

Illinois Men's Health Initial Assessment 2024-2025

IDPH Office of Health Promotion – Division of Community Health and
Prevention – Men's Health Section



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BACKGROUND

- Pursuant to Public Act 102-0938 and the subsequent creation of the Men’s Health Section within the Illinois Department of Public Health, this document serves as the initial assessment of men’s health in Illinois to be delivered to the Illinois General Assembly.
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SUMMARY AND FOREWORD:

Across the United States and globally, men’s health is increasingly recognized and gaining attention as a priority topic and crucial factor when considering public health strategy, policy planning, research and literature limitations, and the promotion of health and gender equity. While progress is being made in various health outcome areas, such as a generally positive trend in life expectancy, advancements in medicine, emphasis on addressing social determinants of health, and other contributors to improving public health are not equally impactful to all demographic groups. Disparities that exist between women’s and men’s health remain clear, as well as the reduced and poor outcomes present within certain subgroups of men. Fortunately, organizations and governments worldwide, including the World Health Organization and a growing number of countries, have become increasingly vocal proponents of addressing this issue with a proportionate and more sufficient response.

In Illinois, the status of men’s health is comparable and aligns with what have become chronic issues demonstrated across the United States and the world. Outcomes and rates in areas of life expectancy, chronic disease morbidity and mortality, substance abuse/overdose, suicide, homelessness, imprisonment, and academic achievement all show disparities compared to women, and many of these disparities are growing. Of particular concern are the outcome disparities in men of certain demographic groups, especially African American/Black men and those affected by low incomes or in specific locations. Increasing public awareness of these issues and building on emerging advocacy, programming, research, and policy efforts are essential factors in scaling public health efforts to match the scope of the problem.

Across most literature and health equity efforts, men are not labeled a sub-group or demographic that warrants gender-focused attention and policy. Using a gender-specific approach may allow public health efforts to transform approaches limited in effectiveness, improve outcomes through targeted identification and outreach measures, and generally “meet men where they are at” when considering their reduced participation in health care and lifestyle/behavior choice risk reduction.

With the addition of the IDPH Men’s Health Section, Illinois joins a short, but growing list of states that have created commissions or state-level policy recommendation programs. This corresponds with emerging trends globally, as seven countries within the World Health Organization have also recently developed national men’s health policies, and the United States representatives have introduced legislation to do the same. This report serves as a basis for understanding the status of men’s health in Illinois and includes details on current health outcomes, lifestyle behaviors, and risk factors, and proposed priority areas to address through services and public policy.

“HEALTH PLANNING NEEDS TO ALLOW FOR THE DIFFERENT NEEDS OF MEN AND WOMEN, REGARDING EXPOSURE TO RISK FACTORS, BARRIERS TO ACCESS AND USE OF SERVICES AND HEALTH OUTCOMES. IN MANY CIRCUMSTANCES, MEN EXPERIENCE POORER HEALTH OUTCOMES THAN WOMEN DO. ALTHOUGH SOME OF THESE POORER HEALTH OUTCOMES MAY HAVE A BIOLOGICAL BASIS, THEY MAY BE AMPLIFIED BY GENDER ROLES. GENDER ANALYSIS AND HEALTH POLICIES SHOULD CONSIDER WOMEN, MEN, AND GENDER-DIVERSE POPULATION GROUPS, TO ENSURE EQUITABLE HEALTH OUTCOMES.”

-World Health Organization
World Health Statistics 2019: Monitoring Health for the SDGs¹

“HEALTH POLICIES THAT DO NOT CONSIDER GENDERED PATTERNS IN HEALTH CONTINUE TO UNDERMINE EFFORTS TO IMPROVE GLOBAL HEALTH AND WELL-BEING.”

-Peter Baker, Natalie Leon, Christopher Colvin, Derek Griffith
The Lancet Global Health, December 2023²

“INEQUITIES IN MEN’S HEALTH HAVE MOSTLY BEEN OVERLOOKED BY GLOBAL, REGIONAL AND NATIONAL HEALTH ORGANIZATIONS, AND GENDER EQUITY STRATEGIES IN HEALTH, WHERE THEY EXIST, HAVE BEEN EQUATED WITH ADDRESSING WOMEN’S HEALTH.”

