



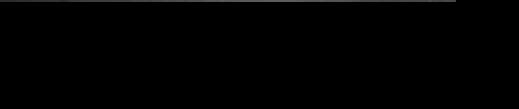
MOVEMBER® CHANGING THE FACE OF MEN'S HEALTH

The Real Face of Men's Health

2025 UNITED STATES EXECUTIVE SUMMARY



MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MUSTACHES LOVE RESEARCH



Executive Summary

For more than twenty years, Movember has listened to men and the people who love them. We have heard stories of resilience and recovery: men striving to be well socially, physically, and mentally. We have also heard stories of struggle: men not knowing their risks, not feeling equipped to act, or having poor experiences when they reach out for help. These are not tales of indifference. They are accounts of barriers, inequities, and missed opportunities that shape men's lives and, in turn, the lives of their partners, caregivers, families, and communities.

The Real Face of Men's Health brings together national health data, two new large-scale surveys, and the voices of caregivers to show the real face of men's health in the United States. It paints a portrait of urgent challenges but also of practical, evidence-based solutions. Men's health is not a side issue. It is central to family wellbeing, community vitality, and the nation's social and economic health.

Read the full report:





Top Findings

Men in the United States die too young, and inequities are stark.

Men have long lived shorter lives than women, but U.S. men now lag significantly behind their counterparts in other wealthy nations as well. The gap is not simply biological—it reflects systemic inequities in access to care, economic security, safe environments, and chronic stress. While life expectancy for some groups of men has inched upward, others have been left behind entirely. Black men and American Indian and Alaska Native men have never reached an average life expectancy of 75 years, the international benchmark for premature death. In these communities, early death is not an exception but the norm, a generational reality shaped by structural racism, poverty, and geographic isolation. These are not inevitable outcomes; they are signals of where social and policy choices are cutting lives short.

64.5

American Indian and Alaska Native men had a life expectancy of just **64.5 years** in 2022 – over **17 years shorter** than Asian American men.

53%

53% of all male deaths in the US occur before age 75.

MEN ACCOUNT FOR MORE THAN THREE IN FIVE PREMATURE DEATHS IN THE MOST RECENT YEAR OF NATIONAL DATA.

Mental health and social disconnection are driving crises.

Mental ill-health has surged among men in the past decade, with younger men facing the steepest increases. Anxiety, depression, and distress are compounded by rising social isolation, as men's networks grow thinner and less emotionally supportive. Loneliness itself has become a public health threat, comparable in its health impact to smoking or obesity. At the same time, suicide remains a top-five cause of premature death for men, with specific groups – such as young American Indian and Alaska Native men and older White men – facing the highest risks. These crises reveal a generational urgency: without stronger social connection and mental health support, more men will be lost too soon.



ONE IN FOUR US MEN AGED 15–34 REPORTED FEELING LONELY “A LOT” OF THE PREVIOUS DAY - THE HIGHEST RATE AMONG YOUNG MEN IN ANY WEALTHY COUNTRY.

85%

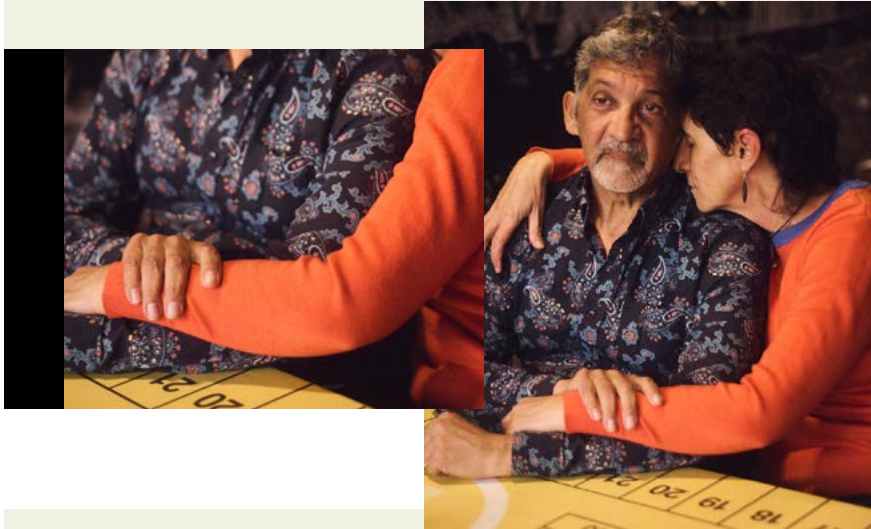
Reported rates of mental ill-health rose by **85% among men aged 30–34** over the past decade.

3.6

Suicide is the **4th leading cause of premature death** among US men; men are **3.6 times more likely** to die by suicide than women.

Caregivers are the unexpected face of men's health.

Behind every story of illness or recovery is someone providing unpaid care: most often wives, daughters, mothers, and sisters. Their invisible labor sustains men's health but comes at a high personal cost. As one caregiver put it, "It is an overwhelming issue and it has taken time to adjust and manage the stress and enormity of it." Another described living with "worry and anxiety always in my mind." Alongside emotional strain and financial sacrifice, caregivers also report moments of meaning: deeper understanding, more time together, and renewed closeness. Recognizing caregivers as central to men's health policy is essential, not optional.



