The Real Face of Men's Health

2025 CANADIAN REPORT

MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

Movember commits to honouring Indigenous communities across Turtle Island by intentionally and continuously recognizing the territories and peoples we work with while working in partnership towards truth and reconciliation. We acknowledge and embrace our own role on this path and offer our resources to support the self determination of Indigenous communities. At the same time, we recognize and affirm the histories of trauma and violence that have impacted Indigenous communities and, in the context of this report, Indigenous men in particular. We commit to working in partnership and solidarity as we move forward together, with humility and respect. In working to help men live longer, healthier lives, Movember Canada will engage and collaborate with Indigenous communities to improve outcomes for men's health. We are on this journey together.

COMMISSIONED ART BY JACKIE TRAVERSE

ABOUT MOVEMBER

Twenty years ago, a bristly idea was born in Melbourne, Australia, igniting a movement that would transcend borders and change the face of men's health forever. The movement, known as Movember, united people from all walks of life, sparked billions of important conversations, raised vital funds and shattered the silence surrounding men's health issues.

Since 2003, we have challenged the status quo, supported men's health research and transformed the way that health services reach, respond, and retain men in healthcare. We have taken on prostate cancer, testicular cancer, mental health and suicide prevention with unwavering determination.

We have raised over $1.6 billion CAD for men's health, thanks to a passionate community of global Movember supporters. These critical funds have supported more than 1,300 men's health projects worldwide, including hundreds of advancements in biomedical research and the creation of some of the world's largest prostate cancer registries, built on the real-life experiences of hundreds of thousands of men.

Since taking on mental health and suicide prevention in 2006, Movember has emphasized the importance of better social connections, early recognition of men's mental health challenges, and improving clinician competencies in responding to men in distress. We want to ensure that more men know what to do when mental health challenges arise, and that their supporters are better prepared to step in when needed.

Movember will continue championing new research, cutting-edge treatments, and community programs to promote healthy behaviors in men. We advocate for inclusive healthcare systems that are tailored to the unique needs of men, women, and gender-diverse people from wide-ranging cultural backgrounds. In doing so, we hope to create a future where barriers to healthy living are overcome, stigmas are removed, and everyone has an equal opportunity to live a long, healthy life. By improving men's health, we can have a profoundly positive impact on women, families, and society. Healthier men mean a healthier world.

To learn more, please visit Movember.com or contact advocacy@movember.com.

ABOUT THE MOVEMBER INSTITUTE OF MEN'S HEALTH

Building on a 20-year legacy of investment in men's physical and mental health, the Movember Institute of Men's Health has ambitious goals to improve the quality of life for millions of men worldwide. By uniting global experts in men's health, the Institute aims to accelerate research and translate it into tangible, real-world outcomes.

The Institute aims to raise the profile of men's health with Canadian policymakers, ensuring it is prioritized in proportion to its impact on public health. By focusing on critical areas including men's mental health, suicide prevention, prostate and testicular cancers, and healthcare that is responsive to the needs of boys and men, the Institute seeks to address preventable risk factors that contribute to 77% of male deaths and 54% of healthy years of life lost. Through these efforts, the Institute aims to drive sustainable, global progress in men's health.

ABOUT CO-AUTHORS UNIVERSITY OF BRITISH COLUMBIA AND NIIGAAN SINCLAIR

The UBC's Men's Health Research program was established in 2003 under the lead of Dr. John Oliffe, and includes research manager Dr. Nina Gao and research assistant Matt Sha. Contributing to $45 million in funded research with more than 450 publications, the opportunity to work on The Real Face of Men's Health (2025 Canadian Report) with Niigaan Sinclair and Movember has provided a critically important moment to pause and reflect, as well as thoughtfully consider and articulate what is needed to advance the health of boys and men in Canada.

Niigaan Sinclair is Anishinaabe from Peguis First Nation. He is an award-winning writer, editor and professor of Indigenous Studies at the University of Manitoba who specializes in research on Indigenous gender identities, cultures, and politics. In 2022, he was named by Maclean's magazine as one of the most influential people in Canada after becoming a multiple nominee of Canadian columnist of the year (winning in 2018) and his commentary appears weekly on multiple platforms across Canada. His first book Wînipêk: Visions of Canada from an Indigenous Centre[2] was a national bestseller that won the 2024 Governor General Award for Non-fiction. He is a former secondary school teacher who won the 2019 Peace Educator of the Year from the Peace and Justice Studies Association based at Georgetown University in Washington, DC.

A NOTE ON STANDING BY OTHERS IN GENDERED CARE

This report focuses on the connections between gender and health. On average, globally, men die younger than women, while women spend a significantly greater proportion of their lives in poor health and with disabilities compared to men. Trans and non-binary people have disproportionately worse health outcomes compared to the general population.

None of these outcomes are acceptable.

Throughout this report, we highlight the health inequities faced by men and, through new research, examine the impact of men's poor health on others, including women. We also draw on data that shows health disparities between men and women to paint a clearer picture of men's health and to highlight the economic costs of men's poor health. However, we do not address the economic costs related to the health of trans and non-binary people, women's health, or the many areas where women's health is underserved, such as the underdiagnosis of coronary heart disease. We acknowledge and support the work of leaders in these fields who have campaigned for decades to raise awareness of gender-based inequities in health and health outcomes.

In the same way that the Movember campaign followed the trail-blazing women raising funds for breast cancer care, we follow in the footsteps of, and owe a huge debt to, women and Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other identities (2SLGBTQI+). These advocates have shown the importance of an approach that takes full account of sex and gender. There is no binary choice in gendered health. We hope to stand alongside and in solidarity with other organizations, including women's health advocates, in advocating for the universal recognition of gender as a social determinant of health and in prioritizing investment in healthcare that acknowledges and addresses the health inequities and diverse needs of women, men and non-binary people.

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Executive Summary

More than twenty years of campaigning in men's health has taught us that men, and those around them, care deeply about men's health, and everyone has a story to tell.

We have many inspiring stories of when men are empowered and supported to be well and healthy – socially, culturally, physically and mentally. But we also have stories of men not knowing their risks and not feeling equipped to act – accounts of men feeling disempowered, excluded, or uncertain about when and how to speak to a healthcare professional, or having a poor experience when they do reach out for help. Every day, we hear not only from men themselves but also from their partners, families, and friends.

These stories are not ones of men neglecting their health but of the challenges that men experience, and how these play out when it comes to seeking and receiving help. We need to sharpen our focus on men, especially groups of men who experience health inequities.

This report purposefully includes the stories of men and their partners, families, and friends to illustrate and represent men's health as a community-wide endeavor with significant societal benefits.

It outlines the state of men's health in Canada, addressing contemporary and long-standing challenges and inequities. It does this ahead of highlighting the unexpected faces of men's health, focusing on caregivers for men who experience ill health. Canadian and international examples of what works in men's health are also detailed. The report then calls for a Canadian National Men's Health Strategy and outlines three policy asks with the goal of working with the Canadian government to change the face of men's health.

THE BIG PICTURE: THE STATE OF MEN'S HEALTH

In 2023, almost 75,000 males died prematurely (i.e., before they were 75 years old) in Canada.[3] This is equivalent to 44% of males who died during that period.[4] These deaths are, for the most part, preventable.

The two leading causes of premature death in men – malignant neoplasms (cancer) and coronary heart disease – can be reduced through screening and improvements to men's health literacy, and engagement with prevention services and health promotion programs. Compared to females; males died prematurely 12% more often from cancers and 135% more often from coronary heart disease.[3]

Premature deaths from accidents (unintentional injuries) occur 153% more often in males compared to females, reflecting their higher exposure to injurious occupations and risky activities.[3]

Additionally, 72% of accidental opioid toxicity deaths, and 63% of accidental opioid-related poisoning hospitalizations are males.[5]

Suicide was the 4th leading cause of premature mortality in males and the 8th leading cause in females.[3] Males are almost three times as likely to die by suicide compared to females.[6]

In 2023, approximately 78,000 potential years of life were lost to suicide among males under the age of 75. On average, this equates to almost 30 potential years of life lost to every male suicide.[4] In the case of years of life lost due to suicide, Indigenous men in Canada are impacted two to five times more than non-Indigenous men.[7]

Where men live is a significant indicator of how long they live. The heat maps on page 26 and page 30 illustrate new data produced for this report comparing premature mortality in every federal electoral district.[3]

The Movember Institute polled 1,502 men in Canada about their experiences engaging with primary care. The sample was nationally representative. **When it comes to seeking help for a health problem:**

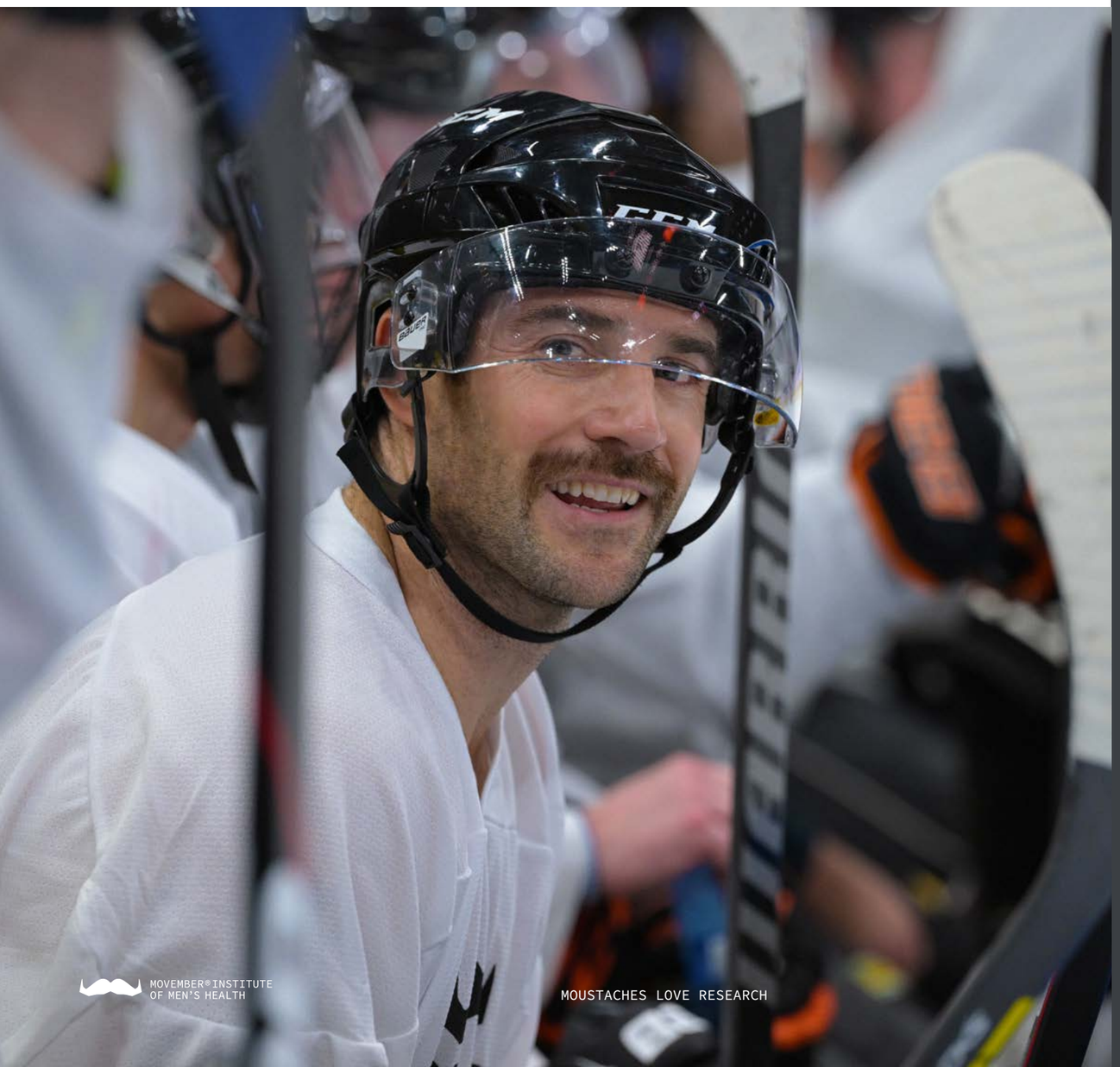
65%
of men waited more than 6 days with symptoms before visiting the doctor

42%
of men had experienced their healthcare practitioner display bias towards them as a man

26%
of men felt a sense of stigma engaging with health education (e.g., healthy lifestyle information and programs) and this increased to 39% for young men aged 25-34

Too often, the barriers preventing men from seeking help are reduced to simple stereotypes, when in fact, the reasons are diverse, complex, and interconnected.

Gender norms in Canadian society regarding what it means to be a man, along with how health systems understand and respond to these norms, directly impact men's healthcare experiences and behaviors.



54%

of men reported facing one or more barriers to effective engagement with healthcare providers

27%

reported healthcare encounters that felt rushed

And only:

36%

of men reported that their healthcare provider used relatable language and examples

25%

reported that their healthcare provider asked detailed questions about their lifestyle

THE UNEXPECTED FACES OF MEN'S HEALTH

Men's poor health can have long-lasting and profound impacts on those around them. A man's death can deeply affect all those who knew him and the communities he was a part of.

The informal caregivers for men are among the unexpected faces of men's health. The care they provide is incredibly important, and this support work can be intense.

Men's poor health can also have significant direct and indirect economic impacts on those who care for them, their families, and society more broadly.

Health economic modelling commissioned for these reports indicate that **in 2023 alone, Canada could have saved up to $12.4 billion on avoidable cases of the five conditions causing the most years of life lost in men** (i.e., coronary heart disease, chronic obstructive pulmonary disease, lung cancer, colorectal cancer, and suicide).[8] This accounts for approximately 3.3% of the projected total health expenditures in Canada for 2024 ($372 billion CAD) and would cover the cost to fully fund more than 12 large Canadian hospitals for a year.[9]

While not all preventable diseases can be avoided, our research indicates the scale and significance of the costs that could be saved through health promotion, early detection, and disease prevention interventions targeting these five conditions in men.

We commissioned new polling of 1,366 people who care for men to find out more about their experiences. Of those polled:

50%
reported a negative impact on their physical health

66%
reported a negative impact on their mental health

57%
reported a negative impact on their social life

68%
reported the loss of personal time

31%
reported having to leave or change a job, or reduce hours, to support the man they look after

A BRIGHTER PICTURE: WHAT WORKS IN MEN'S HEALTH

Of course, men are invested in their health, and while many men are supported to look after their health and have positive experiences in healthcare, there are still too many men who face barriers in doing so. Fortunately, there are examples of what works when it comes to supporting men to overcome these barriers and improve their health and wellbeing.

Movember is committed to investing in the health of Canadian boys and men. Since 2011, we have worked with the local Movember community to raise over $330 million CAD, with large investments in mental health promotion, early intervention and suicide prevention programs, and $107 million CAD invested in prostate cancer programs and research – a contribution second only to the Canadian government during this time. This investment has provided us with evidence and valuable insights into what works (and what does not) when it comes to men's health. It has also allowed us to communicate with men in all their diversity about wide-ranging health issues.

Our insights build on those from researchers, men's health organizations, Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other identities (2SLGBTQI+) rights advocates, Indigenous and other racial justice campaigners, women's organizations, governments, multilateral organizations, and more.

This report features examples about what we know works in:

1. **Health promotion programs**, including those that embrace the power of sports to reach boys and men.
2. **Healthcare that is responsive to men's needs,** including services, screenings, and checks designed with men in mind.
3. **Practitioner competencies**, focusing on upskilling the health workforce to effectively engage with men in care.
4. **Applied research,** working to build, evaluate, and translate evidence into practice to reach and benefit all boys and men.

A FUTURE VISION: WHAT THE CANADIAN GOVERNMENT CAN DO

While there is much to build on in Canada, key to promoting men's health and addressing health inequities is the development of policy and practice guidelines to ensure programs are responsive to men's healthcare needs.

With this in mind, Movember commits to:

Ensuring all boys and men are supported through policy, programs and services in actively looking after their health, and the wellbeing of others, with a specific focus on groups who experience health inequities.

Promoting the mental health of boys and men, and reducing male suicide.

Supporting the understanding, measurement, and promotion of healthy relationships in the lives of boys and men alongside the specific contextual experiences of unique cultural groups and gender identities.

Understanding and addressing the role that gender plays in boys' and men's health to advance family and community health.

Based on the evidence in this report, and in making these commitments, Movember's **core ask** of the Canadian Federal Government is to learn from countries leading the way in men's health strategies including Ireland, Australia and England, and:

INVEST IN A CANADIAN NATIONAL MEN'S HEALTH STRATEGY TO IMPROVE HEALTH SERVICES, SYSTEMS, AND POLICIES

A focus on gender sensitive policies provides an opportunity to invest in men and boys health though existing national strategies, including Canada's Tobacco Strategy,[10] the National Suicide Prevention Action Plan (2024-2027),[11] Canada's Guidance on Alcohol and Health: Final report,[12] and Canada's National Action Plan to End Gender-Based Violence.[13] Importantly, all levels of government need to ensure that health issues with relevance and specific risks to men's health have policies, strategies and practices built into them to respond to the healthcare needs of boys and men. This will create flow-on effects where Canada's gender-based analysis plus[14] are applied to inform tailored interventions that are also integrated in organizations to raise public awareness.[15] We are also calling for the appointment of an Associate Minister for Men's Health who will sit within Women and Gender Equality Canada (or Health Canada) to ensure central government leadership for including the voices of boys and men in health policy.

Underpinning this core ask are three specific policy asks of the federal, provincial, and territorial governments, as outlined in Table 1.

TABLE 1. MOVEMBER'S ASKS OF THE FEDERAL, PROVINCIAL AND TERRITORIAL GOVERNMENTS

Invest in a Canadian National Men's Health Strategy to improve health services, systems, and policies	
1. Strengthen **men's mental health literacy,** health promotion and service engagement.	1.1 Invest in community programs including those in sports, schools and online to improve mental health literacy reaching all Canadian boys aged 12–18, and prioritizing those facing health inequities. 1.2 Support services that promote boys and men's emotional and relational health, and build a sense of belonging to improve men's social connectedness. 1.3 Partner with Indigenous men and men from communities living in marginalizing conditions to co-design men's mental health literacy campaigns that improve engagement and positive connection with health promotion services and programs, maintaining the centrality of culture, language, and traditional Indigenous genders and sexualities.
2. Build a **healthcare system and workforce** to deliver men's programs and services.	2.1 Evaluate existing and build new programs and services– including digital health and community-based interventions – to increase male uptake of health screening, checks, and early diagnosis of diseases disproportionately impacting men including HPV, and prostate, bowel and lung cancer. 2.2 Introduce policies focused on reducing men's health risks, including gambling, substance use, distressed and disrupted intimate partner relationship, and gender-based violence. 2.3 Invest in a Canada-wide Men's Health Centre with provincial hubs to support the delivery of programs and services with the goal of reaching, responding to, and retaining men in care. 2.4 Invest in comprehensive training programs such as Men in Mind to strengthen the healthcare workforce's knowledge, skills and confidence in effectively working with men. 2.5 Adopt call to action #22 from the Truth and Reconciliation Commission in health services to: "recognise the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients. 2.6 Match fund over five years of Movember's investment of $20.98 million CAD in Indigenous Men's Health to design and deliver place-specific, tailored healthcare and programs to ensure these efforts are community-driven, sustainable, and scalable.
3. Advance **research** to map and better respond to how men engage with their health, and healthcare services.	3.1 Match-fund the Movember Institute of Men's Health 5-year, $500K CAD investment in large-scale, longitudinal and systems-based research to better understand why, how, when and where diverse populations of men engage with their health, and services. Advancing policy, practice and standards of care that are responsive to the needs of boys and men. 3.2 Publish sex and gender disaggregated findings to report on initiatives that are successfully engaging and retaining men in healthcare services and health promotion programs to build an empirical base that identifies cost-saving opportunities and informs future work. 3.3 Match-fund the Movember Institute $1.4 million CAD investment over three years in strengthening the evidence base in community programs so that effective programs can be adapted for diverse cohorts of men, providing options to scale with government and sector partners. 3.4 Establish measurable goals to identify and close the gaps in health inequalities for Indigenous boys and men and publish annual progress reports to report long-term trends.

An Introduction From Chris

I'm Chris. I'm 44 now, and looking back, my life has been a whirlwind of highs and lows that I never saw coming and a testament to the importance of knowing and responding to men's health. It's been a journey of resilience, personal growth, and understanding what truly matters to men and those around them.

In October 2013, at the age of 32, I was diagnosed with testicular cancer. It started when I noticed a lump on one of my testicles. My family doctor initially thought it was just a cyst, but a urologist confirmed it was cancer within seconds of doing an ultrasound. Just two weeks later, I had emergency surgery to remove my affected testicle. I had just gotten engaged to my wife, Maggie, a few months prior, so this was all happening in the midst of what was supposed to be the happiest time of my life. I am grateful that I was able to recognize the signs of a change and was able to reach out to a doctor which saved my life. I know so many men are not as lucky, delay taking action and are not here to tell their story today.

In December 2013 however, a follow-up CT scan showed the cancer had spread to my adrenal gland, and parts of my liver had to be removed. On Valentine's Day 2014, I underwent another surgery, where they saved my liver and kidney but had to remove my right adrenal gland. Luckily, the tumor around it was benign. But I was left with just one testicle.

As if that wasn't enough, in 2020, another tumor was discovered on my remaining testicle - I had surgery again in January 2020. My wife and I had started thinking about having another child, I was able to talk to my medical team about what was important for my family and had sperm removed and stored in a sperm bank. Our first son was born in 2017, and we were hopeful for a second. After IVF, in 2021, we were blessed with another son, who will be turning 4 soon. Despite everything, our family was growing, and life had a way of balancing things out.

Another pivotal part of my men's health story is my father's battle with cancer. In 2016, he was diagnosed with stage 4 lung cancer. The day he told me was unforgettable—it was the first time I ever saw my father cry, which was incredibly rare for him. My father fought hard to live long enough to meet his first grandson, but he passed away shortly after. Those moments—joy and heartbreak—shaped me in ways I never expected.

Throughout it all, there were aspects of my care that made a real difference. As an Asian male, I felt a unique sense of comfort knowing my family doctor and surgeon were also Asian men and could communicate with me in a relatable way—it made the entire experience feel less isolating and helped me feel understood in a way I didn't expect. My oncologist guided me through the changes I experienced physically and emotionally after surgery. Looking back, having a care team that was attuned to my needs as a man helped ease the fear and uncertainty I carried into every appointment. It reminded me how important it is for men—especially those from communities that may not talk openly about health—to feel seen and supported at every step.

Throughout all of this, my mental health took a toll. Guilt, anxiety, and worry consumed me. I struggled with feelings of inadequacy, especially when I considered what it meant to be a man. Culturally, my parents' reaction to my cancer was reserved—they didn't express much emotion or discuss it openly. But I did a lot of self-reflection, and eventually sought therapy and even hypnosis. It helped me come to terms with my journey and understand what truly mattered.

Maggie was my support throughout everything. She was close to my father, and watching his battle with cancer affected her deeply. She also had to go through IVF on her own during COVID-19, which made the experience even more isolating. But she stood by me, and together we navigated the ups and downs

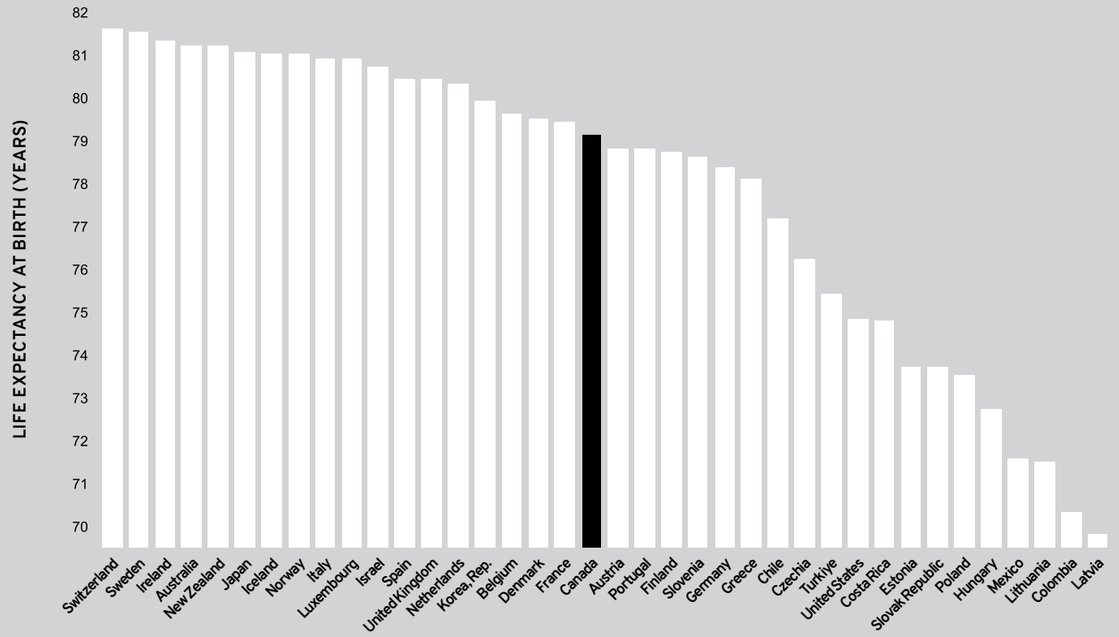
Cancer has played a significant role in my life, but it's also opened my eyes to the importance of mental health. Today, I'm in the best shape of my life. I focus on my fitness, meditation, and overall well-being. Life isn't perfect, but I'm grateful for every moment I have with my family and the care I have received. It's a reminder that when men understand their health risks, can speak to their doctors and get the help they need, they can respond with resilience, hope, and good mental health supporting them to thrive, no matter the challenges.

