% of Vermont's population*. To further examine health issues specific to men, this data brief covers the leading causes of death and hospitalizations among adult Vermont men, as well as preventative behaviors, substance use and chronic diseases.

Mortality and Hospitalization

In 2014, the average age of death for Vermont males was 73, significantly lower than the average age of death for women (80 years). The five leading causes of death for Vermont adult men were: cancer (34%), diseases of the heart (28%), chronic lower respiratory diseases (7%), accidents (6%), and diabetes (4%). Among men who died of cancer, the most common types were lung cancer (28%), prostate cancer (9%) and pancreatic cancer (6%).

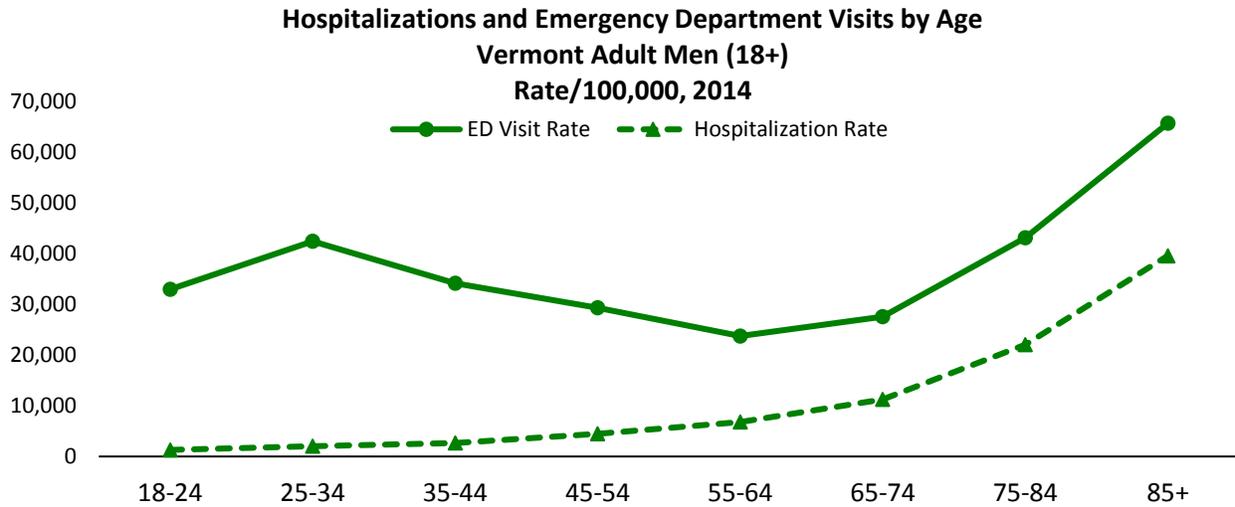
In 2014, the five leading causes of hospitalization for adult male Vermont residents at Vermont Hospitals were: osteoarthritis, septicemia, pneumonia, non-hypertensive congestive heart failure and acute myocardial infarction (heart attack). The most common causes of emergency department visits were superficial injuries and bruises, sprains and strains, an open wound on an extremity, back problems and chest pain. For every 100 adult men in Vermont there were 6 hospitalizations and 33 emergency department visits compared to 8 hospitalizations and 38 emergency department visits for women.



The rate of hospitalization for adult men increases consistently and statistically with age, while emergency department visits peak among adults 25-34, before increasing again among those 65 and older. Men ages 25-34 and ages 75-84 visit the emergency department

*US Census Bureau, 2015 Population Estimates
 † Statistically higher than adult Vermont women
 ‡ Statistically lower than adult Vermont women
 § Not a leading cause for adult Vermont women

