

Richard Reeves

If there's one statistic that really makes me most concerned as a kind of indicator, it is probably the rise in suicide rates among young men. Since 2010, we've seen a rise of about a third. We lose four times as many boys and men to suicide as we do girls and women. Everyone's a tragedy, of course. I don't in any way want to minimize the impact of any loss of life, regardless of gender, but it is a plain fact that it's four times more likely to be a loss of life among boys and men, and I don't think that fact is getting quite enough or the right kind of attention.

Ellen Kelsay

That's Richard Reeves, social scientist and founder and president of the American Institute for Boys and Men. His book, *Of Boys and Men: Why the Modern Male is Struggling, Why It Matters, and What to Do About It*, was named as the best book of the year by *The New Yorker* and *Economist* in 2022.

I'm Ellen Kelsey, and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Richard Reeves' book, *Of Boys and Men*, was lauded as a landmark because it reveals the crisis that males today are experiencing across various facets of life and offers solutions. Today I speak with him about men's physical, mental and social health, why this topic deserves attention and opportunities to intervene and address.

Richard, welcome to the Business Group on Health podcast. We're thrilled to have you.

Richard Reeves

Thanks, Ellen. I'm looking forward to this.

Ellen Kelsay

Well, we are just so fascinated by your work and I would love for you to tell the audience a bit about your work and the American Institute for Boys and Men. How did it come about?

Richard Reeves

Well, it came about because as everybody knows, what America needs is more think tanks. One thing we're lacking is think tanks and people saying more research required. Actually, it came out of a book in a weird way. I was at the Brookings Institution, another think tank, 100 years old. Before that, I was in the UK, as people can probably tell from the way I talk funny, in government and think tanks. But the American Institute for Boys and Men was actually the first think tank in the world to do research on what's happening to boys and men. I'm sure we'll get into the reasons why that might be the case, but it came out of work I'd done whilst I was still at Brookings on inequality, health, education, and so on, where I just kept running across these data points saying that there's a lot of boys and men who are not doing so well. That fact is not getting enough attention or the right kind of attention. It's not getting enough attention from mainstream institutions, from mainstream think tanks, maybe even from mainstream politicians. That's something of a vacuum in our understanding and our awareness of these problems. One of my jokes for the Institute is that we should keep it boring. In other words, we should be research based. We should be balanced. We're non-partisan. If it looks too exciting, it's probably not for us. When I told my middle son that our motto was keep it boring, he said, well, you're definitely the man for that job. Okay, fair enough, I have one convert to the keep it boring cause.

Ellen Kelsay

Well, in all seriousness, what is going on with boys and men? Why did you decide to build this Institute focused on them?

Richard Reeves

Well, if you look across the various domains of education, health, labor market, and so on, it's pretty clear that there's some real issues. If you look in education, I think a lot of people by now would know that there's a huge gap on our college campuses, a huge gender gap. They may not know how big that gender gap is. Campuses are now about almost at 60% female. There's a big gender gap on college campuses. Actually, it's a little bit bigger than it was in the early 1970s when we passed Title IX, a federal law to really promote gender equality, in particularly women, but it's bigger today. It's just the other way around. The gender gap has flipped in education and you just see that all the way through. In high schools, among the

