

Illinois Department of Public Health

2025 Men's Health Assessment

Office of Health Promotion – Men's Health Section

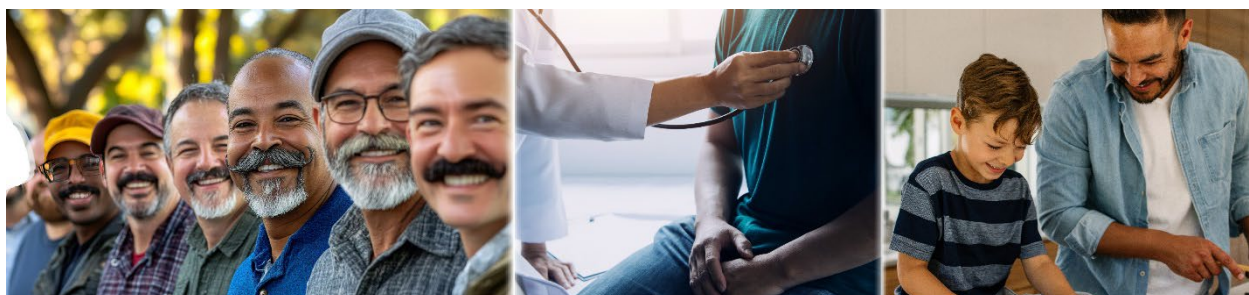


TABLE OF CONTENTS

Table of Contents	2
Background	2
Program Background and Summary	3
The Status of Men’s Health – Data Assessment	4
Priority Need Areas / Overall Focus Topics	4
Life Expectancy.....	4
Men’s Mental Health and Substance Abuse.....	4
Prostate Cancer Awareness	5
Health Outcome Disparities and Equity.....	5
Illinois Men and Behavioral Risk Factor Surveillance System (BRFSS) Data	7
IDPH Men’s Health Section Activities 2025	8
Men’s Health Needs and Recommendations	9
Programmatic Review and Development Proposals	11
Professional Training and Certification Programs.....	11
Promotion of Community- or Occupation-Led Programming	12
Condition-Specific Grant Funding	13
Discussion	14
References	15

BACKGROUND

- Pursuant to Public Act 102-0938 and the subsequent creation of the Men’s Health Section within the Illinois Department of Public Health, this document serves as the annual assessment of men’s health in Illinois to be delivered to the Illinois General Assembly.
- The Assessment was prepared by Men’s Health Section Chief Andrew Lerch, DPT, PT.
 - Contact: Andrew.Lerch@illinois.gov | 217-725-6384 | 535 West Jefferson Street, Springfield, Illinois, 62761.

PROGRAM BACKGROUND AND SUMMARY

The Illinois Department of Public Health's Men's Health Section was established to raise awareness and promote positive action on a variety of issues that are specific to men, such as prostate and testicular cancers, as well as disparities in health outcomes for conditions like chronic disease morbidity and mortality, unintentional injuries, and suicide.¹ These conditions all contribute to the increased likelihood of men having a reduced average lifespan, which is often referred to as the "life expectancy gap."^{2,3} The reduced expectation for men to live long and healthy lives compared to women encompasses many different factors and suggested root causes, including higher rates of high-risk health behaviors, lower rates of preventative healthcare services, and general societal expectations and norms that influence boys' and men's behaviors and attitudes regarding their health.⁴

An equitable focus on health outcomes also includes identifying the most at-risk subgroups of men, which can help in identifying where evidence-based services and policy recommendations could have the greatest potential impact. Considering other structural and social determinants of health, such as race, geographic area, and educational background, there is increasing attention both in the United States and abroad to recognize the importance of providing male-focused public health initiatives.^{5,6} This annual report serves as a basis for understanding the status of men's health in Illinois and includes details on current health outcomes, lifestyle behaviors, risk factors, and proposed priority areas to address through services and public policy, as well as detailing the ways that that IDPH Men's Health Section is actively working to achieve better health for the boys, men, and families of Illinois.

THE STATUS OF MEN'S HEALTH – DATA ASSESSMENT

Priority Need Areas / Overall Focus Topics

- The life expectancy gap: Illinois men are expected to live 5.4 fewer years than women.⁷
- Men's mental health: Nationally and in Illinois, nearly 80% of all deaths from suicide involve men.^{8,9}
- Substance abuse: 84.5% of the 2,855 opioid deaths that occurred during 2023 in Illinois were men.¹⁰
- Prostate cancer awareness: Over 1,200 Illinois men died in 2022 from prostate cancer, with an additional 10,048 men being diagnosed with the condition.¹¹
- Health outcome disparities: Among subgroups of men, many topics like cancer mortality, cardiovascular mortality, and suicide rates demonstrate health outcome disparities based on factors like socioeconomic status, race, and geographic location.¹²⁻¹⁴