- CHRIS, AGE 44, FROM VANCOUVER

The Big Picture: The State of Men's Health

Compared to many countries, men living in Canada enjoy good health, and have the 19th highest life expectancy in developed economies (Figure 1).[16] A male born in Canada in 2021-2023 can expect to live to the age of 79.3 years on average.[17] That said, Canadian men live 4.5 years less than women.[17] In addition, there are significant health inequities that render some groups of men at higher risk for premature death and disability.[6]

FIGURE 1. LIFE EXPECTANCY FOR MALES BORN IN OECD COUNTRIES IN 2022[16]



Health challenges are unequally experienced across Canada – depending on who you are, your life stage and where you live.[17] Indigenous men, in particular, live significantly shorter lives than non-Indigenous men.[18,19] Specifically, 2016-2019 life expectancy at birth for males was 72.8 years for First Nations, 78.9 years for Métis and 68.8 years for Inuit compared to 82.7 years for non-Indigenous men.[20] Many men are also without resources or reticent to seek help when they need it, and when they do, the healthcare system does not always respond to their needs.[21,22]

Too many men are dying too young

In 2023, almost 75,000 males died prematurely in Canada. This is equivalent to 44% of males who died over that period.[3] The rate of premature mortality in males is 1.4 times, or 44% higher than that of females.[3]

In 2023, the three leading causes of premature mortality for males were:

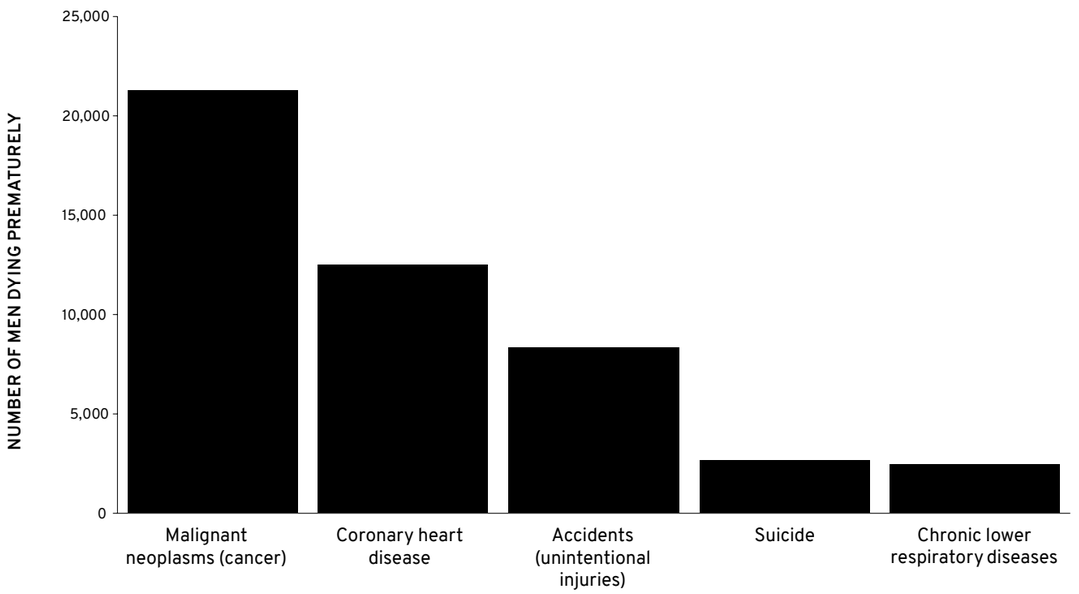
- Malignant neoplasms i.e. cancer (21,290 males)
- Coronary heart disease (12,495 males)
- Accidents (8,340 males)

(Figure 2).[3]

For these leading causes males died at a higher rate and prematurely compared to females. Specifically, 12% more often from cancers, 135% more often from coronary heart disease and 153% more often from accidents.[3]

These premature deaths are largely avoidable through lifestyle behaviour changes (e.g., reducing tobacco and alcohol use and improving diet), screening and earlier diagnosis and treatment, and health promotion and disease prevention services that are responsive to the health needs of boys and men.

FIGURE 2. TOP 5 CAUSES OF MALE PREMATURE MORTALITY IN CANADA IN 2023



Malignant neoplasms (cancer) and coronary heart disease deaths in men can be reduced through screening and improvements to men's health literacy, and engagement with health promotion programs and prevention services. Accidents (unintentional injuries) reflect men's higher exposures to injurious occupations and risky activities compared to women. In addition, between January and September 2024, 72% of accidental opioid toxicity deaths, and 63% of accidental opioid-related poisoning hospitalizations were males.[5]

Suicide was the 4th leading cause of premature mortality in males and the 8th leading cause in females.[3] Males are almost three times as likely to die by suicide compared to females.[3]

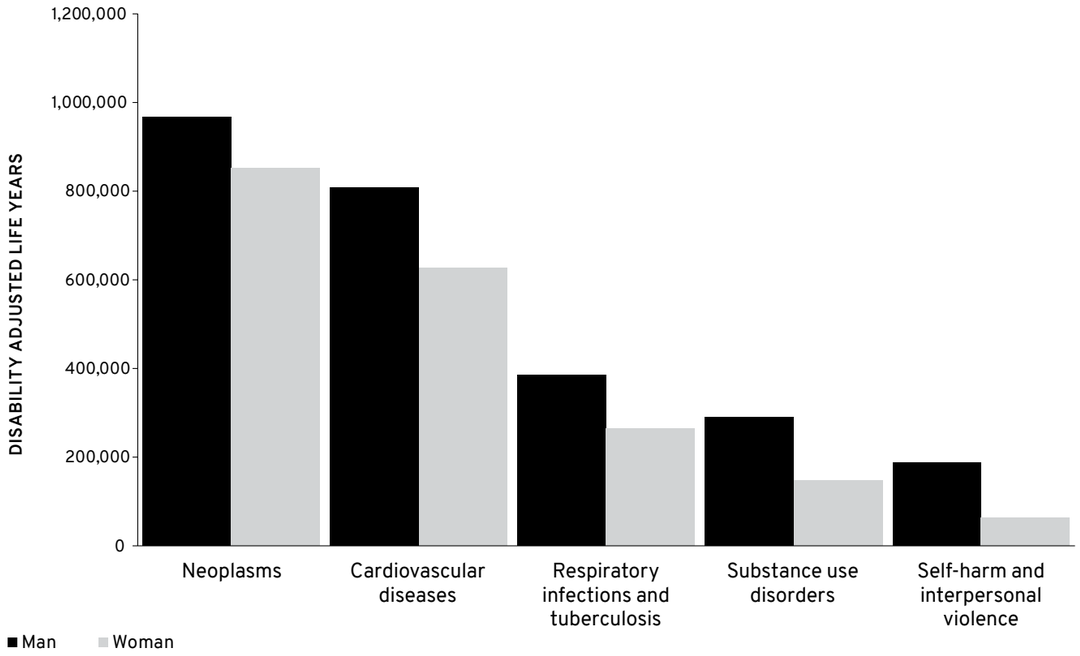
In 2023, approximately 78,000 potential years of life were lost to suicide amongst males <75 years-old, which on average, equates to almost 30 potential years of life lost to every male suicide.[4]

While there are many pathways to suicide, the 3 most common factors associated with men's suicidality (i.e., suicidal thoughts, plans and/or suicide attempts) are alcohol or drug use/dependence, being unmarried, single, divorced or widowed, and having a diagnosis of depression.[23] While roughly the same number of men (78%) and women (74%) report using alcohol,[24] men, especially young males 18 to 34 years-old,[25] are more likely to drink alcohol in excess.[12] Many men self-medicate with alcohol to blunt depressive symptoms, and alcohol use can potentiate distressed and disrupted intimate partner relationships.[26] Alcohol is also a known depressant, heightening depression and anxiety,[27] amid potentiating all forms of men's violent behaviours, most prominently intimate partner violence (IPV) and domestic violence (DV).[28] The combination of these risk factors disproportionately impacts some male sub-groups including military,[29] sexual minority[30] and Indigenous men.[19]

The rate of male premature death from chronic lower respiratory disease is associated with their higher tobacco use, compared to women.[31] These higher rates of smoking contribute to chronic obstructive pulmonary disease with acute lower respiratory infections including pneumonia.[32]

The years of quality life lost to these and related causes are higher for men compared to women (Figure 3).

FIGURE 3. YEARS OF QUALITY LIFE LOST IN CANADA IN 2021 FOR SELECTED CAUSES BY GENDER[1]

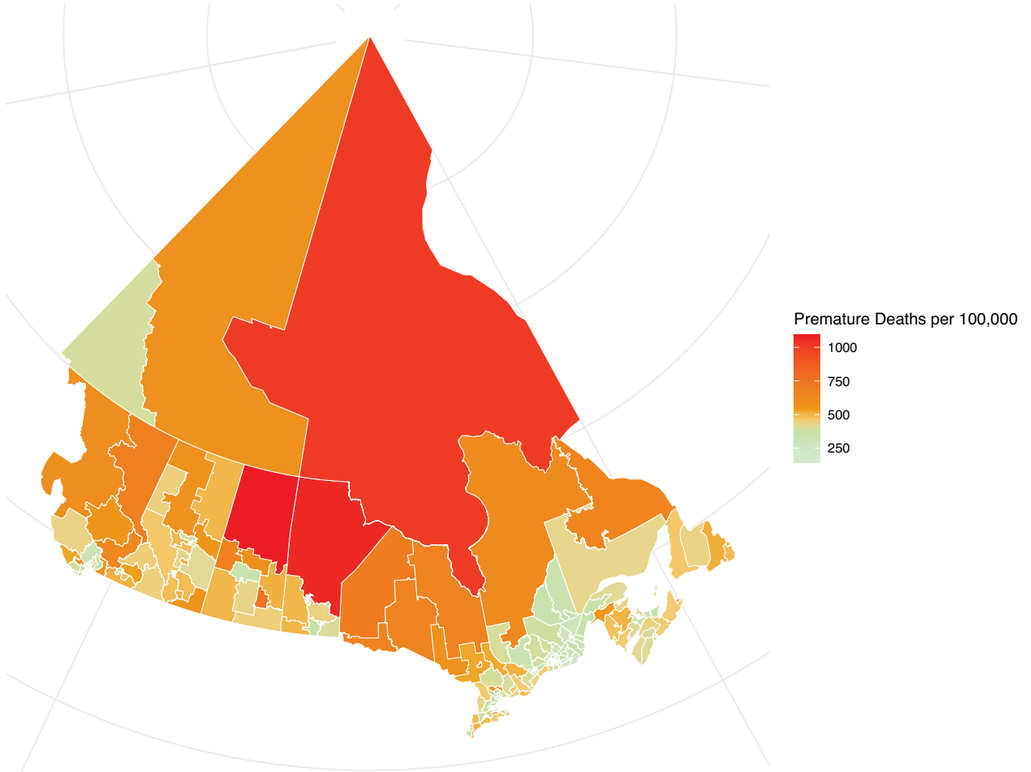


GEOGRAPHY AND PREMATURE MORTALITY

There is dramatic variation in the age-standardized rates of premature mortality in males by location in Canada. The heat maps in Figure 4 and 5 illustrate that where men live in Canada influences their risk for premature death.[3] Geography and health are closely linked, and place is a determinant of health that encompasses social, economic, political, cultural, and environmental (built and natural) factors which must be thoughtfully considered to promote men's health.[33]

The territory of Nunavut has the highest rates of male premature mortality in Canada. Males living in Nunavut , are on average, 1.7 times as likely to die prematurely than males living in the second highest, Northwest Territories, and more than 3 times as likely to die prematurely than males living in the province of Québec, which has the lowest rates of male premature mortality in Canada.[3]

FIGURE 4: HEAT MAP OF AGE-STANDARDIZED RATE OF MALE PREMATURE MORTALITY BY FEDERAL ELECTORAL DISTRICTS



Source: StatCan mortality data via custom request. 2021 census population (2023 FED boundaries) via StatCan catalog # 98-401-X2021029.
Age standardization based on 2011 Canadian population.

Provinces and Territories	Age standardized rate (per 100,000)	95% CI
Nunavut	1,016	(831.0, 1227)
Northwest Territories	587	(481.5, 708)
Saskatchewan	509	(489, 528)
Manitoba	504	(487, 522)
Newfoundland and Labrador	493	(467, 519)
Alberta	451	(442, 461)
New Brunswick	441	(421, 462)
Nova Scotia	426	(408, 444)
British Columbia	419	(410, 427)
Yukon	404	(318.6, 504)
Prince Edward Island	398	(356, 444)
Ontario	378	(374, 383)
Québec	326	(321, 331)

The rate of premature death varies dramatically across the country. When looking at the deaths across federal electoral districts, even after adjusting for differences in age, males living in the 10 districts with the highest male premature death rates are, on average, almost 5 times more likely to die prematurely than men living in the 10 districts with the lowest rates.[3] The federal electoral district of Desnethé–Missinippi–Churchill River, covering the northern two-fifths of Saskatchewan, has the highest male premature mortality rate, over 7 times higher than males living in the federal electorate district of Markham-Unionville, Ontario, which has the lowest.[3]

Males living in the 10 districts with the highest premature mortality rates are; younger, socio-economically disadvantaged with greater levels of income inequality, living in more rural areas and more likely to report an Indigenous identity than males living in the 10 districts with the lowest premature mortality rates. These are markers of access to the 'social determinants of health', which are known to influence health inequities. These include factors such as socioeconomic status, education level, neighbourhood characteristics, and access to healthcare.

As observed, these determinants often indicate geographic clustering patterns where disadvantaged populations concentrate in specific areas, creating congregations of poor health outcomes that manifest in measurable health disparities between communities.[34] This spatial distribution of health determinants frequently follows historical patterns of segregation and disinvestment, resulting in areas and regions with limited resources that compound health challenges across generations.

TOP 10 FEDERAL ELECTORAL DISTRICTS WITH HIGHEST MALE PREMATURE MORTALITY RATES

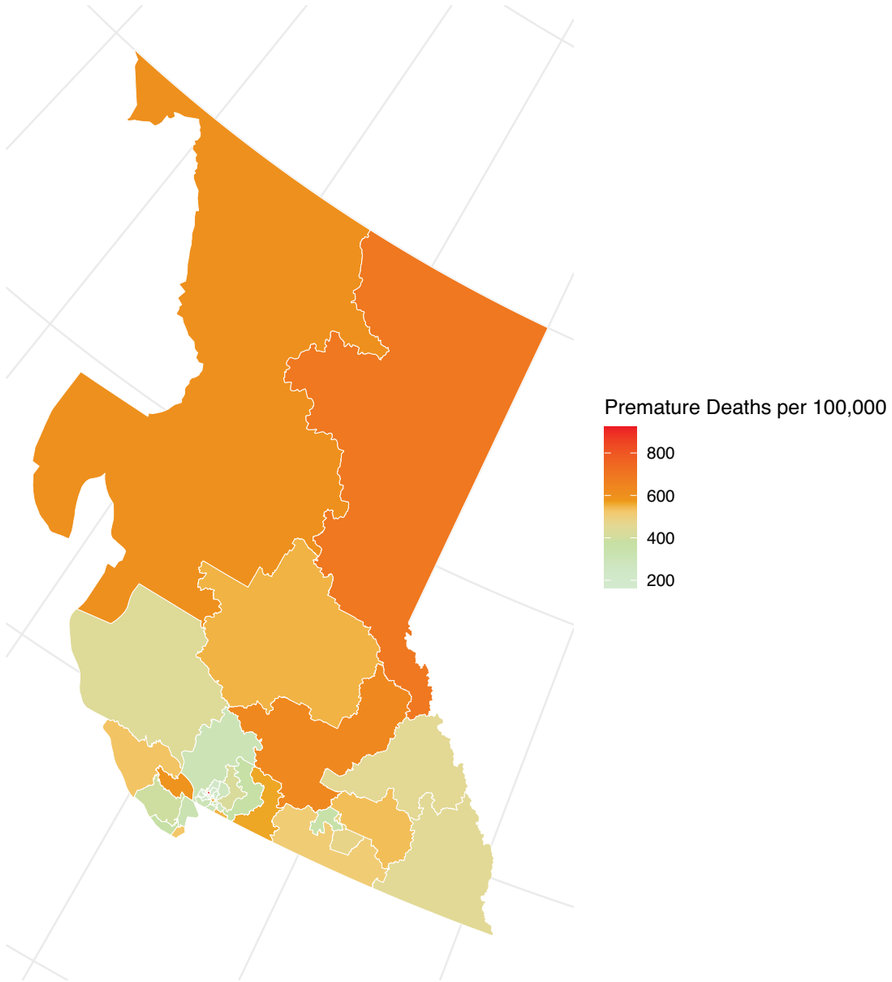
District	Rate	95% CI
Desnethé–Missinippi–Churchill River	1093.6	(922.9, 1285.9)
Churchill–Keewatinook Aski	1066.2	(954.8, 1187.0)
Nunavut	1015.8	(831.0, 1227.0)
Vancouver East	922.8	(846.0, 1004.6)
Winnipeg Centre	881.7	(796.3, 973.8)
Edmonton Centre	858.8	(782.0, 941.0)
Hamilton Centre	783.7	(714.5, 857.7)
Edmonton Griesbach	768.7	(697.0, 845.8)
Regina–Qu'Appelle	756.2	(674.2, 845.2)
Kenora–Kiiwetinoong	704.4	(611.5, 807.2)

BOTTOM 10 FEDERAL ELECTORAL DISTRICTS WITH LOWEST MALE PREMATURE MORTALITY RATES

District	Rate	95% CI
Markham–Unionville	144.5	(115.2, 179.0)
Vancouver Quadra	163.8	(130.3, 203.1)
Markham–Stouffville	166.7	(133.8, 205.1)
Markham–Thornhill	184.7	(151.0, 223.5)
Mississauga Centre	196.1	(161.5, 235.8)
Mont-Saint-Bruno–L'Acadie	198.7	(163.0, 239.9)
Mississauga–Erin Mills	199.8	(164.1, 241.0)
Lévis–Lotbinière	202.6	(167.8, 242.4)
Thornhill	204.5	(169.7, 244.3)
Vaughan-Woodbridge	205.5	(169.6, 246.8)

Substantial differences between men can been seen within provinces and territories, as well as between neighbouring areas. For example, in British Columbia (BC) the federal electoral district with the highest male premature mortality rate (Vancouver East, 922.8 per 100,000) is more than five and a half times that of the lowest BC premature mortality rate (Vancouver Quadra, 163.8 per 100,000). In essence, men living within miles of each other are experiencing substantially different rates of premature mortality.[3]

FIGURE 5: HEAT MAP OF AGE-STANDARDIZED RATE OF MALE PREMATURE MORTALITY BY FEDERAL ELECTORATE DISTRICT - BRITISH COLUMBIA ONLY



Source: StatCan mortality data via custom request. 2021 census population (2023 FED boundaries) via StatCan catalog # 98-401-X2021029.
Age standardization based on 2011 Canadian population.

MEN HAVE LESS HEALTHY LIFESTYLES AND ARE MORE LIKELY TO ENGAGE IN RISKY BEHAVIOURS

Men in Canada, compared with women, are more likely to smoke[35] and drink alcohol,[36] and are less likely to eat fruit and vegetables.[37] Men also have a higher prevalence of obesity and are more likely to experience long-term health risks due to alcohol and other substance use.[38] All these lifestyle factors impose greater risk of premature death and disability in males. Chronic disease among Canadian men 65 years and older occurs at higher rates than women for hypertension, coronary heart disease, chronic obstructive pulmonary disease, diabetes, heart failure, gout and Parkinsonism.[39]

There are groups of men who are more affected than others

The unique challenges and health disadvantages experienced by groups of men are summarized in the following. The reasons for men's health inequities are complex, and better disaggregated data is needed to improve our understanding.

INDIGENOUS MEN

For over two centuries Indigenous women and men have experienced avalanches of imposed norms and social codes and beliefs from newcomers in territories who brought with them heteronormative ideas based in Judeo-Christian foundations. These were turned into practices and policies with the goal of undermining traditional notions of gender and sexuality while invading and assimilating communities and reshaping identities.

The Indian Act of 1867, for example, defined men as the sole rights holders in communities, property owners and heads of households while denying women the right to lead communities, possess land and marital property and determine futures for their children. Gender normativity was so ingrained in the treatment of Indigenous communities that even when the Indian Act was amended in 1884 to allow men to will their estate to their wives, a wife could only receive it if the Indian agent determined she was of "good moral character." Men, on the other hand, were taught that patriarchy was normal, to feel and act entitled, and they were rewarded for acting "appropriately."

This resulted in generations of Indigenous men gaining privilege and power over their communities and acting accordingly or, worse, being punished if they resisted and rejected Western notions of manhood. For some men, abuse and trauma became a language of expression, for others, work and abandonment. For all Indigenous men, a great deal of healing has been necessary to become the fullest sons, nephews, fathers, uncles, and grandfathers they can be.

When it comes to the data, Indigenous men are dying younger than non-Indigenous men and living longer with debilitating illness.[7] Particularly worrisome is the fact that death by suicide is significantly higher for Indigenous males than for non-Indigenous males.[40] Suicide mortality data indicates that Indigenous males under 30 years of age are particularly high risk, accounting for up to 85% of suicide deaths in some locales including Labrador.[41] This disparity relates to the social determinants of health and disadvantage. The prevalence of chronic illness and multimorbidity increases with socioeconomic disadvantage with men who experience financial hardship being less likely to access healthcare.[42] Cultural identity is deeply connected to health and wellness for Indigenous men.[43] With culturally sensitive services and programs[40] led by Indigenous peoples – change is possible and critically important.[44]

“

There are a lot of women programs, a lot. We’re good. There are sewing groups, and cooking groups, and pregnancy groups, AA [Alcoholics Anonymous] groups, NA [Narcotics Anonymous] groups, whatever. But not for the men. There is literally nothing available for men. They are just left to try and deal with it themselves.

”

– SARAH, AGE 40
INUIT HEALTH AND WELLNESS WORKER WORKING THE HUDSON AND UNGAVA COASTS OF NUNAVIK.[19]

In many circles, the situation of Indigenous men, for the most part, are “invisible”. While there is a rightful focus on Indigenous women, elders, and children, the role and responsibility of Indigenous men are often absent beyond vague descriptors of presence and protectorship or condemnations of violence and absence. The fact that Indigenous men have the worst health outcomes of any group in Canada[7] is well known but poorly addressed. There is a lack of community leadership opportunities within programs for Indigenous peoples. Despite the many strengths and resiliencies of Indigenous peoples, they continue to strive for recognition as a self-determining and decolonized community within the national construct.

NIIGAAN SINCLAIR REFLECTS ON INDIGENOUS MANHOOD

In many Indigenous cultures, one can learn everything you need to know about manhood through the ceremony of building, making, and nurturing a fire. A fire is most often seen as a grandfather or another type of sacred gift-giver. Taught by uncles and fathers to sons and nephews, the process of building a fire is a sacred ceremony that takes place during adolescence and is a complicated process that involves many steps that take place before, during, and after a fire is lit. From the preparation, welcoming, singing, striking, and care a fire requires, most things you need to know about Indigenous malehood are given through this relationship.

Lighting a fire via a match and some wood from a store might cut down on time, but it’s truly the most meaningless possible way of beginning any fire. You haven’t collected the flint or dry grass, you haven’t created the spark, you haven’t fanned it to make it light or sung the right welcoming song, or placed the young flame into just the right place in the kindling. To really nurture a fire into being takes inviting and welcoming your grandfather in, making him comfortable and nurturing him so he feels welcome.

A fire requires sensitivity, care and concern, and patience and understanding. If you’re not aware, gentle, and swift at the precise moment he arrives, he may leave and you have to start all over again. You’re literally frozen until you learn how to make the most healthiest and complete space for that fire to thrive. You can’t have warmth, you can’t cook food, and, in fact, you can’t really continue life at all.

In case it’s not obvious by now, making a fire isn’t really just about making a fire; it’s about becoming a son, a brother, a father, and uncle, and a grandfather. Building a fire shows Anishinaabeg-inini, men, how to earn the responsibility of belonging to a family, a community, a nation. Being an Anishinaabeg man involves constantly building, nurturing, and protecting the fires that warm, feed, and help grow the world around you. If you don’t build these fires and if you let them go out or, worse, don’t build them in the first place, a web or relationships might break, grow weak, or perhaps never even exist.