44%

44% of caregivers report that their own mental health has declined because of caregiving.

WOMEN CAREGIVERS REPORTED NET NEGATIVE IMPACTS ACROSS EIGHT OF NINE AREAS OF LIFE, FROM PERSONAL TIME AND ENERGY TO CAREER AND FINANCES.

84%

84% said caregiving gave them more quality time together and **83%** said it deepened their understanding of one another.

Misperceptions about masculinity keep men from care.

Ideas about what it means to be a man strongly shape health behavior. On one hand, most men personally agree that taking care of their health is a form of strength, that it is important to ask for help, and that men should support each other emotionally. On the other hand, men also report feeling cultural pressure to “push through pain” or avoid preventive care. Crucially, many men believe these restrictive norms are more widely shared than they actually are, pointing to a perception gap that reinforces silence and stigma. Closing this gap is key to reframing masculinity as a foundation for responsibility, connection, and care.



95%

95% of men agree that “taking care of your health is a sign of self-respect,” yet 41% say “avoiding regular check-ups is just part of being a guy.”

MEN CONSISTENTLY UNDERESTIMATE HOW MANY OF THEIR PEERS SUPPORT OPEN EMOTIONAL CONVERSATIONS, REFLECTING A WIDE “PERCEPTION GAP” BETWEEN PRIVATE BELIEFS AND ASSUMED NORMS.

MEN’S PERSONAL BELIEFS ABOUT HEALTH ARE OFTEN FAR MORE SUPPORTIVE THAN THE CULTURAL PRESSURES THEY THINK SURROUND THEM.

Men's ill health carries enormous costs.

The most profound cost of men dying too young is human: the loss of years together, of stories never told, of grandchildren who will never meet their grandfathers. These missed moments and relationships are immeasurable. But alongside the human toll, the economic costs are staggering. The nation spends billions treating preventable conditions, while families lose the wages and contributions of men who die early or live with chronic illness. In 2023 alone, just five leading causes of premature mortality in men carried a combined price tag of over \$420 billion – much of it preventable through earlier intervention, prevention, and systemic change.



\$120.8

Treating heart disease, opioid use disorder, COPD, lung cancer, and suicide in men cost **\$120.8 billion** in direct medical spending in 2023.

\$299.8

Indirect costs—lost productivity and wages—added another **\$299.8 billion**.

85%

Upwards of **85% of these costs** are considered preventable.

Risks and opportunities shift across the life course.

Men's health cannot be reduced to problems of old age. Risks and opportunities evolve across the lifespan, with critical windows where prevention and support can change trajectories. In adolescence and early adulthood, substance use, suicide, and violence cut into healthy years of life. In middle age, chronic conditions such as cardiovascular disease and cancer rise, often compounded by high alcohol and tobacco use. By older age, these cumulative risks result in steep burdens of illness and disability. These patterns are also deeply shaped by race, class, and geography. A life course lens makes clear that men's health must be supported from adolescence onward, and that failing to intervene early compounds costs later.



3.5

Among men 15–24, years of healthy life lost to **self-harm and violence** are more than **3.5 times higher** than among women the same age.

IN MIDLIFE (AGES 35–54), **SUBSTANCE USE DISORDERS** GENERATE MORE LOST HEALTHY YEARS FOR MEN THAN ANY OTHER CAUSE.

3–4

For older White men, suicide rates spike – reaching **3–4 times higher** than other groups in later life.

Men want to be part of the solution.

Contrary to stereotypes, men are not indifferent to their health. Most report that they themselves - not just their partners or families - drive decisions to seek care. Many want closer friendships, more preventive care, and stronger community ties. Yet healthcare encounters often miss opportunities to engage men in deeper conversations about their lives, with many men reporting that providers rarely ask about their social or emotional health. At the same time, men often leave clinics “satisfied,” even when their broader needs are unmet - suggesting satisfaction is not the same as effective care. Men’s willingness to act is there; what’s needed is a health system and broader culture that meets them where they are.



71%

71% of men say their decision to seek care begins with their own judgment, not someone else’s urging.

62%

Yet 62% delayed seeking care for more than six days after symptoms began, and 17% waited six months or longer.

21%

Only 21% of men say their provider “always” asks about social or personal factors affecting health.

State leaders have the opportunity to rewrite men's health outcomes.

Men's health outcomes vary dramatically across states, underscoring how geography and policy combine to shape wellbeing. In thirteen states plus the District of Columbia, accidents and overdoses (not cancer or heart disease) are the leading cause of men's premature mortality. From the state with the lowest risk to the one with the highest, men's chances of dying before age 75 nearly double. These differences are not inevitable; they reflect choices about healthcare access, investment in prevention, and policymaker priorities. The good news is that several states are showing that progress is possible when legislatures and governors make men's health a priority. Examples include:



FLORIDA MAINTAINS A STANDING COUNCIL ON THE SOCIAL STATUS OF BLACK MEN AND BOYS THAT RELEASES ANNUAL DATA-RICH REPORTS, PROPOSES STRATEGIC MEASURES AND FUNDING, AND HELPS TO DRIVE COMMUNITY EFFORTS THROUGH LOCAL COUNCILS.

