2024

NORTH CAROLINA

MEN'S HEALTH

REPORT CARD





A Letter From the Director



Eric Wallen, MD, FACS

Director of UNC Men's Health Program

Vice Chair of Education
Professor of Urology
Residency Program Director
Department of Urology, UNC Chapel Hill

Fellow North Carolinians,

I write this with a sense of urgency and concern about the state of men's health in North Carolina. We are facing what can only be described as a silent health crisis, and we are at a crossroads.

The North Carolina Men's Health Report Card draws from numerous sources to paint a stark and vivid picture of the health landscape for men across the state. The purpose of this report is not to instill fear, but rather to highlight the challenges we face and to empower you with the knowledge needed to advocate for the health of your family, friends, and neighbors.

One of the key drivers of this crisis is the marked difference in healthcare-seeking behaviors between men and women. Men, often due to external pressures and societal expectations, tend to downplay health concerns and push through serious setbacks. There are other barriers too: In rural areas, the distance from healthcare

providers can make it difficult to get to regular preventative health appointments. The cost of care may be unaffordable. These behaviors and barriers have led to alarming disparities in our communities.

Black men in North Carolina are especially hard hit by these health issues. They face a higher risk of diabetes, cardiovascular disease, and prostate cancer. The American Cancer Society estimates a 65% increase in prostate cancer between 2019 and 2022, the largest increase for any major cancer. Today, 1 in 6 Black men will be diagnosed with prostate cancer and will die at a rate 2.4 times greater than men of all other racial and ethnic groups – the largest disparity for any type of major cancer in men or women.

As you read this Report Card, I urge you to reflect on the importance of prioritizing your own health and the well-being of your loved ones. This document is not just a collection of statistics; it is a call to action. By understanding the challenges we face, we can begin to work towards creating a

healthier and more resilient North Carolina.

Please share this information with your family, friends, and communities. Through education and intervention, we can overcome these challenges and build a brighter, healthier future for all North Carolinians.

In good health,

Eric Wallen, MD, FACS

Director, UNC Men's Health Program

We welcome your questions and feedback. Please contact us at: menshealth@med.unc.edu



Interpreting the Report Card

The North Carolina Men's Health Report Card is designed as a tool to inform the work of individuals, communities, clinical practitioners, and policy makers interested in improving men's health. The report is grounded in the idea that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization 2023). The report is organized with a population health perspective in mind, beginning with a general demographic overview of the male population in North Carolina and the "upstream" social and economic determinants of health and moving downstream to health behaviors and health outcomes as we proceed through the report.

The report uses various data sources to provide an accurate and timely picture of Men's health in the state. The most up-to-date data were used and the date ranges from 2019-2023 for most sources. The data year and the age range for indicators varies. The data year is included in smaller text. Unless specified in parentheses, the age range includes all ages.

Due to data limitations, "men" in this publication refers to those assigned male sex at birth and does not refer to gender identity. When possible, we present data by race and ethnicity. In many cases, due to data limitations, we are unable to report on all races and ethnicities for most indicators. For purposes of clarity, in all cases we refer to Black or African American as "Black," "Asian" always includes Asian, Native Hawaiian, and Other Pacific Islander. "American Indian" always refers to American Indian or Alaskan Native, and the "Other" category refers to two or more races and/or some other race. In most cases, races are reported as non-Hispanic, identified with the "NH" superscript.

View the entire Men's Health Report Card databook with county-level information (when available), health recommendations, and other resources, at https://www.med.unc.edu/menshealth/

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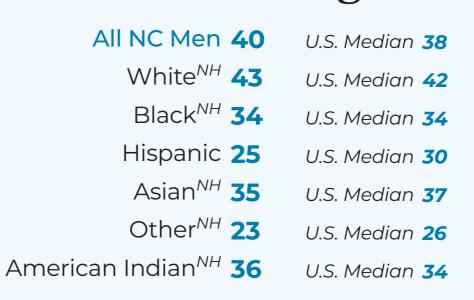
Overall, life expectancy at birth for men is 74.9 years, but there are persistent racial and geographic disparities. White men in North Carolina are expected to live 5 more years than Black men. Across counties, male life expectancy ranges from the highest in Orange (79.6 years) and Wake (79.5 years) and the lowest in Swain (67.7 years) and Edgecombe (67.2 years).

Race & Ethnicity NH refers to race reported as 'non-Hispanic' Asian NH Black NH 19% American Indian NH 61% White NH 11% Hispanic