top 10% of high schoolers ranked by GPA, two thirds of them are girls and only a third of them are boys. So twice as many girls at the top of the high school class and twice as many boys at the other end. And boys are almost a grade level behind in reading in the average school district and so on. Then if you look at the labor market, we particularly see a really slow wage growth, if any, for working class men, especially so men without college degrees not really earning any more today than was true in the 1970s. So that's almost half a century of wage stagnation for most men. The good news is that women's wages have gone up. Women's employment has gone up. I think you and I will agree, that's a good thing and that we need to do more of that actually. But we really don't want to close the gender pay gap by crashing or stagnating the wages of men. That seems a suboptimal way to do it. I'm really worried about wage trends, and this is even before the AI revolution kind of hits us. Then in areas around health, where we're seeing a life expectancy gap, of course, it's grown a little bit, partly because of COVID. In fact, I will say that one of the things that sent me down this path was just noticing how many more men were dying of COVID and how difficult it was to just get attention to that fact, not in a judgmental way or even presuming to know why way, but to the extent it did get attention, I thought it got attention in a pretty unhelpful way, which is like, oh, that's because men won't wear masks or they won't get vaccinated. None of that seemed to be true, really. There seems a genuine difference biologically in sensitivity to things like the COVID-19 virus, but that's one of the contributors to the growing life expectancy gap that we see between men and women from about five to six years in the U.S. But it's also other issues around deaths of despair. We see a huge rise in suicide rates among young men. If I was to say, I'll probably end with this one, although it's a difficult one, in some ways a really sobering one, is that if there's one statistic that really makes me most concerned as a kind of indicator, it is probably the rise in suicide rates among young men. Since 2010, we've seen a rise of about a third for suicide rates among young men. So teen boys and young men, we lose four times as many boys and men to suicide as we do girls and women. Everyone's a tragedy, of course. I don't in any way want to minimize the impact of any loss of regardless of gender, but it is a plain fact that it's four times more likely to be a loss of life among boys and men. I don't think that fact is getting quite enough or the right kind of attention.

Ellen Kelsay

I definitely want to come back to that in just a moment. But let's go back to your keep it boring quote and the work that you and your institute do. You mentioned research, you mentioned being non-partisan. Break it down a little bit more specifically. What type of work do you all do and what are you hoping to gain by focusing in this area? Are you advocating for policy changes, for structural changes, maybe all of those?

Richard Reeves

Yes, thank you for that opportunity. So it's to raise awareness of the problems facing boys and men, I should say, especially those from less advantaged backgrounds, to identify, evaluate and encourage positive solutions to those problems. It's not just a long book of lamentations, which sometimes these things can feel like, but also then to equip policymakers with the tools, the knowledge, the awareness to work on these issues. But I would also add, this is not an explicit part of a mission statement, but it's implicit, I think, in everything we do is to widen the permission space for the conversation. What I mean by that is to just create a conversation where discussing the problems of boys and men is not seen as in any way taking away from the problems of women and girls, which I think has been really that zero-sum frame has been a really difficult one for people to get past. I had the opportunity to speak to some of the people from the Lancet Commission on gender, equity, and health. As it turned out, that report really didn't talk about men's health hardly at all and even in conversations it was just quite clear that for a lot of people to talk about men's health is to somehow detract from concern, the correct concern for women's health. I think part of our role also is just to have a better conversation, honestly, like a more non-zero-sum, positive, solutions focused, and it's okay to care about this. It doesn't label you as a reactionary in order to care. Although that's more of a cultural conversational, almost a discourse type goal, it's actually important. We had some governors recently make public declarations about doing more work to help boys and men. I didn't think that would have happened unless and until they felt that there was just enough of a space, a safe enough space, if you like, to talk about these issues of boys and men. So that's part of our role too, is it's less advocacy in the sense of which most people would probably hear that word as kind of not advocating in that narrow sense, but we are definitely trying to create a more positive conversation. I think that once you create that space, actually, very few people aren't willing to talk about this because most people can see it with their own eyes.

Ellen Kelsay

All right. Well, thank you for that. Let's double click into some of those challenges that you were referencing earlier around life expectancy, deaths of despair. Give us some more data about that. What are some of the drivers? What else are you watching closely in the space relative specifically to men's health and well-being?