UTAH'S LEGISLATURE CREATED A TASK FORCE ON MEN AND BOYS TO STUDY ROOT CAUSES OF POOR HEALTH AND RECOMMEND POLICY RESPONSES.

TENNESSEE HAS PARTNERED WITH VANDERBILT UNIVERSITY, MEHARRY MEDICAL COLLEGE, AND OTHER INSTITUTIONS TO ISSUE SEVERAL IMPACTFUL MEN'S HEALTH REPORT CARDS.

Community programs bring health within reach.

Across the country, community-led initiatives are showing that men's health improves when support is delivered in trusted spaces, grounded in culture, and designed with men themselves. These efforts demonstrate that men engage more openly when health is connected to identity, mutual support, and daily life. From barbershops to sports teams, from Native "talk story" circles to digital platforms, these innovations show that connection can be the gateway to care.



CULTURALLY ATTUNED APPROACHES THAT EMBED HEALTH IN TRUSTED COMMUNITY SETTINGS – SUCH AS NATIVE CIRCLES, BLACK BARBERSHOPS, OR FAITH COMMUNITIES – HAVE DEMONSTRATED POSITIVE IMPACTS ON SCREENING, PREVENTION, AND TRUST.

PEER SUPPORT MODELS LIKE MEN'S GROUPS, SHEDS, OR SPORTS-BASED MENTORSHIP REDUCE ISOLATION, NORMALIZE HELP-SEEKING, AND BUILD NEW SKILLS ALONGSIDE CONNECTION.

DIGITAL HUBS AND CAMPAIGNS REACH MEN WHERE THEY ALREADY ARE – ON PHONES, PODCASTS, AND ONLINE – LOWERING STIGMA AND OPENING DOORS TO SUPPORT.

A call to action:

Improving men's health is a whole-of-society project. The evidence in this report shows what works: programs rooted in culture and community, healthcare that treats every encounter as a gateway, policies that address inequities, and investments that scale proven solutions. Men's health is not only about men - it is about everyone who relies on them, cares for them, and benefits when they thrive.

POLICYMAKERS: TREAT MEN'S HEALTH AS A PUBLIC HEALTH PRIORITY. EXPAND INSURANCE COVERAGE AND PREVENTIVE SERVICES, PASS LEGISLATION THAT ADDRESSES STATE AND NATIONAL INEQUITIES, AND CREATE PERMANENT STATE-LEVEL BODIES TO TRACK AND IMPROVE MEN'S HEALTH.

HEALTHCARE PROVIDERS: USE EVERY APPOINTMENT AS AN OPPORTUNITY TO ASK ABOUT SOCIAL CONNECTION, MENTAL HEALTH, AND LIFE CIRCUMSTANCES—NOT JUST PHYSICAL SYMPTOMS. BUILD SYSTEMS OF CARE THAT MEET MEN WHERE THEY ARE.

PHILANTHROPY: SHIFT FROM NARROW INVESTMENTS IN SINGLE DISEASES OR SMALL SUBGROUPS TO TREATING MEN'S HEALTH AS AN OVERARCHING GOAL. FUND CULTURALLY ATTUNED COMMUNITY PROGRAMS, SUPPORT EVALUATION, AND SCALE UP PROVEN MODELS.

EMPLOYERS AND COMMUNITY LEADERS: CREATE ENVIRONMENTS THAT SUPPORT MEN'S WELLBEING, FROM WORKPLACE LEAVE AND FLEXIBILITY FOR CAREGIVING TO PROGRAMS THAT FOSTER CONNECTION AND MENTAL HEALTH SUPPORT.

RESEARCHERS AND ADVOCATES: STRENGTHEN THE EVIDENCE BASE FOR MEN'S HEALTH, HIGHLIGHT GAPS IN CURRENT POLICY AND PRACTICE, AND ENSURE THAT SOLUTIONS ARE DESIGNED FOR THE DIVERSITY OF MEN'S LIVED EXPERIENCES.

MEN: TAKE PROACTIVE STEPS – BY PRIORITIZING PREVENTIVE CHECKUPS, NURTURING FRIENDSHIPS, REDUCING HIGH-RISK BEHAVIORS, AND ENGAGING IN COMMUNITY LIFE – TO STRENGTHEN YOUR OWN HEALTH WHILE CONTRIBUTING TO HEALTHIER FAMILIES AND COMMUNITIES.

Men's health is never just about men. The way men live, age, struggle, and heal shapes the wellbeing of their partners, children, co-workers, and communities. When men neglect their health, families and workplaces feel the strain. When men thrive, those closest to them thrive too. The story of men's health is therefore a collective one, woven through caregiving, connection, and community. We have the evidence, the tools, and the stories; what's needed now is the will to act.

Read the full report:





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