

Dr. Peter Fisher

When we talk about healthy masculinity, it's really just that concept of men navigating the pressures and stressors of what it means to be a man while staying true to their authentic personal values and doing so in a way that positively affects, their health and those around them.

Ellen Kelsay

That's Dr. Peter Fisher, a research fellow at Movember and one of the authors of his organization's powerful new report, *The Real Face of Men's Health*. The U.S.-focused report builds on the global research conducted by the Movember Institute of Health, a specialized group of researchers who are working to turn evidence into action and unite thought leadership from around the world. In honor of Men's Health Awareness Month in November, we speak with Movember and contribute to their mission of raising awareness for men's health. In this episode, we explore key findings from *The Real Face of Men's Health* report and discuss what they reveal about the evolving landscape of men's health. Peter is joined by the report co-author, Dr. Derek Griffith, a professor and scholar whose work centers on the intersection of race, gender, and health care. Together they paint a compelling portrait of the importance of changing how we understand, discuss, and address men's health.

Derek and Peter, welcome to the podcast. We're thrilled to have you with us.

Dr. Derek Griffith

Very excited to be here.

Dr. Peter Fisher

Delighted to be here, thanks.

Ellen Kelsay

Well, we are so excited to talk about new research from Movember. While many people may associate Movember with its iconic mustache campaign, it is in fact a global organization comprised of researchers, advocates, and charitable leaders. You do quite a lot of work and one of the many things that Movember does is conduct research and publish reports like *The Real Face of Men's Health* report, which is hot off the press and will be the focus of much of our conversation. This report gives us a ton of valuable insights into the state of men's health and what we as a society and as individuals can do about it.

Derek, if you'd like to get us started, just tell us a little bit about the report and where the data in the report comes from.

Dr. Derek Griffith

The data come from a couple of different sources, some from the National Center for Health Statistics at the Centers for Disease Control, some from a survey of 4,000 men from across the United States who have been to the doctor in the last year, and then a sample of, I believe, 2,000 caregivers of people who say they are caregivers of men who are actively serving in that role. You'll see in the report various stories of folks to really humanize the data and to give us real concrete examples of folks and what they've been doing and how these kinds of health issues affect them in their lives.

Ellen Kelsay

As I was reviewing the report, one thing that struck me really at the top of the report, I think it was on page four or five, was your note about standing together in gendered health. While this is a men's health report, I thought that note was quite compelling. Would either of you like to share what that is and why you included that?

Dr. Derek Griffith

It's important that one of the things in the work that we do on men's health, that the resources, the attention, the research doesn't take away from women's health. We need to make sure that in our efforts to try to promote men's health, that it really is a rising tide lifts all boats, that we really try to make sure that what we're doing enhances the quality of life and length of life of women as well, since we know that

men's poor health actually also does affect the quality and length of women's lives because often they're interconnected with men's lives, whether it's as loved ones, partners, caregivers, daughters, mothers, and so forth. There are narratives out there that really focus on fears that are legitimate about the potential that men's health would take away from women's health. We're actively trying to make sure that we stand against that and as we see in this moment, that there are active efforts to take resources away from women's health. We don't want to be part of that. We really wanted to stand with women, with sexual and gender minority populations and others to make sure that we know, that they know that we're standing with them in this particular critical moment.

Ellen Kelsay

That's great. It's quite profound and insightful that you did that, so I appreciate you bringing that forward in the conversation here. Let's talk about the findings in your report. What were some of the key findings in this most recent report that you all just released?

Dr. Derek Griffith

You know, we started with some of the big picture things like life expectancy, premature mortality and so forth. Life expectancy is basically just how long you should expect to live. We looked at those issues in relation to women across racial and ethnic groups of men in the United States and then even men in the United States on aggregate in comparison to similar high-income countries. If you start there with how we compare over time to other high-income countries, one of the things that's really important for us to think about is we're actually falling further and further behind. Everyone is living longer in the globe, but we're seeing gaps between men and women in the United States grow. But we're also seeing the health of men in the United States relative to the health of men in other countries fall further and further behind. For example, in about 1980, when you look at similar high-income countries, we were ranked somewhere in the middle, around 17th of about 33 countries. We're now 27th out of 33 and we're really sort of in that bottom fifth. In the United States, men's mean life expectancy is only 75.8 and one of the more alarming stats that we identified is for Native American men and for Black American men, neither of them have a life expectancy really close to that 75 mark. Native American men's life expectancy is 64.5 years and Black men's life expectancy is 69.1 years. The fact that they're living 5 and 10 years shorter than what on average men in the United States are living, and that's even a bigger gap than when you compare them to women, it just tells us that we really have a lot of work to do in this picture.