Richard Reeves

Yes, so I mentioned briefly this really troubling issue around suicide. I'll start there and perhaps talk about a couple of other things. The U.S. is relatively unusual among advanced economies in having a rising rate of suicide and some other countries have actually done a pretty good job of bringing them down, including some of the higher suicide rate countries, including those in Scandinavia, mostly stable in countries like the UK, most of Western Europe rising in the U.S. But what really struck me when we did some work digging down on the nature of the trend over the last few decades was this break in around 2010. So around 2010, the nature of the suicide crisis among boys and men. I use that word crisis very rarely, very advisedly. It's really overused, I think. But I do think it's fair to say that when we're losing 40,000 men a year, that it warrants that label. What you see is up to 2010, it was middle aged men. So you see a really big increase in the suicide rate among men in their 40s, especially late 40s and 50s. But then that leveled out in 2010 in that age group, fortunately. But then since 2010, really almost all the rise has been among men in their late teens and in their 20s. We don't really know why yet. I think we had a story about middle aged men, especially working class middle aged men, which is more around this idea of deaths of despair, which Case and Deaton talked about. I don't really know what the story is yet about what's happening to young men, but it does track with some other trends we see in health. As I mentioned already, that there was a much bigger loss of life to COVID among men. That's the other thing that's driven this life expectancy gap and then this other issue around drug poisoning deaths. We have thankfully, as you know, seen something of a decline in some of these drug poisoning deaths just in the last year or two after these really big rises. But nonetheless, this sort of couple of decades trend towards loss of life, especially among men from drug poisoning has been really startling. If you just look at the increase in drug poisoning deaths since the beginning of the century, so since 2001, you see that just the increase alone has meant the loss of an additional 400,000 men in terms of deaths since then, which just to put a comparison point to that is about the same as the number of men that the U.S. lost in World War II. The increase in drug poisoning deaths just since 2001 has been the equivalent of a world war in terms of loss of male life. I think, again, understanding what's happening around suicide, but also drug poisoning and some of these other so-called deaths of despair is hugely important to understanding all of that. I think it does relate to some of those late market trends I talked about, like family life, and just this sense that a lot of the evidence here is that for a lot of men, just feeling unanchored, not really having a sort of strong footing in society, obviously a big rise in isolation and loneliness for everybody, actually, but especially for men. I think all of these things are connected together in a way that it's just really hard to get at empirically. I've got all these stats for all these different areas of life, including health, as we just talked about, but I don't know about you, but I always tend to think of those as a barrier of the symptoms of something that's really happening beneath that. I think beneath that, there's a deeper question that a lot of men are asking, which to put it very bluntly is, do you still need me? You, the family, you, the society, you, the community. I think that there's something happening here that's as much cultural as it is sort of economic or to do with our health care system.

Ellen Kelsay

Your institute is the American Institute. So is this a uniquely American phenomenon or are you seeing this happen in other regions around the world?

Richard Reeves

We're seeing similar trends elsewhere. All the advanced economies have pretty big and growing gender gaps in education, where you're just seeing girls and women just massively outpacing boys and men. And I think, honestly, that's largely because women and girls have many natural advantages in the education system, including like growing up a little bit faster, which we couldn't see before because we were holding women and girls back. The conditions of sexism, those natural advantages didn't show up, but they are now, and you see massive gaps. The biggest gaps in higher education are in Scandinavia, for example. Some of the labor market trends are similar to really a big class gap growing. I think class and race are a

really big part of this story. They tend to intersect almost all of these trends that I'm talking about and the U.S. has a particular issue where black boys and men are really at the kind of sharp end of all these inequalities. But yes, the broad patterns of these trends and men losing touch with their children, men doing bad in the labor market, a rise in male unemployment over the long term, those do seem to be pretty similar across countries. I will say there's one, the second think tank on boys and men is now in the UK. It's the Center for Policy Research on Men and Boys that I have the privilege to chair, and that only just launched. I think it's very interesting that it was launched by the health secretary in the UK, and the UK has now launched a men's health strategy alongside its women's health strategy. In many of these countries, actually health concerns can quite often be the loudest alarm bell that's ringing for the good reason that it's affecting labor markets, affecting education, but in the end, of course, it's something that it's really hard to look away from those kind of statistics.