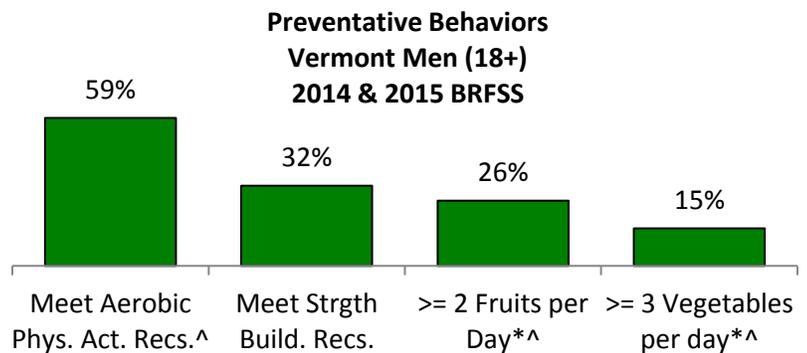
at similar rates while, men 85 and older visit the emergency department at the highest rate. As with women, men ages 55-64 have the lowest rate of emergency department visits.



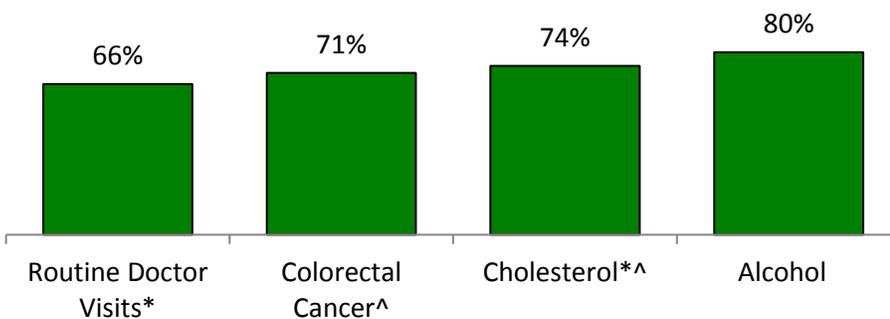
Preventative Behaviors

Physical activity, good nutrition, routine doctor visits and medical screenings are all behaviors that can improve health outcomes. Men and women participate in aerobic and strength building exercise at similar rates, but there is room for improvement with about three in five men (59%) meeting aerobic guidelines of 150 minutes of moderate activity or 75 minutes of vigorous activity a week, and just three in ten men (32%) participating in muscle strengthening exercises at least twice a week.

Men are less likely than women to eat the recommended servings of fruits and vegetables each day. Twenty-six percent of men reported eating two or more fruits per day, compared to 38% of women, and just 15% of men reported eating three or more vegetables per day, compared to 25% of women.



Preventative Behaviors: Health Screenings Vermont Men (18+) 2014 & 2015 BRFSS



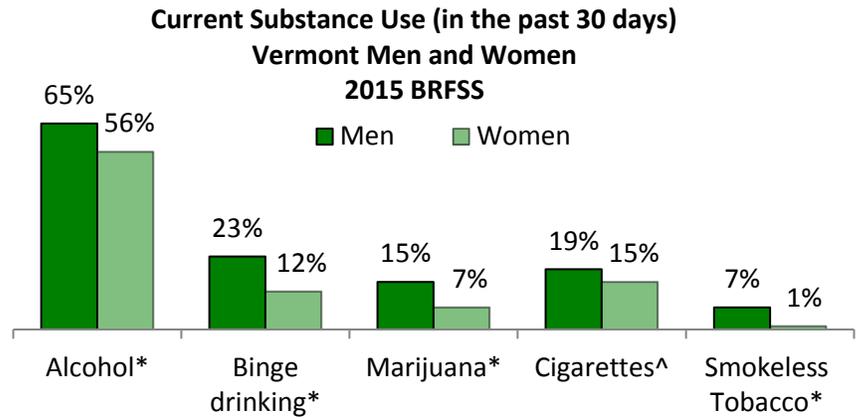
In 2015, two-thirds (66%) of Vermont men reported seeing a doctor in the last year and three-quarters (74%) had their cholesterol checked in the past five years, significantly lower than women, 73% and 79% respectively. In 2014, eight in ten men reported their doctor asked about alcohol use at their last appointment and 71% of men ages 50-75 met [colorectal cancer screening recommendations](#).