-Global Action on Men’s Health
Absent-minded. The Treatment of Men in Global Mental Health Policy, 2024³

“MEN’S HEALTH IS A CONCERN TO FEDERAL AND STATE GOVERNMENTS, PUBLIC HEALTH DEPARTMENTS, COMMUNITY HEALTH CENTERS, HEALTH PROFESSIONALS, AND OTHER KEY STAKEHOLDERS WHO ABSORB THE ENORMOUS COSTS OF PREMATURE DEATH AND DISABILITY, INCLUDING THE COSTS OF CARING FOR DEPENDENTS LEFT BEHIND. EDUCATING MEN AND BOYS, THEIR FAMILIES, AND HEALTH CARE PROVIDERS ABOUT THE IMPORTANCE OF EARLY DETECTION OF MALE HEALTH ISSUES CAN RESULT IN REDUCING RATES OF MORTALITY FOR MALE-SPECIFIC DISEASES, AS WELL AS IMPROVE THE HEALTH OF AMERICA’S MEN AND ITS OVERALL ECONOMIC WELL-BEING.”

-Men’s Health Caucus
American Public Health Association⁴

MEN'S HEALTH: CURRENT STATUS, TRENDS, AND DISCUSSION

PRIORITY NEED AREAS / OVERALL FOCUS TOPICS

- Men's mental health: Illinois men have a 3.6 times increased suicide rate compared to women and a 72.3% proportion of opioid deaths.^{5,6}
- Life expectancy and chronic disease: Illinois men have a 5.8-year reduced life expectancy compared to women and have both greater national and global rates of incidence and mortality for leading causes of death, including heart disease, cancer, and COVID-19.^{7,8,9}
- Health outcome disparities are most prevalent for Black men, including life expectancy and outcomes associated with heart disease and prostate cancer.
- In addition to race, other determinants of health outcomes for men include educational level, income, and geographic area.^{9,10,11}

LIFE EXPECTANCY

- Illinois men are expected to live 5.8 fewer years than women (tied for 30th-best among states), with a life expectancy of 74.2 for men and 80.0 for women in 2021. This has improved slightly from 2020, where the difference was 6.0 years, and life expectancy estimates were 73.8 for men and 79.8 for women.^{7,12}
 - Life expectancy has shown periodical improvements and regressions when looking at sex differences.¹³
 - 1900: 2.0 years, 1975: 7.8 years, 2010: 4.8 years, 2020: 5.7 years.
 - Differences attributed to increased rates of disease in men are early mortality from chronic disease, self-harm, and substance overdose, and general risk-taking behavior.¹³
- Illinois male life expectancy ranks 21st among all states in the United States.⁷
- Illinois men live 0.6 years less compared to national averages (74.2 in Illinois compared to 74.8 in the U.S.)⁷
- In Illinois and nationally, men are dying in greater numbers for most leading causes of death, including the shared top three of cardiovascular disease, cancer, and COVID-19, and have higher rates of mortality for most common conditions.^{8,11}
 - Unintentional injuries (including overdose) and intentional self-harm are notably higher as compared to women.
 - 5 of the top 10 leading causes of death for both men and women are associated with preventable and/or treatable chronic conditions.¹⁴

CHRONIC DISEASE

- **General**

- Men have disproportionately higher rates of chronic disease for 13 of the top 20 mortality-causing diseases.¹⁵
- Chronic disease morbidity and mortality rates are higher in minority men, especially younger Black men.^{9,10}

- **Cardiovascular Disease**

- While age-adjusted mortality rates show improvements in trends for all groups, men, particularly Black men, are significantly more likely to be diagnosed and to die from heart disease as compared to women.¹⁰
- Risk factors for cardiovascular disease mortality include being male, being Black, and living in a rural area.¹⁰
- Lower-income Black communities show the highest rates of cardiovascular events like stroke and hypertension.¹⁰
- Cardiovascular disease in Illinois (death rate per 100,000, ages 35+, 2019-2021)¹⁶
 - Men: 534.3 (National average 524.8), women: 355.4 (national average 354.5)
 - Black men: 826.1, White men: 534.1, Hispanic men: 315.4, Asian men: 261.3, American Indian / Alaska Native (AI/AN) men: 129.3
- Hypertension (death rate per 100,000, ages 35+, 2019-2021)¹⁶
 - Men: 289 (national average 351.1), women: 202.7
 - Black men: 560.3, Hispanic men: 270.9, White men: 259.2), Asian men: 179.9, AI/AN men: insufficient data

