

Annual Suicide Morbidity and Mortality Report

August 2024



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Dedication

This report is dedicated to all the Vermonters who have been impacted by suicide. Each statistic in this report represents a person who has been impacted by suicide and serves as a reminder of the ongoing need for effective suicide prevention efforts. The Vermont Department of Health remains committed to addressing this critical public health problem by leading our efforts with empathy, understanding, and humanity. This report serves as a tool in our collective work to prevent future losses due to suicide and support those affected by suicide.

Introduction

Suicide is a critical public health issue in Vermont, with wide-reaching impacts on individuals, families, and communities. The Vermont Department of Health is committed to understanding and addressing the factors contributing to suicide in the state. This report provides a comprehensive overview of suicide mortality and morbidity in Vermont, highlighting trends, risk factors, and the burden of suicide on healthcare systems and communities.

The purpose of this report is to inform public health efforts by providing data-driven insights into the prevalence and characteristics of suicide-related behaviors. By understanding the scope of the issue, as well as the populations most affected, Vermont can better allocate resources to support at-risk individuals and prevent suicide.

Key Findings:

- **Suicide Mortality:** In 2023, 125 Vermonters died by suicide, equating to a rate of 19.3 deaths per 100,000 residents. The suicide rate in Vermont has consistently been higher than the national average over the past 15 years.¹
- **Emergency Department Visits:** Over 6,000 Vermonters visited an emergency department (ED) for a suicide-related reason in 2023, underscoring the significant impact of suicide on the healthcare system.
- **Trends Over Time:** The suicide death rate has not changed significantly over the past 10 years. Suicide-related ED visits have significantly increased over the past 7 years, and the percent of high school students who have attempted suicide since 2009 has significantly increased.

Resources to Get Help

If you or someone you know is thinking about suicide, there is help 24/7:

- Call, text or chat the [988 Suicide and Crisis Lifeline](#)
- For more information about getting support, helping others who may be at risk for suicide, and getting more involved in suicide prevention in Vermont, go to [FacingSuicideVT.com](#)

Definitions

Suicide: death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

Suicide Attempt: a non-fatal act where one intentionally tries to take their life.

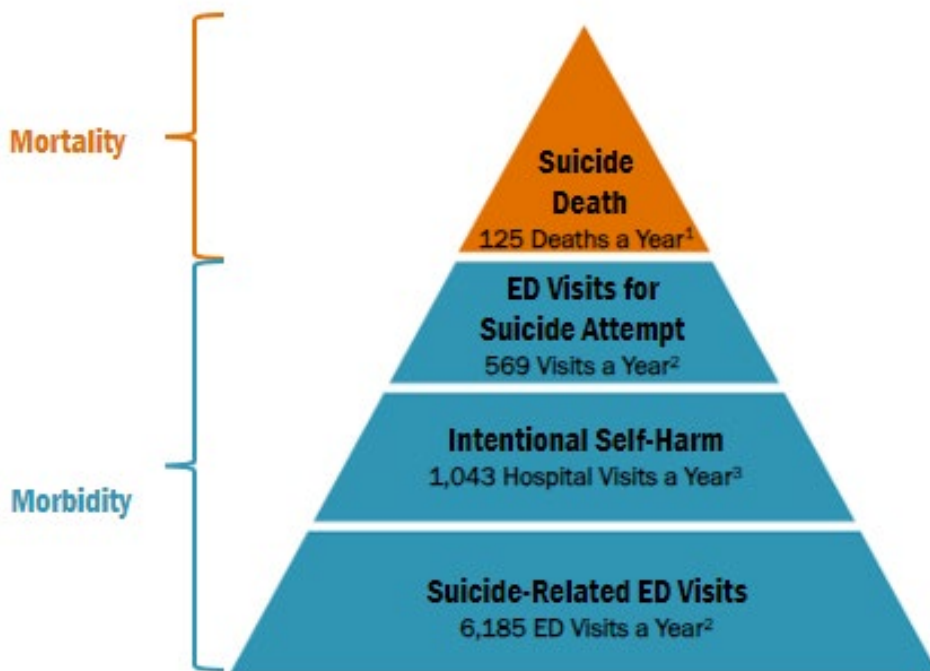
Intentional Self-harm: anything a person does to purposefully cause injury to themselves. This can be with or without suicidal intent.

Suicidal Ideation: self-reported thoughts of engaging in suicide-related behavior or thoughts of being better off dead.

Suicide-Related ED Visit: an emergency department visit for any reason relating to suicide, ranging from suicidal ideation to intentional self-harm to suicide attempts.

Morbidity: a diseased state, disability, or poor health due to any cause. The term may be used to refer to the existence of any form of disease, or to the degree that the health condition affects the person.

Mortality: referring to death. A mortality rate is a measure of the number of deaths in general or due to a specific cause per population per period of time.



1. Vermont Vital Statistics, 2023. 2023 data is preliminary
2. Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE), 2023.
3. Vermont Uniform Hospital Discharge Data Set (VUHDDS), 2021.

Data Sources and Measures

This report includes data on suicide in Vermont covering a range of mortality and morbidity measures and time frames. The full methodology section can be found on page 24 of this report.

- **Mortality Measures:**

- Death by suicide from 2014 – 2023; Vermont Vital Records
- Risk factors for suicide death from the Vermont Violent Death Reporting System 2022.

- **Morbidity Measures:**

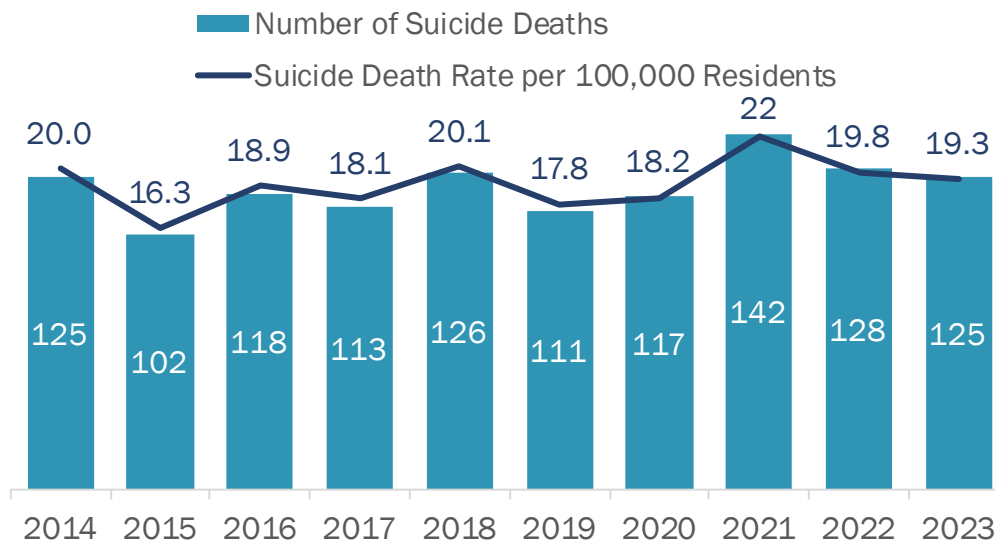
- Suicide-related emergency department (ED) visits in Vermont hospitals from 2017 – 2023 from the Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE). A suicide-related ED visit is an emergency department visit for any reason relating to suicide, ranging from suicidal ideation to suicide attempts. The rate of suicide-related ED visits is shown in rate per 10,000 ED visits (as opposed to the more common per 100,000 residents). This is to account for the fluctuation in ED visits due to time on a population level.
- Adult survey data from the Behavioral Risk Factor Surveillance System (BRFSS) regarding self-report of seriously considering suicide in the past 12 months for 2018, 2021, and 2022.
- Youth survey data from the Youth Behavior Risk Survey (YRBS) in Vermont high schools regarding self-report of one or more suicide attempts in the past 12 months for 2009, 2011, 2013, 2015, 2017, 2019, and 2021.
- Intentional self-harm in Vermont hospitals from 2016 – 2021 from the Vermont Uniform Hospital Discharge Data Set (VUHDDS). Intentional self-harm is anything a person does to purposely cause injury to themselves. This data includes emergency department and inpatient visits.