Ellen Kelsay

Wow, those are startling statistics. What are some of the contributing factors that are impacting life expectancy, certain conditions, disease states? You mentioned premature mortality. What would you call out in kind of each of those areas?

Dr. Derek Griffith

The big three are really heart disease, cancer overall, and accidents or unintentional injuries, which include everything from drownings to motor vehicle accidents, overdoses and so forth. Cancers, the main four are lung cancer, prostate, colorectal, and pancreatic cancer. Then the biggest one is really heart disease. What particularly heart disease and a lot of the cancers share is a lot of the similar sort of risk factors like tobacco use, alcohol consumption, unhealthy eating, obesity, lack of physical activity and sedentary lifestyles. So those kinds of things really do help to explain that gap.

Ellen Kelsay

One of the other areas that I thought was quite concerning is the impact and the findings that you saw relative to men's mental health.

Dr. Peter Fisher

I think one of the biggest findings in this section is that one in four men aged 18 to 34 report mental ill health in the last year and the highest rate there is among men ages 30 to 34, so that's pretty young from what we're seeing. Then over the lifespan from 35 years on, mental ill health prevalence drops with age, but actually suicide increases. Kind of interesting trends that we're seeing in this report and specifically since 2014, mental ill health has increased by 85 percent among men aged 30 to 34 and by 73 percent

among men ages 18 to 25 and more than 60 percent across all men ages 18 to 39. What we're seeing from these numbers is that there's a lot of crises that are happening. There's recessions and kind of sociopolitical turmoil, so there's factors kind of outside immediate individual control. Those stressors are certainly playing a role with this, but I think there's also a connection with social connection where we're seeing also really high rates of loneliness and isolation, which was actually declared an epidemic in 2023. That was important in kind of signaling that social connection is really a public health imperative in the United States. What we're seeing is that men are really significantly disconnected here. Going back to one of Derek's earlier points about how men in the U.S. compare to other OECD countries, we looked at some of that data on Gallup data from a 2023-2024 global survey where young men in the U.S. are the outliers and not in a good way. So 25 percent of men aged 15 to 34 said they felt lonely often in the previous day, which is pretty drastically above the national average of 18 percent for both men and women. I think there's certainly an interconnection between mental health and social connection that we're seeing come across through this report.

Ellen Kelsay

Peter, I'd love to ask you a question about gender norms and what we mean when we think about social and gender norms when it comes to men's health and how perhaps we might want to think a little bit differently about that or perhaps more expansively about that.

Dr. Peter Fisher

Yes, thanks so much for that question. I think it's a really rich question, so I'm happy to dig into this. When we say social norms, I do want to do a little bit of groundwork in defining that. When we're talking about that, we're saying these are social stereotypes about masculinity and the kind of invisible guidelines that men follow to be perceived as masculine. These can be both barriers to and enablers of better health. What I want to get into that we talk about in the report is that this idea of the perception gap where men consistently overestimate how many of their peers hold more restrictive ideas about masculinity. That can be a direct influence on their decision to seek help, to talk about emotions. Because when we think about kind of mainstream ideas about masculinity, more traditional masculinity, things like sharing emotions and having close male friendships, seeking help early, these are ideas that maybe are kind of seen as not masculine and so that has a direct impact on how men are behaving because what we're seeing from our data where we asked, would you personally believe that men should get help when they need it versus what do most men believe - men consistently were rating these questions very high that they wanted to be doing this, but then thought that most men were less supportive of these ideas. There's this really interesting kind of misperception where we're seeing the individual attitudes not aligning with kind of what perceptions of these social norms actually are.

Dr. Derek Griffith

This also sort of highlights one of the differences that we touched on a little bit in the report, but it's certainly a body of work that Movember does and I do on the difference between manhood and masculinity. Masculinity is sort of these ideals that we have about what when we socialize and train boys to be boys, whether they're eight or 80, that we have these ideals about what they're supposed to be in terms of tough and all these kinds of things. But when we think about what it means to be a man, that usually includes adding things about roles and responsibilities and so forth that it requires thinking about what it means to be an adult. A lot of these things are not necessarily different than what you'd expect of women when they're adults as well. But it is thinking about the unique ways that these intersect with what it means to be an adult and male. When we think about that, one of the ways that we might explain some of this perception gap is men will know that these ideals exist about what men should do or think they should know and here's what men in general might believe about what it means to be a man. But they will say, well, I don't believe that for me. That's not what I'm aspiring to do. That's not the way that I think about this. This is not the legacy I want to live for my kids, those kinds of things. It's important to sort of distinguish are men trying to be male or are they trying to be a man? And being a man really does require thinking about the roles, responsibilities, priorities you have as an adult to care for others, to sacrifice for others and how we really valorize that in ways that are really important. We celebrate people for sacrificing their health, for taking care of those roles and responsibilities, like contributing financially to a household, like making sure you're taking care of kids and so forth.