Ellen Kelsay

You've mentioned a couple demographics earlier. You mentioned working class. You did mention late teens and early 20s relative to the increase in suicide rates. Any other demographic areas that you would flag as groups of men and boys that are particularly vulnerable?

Richard Reeves

Yes, and again, it really does depend on which domain we're looking at. This is where it gets a little bit more complicated. I know you'll appreciate this, Ellen, driven by the data and where the evidence takes you, but it makes it a more complicated story to tell. I will say that across most of the domains I care about, labor market, education, family life, you see particular gaps for black boys and men. In fact, I think especially in education now, I actually think it's irresponsible to show data by race, without also breaking by gender. Let's say you show the black college enrollment or graduation rate, what you miss is there's a massive gender gap there. And actually, black women are doing much better than in the past. I'm not saying we've closed the gap even for black women. I don't want to be misunderstood there, but that there are twice as many black women as black men in college now. We understate some of the huge gains that black girls and black women have made, hard-won gains for black girls and black women, which we need to build on, but we also miss the fact that those have not been shared by black boys and men. If you look at historically black colleges and universities, for example, there's been such a decline in the male enrollment at those colleges that there are now more non-black students at HBCUs, at historically black colleges, than there are black men. The share of black women hasn't changed at all. There's still about 50%, but the share of black men has declined and the difference has been made up by non-black students. So if you walk around a campus like Howard or one of the other famous HBCUs, you're as likely to see a non-black student as you are to see a black man. That's just one example of a whole raft of statistics that make it clear that black men are struggling. But on other issues like suicide rates, I mean, that tend to skew towards white, rural, and more working-class men. So there's a difference there, which is as you look at that other issue and you really drill into that public health issue, what you see is that the suicide risks are actually higher among very different groups, as I said, rural, white, and lower income, for all kinds of reasons we could get into. So it's actually one of the reasons why I think it's so important to keep collecting high quality data and keep breaking it by gender. One ironic thing that's happening right now is that because the current administration actually is concerned about collecting data by gender, it's making some of our work harder because we want to collect data by gender as do the women's groups. I think that intersection, race, class, geography, etc., with these different issues is something you have to continue to do. But what there's no question about is that men from lower income backgrounds and/or black boys and men are the ones who are facing the steepest challenges in the labor market, in the family, and in the education system.

Ellen Kelsay

At the outset of our conversation, you mentioned something about AI and technology potentially exacerbating that divide. Anything else you would share there that you're watching, maybe hasn't yet manifested itself in the data, that you're concerned about?

Richard Reeves

Yes, it's interesting. The previous waves of automation, technology shocks have generally hit men harder than women because men were actually, in some ways unfairly so, but dominant in the industries that were most affected by automation. Of course, no one knows exactly what the impact of AI is going to be.

But my sense of this, having looked a little bit at it, is that in the short term, I think it might actually hurt women more. Because I think a lot of the professions that are going to get hit, hit hardest, it's a very negative way to put it, but will definitely be hit hardest in terms of jobs, might be those more white-collar administrative processing type jobs. That's a classic example of something I think AI could really disrupt, and it's predominantly female - paralegals, I think a lot of these administrative tasks. That said, I think in the longer run, it seems to me that the more personal care services - nursing, health care, etc. - interpersonal services, where the kind of human-to-human contact is a really important part of the job, those skew very female, and I think those will survive. In fact, they may probably grow. I think there could be a difference between what happens over the next few years, where I think it's perfectly plausible. Molly Kinder, a former colleague of mine at Brookings, has made this point that it's likely to affect some of these women's jobs first, especially these perhaps sort of lower-level white collar administrative jobs. I just mean lower level, relatively speaking, of course. But I wonder in longer term, as you look out to the future, actually to the extent the thing that AIs can't do are these more interpersonal things, those occupations skew much more female. In fact, it's an opportunity for me to say that one of the things I'm really, really worried about is the fact that it's not just that many of the health care professions and the mental health care professions especially skew female, it's that they're skewing more and more female along with education, and so K-12 teachers, 10% drop in male share from 33% to 23%. But also I think somewhere it's more surprising, psychology and social work are now close to 20% male share when they were close to half just a few decades ago. So slight increase in male share of nursing, I'm glad to say, but overall, when you look at these professions in health and education, these very interpersonal human to human services, not only do they skew female, they've actually skewed more female in the last few decades. That's amazing for those amazing women doing that work, but it does trouble me in terms of the way that AI will longer term sweep through the labor market.

