Men's Health in Vermont

June 2026

Men make up 49% of the adult population with an average age of 41 (Vermont Population Estimates, 2024). While men and women share some health risks, men do have unique health issues, including higher rates of some chronic diseases and substance use. Men's mental health is also a highly reported topic at the national level. Similar concerns are reflected here in Vermont, especially rates of suicide. The differences in health risk between men and women could be due to many factors including, but not limited to, differences in commonly worked occupations as well as cultural norms that lead men to view and address their health differently than women. Overall, one in seven (14%) Vermont adult men rate their health as fair or poor and one in sixteen (6%) report being dissatisfied or very dissatisfied with their life (VT BRFSS, 2024). This brief also includes data on leading causes of death, hospitalizations, chronic disease, insurance coverage and preventative care for Vermont adult men.

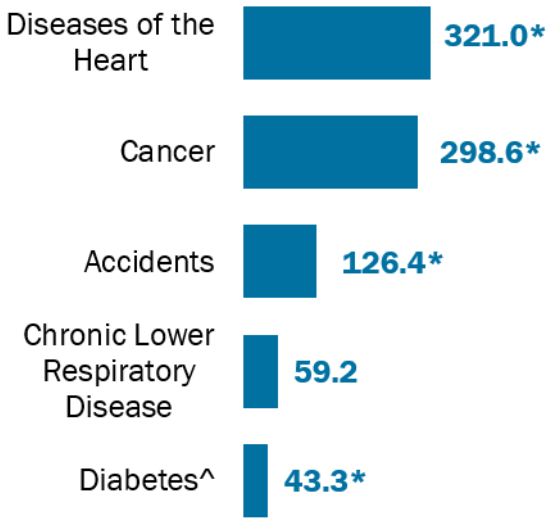
If you need help accessing or understanding this information, contact AHS.HSI@vermont.gov.

Mortality

- On average, Vermont men die younger (73 years) than Vermont women (78 years).
- Most Vermont men die of natural causes (86%), while 10% die from accidental causes, and 3% from non-accidental or undetermined/pending causes.
- In 2024, the leading causes of death among Vermont men were diseases of the heart (24%), cancer (22%), accidents (9%), chronic lower respiratory disease (4%), and diabetes (3%).
    - Among men who died of cancer, the most common types were lung (21%), prostate (11%), and blood (9%).

Leading causes of mortality among Vermont men 18+ years old.

Rate per 100,000 Vermont men

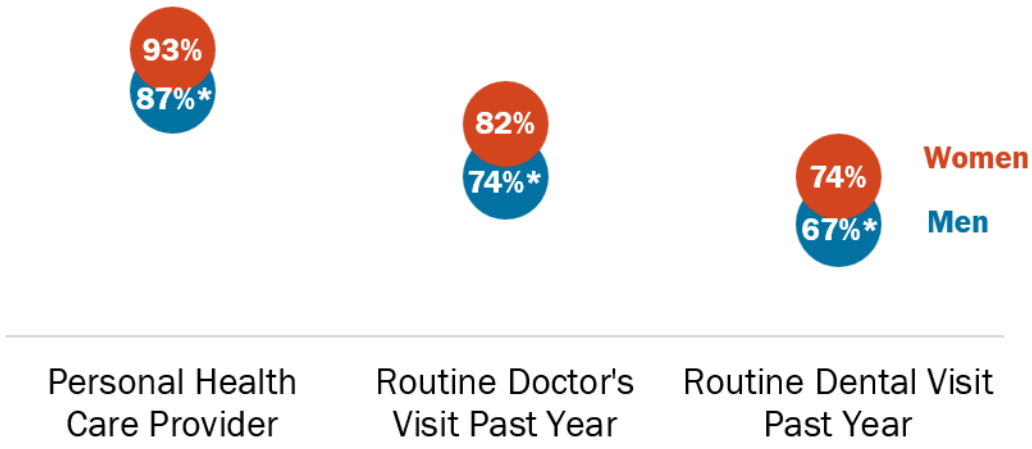


^Not a leading cause among Vermont women.
*Statistically higher than Vermont women.
Source: VT Vital Statistics, 2024

Health Care Utilization

Health Care Access

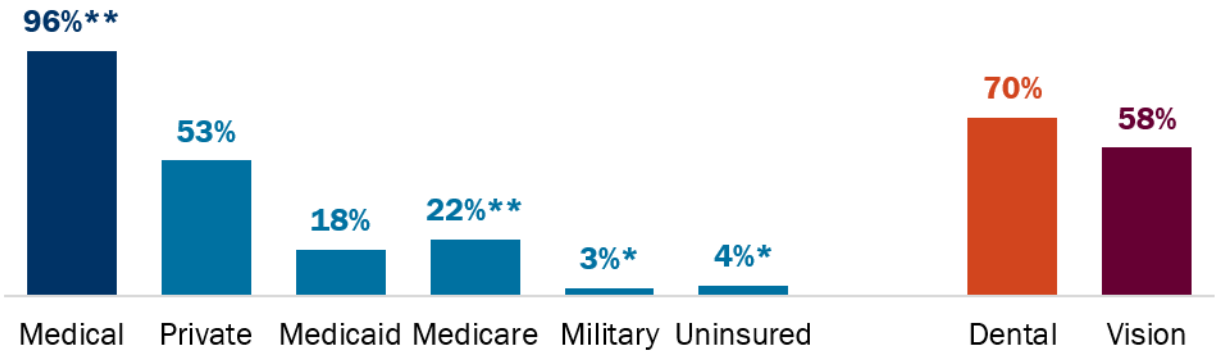
Men are significantly less likely than women to have a personal healthcare provider or to have seen a medical or dental provider in the past year.