These types of ceremonies have been outlawed, undermined, or exotified – resulting in a loss of this vital and critical tradition amongst Indigenous men. This has resulted in much atrophy in Indigenous societies as a whole. While Indigenous nations are very complex, all communities worked with a complex set of relations between the human, plant, animal, and spirit worlds in kinship-based systems. Everyone had roles and responsibilities based in creating balance and the health of a community was dependent on how well each member of the collective fulfilled his or her role. Women, children, youth, elders and men typically had distinct and sacred roles and responsibilities, and no one was valued above the other.

In many Indigenous communities, it was generally the men’s job to foster the community, provide, and protect – in all ways. The use of violence was an anomaly, not the norm, and far more valued were skills of diplomacy, storytelling, kindness, and gift-giving. Men also made many other contributions, like making art, spiritual teaching, and mentoring others into infinite roles required in a society. Men were snowshoe makers and canoe builders, medicine men and healers, singers and dancers.

At the same time, Indigenous men’s contributions to society weren’t fixed. There were no activities solely labeled as “men’s jobs” as anyone could do anything at any one time. At the same time, there were traditional protocols that called on men to do certain things like make fire, chop wood, and carry certain pipes, sing certain songs, and wear certain pieces of clothing. At the same time, these tasks were completed even if they were no men present – illustrating that Indigenous malehood was not irreducible to a single sense of biology or another essentialism.

“Men’s roles,” therefore – or any other role in Indigenous societies for that matter – are for the purposes of setting the stage for the establishment, maintenance, and extension of specific kinds of relationships. Indigenous life is complex, residing in times, places, and connections within the world – indeed the universe – around families, communities and nations. This project is intended to suggest, gesture to, and employ methods to re-create and re-build this critical sense of manhood amongst Indigenous men – and perhaps all men – while holding the central belief that this work is some of the most critically important not only for Indigenous nations, but for the world.

CULTURALLY AND LINGUISTICALLY DIVERSE MEN

Canada is home to over 5 million men from diverse cultural and ethnic backgrounds other than English and French majority.[45] Health challenges extend to culturally and linguistically diverse men, and many face unique health inequities (e.g., living and working conditions, racial discrimination).[46]

Immigrant men's health is often negatively affected over time,[47] and barriers to services[48] among South Asian, Chinese and Black men compared to white men[49] confirm the need for cultural competence in the provision of care.[50] Findings from the Canadian Community Health Survey highlight that limited English language proficiency is associated with low self-reported health among male Canadian immigrants.[51] Indeed, Bangladeshi immigrant men report language barriers and unfamiliarity with the healthcare system as two significant impediments to accessing primary care.[52] Stigmas regarding sexual behaviours also pose barriers to accessing sexual healthcare for South Asian immigrant men.[53,54] High HIV incidence and low HIV literacy are evident in Black Canadian men who have sex with men (MSM).[55] There are significant benefits to promoting the health of immigrant men. For example, immigrants make up 25% of the 1.9 million people working in Canada's healthcare sector,[56] and the health of immigrant men is key to reducing the demand on, as well as ensuring the provision of, healthcare services.

MALE VETERANS

The Canadian Veteran Health Survey (CVHS) completed by 2714 respondents indicated that 27.3% of the male Veterans self-rated their health as fair/poor, with 44% reporting back pain, 40% arthritis and 36% hypertension.[76] Self-rated mental health was fair/poor for 20% of male respondents, with 17% reporting anxiety, 16% mood disorder and 19% lifetime suicidal ideation. Of the male respondents, 23% were heavy drinkers, 26% used cannabis and 12% were daily smokers.[76] Veterans Affairs Canada indicate that male veterans have a 36% higher risk of suicide than other men.[77] Young male Veterans are most at risk, with many of them experiencing challenges reacclimatizing to civilian life[78] wherein loneliness, alienation and social isolation consistently occur.[79]

SEXUAL ORIENTATION AND GENDER IDENTITY

Two spirit, gay, bisexual, transgender and queer (2SGBTQ) men in Canada have a higher risk for negative health outcomes including depression, anxiety and cancer compared with heterosexual men.[57] Transgender people in Canada are at greater risk for suicide, and twice as likely to think about or attempt suicide compared to Lesbian, Gay and Bisexual (LGB) people.[58] Victimization, discrimination, and rejection, along with a lack of social support and access to healthcare negatively affect 2SGBTQ men, contributing to their heightened suicidality risk.[59–63] It is key to deliver tailored healthcare services and programs to reduce these inequities.[64]

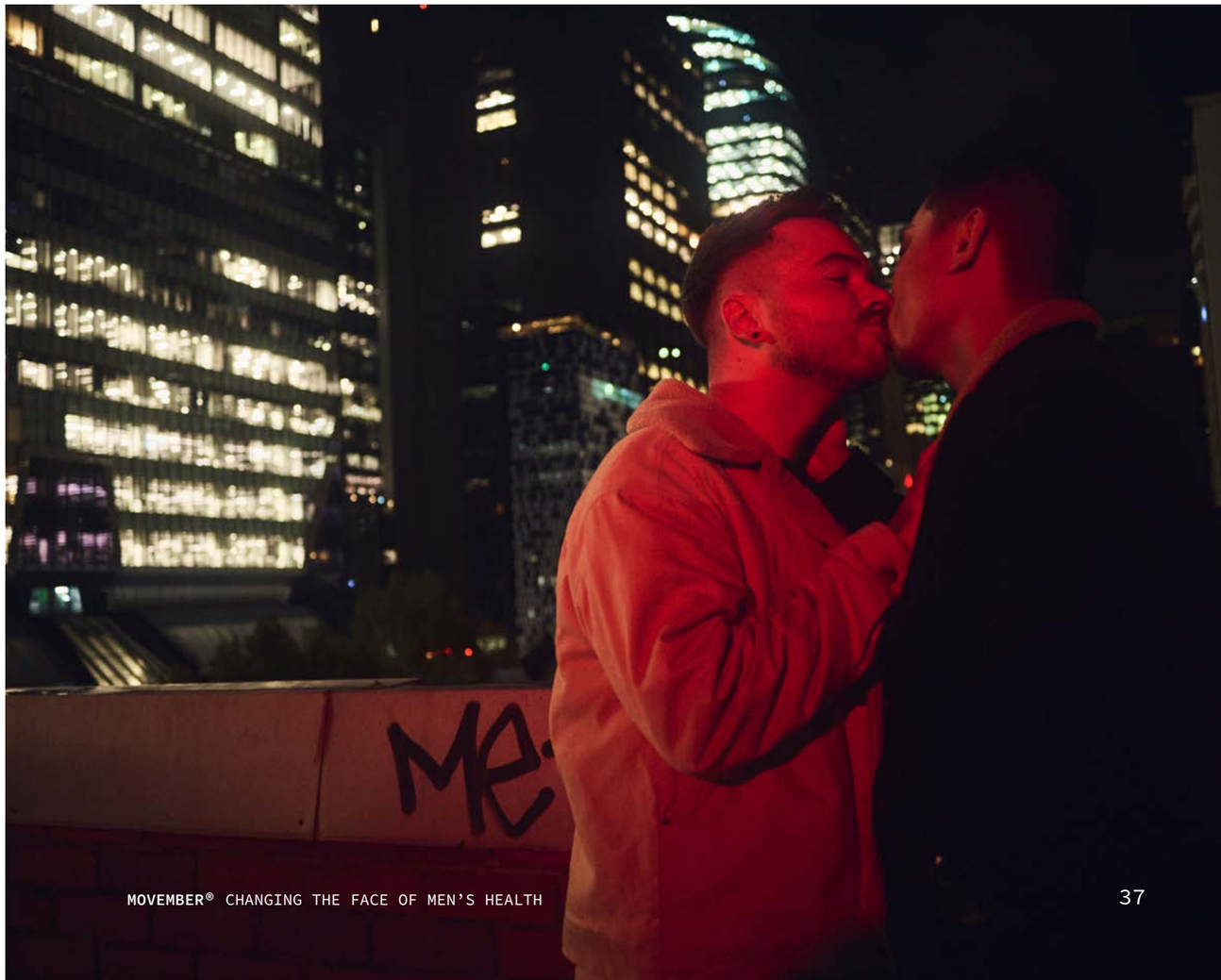
At the same time, for over three centuries Indigenous LGBTQ and two-spirit communities have also been enduring waves of hate embodied in laws, practices, and discourses across Canada . While at times difficult to discern from the violence all Indigenous communities endure, Indigenous LGBTQ and two-spirit communities have experienced specific social and political ostracization, violence, and erasure. From laws to media to representations in pop culture, Indigenous LGBTQ and two-spirit identities have been manipulated, misrepresented, and mutated into written figments of settler desire. These fear-centred and heteronormative beliefs have impacted Indigenous LGBTQ and two-spirit traditions through stringent beliefs defining what is "normal," "civilized," and "regular" sexuality, creating a sense of "otherness" that manifests in legal actions that legislate systemic homophobia, transphobia, and queerphobia. These systems perpetuated violence against Indigenous two-spirit peoples and created cycles that undermined community principles, divided families and communities, and facilitated genocide of Indigenous peoples. Unfortunately, some Indigenous communities have also adopted these ideologies and perpetuate lateral violence on their relatives too, isolating the very traditions that formed the basis for Indigenous cultural and intellectual sovereignty.

MEN WHO ARE SOCIALLY ISOLATED AND LONELY

Social isolation and loneliness can harm men's mental and physical health, and increase their risk for premature death.[65,66] The quality of men's relationships is key to reducing loneliness, and their challenges for building and maintaining social connections and intimate partnerships are known risks for suicide.[26,67–73] Enhancing social connectedness as a public health response to social isolation and loneliness is critical. Such efforts need to focus on sustaining community-based programs including men's peer mental health supports,[72] and upstream resources for building better intimate partner relationships[69] along with mental healthcare services that are responsive to men's needs.[74,75]

MEN IN THE CRIMINAL JUSTICE SYSTEM

Overall, men in the criminal justice system have an increased risk of suicide.[80] Indigenous men in provincial correctional facilities make up 31.8% of the total overall prison population. In the prairies it is the highest at 57.4% of the inmate population being Indigenous.[81] One study indicated that 11.5% of male suicides in the 40 to 64-year-old age group were involved in the criminal justice system.[82] Moreover, 93% of prison suicides are male, and incarcerated men are three times more likely to kill themselves compared to men in the general population.[83] Based on the findings drawn from a systematic review, there are several modifiable risk factors including psychiatric diagnosis, clinician knowledge of inmate suicidal ideation during current incarceration period, and single-cell occupancy that can guide practices for reducing suicide risk amongst male prisoners.[84]



Men are less likely to ask for help when they need it

The barriers to men seeking help are contextual and diverse. Some men self-monitor symptoms for longer before formally seeking help,[85] while others experience healthcare services as unwelcoming and unaccommodating.[86]

Consistently detailed in research about men's help-seeking behaviours is the influence of their alignments to masculine norms.[87] These norms can be protective of health (e.g., men's interest in physical fitness and diet), but they can also risk (e.g., alcohol and substance use) rather than promote men's health.[88] Specifically, men who value strength and self-reliance often avoid seeking help, while for others, protector and provider roles leverage their help-seeking as a means to ensuring they are healthy enough to look after others.[89] Mental illness is interpreted as a weakness by many men, and they often deny, conceal and self-isolate rather than seek professional help.[90] In extreme cases, men's rigid alignments to unhealthy masculine norms can render them vulnerable to self-harm.[91]

HEALTH LITERACY

Women's relationships with health and healthcare are often established during adolescence, and in many cases built around their reproductive and sexual health needs. Men, in contrast, tend to be estranged from healthcare, and their health literacy is often under-developed.[92–94] Gender differences in health literacy are influenced by intersecting sociocultural drivers. For example, low income, low education and living alone are factors associated with lower mental health literacy amongst men.[93] Health literacy can support men's confidence to access and understand health information and engage healthcare services. Indeed, health literacy is key to men negotiating and navigating healthcare systems and services.[95–99]

Building and acting on health literacy can be stifled by men's alignments to masculine norms.[100] Promoting healthy masculinities, and leveraging boys' and men's values and virtues can enhance their health literacy.[101,102] For example, some workplaces stigmatize men's absences for caregiving duties such that fathers who take paternity leave are viewed less positively,[103] and this reduces the potential for contemporary fathering roles and perpetuates women as the primary caregivers.

Low levels of health literacy are associated with less uptake of health screenings and preventive care services, and more hospitalizations, use of emergency care and higher mortality rates in men.[104,105] There are important opportunities for bolstering men's health literacy through community-based health promotion programs and informal supports (e.g., friends, family and workplaces).[106,107]

And when men do ask for help, the health system does not always respond to their needs

While we know about the barriers and enablers to men seeking primary healthcare,[86] we know far less about men's pathways to mental health services, how they engage with, and experience the health system, and how the health system responds.[40,108]

This is particularly concerning when considering the experiences of Indigenous men, who face significant barriers to accessing equitable care. In many cases, they are required to leave their remote home communities to seek services in distant urban centres—an added burden that disrupts family, cultural, and community connections. Compounding these challenges is the presence of systemic racism within the healthcare system, which too often leads to discriminatory practices—such as viewing Indigenous men as intoxicated rather than recognizing their legitimate need for support.

A number of reasons can explain why some men do not access healthcare services or are lost to follow-up. These range from ill-fitting services for men (e.g., poor communication or lack of connection with practitioners, discrimination, insufficient clinician knowledge about men's health issues and lack of culturally appropriate services) through structural factors (e.g., long wait times, lack of availability of services, poor coordination between services, cost, lack of transport, inconvenient operating hours).[88,109] For Indigenous communities, this is most often an issue of access and, when accessible, cultural competency in healthcare providers.

To bolster men's engagement with healthcare we need to better equip service providers to effectively work with men.[110] There also has to be sustained efforts and investments for building healthcare services that are responsive to the needs of boys and men. Male sub-groups including Indigenous, Black and 2SGBTQ will benefit from inclusive and trauma-informed services to reduce the impact of health inequities and optimize their outcomes.[55,111,112] Of course, there is much more research to do, but it is clear that men are not always getting the support they need.

There is a lack of formal education and training about men's health for healthcare professionals.[113] Sex and gender considerations in providing healthcare have not been consistently incorporated, and are often entirely absent from undergraduate, and post-graduate medical and allied health curricula[114] as well as continuing professional education. This can impede clinical practice – for example, evidence indicates that mental health practitioners have a significantly lower willingness to treat and refer male patients (vs females) experiencing suicidality, with practitioner self-perceived competence being the strongest predictor of that outcome.[115] This is slightly different for social service education and training at least in some provinces.[113]

"As a man, I've noticed that healthcare settings can sometimes feel less tailored to me, especially when it comes to topics like mental health or even routine wellness. I think there's still a bit of stigma around men opening up about health issues, particularly when it comes to emotional well-being or seeking help for things like stress or anxiety."

–JACKSON, AGE 25-34, BLACK, LIVING IN ONTARIO

–JACKSON, AGE 25-34, BLACK, LIVING IN ONTARIO

"The healthcare provider seemed preoccupied and barely made eye contact. My concerns were dismissed quickly, and I left the appointment feeling unheard and frustrated. It was a disheartening experience, making me wary of future healthcare visits."

- BENJAMIN, AGE 18-24, CAUCASIAN, LIVING IN QUÉBEC

THE MOVEMBER INSTITUTE POLLED 1,502 MEN IN CANADA ON THEIR EXPERIENCES OF ENGAGING WITH PRIMARY CARE. THE SAMPLE WAS NATIONALLY REPRESENTATIVE.

Most men feel at least somewhat confident in their understanding of their health, but not all do. There is room for improvement, especially among younger men.

1 / 10

young men did not feel confident in their understanding of their health

MOVEMBER® INSTITUTE OF MEN'S HEALTH

MOUSTACHES LOVE RESEARCH

"My male friends will generally be less likely to go seek medical attention if it's not life threatening. Tough it out mentality is a thing even in people who do not try to be super masculine."

– OWEN, AGE 18-24, CAUCASIAN, LIVING IN BRITISH COLUMBIA

WHEN IT COMES TO SEEKING HELP FOR A HEALTH PROBLEM:

65%

of men waited more than 6 days with symptoms before visiting the doctor

27%

of men waited more than a month

9%

of men waited more than 2 years

Stereotypes and men's health behaviours

Regarding statements about stereotyped male health attitudes and behaviours, approximately half of the men polled agreed that:

- Men are less likely to follow medical advice than women (51%), and
- It is normal for men to avoid regular health check-ups (45%) (Figure 6).

Men are less likely to believe in stereotypes about men's mental health, but these beliefs still exist for some men, with:

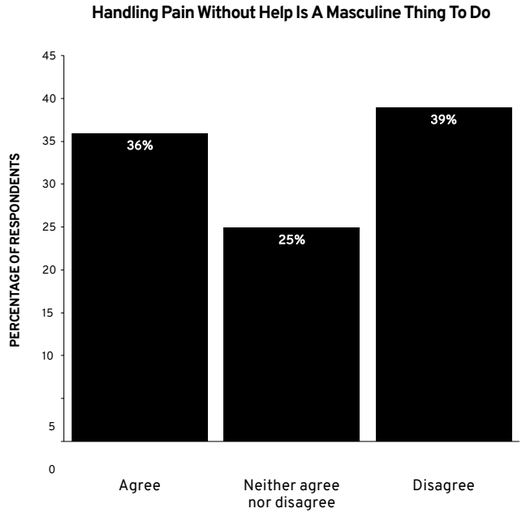
- 36% agreeing that handling pain without help is a 'masculine' thing to do
- 18% believing males are less likely than females to get depressed
- 21% suggesting that men are less likely to need mental health support than women
- 41% agreeing that men's health isn't taken as seriously as women's health.

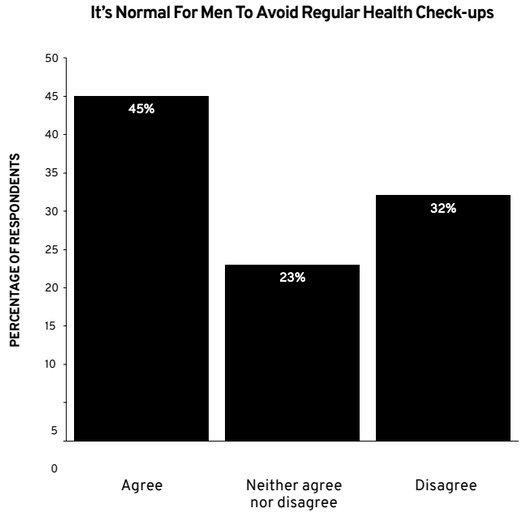
These views can influence men to delay seeking help for fear of being seen as weak or wasting the time of healthcare professionals. The polling also found that in relation to their own health behaviours:

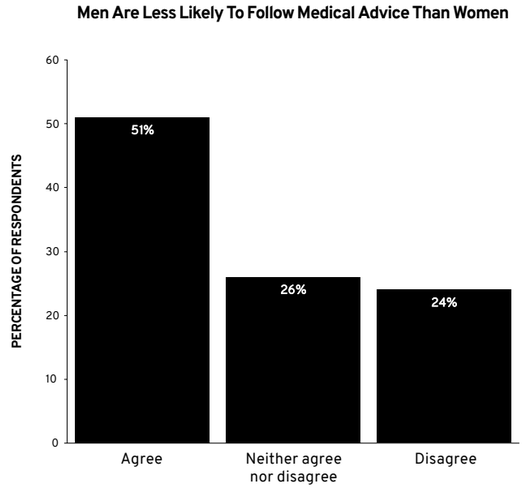
- 61% of men felt that masculine stereotypes (e.g., 'toughing it out') negatively influenced their health behaviours and experiences in healthcare settings. This was especially the case for some groups including:
- First Nations men (74%)
- Men with less than high school diploma or its equivalent (72%)
- 18-34-year-old men (70%)
- South Asian Canadian men (69%)
- Men with a mental health condition (69%)

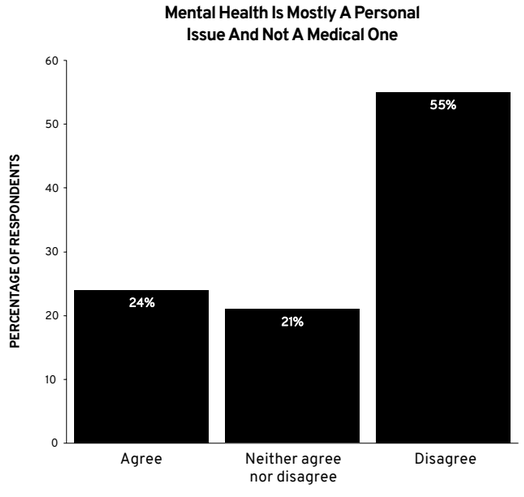
> "For me, it's hard to open up, it took me 5 years before telling my doctor about my mental health issues. Some men like to act like a tough guy but they shouldn't."
>
> – HENRY, AGE 45-54, CAUCASIAN, LIVING IN ONTARIO

FIGURE 6: POLLING RESULTS:
RESPONDENTS VIEWS ABOUT MEN AND THEIR HEALTH









Stereotypes, bias and healthcare interactions

When men do seek help, too often the health system does not adequately respond to their needs.

42%

of men had experienced their healthcare practitioner display bias towards them as a man

In some subgroups, this gender bias was experienced more. These included:

62% of Arab men
58% of First Nations men
53% of South Asian men
52% of men aged 18-34 years
51% of men living in Québec
51% of male students

“

The psychiatrist was more concerned about reducing my medication and protecting herself rather than really understanding why I take them in the first place. I feel judged simply based on the amount of medication I use and subsequently treated like an addict. I usually feel that as a man I sound like I’m complaining about everything and making excuses. Basically, I don’t think I’m taken seriously.

”

– LIAM, AGE 45-54, CAUCASIAN, LIVING IN QUÉBEC

“

Communication is important and I feel that questions regarding your full health concerns and lifestyle are more important than just asking about the immediate concern or issue…I have never had a doctor or healthcare practitioner ask about my mental health.

”

– OLIVER, AGE 35-44, FIRST NATIONS, LIVING IN ONTARIO

26%

of men overall felt a sense of stigma engaging with health education (e.g., healthy lifestyle information and programs) and this increased to 39% for young men aged 25-34 years.

About half the men (51%) felt that having a healthcare provider actively listen to their concerns was important; and 57% reported positively experiencing that (Figure 7). The sub-groups of men who were least likely to report being actively listened to by healthcare providers were:

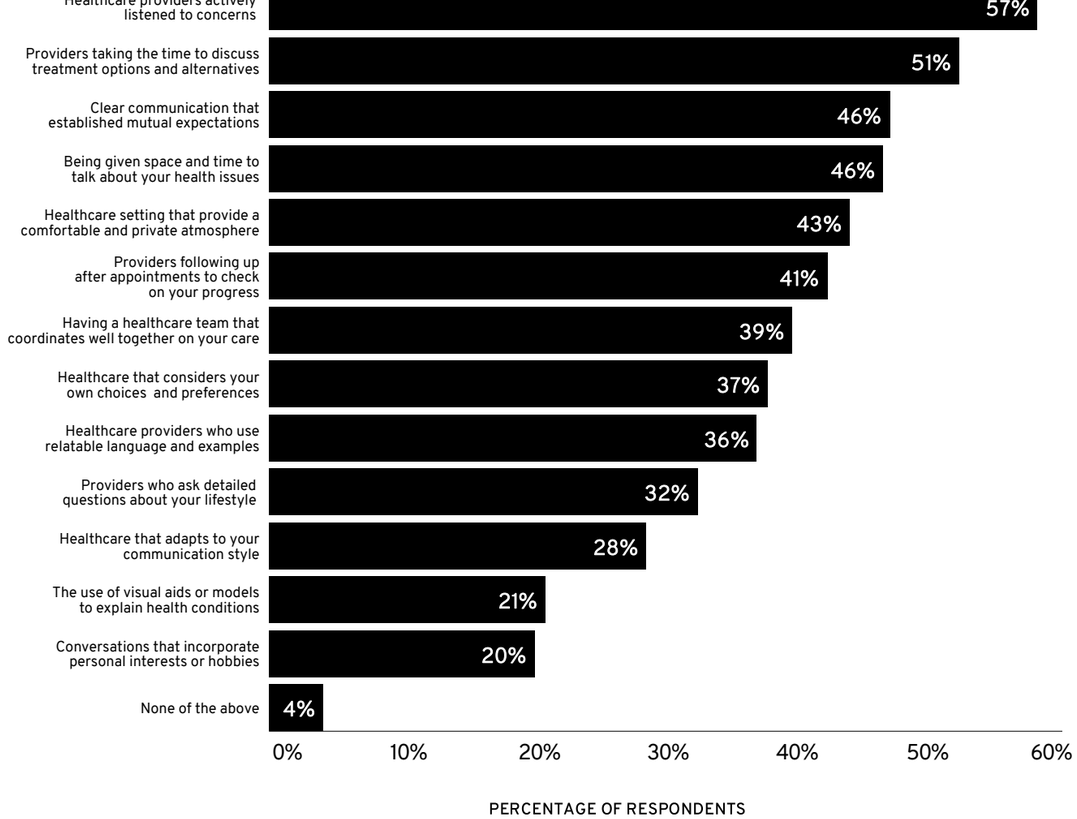
- South East Asian men (48%)
- Bisexual men (48%)
- Men who are full-time students (47%)

For men presenting to a healthcare provider with the first sign of illness, only 48% reported feeling that they were actively listened to about their health concerns, an experience that can potentially reduce their future help-seeking. When presenting with ongoing or severe symptoms, 57% and 50% respectively reported being actively listened to by their healthcare provider.