Life Expectancy

- Illinois men are expected to live 5.4 fewer years than women (19th largest gap among states), with a life expectancy of 74.9 for men and 80.3 for women in 2022.⁷
 - Nationally, men live fewer years than women for every racial and ethnic group, including a 7.4-year gap between black men and black women.^{6,7}
 - According to 2023 National data from the Centers for Disease Control and Prevention (CDC), life expectancy differs among groups of men when considering racial background.¹⁵
 - American Indian/Alaskan Native (AI/AN) men: 66.7 years
 - Asian men: 83.2 years
 - Black men: 70.3 years
 - White men: 76.0 years
- Suggested contributing factors to life expectancy differences include increased deaths from preventable causes, such as unintentional injuries, as well as increased rates of health conditions like heart disease and cancer. These differences are suggested to be associated with underlying causes of differing male health behaviors, rates of participation in the health care system, and attitudes and beliefs that may be shaped by social norms and expectations.⁶
 - Examples of modifiable health behaviors include alcohol use, smoking rates, participation in activities leading to violence or injury, utilizing preventive health care services, and seeking help for mental health care.

Men's Mental Health and Substance Abuse

- In 2023, men accounted for 1,188 (77.5%) of the 1,532 total suicide deaths reported by the Illinois Violent Deaths Reporting Dashboard.⁹
 - For suicide deaths in men, 3,668 instances involved the use of a firearm.⁹
 - Circumstances recorded as having been associated with the men who died from suicide in 2023 included: 32.9% being identified as having a current health problem; 22.8% having a history of mental illness treatment; 22.6% having been diagnosed as having a depressed mood.⁹
 - Alcohol was recorded in 18.2% of the 2023 male suicide deaths in Illinois.⁹
- Nationally in 2023, men accounted for 39,046 (79.2%) of the 49,316 total suicide deaths reported by the Centers for Disease Control and Prevention.⁸

- While improving, men’s help-seeking behavior in the United States is still limited for mental health concerns.⁶
 - In 2023, approximately 18% of men reported a willingness to seek care for their mental health, compared to 30% of women. This is improved from a reported 4.6% of men in 2014.⁶
 - Suggested underlying causes to this issue include access and availability, cost, health literacy, and stigma.⁶
- Of the 3,313 total substance overdose deaths reported to the Illinois Statewide Unintentional Drug Overdose Reporting System (SUDORS) for 2023, 2,490 (75.16%) of them were men.¹⁶
 - 2,143 opioid-related deaths, or 84.5% of the total, occurred in men.¹⁰

Prostate Cancer Awareness

- Prostate cancer is a priority men’s health concern due to the mortality, morbidity, and variety of negative impacts it can have on an individual, a family, and the community.
 - In 2022, 10,048 new prostate cancer cases were reported in Illinois, or an age-adjusted rate of 125.0 per 100,000 men.¹¹
 - This compares to the 255,395 total new prostate cancer cases in the United States in 2022, or a rate of 119 new cases per 100,000 men.¹⁷
 - In 2023, 1,223 prostate cancer deaths were reported in Illinois, or an age-adjusted rate of 18.1 per 100,000 men.¹⁷
 - This compares to the 33,881 total deaths from prostate cancer in the United States during 2023, or a rate of 19 deaths per 100,000 men.¹⁷
 - From 2018 to 2022 in the United States, 70.4% of prostate cancer cases were diagnosed at the localized stage (within only the prostate tissue), while 8.5% were diagnosed at the distant (metastasis) level.¹⁸
 - There is a 100% five-year survival rate when prostate cancer is diagnosed at the localized level, compared to a 37.9% five-year survival rate when diagnosed at the distant level.¹⁸
- There is a lack of awareness among men, including those at higher risk, regarding the ability to diagnose and effectively treat prostate cancer.¹⁹
 - Decreased knowledge about prostate cancer is suggested to contribute to barriers like reduced help-seeking, hopelessness, and increased stigma, which all negatively affect outcomes.
- Risk factors for prostate cancer, such as being a Black male, having a family history of prostate or breast cancer, or having a genetic predisposition to cancer, should continue to be highlighted and considered within screening guidelines and resource prioritization.²⁰

Health Outcome Disparities and Equity

- Notable disparities exist between men and women, but also among groups of men.
 - Nationally, Black men are nearly twice as likely to suffer early mortality from heart disease (age less than 65) compared to White men.¹³
 - The mortality rate from prostate cancer is over twice as high for Black men than White men.²¹
 - Colorectal cancer mortality rates are 44% higher in Black men as compared to White Men.²²
- Suggested causes for health disparities within groups of men include access to quality and timely health care, social drivers of health (e.g., income, education), health behaviors (e.g., smoking, diet), and overall health behaviors which may include cultural differences or social norms and perceived expectations.^{6,13,22}