All NC Men 74.9 years

White **76.2**Black **71.3**

Median Age 2022



Total North Carolina Men

2022

5,239,829

2022 North Carolina Women: 5,459,144 2030 North Carolina Men Projection: 6,022,292

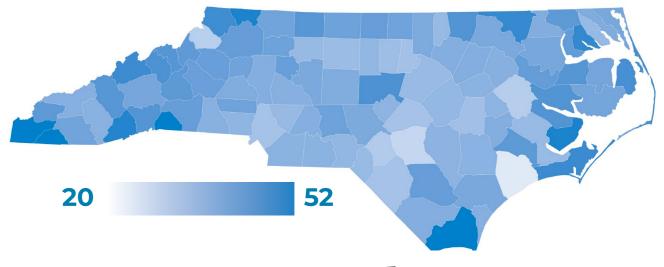
Life Expectancy of

North Carolina Men

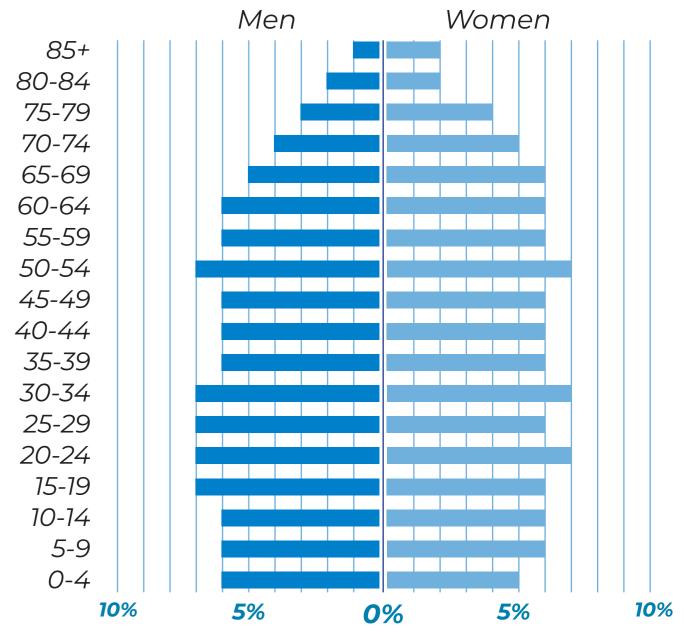
2018-2020

Median Age 2022

Life Expectancy 2018-2020



Age Distribution



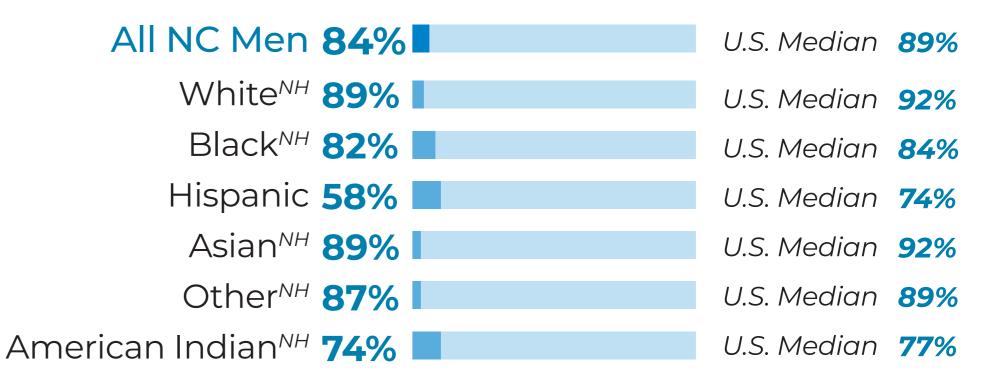


Social Determinants of Health

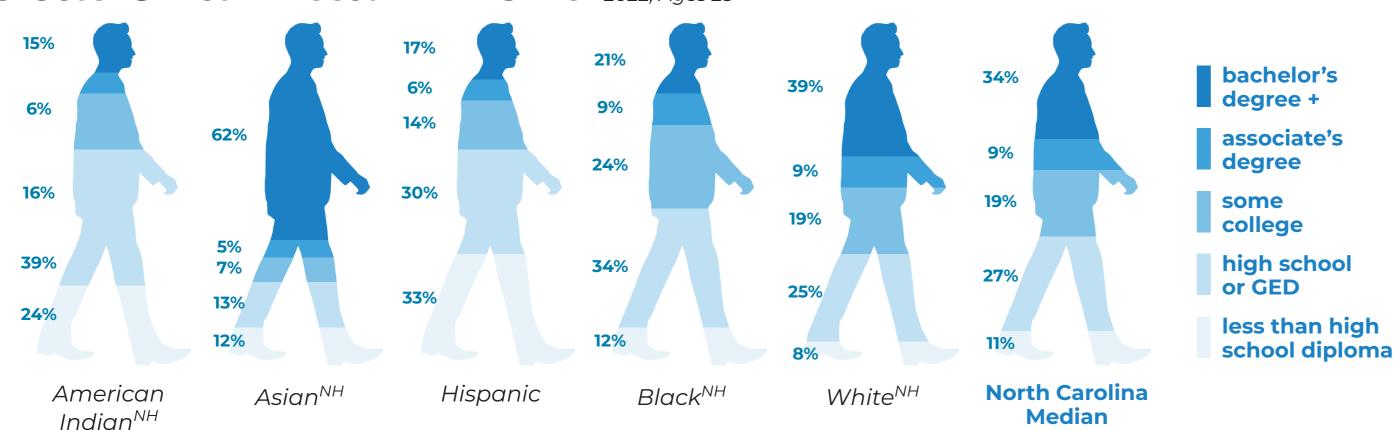
Educational attainment and poverty are strong predictors of health outcomes, causes of health disparities, and access to care in our state. As of 2022, 84% of men had some type of health insurance, but only 58% of Hispanic men had some type of coverage. Health insurance coverage is expected to increase for many North Carolinians with Medicaid expansion, which went into effect on December 1, 2023.

Percent with Any Health Insurance

2022, Ages 18-64



Educational Attainment 2022, Ages 25+

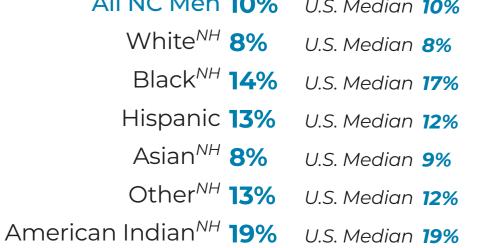


- North Carolina adolescent and young adult men (ages 16-24) not working or not in school: 11%
- North Carolina prime working-age men
 (ages 25-44) unemployed: 3%

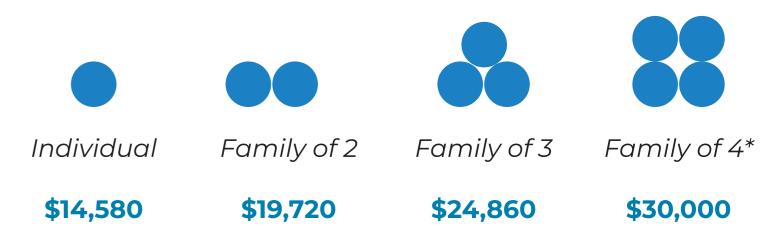


Living Below the Poverty Line

All NC Men 10% U.S. Median 10%



U.S. Federal Poverty Line, 2023:



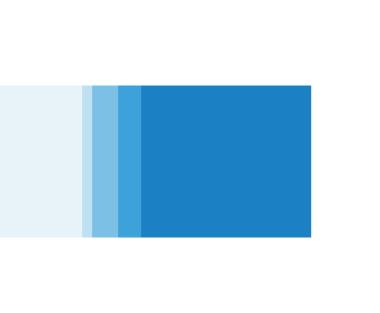
*For families greater than 4, add \$5,140 for each extra person

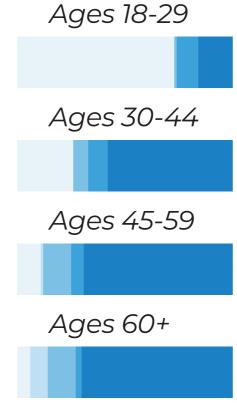


Social Determinants of Health

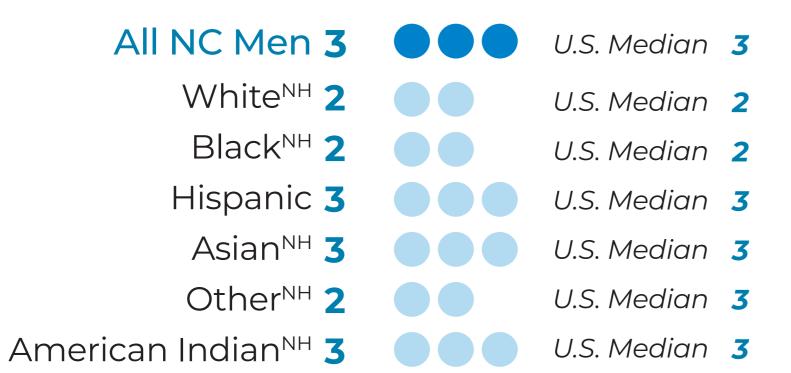
Marital Status 2022, Ages 15+

- Married: 52%
- Cohabiting: 7%
- Divorced/Separated: 8%
- Widowed: 2%
- Single/Never Married: 30%





Median Family Size 2022



North Carolina men living with their own children in the home (regardless of age): 30%

U.S. Median: **31%**

Median Household Income

2022, Ages 16+

All NC Men \$79,000	U.S. Median \$87,800
White ^{NH} \$50,000	U.S. Median \$95,000
Black ^{NH} \$34,800	U.S. Median \$61,200
Hispanic \$33,600	U.S. Median \$72,400
Asian ^{NH} \$60,000	U.S. Median \$120,050
Other ^{NH} \$40,000	U.S. Median \$82,000
American Indian ^{NH} \$35,000	U.S. Median \$52,800