In the previous annual suicide data briefs, intentional self-harm data was the primary measure of suicide morbidity. While intentional self-harm data is still used, this report shifts the focus to suicide-related ED visits. This change will better capture the range of suicidal behaviors, including suicidal ideation, and provide the most up to date data.

Data Trends: Death, Suicide-Related ED Visits, Suicide-Related Ideations and Behaviors

In 2023, 125 Vermonters died by suicide, a rate of 19.3 per 100,000 residents. While the number of suicide deaths in Vermont has decreased the past two years, there has not been a statistically significant change in the rate of suicide deaths in Vermont over the past 10 years. The rate of suicide in Vermont has been consistently higher than the rate of suicide in the United States.¹

Suicide death rates remain steady over the past 10 years.



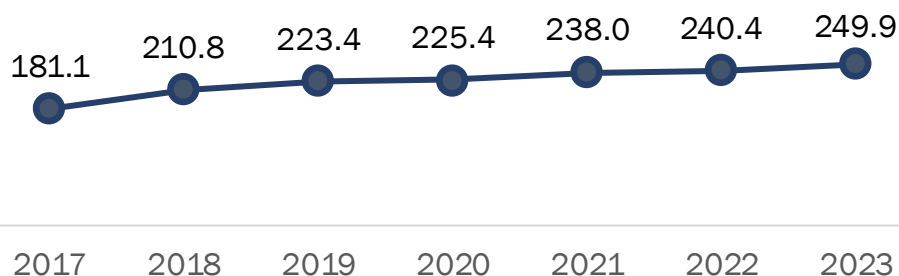
Source: Vermont Vital Statistics, 2014-2023. 2023 data is preliminary.

*Suicide death numbers may slightly vary from previous publications from the Vermont Department of Health due to an updated, more inclusive, data inclusion criteria. See Methodology for more information.

In 2023, there were 6,182 suicide-related emergency department visits, a rate of 249.9 per 10,000 emergency department visits in Vermont. The rate of suicide-related ED visits has significantly increased since 2017, increasing on average at a rate of 10 per 10,000 ED visits each year.

Suicide-Related ED Visits have significantly increased since 2017. *

Rate per 10,000 ED Visits.

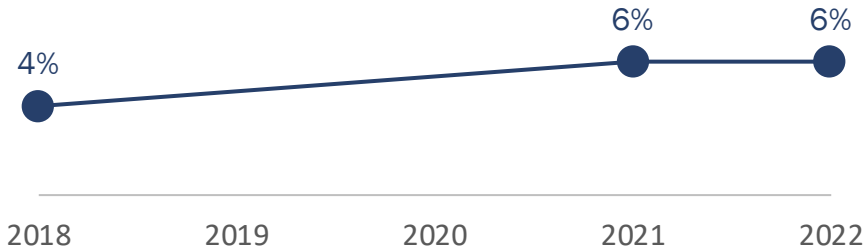


Source: Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE), 2017-2023

Annual Suicide Report

In 2022, 6% of adults in Vermont reported seriously considering suicide in the past 12 months. The percent of Vermont adults who report seriously considering suicide has not statistically increased since 2018.

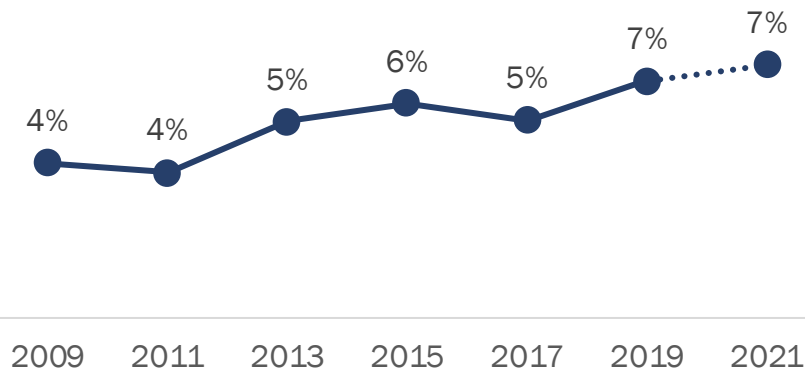
The percentage of adults seriously considering suicide has not statistically changed in the past 5 years.



Source: Vermont Behavioral Risk Factor Surveillance System (BRFSS), 2018, 2021, 2022

In 2021, 7% of Vermont high school students reported one or more suicide attempts in the past 12 months. This is a significant increase compared to past years.

The percentage of high school students who have attempted suicide has significantly increased since 2009. *



Source: Vermont Youth Risk Behavior Survey (YRBS), 2009, 2017, 2019, 2021

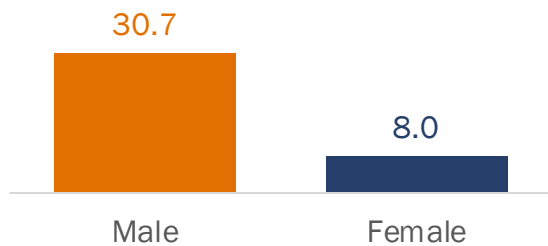
*In 2021, the YRBS survey administration was delayed by the COVID pandemic. As a result, caution should be used when comparing the 2021 results to other years. See the [Special Considerations for the 2021 YRBS Survey](#) document for more information.

Biological Sex or Gender

Males experience significantly higher suicide mortality than females. Generally, females experience higher suicide morbidity.² In contrast to previous years, in 2023, females and males were equally likely to visit the ED for a suicide-related reason. For comparison, in 2022, females were significantly more likely to visit the ED for a suicide-related reason than males.²

Males are almost 4x more likely to die by suicide than females. *

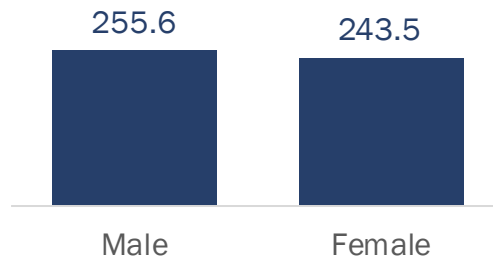
Rate per 100,000 residents.



Source: Vermont Vital Statistics, 2023.
2023 data is preliminary.

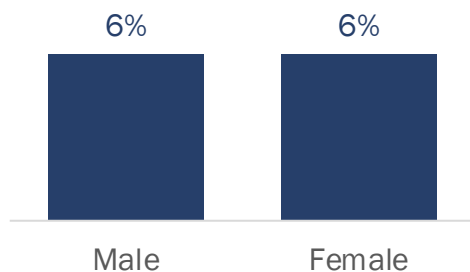
Males and females visit the ED for a suicide-related reason at similar rates.

Rate per 10,000 ED Visits.



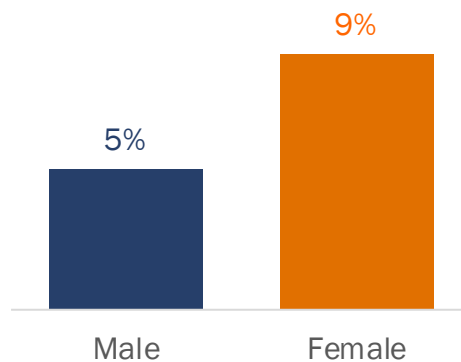
Source: ESSENCE, 2023

6% of Vermont males and females seriously consider suicide.



Source: BRFSS, 2022

Female high school students are almost twice as likely to attempt suicide than male high school students. *



Source: YRBS, 2021

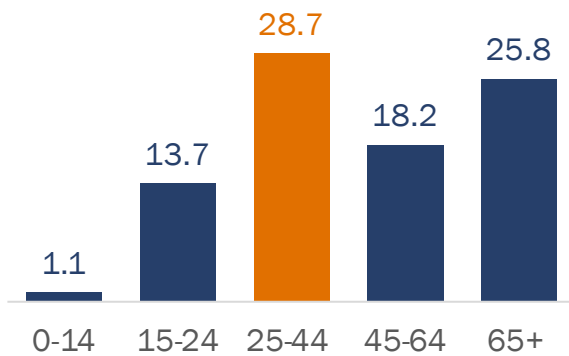
*Please note sex at birth categories are reported in alignment with the data categories used in the individual data sources.