Ellen Kelsay

Talking about men's well-being, another important facet we wanted to explore a little bit further in conversation with you is about male friendships and how important they are in addressing loneliness.

Richard Reeves

Yes, there's this phrase from Dan Cox, who's a scholar at the American Enterprise Institute, the friendship recession, where he just shows a decline in friendship over the last few decades. It seems to be particularly acute among young men, at least according to Dan's research, he finds that 15% of men under the age of 30 say they don't have a single close friend and that was only 3% in 1990. So that's a five-fold increase in the share of men who just say they don't have a friend. There are lots of other studies out there that come to different conclusions. The other thing I would say, I think there's a bit of difference between being isolated and being lonely. Derek Thompson at *The Atlantic* has written very well on the fact that more and more of us, perhaps especially men, but generally are kind of spending more time alone. We're not necessarily reporting loneliness because we can be distracted or we're just using social media or watching TV and so on too. I think there is an important distinction here between isolation and self-reported loneliness, but isolation is a problem, just independent. So in a way, there's almost like an objective measure of like, do you spend any time with anybody? And then there's a subjective measure, which is, do you feel lonely? Actually, it looks like it's the objective measure of spending time with people that's most protective of health. It's obviously something that former Surgeon General, Dr. Peter Murphy, really did a lot of work on. I worry about it through this male lens. I particularly worry about the decline in the spaces, the institutions, almost like the permission around male-male interaction. I mean, you see it even in like male role models, right? Coaches, scout leaders, etc. I've seen a huge decline in the share of male teachers, as I mentioned, which leads to a decline in the share of male coaches. Also, I was a bit disturbed by a Pew Research study a few months ago, which said that most women who define themselves as more on the political left think that all male social groups are bad for society. I can see why they might have thought of that, but that seems like a bad move. We see women are much more likely to travel together than men are now. I worry that we have de-institutionalized a little bit in some of the ways that men and boys used to spend time together. We have to be careful. We obviously don't want to go back to the old boys club or anything like that, but I worry a little bit we're not doing enough to give permission to and support male friendship. Of course, as men, like I would say just on a personal level, like I really have to be very intentional, especially with my friends back in the UK to just spend time with male friends. We do a thing every weekend together or music festivals and so on. I think that that's because men have been used in some ways to letting women do more of that emotional labor. It's called man-keeping in the literature

now, which I have mixed feelings about, but I know what it's at. I do think in the new world, men can't rely on women to do the social or emotional labor, which means we have to do more of it for ourselves, but it's also important that we don't in any way pathologize the men who want to say have a guy's weekend. I understand why people might feel weird about that. We should actually be finding ways to sort of celebrate male solidarity.

Ellen Kelsay

I have not heard that phrase or that word man-keeping. That's a new one for me.

Richard Reeves

Yes, in a new study that just came out from the APA, the idea is that because men are more isolated, their girlfriends or wives are having to then do more of the emotional labor for them. But as I said, there's also quite a lot of suspicion among especially kind of more left-leaning women about men going off and doing stuff with men. I don't quite know what to make of that study because I have to tell you, even the young women I know are actually very anxious that their partners get out and go see their male friends more. So I don't quite know where this comes from, but I do know that the helping hand that women have provided to men historically around this is quite rightly not necessarily going to be extended. I think it's up to us guys to do a better job of maintaining our own friendships, but it's also up to everybody to not inadvertently squeeze out some of the spaces and places where we might have done that. I myself, I'm not a golfing person, but I think that the guy's golfing weekend is probably a pro-social thing that we should be celebrating rather than rolling our eyes at.