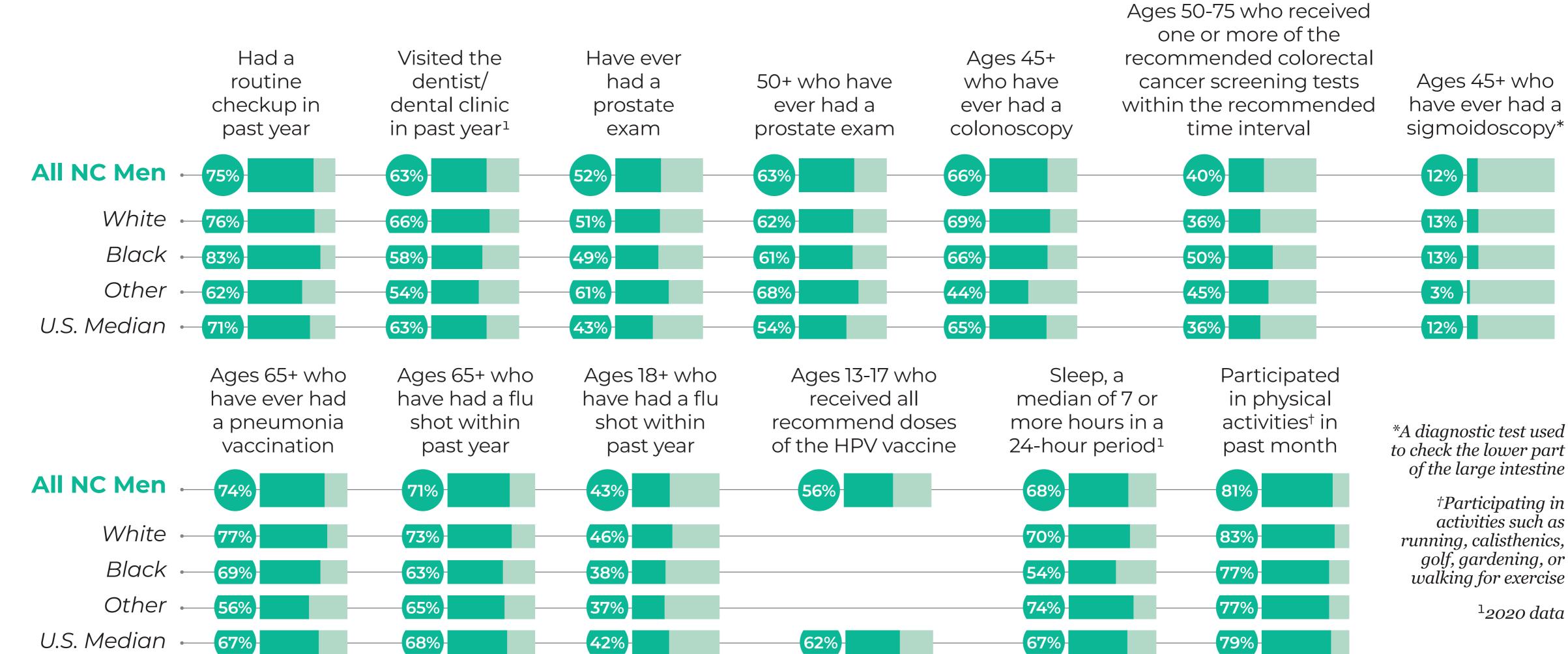
Median Individual Income

2022, Ages 16-64

All NC Men \$45,000	U.S. Median	\$50,000
White ^{NH} \$50,000	U.S. Median	\$54,000
Black ^{NH} \$35,800	U.S. Median	\$37,000
Hispanic \$34,000	U.S. Median	\$38,000
Asian ^{NH} \$65,000	U.S. Median	\$60,000
Other ^{NH} \$40,000	U.S. Median	\$44,000
American Indian ^{NH} \$35,000	U.S. Median	\$35,000



- All men 45-75 years of age should receive a colorectal cancer screening. Men 50-75 who reported receiving, within the recommended time interval, a
- recommended colorectal cancer screening are exceeding the Healthy People 2030 targets.
- <u>Healthy People 2030</u> has a goal to increase the proportion of all adolescents who receive the recommended doses of the HPV vaccine to 80%.



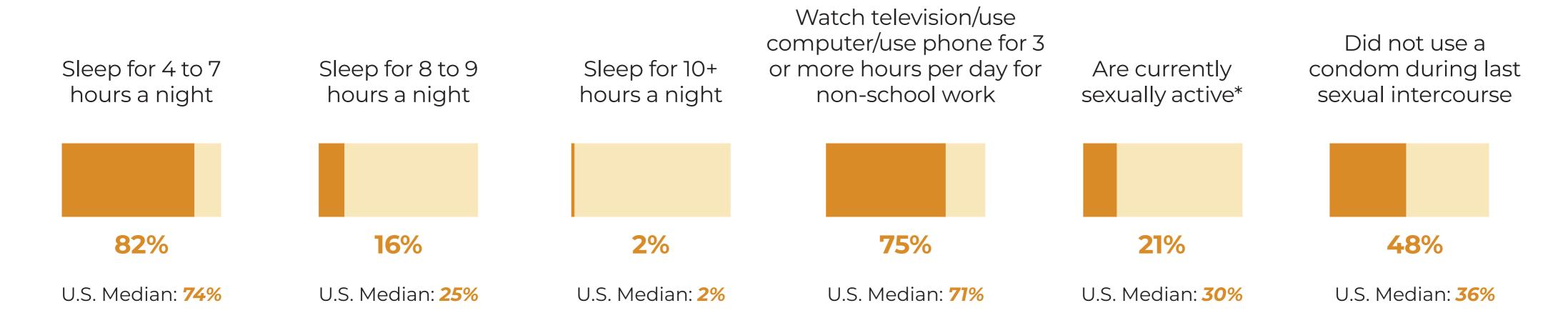


Health Behavior

□ High school males in North Carolina are less likely to be sexually active compared to the US median. Among sexually active high school males in North Carolina, less than half (48%) report using a condom during their last sexual intercourse - above the US median. Improving the promotion and implementation of sexual health education can positively affect students' health in multiple ways (Centers for Disease Control 2023).

Youth Risk Behavior Surveillance System 2021

North Carolina high school males who:





Youth Risk Behavior Surveillance System 2021

North Carolina high school males who:

Are currently smoking cigarettes frequently

Are currently using electronic vapor products frequently

Ever used marijuana¹

Are currently binge drinking*









Opioid **Overdose Deaths**

2,571 Male Opioid Overdose Deaths, 2021

70% of all opioid overdose deaths were men

Substance Use 2020

Currently smoke

Use e-cigarettes every day or some days

18%

7%

White: 17% Black: 23% U.S. Median: 16%

White: 9% Black: 5%

U.S. Median: 7%

Engage in heavy drinking

More than one drink per day

5%

Engage in binge drinking

> 4+ drinks on one occasion

20%

White: 6% White: 21% Black: 3% Black: **13**% U.S. Median: 7%

U.S. Median: **20**%

U.S. Median: 18%

U.S. Median: 20%

U.S. Median: 38%

U.S. Median: 11%

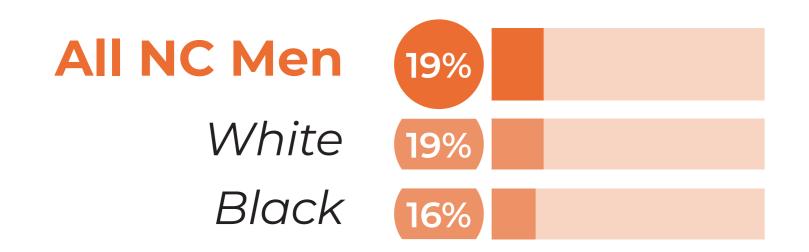
¹2019 data

^{*5} or more drinks on one occasion at least once during the 30 days before the survey



Adverse Childhood Experiences 2014*

Men reporting 3+ adverse childhood experiences (abuse, traumatic stress, living with a drug/alcohol abuser)



■ Adverse Childhood Experiences (ACEs) are "potentially traumatic events that occur between the ages of 0 and 17 (e.g., experiencing or witnessing violence, neglect, growing up in households with substance abuse or mental health problems" (Centers for Disease Control 2023). Childhood adversity is a major contributor to depression in later life. 1 out of every 4 North Carolina men reported three or more adverse childhood experiences - this should be an area to highlight for intervention efforts.