Age

Suicide mortality rates are higher among adults 25 and older in Vermont. Younger people, specifically 15–24-year-olds, have higher suicide morbidity.

Vermonters aged 25-44 are most likely to die by suicide. *

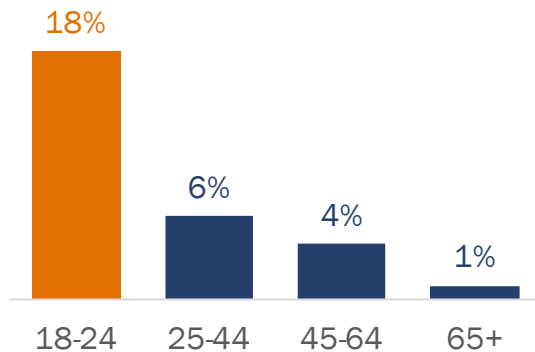
Rate per 100,000 residents.



Source: Vermont Vital Statistics, 2023.

2023 data is preliminary.

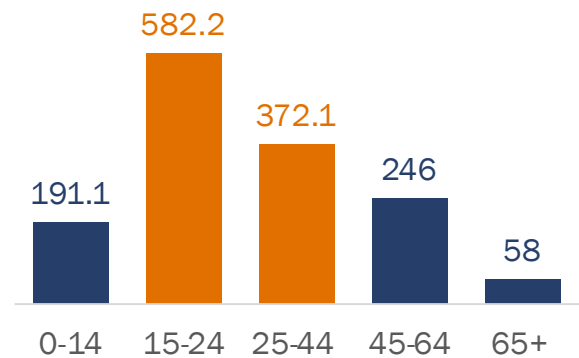
Adults aged 18-24 are more likely to seriously consider suicide than other age groups. *



Source: BRFSS, 2022

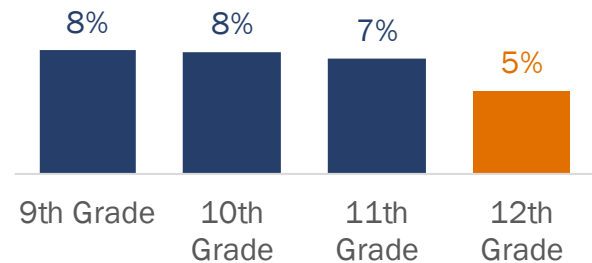
Vermonters aged 15-44 are more likely to visit the ED for a suicide-related reason compared to other age groups. *

Rate per 10,000 ED Visits.



Source: ESSENCE, 2023

12th graders are less likely to attempt suicide than other high school students. *



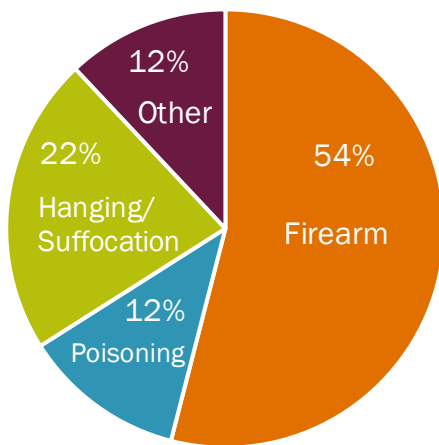
Source: YRBS, 2021

Method of Injury

Firearms account for more than half of suicide deaths in Vermont. Males are more likely than females to die by suicide using a firearm. The proportion of suicides due to hanging/suffocation account for 22% of deaths, poisoning 12%, and other methods 12%. The number of hanging/suffocation suicide deaths has increased from 2022, and the number of poisoning deaths has decreased.²

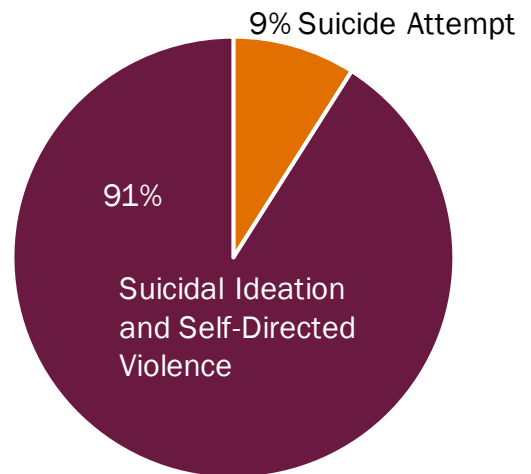
Poisonings and cutting account for most hospital visits for intentional self-harm. The remaining methods of intentional self-harm occur at much lower frequencies. Less than 10% of suicide-related ED visits are due to a suicide attempt.

More than half of suicide deaths involve a firearm.



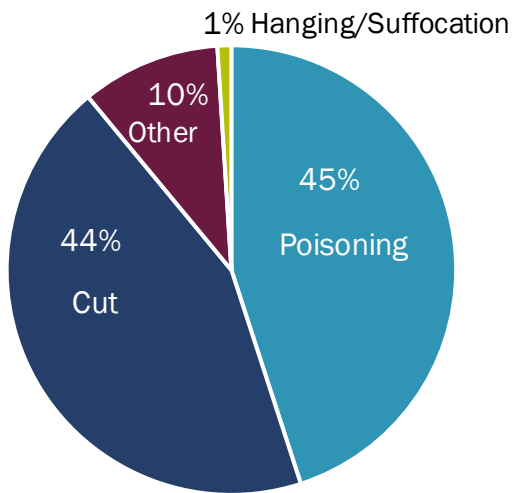
Source: Vermont Vital Statistics, 2023. 2023 data is preliminary.

Less than one in ten suicide-related ED visits are due to a suicide attempt.



Source: ESSENCE, 2023.

Most hospital visits for intentional self-harm are due to poisoning or cutting.



Source: VUHDDS, 2021.