Positive elements of men’s healthcare interactions (Figure 7) included:

- 51% indicated that healthcare providers took the time to discuss treatment options and alternatives
- 46% reported clear communication with healthcare providers for establishing mutual expectations
- 46% suggested they were given the space and time to talk about their health issues

FIGURE 7: POLLING RESULTS: THE PERCENTAGE OF MEN WHO EXPERIENCED POSITIVE ELEMENTS OF HEALTHCARE ENGAGEMENT (DURING HEALTHCARE INTERACTIONS IN THE PAST 12 MONTHS)



The poll indicated that the first healthcare encounter has a profound impact on men's willingness to re-engage, and that negative experiences discourage future help-seeking:

67% of men who felt satisfied in their first encounter say they are more likely to seek help in the future when needed, compared with only 26% of those who felt unsatisfied.

54% of men reported facing one or more barriers to effective engagement with healthcare providers

27% reported healthcare encounters that felt rushed

14% felt that their healthcare practitioner overlooked or minimized their health concerns

15% felt that the communication they received in a healthcare encounter lacked empathy or connection

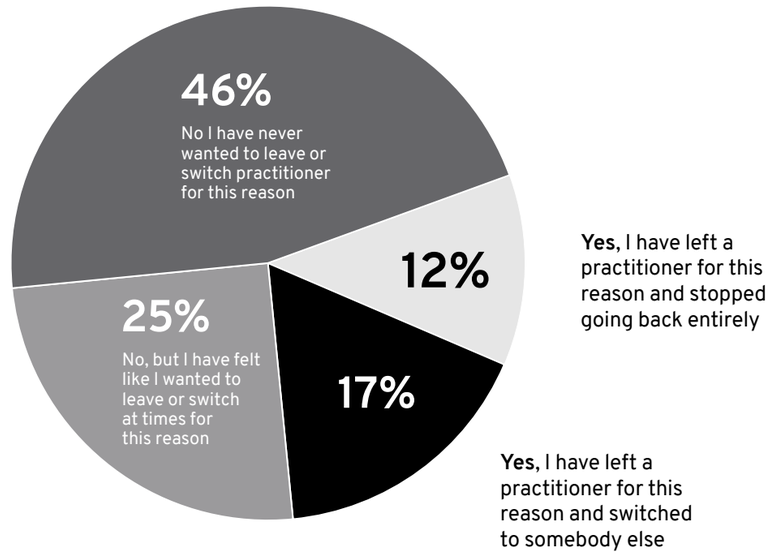
15% found it difficult to express the severity of their health concerns or symptoms

Young men, gay and bisexual men, South Asian and Black men and men who reported having a mental health condition were more likely than men overall to experience barriers to effectively engaging with their healthcare provider. These are small but important differences. For example, for younger men 18-34 years-old:

- 20% reported finding it difficult to express the severity of their health issues or symptoms (compared with 15% of men overall)
- 19% reported their healthcare practitioners overlooking or minimizing their health concerns (compared with 14%)
- 17% reported feeling judged by their healthcare practitioners (compared with 12%)
- 14% reported feeling misunderstood as a man (compared with 9%)
- 15% of 25-34-year-old men reported healthcare settings that made them feel unwelcome (compared with 10%)

Many men struggled to build meaningful connections with their healthcare practitioners, with 54% reporting having felt like wanting to leave their practitioner or having left their practitioner, due to a lack of personal connection (Figure 8).

FIGURE 8. POLLING RESULTS: THE PERCENTAGE OF MEN WHO DID AND DID NOT FEEL LIKE LEAVING A HEALTHCARE PRACTITIONER BECAUSE OF LACK OF PERSONAL CONNECTION



“

My GP seemed to diagnose my depression quickly and googled medication and listed a few I could try and I felt as though he did not offer much guidance. I always feel rushed when seeing my doctor. I feel like he is rushing and trying to get onto the next patient and feels like it was not very personal.

”

- GRAYSON, AGE 25-34, CAUCASIAN, LIVING IN ONTARIO

Practitioners are not consistently asking ‘gateway’ questions in consultations to encourage men to share their concerns and open up. These are missed opportunities to make every healthcare contact count with men.

28% of men reported that their healthcare practitioner never or rarely enquires about other things going on in their personal and social life that may be affecting their health.

21% of men reported that their healthcare practitioner never or rarely enquires about other health concerns beyond the presenting complaint.

Finally, the polling reveals that men have diverse healthcare experiences based on their specific health conditions.

After visiting their healthcare provider, men with long-term illness or disability are more likely to feel:

Disempowered
(34% compared with 13% of all men)

Stressed
(33% compared with 14%)

Worried
(32% compared with 13%)

Discouraged
(27% compared with 11%)

Ignored
(22% compared with 8%)

Dismissed
(21% compared with 9%)

Misunderstood
(20% compared with 9%)

Unsatisfied
(20% compared with 10%)

Confused
(19% compared with 7%)

Disrespected
(13% compared with 6%)

Métis men are more likely to feel:

Confused
(15% compared with 7% of all men)

Worried
(27% compared with 13%)

Dismissed
(16% compared with 9%)

- which leads to a sense amongst many Metis men that the healthcare system is not safe or welcoming.

Other notable differences in experiences for particular groups of men include:

27%

of self-employed men found the logistical aspects of the healthcare facilities (e.g., ease of booking, access to the location and the building, clarity of any processes regarding appointments, tests or re-booking) to be poor, compared with 16% of all men

23%

of gay men and 21% of bisexual men are more likely to feel stressed (compared with 14%)

21%

of men 18-24-years old are more likely to feel stressed (compared with 14%)

17%

of retired men and 14% of self-employed men are more likely than men overall (9%) to feel dismissed

13%

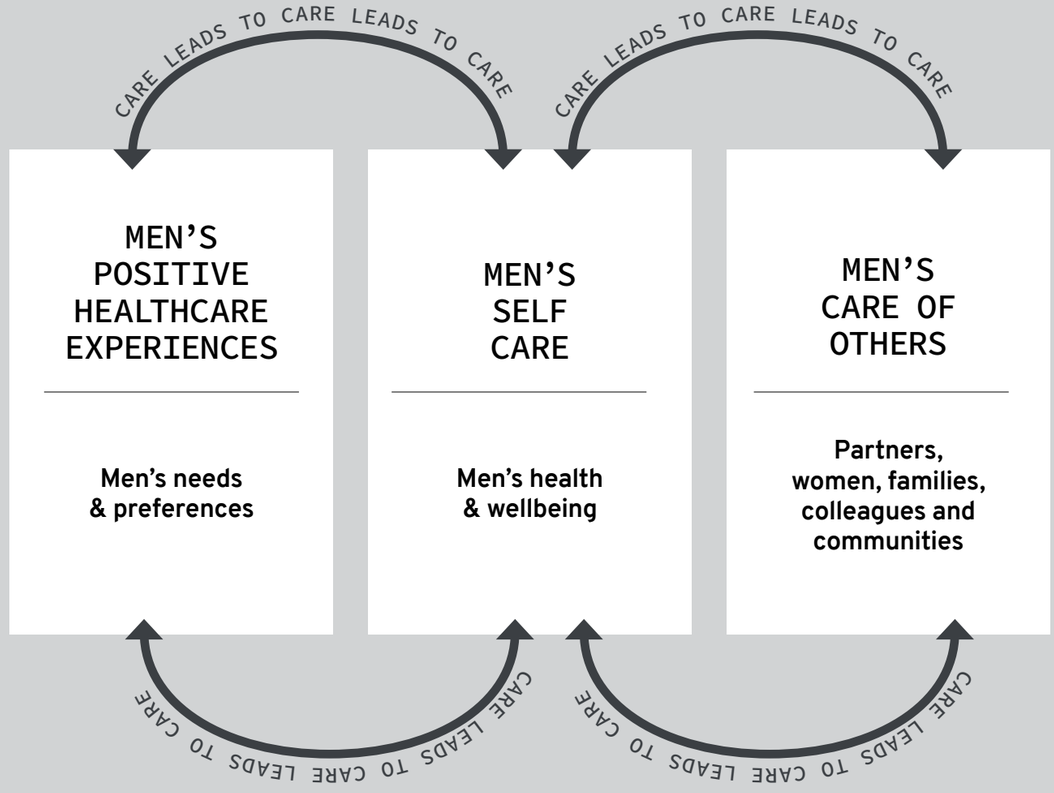
of bisexual men are more likely to feel disrespected (compared with 6%)

Conclusion: The state of men's health

Too many men in Canada are dying too young, of causes that are preventable. Some groups of men are more disadvantaged than others, especially Indigenous boys and men. We still do not have a full picture of Canadian men's healthcare experiences, and more research is needed to guide the development of services that are responsive to men's needs. The poll results in this report highlight that too many men face challenges and have poor experiences when they do engage with healthcare. There is much to be done to create tailored healthcare services and system efficiencies to ensure men do not slip through the cracks.

The Unexpected Faces of Men's Health

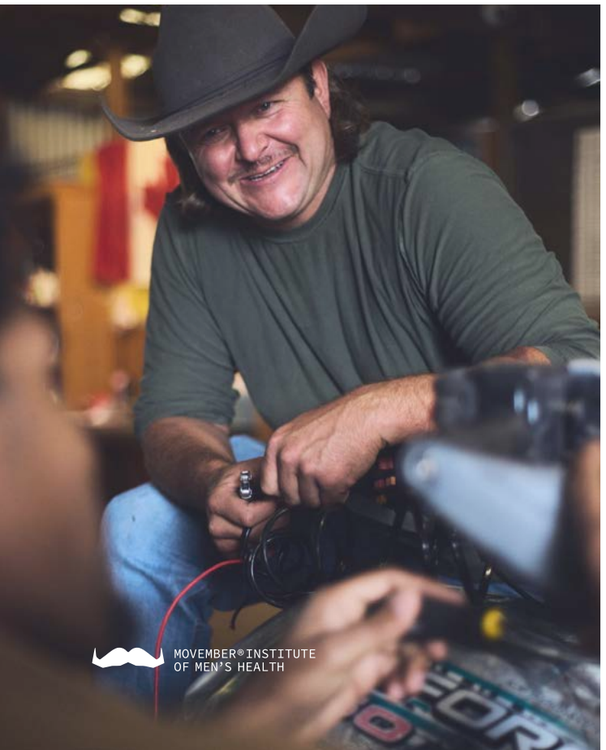
While the previous chapter detailed the state of men's health in Canada, this chapter helps us understand the impact on men, and those closest to them, and the economic costs of men's poor health outcomes.



THE IMPACT OF MEN'S POOR HEALTH ON OTHERS

There are many ways that men's health behaviours and illness experiences impact others.[116,117] It is their family, friends and colleagues who are most prominent among the unexpected faces of men's health. This chapter summarizes existing insights and offers new data about the impact of men's poor health on their caregivers.

Fathers' physical and mental health can impact their children from conception to adulthood.[118] Increased body mass index in fathers can affect pregnancy outcomes and their children's growth and development.[119] Fathers' diet and eating behaviours influence those of their children.[120] Men's mental health challenges are associated with increased risk of behavioural and emotional difficulties in their children.[121] Indeed, paternal depression rates for Canadian fathers in the first 12 months postpartum are 22.4%,[122] and depression in fathers is associated with a 42% increased risk of depression in their offspring.[123] The health behaviours of fathers can also impact their partner's maternal use of alcohol,[124] tobacco[125] and marijuana.[126]



Men's sexual health is intricately tied to their partner's well-being.[127,128] For men living with prostate cancer, the impact of the disease and treatment[s] on their intimate partner relationships can be traumatic and long-lasting.[129,130] Specific psychological impacts on intimate partners of men who are living with prostate and other cancers include anxiety and depression.[131]

Men's poor mental health is associated with risky behaviours including gambling and self-medicating with alcohol and other substances, which in turn pose significant harms for those around them.[132] Gambling can damage family finances and have emotional, physical, mental and social costs on family and friends.[15] Heavy alcohol use contributes to gender-based violence[133] and distressed and disrupted intimate partner relationships.[69]

Premature and preventable male deaths can have a profound impact on family, friends, colleagues and communities. Losing young men to motor vehicle accidents, drug overdoses and violence results in complicated grief for many of the bereaved.[134] Male suicide has devastating and wide-ranging negative physical, mental and financial effects on survivors.[135,136] Additionally, over 70% of those widowed in Canada are women,[137] and the death of a male spouse results in depression for 20-40% of the partners who are left behind.[138]

In addition to the linkages between men's health behaviours and mortality, significant caregiving demands can emerge when men experience illness and/or disability. This caregiving work most often falls to women, and their own health is requisite to sustainably carrying out caregiving tasks for the men in their lives.[139] The caregiving contexts in Canada increasingly include caring for aging parents and people with disabilities; yet most of this labor is unpaid.[140] Moreover, while men's ill health demands increased caregiving work, the capacity of men to provide care to others is contingent on their health.[141] This is an important consideration given that Canadian men and women aged 75-to-84 are equally likely to have spousal caregiving responsibilities.[142]

NIIGAAN SINCLAIR REFLECTS ON HIS GRANDFATHER'S HEALTH

When I think about Indigenous men I think about my grandfather. Raised on our traditional lands near St. Peter's, he was removed to residential school and, like many, brainwashed through a demeaning process that included replacing your name, language, and identity. He was also sexually abused by a priest at the age of five – the same priest that hit him so hard on the side of his head while he was working that he never heard clearly from one ear ever again. Grandpa was taught from a very early age that being Indigenous was backward, savage, and heathen and that everything associated with protecting that was wrong. Residential school therefore not only physically removed him from community but ideologically separated him from experiences of love, kindness, and beauty that would have grounded him and kept him connected.

Grandpa rarely spoke about this—I mean, who would—but the horrific, violent sexual, mental, and psychological abuse residential school students endured is well documented. His answer to this experience was to begin a process of trying to reconcile this experience in whatever way he could. Weirdly, he chose to fight in World War II – probably because the war he was fighting in Canada was worse. At the time, the army had this habit of sending Indian soldiers to the front lines. After many of his friends were killed and he himself was injured, he returned to this country an enfranchised, injured Indian with no support, no rights, and completely isolated. At the same time, he had no high school diploma. Trying to support a young family, he worked up north in the mines and suffered from a cave-in, which harmed him mentally and permanently for the rest of his life. He then had to settle for working basic labour jobs in Winnipeg, returning to see his family sporadically on weekends.

What he had been taught in school and was now put in the position to do was to work, compete for jobs, and "progress": live the good old fashioned Western dream of being a "man all on your own." Soon, however, with war injuries and wear and tear on his body taking hold, this way of life was unsustainable. And, when he lost my grandmother—the only woman he would ever love—shortly after she gave birth to my uncle, Grandpa really had a hard time.

For a long time he had struggled with drinking but after the death of my grandmother this consumed his life. I imagine what inspired much of this was a long history of loneliness, both imposed and self-imposed. He found isolation at residential school, at war, in the mines up north. This was no doubt very frustrating, and when Grandpa drank he wanted to fight, so he did. He fought my uncles, my dad, my aunt, and pretty much anyone else he could find. Soon he had pushed everyone away, he was literally all alone. He left many painful memories for many people – all of which I have heard from many people throughout my life. I learned how he left a path of destruction that took many people many years to try to reconcile themselves through alcohol, drugs, gambling and other choices. Luckily, for many of us – including me – we have found other paths.

For many years I judged Grandpa harshly for leaving this path for all of us to struggle through but now that I am older I am starting to understand him. I can only imagine the challenges he faced trying to make a living in a world that exploited, abused, and rejected him. Closer contact with his family, community, and nation would have facilitated a sense of protectorship in the institutions and relationships that he came from.

The ending to this story though is that my grandfather did learn to become a protector in his own way.

Just after I was born—and in large part because my father told him that he could never come around his grandson while he was drunk—he quit drinking. He chose a relationship with me and his other grandchildren instead. I cannot imagine anything more brave, dignified, or warrior-like. I can honestly say that I never once saw him drink and only knew a loving, sensitive, generous man. He was also one of the funniest people I have ever known. It took him a very long time—and many unforgiveable acts—but he became a protector of me, my cousins, and our family, inheriting something that had been waiting for him his entire life.

Protectorship is something you earn. Indigenous men don't start off as protectors; they inherit it through work, mentorship, and being recognized. This is something that was not only taken from us as a community of men, but resulted in impacts that will take generations to heal.

Informal caregivers

“
I am exhausted. It feels like the more I give, the more he needs. I am often stressed about not meeting my own needs and deadlines and am staying awake at nights to get time for myself. I am quick to temper and often feel aggravated. The worst is that whenever I see people I know, they only ever ask how he’s doing.
”

– EMMA, AGE 35-44, CAUCASIAN, CAREGIVER IN ONTARIO FOR SEPARATED SPOUSE WITH POST TRAUMATIC STRESS DISORDER (PTSD)

The unexpected faces of men’s health include informal caregivers – a group who provide unpaid but critically important care to men when they are unwell. Caring for men falls disproportionately (but not entirely) to women.[143] In 2022, 23% of Canadian women provided unpaid care to adults with long-term conditions or disabilities compared to 19% of men.[144]

The care they provide is vital, and the men in their lives can be dependent on that help. The caregiver work can also be intense, and we must find ways to reduce the impact.

In Canada, 1 out of every 4 people is a caregiver, and at least half will be a caregiver at some point in their life. Movember commissioned new polling of 1366 caregivers (family, friends, partners) supporting men with physical and/or mental health conditions*. The respondents include women (72%) and men (27%), and 55% were caregiving for their partner. The poll reveals how all-consuming caregiving can be. In particular, the health challenges and risks to those who provide caregiving to men underscores the importance of effectively working to promote the health of Canadian boys and men.

Polling by the Movember Institute of 1366 caregivers in Canada found that:

50% reported a negative impact on their finances

68% reported reduced energy levels

66% reported a negative impact on their mental health

50% reported a negative impact on their physical health

54% reported a negative impact on their life satisfaction

* The polling in this report is from research carried out by Movember Institute of Men’s Health in Jan-Feb 2025..
- In this report we define caregivers as people who care for men with physical and/or mental health conditions.
- The focus is on informal/unpaid caregiving, rather than full time or paid caregiving.
- As the caregiver polling survey sample was not weighted to be nationally representative, here and further references to the results refers to “of those polled”.

“

Because his skills fluctuate, I cannot plan in advance to visit a friend… it costs us to hire home support so I can leave for part of the day. I had to drop out of choir since he cannot make his own dinner…I had to pay for personal therapy to help me grieve the lifestyle change and my loss of freedom.

”

- NORA, AGE 85 AND OVER, CAUCASIAN, CAREGIVER IN BRITISH COLUMBIA FOR SPOUSE WITH HEART DISEASE

68%

reported the loss of personal time

57%

reported a negative impact on their social life

39%

reported a negative impact on their family responsibilities

“

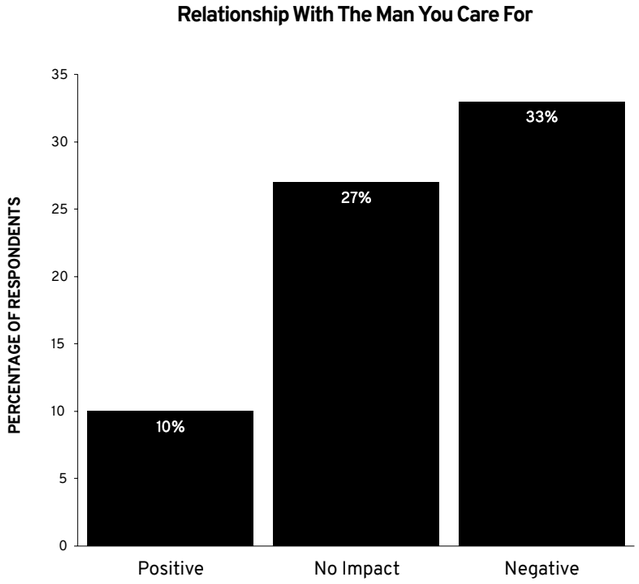
One year after retirement my husband was diagnosed with Parkinson’s and the anxiety and depression that came with it was life changing. In the last year I never left him alone and I/we have spent very little time with our kids and grandchildren.

”

- LILY, AGE 65-74, CAUCASIAN, CAREGIVER IN SASKATCHEWAN FOR SPOUSE WITH MULTIPLE PHYSICAL AND MENTAL ILLNESSES

Those who provide caregiving to men reported impacts on their relationships (Figures 9 and 10) and on their work and career progression opportunities (Figure 11).

FIGURE 9. POLLING RESULTS: THE IMPACT OF CAREGIVING RESPONSIBILITIES ON AREAS OF THE CARERGIVER’S LIFE



“

He attempted suicide, but regretted it. Came to find out he has massive childhood PTSD and severe anxiety over things he has no control over. It has caused me great stress. Almost losing him and dealing with therapy has been draining. Yes. I’m in counselling too.

”

– CHLOE, AGE 45-54, FIRST NATIONS, CAREGIVER IN ONTARIO FOR SPOUSE WITH POST TRAUMATIC STRESS DISORDER AND DEPRESSION

“

Living with and loving someone with PTSD and other trauma along with ADHD [Attention deficit hyperactivity disorder] with an OCD [Obsessive-compulsive disorder]/ODD [Oppositional defiant disorder] component is exhausting. Supporting them, while taking care of yourself and others in your family is a 24/7 job as you never know what will trigger a reaction. I often feel like the forgotten partner as I’m so busy putting things in place to help my partner deal with and manage their stressors.”

”

– EVELYN, AGE 45-54, CAUCASIAN, CAREGIVER IN NEW BRUNSWICK FOR PARTNER WITH MULTIPLE PHYSICAL AND MENTAL ILLNESSES

FIGURE 10. POLLING RESULTS: CAREGIVING ROLE EFFECTS ON THEIR RELATIONSHIP WITH THE MAN THEY CARE FOR

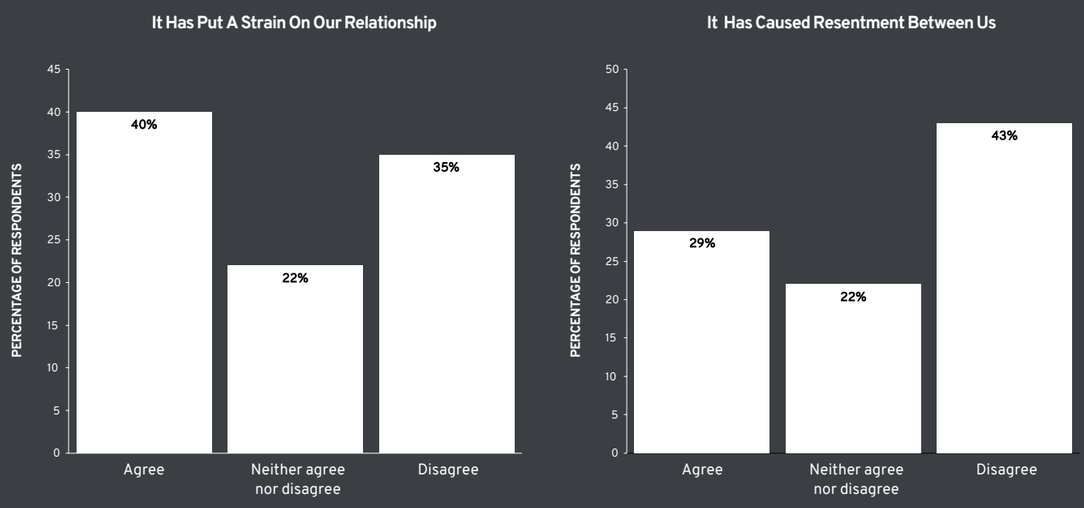


FIGURE 11. POLLING RESULTS: THE IMPACT OF CAREGIVING RESPONSIBILITIES ON THEIR WORK AND CAREER PROGRESSION AND OPPORTUNITIES

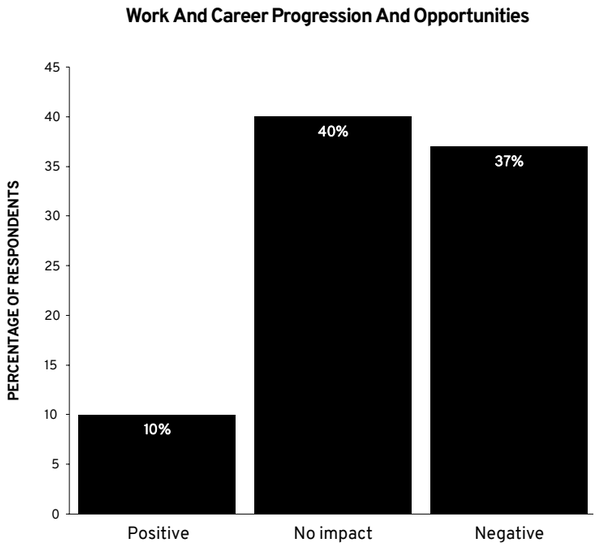
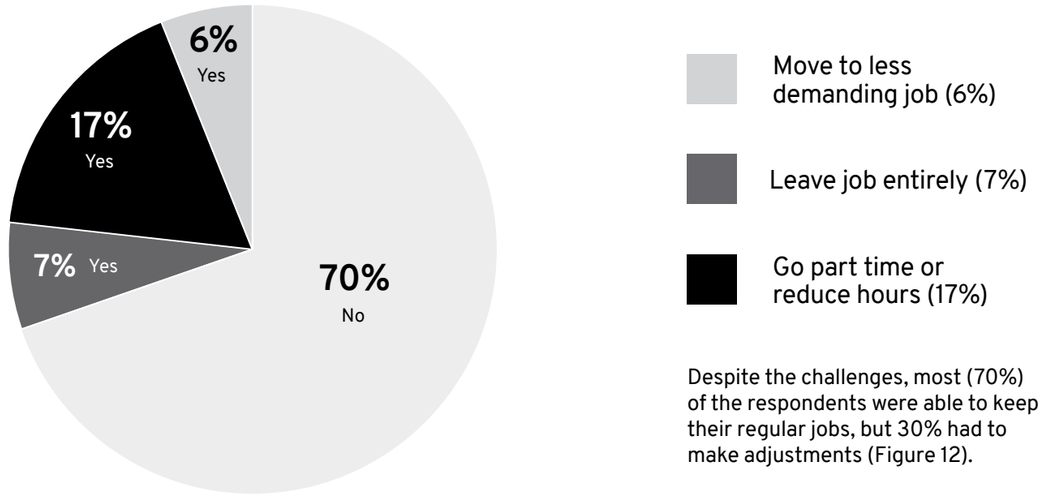


FIGURE 12. POLLING RESULTS: PERCENTAGE OF CAREGIVERS WHO HAVE HAD TO LEAVE, CHANGE JOB OR REDUCE HOURS TO SUPPORT A MAN WITH A HEALTH CONDITION



Despite the challenges, most (70%) of the respondents were able to keep their regular jobs, but 30% had to make adjustments (Figure 12).