Ellen Kelsay

Oh, that's helpful. When we do think about men's health and well-being, are there certain things you would recommend that we can focus on that would have a positive effect on improving this trajectory for men and boys?

Richard Reeves

Yes, I'll start again just because I think it's so salient and because I think it has such a disproportionate effect, I think kind of loss of life from suicide, deaths of despair, drug poisoning, in this kind of broad mental health related space. I'm very concerned about how mental health care is not really working as well as it should for boys and men. So we've published a piece by Zac Seidler, who is the head of research for Movember, do lot of work on men's mental health on a program called Men in Mind where they've actually kind of trained mental health professionals to be more comfortable dealing with the male presentation of mental health problems and especially suicidal ideation and that shows really promising results in helping those mental health professionals feel more capable of dealing with that because a lot of mental health professionals don't feel competent in dealing with those issues. Of course, I think that's why representation by gender really matters in those professions. I think it would be good if we didn't have such a cratering share of men, but also I think that the way that mental health services are presented and provided, I'll give you an example of we're working with one state in the U.S. that this is not public yet, but I could share the backstory, which is that we're working with them on the suicide rates and the mental health problems with men in their state and how suicide in their state as nationally skews as 80% of the victims are male. They look through their own literature, their websites, their advertising, their brochures, posters, just went through everything and they found that 80% of the people featured in those were women. So they're now revising that. There is something to the women's movement statement I love, which is you can't be it if you can't see it. I do think that inadvertently a lot of mental health provision kind of codes female, like it's delivered mostly by women, it features women, sometimes almost like it feels like it's a slightly more female oriented style, more face-to-face rather than shoulder to shoulder. So I think that there's something to be done on that. I actually think SNL get this right. Did you see the SNL sketch about the podcast health thing with men? Absolutely brilliant. Everyone should Google it now. It's this really funny thing where they said, everyone knows men don't like talking about their health and they don't like getting health care, but we know that men love podcasts. So what we've done is we've created like a podcast style health visit. We have this guy come in for his health visit and then they take him into like a podcast studio. They've got these big microphones and everything and then they're sitting around and they're just vibing and they say, hey, how are you doing and they kind of lean back. It's all very bro energy and then they say, hey, yeah, you like to party, right? You look like you like to party. He says, yeah, I party and then the doctor gets out his clipboards and how many units of alcohol do you consume every

week? It's a brilliant parody, but it captures something real, which is that actually I think sometimes our health care settings are inadvertently just not as welcoming. They're not very welcoming to fathers of new children. I don't think they're very welcoming sometimes to men having mental health problems. I'm not in any way removing the responsibility from men themselves to take care of themselves, but I think sometimes there's a bit of a tendency to just blame them a bit too quickly, rather than look at our own systems, our own images, almost like the brand of health care, if you like, and saying, does that feel male friendly to you right now or female friendly or neither? Of course you don't want it to become more one than the other, but I'm going to go out on a limb and say, I think too many of our health care services look and sound and feel more accommodating to women than they do to men.

Ellen Kelsay

The other thing I found fascinating is the work that you're doing with that state. I know it's not public yet, but just curious to know, are you beginning to have conversations with many states? Might they also go down a similar path?