[^] Healthy Vermonters 2020 indicator, <http://healthvermont.gov/about/reports/healthy-vermonters-plans-reports>

*Statistically different than Vermont women

Substance Use

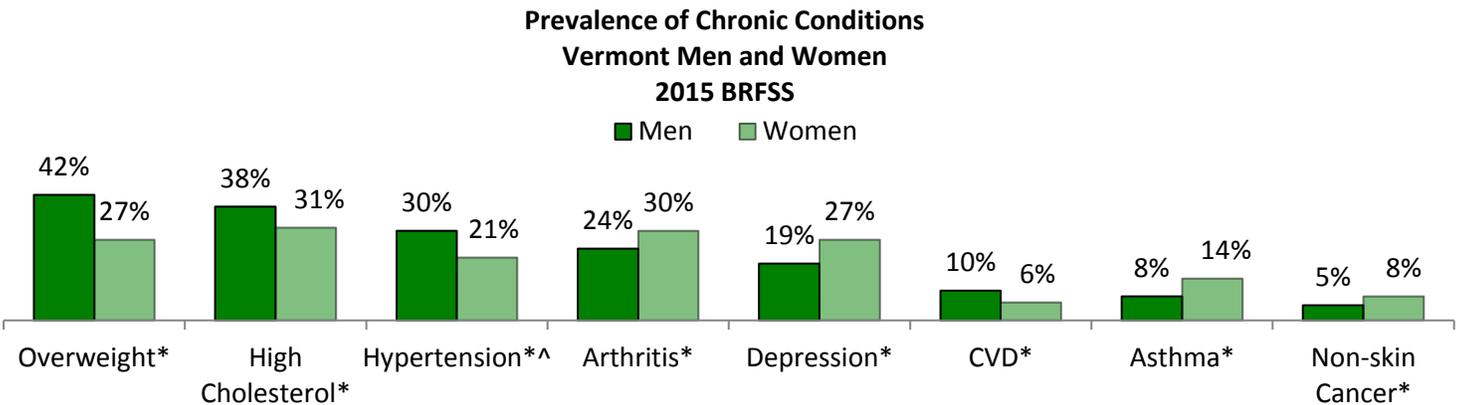
Men use substances at a higher rate than women. Sixty-five percent of men used alcohol in the last month and 23% had five or more drinks on least once in the last month, this is double the binge drinking rate among women (12%). Men also report using marijuana twice as often as women (15% vs. 7%). Among marijuana users, men were also statistically more likely to use on 10 or more of the last 30 days (69% vs. 49%). Men smoke cigarettes at a similar rate to women, but are much more likely (7% vs. 1%) to report using smokeless tobacco such as chewing tobacco, snuff and snus.



Chronic Conditions

The prevalence of chronic conditions tends to be different between men and women. Men are significantly more likely than women to report being overweight (42% vs. 27%), however reported obesity does not differ by gender (25% vs. 26%). Men are also more likely to report having high cholesterol (38%), hypertension (30%) and cardiovascular disease (10%) than women. Men report having arthritis (24%), depression (19%), asthma (8%) and cancer (5%) at lower rates than women.

There are no statistical differences between men and women for prevalence of diabetes (9% vs. 7%) or prediabetes (5% vs. 6%), skin cancer (7%) and COPD (6%).



Weight Perception

Vermont overweight and obese adults tend to believe they are a BMI category below their actual weight status. Among overweight and obese men (67% of men), three-quarters (78%) have a misperceived weight status. Seventy-two percent of overweight men believe they are about the right weight and a similar percent (71%) of obese men said they were overweight.

See the [Vermont Adult Women's Health Data Brief](#) for similar information on Women's Health.

For questions please contact Mallory Staskus (mallory.staskus@vermont.gov) or Leslie Barnard, MPH (leslie.barnard@vermont.gov).

*Statistically different than Vermont women

^ Healthy Vermonters 2020 indicator, <http://healthvermont.gov/about/reports/healthy-vermonters-plans-reports>