Fig 12: Percentage rounded by 2 decimal points to give 100% total for response “No” (69 rounded to 70) in Figure 12.

“It has been difficult at times like when I had to quit my job, I was depressed.”

– OLIVIA, AGE 35-44, FIRST NATIONS, CAREGIVER IN BRITISH COLUMBIA FOR PARTNER WITH PROSTATE OR TESTICULAR CANCER, AND OTHER PHYSICAL AND MENTAL ILLNESSES

“I caregive out of love but it would help me financially if I were compensated because I don’t have time to work outside of the house even though I would like to.”

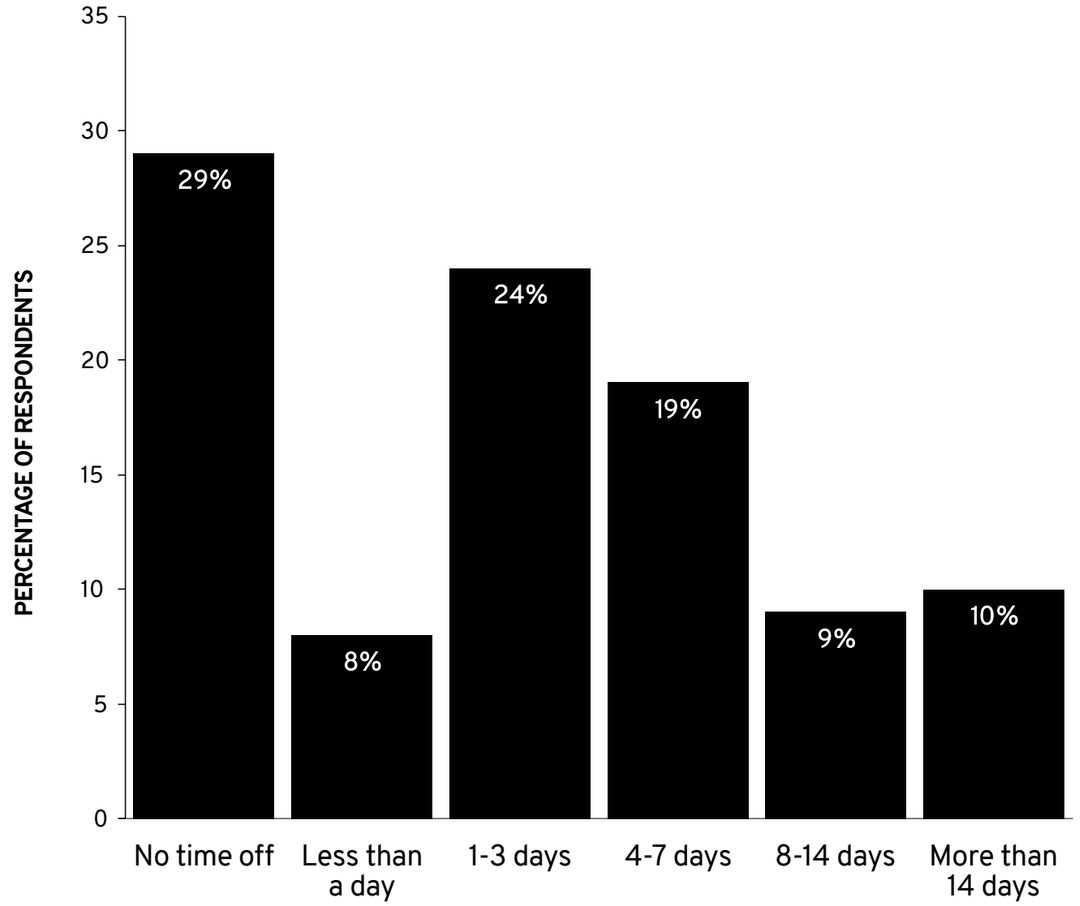
– AMELIA, AGE 55-64, CAUCASIAN, CAREGIVER IN ONTARIO FOR SPOUSE WITH PTSD

“I feel my professional life has taken a downturn that I am working part-time now. I thought I would help my husband with his issues but I have too little energy to do my work duties and support him, withstanding all odds and uncertainties about our financial future.”

– ALICE, AGE 35-44, SOUTH ASIAN, CAREGIVER IN ONTARIO FOR SPOUSE WITH DIABETES TYPE 1 AND AUTOIMMUNE DISEASE

Most caregivers (70%) who were employed had to take some time off due to their caregiving responsibilities (Figure 13).

FIGURE 13. DAYS OFF TAKEN BY EMPLOYED CAREGIVERS TO SUPPORT A MAN IN THE PAST 12 MONTHS



It is important to note that, while caregivers detailed their challenges, there were also significant positives for looking after men who experienced ill health (Figure 14).

FIGURE 14. CAREGIVING ROLE AND POSITIVE EFFECTS ON THEIR RELATIONSHIP WITH THE MAN THEY CARE FOR

61%

Agree that it has improved their understanding of each other's needs

60%

Agree that they have more quality time together

59%

Agree that it has brought them closer together

56%

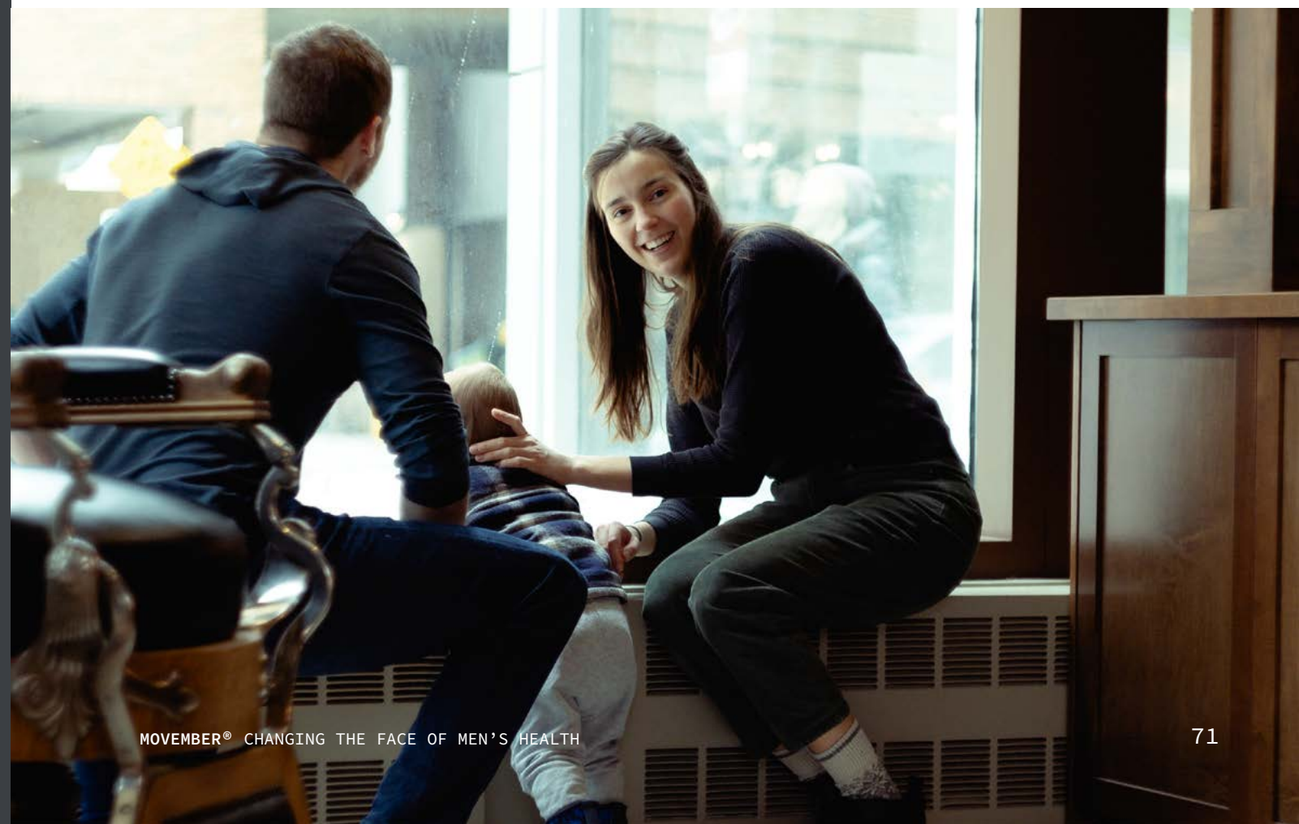
Agree that it has improved their communication

47%

Agree that it has led to an increased sense of shared goals

> "The sense of duty, of comradery. It is humbling, but rewarding. It's made me more sensitive to, and aware of, the men's mental health crisis we are facing right now."
>
> – NOAH, AGE 35-44, LATIN AMERICAN, CAREGIVER IN ONTARIO FOR A FRIEND WITH MULTIPLE PHYSICAL AND MENTAL ILLNESSES

> "Taking care of loved ones always brings a positive change in our lives. I feel like I have got more connected to my dad while taking care of him. Got to know of his concerns, love for us and care for us."
>
> – ZOE, AGE 18-24, SOUTH ASIAN, CAREGIVER IN ONTARIO FOR FATHER WITH DIABETES TYPE 2 AND DEPRESSION



While both women and men can be caregivers, gender played a role in how caregiving was experienced (Figure 15).

Women experienced more intense caregiving demands, spending an average of 10 hours per week on domestic tasks vs 7 hours for men. Women were more involved across most areas of caregiving:

Emotional support
(87% women compared to 77% men)

Domestic support
(69% women compared to 51% men)

Talking about health
(61% women compared to 46% men)

Listening to concerns
(60% women compared to 40% men)

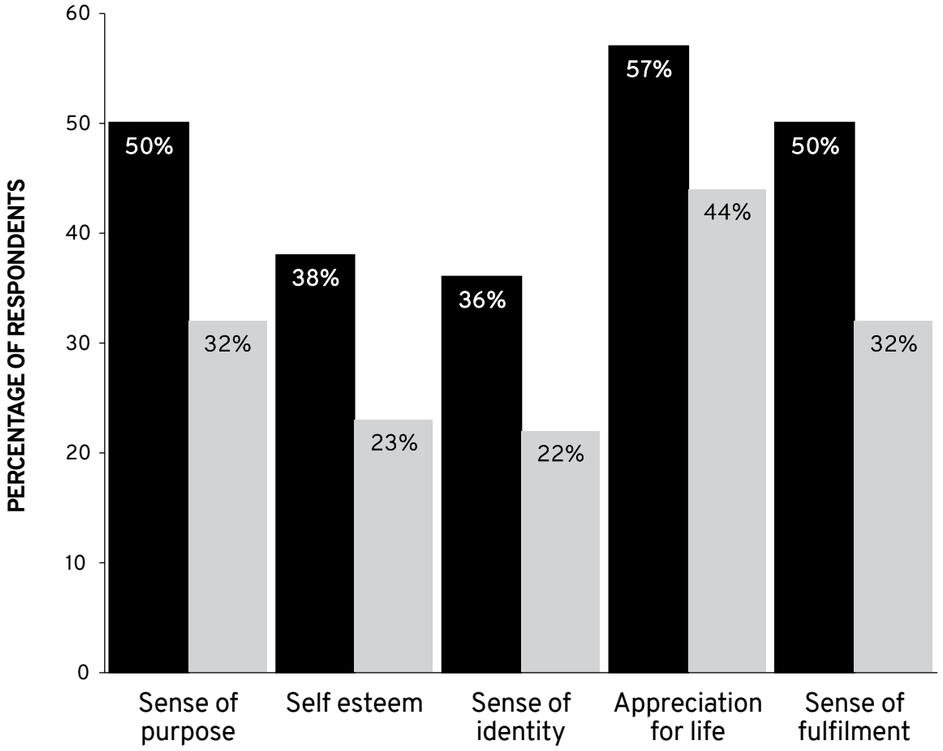
Researching the condition and treatments
(59% women compared to 41% men)

Encouraging healthcare
(58% women compared to 42% men)

Worrying about them
(62% women compared to 32% men)

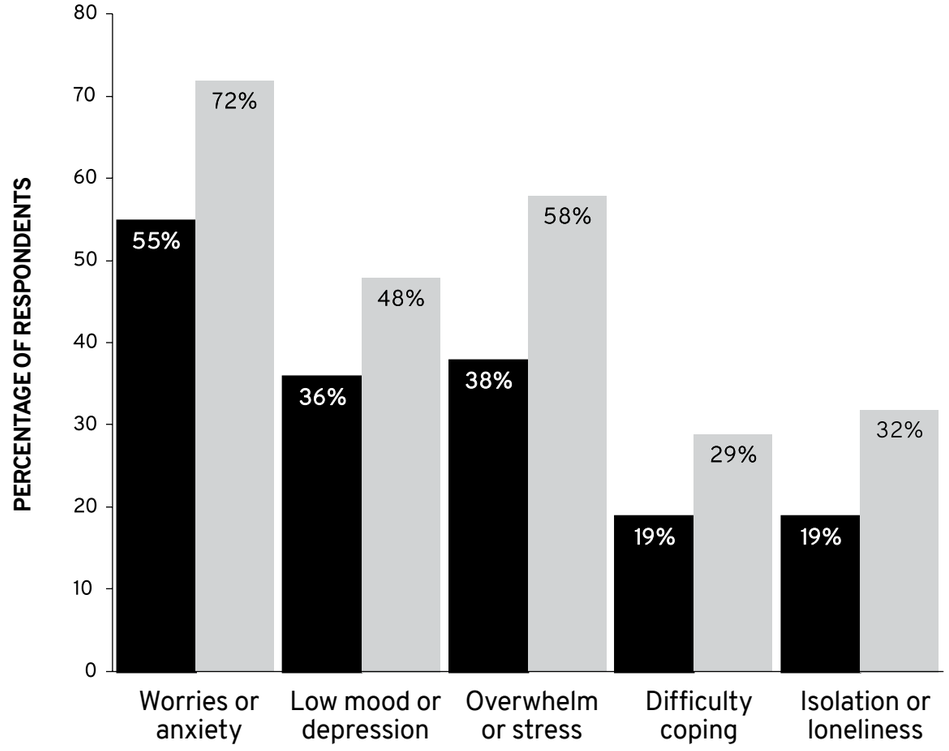
Women caregivers reported greater negative mental health and wellbeing impacts than men as caregivers (Figure 16).

FIGURE 15. THE PERCENT OF CAREGIVERS WHO REPORTED POSITIVE ASPECTS OF CAREGIVING BY GENDER



The findings in this chapter align strongly with existing research. While providing care can be a rewarding experience for caregivers,[145] caregiving consistently invokes mental, physical, social and financial stresses – especially for women caregivers.[146–148] Women tend to perform more and multiple competing roles when caregiving[147,149,150]; yet there is an increasing number of men needing to be family caregivers.[151] Proactively addressing and improving men's physical and mental health can reduce the amount of caregiving required from their loved ones, and build men's capacity to fulfil caregiver roles themselves.

FIGURE 16. THE PERCENT OF CAREGIVERS WHO REPORTED NEGATIVE MENTAL HEALTH AND WELLBEING IMPACTS OF CAREGIVING BY GENDER



THE ECONOMIC IMPACT OF MEN'S POOR HEALTH

Men's health challenges can limit their earnings. Depression, for example, is associated with reduced weekly hours worked, lower household income and increased deprivation.[152,153] Indeed, for working-age Canadian men, a single major depressive episode can result in reduced earnings that accumulate to a ten-year earnings loss of approximately $115,000 CAD.[152] As detailed in this chapter, a man's ill health can create a financial burden for caregivers, especially amongst those who have to sacrifice career goals, work less or leave their paid employment. Caregiving for a man can also have direct costs for food, transportation and medication. The financial costs of caregiving disadvantage many caregivers, and this in turn can risk their own health.[154-157]

For Indigenous peoples meanwhile, poverty is rooted in colonialism and corresponding processes of racialization – particularly of Indigenous men. The dispossession of Indigenous peoples from their traditional lands, their forced relocation to reserves or settlements in marginal areas, and the destruction of traditional economies have led the way towards marginalization. For Indigenous men, these situations have been at the forefront as all of these challenges have been historically placed (and blamed) on them. These conditions are exacerbated by systemic underfunding of services, programs and resources, including for schools, child welfare services, health, housing, and water systems, and by lower educational attainment levels and lack of employment opportunities in Indigenous communities – all of which hits men. In addition, impacts of historic trauma from residential school experiences, and other examples of colonial policies that aimed to instill poverty in communities eroded Indigenous cultures and languages, while instilling attitudes of historical mistrust with institutions and experiences of racism, discrimination and stereotyping.

Looking at the bigger picture, men's ill health has significant economic costs for Canada. In addition to the direct costs to the healthcare systems for looking after men, there are indirect costs to the economy as a whole, caused by reduced productivity and earnings which means less tax income for the government.

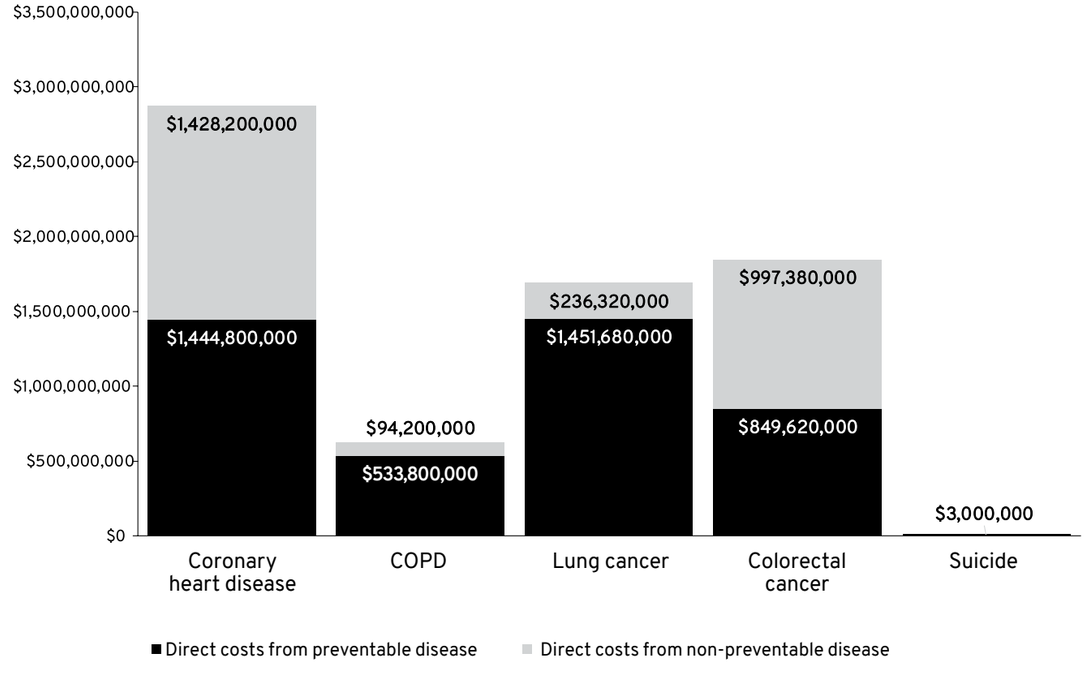
> "It makes me angry because the help he needs is too difficult for the average person to receive. There is an opiate crisis in this country and the medication to recover is outside of our financial reach. We've been accumulating a large amount of debt to try and keep up with the cost of medication as it is not covered by private, provincial or federal health benefits."
>
> – SOPHIE, AGE 35-44, CAUCASIAN, CAREGIVER IN NEWFOUNDLAND AND LABRADOR FOR PARTNER WITH ADDICTION OR SUBSTANCE USE ISSUE

New research for this report[8] details the significant economic costs of men's ill health in Canada. Specifically, five conditions cause the largest number of years of life lost to ill health for Canadian men: coronary heart disease (CHD), colorectal cancer, lung cancer, chronic obstructive pulmonary disease (COPD) and suicide.

The 2023 direct healthcare costs of these five conditions for men in Canada was **$7 billion CAD** (Figure 17). CHD contributed $2.9 billion CAD of these direct costs, which includes primary care physician costs, and the cost of hospital services and pharmaceuticals. There were additional indirect wider societal costs of **$13 billion CAD** (Figure 18). CHD contributed $9.2 billion CAD of these indirect costs comprising lost productivity, informal caregiving and lost tax revenue to the Canadian Government. $4.3 billion CAD of the direct healthcare costs, and $8.1 billion CAD of the indirect costs were due to disease that is preventable (caused by 'modifiable risk factors').

This means that if all 5 conditions had been avoided in men, Canada could have saved a total of **$12.4 billion CAD in 2023 alone**. This accounts for approximately 3.3% of the projected total health expenditures in Canada for 2024 ($372 billion CAD) and would cover the cost to fully fund more than 12 Canadian hospitals for a year.[9]

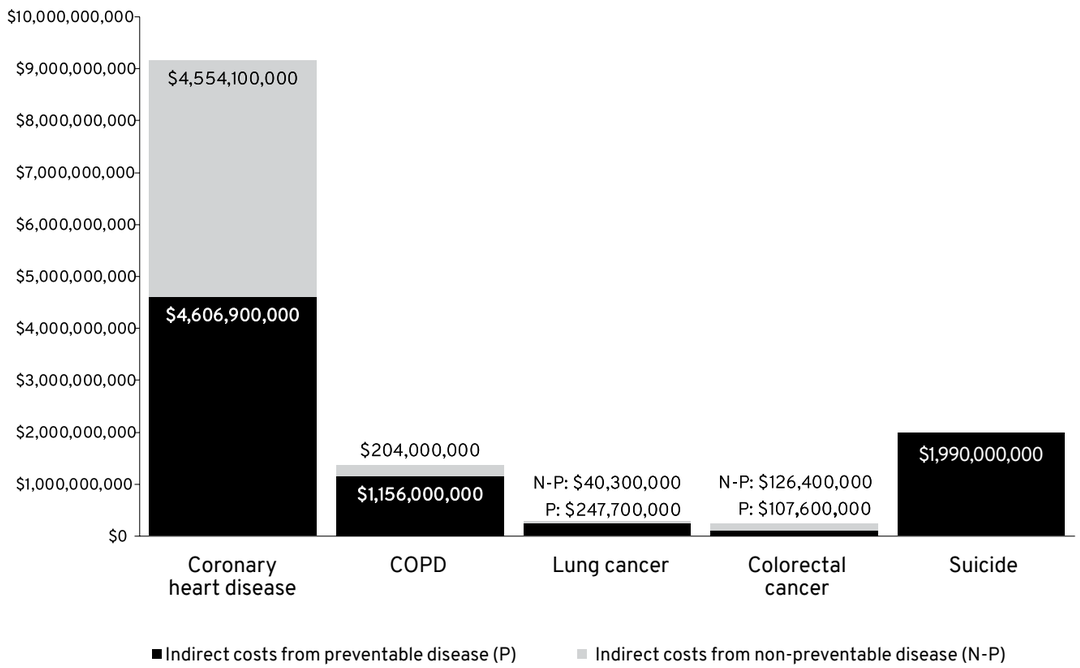
FIGURE 17. BREAKDOWN OF DIRECT COSTS FOR CANADIAN MEN'S HEALTH CONDITIONS



Although diseases that are amenable to interventions cannot always be prevented, they can often be delayed and effectively managed. These data underscore the significant savings that can be made by providing healthcare and services that are responsive to men's needs and focused on reducing their risks for developing these five conditions.