*Statistical difference compared women.
Source: VT Behavioral Risk Factor Surveillance System (BRFSS), 2024

- Nearly all Vermont men have health insurance (96%), fewer have dental (70%) or vision (58%) insurance.
- Over half of Vermont men have primary medical insurance through a private provider (53%), 22% are insured by Medicare, 3% through military insurance, and 4% are uninsured.

Primary health-related insurance coverage among Vermont men.



*Statistically higher than Vermont women.
**Statistically lower than Vermont women.
Source: Vermont Household Health Insurance Survey (VHHIS), 2025

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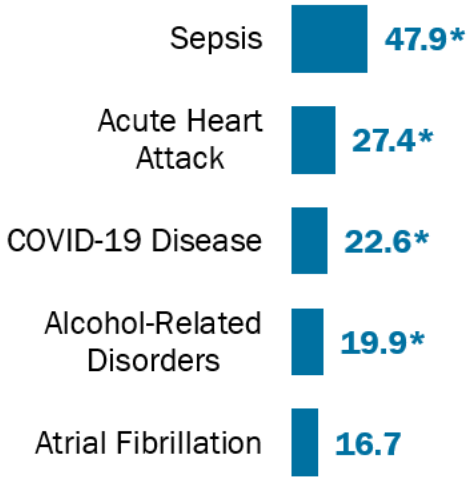
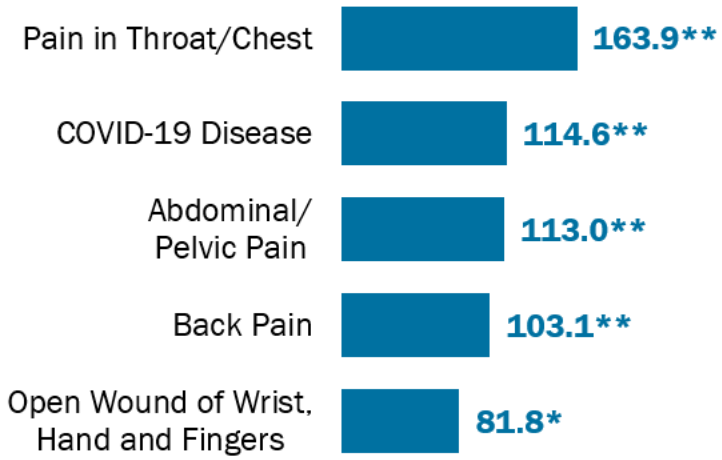
Hospitalization & Emergency Department (ED) Visits

For every 1,000 Vermont adult men, there were 65 hospitalizations and 358 ED visits in Vermont hospitals compared to 77 hospitalizations and 407 ED visits for women in 2022. The five leading causes of hospitalization for adult male Vermont residents in 2022 were: sepsis, acute heart attack, COVID-19 disease, alcohol-related disorders and atrial fibrillation. The most common causes of ED visits among men were: pain in the throat/chest, COVID-19 disease, abdominal and pelvic pain, back pain, and open wounds of the wrist and fingers.

Leading causes of hospitalization among Vermont men 18+ years old.
Rate per 10,000 Vermont men



Leading causes of ED Visits among Vermont men 18+ years old.
Rate per 10,000 Vermont men



*Statistically higher than Vermont women.

**Statistically lower than Vermont women.

Source: Green Mountain Care Board (GMCB) Vermont Uniform Hospital Discharge Data System (VUHDDS), 2022.

All analyses, conclusions, and recommendations provided from VUHDDS are solely those of the Department of Health and are not necessarily those of the GMCB.

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Mental Health

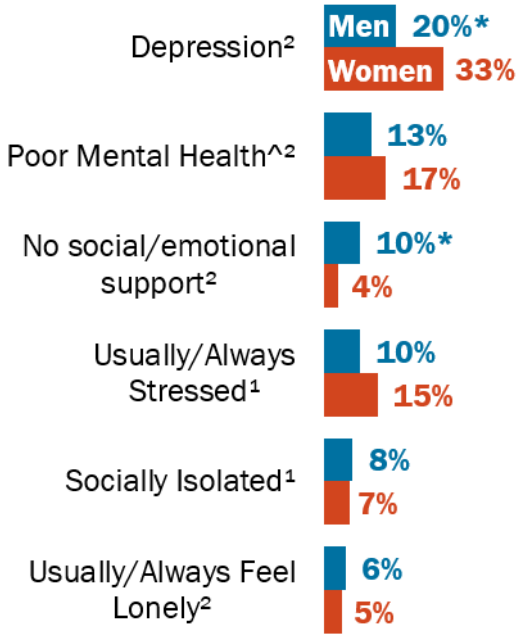
Self-Reported Outcomes

- Vermont men are significantly less likely to have depression (20%) compared to Vermont women (33%).
- Men are significantly more likely to report not having the social and emotional support they need (10%) than women (4%).