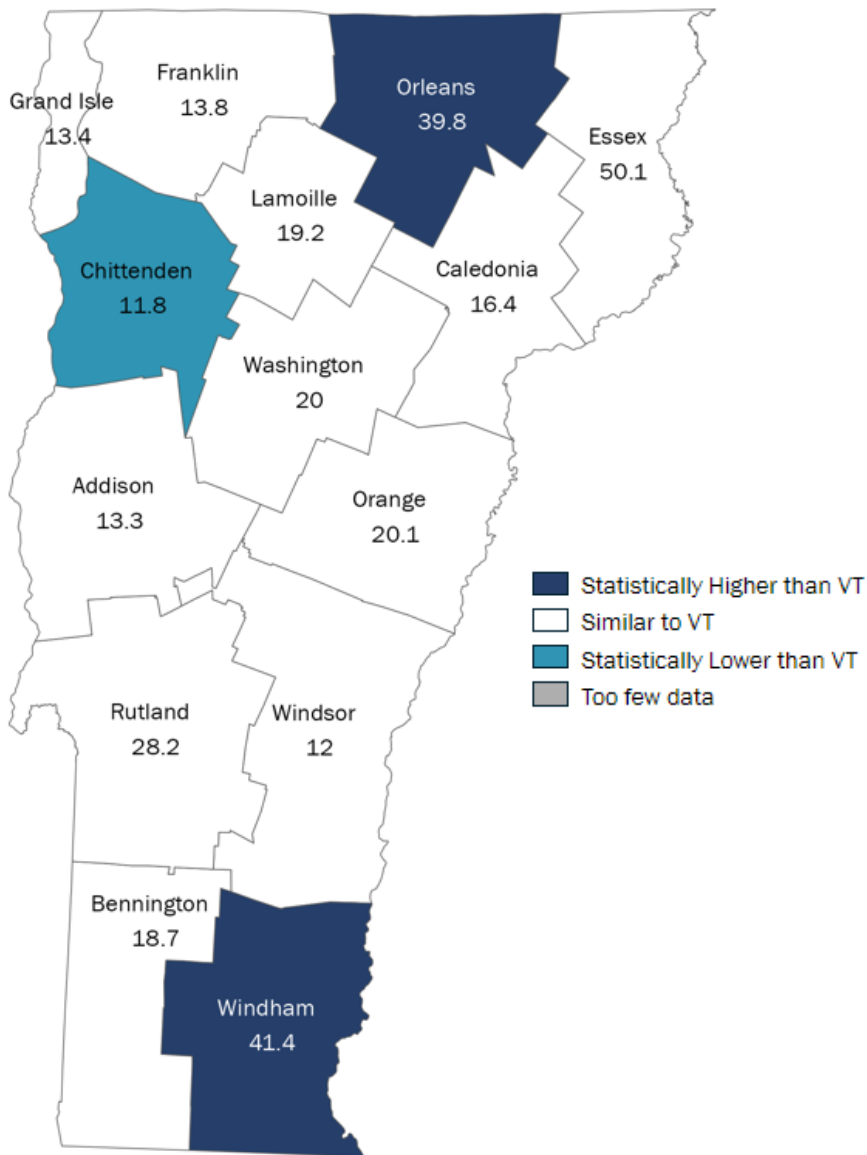
County of Residence

Vermonters living in Orleans and Windham experience higher suicide **mortality** while Vermonters living in Rutland, Bennington and Windham experience higher suicide **morbidity**. Rates and percentages based upon a small population are more variable. As a result, caution should be used in comparing these rates and percentages to Vermont as a whole.

Suicide Deaths

Orleans and Windham counties have higher rates of suicide death than the Vermont rate and Chittenden County has a lower rate of suicide death. *

Rate per 100,000 residents.

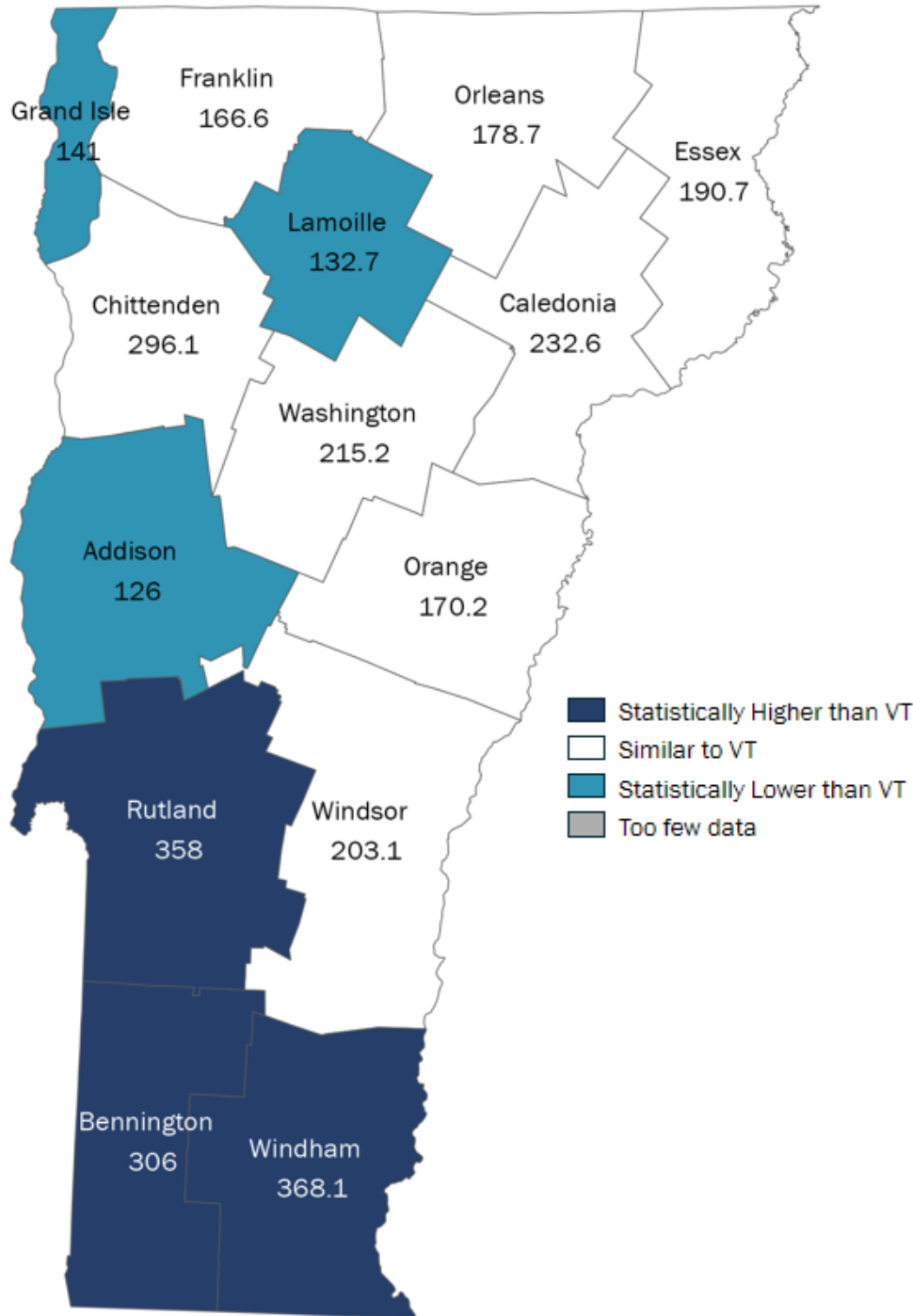


Source: Vermont Vital Statistics, 2023. 2023 data is preliminary.

Suicide-Related ED Visits

Windham, Rutland, and Bennington counties have a higher rate of suicide-related ED visits. Grand Isle, Lamoille, and Addison counties have a lower rate. *

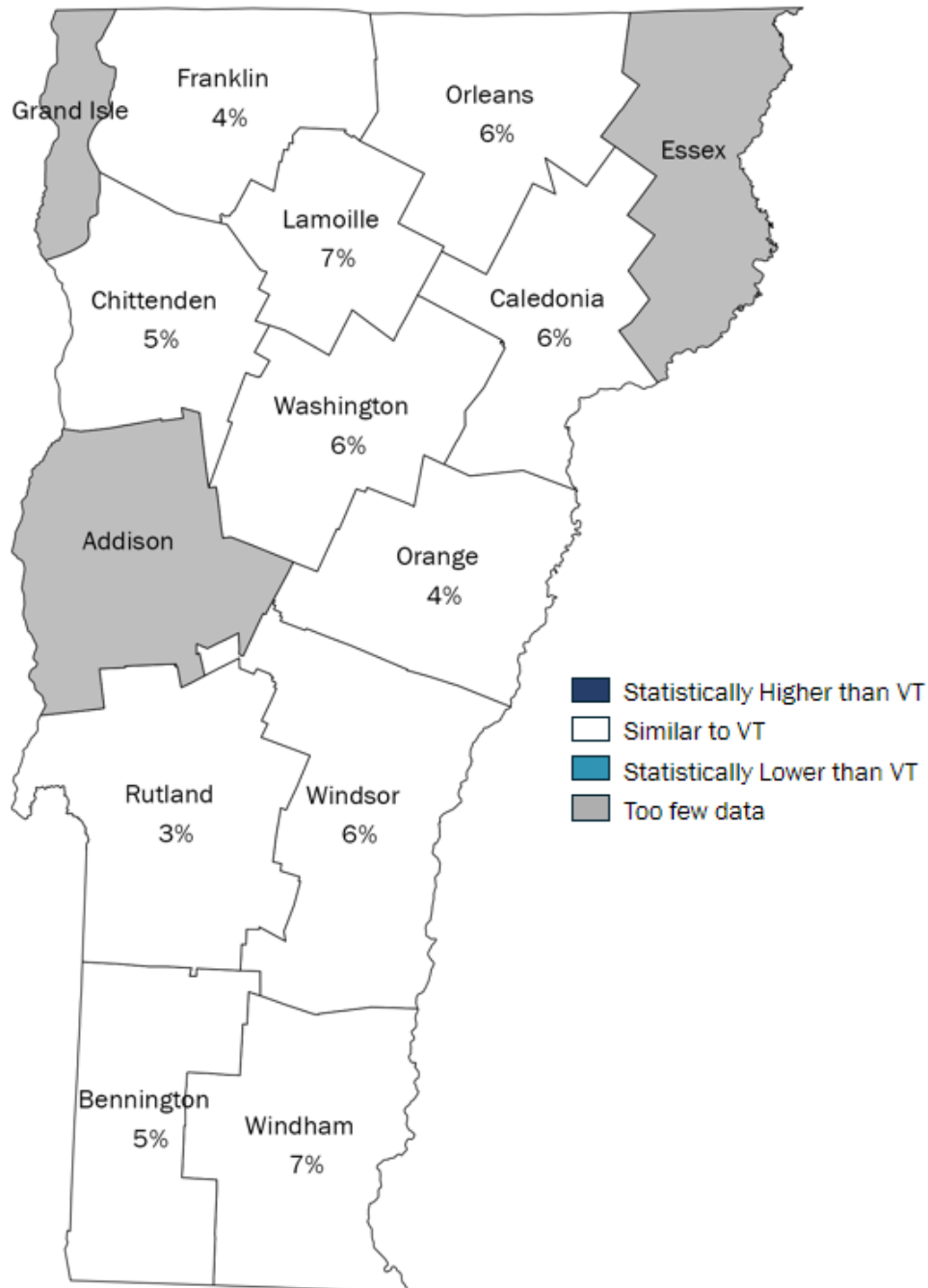
Rate per 10,000 ED Visits.