- **Cancer**

- In Illinois, the rates of new cancers and the rate of cancer mortality are higher in men.¹⁷
 - In 2021, 498.0 per 100,000 men were diagnosed with cancer, while females were diagnosed at 441.2 per 100,000.
 - In 2021, 169.8 per 100,000 men died as a result of cancer, while the female mortality rate was 127.9 per 100,000.
- Higher overall cancer mortality rate and higher incidence rate in Black men (188.9 new cases/100,000 people 2021), compared to rates of 112.4 (White, non-Hispanic), 95.1 (Hispanic), 70.0 (Asian and Pacific Islander) seen in other groups.¹⁷
- Behind heart disease, prostate cancer is the second leading cause of death for Illinois men at 1,262 deaths during 2022.¹⁸
 - For every 100,000 men in Illinois, 19 died of prostate cancer.
- Increased rates associated with social determinants of health, such as race, lower education/health literacy, and income.
- The top 10 cancers by incidence rate in Illinois men are as follows:¹⁷

1. Prostate – 121.7/100,000
 2. Lung and Bronchus – 61.6/100,000
 3. Colon and Rectum – 44.2/100,000
 4. Urinary Bladder – 33.5/100,000
 5. Melanomas of the Skin – 29.9/100,000
 6. Kidney and Renal Pelvis – 23.9/100,000
 7. Non-Hodgkin Lymphoma – 22.9/100,000
 8. Oral Cavity and Pharynx – 18.9/100,000
 9. Leukemias – 17.3/100,000
 10. Pancreas– 16.0/100,000
- The top 10 Illinois counties for new prostate cancer cases include:¹⁷
 1. Scott: 182.5/100,000
 2. Menard: 180.4/100,000
 3. Alexander: 180.0/100,000
 4. Pulaski: 165.0/100,000
 5. Jasper: 161.7/100,000
 6. DeKalb: 146.8/100,000
 7. Richland: 146.3/100,000
 8. Shelby: 145.0/100,000
 9. Washington: 143.6/100,000
 10. Peoria: 142.2/100,000
 - Globally, men have higher cancer incidence rates (19% greater) and lower survival rates (43% less) compared to women.¹⁹
 - The global age-standardized incidence for all cancers combined is 222.0/100,000 for men and 186.0/100,000 for women. The mortality rates are 120.8/100,000 for men and 84.2/100,000 for women.²⁰
 - **Diabetes**
 - Slightly higher proportion of men (11.7%) compared to women (10.8%) living with diagnosed diabetes in Illinois as of 2021.²¹
 - Highest overall rates in those 65+ years of age (24.2%), as well as Hispanic (14.2%) and Black (12.8%) populations.²¹
 - Household income less than \$15,000 was also associated with high prevalence (16.5%), as was having completed less than high-school level education (19.2%).²¹
 - Associated/Intersects with an increasing number of additional co-morbidities.²¹
 - Present in greater than 30% of adults also living with coronary artery disease, heart disease, or stroke history.
 - Approximately 10.6% or 1,027,818 Illinois adults, have been diagnosed with diabetes, with an estimated additional 296,000 being undiagnosed (2020).²²

- An additional 34% of adults, or 3,393,000, have prediabetes with elevated blood sugar levels.
 - An estimated 74,234 new cases each year.
 - Creates an estimated \$12 billion in associated costs.
- **Obesity**
 - According to 2022 Illinois BRFSS data, an estimated 40.4% of men are overweight, and an additional 31.0% are obese. Only 26.9% are within the normal weight range.²³
 - No significant difference between men and women.

MENTAL HEALTH AND SUICIDE

- **Suicide**
 - In Illinois, males die by suicide at rates 3.6 times that of women, with the disparity currently increasing steadily. This is comparable to the approximately four times average increased rate seen across the United States.⁵
 - Men account for nearly 80% of all suicides in Illinois and the United States.²⁴
 - Suicide rates are correlated with increased age and highest among ages 75-84.²⁴
 - 1,533 total suicides among both genders in Illinois, with 78% total being male.²⁵
 - Suicide rates are highest among White non-Hispanic men at 21.9/100,000, Black or African American men at 13.4/100,000, and Asian men at 7.8/100,000. Insufficient data are available for other race categories.²⁵
 - Access/utilization of care
 - Men are less likely to seek care and treatment for a mental health issue (17.8% compared to 28.6% in women for ages 18-44 in U.S.).²⁶
 - This trend is improving for both genders, but non-Hispanic Asian (10.8%), Hispanic (12.8%), and non-Hispanic Black (14.8%) individuals in the U.S. remain less likely to receive treatment than non-Hispanic White persons (30.4%).²⁶
 - Men are less frequently diagnosed with mental disorders, like depression, despite much higher suicide rates.³