- For topics of drug overdose, suicide, and alcohol-related liver disease – also known as “Deaths of Despair” – disparities have been identified in populations of Black and Hispanic populations, working-class White men, individuals living in rural areas, and low socioeconomic position related to income, education, and employment.^{23,24}
- HIV
 - According to the CDC, 81% of new HIV cases in the United States for 2023 were in men.²⁵
 - According to the CDC, 76% of HIV-related deaths in the United States for 2023 were in men.²⁵
 - Black men have disproportionately higher incidence and death rates, as they are associated with 38% of new HIV cases and 43% of HIV-related deaths.²⁵
 - In Illinois, 78.8% of new HIV cases from 2018 to June 2025 were in males.²⁶
 - Of these cases, 44.1% (1,432) occurred in Black men, 27.4% (891) occurred in Hispanic men, and 19.7% (640) occurred in White men.²⁶
- Gun Violence
 - 951 firearm-related homicide deaths occurred in Illinois during 2023.⁹
 - 86.0% (818 deaths) occurred in men.
 - 75.3% (716 deaths) occurred in Black or African American men.
- Incarceration
 - According to the Illinois Department of Corrections, the population of adult individuals in custody on June 30, 2024, was 29,083.²⁷
 - Men accounted for 27,587 (94.9%) of those incarcerated.
 - Racial demographics of all individuals in custody included: 54.4% Black, 31.8% White, 12.8% Hispanic, 0.4% Asian, 0.3% Bi-racial, 0.1% Native American, and 0.2% unknown/missing.
 - According to the Illinois Department of Corrections, the adult parole population on June 30, 2024, was 16,491 individuals.²⁷
 - Men accounted for 15,501 (94.0%) of these individuals.

**ILLINOIS MEN AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)
DATA (SELF-REPORTED 2023 DATA)²⁸**

THE BRFSS IS A STATE-BASED PROGRAM THAT GATHERS INFORMATION ON RISK FACTORS AMONG ILLINOIS ADULTS 18 YEARS OF AGE AND OLDER. ESTABLISHED IN 1984 AS A COLLABORATION BETWEEN THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND STATE HEALTH DEPARTMENTS, IT HAS GROWN TO BE THE PRIMARY SOURCE OF INFORMATION ON BEHAVIORS AND CONDITIONS RELATED TO THE LEADING CAUSES OF DEATH FOR ADULTS IN THE GENERAL POPULATION. THE SURVEY INCLUDES MULTIPLE SECTIONS COMPRISED OF FIXED CORE QUESTIONS, ROTATING QUESTIONS, AND OPTIONAL STATE MODULES. SELECTED INFORMATION IS SHOWN BELOW, WHILE FULL DATA IS AVAILABLE ON THE IDPH WEBSITE.



**Number of participants surveyed; 95% confidence interval data available on the IDPH BRFSS webpage*

IDPH MEN’S HEALTH SECTION ACTIVITIES 2025

PUBLIC EDUCATION AND HEALTH PROMOTION	PROFESSIONAL EDUCATION	STAKEHOLDER ENGAGEMENT AND GRANTS MANAGEMENT
<ul style="list-style-type: none"> Completed full IDPH Men’s Health webpage update to promote awareness of data, highlight helpful information and resources, and publicize new men’s health material. Developed social media calendar and various informative resources for June Men’s Health Awareness Month. Participated as guest speaker on the IDPH “This is Public Health Podcast.” Provided information and resource sheets for a variety of events, including community health fairs, legislative-focused activities, partner organization outreach, etc. Promoted men’s health awareness and distributed information at large events like the Illinois State Fair and Du Quoin State Fair. Hosted a collaborative webinar with Illinois physicians and community organizations to educate the public on prostate cancer and highlight statewide resources. 	<ul style="list-style-type: none"> Presented on cancer prevention as part of the Illinois Cancer Partnership’s Men’s Health Education Series (1/29/25). Presented on HPV, vaccine preventable cancers, and considerations for men’s health cancer disparities as part of the Illinois Cancer Partnership’s Education program (5/7/25). Presented on men’s mental health and suicide prevention for the Prevention First 2025 Statewide Suicide Prevention Summit (6/3/25). Presented on men’s mental health and suicide prevention for the Illinois Public Health Association’s 2025 Annual Workforce Conference (9/10/25). Participated as a panelist for the IDPH 2025 Minority Health Conference regarding the health outcomes and considerations for minority men (10/22/25). 	<ul style="list-style-type: none"> Participated as men’s health advocate and collaborative member of multiple IDPH-affiliated groups, including the Illinois Cancer Partnership, Illinois Suicide Prevention Alliance, and Illinois Partnership for Safety. Maintained communication and monitors the activity of local and national men’s health groups, including the American Public Health Association’s Men’s Health Caucus and Men’s Health Network. Involved in the administration of IDPH grant-funded programs, including those associated with prostate cancer and men’s mental health. Performed outreach and established communication with various community partners, including local health departments, community-based organizations, and health care providers.