White: 18%

Black: 13%

Other: 15%

U.S. Median: 14%

16% of North Carolina men have been diagnosed with depression, minor depression, dysthymia, or major depression. 2021

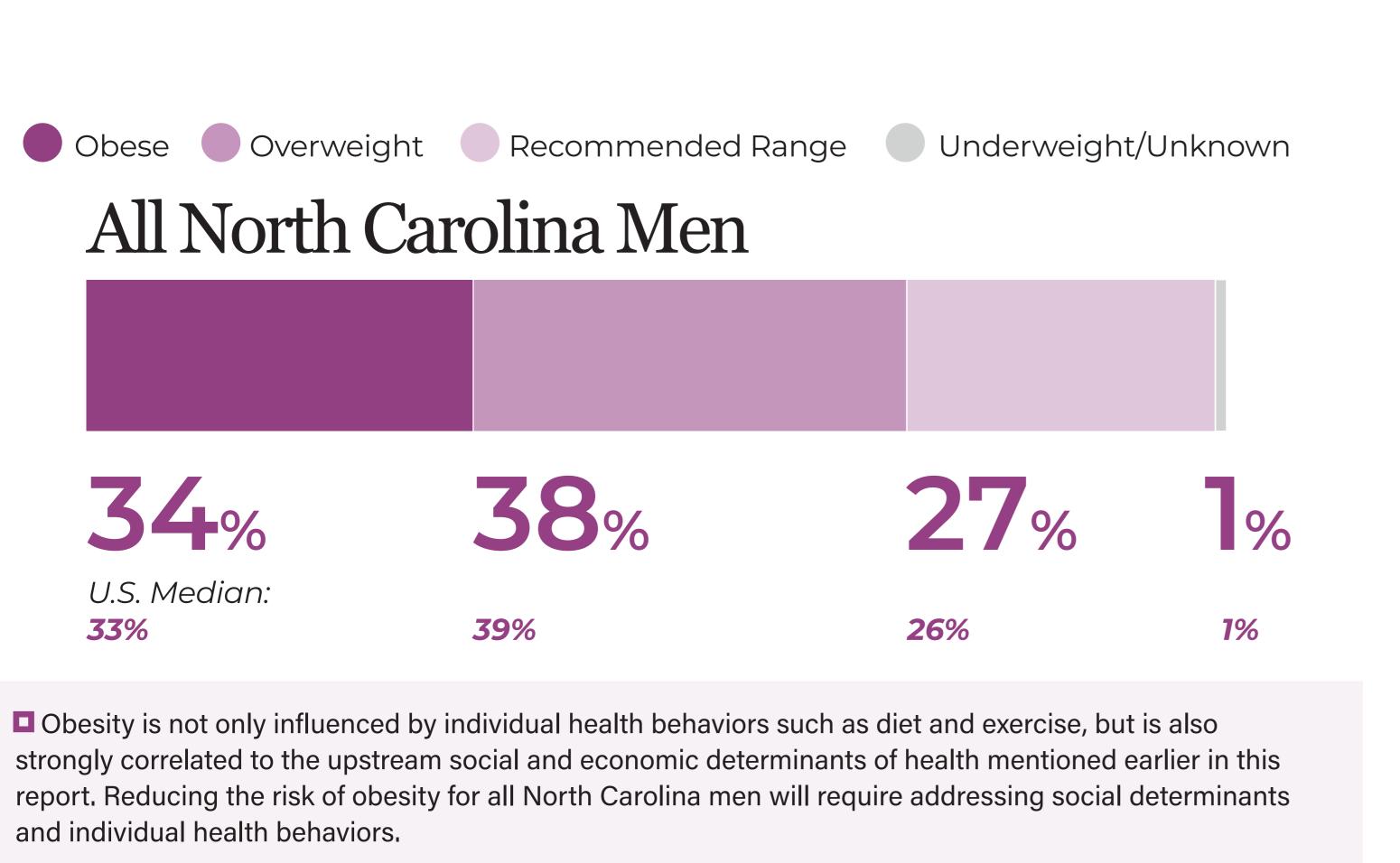
Over 1 out of every 6 North Carolina men has INOrth Carolina men are much more likely to been diagnosed with a depressive disorder. Because evidence suggests that men are less likely to self-report depressive symptoms compared to women it is likely that more men experience depressive disorders than this figure reflects.

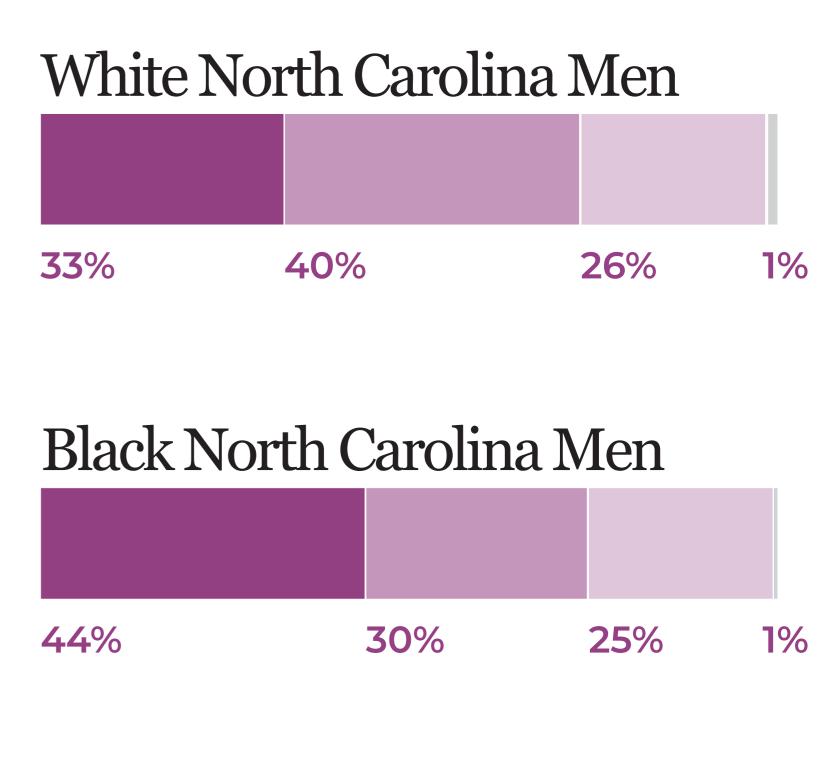
die by suicide and opioid overdoses compared to North Carolina women. Increasing access to mental health services for all North Carolina men should be a priority. If you or someone you know or love is experiencing depressive symptoms, talk with a professional and/ or call or text 988 for the Suicide & Crisis Lifeline.

^{*2014} is the last year Adverse Childhood Experiences were included in the BRFSS data for North Carolina.