SUBSTANCE ABUSE AND ACCIDENTAL INJURIES

- **Overdose Mortality**
 - 2,358 men died from opioid overdose in Illinois in 2022, which is 72.3% of the 3,263 total lives lost from opioid overdose.²⁷
 - Opioid overdose deaths have dramatically increased since 2013, when 1,072 occurred, with an increase each year other than 2017-2018.²⁸
 - Overdose deaths from opioids, fentanyl, cocaine, and alcohol have all increased steadily since 2019 and are impacting men to a greater degree than women.²⁹

- Opioid-related death rate in 2022 for Illinois men is 37.6/100,000, compared to 14.1/100,000 for women.²⁸
- Non-Hispanic Black population between the ages of 55-64 are most affected (207.0/100,000).²⁸
 - 10.2 times higher than non-Hispanic Whites for the same age group.
- Adolescent (13-17 years) deaths from opioid overdose also show a concerning increase from 1-3 deaths per year from 2013-2018 to 14 deaths in 2021 and 11 in 2022.²⁸
- Substance Abuse
 - 15.5% of people in the U.S. and 17.2% of people in Illinois 12 years or older have participated in illicit drug use in the past month.³⁰
- Accidental Injuries
 - Men account for 215,000 injury-related deaths in the U.S. in 2022, compared to 92,000 for women.³¹
 - Nationally, there has been a 57% increase in fatal injuries among men since 2001, primarily resulting from a 573% increase in accidental drug overdoses.³¹
 - U.S. injury-related deaths in 2022 (percentage of men compared to women):³¹
 - Homicide: 80/20 (5th leading cause of death among injuries)
 - Suicide: 79/21
 - Drowning: 75/25
 - Non-drug poisoning: 75/25
 - Motor vehicle/traffic crash: 72/28
 - Drug poisoning: 71/29 (leading cause of death among injuries)
 - Fire: 60/40
 - Suffocation: 59/41
 - Falls: 51/49
 - In Illinois during 2020, males were over two times as likely to have a death from an unintentional injury compared to women (5,129 to 2,468).³²
 - Significantly higher rates of drug overdose, motor vehicle crashes, and fatal occupational injuries are all present with men.³¹
 - An estimated 86,851 years of potential life lost to injury deaths.³²

HOMELESSNESS

- 11,950 estimated homeless across Illinois according to UIC Institute for Research on Race and Public Policy.^{33,34}
 - 60.1% estimated to be male.
 - 8 times more likely to be homeless if Black, which is twice the national average.
 - 6 times more likely if previously incarcerated.
 - In Illinois, 32% of men experiencing homelessness are also unsheltered, compared to 18% of women in similar circumstances.³⁵

VIOLENCE PREVENTION

- Gun violence
 - 1,995 people in Illinois died from guns in 2021.³⁶
 - Rates have increased between 2019 and 2021 for both Illinois and national firearm homicide deaths.
 - 88% of all firearm homicide victims are male, and 79% of firearm homicide victims are Black.³⁶
 - Nationally, men are seven times more likely to die from gun-related violence compared to women.³⁷
 - Nationally, men are much more likely to possess/carry a weapon, with 24.2% reporting having done so in the past 30 days, as compared to 7.4% of women.³⁷

INCARCERATION

- Approximately 53,000 Illinois residents are incarcerated in various local, state, and federal prisons.³⁹
 - 94% male (2013)
 - 690/100,000 rate for men compared to 41/100,000 for women (2015)
- Black men make up 35% of the incarcerated population while being 13% of the population.³⁹
- Rates have grown dramatically over the last 40-50 years but are reducing from their peak in 2013-2015.³⁹
 - Illinois' rate of 433/100,000 is less than the U.S. average rate of 614/100,000.
 - Overrepresentation of Black residents with 7.5 times higher incarceration rate
- An estimated 85,000 Illinois residents are on probation, while another 21,000 are on parole.³⁹
- More than 21,000 men are released each year from prison in Illinois (2019 data).
 - Compared to 2,000 women
- Public health considerations^{39,40}
 - Suicide rates three times higher for those incarcerated compared to U.S. averages.
 - Higher rates of chronic health problems like hypertension, diabetes, and HIV.
 - Reduced access to quality health care, increased burden of rules and conditions that may limit employment opportunities, restricted access to technology, and inadequate re-entry services available for returning citizens.