RECOMMENDATIONS AND CONSIDERATIONS

<p>Increase commitment and investment towards men's health</p>	<ul style="list-style-type: none"> • The need is increasing for successful health promotion programs that engage men.²⁹ While data demonstrates clear health outcome disparities persist in areas including, but not limited to, life expectancy, cancer, heart disease, diabetes, deaths from suicide, and substance overdose, a lack of established male-focused programming and policy exists.^{6,30} • Consider sustained initiatives including prostate cancer screening and support services, promotion of men's mental health services, healthcare provider education or certification assistance, and investing in male-focused peer-support and socialization groups. These programs may parallel current women's-focused programs like the Illinois Breast and Cervical Cancer Program (IBCCP) and/or Illinois WISEWOMAN program.³¹ • Promote community-led and evidence-based men's health strategic planning and policy recommendations through initiatives like an organized convening of leading men's health stakeholders and experts, the creation of an IDPH men's health advisory board, and/or the support for academic partnerships to promote research and a comprehensive needs assessment study for men in Illinois. These efforts may also improve program sustainability through establishing expanded infrastructure, as well as provide an opportunity for community members to provide input and champion successes. • Ensure the inclusion of male-specific goals into state strategic planning where topics demonstrate clear outcome disparities and health needs, such as for mental health, substance abuse and overdose, alcohol and smoking cessation, cancer mortality rates, and early death from cardiovascular disease, where men are statistically considered a more at-risk or vulnerable population.
<p>Incentivize corporate and organizational partnerships to 'meet men where they are at' for health promotion.</p>	<ul style="list-style-type: none"> • An increasing amount of research suggests workplace and community outreach initiatives to better connect with men, who are typically less likely to regularly participate in the health care system due to a variety of factors.^{5,30} • Workplace interventions have been shown to improve help-seeking behavior and mental health literacy. Supporting employer-sponsored programs may assist in overcoming barriers like incompatible work-appointment scheduling, social stigmas, or cost and insurance coverage limitations.³²

	<ul style="list-style-type: none"> • Examples include programming for construction, agriculture, or medical sector suicide prevention (high-risk occupations)³², alcohol and drug risk awareness promotion, and on-site preventive health screenings for cancer, diabetes, or heart disease through the use of mobile health units.⁶
<p>Leverage fatherhood for public health gain.</p>	<ul style="list-style-type: none"> • Fatherhood outreach for improved health has been suggested for a variety of reasons, including the potential increased proximity to the health care system, a possible increase or renewed sense of health motivation or purpose, the ability to connect and promote positive masculinity behaviors, and enhancing the capacity for teaching and modeling positive health choices.⁶ • Raising awareness for expectations and potential stressors during this transition to fatherhood may offer an increased opportunity for discussions related to mental health, healthy/improved coping strategies, and linkages to mental health or substance abuse services. • Initiatives may include establishing pilot programs and policy-supported outreach and service availability to new fathers, including ideas like promoting workflows or standardized systems to link fathers to a long-term primary care provider, expanding health care services to men during existing mother-focused or pediatric services, or increasing/facilitating access to a mental health provider or family educator as needed.³³ • Promote paid paternity leave policies within all professional sectors in order to improve both paternal and family health, as well as promote balanced parental responsibility norms.³³ Additionally, to assist in recognizing the substantial life transition occurring which includes both mental and physical stressors.³³
<p>Address suggested intersecting ‘root case’ factors for declining men’s mental health.</p>	<ul style="list-style-type: none"> • Advance policy related to mental health parity and use of virtual care models, potentially allowing for improved access to a larger mental health provider network, reduced barriers (e.g. travel time, access during or outside work hours, etc.) • Support new or established work force initiatives to increase male representation in mental health professions, social work, and early education, which continue to trend downward and may offer improved potential for therapist connection, unique approaches and/or ability to relate to male patients, positive role modeling to boys, and more, while also helping to fill critical overall work force shortages in these fields.³⁵⁻³⁷ • Address declining social circles in men, particularly in groups and geographic areas identified as high risk, through targeted male-centered programming, support, and investing in social connection opportunities.^{6,38} • Promote awareness and consider investments in empowering young men to critically assess the content they encounter online.³⁸ • Approach the topic of masculinity from a strengths-based standpoint and increase positive messaging about the benefits, strengths, and

diversity present within a masculine identity. Additionally, leverage 'healthy masculinity' characteristics, such as courage, for positive behavior change, while also modifying communication strategies to potentially increase male engagement and interest in existing or planned programming.^{5,38}

- Increase awareness related to the connection of behaviors more likely in men, such as alcohol consumption, and health outcomes like increased suicide risk.^{39,40}