Overlaying these five conditions, data from health insurance companies confirm mental ill health as the leading cause of disability for employers in every region and sector in Canada.[158] Mental ill health claims tend to be more complex to manage and have longer duration than other claim types, accounting for >30% of disability claims and 45% of the total claim costs.[158] Long-term disability claims for depression are most common, though anxiety- and stress-related mental disorder claims have increased since 2020.[159] The use of mental healthcare services grew by almost 70% between 2019 and 2022 for men and women, while anti-depressants for the under 60-year-old age group increased by 40%, and more than doubled for the <30-year-old age group.[160] Men's mental ill health, in particular depression and anxiety, highlights the need for mental health promotion and suicide prevention programs that are responsive to men's needs.

FIGURE 18. BREAKDOWN OF INDIRECT COSTS OF CANADIAN MEN'S HEALTH CONDITIONS



Conclusion: Healthier men, healthier world

Given the broad and deep impact of men's poor health on others, the good news is that improving men's health can benefit men and those close to them. Improving men's health can also save the healthcare system and wider society billions of dollars and boost the Canadian economy.

And fortunately, through 20 years of working with men, Movember has learnings about what can work when it comes to improving men's health. The next chapter, A Brighter Picture: What Works in Men's Health, provides an overview of existing programs, campaigns, services and research dedicated to meeting the health needs of Canadian boys and men.

A Brighter Picture: What Works in Men's Health

We want men to be equipped to take care of their health, and experience a healthcare system that welcomes them, understands them and helps them to effectively self-manage. To achieve this, we need to know and apply what works when it comes to reaching diverse groups of men to ensure we deliver tailored programs and healthcare approaches that improve men's health literacy and affirm their help-seeking.

Of course, men care about their health. But for all men to feel confident to manage their health, we must offer healthcare experiences that resonate, and are positively built into men's lives.

This means that throughout their lives, boys and men need to build health literacy to understand their health and health risks, and feel empowered to self-care. Men's help-seeking also needs to be encouraged and engaged, so that when they do reach out, they are met with practitioners who can fully connect with them, and effectively respond to their health needs.

To get there, we need to invest in, and apply learnings from, what we know works in:

1) men's health promotion,

2) healthcare that is responsive to men's needs,

3) practitioner competencies, and

4) applied research.

This chapter features examples from Canada and internationally about what works to successfully engage men across these four critical elements, plus reflections from Niigaan Sinclair. Spanning the entirety of the men's health sector with programs and initiatives reporting differing levels of evaluation and evidence, the key design and delivery features common to their success are discussed. These insights should however be understood as emergent, in-progress and purposefully tied to our three policy asks.

MOUSTACHES LOVE RESEARCH

What works in health promotion to advance health literacy in men

There is an association between health literacy and engagement with healthcare whereby men with high levels of health literacy are more likely to regard disease prevention and health promotion programs as important and relevant to their lives.[93,161] Improving men's mental health literacy is especially critical to destigmatizing and normalizing help-seeking for mental illnesses including depression, anxiety and suicidality.[60,162,163] Strengthening men's health literacy is essential, as there is growing evidence that health promotion programs benefit from operating in environments, and using language, that are familiar and accessible to men.[163]

Canada has a rich history in men's health promotion with a wide range of community-based and online programs. These programs bypass some of the structural barriers that men can experience when trying to access traditional, professional healthcare services, to build health literacy and social connectedness.[97,164] In addition, community-based and online programs can engage hard-to-reach men who might not have access to, or utilize healthcare by offering safe environments to open up about their health challenges.[165]

Specifically, health promotion interventions delivered through sporting organizations to strategically reach men can significantly improve their physical and mental health outcomes.[166,167] Current evaluations of these programs indicate positive gains in men's health literacy, especially when funding is sustained to scale these interventions.

In the clubhouse

HOCKEY FANS IN TRAINING (HFIT)

(CAN, US) Drawing on the success and learnings from the UK's Football Fans in Training program,[168,169] HFiT was adapted for Canada and launched in 2014 with funding from Movember. The HFiT program engages men who are overweight through the power of sport fandom and affiliation with major junior/professional hockey teams.[170] In a 2017 pilot randomized controlled trial (RCT), 80 male ice hockey fans indicated the program's effectiveness for weight loss and improved health.[167] HFiT was scaled with funding from the Canadian Institutes of Health Research (CIHR) and Public Health Agency of Canada (PHAC) (2018-2023) to measure the program impact in 40 sites across Canada and the United States. A cluster RCT with 997 men indicated significant weight loss for attendees at 3 and 12 months, as well as improved health behaviours.[171,172] As of October 2022, >1,000 men had joined HFiT, 153 program coaches had been trained, and, with local partners, the program was delivered to >80 local communities.

Similar sports-based programs, including Football Fans in Training have used football club settings to deliver health lifestyle modification programs for men.

MOVEMBER AHEAD OF THE GAME (MAOTG)

(UK, AUS, IRE, NZ) MAOTG comprises a series of mental fitness workshops for young men aged 12-18 years-old, delivered through community sports clubs. Program evaluations have indicated improved mental health literacy and increased intention to seek help and confidence to help others amongst young male athletes who took part in MAOTG.[173] Since its inception MAOTG has delivered more than 1000 workshops at more than 150 Australian rules community football clubs, positively impacting >17,000 participants. It has also delivered to more than 8,000 UK teenage rugby league players, along with their parents and sports coaches, in the host towns and cities of the Rugby League World Cup in 2022. MAOTG continued to scale through rugby league, football and other sports, reaching >20,000 UK participants in 2023-2024. Movember delivered a pilot in 2019 – 2022 and plans to bring MAOTG to Canada in 2025 to connect with young men nationwide via community sports to build their mental fitness.

In the workplace

BUDDY UP

(CAN) Developed by the Centre for Suicide Prevention and incorporated into the Canadian Mental Health Association, Alberta Division, Buddy Up is a peer-based male suicide prevention campaign. Co-designed with men, the campaign encourages Buddy Up participants to complete activities that promote connection and well-being, learn about male suicide risk and engage authentic conversations with their buddies to support them. The Buddy Up campaign is year-round but focuses its activities in June with an emphasis on promoting men's mental health and suicide prevention in the workplace. In 2024, the campaign attracted 1,410 workplace champions (452 groups/organizations) and distributed 83,000 campaign materials. A mixed-method feasibility and acceptability study indicated that 92% of the participants drew benefits from their involvement in the campaign, and 95% were more confident to talk with men about mental health and suicide.[174]

FIRST RESPONDER RESILIENCE PROGRAM (FRRP)

(CAN) A Movember-funded project, the FRRP is designed, developed and delivered by Blueprint, a non-profit education and training organization focused on men, to enhance the psychological resilience of police and firefighter first responders in British Columbia. The FRRP is residential/retreat-based and offers an intensive 34 hours of skill development to first responders to strengthen their domestic, organizational and operational stress competence and capacity. Program evaluation indicates significant reduction of symptoms in participants pertaining to depression, anxiety and post-traumatic stress with outcomes sustained beyond 6 months of completing the program, as well as improved quality of life, interpersonal relations and social role functioning.[175]

In the classroom

NEXT GEN MEN (NGM)

(CAN) In 2014, the founders of NGM successfully pitched the idea for a boys' program to Movember, and have since built a non-profit organization that offers a range of programs, initiatives and resources to reach boys and men with the goal of equipping them to thoughtfully (re) think about their masculinities. These efforts include the online NGM Alliance, to the offline Rites of Passage Expeditions, training and tools for adults via Next Gen Mentors, telling stories through publishing Voice Male, and facilitating conversations for men about mental health and psychological safety through Movember SpeakEasy workshops and other Equity Leaders offerings.

WISEGUYZ

(CAN) Developed by the Centre for Sexuality in Alberta in 2010, WiseGuyz is an evidence-informed, participatory and gender-transformative life skills program focused on healthy sexuality and relationships, and the prevention of gender-based violence for male adolescents. Comprising four sequential modules, the school-based program is offered to young men in Grade 9 (13-15 years-old), and in community settings (12-18 years-old) in partnership with various organizations. Program evaluations since 2014 indicated that boys who completed the program self-reported increased freedom to express emotions, sexual health self-efficacy, improved sexual and mental health, and friendship closeness.[176–179] In 2024, the WiseGuyz Implementation Manual[180] was launched, funded by the Public Health Agency of Canada, to offer guidance for adapting the program and building sustainability. This program has recently scaled from school and community-based programs to youth justice settings.

GUYSWORK

(CAN) Supported by the Nova Scotia Status of Women Office and Women and Gender Equality Canada, GuysWork is a school-based program for young men (Grades 6-9), examining masculine norms and their impact on health. The program facilitators include teachers, school counsellors, school-based specialists and/or community members. A pilot study with 152 program participants indicated reduced adherence to traditional masculine norms.[181] The 2023-2024 Atlantic pilot project longitudinally evaluated the program's impact on male youth as they moved from grades 6 to 8. This program evaluation also included facilitators' and other stakeholders' experiences and perspectives to guide adjustments and efforts for scaling and sustaining GuysWork.

THE CANADIAN MILITARY, VETERAN AND FAMILY CONNECTED CAMPUS CONSORTIUM (CMVF3C)

(CAN) The Government of Canada has committed to the CMVF3C project to ensure that the health of all Veterans is promoted through securing meaningful employment upon release from the Canadian Armed Forces (CAF). This includes building health literacy skills and advancing the qualifications acquired during service to improve their life quality and work outcomes. Veteran Friendly Campuses include the Institute for Veterans Education and Transition (IVET) initiative at the University of British Columbia (UBC) which offers tailored programs and services including admission processes, a Veteran peer cohort, affordable housing, financial support, professional development courses, and social and recreational opportunities. The University of Alberta is also a Military and Veteran Friendly Campus offering resources including a toolkit to assist CAF personnel and Veterans in their higher education studies.

Social connection in community

MEN'S SHED CANADA

(CAN, AUS, IRE, UK, NZ) Founded in Australia in the 1990s, with support from Movember, the Canadian Men's Sheds movement has grown since the 2010s. Canada currently has four provincial Shed associations and >130 Sheds operating across ten provinces. Often teaming up with local organizations to do special projects that support their communities, Men's Sheds Canada offers a welcoming environment where men, across diverse ages, cultures and socioeconomic status, engage shared experiences, celebrate accomplishments and build community. Global evaluations of Men's Sheds indicated improved self-rated health, increased self-esteem, reduced social isolation and enhanced mental well-being among attendees,[182–185] with strong potential for improving men's health literacy and health promotion.[186,187] Preliminary Canadian evaluations similarly reported mental health benefits for older men living in rural communities where Men's Shed's attendees garnered a sense of purpose, inclusion and camaraderie.[188,189]

DAD HERO

(CAN) The Dad HERO (Helping Everyone Realize Opportunities) project, funded by Movember, is a parenting program in Canadian prisons delivered by Canadian Families and Corrections Network in partnership with Correctional Service Canada (CSC). Offering an 8-week parenting course and dad groups in prison and on the outside, the initiative aims to keep incarcerated dads connected to their children, support their mental health and build their resilience toward successful family reunification. Over 1144 fathers from diverse cultural backgrounds have participated in Dad HERO since 2017, and as of 2024, Dad HERO has been delivered in every Province in Canada that CSC has federal prisons (16 sites). Internal program evaluations indicated that 92% of attendees self-reported increased life satisfaction, mental wellbeing and social connection.

TRUE NORTH LIFESTYLE MANAGEMENT(LM)

(CAN) Supported by True North Canada (funded by Movember), the LM project aims to improve fitness and health-related quality of life for men living with prostate cancer by providing them with educational resources and tools for physical activity, nutrition and stress-reduction. The 12-week community-based program is delivered by qualified exercise professionals with two weekly one-hour group classes (1 resistance training and 1 gentle yoga class). Compared to baseline, participants at three community-based sites reported significant improvements in physical measures of body composition, flexibility, dynamic balance, muscular endurance and functional aerobic endurance as well as weekly moderate and strenuous physical activity levels post intervention.[190] Up until 2022, 199 men had registered to use LM, and >100 qualified exercise professionals had been trained to facilitate the program.

NIIGAAN SINCLAIR REFLECTS ON THE PRINCIPLES OF SOCIAL CONNECTION WITH INDIGENOUS MEN

Colonization led to the suppression of Indigenous cultural practices and systems which impacted men's contributions to leadership, teaching, and familial/kinship networks. A process of healing these historical harms can be achieved by considering culturally-specific healing practices but also practices that promote positive identity for all men.

One such example is the "100 men with 100 drums" project documented by Niigaan Sinclair in Brandon, Manitoba, Canada and funded by Movember.

The secret of a hand drum is in its tying.

A good drum starts with the hide. Elders say that the texture and tightness in an animal's skin – whether it be elk, deer, moose or some other animal – is not just due to its diet and environment but how it was harvested. If hunted, killed, and skinned disrespectfully, the hide of any animal will be tough and very difficult to tie, taking a long time to soften and stretch. When finished, the drum will often re-stiffen and sound loose when played, resonating with a terrible, empty sound.

These drums can be played, of course, but must be heated constantly by a fire or oven to create a rich sound. Once they cool, the drum is back to being almost unplayable. If a hide is respected and honoured, on the other hand, it will wrap around the wood frame almost on it's own. With some patience, care, and consideration, the hide will tie tight, strong and, when completed, boom with a beautiful, full sound. The double beat of a handdrum resembles the heartbeat a baby hears while growing in the womb. This is why these drums are sacred – and everything surrounding them must be too.

"That's precisely what we are trying to remind our brothers about," Jason Gobeil explains. "Indigenous men have forgotten they are sacred and must act that way."

In the spring of 2020, Movember funded 3 First Nations communities and 2 urban sites (Winnipeg and Brandon) through Dakota Ojibwe Child and Family Services in southern Manitoba to run men's groups for fathers. Empowering Indigenous men to reclaim their traditional role as parent's the program employed Jason to coordinate and support these groups. In summer 2023, Gobeil coordinated the 100 men with 100 drums event at the Assiniboine Food Forest on the outskirts of Brandon. The event was designed to help support and build a community of healthy Indigenous men through cultural sharing and activities.

Featuring elders, speakers, and food, the main event of the day was the tying of drums by each participant – with materials donated by the Brandon Friendship Centre. In fact, almost everything for the day was donated. Gobeil explains there is not enough government funding or grant agency for an event like this . "Programs that create healthy Indigenous men don't get much interest in this country or province."

While most social agencies and programs focus rightly on Indigenous women, children, two-spirit peoples and seniors, Indigenous men often get overlooked. At the same time, and in comparison to virtually anyone in Canada, Indigenous men have some of worst health rates, shortest life spans, are less likely to graduate high school, highest incarceration rates and are murdered at an astronomical rate. For instance, in a recent study of murders in Canada between 1980-2012, 2500 were of Indigenous victims with 1750 of them being male. Amongst the 500 Indigenous homicides in Manitoba in that same study, 355 were Indigenous men.

"Our brothers experience very specific forms of abuse, violence, and trauma and there are almost no healthy places to share, talk, and heal from it," Gobeil tells me. "We need safe spaces to reflect, recover, and take our place in our communities."

> "We had a lot of men here who have spent years in silence, often hurting themselves and others because of all the pain they carry. In one afternoon, they shared and lifted each other up."
>
> — JASON GOBEIL, INDIGENOUS LEADER.

After the sixty participants tied their drums and laid them to dry near the fire, a sharing circle took place where men from cities and towns like Dauphin, Souris, Brandon and Winnipeg joined with men from far off communities like Rolling River, Waywayseecappo, Pine Creek, and Peguis came together to share stories about what it means to be a healthy father, uncle, brother, and son.

"There was a lot of laughter and tears but so much love," Gobeil explained. "We had a lot of men here who have spent years in silence, often hurting themselves and others because of all the pain they carry. In one afternoon, they shared and lifted each other up." Gobeil is part of a handful of grassroots Indigenous leaders across the country trying to build mentorship and support networks for Indigenous men to become healthy partners, fathers, and individuals. "It starts with love," he tells me. "This is where the drums come in."

After the sharing circle, the group shared songs from their cultures and communities. By the end of the event, every participant walked away with a new relation and a sacred new drum – a symbol of what they can now offer to their families and communities.

"We had a few non-Indigenous brothers join us too," Gobeil says. "Everyone left with new songs, stories, and the knowledge they are not alone."

It's frankly too easy to blame Indigenous men for many ills facing Indigenous communities – or Canada for that matter. Some statistics might even support this idea. The fact is though that violence, drug abuse, and poverty in Indigenous communities won't be solved by leaving Indigenous men behind. In fact, helping Indigenous men rebuild themselves might just be one of the most important solutions of all. A solution that begins with healthy spaces forged out of kindness, generosity, respect, and patience – essential elements necessary for a full, clear, and beautiful sound to emerge.

Men's online health resources

HEADSUPGUYS

(CAN) Funded by Movember 2013-2017, HeadsUpGuys is a donor-funded organization offering tailored online resources to support men's mental health and suicide prevention. Included is a suite of self-check tools for visitors (e.g., depression, male depression risk, stress and anger) and an international directory of therapists who have experience and expertise working with men. Since launching in 2015, HeadsUpGuys has had >5 million website visits (the majority from US, UK, and Canada), >500,000 completed depression self-checks and >20,000 connections made with therapists. An evaluation of 400,000 visitor depression self-checks indicated that 80% of respondents scored above the threshold for probable major depression, and more than 50% endorsed at least some suicidal ideation, confirming the site was reaching its intended help-seeking audience.[191] Specific to men's experiences of HeadsUpGuys, visitors to the site self-reported improved knowledge of suicidality, better recognition of male depression symptoms, a reduction in stigmatizing beliefs about depression and suicidality, as well as an increased sense of hope for recovery and likelihood to seek help from peers and/or professionals.[192]

MEN &

(CAN) Grown out of a research partnership with Fear Is Not Love (formerly the Calgary Women's Emergency Shelter) to understand how to better engage men for violence prevention, Men & is a social venture from the Forge Centre for Dignity-Driven Leadership, and aims to provide reliable and accessible information, support and resources for the complex mental and relational health challenges that men face. The initiative offers a national map, and regional and city-based registry of free and low-cost resources, self-guided interactive resources and toolkits, and a 24/7 men's support line with counsellors.

DAD CENTRAL

(CAN) Funded by the PHAC and Dove Men+Care, Dad Central is a national network of researchers, practitioners, leaders and community members who support fathers to be actively engaged in the lives of their children. In addition to providing free practical tools and resources for dads, the program offers paid training for family service professionals to engage dads, along with a DadMentor program, comprising a resource library and a community of dads to foster peer connectedness and provide professional help throughout their fatherhood journey. Since 2020, Dad Central has distributed 4,000+ free resources, trained 300+ organizations, delivered 16 free webinars, and had 900+ fatherhood fundamentals course sign-ups in positively impacting 400,000+ dads.

DON'T CHANGE MUCH (DCM)

(CAN) DCM is a public awareness online resource launched by the Canadian Men's Health Foundation (CMHF) in 2014 with the goal of encouraging and equipping men to make manageable changes that can have a big impact on their health, families and communities. Multimedia (text, video and podcast) information is offered sharing tips for men to improve diet, exercise, sleep and stress management as well as reduce alcohol use and/or smoking. Program evaluations indicated feasibility and acceptability with DCM high-exposure respondents reporting increased likelihood for both recent and intended health promotion behaviour changes.[165,193,194]

Men's Health Podcasts (CAN)

- In Good Company with Dr. Paul Sharp
- Gent's Talk
- Dad Central: A Parenting Podcast to Reduce Stress & Build Confidence in Fatherhood
- Don't Change Much
- Man Talks with Connor Beaton
- Modern Manhood
- Breaking the Boy Code

Men's public health campaigns

Public health campaigns can reach men en masse, and have the potential to achieve population-level behaviour change through targeted education, awareness-raising and advocacy. The Movember and White Ribbon campaigns are 2 best-case examples of how men and communities can be mobilized to raise awareness and affect positive change.

The Movember campaign is an annual month-long fundraiser and global men's health awareness drive.[195] Movember also has targeted sub-campaigns including **Know Thy Nuts** to promote self-screening for testicular cancer. Men who engaged with this content were significantly more likely than the general population to have checked their testicles in the last year (68% vs 28%) and spoken to a healthcare professional about something that did not look right (29% vs 18%).[196]

The White Ribbon campaign is the world's largest movement of boys and men working to end gender-based violence and discrimination by promoting healthy masculinities, advancing gender equity and building allyship. Including Men of Quality, Boys Don't Cry, Redefine the Manbox, and I Knew All Along, these public health campaigns have engaged millions of people through social and mobile tools to inspire men to speak out against gender-based violence. In addition, the White Ribbon initiative builds pathways to engage the education sector, community-based organizations and workplaces in advocating for systems-level change. In 2021, funded by Women and Gender Equality Canada, the organization published the Allies for gender equality toolkit: Enhancing intersectionality in engaging men and boys, offering guidance for organizations to engage boys and men in gender equity practices.

Healthcare that is responsive to men's needs: services, screenings, checks and facilities designed with men in mind

The World Health Organization and the Lancet Commission on Gender and Global Health suggest that the greatest advances to men's health at the community and population levels will be achieved through healthcare systems and services that are responsive to men's needs.[197–200]

Men's health inequities, and the social and structural determinants that are tied to them, can be misrepresented as a byproduct of men's behaviours including their reticence for help-seeking and/or reluctance to engage professional healthcare.[40,91] Yet, evidence consistently highlights the lack of male-oriented services as a critical barrier to men's help-seeking.[97] The key here is to develop and provide healthcare services that "purposefully respond to the depth and diversity of people's gendered health and illness experiences to optimize their outcomes".[201] A recent scoping review indicated three key strategies for health services to effectively engage men[88]:

1. **Design and disseminate accessible and contextually relevant information to orient men to diverse health services**
2. **Tailor healthcare communication and language to reflect men's everyday interactions**
3. **Build therapeutic patient-provider relationships that engage and empower men to be active in their healthcare**

Health services can adjust to better accommodate men,[202] and their design is critical, particularly when it comes to screening for physical and mental illnesses. Men often experience structural barriers including cultural insensitivities, cost, work and family commitments, travel time, long wait times, and a lack of male-specific information, which restrict their access to services.[69,86,106,203]

Collaborative, co-designed programs incorporating progressive dissemination pathways, including the integration of online health resources, have the potential to advance and diversify men's help-seeking.[204] When effectively combined with in-person health services, evidence-based online health resources can bridge men, including those who are in crisis, to specialist services,[48,205] as well as providing ongoing follow-up care.

DISEASE PREVENTION AND ILLNESS MANAGEMENT

Screening programs and health checks can be powerful measures to reduce premature mortality from preventable disease and morbidities associated with chronic illness. Below are a few examples of the positive impact screening can have on men's health. Expected population increases in prostate cancer,[206] along with other illnesses including diabetes and heart disease, confirm the need for tailored men's health screening and early diagnosis programs.

ABDOMINAL AORTIC ANEURYSM (AAA)

There is evidence that older men (>65-years-old) are at increased risk for AAA.[207,208] Based on a moderate quality of evidence there is a weak recommendation for a one-time screening with ultrasound for Canadian men aged 65 to 80 years-old.

HUMAN PAPILLOMAVIRUS (HPV)

If not immunized, it is estimated that 75% of sexually active Canadians will have a HPV infection at some time in their lives, and 5% of all cancers worldwide are attributed to HPV infection. HPV vaccine is recommended for all individuals 9 to 26 years of age in Canada.[209] Individuals 27 years of age and older who are at ongoing risk of exposure to HPV may receive HPV vaccine with shared decision-making and discussion with a healthcare provider. All provinces and territories offer free HPV vaccines through school clinics and primary healthcare clinics.

SELF-HEALTH CHECKS

CMHF provides an age-specific health checklist and HealthLink BC offers an overview of genitourinary tests and screens for men. There is also an array of men's self-health checks available online including mental health and physical health.

Intersectionality and addressing health inequities

Health services and programs that respond to men's multiple, intersecting identities are more likely to engage and retain them.[210] This is especially key to addressing health inequities, where men who are living in marginalizing conditions, especially Indigenous men, Gay, Bisexual and Queer (GBQ) men, and men who have experienced sexual abuse, need tailored, culturally-sensitive and trauma-informed services.[19,211,212] Canada has a strong track record for building programs and services that are focused on reducing the impact of men's health inequities.