ACADEMIC ACHIEVEMENT

- Male students in Illinois are graduating high school at reduced rates compared to females (85.6% to 89.7%).⁴¹
 - Compares to national data from 37 states (sex-specific data not mandated to be reported across all states) that shows an average high school graduation rate of 88% in girls and an 82% rate in boys.⁴¹

- As differences by race and ethnicity are narrowing and showing progress, the 6% gender gap is approaching the 10% gap in White compared to Black graduation rates.⁴²
- Nationally, women are outpacing men in total and new college graduates, which may be impacting job prospects and male employment opportunities.⁴³
 - Women are obtaining the majority of each degree type, from an associate to a doctorate.
 - As of 2019, there was a 14-point percentage gap in favor of women when evaluating the proportion of college graduates.⁴³

FATHERHOOD

- Fathers represent nearly two-thirds of the U.S. adult male population (72.2 million).⁴⁴
 - Presents an opportunity to provide impact through programming and motivational behavior change.
- Mental health and behavior change^{44,45,46}
 - Fathers report higher levels of happiness, positive emotions, and increased meaning in life compared to non-parents.
 - Greater father involvement is associated with improved family and spouse well-being.
 - Fathers show an increased likelihood of making positive behavior changes, including smoking cessation and reducing substance abuse.
 - Increased programming and focus on father involvement/engagement is suggested to promote a change in negative gender norms and encourage an expanded view of masculinity.
- Health care access^{44,45}
 - Fatherhood has been suggested as an opportune time to increase male participation in health care and motivation for self-care.
 - Men participating in family planning and/or attempting to conceive with their partner also could benefit from pre-conception health care and awareness related to fertility issues, physical and mental health concerns, etc.
 - Perinatal and postpartum appointments are suggested as possible means to provide resources and screening tools to men.

SEXUAL AND REPRODUCTIVE HEALTH

- Globally, men have higher rates of many sexually transmitted infections (STIs), including syphilis, chlamydia, gonorrhea, and trichomoniasis, for all age groups.⁴⁷
 - Believed to result from reduced availability of screening services, lack of male awareness, reduced health-seeking behaviors, gender/social norms, and unaffordable treatment.
- Increasing prevalence of male infertility, with sperm counts falling by 52% between 1971 and 2011.⁴⁷
 - Estimated to contribute to half of the difficulty in the conception process for couples.

- Sexual dysfunction is often indicative or a symptom of chronic disease, which disproportionately affects men and combined with limited treatment-seeking behaviors, social stigma, and fewer availability of screening services, often is not identified.⁴⁷
- Many reproductive cancers, such as prostate, testicular, bladder, and kidney cancers, can have psychological impacts on men related to their sexual and reproductive health.⁴⁷
- Limited policy and programming related to male access to contraceptive use.⁴⁷
- HIV
 - In Illinois, there were 1,385 new HIV cases in 2022. There are an estimated 42,042 people living with HIV, and 5,711 undiagnosed.⁴⁸
 - Disproportionately higher rates were seen in new HIV transmissions, with 41% in the Black community and 29% in the Hispanic community.⁴⁸
 - Since 2016 in Illinois, there have been 9,508 new cases diagnosed, 7,864 (82.7%) of those being male and 44.0% of those cases being Black men.⁴⁹
 - 31,800 estimated new HIV infections in the United States in 2022.⁵⁰
 - 67% of new cases associated with men who have sex with men
 - 22% heterosexual contact
 - 7% associated with drug injection
 - 37% among men who are Black/African American
 - Showing progress with a 12% decline in the overall incidence rate of HIV since 2018.
 - 1.2 million people have HIV in the U.S., and 13% are not aware.⁵⁰
 - Population groups considered as particularly at-risk for HIV include gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners or other incarcerated individuals.⁵¹

HEALTH EQUITY

- Access and Utilization of Care
 - Mental Health
 - 83% of Illinois counties are considered to have a shortage of a mental health care/limited workforce. Mental health professionals are concentrated in metropolitan areas, which further exacerbates the mental health treatment capacity in rural areas, combined with limitations on funding and traveling distance considerations.⁵²
 - 81/102 (79.4%) Illinois counties have no child or adolescent psychiatrists, according to a 2021 report by SIU Medicine.⁵²
- Social and Structural Determinants of Health
 - Location
 - Men living in rural areas are more likely to have higher rates of smoking, obesity, and cardiovascular disease⁵³
 - Higher-income areas are associated with a lower prevalence of chronic disease.⁵³

- Lower-income Black communities show the highest rates of cardiovascular events,⁵³ like stroke and hypertension.