PROGRAMMATIC REVIEW AND DEVELOPMENT PROPOSALS

THE FOLLOWING IS A NON-EXHAUSTIVE LIST OF POTENTIAL PROGRAMS, GOALS, AND REFERENCE EXAMPLES, THAT MAY SERVE AS TEMPLATES FOR FUTURE ILLINOIS EFFORTS IN MEN'S HEALTH. THESE PROGRAMS PROPOSALS ARE PROVIDED WITH CONSIDERATION FOR PUBLIC ACT 102-0938 AND THE MEN'S HEALTH SECTION LEGISLATIVE REQUIREMENTS OF "CONCENTRATING ON RAISING AWARENESS OF HEALTH ISSUES SPECIFIC TO MEN," AS WELL AS TO "WORK WITH MENTAL HEALTH PROVIDERS TO RAISE AWARENESS OF THE MENTAL HEALTH OF MEN AND ADDRESS DEVELOPMENTAL ISSUES OF BOYS, VIOLENCE PREVENTION, SELF-ESTEEM, AND COMMUNICATION."

PROFESSIONAL TRAINING AND CERTIFICATION PROGRAMS

- Goal:
 - Improve competency and confidence for professionals in the public health and medical fields through targeted education and certification programs that deliver evidence-based methods for improving male engagement and modifying their program delivery to enhance outcomes.
- Proposed program:
 - Support the development of an Illinois-based education program/certification focused on improving professional men's health knowledge and understanding occupational-specific strategies or considerations for working with men. Alternatively, consider aiding through bundled-rate discounts or other means of encouragement to allow specific professions, such as mental health providers, to have reduced barriers to seeking further professional development and education.
- Examples:
 - Men's Health Network – Certified Men's Health Educator program⁴¹
 - "The 13-module course is intended for healthcare professionals and peer leaders who are interested in devoting their time and energy to bettering the lives of men."
 - Comprehensive focus on a range of topics including chronic disease, mental health issues, stress management, and fatherhood.
 - Healthy Men, Inc. Healthy Man Academy – Certified Men's Health Educator course⁴²
 - "Designed by men's health experts and is available to healthcare professionals in any discipline, health educators, primary care practice providers and staff, faith-based

organization leaders, teachers and social service providers, coaches, community leaders and anyone in the community who is passionate about helping boys, men, their families and supportive loved-ones achieve true health and wellness and reimagining the healthcare system and programs in a Guy-Friendly way.”

- Movember – Men in Mind⁴³
 - “A training course for today’s mental health practitioners delivering mental health support for men. It’s informed by the latest strategies to help you reach, respond to and retain men in therapy.”
 - Currently only available in Australia, this course highlights evidence-based strategies for improving engagement and motivation in men, while including education on topics like rebranding masculinity, improving recognition of depression and warning signs in men, and teaching specific and practical techniques.

PROMOTION OF COMMUNITY- OR OCCUPATION-LED PROGRAMMING

- Goal:
 - Improve program sustainability, community trust, unique and targeted structure, and word-of-mouth recruitment of programs by promoting projects at the community level through assisting in the establishment of foundational pilot programs that are in partnership with local organizations or workplaces.
- Proposed Program:
 - Support for group and peer-based structures that implement men’s health strategies of aligning with male interests, encouraging self-management, and being action-based (working ‘shoulder-to-shoulder’). Program intended to focus on populations with the highest risk for mental health conditions, such as men of retirement age or in more rural communities.
- Examples:
 - United States Men’s Shed Association⁴⁴
 - Promotes safe and inclusive environments for primarily older men, where “sheds” or a variety of meeting spaces are used to invite men to socialize while working ‘shoulder-to-shoulder’ on their hobbies or interests, while also facilitating the opportunity for members to improve their health through increased self-esteem, social support, and participation in their community.
 - The total number of Men’s Sheds is increasing in the United States, with two current locations in Illinois (Elgin and Morton).
 - Occupation-based mental health assistance programs
 - Consider the relevance of occupation-based suicide prevention programs in predominantly male industries with leading suicide rates, including construction, agriculture/farming, and automotive repair.⁴⁵
 - The BALM (Behavioral Activation for Low mood and anxiety in Male frontline NHS workers) Program⁴⁶
 - Now also known as the 5-Reps program⁴⁷, this mental fitness initiative started as a male-centered mental health course which focused on improving the wellbeing of frontline medical providers in the United Kingdom National Health Service. It has now been adapted and integrated into other professions as well. Program framework notes that specific

occupations are associated with increased risk of mental health issues, as well as some men being less likely to seek help.

- 'On Feirm Ground'⁴⁸
 - A component of Ireland's National Men's Health Training Program, this program provided tailored workshops to Irish farming advisors to support their mental health, with recognition for the unique needs influenced by their occupation, their gender, and other social determinants of health.

