

Vermont

Veteran Suicide Data Sheet



The U.S. Department of Veterans Affairs (VA) conducted the Nation's most comprehensive analysis of Veteran suicide rates in the United States. The resulting report, released in 2016, examined more than 55 million records from 1979 to 2014 in all 50 states, Puerto Rico, and the District of Columbia. Data from the report have allowed us to examine Veteran suicide rates in each state and region.

This Vermont Veteran Suicide Data Sheet is based on a collaborative effort among VA, the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics herein are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the Defense Suicide Prevention Office. Cause of death was identified through the NCHS National Death Index (NDI). For additional information, please email Dr. Megan McCarthy, Deputy Director, Suicide Prevention, VA Office of Mental Health and Suicide Prevention, at megan.mccarthy@va.gov.

Vermont Veteran Suicide Deaths, 2014

Sex	Veteran Suicides
Total	24
Male	20–30
Female	<10

Because of Vermont's relatively smaller Veteran population for select populations, suicide deaths are presented in ranges rather than precise counts, where applicable, in order to protect individual information.

Northeastern Region

Connecticut
Maine
Massachusetts
New Hampshire
New Jersey
New York
Pennsylvania
Rhode Island
Vermont



Vermont, Northeastern Region^a, and National Veteran Suicide Deaths^{bc}, by Age Group, 2014

Age Group	Vermont Veteran Suicides	Northeastern Region Veteran Suicides	National Veteran Suicides	Vermont Veteran Suicide Rate	Northeastern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	24	883	7,388	54.9	31.5	38.4
18–34	<10	112	1,171	—	64.6	70.4
35–54	11	275	2,193	108.4*	48.5	47.7
55–74	<10	320	2,594	—	25.7	30.4
75+	<10	176	1,430	—	21.4	32.0

* Denotes that this rate was calculated with fewer than 20 in the numerator and the rate should be considered unreliable.

After accounting for differences in age, the Veteran suicide rate in Vermont was significantly higher than the national Veteran suicide rate ($p=0.0237$)^d.



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and
Suicide Prevention

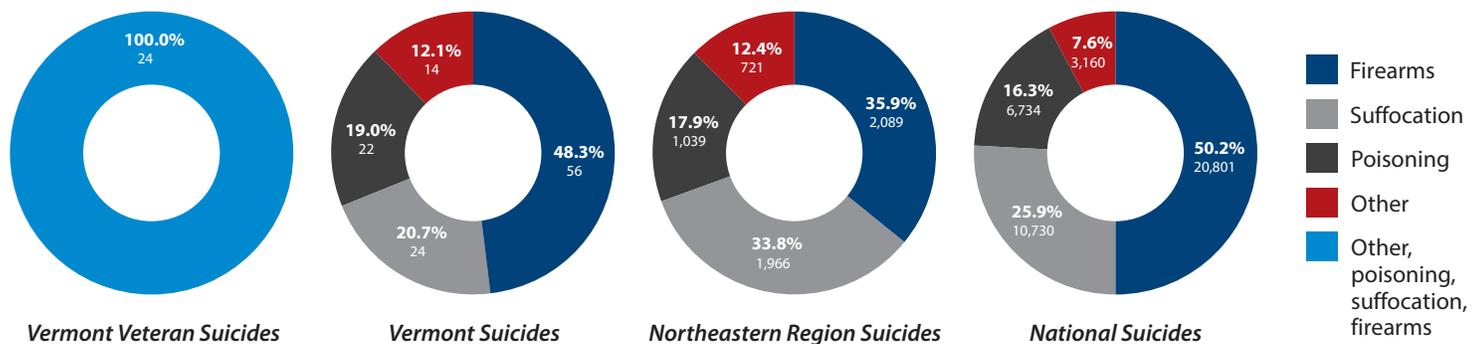
Vermont Veteran and Overall Vermont, Northeastern Region^a, and National Suicide Deaths^{b,c,e}, by Age Group, 2014

Age Group	Vermont Veteran Suicides	Vermont Total Suicides	Northeastern Region Total Suicides	National Total Suicides	Vermont Veteran Suicide Rate	Vermont Suicide Rate	Northeastern Region Suicide Rate	National Suicide Rate
Total	24	116	5,815	41,425	54.9	23.0	13.2	17.0
18–34	<10	30–40	1,424	10,732	--	--	11.0	14.5
35–54	11	40	2,281	15,473	108.4*	24.7	15.1	18.4
55–74	<10	38	1,675	11,637	--	23.9	13.7	17.5
75+	<10	<10	435	3,583	--	--	11.2	18.1

* Denotes that this rate was calculated with fewer than 20 in the numerator and the rate should be considered unreliable.

After accounting for differences in age, the Veteran suicide rate in Vermont was significantly higher than the overall national suicide rate ($p < .0001$)^d.

Vermont Veteran and Overall Vermont, Northeastern Region, and National Suicide Deaths by Method^f, 2014



Statistics contained herein are derived from the U.S. adult population 18 years of age or older. Suicide rates displayed are standard unadjusted mortality rates per 100,000 people. These rates are based on the number of suicide deaths within the 2014 calendar year divided by the population estimates multiplied by 100,000. The national statistics displayed include the contiguous United States, plus Alaska and Hawaii. The overall state, regional, and national rates presented include both Veterans and non-Veterans. Significance testing and rankings are derived from the direct age-adjusted rates, using the 2000 standard U.S. population^g. Because suicide rates based on less than 20 suicide deaths are considered unreliable, any comparisons of age-adjusted rates with underlying age-specific rates with less than 20 suicide deaths should be interpreted with caution.

A customary “rule of twenty” was applied to all rates based on a number of suicides that was less than 20. These rates are marked with an asterisk (*) as unreliable because rates calculated on a small number of deaths are considered unstable, and a small change in the number of suicides can result in a large change in the rate.

The method of suicide death is based on the cause of death listed on the state death certificate using the International Classification of Diseases, 10th revision (ICD-10), and for which the underlying cause of death is defined as (a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury (World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Cause of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977). For purposes of this data sheet, the ICD-10 codes used to define suicide deaths are X60–X84 and Y87.0.

^a Northeastern region includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

^b Rates presented are crude rates per 100,000. Death counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered unreliable, as indicated by an asterisk (*).

^c Veteran and overall population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2014 American Community Survey 1-year estimates. Specific population estimates used in rate calculations are available upon request.

^d Suicide rates presented here are unadjusted for age and are influenced by the underlying age distribution of the state or region. Age-adjusting suicide rates ensures that differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates.

^e National, regional, and Vermont state total suicide counts are obtained from the U.S. Centers for Disease Control and Prevention (CDC) WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

^f Methods are defined based on ICD-10 codes X72 to X74 for firearm, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). “Other” includes cut/pierce, drowning, fall, fire/flame, other land transport, struck by/against, and other specified or unspecified injury.

^g Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, no. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.