ILLINOIS MEN AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA (SELF-REPORTED 2022)⁵⁴

THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) IS A STATE-BASED PROGRAM THAT GATHERS INFORMATION ON RISK FACTORS AMONG ILLINOIS ADULTS 18 YEARS OF AGE AND OLDER THROUGH MONTHLY TELEPHONE SURVEYS. ESTABLISHED IN 1984 AS A COLLABORATION BETWEEN THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND STATE HEALTH DEPARTMENTS, THE BRFSS HAS GROWN TO BE THE PRIMARY SOURCE OF INFORMATION ON BEHAVIORS AND CONDITIONS RELATED TO THE LEADING CAUSES OF DEATH FOR ADULTS IN THE GENERAL POPULATION. CONDUCTED ANNUALLY, THE SURVEY INCLUDES MULTIPLE SECTIONS COMPRISED OF FIXED CORE QUESTIONS, ROTATING QUESTIONS, AND OPTIONAL STATE MODULES. QUESTION CATEGORIES ARE AS LISTED BELOW: ⁵⁴

- Modifiable risk factors
 - Weight management
 - An estimated 40.4% of men are overweight, and an additional 31.0% are considered obese. 26.9% of men are considered to be within a healthy weight range.
 - Physical activity
 - 79.4% of men have done any form of exercise in the past 30 days.
 - 20.6% have not exercised in the past 30 days.
 - Alcohol use
 - 62.3% of men have consumed alcohol in the last 30 days.
 - 21.4% report binge drinking with five plus drinks in the last 30 days.
 - 5.7% report heavy alcohol consumption of greater than two drinks per day.
 - Smoking
 - 9.2% of men report smoking daily, and 5.3% report smoking some days.
 - 4% of men use smokeless tobacco, with the most common age group being 25-44.
 - 5.6% report using e-cigarettes, with the most common age group being 18-25.
 - Marijuana use
 - Reported use: 7.7% report daily, 2.5% report near daily (20-29 times in the past month), 5% weekly, 3.6% monthly, and 81.2% none.
 - Sleep habits
 - 37.8% of men report sleeping less than seven hours per night.
 - Nutrition
 - Sugary drink consumption: < 1x/day: 30.9%, 1x/day: 18.5%, 1-4x/day: 19.1%, 4+x/day: 6.9%.

- Fruit and vegetable consumption (2021): Both 1+: 52.1%, 1+ fruits only: 6.2%, 1+ vegetables only: 29.3%, neither: 12.4%.
- Chronic disease
 - 20.3% of men are living with two or more chronic diseases, with an additional 26.7% having at least one.
 - 9.9% of men have a history of cardiovascular disease.
 - 12.5% of men have a history of diabetes, with an additional 12.7% being told they were pre-diabetic.
 - 32.5% of men have a history of high blood pressure.
 - 32.8% of men have a history of high cholesterol.
- Cancer and health screening
 - Colorectal cancer
 - 32.4% of men over 45 have never had a colonoscopy or sigmoidoscopy.
 - 86.3% of men over 45 have not had a stool blood test in the past year.
 - Lung cancer
 - 81.2% of smokers over the age of 25 have never been screened for lung cancer.
 - 90.5% of smokers or former smokers are not meeting United States Preventive Services Taskforce lung cancer recommendations.
 - Criteria: adults aged 50 to 80 years who have a 20-pack-year smoking history and currently smoke or have quit within the past 15 years and have had a CAT/CT scan in the past year.
 - Oropharyngeal cancer
 - Illinois men and time of last dental visit: Within one year: 62.8%, within two years: 10.2%, within five years: 11.9%, five plus years ago: 12.8%, never: 2.3%.
- Reported health status
 - General health rating:
 - Excellent: 18.0%, very good: 32.3%, good: 33.6: fair: 12.7%, poor: 3.3%
 - Mental health rating (days reported as “not good” in the past month)
 - 0 days: 65.3%, 1-7 days: 19.2%, 8-30 days: 16.5%
 - Physical health rating (days reported as “not good” in the past month)
 - 0 days: 66.6%, 1-7 days: 20.5%, 8-30 days: 12.9%
- Health care access and utilization
 - 11.5% of men report not having health insurance.
 - 22.1% of men report not having a regular/usual health care provider.
 - 10.6% of men report being unable to afford going to the doctor.
 - Reported time since last routine check-up/physical examination:
 - Within past year: 71.4%, within past two years: 11.7%, within past five years: 7.8%, five plus years ago/never: 9.1%.