Source: ESSENCE, 2023.

Adults Who Seriously Considered Suicide

No single county has a statistically different rate of adults who have seriously considered suicide.

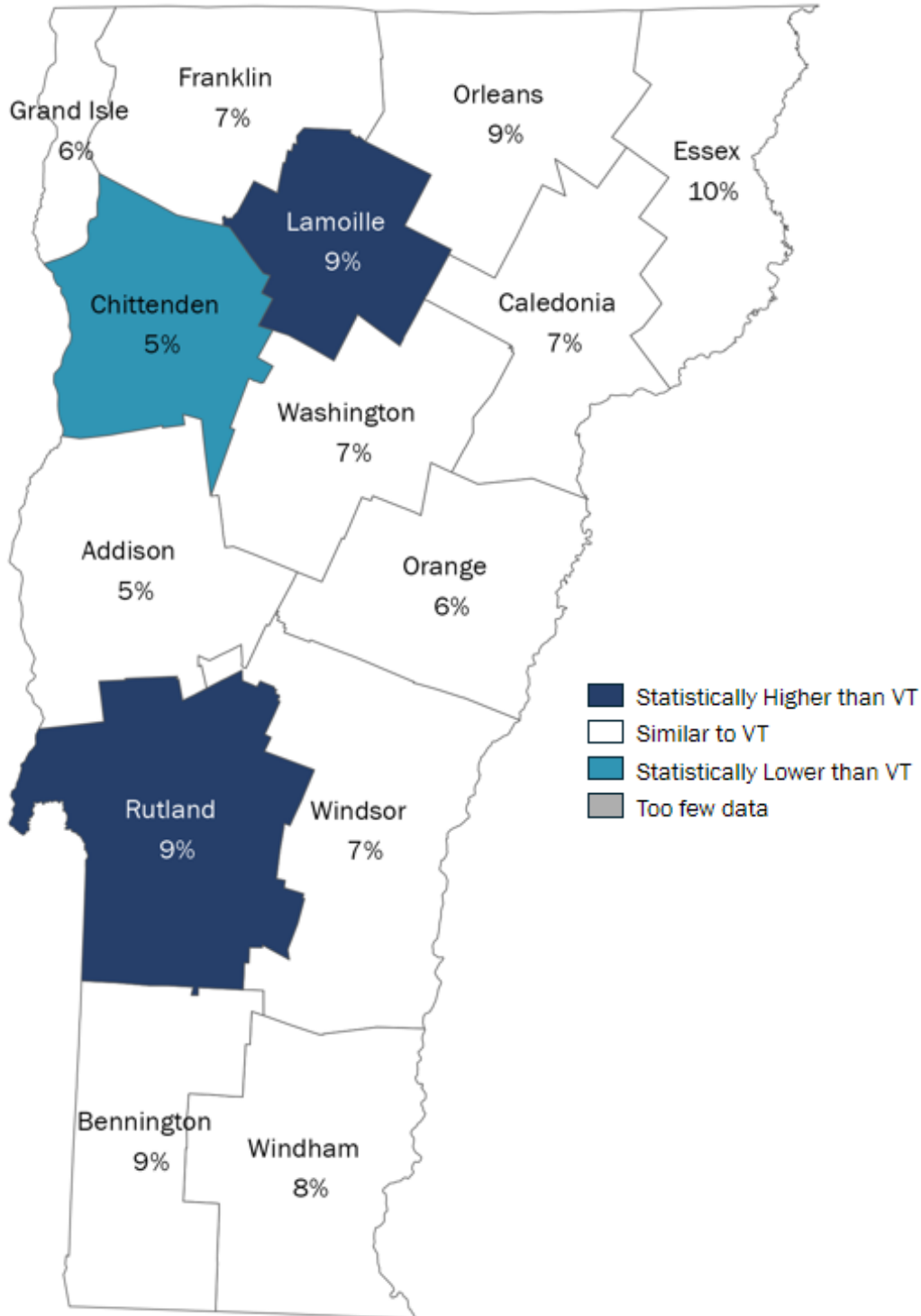


Source: BRFSS, 2018, 2021, 2022

Grey counties are suppressed for confidentiality. Counties are suppressed if the relative standard error is greater than 30% or the numerator is less than 5.

Youth who Attempted Suicide

High school students in Lamoille and Rutland counties are more likely to attempt suicide while students in Chittenden County are less likely to attempt suicide. *



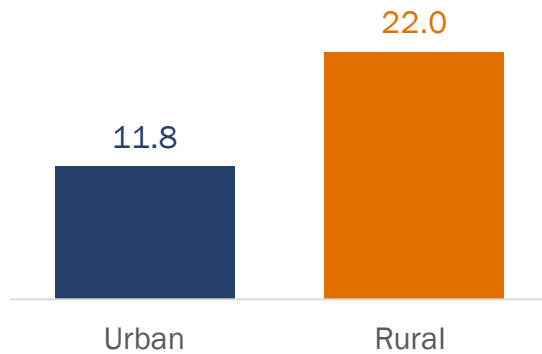
Source: YRBS, 2021

Rurality

For this analysis, rurality was determined using county of residence. Residents of Chittenden County are classified as urban. Residents of the remaining 13 counties are classified as rural. Vermonters living in rural areas have higher suicide mortality. Vermonters living in urban areas have higher rates of suicide-related ED visits.

People living in rural areas were almost 2 times more likely to die by suicide than people living in urban areas. *

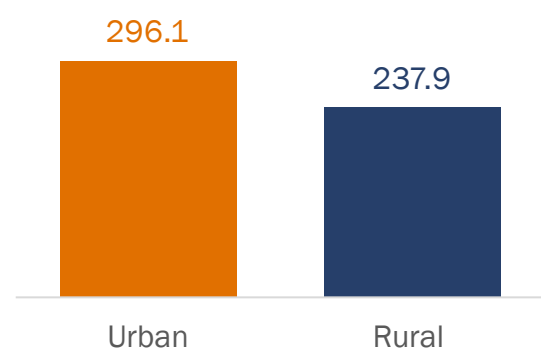
Rate per 100,000 residents.



Source: Vermont Vital Statistics, 2023. 2023 data is preliminary.

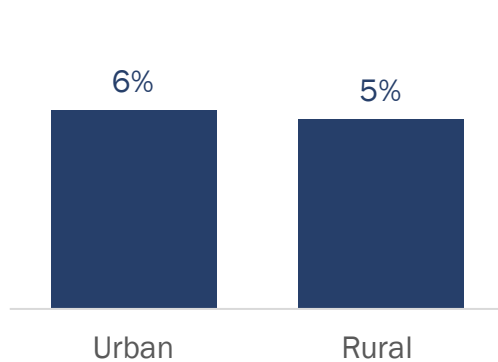
People living in urban areas are more likely to visit the ED for a suicide-related reason than people living in rural areas. *

Rate per 10,000 ED Visits.