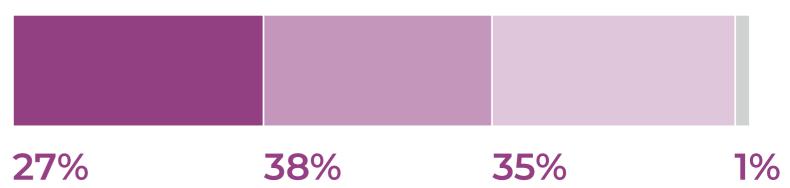


■ Maintaining a healthy weight is vital for overall well-being and reducing risk of disease and premature death. 72% of North Carolina men are overweight or obese. Obesity significantly increases the risk of chronic diseases such as heart disease, diabetes, and certain cancers.

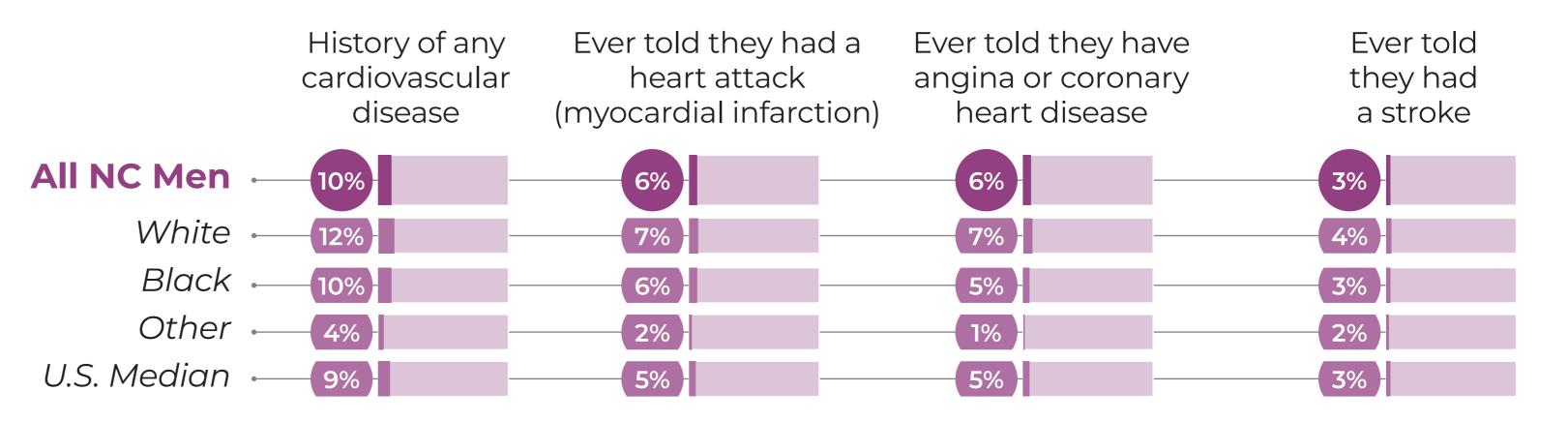


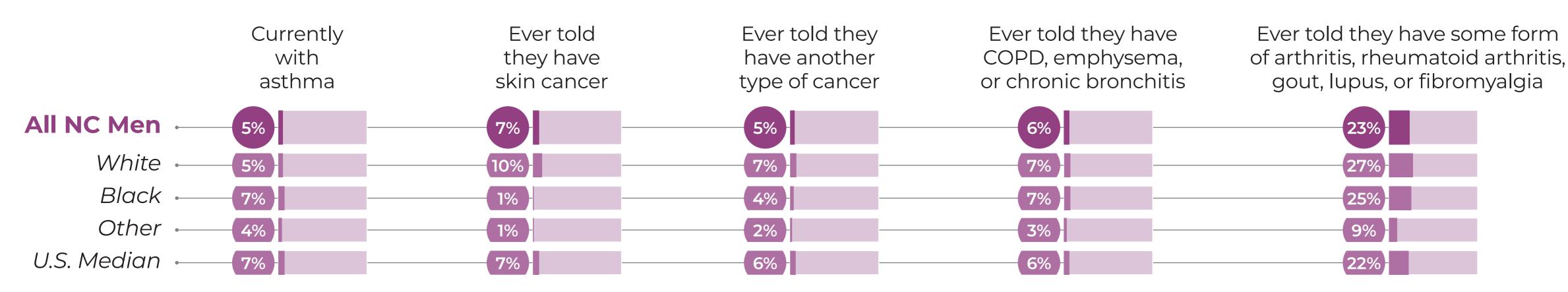












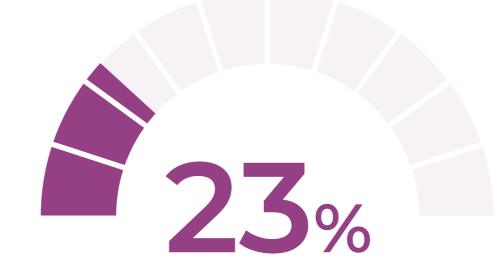
inclu	cold they have a depressive disorder, ding depression, major depression, dysthymia, or minor depression	Ever told they have kidney disease	Ever told they have diabetes	Ever told they have pre- or borderline diabetes	Ever told they have high blood pressure	Ever told they have high cholesterol
All NC Men -	16%	4%	12%	9%	36%	38%
White -	18%	4%	11%	8%	37%	41%
Black ←	13%	7%	20%	16%	48%	36%
Other -	15%	2%	5%	7%	17%	28%
U.S. Median ←	14%	3%	12%	10%	35%	37%



North Carolina men with no chronic diseases North Carolina men with 1 chronic disease North Carolina men with 2 or more chronic diseases







White: **47**%

Black: **45%**

Other: **71%**

U.S. Median: **52**%

White: 27%

Black: **31%**

Other: 18%

U.S. Median: **26%**

White: **26%**

Black: **24%**

Other: 11%

U.S. Median: **22%**

■ Half of all North Carolina men report being diagnosed with at least one chronic disease, and 23% are living with 2 or more chronic diseases. Living with chronic disease negatively impacts overall health and well-being, reduces quality of life and can have severe economic consequences.

■ Heart disease is the second leading cause of death for North Carolina men behind cancer (except for during the height of the COVID-19 pandemic). The risk of heart disease increases substantially with age. Because our population is getting increasingly older, we must address the social and economic drivers of heart disease, improve access to care, and get men to quit smoking, reduce alcohol consumption, eat a healthy diet and exercise to reduce the risk of heart disease. Visit Life's Essential 8 to learn more about improving and maintaining cardiovascular health.

■ In 2021, 6,724 North Carolina men died from diseases of the heart, accounting for 11% of all male deaths in our state. 2,216 North Carolina men died from lower respiratory diseases, accounting for 3.6% of all male deaths, and 2,168 North Carolina men died from cerebrovascular diseases, accounting for 3.5% of all male deaths.



- In the US, cancers are the second preventable leading cause of death for men. The 4 most prevalent cancers among men in North Carolina are Lung, Prostate, Colon & Rectum (also known as colorectal), and Skin cancers. See Page 7 (Preventive Health) for data on cancerspecific preventive screenings.
- Cancer is the leading cause of death for North Carolina men. In 2021, 10,504 North Carolina men died of cancer, accounting for 17% of all male deaths. 26% of cancer deaths were due to Lung Cancer, followed by Prostate Cancer (10%).