Indigenous Men's Health Programs

BROTHERLAND: HONOURING THE WARRIOR WITHIN PORTFOLIO

As a significant inequity group, the health status of Indigenous peoples, in particular Indigenous men, is staggeringly out of step with national and international rates. Poor mental health and extremely high suicide rates among Indigenous boys and men are a longstanding and contemporary health crisis. For this reason, Movember created Brotherland: Honouring the Warrior Within, the Indigenous men's portfolio. The portfolio is evidence-based and Indigenous-designed, led and evaluated with a focus on social and emotional wellbeing, and the health determinant issues that are connected to these.

BROTHERLAND PROGRAM: WORK2GIVE (W2G)

(CAN) Phase 1 of Work2Give (W2G) was piloted from 2014 - 2018. A research team, led by Dr. Helen Brown at UBC, received a Movember Innovation Grant, to determine the efficacy and impact of W2G as an alternative rehabilitative model for engaging incarcerated Indigenous men. Men involved in programming produced various items identified as needed by Indigenous communities and donated these to Indigenous communities. W2G phase 1 was a partnership between CSC, the Tsilhqot'in National Government and Punky Lake Wilderness Camp Society. The corresponding evaluation study from 2019 reported increased well-being, self-worth, healing and rehabilitation for men and their communities, which also suggested the potential of the program for post-release community reintegration.[213]

In 2021, phase 2 of W2G was scaled to five federal correctional institutions in Ontario. This phase was a partnership between True North Aid, CSC and Movember. The program continued to offer incarcerated Indigenous men the opportunity to engage in meaningful work by building items to donate to remote Indigenous communities in need. Outcome from the phase 2 evaluation showed early stages of reduced recidivism rates, improved mental wellness with increased connection to cultural identity and reciprocity leading to greater social inclusion.[214] Phase 3 started in December 2024 and continues the True North Aid and CSC partnership. This phase includes sustained support of Indigenous communities in need with an expanded, more in-depth commitment of assistance to one additional Indigenous community. It is anticipated that the W2G initiative will continue to strengthen the cultural reclamation of Indigenous incarcerated men, allowing them to define themselves beyond the mistakes they have made and supporting them to integrate/retake a place in society.

CHURCHILL HEALTH CENTRE (CHC)

The Churchill Health Centre (CHC), in partnership with the Winnipeg Regional Health Authority, and Movember, created the world's first Sub-Arctic Wellness Centre - The Churchill Wellness Centre in 2020. Since then, the Centre has continued to be a hub for Movember's Brotherland programs, working to reconnect Indigenous men with their cultural identities. The programs have advanced Indigenous men's connections to the land, passing on Indigenous knowledge and culture, and anecdotally increased their mental health and wellbeing.[215] The activities operating out of the Churchill Wellness Centre are part of a broader initiative of the health centre targeting diverse cohorts of Indigenous men in the community and providing an alternative approach to overall wellness including mental health, addictions, cultural and land-based supports.

ABORIGINAL HEALTH AND WELLNESS CENTRE OF WINNIPEG (AHWCW)

Within the AHWCW, the Brothers Rekindling Our Spirits (BROS) initiative operates in the heart of downtown Winnipeg, Manitoba, to build solidarity among Indigenous men who are homeless or at risk of homelessness. BROS supports Indigenous men along their healing journey – a journey to regain a sense of pride and fulfillment within their lives. This includes a focus on promoting participants' mental health by providing greater access to wellness services including primary and mental healthcare with a soft intake through culturally-sensitive and trauma-informed social programming. Dedicated to social inclusion including peer and elder support, the initiative reframes trauma and affirms the healing process for Indigenous men. The holistic, integrated approach also engages outside services including physicians and addictions specialists to provide expert support with the goal of ensuring all health needs are met. Movember funded BROS from 2019-2024, and the Province of Manitoba currently funds the program.

AQQIUMAVVIK SOCIETY

The three Aqqiumavvik Society initiatives operated out of Arviat, the most southerly Inuit hamlet in Nunavut. From 2015 to 2018 the first of these initiatives was the Arviat Young Hunters (YH) Program for male youth 12 to 18 years. This program was created by community leaders, Elders, and a network of individuals with expertise in Indigenous health and mental wellness. Focusing on at-risk youth, the program provided on the land experience with a hunter who teaches traditional Inuit skills and knowledge to live off the land. Participants built resilience and self-dependence through these experiences, strengthening ties to their cultural heritage and community.[216]

The second initiative from 2018 to 2023 the Uvajuqatsiangningniq Mentoring Program for men 18+ years, extended the YH Program to an older, more socially excluded population in the community. The program weaved in principles, skills and land-based experiences found in the YH Program along with other skills and workshops to meet the specific needs of the population that ensured healing, mastery and sustainability for men and the community. The third initiative from 2020 to 2023 – the Kaugjaqjuk Angutiit Makigiatningat ᑲᐅᒡᔾᔪᒃ ᐊᖑᑎᑦ ᒪᑭᒋᐊᑦᓂᖓᑦ Program for male Elders – was based on Inuit traditional ways of intergenerational knowledge sharing supporting this population to re-claim their rightful place as community Elders. Elders shared knowledge and traditional concepts of Inuit Qaujimajatuqangit with other men of different generations. This created a bridge to the Elders, their knowledge and history.

NIIGAAN SINCLAIR REFLECTS ON 'WARRIORISM' IN HIS CULTURE

In Anishinaabemowin, the Anishinaabe language, the word we use for warrior is ogichidaa. In western culture, a warrior is usually characterized as some soldier embedded in combat in some distant place. Hypermasculine images come to mind, the kind celebrated in movies, professional wrestling, and sports. The term "warrior" literally is an embodiment of conflict based in the root word "war." Absent of violence, a warrior in English has little purpose.

An ogichidaa is different. The word breaks down into three stems: ogi ("esteemed"), gichi ("large"), and ode ("heart"). Brought back together, the term "ogichidaa" means a person held in high esteem due to their "large heart." This kind of warrior is not one defined by violence but by love. An ogichidaa is someone who dedicates their entire life to building, sustaining, and protecting community. This is someone who picks medicine, takes care of everyone, and is a model for ethics and leadership at all times. An ogichidaa stands up for those who need help and to be heard— and particularly those who cannot stand up for themselves. This involves a sacrifice of personal comfort (and often safety) alongside a refusal to tolerate suffering and oppression but far more importantly represents a duty to see the potential in all things.

An ogichidaa highlights the opportunity within communities to empower men to take responsibility for their own health and the health of those around them when designing a brighter future for Canada.

An ogichidaa is literally the embodiment of responsibility, showing up whenever a community calls upon them— but also a willingness to serve when no one is watching. This means an ogichidaa gifts everyone around them everything they have; becoming the humblest in the physical, literal sense but the richest of all when it comes to living a life of value. This is why, most often, an ogichidaa is a grandparent, parent, or a child, for these are the people who live to promote life, dedicating themselves to forging and maintaining peace above all else.

An ogichidaa is a person revered for the love they distribute willingly and without question through kindness, tenacity, and dedication. To be clear, I'm talking not about the kind of love one sees in Hollywood romances but about Indigenous-centred, decolonial, and land-based love. A love of responsibility. Once again returning to the Anishinaabe language, the word in Anishinaabemowin for love is zaagidiwin, which means to open or expand (emerging from the stem zaagi-, found in words like zaagibagaa ("when leaves start to bud") or zaagidawaa ("when water flows into a lake").

Love for us is not something that magically happens but is something performed and earned that expands and grows the world around us. Everything an ogichidaa does is encapsulated through zaagidiwin. An Anishinaabe ogichidaa, therefore, is not a title someone chooses; it's a role a person earns. Being named an ogichidaa means a person has earned a community's respect through their bagijiganan (gifts) – with dabasendiziwin ("humility"), zoongide'ewin ("bravery"), gwayakwaadiziwin ("honesty"), nibwaakaawin ("wisdom"), debwewin ("truth"), manaaji'idiwin ("respect"), and zaagi'idiwin ("love") at the centre.

Becoming an ogichidaa is one of the epitomes of Indigenous masculinity.

Gay, Bisexual and Queer Men

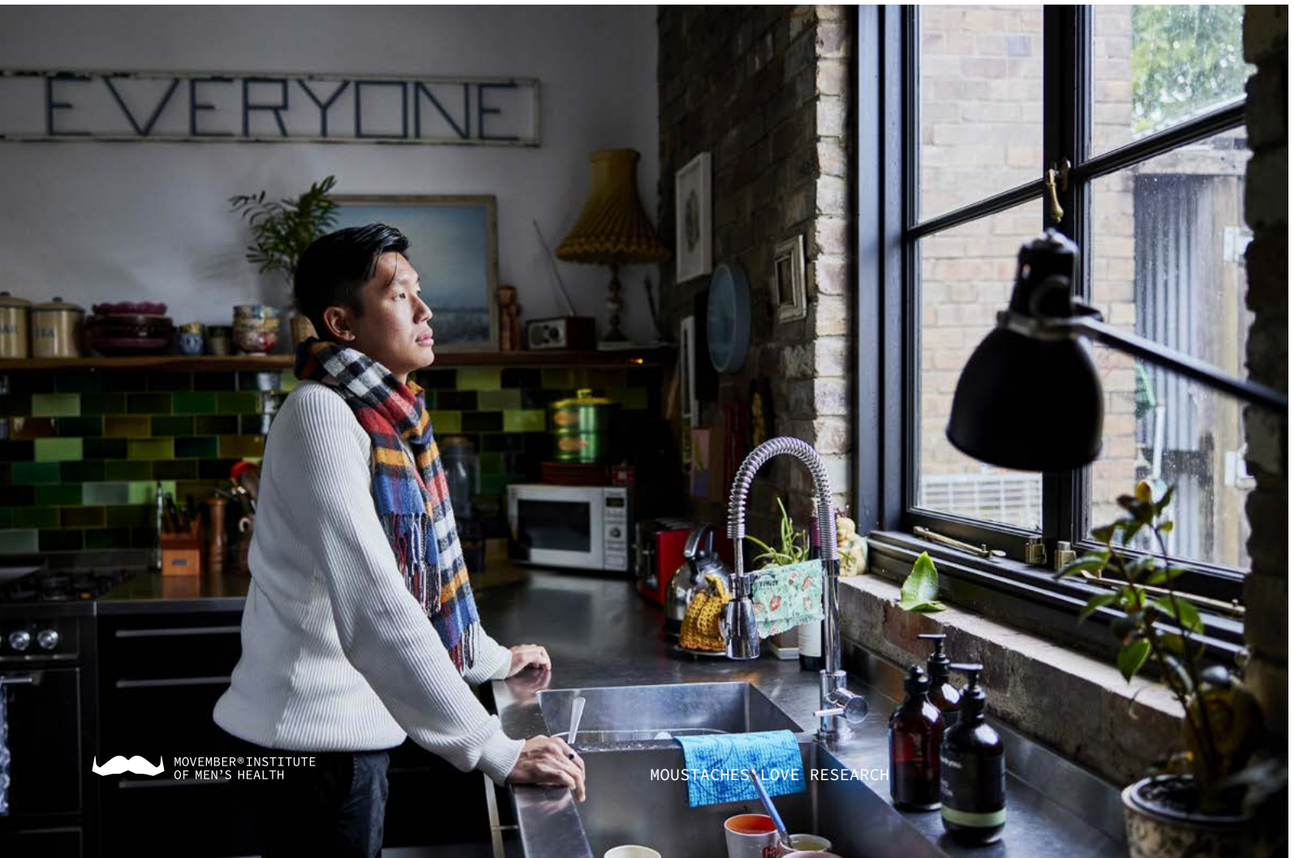
HEALTH INITIATIVE FOR MEN (HIM)

(CAN) Founded in 2007 as a grassroots organization for HIV prevention, HIM entered a formal contract with the Vancouver Coastal Health Authority in 2009 to facilitate the delivery of health promotion services to gay men. The initiative further expanded in 2014 and 2020 partnering with other health authorities to serve Gay, Bisexual and Queer (GBQ) men and gender diverse people in British Columbia. HIM's scope of work has also expanded to include a full spectrum of health-based programs and services, comprising mental health promotion, sex worker supports, harm reduction programs, community groups, and community capacity building to meet the sexual, mental, physical and social health needs of GBQ men and gender diverse people.[217]

Men Who Have Experienced Sexual Abuse

BRITISH COLUMBIA (BC) SOCIETY FOR MALE SURVIVORS OF SEXUAL ABUSE

(CAN) Established in 1997, the British Columbia Society for Male Survivors of Sexual Abuse (BCSMSSA) is a non-profit society providing services to men who have been sexually abused. Included are victim services (funded by the BC Ministry of Justice), and paid individual or group therapy for male survivors of sexual abuse (a sliding scale is available for those with financial barriers). The Society's Executive Director Mason Shell also hosts the Male Survivors: Preparing the Way for Meaningful Intervention workshop designed for healthcare providers to be orientated to trauma-informed therapy when treating male survivors of sexual abuse.



Building a health workforce with the competencies to respond to men's needs

What works for upskilling current practitioners to effectively engage men and respond to their needs?

Evidence indicates that tailored training programs are effective for upskilling practitioners and increasing their confidence and competence for engaging men in healthcare settings.[218] Improving practitioner care that is responsive to men's needs will optimize their health outcomes; however, we currently need more evidence to validate the impact of these programs.

MEN IN MIND

(AUS, UK, CAN) Movember-funded MiM is a world-first online training program co-designed with practitioners and men to equip professional mental healthcare providers with the knowledge and skills to engage male patients more effectively. A RCT indicated that MiM significantly improved practitioners' self-reported confidence and competence for engaging and responding to help-seeking men.[110] Specifically, 82% reported confidence for working with men experiencing suicidality compared with 47% at baseline, and these gains were maintained at 3 and 12-month follow-up. MiM has scaled across Australia and can be adapted for practitioners across other health professions and incorporated into tertiary curricula to develop gender competencies for working with men. Movember is keen to work with Canadian partners and/or government to bring MiM to Canada.

SEXUAL HEALTH & REHABILITATION (SHARE)

(CAN, UK) Supported and funded by Movember, starting in Ontario, the SHARe initiative has two parallel pilot projects. The SHAReClinic pilot project offers an online sexual recovery tool with educational modules and access to sexual health coaches to help men restore sexual function and maintain sexual intimacy following treatment[s] for prostate cancer. The SHARe Training pilot offers specialized education to healthcare providers across Canada to equip them with skills and knowledge to support men who are living with prostate cancer and their partners. Patient enrollment in the SHAReClinic between 2017 and 2021 was 386, and a pilot-evaluation with 65 patients indicated that 46 (71%) completed the education modules, and 53 (82%) were satisfied with the virtual clinic. Regarding outcomes, participants reported feeling reassured, and reduced anxiety levels about decline in sexual function post-treatment, as well as accessing more pro-erectile medication at 12-months post-treatment (compared to pre-treatment) and increased sexual function at 12-month post-treatment (compared to 6-month post-treatment).[219]

OPTIMIZING CARE FOR GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN (GBMSM)

(CAN) Developed by Continuing Professional Development (CPD) at UBC, in partnership with health authorities and community-based organizations working on men's health, this initiative is an online continuing medical education course designed for family physicians and primary care providers in Canada. The course covers three overarching topics (social and political context of GBMSM health, epidemiology and life course, safe spaces, language and communication) and includes case studies to equip care providers with the knowledge and skills for providing tailored care to gbMSM patients. The self-paced course meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to 1.5 Mainpro+® credits. [220]

What works in developing the men's health competencies of future healthcare practitioners?

Health curricula in Canadian universities do not explicitly include content and strategies for student healthcare providers to work with male patients, and this limits their confidence and competence.[221,222,113] We can, however, draw on what works when sex- and gender-based medicine education is integrated to undergraduate and postgraduate healthcare provider curricula.

Sex- and gender-based medicine was written into medical curricula at Radboud University (Netherlands) and evaluated over 4 years with 442 GP registrars. More than 80% reported that the education was highly beneficial to their practice (men 82%, women 90%) with their most recalled learning points being: i) gender as a determinant of health, ii) gender bias in healthcare, and, iii) gender in communication.[223] It is key to equip Canadian healthcare practitioners with sex and gender health education,[224] and Movember is committed to partnering to ensure clinicians are confident and competent in working with boys and men.

Research that works: Build, evaluate and translate

Underpinning the success of the programs mentioned in this chapter are years of research and evidence building. This includes theory and social determinants frameworks,[225] population health statistics[21] and literature reviews[161] synthesizing best practices for engaging men in their health and with healthcare services.[163,226] To ensure this knowledge base is accurate, up-to-date and comprehensive, additional men's health data are required. These data are best collected, analyzed and reported through collaborative efforts, with long-term vision and investment. Some examples of what works are detailed below.

BIDWEWIDAM PROJECT

Produced by the Bidwewidam Indigenous Masculinities (BIM) Research Project,[227] in association with the Ontario Federation of Indian Friendship Centres Kizhaay Anishinaabe Niin Program[228] and the Native Youth Sexual Health Network,[229] this project interviewed twelve elders with the intention of "opening up a dialogue on Indigenous masculinities." What was produced is a remarkable set of stories, teachings, and recommendations for producing healthier senses of Indigenous manhood in communities throughout Canada.*

INDIGENOUS MASCULINITIES AND SEXUAL HEALTH REPORT

Produced in The SHaG (Sexual Health and Gender) Lab within the Division of Health Promotion in the Department of Health and Human Performance in the Faculty of Health at Dalhousie University, this project was a continuation of a multi-year project focused on promoting sexual well-being among Indigenous boys and men, made possible by an ongoing partnership between SHaG and two Indigenous led, community-based organizations: the Mi'kmaw Native Friendship Centre (MNFC), and Healing Our Nations (HON). The goals of the project were to examine historical sexual marginalization of Indigenous men while advancing social justice and equity by promoting the health of communities marginalized on the basis of gender and sexuality to impact health policy and practice, and to provide a research training environment for students.

TEN TO MEN: THE AUSTRALIAN LONGITUDINAL STUDY ON MALE HEALTH

(AUS) This is an Australian Government–funded national longitudinal study that tracks boys' and men's health and wellbeing, including health attitudes, behaviours and service utilization over time. The study commenced in 2013 and had 5 waves of data collection (most recently completed in 2024). It provides high-quality evidence, supported by comprehensive data linkages that can be applied to strengthen the fidelity of boys' and men's health promotion programs and services.[230,231] Whilst no longitudinal men-specific cohort studies exist in Canada, there are data that could be accessed to better understand the health status of boys and men, and address inequities relating to the social and structural determinants of health (for example, StatsCan or Québec surveys on men's health 2018 and 2021).[232–233]

*An essay on the impact of the Kizhaay Anishinaabe Niin project can be found here.

THE INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES)

(USA) This project, led by Equimundo in partnership with Instituto Promundo in Brazil and the International Center for Research on Women, was initiated in 2008 to explore men's and women's attitudes, behaviours and experiences of gender equality and masculinities over time. It is one of the most extensive efforts to globally understand men's gendered perspectives and practices, and the influence on their actions, relationships and health outcomes. IMAGES involves large-scale cross-sectional surveys conducted in multiple countries allowing comparative analyses of gender norms, roles and relations across diverse cultural contexts. By collecting data from men and women, IMAGES offers insights on the complexities of gender dynamics, and how they impact individuals' lives. These research findings have been shared in a range of reports to guide policymakers, researchers and communities to build and promote gender equality programs and challenge harmful gender norms and stereotypes.[234] Building on IMAGES, Equimundo, in partnership with Unilever, has also completed the Man Box[235] and the Cost of the Man Box[236] studies, looking at the prevalence of restrictive masculine norms, including men's reticence for health help-seeking.

THE NATIONAL PROSTATE CANCER AUDIT (NPCA)

(UK) The NPCA assesses the quality of services and care provided to men with prostate cancer in England and Wales. Commissioned by the Healthcare Quality Improvement Partnership (HQIP) the NPCA collects clinical information about the treatment and outcomes of all patients newly diagnosed with prostate cancer.[237–239] Evaluating whether the care received by men is consistent with current recommended practice (per the National Institute for Health and Care Excellence (NICE) Guidelines and Quality Standards), the NPCA provides information to support healthcare practitioners, commissioners and regulators in helping improve care for prostate cancer patients.

YOUNG MEN'S HEALTH IN THE DIGITAL WORLD

(UK, USA, AUS) In 2023-24, the Movember Institute of Men's Health commissioned extensive qualitative and quantitative research to understand young men's experiences with online influencers. Following increased media interest in 'the manosphere', this research was the first large-scale study of its kind to assess the health impacts of engaging with influencer content on young men, and to seek to understand the experiences- good and bad- that young men had when engaging. A key to the success of this research was a human-centred design approach to engaging with young men (meeting them where they were, using platforms like telegram and whatsapp, and using novel approaches such as peer-to-peer interviews) and building a Community of Practice (CoP) around the research to steer, advise and support data analysis.

PROSTATE CANCER OUTCOMES REGISTRY PCOR–ANZ

(AUS, NZ) PCOR-ANZ (Prostate Cancer Outcomes Registry - Australia and New Zealand) is a Movember-funded clinical registry which offers a best-case example of how data can be used to drive continuous quality improvements in clinical care for improved patient experiences and health outcomes for men with prostate cancer. The PCOR-ANZ is a purposeful collaboration between men, clinicians, clinical sites, and researchers and collects both patient-reported and clinical outcomes and provides benchmarked reports to clinicians and hospitals. As of 2025, PCOR-ANZ included over 148,000 men with prostate cancer across 250 participating sites, 400 participating clinicians and has collected over 88,000 patient-reported outcomes. The PCOR-ANZ covers 72% of all prostate cancer diagnoses within Australia and New Zealand. The registry is a critical research tool for clinicians, scientists and students, with data used in 90 peer-reviewed publications (2014 – 2025) that is used to drive evidence-based practice improvements in prostate cancer.

THE INSTITUTE OF GENDER AND HEALTH (IGH), CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR)

(CAN) IGH's mandate is to foster research excellence regarding the influence of sex and gender on health, and to apply those findings to identify and address pressing health challenges facing men, women, girls, boys and gender-diverse people. Between 2007 and 2019 IGH invested $15 million to address boys' and men's health challenges.[240] Addressing men's mental health, violence, risk-taking and resilience, sexual and reproductive health, along with the application of sports and physical activity for promoting men's health, these tax payer monies have been used for research dedicated to promoting the health of boys and men and their families.[241] IGH is also a national and international leader in sex and gender science, building research capacity and advancing knowledge to address health inequities.

REDUCING MALE SUICIDE (RMS) RESEARCH EXCELLENCE CLUSTER

(CAN, AUS, NZ, USA, SWIT) The RMS cluster, funded by UBC and led by the UBC Men's Health Research Program, is an international research collaborative, comprising researchers, clinicians, trainees and community partners in 5 countries (Canada, United States, Australia, New Zealand and Switzerland). Addressing men's mental health inequities, help-seeking and services, and social connectedness, the RMS cluster is highly productive in collaboratively leading the men's mental health field through joint research projects, co-authored publications, and the development, evaluation and scaling of tailored suicide prevention programs. The cluster has built synergies amongst world-leading men's mental health researchers, mentoring early-career researchers and trainees. Partnering with community-based organizations, the RMS also hosts in-person and virtual knowledge translation events to reach clinicians, policymakers and the public.

PÔLE D'EXPERTISE ET DE RECHERCHE EN SANTÉ ET BIEN-ÊTRE DES HOMMES (CENTRE OF EXPERTISE AND RESEARCH IN MEN'S HEALTH AND WELL-BEING) (PERSBEH)

(CAN) PERSBEH is a research group based in the Province of Québec working to develop synergies between 40 men's health researchers and 80 to 100 graduate students. Funded by the Ministry of Health and Social Services in Québec, the PERSBEH group works closely with men's health community service associations (100 organizations), violence prevention (>30 organizations), fatherhood promotion (>250 organizations and individual members) and support for men victims of sexual abuse (>25 organizations). In the 17 regions of Québec, a researcher is paired with an agent in the Regional Centres for Health and Social services who is responsible for men's health. This collaboration connects practitioners, community groups and researchers at the local and regional levels. The PERSBEH organizes webinars that reach an average of 2000 people annually.

PROSTATE CANCER FOUNDATION CANADA (PCFC)

(CAN) PCFC is a grassroots nonprofit organization that provides leadership and resources for prostate cancer advocacy, support, education and research across Canada. Founded in British Columbia in 1997, PCFC provides community support for patients, partners, carers and others affected by prostate cancer. PCFC sustains 73 prostate cancer support groups across all of Canada's provinces, and one territory, they provide safe spaces for sharing personal and medical journey(s) and peer-to-peer support. PCFC is also highly invested in supporting prostate cancer research and has awarded >$2.7 million CAD in grants and funding for 92 research projects, this strong commitment has recently been expanded to supporting specific clinical pilot projects and conference/meeting/knowledge translation funding.