Ellen Kelsay

When I understand, I don't know, maybe it was Peter, I think one of the pieces that you helped with was creating measures of healthy masculinity. I'd love for you to share what that is.

Dr. Peter Fisher

Yes, it's a great question. We didn't necessarily create a new measure for the survey. It's actually something we're developing as a separate research project. But the way we approach that concept of healthy masculinity in this was looking at kind of what are the beliefs and the roles and the norms that are tied to men that can affect their health and well-being in complex ways. What we found in some of our research outside of the report is a lot of the tools and measurements resources available for researchers out there tend to take more of a deficit approach, which is really kind of focusing in on what are men falling short of and what are men not doing well. So kind of healthy masculinity and the idea of measuring it in a way where you can answer the question, like, what are men doing well and how can they do better is an important one that we think should be answered. That's why we're kind of developing tools in that space. Healthy masculinity, another way to think about it is that men are complex. You know, it's not just this narrative of toxic masculinity or traditional masculinity. I would say it's just a much more nuanced picture where men are navigating these tensions, both from what society says is appropriate, what's been passed down from previous generations, you know, what they're seeing in the media, what their friends think. And through that all, they have their own individual values and beliefs about how they should show up. This is all being kind of molded and influenced at any given moment by these different societal pressures. When we talk about healthy masculinity, it's really just that concept of men navigating the pressures and stressors of what it means to be a man while staying true to their authentic personal values and doing so in a way that positively affects their health and those around them.

Ellen Kelsay

Well, that leads me to a question. You said men are complicated. I would agree with that. But also in your report, you talk about the health system and that clinicians and researchers once built health systems around what was "the male norm." As you just said, there is no one male norm, right? Men are complicated and complex and very different. As you think about this report and the findings and as men may be seeking care in a health care or mental health setting, how does the health system need to evolve or adapt to more appropriately and effectively care for the needs of men?

Dr. Derek Griffith

What we mean by that statement is most medical innovations, drug discovery, dosing of medication have been done on healthy males. When we talk about the lack of research on women, it's real. We haven't included women adequately in research and so we don't know how these things affect women and women's health. What we haven't paid attention to in terms of men and men's health is really the more psychosocial side of men's health. We have a better system, better understanding of when you go to seeking care from whatever health professional. We know how to talk to women. We know what to talk to women about. We have a better understanding of how to do those things. We have less of an understanding of how to do that with men. We know less about female bodies and how they respond to different things because many of the innovations weren't designed with women in mind or weren't designed with them in sort of a forethought. They were almost an afterthought, if I can go that far. I think that's where some of the gap is. A lot of the how to talk to men, what kinds of symptoms might they experience that may look different than women when it comes to things like mental health, how to engage men, how to motivate men may look very different than the ways that we've sort of approached that. We've built models for things like health promotion on essentially models that have worked with women because women have been easier to engage and more likely to participate in health promotion studies more generally, so we've built that model into how we approach engaging and motivating people to be healthier. But we haven't figured out how to unlock that as it relates to men and men's health and so really looking at men as a whole being and not just in terms of their biology and behavior.

Ellen Kelsay

I appreciate you sharing that. You had mentioned this, I believe, Derek, early on in our conversation, men's health is not just only about men, but it has a ripple effect on many others and their families, their social spheres or communities. Can you expand upon men's health and the residual impact on many others that they love and hold dear in their lives?

Dr. Derek Griffith

Yes, so one of the things that we wanted to capture in this report that's a little different than what many reports on men's health would do is really how is this affecting caregivers? We know that in the report, women who are caregivers in terms of their mental health and even just their overall day-to-day well-being were more adversely affected. They were more likely to be caregivers, first of all, and they were more adversely affected than men who are caregivers of men as well. So it's just recognizing that while they saw benefits to the extra time, the way they express love, the way they express that care, they didn't necessarily regret it, but they did talk about the importance and express that it is affecting their sleep, their daily functioning and those kinds of things in ways that were harmful to them as well. As we think about strategies and solutions and just the ripple effects, as we've talked about, that we have to recognize that it's not just about looking at men and that we have to look at women as well.