Cancers 2016-2020 New Cases per 100,000 North Carolina men 515 by Race/Ethnicity White 514 Black 547 Hispanic 325 Asian/Pacific Islander 246 Amer. Indian/Alaska Native 417 Deaths per 100,000 North Carolina men White Black Hispanic 96 Asian/Pacific Islander 88 Amer. Indian/Alaska Native 194

Most Common Cancers Among Men (All Ages)

New Cases	Deaths
Per 100,000	Per 100,000

Prostate Cancer U.S. median	124	20 20
Lung Cancer <i>U.S. median</i>	74 61	51 <i>4</i> 7
Colon & Rectum Cancer U.S. median	40 ₄₂	15 <i>16</i>
Skin Cancer <i>U.S. median</i>	34 29	3 3
Bladder Cancer U.S. median	33 34	7 7



- Lung cancer is the #1 leading cause of cancer death for men in North Carolina.
- American Indian and Black men are the most likely of all racial and ethnic groups to be diagnosed with, and die from lung cancer.
- The most effective ways to reduce risk of lung cancer are to not smoke and avoid breathing secondhand smoke, get your home tested for radon, and follow occupational safety and health guidelines to avoid carcinogens at work.

Lung Cancer

2016-2020

New Cases per 100,000 North Carolina men

74

by Race/Ethnicity

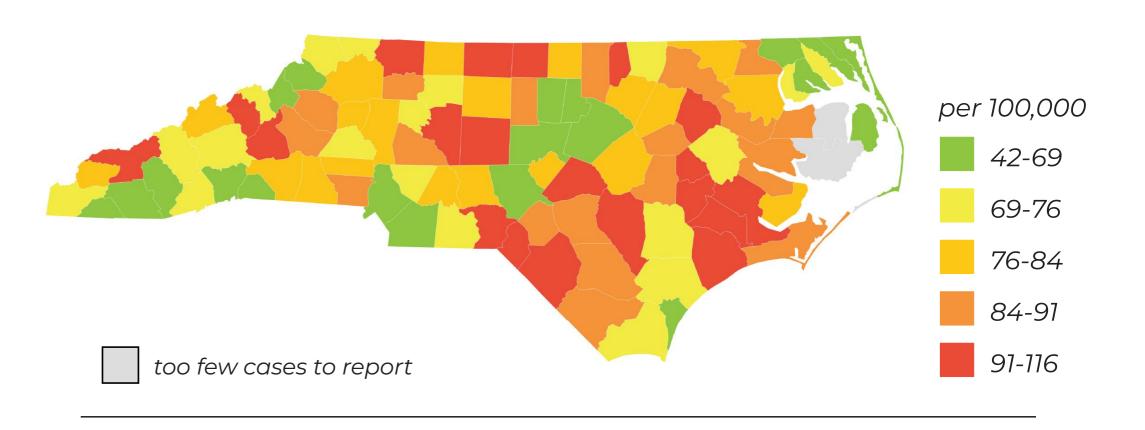


Deaths per 100,000 North Carolina men

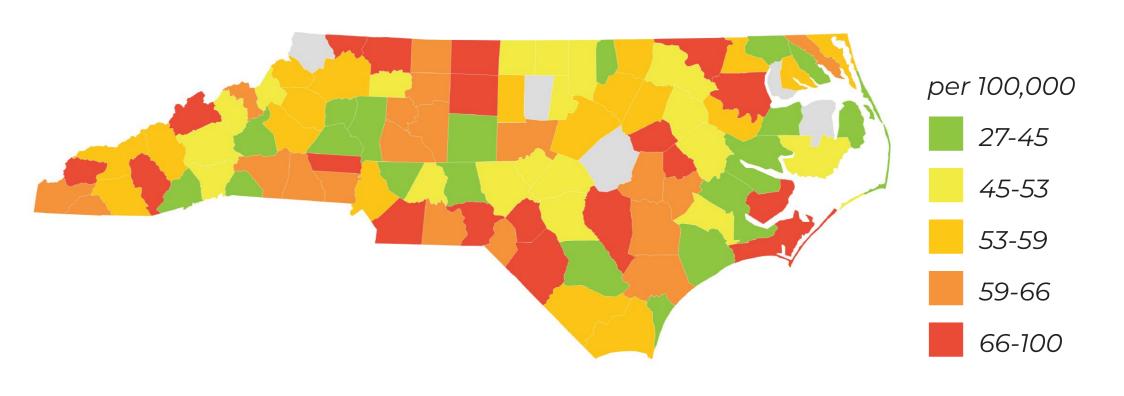
51



New Cases



Deaths



too few cases to report



- Prostate cancer is the #2 cause of cancer death for men in North Carolina (behind lung cancer).
- Black men are 1.7 times more likely to get diagnosed and 2.3 times more likely to die compared to white men. American Indian men are 0.9 times less likely to be diagnosed and 1.3 times more likely to die compared to white men.
- Timely access to screenings, close monitoring, and appropriate treatment are essential to reducing risk, combating disparities, and saving lives.

Prostate Cancer

New Cases per 100,000 North Carolina men

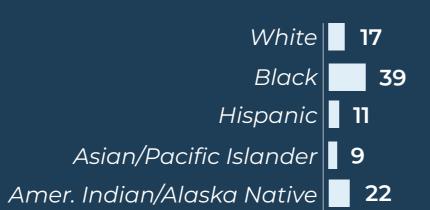
124

by Race/Ethnicity



Deaths per 100,000 North Carolina men

20

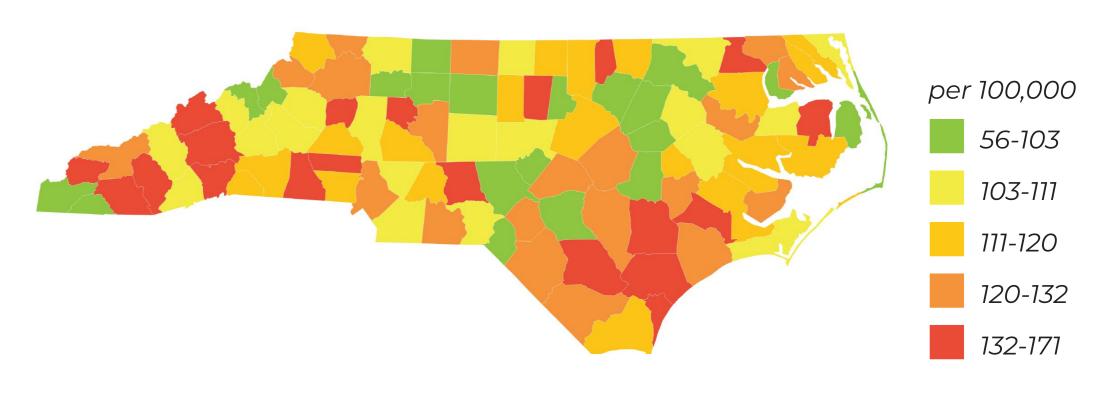


To see data for your county using the Prostate Cancer
Across North Carolina Interactive Map, please visit:

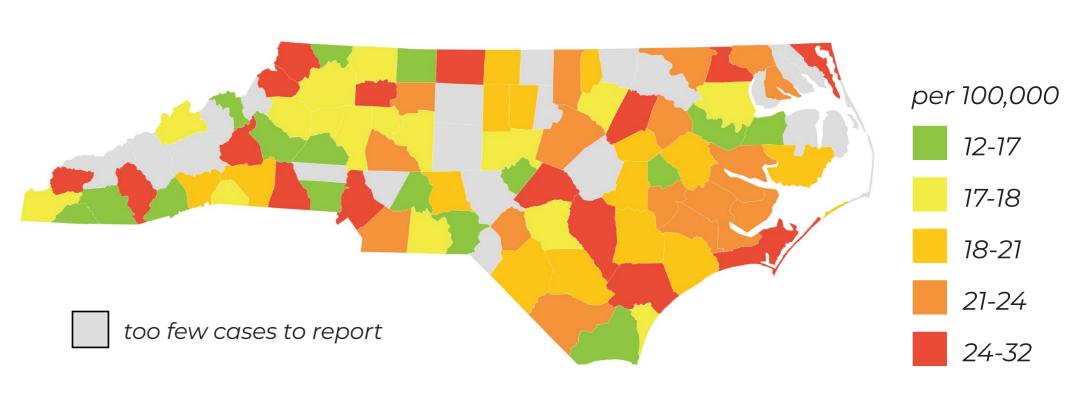
med.unc.edu/menshealth/prostate-cancer/
or scan



New Cases



Deaths





Sexually Transmitted

North Carolina men ever tested for HIV



White: **36**% Black: **56**% Other: **36**%

U.S. Median: **35**%

Of all cases in NC Men:

Gonorrhea cases in adolescents and young adults (15-29) accounted for:



Chlamydia cases in adolescents and young adults (15-29) accounted for:



			Primary and Secondary	Early Latent		
	HIV	AIDS	Syphilis	Syphilis	Gonorrhea	Chlamydia
All North Carolina Men	1,123	374	1,520	1,042	15,600	21,724
Race/Ethnicity						
White ^{NH}	256	96	387	219	2,037	3,562
Black ^{NH}	636	205	898	632	8,692	9,111
Hispanic	180	49	149	135	822	1,536
Asian ^{NH}	15	4	7	4	76	143
American Indian ^{NH}	13	5	16	6	143	162
Age groups						
Ages 10-14	0	0	0	0	30	50
Ages 15-19	76	8	62	26	1,749	3,842
Ages 20-24	242	31	248	139	4,240	7,903
Ages 25-29	237	45	313	200	3,402	4,518
Ages 30-34	185	61	265	226	2,538	2,599
Ages 35-39	115	50	174	144	1,319	1,184
Ages 40-44	74	40	141	95	848	701
Ages 45-54	107	64	182	123	912	620
Ages 55-64	69	56	117	75	448	232
Ages 65+	18	19	18	14	112	60



NORTH CAROLINA 1,571,956 (45% of North Carolina Total) MEN CASES: 30,000 per 100,000 population

15,367 (53% of North Carolina Total) **DEATHS:**

978 per 100,000 Cases

■ North Carolina's COVID-19 case rate is ranked 20th highest in the country.

Cases

by Race/ Ethnicity

White: **1,745,190**

Black: • 674,313

Asian: **71,667**

American Indian: 39,225

Other: 460,743

Hispanic Origin

Non-Hispanic: **● 2,176,311** Hispanic: **320,085**

Selected Age Groups

0-17: **• 590,834**

18-24: **408,421**

25-49: **1,336,491**

50-64: **659,690**

65-74: **277,263**

75+: **228,241**

50+: **1,165,194**

Deaths

by Race/ Ethnicity

White: • 19,292

Black: **● 5,866**

Asian: **255**

American Indian: 348

Other: **1,856**

Hispanic Origin

Non-Hispanic: **24,082**

Hispanic: **1,342**

Vaccinations

At least one dose



56%

Fully vaccinated



by age

O-17: **33**

18-24: **64**

25-49: **1,715**

50-64: **5,375**

65-74: **6,855**

75+: **15,016**

50+: **27,246**



Gun Ownership

48%

Have firearm at home

of hose

49%

Have loaded firearm at home of those 54%

Have loaded and unlocked firearm at home

Drug Overdose

deaths per 100,000

All NC men

53.9

White: **58.7**Black: **62.7**

Motor Vehicle

deaths per 100,000

All NC men

26.4

White: **25.1** Black: **37.2**

Suicide

deaths per 100,000

All NC men

24.2

Percent Firearm-Related

68%

White: **30.1** Black: **14.8**

Homicide

deaths per 100,000

All NC men

15.4

Percent Firearm-Related

89%

White: **5.4**Black: **49.6**

Other External

(e.g. falls, fires, drownings and other unspecified injuries)

deaths per 100,000

All NC men

33.2

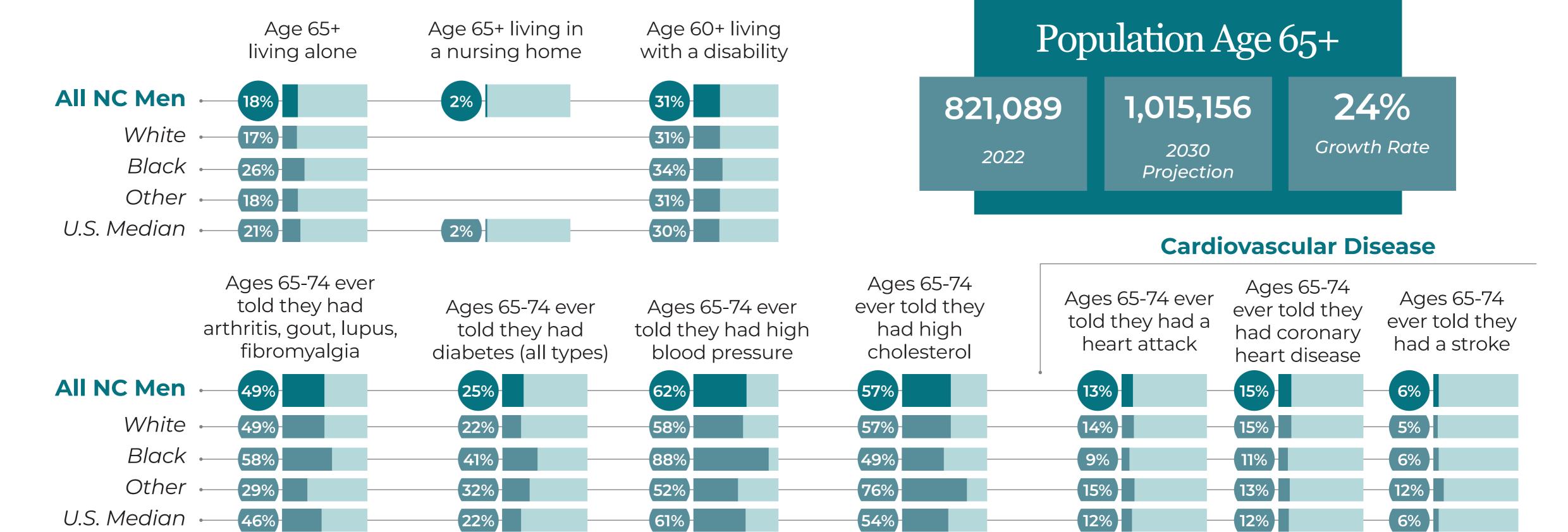
Percent Firearm-Related

2%

White: **39.2**Black: **30.5**



Measuring the health of our elderly population



faster.

Explaining our Aging Population Rate

familial and professional caregivers.

