

MEMORANDUM

TO: Representative Lori Houghton, Chair, House Health Care Committee

FROM: Jennifer Hicks, Research, Epidemiology and Evaluation Unit Chief

DATE: February 16, 2023

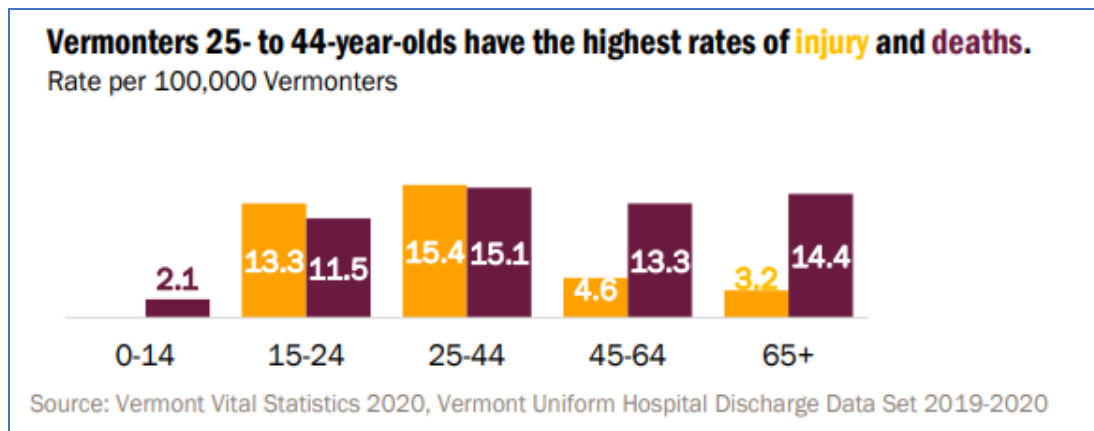
SUBJECT: Suicide Prevention Follow Up Testimony from the Department of Health

As a follow up to Caitlin Quinn's Testimony to the House Health Care Committee on February 9, 2023, please find the following information:

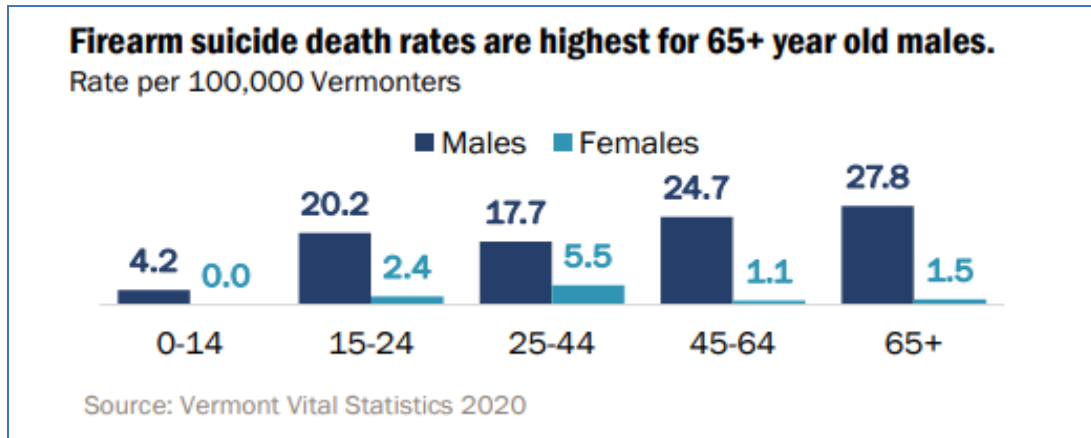
1. Provide firearm death data by age -- [Data Brief Firearm Injury and Death \(healthvermont.gov\)](https://healthvermont.gov)

The Data Brief linked to above contains the data below and other information on ALL firearm injury and deaths which includes suicide, homicide/assault, unintentional and legal intervention. In Vermont, most firearm deaths are suicide (91% of all firearm deaths); most firearm injuries are unintentional (61%).

The Firearm Injury and Death brief shows firearm deaths (all means, including suicide, accidental, homicide, etc.) are highest among 25- to 44-year-olds.



Firearm suicide deaths are highest among males, with the rate increasing as age increases.