Ellen Kelsay

I think that caregiver section was really quite impactful, so thank you for that. Beyond that, there are also real economic impacts of poor men's health. I would love for you all to share a little bit of the findings around the economic costs of men's poor health on a society, on a country.

Dr. Peter Fisher

Yes, I think some of the most striking statistics and numbers that we're seeing there are that it's broken out kind of by direct costs and indirect costs. In terms of direct costs of things like treating heart disease, opioid use disorder, lung cancer and suicide, that's around \$121 billion from the most recently available data for men in the US in 2023. That's just directly dealing with these health care costs through the health care system. In terms of indirect costs with things like lost productivity and wages and time spent away from the workforce, that's closer to \$300 billion. We're looking at a combined price tag of \$420 billion, largely preventable costs, which could be prevented through earlier intervention, prevention and kind of some more focus on systemic change. But when you tally it up, and to put this in kind of terms that may be easier to understand, because \$420 billion is a lot of money, that's enough money to operate over a quarter of the hospitals in the U.S., over 1600 hospitals in the U.S. for a year. That's just an example of kind of this massive financial burden that comes with men's poor health.

Dr. Derek Griffith

If I can just add one quick thing to that, the stats Peter was quoting, it may not have been obvious. Those were only for the top five causes of premature mortality. That was not for all premature mortality. It was not for all deaths. It was just the top five leading causes of why men died before the age of 75. We're talking about \$121 billion of death from just five causes and we're talking about \$420 billion or \$421 billion total, you know, direct and indirect costs from just five causes. It's staggering, but it's almost an underestimate of the impact that these things are having on the economy, the functioning of the nation, the health of the nation, just from a financial standpoint.

Ellen Kelsay

Yes, quite clearly, it's a conservative estimate when you account for conditions beyond those top five that you just mentioned. I appreciate you clarifying and expanding on that there. Thank you. One thing I thought was really nice at the kind of conclusion of the report, you did a nice job of outlining actions that various stakeholders can take to address and improve and engage in positive action related to men's health, and you break them down for the men, the individuals themselves, employers, states, governments, the health care system, researchers, educational organizations. I'd like to dive a bit more specifically into the role of employers and things that perhaps employers can consider as they look to support men who may work for them. Anything that you would like to share there?

Dr. Peter Fisher

As we just kind of learned from the conversation on the financial impact of men's poor health, employers have a real direct stake in men's poor health, both from, you know, it reduces productivity, increases absenteeism, drives up health care costs, and just, yeah, when men are healthy in the workplace, it's better for everyone. There's higher productivity and brand reputation, boosting retention, all of these wonderful benefits for employers outside of, you know, the health benefits themselves. Some of the ways that employers can help bring a general responsive lens to men's health in the workplace is really starting from a place of measurement. So looking at benchmarks that accurately capture employee perceptions of connection, workload, leadership support, and using this data to really drive organizational improvements and making sure that those questions in these surveys are tailored to the language that men actually use when talking about things like connection. That's something that we've learned in our work. That's super important. Another area is normalizing help seeking at work and this has to do with kind of the culture in the workplace. When you have a culture where men feel supported in taking sick leave and attending medical appointments and openly talking about mental health, taking advantage of employee assistance programs, those things are massive benefits and can be done through things like peer testimonials from colleagues, having leaders share personal stories as well in kind of more public settings that can be really powerful and kind of shifting perceptions and setting norms that are advantageous for men's health as well as supporting peer networks. These are things like employee resource groups or mentoring programs. These are things that can be very uniquely tailored to men's health needs, especially addressing the needs of groups who may not have big representation in the workplace, such as African-American men or prostate cancer survivors. The last thing I'll mention here is that Movember recently funded a project that directly addresses this. It's called *Supporting Men's Mental Health in the Workplace, a Practical Guide for Organizations*. It was put together by this researcher, Paul Galdas, who has worked with us before out of the University of York in the UK and it provides us a really practical toolkit for addressing some of these kind of both quick wins and longer systemic change things that employers can take to help improve men's health in the workplace.

Ellen Kelsay

Well, there's a lot of great examples there. Thank you. That toolkit is wonderful; I'll have to look that up. You said something about, you know, something you learned about the language men use when seeking connection and some, I guess, maybe do's and don'ts there. What is the language that resonates with men?