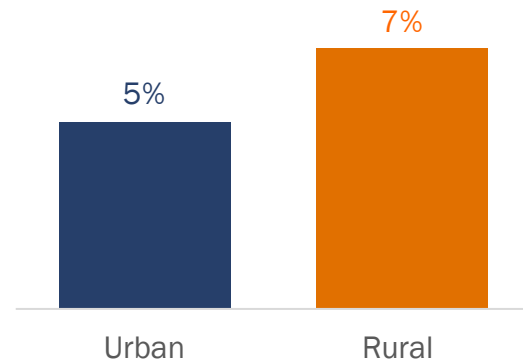
Source: ESSENCE, 2023

The percentage of adults who seriously consider suicide is similar between people living in urban and rural areas.



Source: BRFSS, 2022

The percentage of high school students who attempted suicide was higher in rural areas than urban areas. *



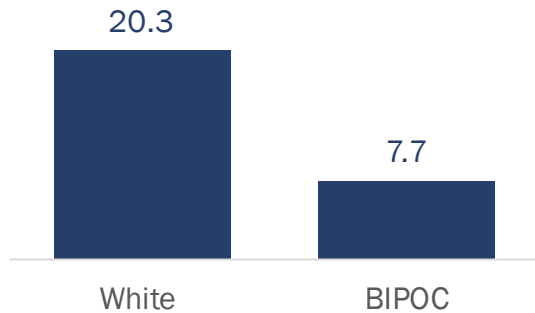
Source: YRBS, 2021

Race and Ethnicity

Black, Indigenous and people of color (BIPOC) includes Black or African American; Native American, Indigenous or First Nation; Pacific Islander; Asian; two or more races; and Hispanic. BIPOC students are almost twice as likely to attempt suicide than white students. When comparing BIPOC and white Vermonters, there is not a statistically significant difference in the rate of deaths. Three percent of suicide deaths in Vermont are BIPOC individuals.

While the suicide death rate is lower for BIPOC Vermonters than white Vermonters, the difference is not statistically significant.

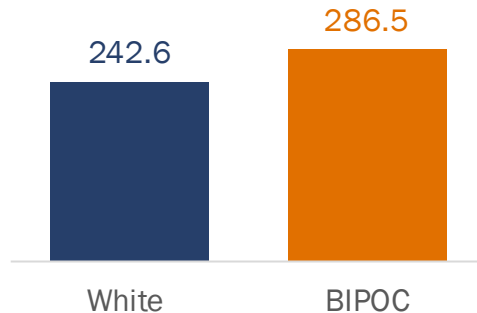
Rate per 100,000 residents.



Source: Vermont Vital Statistics, 2023.
2023 data is preliminary.

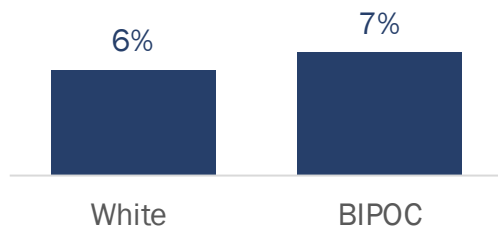
BIPOC Vermonters visit the ED for a suicide-related reason at a higher rate than white Vermonters. *

Rate per 10,000 ED Visits.



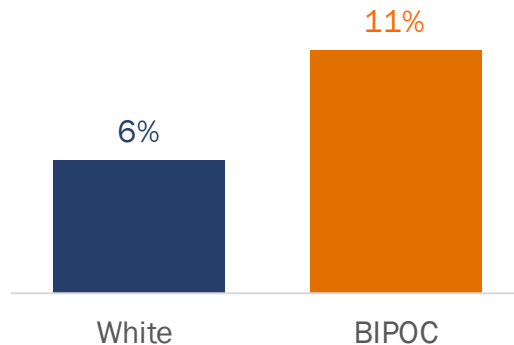
Source: ESSENCE, 2023

The percentage of adults who seriously considered suicide in the past year is similar in white and BIPOC Vermonters.



Source: BRFSS, 2022

BIPOC youth are almost twice as likely to attempt suicide than white youth. *



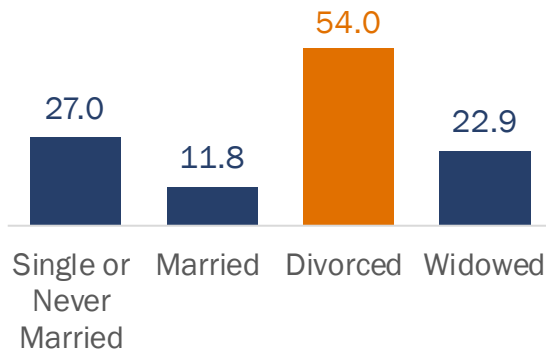
Source: YRBS, 2021

Marital Status

Divorced and single adults have higher rates of suicide mortality and suicidal ideation than married or widowed adults.

Divorced people are more likely to die by suicide. *

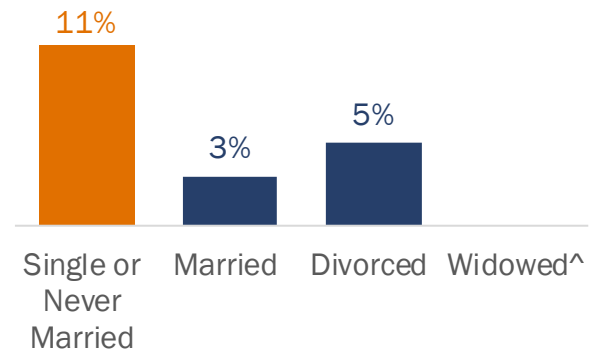
Rate per 100,000 residents.



Source: Vermont Vital Statistics, 2023.

2023 data is preliminary.

Single adults are significantly more likely to seriously consider suicide. *



Source: BRFSS, 2022

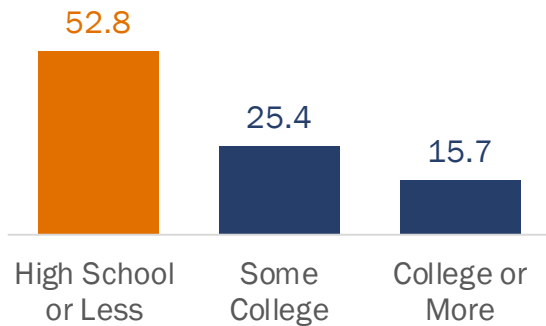
[^]Suppressed due to confidentiality. Categories are suppressed if the relative standard error is greater than 30% or the numerator is less than 5.

Education Level

People with higher levels of education experience lower rates of suicide mortality and suicidal ideation.

People with a high school education or less are more likely to die by suicide. *

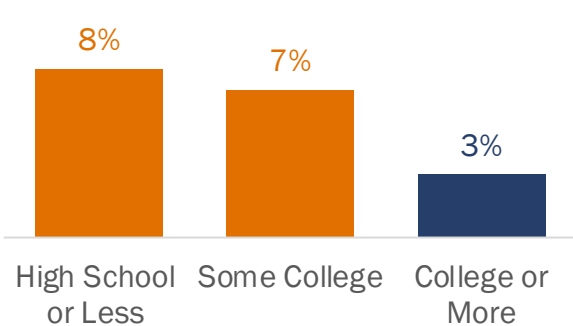
Rate per 100,000 residents.



Source: Vermont Vital Statistics, 2023.

2023 data is preliminary.

Adults with less than a college education are more likely to seriously consider suicide. *



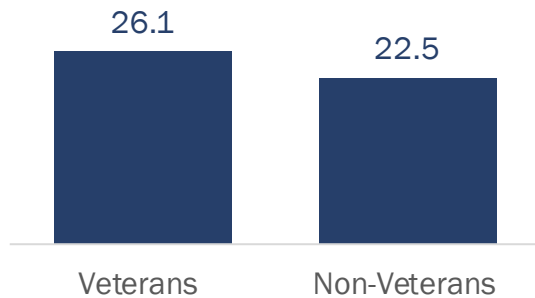
Source: BRFSS, 2022

Veterans

In 2023, Vermont Veterans had a similar rate of suicide death compared to non-Veterans Vermonters who are 18 and older. Veterans comprised 7% of suicide deaths in 2023. This is a change from 2022, when Veterans had a significantly higher risk of death compared to non-Veterans and made up 17% of suicide deaths.² Given Vermont's small population, statistical significance can fluctuate between years and may not indicate an overall change in populations disproportionately affected by suicide. Veterans remain an at-risk group.