MEN'S HEALTH: ACTIVITIES COMPLETED (SEPTEMBER 2024 – CURRENT)

- **Expansion of stakeholder network**
 - Met and gathered input from regional and local health department administrators to improve understanding of the current priority community health issues among different areas of Illinois.
 - Facilitated communication with large non-profit and advocacy organizations expressing interest in men's health activities.
 - Met with academic professionals to discuss exploratory plans for annual assessment of men's health and provide expertise on the intersection of men's health and topics of health disparities, suicide prevention, violence reduction, obesity and weight management, health outcomes of African American/Black men, health equity to reduce reproductive health disparities, social determinants of health, health behaviors, and health outcomes of culturally diverse populations.
 - University of Illinois Chicago
 - University of Southern Illinois – Edwardsville
 - University of Illinois Urbana – Champaign
 - Rush University
 - Attended the 2024 Annual Illinois Public Health Association conference to improve understanding of the current status of public health, expand community partner and expertise network, and learn about emerging topics and opportunities pertinent to men's health.

- **Promotion of Men's Health Section and public awareness/informative campaign**
 - Completed preliminary IDPH website update (review and publication in process) to include men's health-related information and present relevant and current data, increase availability and easy access to helpful resources, and provide a method of contact for community input or questions related to men's health.
 - Collaborated with social media staff to create men's health infographics and educational flyers to improve awareness and promote healthy behaviors (pending publication review).
 - Presented men's health data and role of the section to IDPH staff through an informative webinar -35 attendees.
 - Presented to the IDPH Illinois Community Ambassadors Program regarding the goals and plan for the Men's Health Section, as well strategies for community outreach and input – 28 attendees.
 - Collaborated with other members of IDPH leadership and stakeholders as an attendee, contributor, and presenter for established programs and committees influencing public health. These consist of:
 - Illinois Cancer Partnership
 - ❖ Attended monthly meetings for executive and sub-committee topics of prevention, screening and early detection, and survivorship.

- ❖ Plan to serve as presenter for men’s health educational series in January 2025.
- Illinois Suicide Prevention Alliance
 - ❖ Presented men’s health information related to mental health and awareness/promotion (48 attendees)
- **Research Review**
 - External men’s health program review.
 - Conducted a review of current men’s health programming and policy among states and at the federal level and identified country policy and global trends outside of the United States.
 - Conducted a thorough literature review to compile data and support for a men’s health plan. The following topics and their intersection with men’s health have been covered within current review efforts:
 - State, federal, and global men’s health policy, men’s health organizational leaders and advocates, masculinity and gender norm influences, social and structural determinants of health, examples and status of men’s health programming efforts, health and gender equity, chronic disease, prostate and testicular cancer, mental health, COVID-19, STIs and HIV, sexual and reproductive health, unintentional injuries and violence, fatherhood, education and academic performance, employment, disease prevention, and health screening recommendations.

MEN’S HEALTH: NEXT STEPS

- **Planned promotional activities and associated organizations**
 - Continue expanding awareness of men’s health issues through informative presentations to the public, stakeholders, and professional public health and medical communities. Activities have been planned or discussed with the following programs or organizations:
 - Illinois Cancer Partnership – Men’s Health Educational Series – January 2025
 - University of Illinois – Urbana Champaign – MPH Program – Q1 2025
 - Blue Cross Blue Shield Blue Door Neighborhood Center Program -TBD
 - Illinois Public Health Association - June 2025
 - Men’s health general awareness, men’s health considerations for community health workers
 - Illinois Migrant Council -TBD
 - Illinois Department of Corrections and IDPH Summit of Hope - Q2 2025
 - National Alliance on Mental Illness - TBD
- **Development and distribution of educational/promotional resources**
 - Social media: Infographics, activity promotion, community engagement
 - Podcasts: IDPH “This is Public Health”
- **Exploratory program development and future ideas**

- Community health screening outreach
 - Exploring the Illinois Wellness on Wheels program's use to provide prostate and colorectal screening methods to at-risk and underserved communities.
 - Development of specific training programs for community health workers to improve recognition and ability to communicate/work with men effectively.
- Mental health programming
 - Suicide prevention training within targeted/male-focused spaces, potentially including barbershops, coaching/trainer roles, and within predominantly male occupations.
 - Fatherhood training and counseling – benefits, expected stressors, support groups, recognition of paternal depression.
 - Professional training related to screening tools and behavior differences/expectations related to male depression and mental illness.
- Workforce initiatives, including scholarship, internship/mentorship promotion, and advisory partnerships to increase male interest and pursuit of mental health and education careers.
- Physical activity and weight loss promotion programs for healthy lifestyle modification.