Dr. Peter Fisher

One thing that's really interesting that we've seen is actually from research that Simon Rice, the director of the Movember Institute of Men's Health, was a part of is when men are talking about things that are related to mental health like anxiety and depression, they might not use direct language. They might not say, oh, I'm feeling depressed or, you know, I'm feeling very sad. They might use metaphors. They might say, you know, I'm feeling burnt out. I'm not feeling myself. I'm feeling adrift. It's important to recognize that and both from an interpersonal perspective of providing support for an employee, a colleague, a family member, but also from a measurement perspective where us as researchers, when we're asking men, we want to make sure that the tools that we develop and are using and are analyzing are actually reflecting kind of the language that is used out in the real world when talking about themes related to mental health.

Ellen Kelsay

All right. Well, I'd love to hear from both of you. Maybe we'll start with you, Derek. What do you see as the future direction of men's health in America?

Dr. Derek Griffith

It may be hard to believe, but I actually think it's rather bright. I know that's a little odd to say as we presented a picture of a lot of doom and gloom, but you also saw a lot of strategies and a lot of here's some things that are working here and a lot of new and novel initiatives. We're seeing a lot more attention, a thawing of some of the competition for or worries about can we do this, can we walk and chew gum and focus on men's health as well as focus on larger population health and women's health. So I think the fact

that we actually have concrete tools like some of the ones Peter mentioned, one of the other novel ones that the research director of Movember developed, Zach Seidler, is called *Men in Mind*, where it's training mental health professionals to specifically treat men and understand how men engage and speak and the kinds of symptoms they're likely to present with and how those may be different than some of the standard sort of criteria. But we have these new tools, we have these new resources, and there's a moment where we're starting to pay attention and say, okay, there are things that we can do and that we really need to sort of pay attention to. It's easy to be a doom and gloomer when you're a researcher and we're trained to sort of look for problems always, but I actually happen to be a bit optimistic in this moment.

Dr. Peter Fisher

I also am cautiously optimistic about the future of men's health. I think for me, what jumps out from the report is that states are really leading this drive for more of a focus on men's health and we're seeing even some very recent announcements, for example, out of California about an executive order looking at supporting young men and boys and addressing rising suicide rates that's really focused on ending mental health stigma. And we're seeing it in a bipartisan way in states like North Dakota, who are building in a focus on men's health within their family health program that's happening at the state level, and Florida, which has a council on the social status of black men and boys that uses a lot of data to drive policy efforts there. It really gives me hope because it's recognized that this isn't a partisan issue. Men's health is really something that affects everybody, regardless of whether you live in a blue state or a red state. To me, especially in this moment that we're in in the country, I think that's like it can be kind of great to see that there's support and recognition that this is something that affects everyone.

Ellen Kelsay

That's great. Well, you both just laced in a lot of optimism in your responses there, but I do want to ask, is there anything else or perhaps a thing of all things that you're most hopeful about as you look to the future?

Dr. Derek Griffith

I think most hopeful, again, is the fact that across government, philanthropy, businesses, families are starting to really recognize that we have to approach this problem of men's health seriously and differently and that we're actually starting to develop that language and the ability to do that. Being able to have data like this, of course I'm biased, but to be able to have the data that allows us to look more precisely at specific groups of men, whether it's by race and ethnicity, whether it's by age, whether it's by geography, because we actually did a lot of things that looking at it by state, that we're able to make more precise solutions and strategies for addressing these issues, and that is likely to have a bigger impact because we're able to really address the unique problem that we're facing and not just sort of have a one size fits all approach.

Ellen Kelsay

Well, what a great way to end the conversation. Derek, Peter, thank you so much for joining me in conversation and for you and the team at Movember for this excellent research and work you're doing regarding men's health. I, too, am optimistic. I appreciate you illuminating the issues for us, but also the path ahead, which hopefully is a brighter future for men's health and for the people who love and care for them as well. Thank you again and thank you to Movember for the great work.

Dr. Peter Fisher

Thanks, Ellen.

Dr. Derek Griffith

Thank you.

Ellen Kelsay

I've been speaking with researchers Derek Griffith and Peter Fischer, experts in men's health and co-authors of Movember's recently released report, *The Real Face of Men's Health*. As we've heard today,

addressing men's health requires more than awareness. It demands action, collaboration and a commitment to change. To find the report and learn more, visit <https://us.movember.com/>.

I'm Ellen Kelsay, and this podcast is produced by Business Group on Health with Connected Social Media. If you liked this episode, please rate us and leave a review.