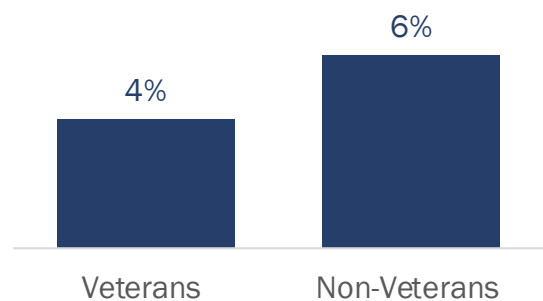
Though Veterans have a higher rate of suicide death than non-Veterans, the difference is not statistically significant.

Rate per 100,000 residents.



Source: Vermont Vital Statistics, 2023. 2023 data is preliminary.

Veterans seriously consider suicide at a similar rate as non-Veterans.



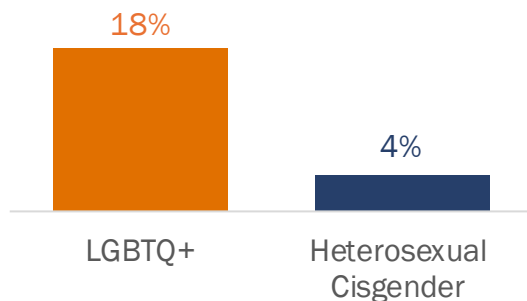
Source: BRFSS, 2022

Sexual Orientation and Gender Identity

Adults and youth who identify as LGBTQ+ are more likely to experience suicide morbidity.

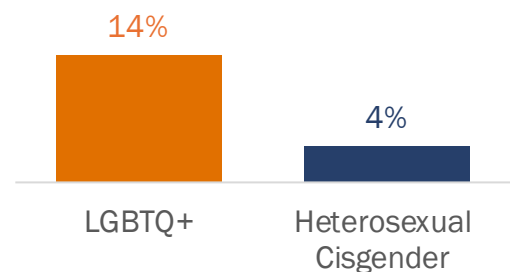
Adults who identify as LGBTQ+ are more than 4 times more likely to seriously consider suicide than heterosexual cisgender adults. *

Rate per 100,000 residents.



Source: BRFSS, 2022

High school students who identify as LGBTQ+ are more than 3 times more likely to attempt suicide than heterosexual cisgender high school students. *

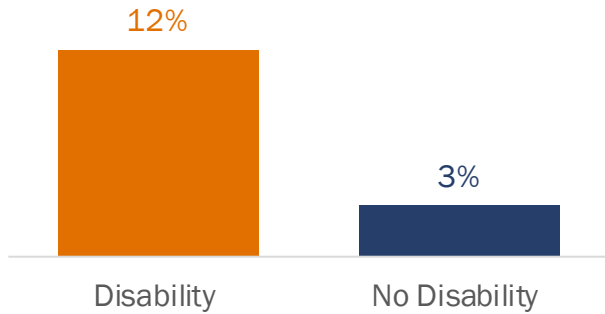


Source: YRBS, 2021

People Living with a Disability

People living with a disability experience higher suicidal ideation than people living without a disability.

Adults with a disability are 4 times more likely to seriously consider suicide than adults without a disability. *

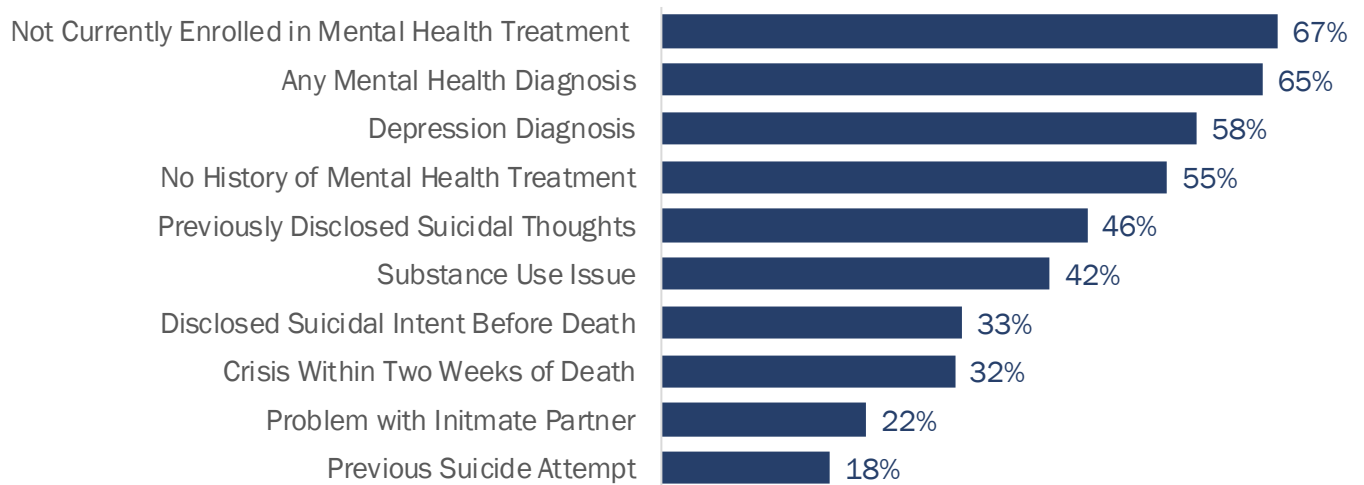


Source: BRFSS, 2022

Other Risk Factors: Mental and Physical Health, Crises, Death Circumstances

Research suggests there are several risk factors for suicide, including: experiencing a crisis, personal history of suicide attempts, a mental health diagnosis, feelings of hopelessness, isolation, history of alcohol and substance use, easy access to lethal means, and stigma around seeking mental health treatment.³ These risk factors are present in varying degrees among Vermonters who have died by suicide.

Most people who died by suicide had noted risk factors.

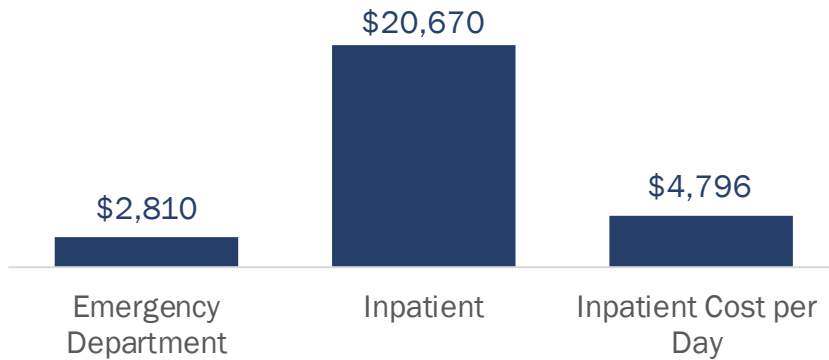


Source: Vermont Violent Death Reporting System (VTVDRS), 2022

Financial Cost of Hospital Visits for Intentional Self-Harm

In 2021, over 8 million dollars were charged to patients for inpatient and emergency department visits for intentional self-harm. The graph below shows the median cost of an ED visit, the median cost of an inpatient stay, and the median cost of an inpatient visit per day. The median number of days for an inpatient visit was seven days. If a person is admitted to the hospital through the ED, they are only considered inpatient and therefore are not included in the ED category.

The median cost of a hospital visit for intentional self-harm is high.



Source: VUHDDS, 2021

*This data does not include psychiatric hospitals in Vermont (Brattleboro Retreat and Vermont Psychiatric Care Hospital).