MEN'S HEALTH: RECOMMENDATIONS FOR POLICY AND SERVICES NEEDED

- Advocacy, Promotion, and Policy Change
 - Recognition of the differences between men and women, specifically in relation to health outcome disparities, societal pressures and gender norms, omission in health policy, and limited allocation of resources for health promotion initiatives. Additionally, recognition of the health inequities between different subgroups of men.
 - Advance efforts to provide men with guaranteed paternal leave benefits, which have been shown to provide benefits in addition to the father's health, with improved health outcomes for the mother and child.
 - Increase awareness efforts for male infertility and advocate for treatment/intervention options and encourage education on sexual and reproductive health signs/symptoms in relation to underlying chronic disease.
 - Promote male-focused STI education, including the benefits of the HPV vaccine and the role of men in reducing cancer risk in both men and women.
 - Support the development and use of gender-specific screening tools for mental health illness/depression, with consideration for gender differences in symptomatic presentation and help-seeking behaviors.
 - Endorse educational efforts related to “root cause” theories surrounding masculinity and the sociological impact of gender norms and expectations regarding reduced utilization of health care, increased stigma related to mental health discussion, self-reliance, and participation in dangerous or unhealthy behaviors.
- Resource Allocation and Investment

- Continue efforts to provide accessible and affordable prostate cancer screening, particularly to those most vulnerable and either uninsured or under-insured.
 - Progress is being made in this area, including Public Act 103-0030 (effective date 1/1/2024) that mandated insurance coverage without cost sharing for annual prostate cancer screenings (and any necessary subsequent follow-up testing/treatment) for insured male individuals. However, there are still excluded men who would benefit from screening.
 - Funding could be provided for developing a prostate cancer screening program, like the Illinois Breast and Cervical Cancer Program (IBCCP) established in 1995, which offers free mammograms and other screening tests to eligible/qualifying women.
 - Increase funding for men’s health-specific programs, with the potential for development in areas of suicide prevention; mental health counseling and social support; health and cancer screening; physical activity; weight loss, and healthy diet promotion; fatherhood support; HIV and STI prevention; alcohol, smoking, and substance use reduction; workforce initiatives; and more.
 - Invest in obtaining community member and stakeholder opinions on a men’s health state plan, and improve identification of primary barriers, limitations, and concerns within diverse communities.
- Programmatic Considerations⁵⁵
 - Guide resources to reach men where they are available and with consideration for minimizing barriers, such as within the workplace, schools, at the barbershop, or during established community settings like places of worship, social clubs/events, etc.
 - Integrate male interests and behavior tendencies into health service programming, such as increasing the use of virtual options, decreasing the use of overly medical language/labels, empowering shared planning and decision-making, and involving sports or video game themes.
 - Allow program messaging to promote conventionally masculine traits to influence behaviors in a positive manner, such as through friendly competition or weaving behavior change promotion within the “provider” role that is often attributed to fatherhood.

DISCUSSION

As detailed in this report, there are an array of health outcomes and conditions that could be identified as a men's health issue or predominantly affecting men given the sex-specific disparities that exist. In addition to acknowledging the anatomical differences that warrant specialized attention, such as the education or treatment related to prostate or testicular issues, men's health outreach and intervention should be characterized as encompassing the unique physical, mental, and social factors that contribute to the differences in the male experience.

Additionally, as with other areas of public health, it is essential to recognize the various structural and social determinants that impact an individual's health outcomes. Interventions should consider how those most affected and at-risk can be purposefully addressed and how the diversity of their needs can be considered. This is an important factor when discussing the disparities that exist within sub-groups of men and not limiting discussion of men's health to a comparison of female outcomes only. For example, addressing the considerable differences in life expectancy and early heart disease mortality of Black men compared to other male populations.

Health efforts towards men are historically challenging. General behaviors of reduced health care utilization, increased risky and/or unhealthy behaviors, and the variety of societal norms and masculinity stereotypes are all seen as barriers to creating meaningful change. The emerging focus on promoting awareness of this topic and identifying needs and services in Illinois communities will be crucial in reducing the disparities currently existing in men's health.

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