These initiatives are examples of innovation and collaboration, purposefully building synergies toward a strong evidence base and efficiencies for advancing men's health. The success and impact of these examples are notable; however, men's health research and the evidence it produces must be further strengthened and strategic to achieve systems-level change to promote the health of Canadian boys and men.[93,194] Achieving this goal requires transnational partnerships that have the capacity to address the social and structural determinants of health to sustainably address boys' and men's health inequities.[241]

Contemporary measures of sociocultural factors and norms influencing men's health practices, relevant consumer- and practitioner-reported quality-of-care indicators, and health economics data captured longitudinally are needed. This is to support evaluations so that the impact (including the cost effectiveness) of men's health programs and services can be reliably reported, and strategically guide public healthcare to be responsive to men's needs. All this requires sector-wide capacity building, collaboration and leadership. When pondering the evidence presented in this chapter, we must, however, consider the current limitations of the men's health field, stemming from short-term program funding, and challenges for building research capacity and sustainable collaborations. Outlined in the next chapter are three policy asks that will enable the translation of evidence into new public health programs and services, and the scaling of effective approaches and care to positively impact all Canadian boys and men.

A Future Vision: What the Canadian Government Can Do

Men's health requires urgent attention. Government intervention is undoubtably needed. Improving men's health has clear benefits for men themselves, and significant flow on effects for their family, friends, colleagues and beyond. Men's health is fundamentally relational. As we illustrate in this report, many women give their time and energy to care for men in ill-health. Also highlighted in this report are the significant economic benefits to society from investing in a Men's Health Strategy whereby the Canadian government could save billions by preventing disease and illness in men amid improving their day-to-day lives.

We recognize men's health as diverse, with some groups, most prominently Indigenous boys and men, experiencing inequities that prematurely predispose them to disease and death. By contrast, we know that men who are able to access and engage services and programs can look after their health. For this report, we have shared insights drawn from men about their healthcare experiences with the goal of describing what works for them. Indeed, there are many examples ranging from effective community-based programs, through to the work of Movember's partner organizations and beyond, and all the way up to government-led initiatives. While there is a lot to build on in Canada, key to advancing this work and addressing men's health inequities are policy and practice guidelines to ensure programs that are responsive to men's healthcare needs.

WITH THIS IN MIND, MOVEMBER COMMITS TO:

- Ensuring all boys and men are supported through policy, programs and services in actively looking after their health, and the wellbeing of others, with a specific focus on groups who experience health inequities.
- Promoting the mental health of boys and men, and reducing male suicide.
- Supporting the understanding, measurement and promotion of healthy relationships in the lives of boys and men.
- Understanding and addressing the role that gender plays in boys' and men's health to advance family and community health.

Based on the evidence in this report, and in making these commitments, Movember's **core ask** of the federal, provincial and territorial governments is to learn from countries leading the way in men's health strategies including Ireland, Australia and England, and:

INVEST IN A CANADIAN NATIONAL MEN'S HEALTH STRATEGY TO IMPROVE HEALTH SERVICES, SYSTEMS AND POLICIES

Movember wants to work with the federal, provincial and territorial governments and a wider set of sector partners to build a healthcare system that reaches, responds to and retains men in healthcare, meeting their needs in the most effective ways.

Movember also calls on the government to strategically invest in boys' and men's health through existing national strategies, including Canada's Tobacco Strategy[10] the National Suicide Prevention Action Plan (2024-2027),[11] Canada's Guidance on Alcohol and Health: Final report[12] and Canada's National Action Plan to End Gender-Based Violence.[13] Importantly, all levels of government need to ensure that health issues with relevance and specific risks to men's health have policies, strategies and practices built into them to respond to the healthcare needs of boys and men. This will create flow-on effects where Canada's gender-based analysis plus[14] are applied to inform tailored interventions that are also integrated in organizations to raise public awareness.[15]

Finally, we are calling for the appointment of an Associate Minister for Men's Health who will sit within Women and Gender Equality Canada (or Health Canada) to ensure central government leadership for including the voices of boys and men in health policy.

MEN'S HEALTH STRATEGY PRECEDENT

There are precedents for a national men's health strategy around the world: Ireland (2008; 2017), Brazil (2009), Australia (2010; 2019), Mongolia (2014), Malaysia (2018), Province of Québec (2017)[242] and South Africa (2020). In 2025, the UK Government will launch its first Men's health strategy in England.[243] Ireland launched the world's first strategy in 2008 (National Men's Health Policy 2008-2013),[244] paving the way for a second 2017-2021 strategy. A review of the first strategy indicated significant contributions to health promotion initiatives encouraging men to adopt positive behaviours, community programs and men's health training for healthcare professionals.[245,246] Since its 2008 launch, Irish men's life expectancy has increased from 76.8 (2005-2007) to 79.6 (2015-2017), and the life expectancy gap between men and women declined from 4.8 to 3.8 years. Over the same period, UK men's life expectancy fell behind Ireland.[247] While there are several factors at play here, and more work is needed to draw definitive causal links between the strategy and improved life expectancy, there are promising signs of progress when a national men's health strategy is in place. Australia launched its first men's health strategy in 2010, with a subsequent 2020-2030 update. While it is too early for formal evaluations, the life-course approach and focus on addressing inequalities across diverse groups of boys and men have been praised for raising awareness and guiding interventions.[248]

TAILORING TO MEN MOST AT RISK OF POOR HEALTH OUTCOMES

It is essential that investments in men's health align with, and mobilize Canada's strong focus on the social determinants of health to address health inequities, most prominently Indigenous boys and men who experience poor physical and mental health, and higher rates of suicide, chronic disease and substance use. The Movember Institute of Men's Health is investing $20.98 million CAD to mobilize the strengths of Indigenous communities and organizations across Canada with the goal of designing and delivering place-specific tailored healthcare and programs. This forms part of a landmark investment of >$53 million CAD in Indigenous health, with the launch of Movember's Social and Emotional Wellbeing Initiative across Australia, Aotearoa New Zealand, Canada and the USA.

Reconciliation between Indigenous and Canadian communities in Canada requires the full consideration of the specific experiences of Indigenous men. Since first contact and colonization, notions of gender and their accompanying power structures have profoundly impacted Indigenous men and the communities in which they have been a part, resulting in challenges to physical, mental, and spiritual well-being. These impacts include a loss of traditional roles and ways of life, negative effects on masculinity and identity, increased rates of violence, substance use, and mental health issues, as well as overrepresentation in the criminal justice system. Investing in a Canadian Men's Health Strategy, appointing an Associate Minister for Men's Health, and resourcing tailored health services and programs will promote boys' and men's upstream approaches to wellbeing.

Underpinning this core ask are three specific policy asks of the federal, provincial and territorial governments.

Policy Ask #1: Strengthen men's mental health literacy, health promotion and service engagement

Strengthen men's mental health literacy, health promotion and service engagement by designing, implementing and evaluating upstream programs, with a focus on 'at-risk' groups, so men are able to get the assistance they need, when they need it.

MOVEMBER CALLS ON THE CANADIAN GOVERNMENT TO:

1.1	Invest in and encourage support of programs, including those in schools, community-based, online and sports settings, to build effective interventions for boys and young men to strengthen their mental health literacy. The goal is to prioritize groups who experience health inequities while reaching every boy and young man between the ages of 12-18 years-old at least once.
1.2	Invest in programs and services focused on promoting men's emotional and relational health, and building a sense of belonging to promote boys' and men's social connectedness.
1.3	Partner with Indigenous men and men from communities living in marginalizing conditions to co-design mental health literacy campaigns that focus on improving men's engagement and positive connection with health promotion services and programs that maintain the centrality of culture, language, and traditional Indigenous genders and sexualities.

Many boys and men struggle to connect with professional mental healthcare services, despite the high and rising male suicide rates.[40] This is compounded by the fact that all too often, men are left out of health policies or gender is not considered.[249] A report by the Standing Senate Committee on Social Affairs, Science and Technology[250] argued for a rethinking of the Federal Framework for Suicide Prevention,[251] recommending the Canadian government to prioritize local public health and clinical interventions for at-risk sub-groups – most prominently boys and men. The subsequent National Suicide Prevention Action Plan 2024-2027,[11] while acknowledging that men account for 75% of the suicides in Canada, did not make recommendations for tailoring suicide prevention programs for males. A subsequent Public Health Agency of Canada's (PHAC) call for expertise in suicide prevention to provide advice to PHAC, including the establishment of a Suicide Prevention Science Advisory, listed 21 primary specializations; however, boys and men as a group comprising 3 out of every 4 suicides in Canada, were notably absent.[252] Reducing male suicide should be a basic principle in government policy and actions. Co-designed, community-led, and culturally relevant programs that are responsive to the needs of boys and men offer the best chance for long-term, cultural and intergenerational change to address this long-standing inequity.

The national suicide prevention framework and action plan need to be designed and implemented with men in mind, and Movember calls on the Canadian government to invest in men's mental health literacy, health promotion and service engagement. Policies, mental health systems and sustainable community-based programs that are responsive to the mental healthcare needs of boys and men will also benefit women and people of diverse gender identities.

Movember is already investing in this space supporting initiatives to promote formal, informal, and digital help-seeking, and aims to improve men's engagement with upstream programs. Movember is committing $4.21 million CAD over the next three years to support young men's mental health in Canada. This commitment focuses on reaching young men where they are in community and online environments. The Movember Institute of Men's Health will also invest in world-class research, including the development of Mental Health Guidelines for both traditional sports and esports settings to help create psychologically safe environments for young men. Recognizing the importance of online engagement, Movember will also develop and pilot digital content designed to equip young men with the tools to handle challenges and stressors of adolescence, particularly focusing on relationships. To ensure these initiatives are informed by young men and their support networks in Canada, Movember are establishing a Youth Advisory Group, giving young people a platform to share their experiences and influence our programs in Canada. But Movember cannot do this alone. That is why we are calling for investment in digital health interventions and community-based programs, tools and campaigns that can destigmatize men's mental health challenges, and norm men's help-seeking to better promote their health. Together, we can enhance the mental health of men by improving their ability to successfully navigate challenges and reduce the likelihood of men utilising unhealthy coping mechanisms.

Programs set out in the 'Brighter Picture - What Works in Men's Health' chapter, including Ahead of the Game (AOTG), Men in Mind (MiM) and Work2Give (W2G), have demonstrated effectiveness and could be sustained and scaled to better reach and respond to men's mental health needs. What is currently lacking is a national strategy and long-term investments to advance co-designed mental health literacy, health promotion and men's service engagement with programs and services. Funded partnerships with industry partners and community-based organizations will fast-track this critical work, but these investments need to be guided by empirical evidence to ensure men experiencing health inequities are prioritized, and that all men benefit from this work.

Canada has some great initiatives for [re] building community post COVID-19, including the Canadian Alliance for Social Connection and Health. Movember believes there are important opportunities to make accessible programs that are responsive to the needs of boys and men, and also benefit Canadian society more broadly.

Policy Ask #2: Build a healthcare system and workforce to deliver men's programs and services

Build a healthcare system and workforce to deliver men's programs and services by influencing the structural determinants of health through policy and practice to reduce the health risks, and respond to the needs of men.

MOVEMBER CALLS ON THE CANADIAN GOVERNMENT TO:

2.1	Build new and evaluate existing programs and services with demonstrable impact across Canada – including digital health, literacy and community-based interventions – to increase the reach, and male uptake of screening, health checks, and early diagnosis of diseases disproportionately impacting men including HPV, prostate, bowel, and lung cancer.
2.2	Introduce public health policies focused on reducing men's health risks, including gambling,[253–257] substance use,[258–266] distressed and disrupted intimate partner relationship,[26,70,73,74,267,268] and gender-based violence.[269–271]
2.3	Invest in a Canada-wide Men's Health Centre with provincial hubs to support the delivery of programs and services with the goal of reaching, responding to, and retaining men in care.
2.4	Invest in comprehensive training programs such as Men in Mind to strengthen the healthcare workforce's knowledge, skills and confidence in effectively working with men.
2.5	In the context of engaging Indigenous men, fully adopt call to action #22 from the Truth and Reconciliation Commission to: "recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
2.6	Match fund over five years of Movember's investment of $20.98 million CAD in Indigenous Men's Health to design and deliver place-specific, tailored healthcare and programs will ensure these efforts are community-driven, sustainable, and scalable.

Movember has brought together expertise to drive best practice, supporting a collaboration with prostate cancer researchers and clinicians to create Canadian sexual health and rehabilitation programs for men who are living with prostate cancer and their partners. The SHAReClinic[219] and ShareTraining[272] programs, originated in Canada, have informed guidelines dedicated to increasing clinician preparedness and confidence to engage critically important conversations with the goal of empowering men who are living with prostate cancer to take ownership of their recovery.[273] To increase the impact of these programs Movember is looking to partner with federal, provincial and territorial governments to scale this work to benefit more clinicians and men.

Movember's Healthcare Portfolio is implementing a global strategy aimed at supporting system and service providers to better address men's needs and preferences, with the goal of improving health outcomes. As part of this work, Movember continues to invest in its global Men's Health Education program, including an equivalent of nearly $2 million CAD to 'Men in Mind' training, a research-backed, world-first initiative designed for mental health providers to increase their competence and confidence for effectively engaging men in care in Australia (currently not in Canada).[110,274,275] Movember is also expanding this investment to include training for the primary care workforce, including primary care physicians, nurses and pharmacists.

There are plenty of interventions that have shown promise for increasing men's uptake of health services, checks and screenings. Although many of these have been carried out locally on a small scale, there is real potential to apply the knowledge about engaging men to the design of other interventions.[163] The Canadian Institutes of Health Research (CIHR) through the Institute of Gender and Health (IGH) invested $15 million CAD between 2007 and 2019 to address boys' and men's health challenges[240] focusing on men's mental health, violence, risk-taking and resilience, sexual and reproductive health, along with the application of sports and physical activity for promoting men's health, with these tax payer monies.[241]

Movember is also committed to investing in the health of Canadian boys and men, working with the local Movember community to raise over $330 million CAD since 2011, and investing $107 million CAD of that in prostate cancer, a contribution second only to the Canadian government in that time. It is clear that boys and men need policies and services to reduce the health risks associated with gambling, substance use, loneliness and social isolation, relationship distress and gender-based violence. Movember wants risk reduction policy, and the healthcare system and providers to have the confidence and competence to anticipate and effectively respond to boys and men. This can be achieved by working with health policymakers, professional peak bodies and the tertiary education sector, and a diversity of men themselves, to identify emergent issues and tailor men's health programs including education initiatives for care providers.

There is a useful precedent set in the Women's Health Strategy for Canada,[276] which comprises 10 pan-Canadian hubs focused on sexual and reproductive health, HIV, cardiovascular disease and gender-based violence with a linked coordinating centre.[277] When it comes to men's health, there is a real need for health promoters and service providers to have a sense of belonging and the skills and capacity to effectively communicate with and engage men.

While many interventions, including those focused on Indigenous boys' and men's health,[278] have shown potential,[279] Movember acknowledges the need for innovative adjustments within the Canadian healthcare system, and to advance its rich history in community-based health promotion. To this end, Movember wants to partner on specific advocacy, policy and programming, service training, pilots and scaling, to build an integrated model of care that is responsive to the needs of Canadian boys and men.

Policy Ask #3:
Advance research to map and better respond to how men engage with their health, and healthcare services

Advance research to map and better respond to how men engage with their health, and healthcare services by completing 'living reviews' through a central research centre that monitors men's health issues to collect data and report outcomes to inform policy, programs and services.

MOVEMBER CALLS ON THE CANADIAN GOVERNMENT TO:

3.1	Match-fund the Movember Institute of Men's Health 5-year $500K CAD investment in large-scale, longitudinal and systems-based research to better understand why, how, when and where diverse populations of men engage with their health, and healthcare services with the goal of advancing policy, practice and standards of care that are responsive to the needs of boys and men.
3.2	Publish sex and gender disaggregated findings to report on initiatives that are successfully engaging and retaining men in healthcare services and health promotion programs to build an empirical base that identifies cost-saving opportunities and informs future work.
3.3	Match-fund the Movember Institute of Men's Health $1.4 million CAD investment over three years in strengthening the evidence base in community programs so that effective programs can be adapted for different cohorts of men, providing options to scale with government and sector partners.
3.4	Establish measurable goals to identify and close the gaps in health outcomes for Indigenous men and boys and publish annual progress reports and assess long-term trends.

While the understanding of how men are moving through (and too often dropping out of) the healthcare system is surmised, there are significant knowledge gaps. That is why Movember is inviting the federal, provincial and territorial governments to partner with the Movember Institute of Men's Health by match-funding large-scale research into men's healthcare engagement to better understand, on a population level, why, how, when and where men are accessing healthcare services and health promotion programs.

The Movember Institute of Men's Health is an international innovation and learning hub dedicated to building capacity in Canadian men's health research and services. With an initial 5-year $90 million CAD global investment it is focused on knowledge generation and translation into practical, real-world outcomes to address priority men's health issues. As part of the Institute, Movember is investing $4.4 million CAD in a partnership to explore how sociocultural factors and norms influence men's health practices and outcomes over time. The findings will guide health screens, practitioner training and design elements for healthcare services and programs.

Interpreting disaggregated, longitudinal sex and gender data is key to knowing what is working, and adjusting existing programs while innovating new services. There is also an economic benefit to this strategy.[13] Movember seeks to share the evidence already gathered on effective interventions, and develop new evidence, programs and policies, in partnership with the Canadian government.

Achievable change has to be driven by collective impact

Over the last 20 years, Movember and our many partners have focused on fundraising and then investing the funds in programs to boost men's health. We now want to be more ambitious and push towards systemic change. As part of this we will invest in the system-wide actions we are recommending. This investment will hopefully be matched by the government and others in response to these asks. As we continue our work in reaching all men, we will also focus on specific strategies and programs across our portfolios, continuing to work with the federal, provincial and territorial governments on specific asks across the life stages and conditions most impacting the health of men.

OF COURSE, WE CAN'T DO THIS ALONE

Movember supports healthcare that is fully responsive to the specific needs of men, women and non-binary people, with a focus on addressing health inequities. We hope that men's health organizations, 2SLGBTQI+ rights advocates, race justice campaigners, women's organizations, businesses, governments and all the many faces of men's health will join in, and champion change.

Men's health impacts everyone. It is time to do something about it – to transform the system from the ground up.

Join Movember in changing the face of men's health.

Men's health impacts us all. Be part of the solution

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- Dad Central
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- Health Initiative for Men (HIM)
- Jack.org
- Men &
- Moose Hide Campaign
- Next Gen Men
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Glossary

BELOW IS A LIST OF TERMS USED IN THE REPORT ALONGSIDE THE DEFINITIONS AS ADOPTED BY MOVEMBER AND THE SOURCE REFERENCES.

Caregiver (informal) – For the purposes of new research conducted to support this report, we define caregiver as a person of any gender who spends at least 3 hours per week providing any type of informal care to at least one man over the age of 16 who has received a diagnosis and/or receives regular or sporadic treatment for their physical and/or mental health conditions. See research methodology for more details.*

Gender[280] **–** refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.

Gender-based violence[281] **–** refers to violence based on gender norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity or perceived gender. It takes many forms, including physical, economic, sexual, as well as emotional (psychological) abuse.

Gender-based Analysis Plus (GBA Plus)[282] **–** is a Government of Canada commitment and an analytical tool used to support the development of responsive and inclusive policies, programs and other initiatives. GBA Plus is a process for: understanding who is impact by the issue or opportunity being addressed by the initiative; identifying how the initiative could be tailored to meet diverse needs of the people most impacted; and anticipating and mitigating any barriers to accessing or benefitting from the initiative. GBA Plus is an intersectional analysis that goes beyond biological (sex) and social-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography (including rurality), language, race, religion and sexual orientation.

Indigenous peoples[283] **–** is a collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes 3 distinct groups of Indigenous peoples (First Nations, Inuit and Métis) with unique histories, languages, cultural practices and spiritual beliefs. According to the 2021 Census, more than 1.8 million people in Canada identify as Indigenous, which represents 5% of Canada's total population.

Health inequity[284] **–** refers to differences in health associated with structural and social disadvantage that are systemic, modifiable, avoidable and unfair. Health inequities are rooted in social, economic and environmental conditions and power imbalances, putting groups who already experience disadvantage at further risk of poor health outcomes.

Social determinants of health[284] **–** refer to the interrelated non-medical conditions of daily life in which people are born, grow up, live, work, play, learn and age, and include factors such as gender, education, employment and social support networks.

Structural determinants of health[285] **–** refer to the larger economic, ecological, commercial and political contexts which shape the more proximal social determinants and, in turn, population health and well-being.

Healthcare/Health system[286] **–** All organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence wider determinants of health, as well as more direct health-improving activities.

Health literacy[93]**–** comprises the ability to access, understand and use information to make health decisions and promote health among individuals and communities.

Health promotion[287] **–** refers to the promotion of changes in lifestyles and life conditions that have an impact on health, through a variety of specific strategies including health education, social marketing and mass communication on the individual side, as well as political action, community organization and organizational development on the collective side.

Healthy masculinities[288] **–** encompass a diverse and positive range of behaviours, attitudes, and traits that best reflect values of selflessness, openness, kindness, supportiveness, authenticity, vulnerability while also promoting respect, equality and emotional-wellbeing. They redefine patriarchal notions of masculinity by embracing traits that foster healthy relationships, personal growth, and a more inclusive society while aiming to dismantle stereotypes that suppress vulnerability. Adopting traits and norms associated with healthy masculinities allow boys and men to connect more deeply with others and create more meaningful and equitable relationships by celebrating and encouraging broader gender expressions that move beyond the gender binary.

Masculinities (masculine norms)[289,290] **–** Encompass the diverse, socially constructed ways of being and acting, values and expectations associated with being and becoming a man in a given culture, society, location and temporal space. While masculinities are mostly linked with biological men and boys, they are not biologically driven and not only performed by men.

Men[291] **–** All people who identify as men, whether they are cisgender or transgender men.

Young men – At Movember, our Young Men's Mental Health Portfolio supports men aged 12-25 years.*

Men's health[292] **–** A state of complete physical, mental and social wellbeing as experienced by men and not merely the absence of disease or infirmity, with a focus on how sex and gender intersect with other determinants of health to influence boys' and men's exposure to risk factors and interactions with the health system and health outcomes across the life course that requires dedicated prevention and care services.

Systems-level change[293] **–** Confronting root causes of issues (rather than symptoms) by transforming structures, customs, mindsets, power dynamics and policies, by strengthening collective power through the active collaboration of diverse people and organizations. This collaboration is rooted in shared goals to achieve lasting improvement to solve social problems at a local, national and global level (Catalyst 2030 https://catalyst2030.net/).

*The polling in this report is from research carried out by Movember Institute of Men's Health in Jan-Feb 2025. Details on methodology for this research can be found at movember.com/methodologycanada

* This definition was taken from the Australian version of this report.

List of Abbreviations

2SGBTQ – Two-Spirit, Gay, Bisexual, Transgender, and Queer

2SLGBTQI+ – Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other identities

AA – Alcoholics Anonymous

AAA – Abdominal aortic aneurysm

ADHD – Attention deficit hyperactivity disorder

AHWCW – Aboriginal Health and Wellness Centre of Winnipeg

AOTG – Ahead of the Game

AUS – Australia

BC – British Columbia

BCSMSSA – British Columbia Society for Male Survivors of Sexual Abuse

BROS – Brothers Rekindling Our Spirits

CAD – Canadian dollar

CAF – Canadian Armed Forces

CAN – Canada

CHC – Churchill Health Centre

CHD – Coronary heart disease

CIHR – Canadian Institutes of Health Research

CMHF – Canadian Men's Health Foundation

CMVF3C – Canadian Military, Veteran and Family Connected Campus Consortium

CoP – Community of Practice

COPD – Chronic obstructive pulmonary disease

COVID-19 – Coronavirus disease

CPD UBC – Continuing Professional Development at the University of British Columbia

CSC – Correctional Service Canada

CVHS – Canadian Veteran Health Survey

Dad HERO – Helping Everyone Realize Opportunities

DCM – Don't Change Much

DV – Domestic violence

FRRP – First Responder Resilience Program

gbMSM – Gay, Bisexual, and other men who have sex with men

GBQ – Gay, Bisexual and Queer

GP – General practitioner

HFiT – Hockey Fans in Training

HIM – Healthy Initiative for Men

HIV – Human immunodeficiency virus

HPV – Human papillomavirus

HQIP – Healthcare Quality Improvement Partnership

IGH – Institute of Gender and Health

IMAGES – International Men and Gender Equality Survey

IPV – Intimate partner violence

IRE – Ireland

IVET – Institute for Veterans Education and Transition

LGB – Lesbian, Gay, and Bisexual

LM – Lifestyle Management

MiM – Men in Mind

MSM – Men who have sex with men

NA – Narcotics Anonymous

NGM – Next Gen Men

NICE – National Institute for Health and Care Excellence

NPCA – National Prostate Cancer Audit

NZ – New Zealand

OCD – Obsessive–compulsive disorder

ODD – Oppositional defiant disorder

PCFC – Prostate Cancer Foundation Canada

PERSBEH – Pôle d'expertise et de recherche en santé et bien-être des hommes

PHAC – Public Health Agency of Canada

PTSD – Post-traumatic stress disorder

RCT – Randomized controlled trial

RMS – Reducing Male Suicide

SHAReClinic – Sexual Health and Rehabilitation e-Clinic

UBC – University of British Columbia

UK – United Kingdom

US – United States

W2G – Work2Give

YH – Young Hunters

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