CONDITION-SPECIFIC GRANT FUNDING

- Goal: Increase awareness of current initiatives or establish new programs for conditions either specific to men, or associated with health outcome disparities, such as prostate cancer, death from suicide, or early mortality from heart disease.
- Proposed Program: Funds are committed to establishing programs, partnerships, or pilot studies to improve men's health outcomes for a specific health topic area. Programs may be based on prior established initiatives as new, Illinois-based versions.
- Examples:
 - Illinois Prostate Cancer Screening Program⁴⁹
 - Established through Public Act 91-0109 on July 13, 1999, the program was implemented within Illinois by the Department of Public Health and served to focus attention on raising awareness and screening participation by men related to prostate cancer. Through appropriation by the Illinois General Assembly, grants were awarded on a competitive basis to public and private agencies to promote program objectives.
 - Resuming this program, or establishing a new alternative, which may potentially include modifications in structure, outreach methods, or funding mechanisms, could directly address a leading cause of death for Illinois men.
 - Man Therapy⁵⁰
 - This mental health and online support program provides tools and resources to men in various communities, and partners with governments, organizations, and other entities to help support the wellbeing of men.
 - Currently being administered in select Illinois communities through federal funding from the Center for Disease Control Comprehensive Suicide Prevention program, the Implementing Man Therapy: A Campaign to Support Men's Mental Health grant program is an example of how male-focused suicide prevention initiatives can be promoted in Illinois.⁵¹
 - Football Fans in Training^{52,53}
 - Initially administered as a weight loss and healthy living research trial, this program has successfully expanded throughout the United Kingdom and other parts of Europe to provide a free course that includes fitness training, dietary information, and socialization opportunity.
 - The program is based on techniques to engage "hard to reach men", including the utilization of a traditionally masculine environment and interest in sports, as well as overcome the traditional barriers associated with the male underrepresentation in similar services.

DISCUSSION

There are a variety of topic areas that comprise men's health, including, but not limited to, disparities in a multitude of health outcomes, improved male-focused outreach and engagement efforts, the impact of male gender norms – both positive and negative, and strategies to overcome barriers for preventive screening and participation in healthcare services. As detailed in this report, the data related to priority topic areas like differences in life expectancy, chronic disease morbidity and mortality – particularly among minority men, and mental health crises, demonstrate clear areas of need for boys and men in Illinois.

In addition to acknowledging the anatomical differences that warrant specialized attention, such as the education or treatment related to prostate or testicular issues, men's health outreach and intervention should be characterized as encompassing the unique physical, mental, and social factors that contribute to the differences in the male experience. This may include the creation of new or modified programming, promoting positive system changes through policy, identifying innovative strategies to 'meet men where they are at', adopting male-friendly communication methods, and more.

With growing initiatives to promote awareness and expand efforts for men's health by leading organizations, researchers, and other stakeholders, there is an emerging and growing evidence-base for men's health strategy which could aid in promoting change effective change in Illinois. By recognizing the diverse and unique needs of men and considering how to best implement public health interventions, an opportunity exists to address the present health disparities with a focused approach that can result in improved outcomes for men, their families, and the Illinois community.

REFERENCES

1. Men's Health Division. Illinois Public Act 102-0938. § 2310-425.5. (2022). Available from: <https://www.ilga.gov/Legislation/publicacts/view/102-0938>
2. Yan BW, Arias E, Geller AC, Miller DR, Kochanek KD, Koh HK. Widening Gender Gap in Life Expectancy in the US, 2010-2021. *JAMA Intern Med.* 2024;184(1):108–110. DOI: 10.1001/jamainternmed.2023.6041
3. Harris E. Life Expectancy Gap Grows Between Men and Women in US. *JAMA.* 2023;330(23):2241. doi:10.1001/jama.2023.23504
4. World health statistics 2019: Monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2019. License: CC BY-NC-SA 3.0 IGO. Available from: <https://www.who.int/publications/i/item/9789241565707>
5. Baker P. Delivering Men's Health: A guide for policymakers and service providers. Global Action on Men's Health; London (UK); 2021. Available from: <https://gamh.org/wp-content/uploads/2021/09/Delivering-Mens-Health-report.pdf>
6. The Real Face of Men's Health 2025 United States Report. Movember Institute of Men's Health. October 2025. Available from: <https://us.movember.com/the-real-face-of-mens-health>
7. Arias, Elizabeth, et al. (2025). U.S. State Life Tables, 2022. *National Vital Statistics Reports.* December 4, 2025;74(12). Available from: <https://stacks.cdc.gov/view/cdc/174620>
8. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). WISQARS Fatal and Nonfatal Injury Reports. Accessed October 2025. Available from: <https://wisqars.cdc.gov/>
9. Illinois Violent Deaths Interactive Dashboard. Illinois Department of Public Health website. Available from: <https://dph.illinois.gov/topics-services/prevention-wellness/gun-safety/dashboards/il-violent-deaths.html>
10. Statewide Semiannual Overdose Report. Illinois Department of Public Health. January 2025. Available from: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/idph-data-dashboard/semiannual-overdose-report-012025.pdf>
11. Illinois Department of Public Health. Illinois State Cancer Registry. Illinois Department of Public Health website. Available from: <https://idph.illinois.gov/isrstats/statebyrace/Show-Statebyrace-Table.aspx>
12. American Cancer Society. Cancer Facts & Figures for African American/Black People 2022-2024. Atlanta: American Cancer Society, 2022. Available from: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/2022-2024-cff-aa.pdf>
13. Kyalwazi, et al. Disparities in Cardiovascular Mortality Between Black and White Adults in the United States, 1999 to 2019. *Circulation.* American Heart Association. 2022; 146(3): 211-228. DOI: 10.1161/CIRCULATIONAHA.122.060199
14. Stein, et al. The Epidemic of Despair Among White Americans: Trends in the Leading Causes of Premature Death, 1999-2015. *American Journal of Public Health.* Oct. 2017; 2017(10):1541-1547. doi: 10.2105/AJPH.2017.303941