As birth rates continue to decline, our population will continue to age at a faster

rate. Places across our state with little or negative net migration will age much

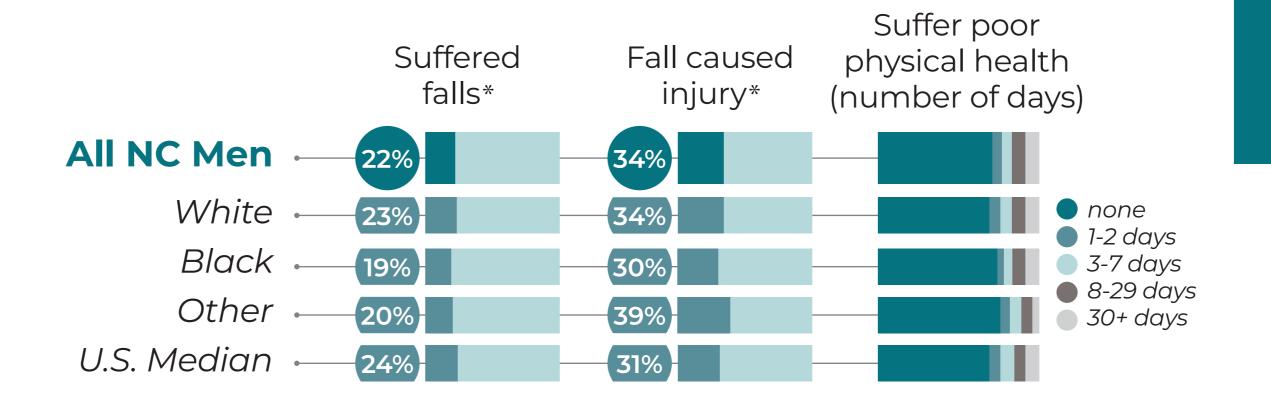
■ In the coming years, it will be more important to address the healthcare and

social needs of the elderly. Our State Aging Plan has outlined goals to help older

adults age in place and with dignity, enjoy more quality years of life, have access

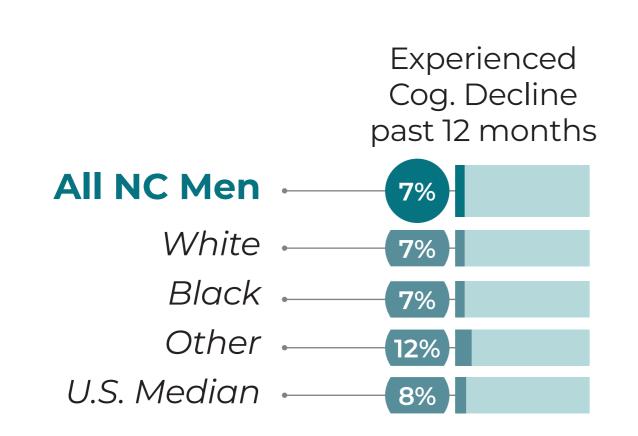
to social interactions and recreation, and strenghten support and resources for

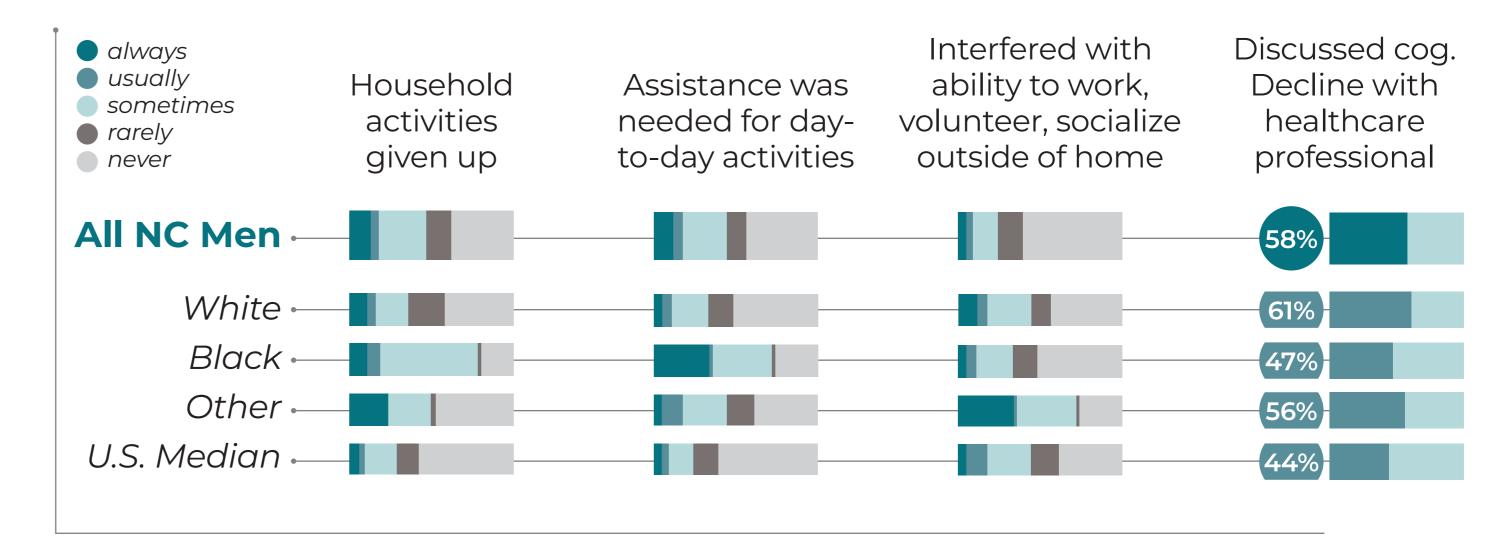




Population Age 45+

Cognitive Decline and Activities of Daily Living (ADLs)





Acknowledgements

We express our gratitude to the <u>Center for Women's Health Research</u> at UNC for their leadership and decades-long commitment to the <u>North Carolina Women's Health</u> <u>Report Card</u>. Their initiative has inspired our report.

We offer a special thank you to the team that has contributed their time and effort to this project:

Samuel L. K. Baxter, PhD, MPH

Department of Health Policy and Management, Gillings School of Global Public Health

Trevor Berreth

Graphic Design and Data Visualization, Carolina Demography, UNC Carolina Population Center

Adriane Bowens

Program Manager, UNC School of Medicine, Dept. of Urology

Lisa Carlson, PhD

Research Analyst, Carolina Demography, UNC Carolina Population Center

Nathan T. Dollar, PhD

Director of Carolina Demography, UNC Carolina Population Center

Bradley Olson

Digital Strategist & Web Developer/Designer, UNC School of Medicine

Sources

View the full datasets that were used to prepare this report and a comprehensive list of data sources, please visit https://www.med.unc.edu/menshealth/

About UNC Men's Health Program

The UNC Men's Health Program aims to study and treat numerous health issues that impact men. The differences in health behaviors, preventative screening and medical treatment between men and women have contributed to a widespread, silent health crisis among men. This comprehensive program brings together teams of physicians, scientists, public health leaders and specialists who are dedicated to addressing the health and well-being of men through coordinated clinical care, scientific research, and community outreach.

About Carolina Demography

Carolina Demography is the applied demography unit of the Carolina Population Center. We are non-partisan team of population scientists working for the people of North Carolina.

For over a decade, we have provided leaders across North Carolina with upto-date, accurate data on how North Carolina's population is changing. As the applied research unit of the Carolina Population Center at UNorth Carolina-Chapel Hill, we know how to find the data you need to answer the questions you have about the populations you serve. Local and state governments, foundations, businesses, researchers, and not-for profit organizations serving the state of North Carolina partner with Carolina Demography to translate complex information based on the questions you need to answer.