2. Provide rural vs. urban breakdown of suicide mortality methods.

[Suicide Mortality in Rural Vermont](#)
[Data Tables for Rural Suicide Mortality](#)

The Briefs and data tables linked to above show that rural Vermonters who die by suicide are more likely to have used a firearm than those in urban areas of Vermont (57% versus 43%). Other means of death are indicated in statistically similar proportions: hanging/suffocation (24% among rural deaths versus 28% of urban deaths); poisoning (13% rural versus 19% urban) or other means (6% rural versus 9% urban).

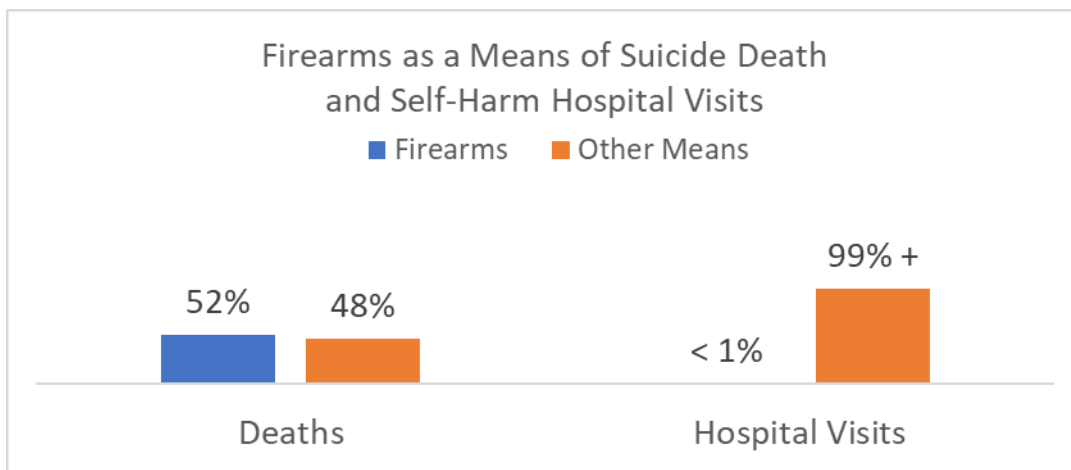
Means or Cause of Death	Rural		Urban	
	Number	Percent	Number	Percent
Firearm	172	57%	29	43%
Hanging or Suffocation	73	24%	19	28%
Poisoning	38	13%	13	19%
Other	18	6%	6	9%

Source: Vermont vital statistics, 2019-2021



3. Rep Black: (In reference to slide with two pie charts depicting suicide morbidity and mortality methods) If the data were combined for suicide mortality and morbidity, what percent of suicide attempts and completion are undertaken by methods other than firearms; what percentage does firearm as a method make up for suicide morbidity and mortality? (combine data from both graphs?)

The data for mortality and morbidity cannot be combined. The mortality data is the number of *people* who have died, while the morbidity data represents the number of hospital *visits* for a specific cause. (i.e., if there are 10 visits, we don't know if that is 10 different people each going once; 2 people each going five times, five people each going twice, etc.). However, the below graphic shows that among all deaths by suicide, 52% of deaths are by firearms. Among all of the hospital visits related to self-harm, very few (< 6 visits) are related to the use of firearms and nearly all hospital visits are self-harm due to means *other* than a firearm.



Source: Vermont Vital Statistics, 2021; VUHDDS 2020



Rep Cordes: Do we have racially disaggregated data?

A: We do have suicide morbidity and mortality data available; morbidity is much higher in BIPOC.

Suicide Deaths by Race and Ethnicity, Vermont Residents 2019-2021

Race	2019	2020	2021
White	107	112	139
Black or African American	1	0	1
Chinese	1	0	1
Multiracial	0	3	1
Korean	0	1	0
Other Race	0	1	0
Ethnicity			
Hispanic	1	6	0
non-Hispanic	108	111	142

Source: Vermont Vital Statistics, 2019-2021

Suicide-Related Emergency Department Visits Rates by Race and Ethnicity, Vermont Residents 2020-2022

Race	2020	2021	2022
American Indian or Alaska Native	198.9	312.0	292.0
Asian	169.8	204.4	177.4
Black or African American	217.4	337.9	279.0
Multiracial	*	*	416.7
Native Hawaiian or Other Pacific Islander	*	491.8	362.3
Other Race	273.0	306.9	387.0
White	212.0	225.8	235.4
Ethnicity			
Hispanic or Latino	197.6	284.0	290.8
Not Hispanic or Latino	212.0	227.0	236.5

Source: ESSENCE, 2020-2022. Rates are per 10,000 ED Visits

*The rate is suppressed because the number of suicide related visits is fewer than 6.