15. Arias E, Xu JQ, Kochanek K. United States life tables, 2023. Natl Vital Stat Rep. 2025 Jul 15;74(6):1–63. DOI: <https://dx.doi.org/10.15620/cdc/174591>
16. State Unintentional Drug Overdose Reporting System (SUDORS) Dashboard. Northwestern University Feinberg School of Medicine. Available from: <https://sites.northwestern.edu/illinoissudors/state-unintentional-drug-overdose-reporting-system-sudorsdashboard/>
17. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2025
18. Centers for Disease Control and Prevention. U.S. Cancer Statistics Prostate Cancer Stat Bite. U.S. Department of Health and Human Services; 2025. Available from: <https://www.cdc.gov/united-states-cancer-statistics/publications/prostate-cancer-stat-bite.html>.
19. Baker P, Griffith DM, Olaluwoye O. Prostate Cancer: Time for a new global initiative. A policy report. Global Action on Men’s Health. London, 2025. Available from: https://gamh.org/wp-content/uploads/2025/06/prostate_cancer_2025_12pp-FINALwebpdf.pdf
20. American Cancer Society. Prostate Cancer. Updated November 2023. Available from: <https://www.cancer.org/cancer/types/prostate-cancer.html>
21. National Cancer Institute Surveillance, Epidemiology, and End Results Program. Prostate Cancer – Cancer Stat Facts. Accessed October 2025. Available from: <https://seer.cancer.gov/statfacts/html/prost.html>
22. American Cancer Society: A Colorectal Cancer Screening guide for Cancer Coalitions. Accessed October 2025. Available from: <https://acs4ccc.org/wp-content/uploads/2025/09/0835.14-A-Colorectal-Cancer-Screening-Guide-for-Cancer-Coalitions.pdf>
23. Beseran, E., Pericàs, J. M., Cash-Gibson, L., Ventura-Cots, M., Porter, K. M. P., & Benach, J. (2022). Deaths of Despair: A Scoping Review on the Social Determinants of Drug Overdose, Alcohol-Related Liver Disease and Suicide. International Journal of Environmental Research and Public Health, 19(19), 12395. <https://doi.org/10.3390/ijerph191912395>
24. Unnatural Male Deaths: Fatal Injuries and the Rise of Drug Overdoses. American Institute for Boys and Men website. Accessed October 2025. Available from: <https://aibm.org/research/unnatural-male-deaths/>
25. HIV Diagnoses, Deaths, and Prevalence. Centers for Disease Control and Prevention. Published April 29, 2025. Accessed October 2025. Available from: <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>.
26. Illinois HIV/AIDS Monthly Surveillance Update June 2025. Illinois Department of Public Health. Available from: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/hiv-aids/2025/hiv-aids-062025.pdf>
27. Fiscal Year 2024 Annual Report. Illinois Department of Corrections. Available from: <https://idoc.illinois.gov/content/dam/soi/en/web/idoc/reportsandstatistics/documents/annualreports/FY24-Annual-Report-final.pdf>
28. 2023 Illinois Behavioral Risk Factor Surveillance System. Illinois Department of Public Health website. Available from: <https://idph.illinois.gov/brfss/>