Richard Reeves

Yes, I'm very encouraged by the response to the issue at a state level and some governors have been public on this. The governor of Utah, Spencer Cox, has created a task force on men's health and well-being and has commissioned some research around this in his state. Actually, he and I are doing an event together in October in Salt Lake. Gretchen Whitmer, the governor of Michigan used her state of the state address this year to call out some of the challenges facing boys and men. She focused on issues around education, the labor market, and housing. And the governor of Maryland, Wes Moore, used his state of the state to set out some work around kind of boys and men, including around issues like mental health, education, and focusing on some of these intersections too. Obviously, there are private conversations going on as well, but I'm really encouraged at the state level, including with some kind of health care and education commissioners as well, that there is just a growing recognition that this is something that policymakers both can and should take more seriously.

Ellen Kelsay

Is there anything else you'd like to share about your work at the Institute or anything else that you're keeping a close eye on?

Richard Reeves

Yes, I am very much keeping an eye on what's happening in some of the health care institutions and organizations and this kind of growing awareness of the issues at a very policy wonky level. I'm curious to see what will happen around kind of preventive health care, especially. We've written some papers about this. I was really struck to discover, for example, that preventive care for women is much more likely to be covered than for men. You see that in contraceptive coverage, for example. You probably know, but a lot of people don't know that under the Affordable Care Act all contraception for women is covered without cost, but it's not for men. It's a kind of really good example of an inadvertent asymmetry and there are people like the Youth Partnership for Male Health, the American Public Health Association has a good and interesting new group looking at men's health. I see as a little bit of a litmus test for whether we've moved on this is if the 2040 health targets had more than one or two targets for men's health, which is what we've had for the 2030 targets, that would show me that whilst in no way backing away from the focus on women and girls health, that we're doing a better job now of recognizing that we should also care about men's health. I'm looking for those signs. I'm encouraged by the Women's Health Services Prevention Initiative, WSPI, I never quite get the name right, they have this lovely slogan where they say, when women are healthy, families and communities flourish. I think that's absolutely true, but I also think you could substitute the word men in there too, and that we should be able to hold both those two thoughts in our head at once. I'm encouraged by the fact that to some extent, every year that I've been doing this work over the last few years, I feel like the cultural aspects of it have been a little bit left behind the sensible people that people are just anxious now to roll up their sleeves and say, okay, what do we do about these issues for men's health? We can do both and we've got to do both too. I'm excited to follow that space and I also think my own work will lead me into a bigger focus on fatherhood and the health implications of fatherhood. One of the things I got wrong in my book of boys and men was that I talked a lot about the positive influence on children of engaged fathers. That's all true, but as a father came up to me at an event I spoke at, and he was in tears by the time he got to me, he said, yeah, but you didn't talk at all about how

important kids are for dads, and he said, and being a father is about all I've got left right now and it's holding me together and you didn't talk about that at all. I just realized I just hugely got that wrong. Some of my work going forward will be an attempt to correct for that and talk about not only the importance of fathers for children, but increasingly, I think the importance of children for fathers. You see that playing out in their health. One way to increase the life expectancy of men is for them to become engaged fathers. For example, one way to reduce crime is for men to become engaged fathers. One way to reduce some of the deaths of despair is for men to become and remain engaged fathers. So fatherhood is actually an incredibly powerful health intervention and that'll be something that really is going to be dominating my thinking over the next few years.

Ellen Kelsay

Wow, Richard, it is unbelievable the work you've done already in such a relatively brief period of time, you have really done a lot that you set out to do around awareness and raising the collective psyche around the opportunity here in talking to policymakers, talking to other institutions, sharing your expertise with us today on the podcast. I do like your framing around it's not a zero-sum game and that you can hold two thoughts at once. I think that is so important that we all keep that in mind. We look forward to having you on in the future to see as you continue to evolve your work, what new insights you have to share with the audience. Thank you again, really appreciate your time with us.

Richard Reeves

Likewise. Thank you for the conversation. I really loved it.

Ellen Kelsay

I've been speaking with Richard Reeves, president of the American Institute for Boys and Men, which seeks to inform policy and public dialogue with non-partisan research so that boys and men from all backgrounds can lead healthy, happy and meaningful lives. For more information, visit <https://aibm.org/>.

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