Key Takeaways

Vermonters experiencing a higher rate of suicide mortality include:

- Males
- People aged 25-44
- Residents of Orleans and Windham counties
- People who live in rural communities
- Divorced people
- People with a high school education or lower

Vermonters experiencing higher rates of suicide morbidity include:

- Females
- People aged 15-24
- BIPOC Vermonters
- Members of the LGBTQ+ community
- People living with a disability

Suicide mortality and morbidity are public health priorities for the State of Vermont. The [Vermont Department of Mental Health](#) and the [Vermont Department of Health](#) support multiple evidence-based suicide prevention programs to help increase public awareness, train providers, develop treatment networks with schools and communities and increase prevention outreach. The first [State Strategic Plan for Suicide Prevention](#), released in July 2024, highlights multiple ways in the Executive Summary for people to get involved in suicide prevention efforts in their communities, workplaces, or individually. Through continued collaboration with our partners, we can work to reduce the burden of suicide mortality and morbidity within Vermont's communities.

References:

1. United States rates of intentional self-harm and suicide: <https://www.cdc.gov/injury/wisqars/facts.html>
2. VDH Intentional Self-Harm and Death by Suicide Data Brief 2022: <https://www.healthvermont.gov/sites/default/files/document/HSI-Annual-Suicide-Brief-2023.pdf>
3. Suicide risk factors from CDC: <https://www.cdc.gov/suicide/risk-factors/index.html>

For more information: ahs.vdhsuicidedata@vermont.gov

Methodology

Significant differences in data comparisons are noted with an asterisk. All analyses were done in R Studio 4.3.2.

Vermont Vital Statistics: Suicide death data is analyzed using ICD-10 codes or the designated Manner of Death on death certificates and includes all Vermont residents who died by suicide. This is a change from previous data analyses where suicide death data was analyzed primarily only with ICD-10 codes. As a result, there may be slight variations in the number of deaths per year compared to previous data products published. Additionally, Vermont's suicide death numbers may not exactly match the numbers reported by the CDC, as they only report based on ICD-10 codes. Death certificates capture demographics such as biological sex, age, county of residence, marital status, highest level of education, veteran status and method of death. Sexual orientation and disability are not available from this data source. Please note that 2023 death data are preliminary, and at the time of publication the rate denominators reflect 2022 population estimates.

Electronic Notification for the Early Notification of Community-Based Epidemics (ESSENCE): Suicide-related emergency department (ED) visits are identified using the official syndrome definitions of "CDC Suicidal Ideation v1," "CDC Suicide Attempt v1," "CDC Suicide Attempt v2," and "SDC Suicide Related v1," based on the Chief Complaint and Discharge Diagnosis of the ED visit. ESSENCE captures every ED visit from all medical hospitals in Vermont but does not include psychiatric hospitals, the Veteran Affairs hospital, or hospitals outside of Vermont, even if they are part of the UVM Health Network. During the last quarter of 2023, technical issues temporarily prevented two hospitals from reporting data to ESSENCE. The impact of this interruption is mitigated by reporting the data as rates per 10,000 ED visits.

Vermont Uniform Hospital Discharge Data Set (VUHDDS): Intentional self-harm is defined using hospital billing (ICD-10) codes from emergency department visits and inpatient hospitalizations. This data includes all medical hospitals in Vermont but does not include psychiatric hospitals, the Veteran Affairs hospital, or hospitals outside of Vermont, even if they are part of the UVM Health Network. The most current data year available is 2021.

Vermont Behavioral Risk Factor Surveillance System (BRFSS): Data regarding the percent of Vermont adults who have seriously considered suicide in the past year are from BRFSS. BRFSS is a yearly survey of over 6000 randomly selected Vermonters asked a set of uniform questions. Most recent data is from 2022.

Vermont Youth Risk Factor Survey (YRBS): Data regarding the percent of Vermont high school students who have attempted suicide one or more times in the past year is from YRBS. YRBS is a biannual school-based survey done in all public high schools and select independent schools in Vermont. The most recent data is from 2021.

Vermont Violent Death Reporting System (VTVDRS): VTVDRS collects information from the Office of the Chief Medical Examiner and Law Enforcement regarding the circumstances of violent deaths, including suicides.

Appendix

Number of Vermont Resident Suicide Deaths 2014-2023										
Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
County of Residence										
Addison	2	3	5	1	6	8	2	13	9	5
Bennington	7	8	6	10	4	7	11	8	7	7
Caledonia	6	6	11	12	11	7	5	9	9	5
Chittenden	27	26	20	18	25	17	25	26	29	20
Essex	0	1	1	2	1	2	3	1	4	3
Franklin	9	4	4	14	9	14	8	10	11	7
Grand Isle	1	3	2	0	2	3	0	1	1	1
Lamoille	9	4	7	6	2	4	3	4	9	5
Orange	9	0	4	7	8	10	6	8	8	6
Orleans	3	6	2	7	5	3	8	9	4	11
Rutland	15	10	12	10	17	11	13	8	8	17
Washington	16	9	17	3	10	7	9	20	10	12
Windham	10	10	18	12	10	7	11	5	6	19
Windsor	11	12	9	11	16	11	13	19	12	7
Total	125	102	118	113	126	111	117	142^	128^	125*
Manner										
Firearm	59	59	69	62	70	59	69	74	69	68
Poisoning	22	17	15	16	12	13	13	25	27	15
Suffocation	28	20	22	24	30	31	27	34	23	27
Age Group										
0-14	4	0	0	0	0	1	2	1	3	1
15-24	19	15	11	14	13	11	15	11	13	12
25-44	33	23	36	45	40	35	38	45	36	45
45-64	42	41	46	38	49	36	37	52	42	31
65+	27	20	25	16	24	28	25	33	34	36
Sex										
Male	103	86	93	82	102	86	95	114	96	99
Female	22	16	25	31	24	25	22	28	32	26
Race/Ethnicity										
BIPOC	3	4	5	7	8	5	8	3	9	4
White non-Hispanic	122	98	113	106	118	106	109	139	119	121

Annual Suicide Report

Number of Vermont Resident Suicide Deaths 2014-2023 - Continued										
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Veterans (18+)										
Veteran	28	25	23	10	14	21	15	29	21	9
Non-Veteran	87	73	93	97	109	85	95	109	102	112
Marital Status										
Single or Never Married	56	43	47	45	48	46	49	64	51	49
Married	38	29	30	29	34	34	31	30	39	31
Divorced	25	27	28	33	36	25	29	37	24	37
Widowed	4	2	12	4	6	5	6	8	11	7
Education Level										
High School or Less	77	59	70	65	76	64	63	92	73	81
Some College	13	14	15	17	14	8	16	12	23	19
College or More	34	29	33	27	36	38	37	38	31	25
Rurality										
Urban	27	26	20	18	25	17	25	26	29	20
Rural	98	76	98	95	101	94	92	116	99	105

^ 2021 and 2022 have one death with an unknown county

*2023 deaths are preliminary

Annual Suicide Report

Number of Suicide-Related ED Visits in Vermont Hospitals 2017-2023							
Year	2017	2018	2019	2020	2021	2022	2023
County of Residence							
Addison	192	203	260	223	236	167	167
Bennington	296	452	436	380	467	492	554
Caledonia	187	185	158	200	282	310	293
Chittenden	923	1,379	1,400	976	1,274	1,430	1,507
Essex	17	14	23	16	24	14	28
Franklin	340	331	416	308	356	382	398
Grand Isle	39	51	40	35	20	27	39
Lamoille	108	119	108	102	118	140	149
Orange	89	72	62	70	96	118	123
Orleans	19	34	35	86	124	91	275
Rutland	1,138	1,256	1,289	1,023	1,174	1,048	1,111
Washington	271	264	277	274	280	433	534
Windham	218	169	524	490	582	663	664
Windsor	273	321	340	266	314	371	338
Total	4,117	4,853	5,370	4,450	5,349	5,688	6,182
Age Group							
0-14	310	336	356	330	506	496	506
15-24	1,123	1,262	1,431	1,108	1,491	1,416	1,553
25-44	1,432	1,725	1,960	1,696	1,920	2,048	2,246
45-64	1,059	1,259	1,316	1,023	1,113	1,378	1,440
65+	193	271	307	293	319	350	437
Sex							
Male	1,809	2,178	2,451	2,193	2,461	2,631	2,991
Female	2,308	2,675	2,919	2,256	2,880	3,040	3,174