29. Seaton, C. L., Bottorff, J. L., Jones-Bricker, M., Oliffe, J. L., DeLeenheer, D., & Medhurst, K. (2017). Men's Mental Health Promotion Interventions: A Scoping Review. *American journal of men's health*, 11(6), 1823–1837. <https://doi.org/10.1177/1557988317728353>
30. Galdas PM, Seidler ZE, Oliffe JL. Designing Men's Health Policy: The 5R Framework. *The Lancet Public Health*. October 2025; 10(10): E848-E854. doi: [https://doi.org/10.1016/S2468-2667\(25\)00202-6](https://doi.org/10.1016/S2468-2667(25)00202-6)
31. Women's Health. Illinois Department of Public Health website. Accessed October 2025. Available from: <https://dph.illinois.gov/topics-services/life-stages-populations/womens-health-services.html>.
32. Roche E, Richardson N, Sweeney J, O'Donnell S. Workplace Interventions Targeting Mental Health Literacy, Stigma, Help-Seeking, and Help-Offering in Male-Dominated Industries: A Systematic Review. *American Journal of Men's Health*. 2024;18(2). doi:[10.1177/15579883241236223](https://doi.org/10.1177/15579883241236223)
33. Kotelchuck, M. The impact of Fatherhood on Men's Health and Development. The Fatherhood Project website. Available from: <https://thefatherhoodproject.org/the-impact-of-fatherhood-on-mens-health-and-development/>
34. Engaged Fatherhood for Men, Families and Gender Equality: Healthcare, Social Policy, and Work Perspectives. Springer International Publishing; 2022: 141-152. Available from: <https://link.springer.com/content/pdf/10.1007/978-3-030-75645-1.pdf>
35. Secker W, Williams A. Where Are the Men? Male Representation in Social Work and Psychology. Jan. 24, 2024. American Institute for Boys and Men website. Available from: <https://aibm.org/research/men-in-social-work-psychology/>
36. Delfino, Alexia. Bridging the Gender Gap: Encouraging Men into Female-Dominated Jobs. An Experiment in Social Work. American Institute for Boys and Men: Research. Sep 12, 2024. Available from: <https://aibm.org/research/bridging-gender-gaps-social-work/>
37. Reeves, Richard. Missing Mistfers: Gender Diversity among Teachers. Feb. 27, 2024. American Institute for Boys and Men website. Available from: <https://aibm.org/research/missing-mistfers/>
38. Bulluss, A. and Baker, D. Real talk: Masculinity and young men's mental health. Melbourne: Orygen 2025. Available from: <https://www.orygen.org.au/getmedia/b42ce69f-6669-467d-a73b-57d0ac5b186c/Real-talk-Masculinity-and-young-men%e2%80%99s-mental-health-online.aspx?ext=.pdf>
39. Guo K, Jiang H, Shield KD, Spithoff S, Lange S. Alcohol Consumption Per Capita and Suicide: A Meta-Analysis. *JAMA Netw Open*. 2025;8(9):e2533129. doi:10.1001/jamanetworkopen.2025.33129
40. Isaacs, J. Y., Smith, M. M., Sherry, S. B., Seno, M., Moore, M. L., & Stewart, S. H. (2022). Alcohol use and death by suicide: A meta-analysis of 33 studies. *Suicide & life-threatening behavior*, 52(4), 600–614. <https://doi.org/10.1111/sltb.12846>
41. CMHE (Certified Men's Health Educator). Men's Health Network website. Accessed October 2025. Available from: <https://menshealthnetwork.org/cmhe/>
42. Certified Men's Health Educator Course. Health Men Inc. website. Accessed October 2025. Available from: <https://healthymen.org/cmhe/>

43. Men in Mind. Movember website. Accessed October 2025. Available from: <https://meninmind.movember.com/>
44. What is Men's Shed? US Men's Shed Association website. Accessed October 2025. Available from: <https://www.usmenssheds.org/what-is-mens-shed.html>
45. Sussall A, et al. Suicide Rates by Industry and Occupation – National Vital Statistics System, United States, 2021. Centers For Disease Control and Prevention. Published December 15, 2023. Accessed October 2025. Available from: <https://www.cdc.gov/mmwr/volumes/72/wr/mm7250a2.htm>
46. The BALM Programme. The Balm Programme website. Accessed October 2025. Available from: <https://balmprogramme.co.uk/>
47. Performance Habits 5-Reps. 5-Reps Performance Habits website. Accessed October 2025. Available from: <https://5-reps.performancehabits.org/>
48. On Feirm Ground. Men's Development Network website. Accessed October 2025. Available from: <https://mensnetwork.ie/ofg/>.
49. Report to the General Assembly: Public Act 91-0109 – Prostate Cancer Screening Program. Illinois Department of Public Health. June 2016. Available from: <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/publicationsohpmprostate-cancer-report-fy16c.pdf>
50. About Man Therapy. Man Therapy website. Accessed October 2025. Available from: <https://mantherapy.org/about>
51. Implementing Man Therapy: A Campaign to Support Men's Mental Health. Illinois Catalog of State Financial Assistance website. Accessed October 2025. Available from: <https://omb.illinois.gov/public/gata/csfa/Default.aspx>
52. Wyke S, Hunt K, Gray CM, et al. Football Fans in Training (FFIT): a randomised controlled trial of a gender-sensitised weight loss and healthy living programme for men – end of study report. Southampton (UK): NIHR Journals Library; 2015 Jan. (Public Health Research, No. 3.2.) Chapter 1, Introduction. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK273994/>
53. Football Fans in Training. Scottish Professional Football League (SPFL) Trust website. Accessed October 2025. Available from: <https://spfltrust.org.uk/ffit/>