Suicide

- Although there is no statistically significant difference between men (5%) and women (4%) having considered suicide in the past year (VT BRFSS, 2024), men account for 79% suicide deaths in Vermont.
- The rate of suicide among men (25.8 per 100,000 Vermont men) is four times that of women (6.7 per 100,000 women) (VT Vital Statistics, 2024).

Vermont men are significantly less likely than women to have depression or receive the social/emotional support they need.



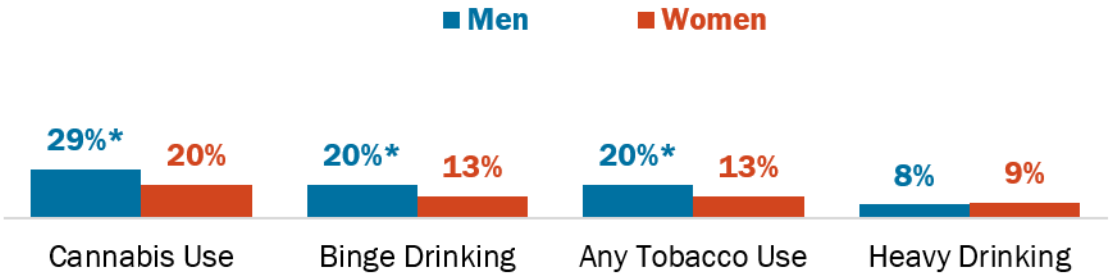
*Statistically significant difference from women.
Source: VT BRFSS, 2022[1] & 2024[2]

^Self-reported mental health status as not good on 14+ days in a month.

Substance Use

- Men are significantly more likely to use cannabis (29%) and binge drink (20%) than women (20% and 13%, respectively).
- Men (20%) are significantly more likely to use any tobacco product compared to women (13%). Any use of tobacco products includes the current use of cigarettes, e-cigarettes, or smokeless tobacco products.
    - Looking at individual product use, there is no statistically significant difference by sex in the rate of current cigarette use (12% vs. 9%) or e-cigarette use (7% vs. 5%). Four percent of men use smokeless tobacco – there is no smokeless tobacco rate available for women.

Men are significantly more likely to use cannabis, binge drink, or use any tobacco product, compared to women.



*Statistically significant difference from women.
Source: VT BRFSS, 2024

Men account for a greater proportion of fatal drug overdoses (66%) compared to women (35%). The rate of drug overdose fatalities is significantly higher among men (34.8 per 100,000 Vermont men) compared to women (17.8 per 100,000 women).

Men are significantly more likely to have a fatal drug overdose than women.
Rate per 100,000 population

*Statistical difference from women.
Source: VT Vital Statistics, 2025 (preliminary)

Preventive Behaviors

Physical activity, access to nutritious food, and medical screenings can improve health outcomes.

Health Behaviors

Men and women meet aerobic physical activity recommendations at similar rates, though there is some room for improvement, with only just over two-thirds (68%) of Vermont adult men meeting these recommendations. However, men are significantly more likely than women to meet strength building recommendations, less than half of men (45%) and even fewer women (39%) meet them. Men are significantly less likely than women to eat the recommended amount of fruits and vegetables a day. Thirty-one percent of men report eating two or more fruits a day, compared to 43% of women, and just 16% of men report eating three or more vegetables a day, compared to 25% of women.

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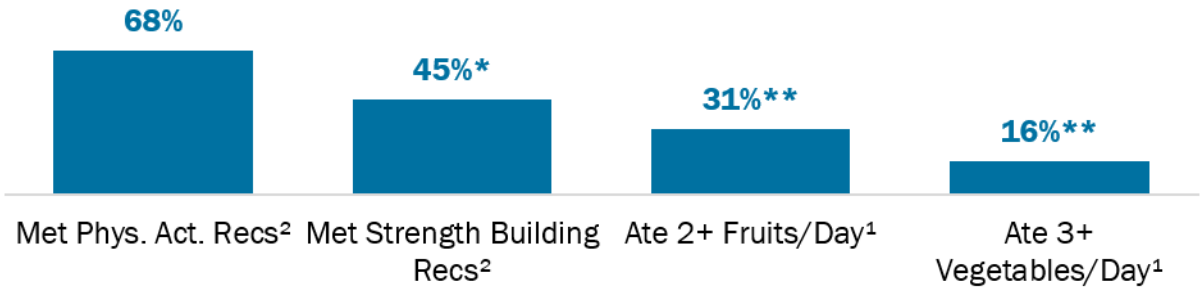
Preventive behaviors lowering the likelihood of developing or worsening a chronic condition among Vermont men.



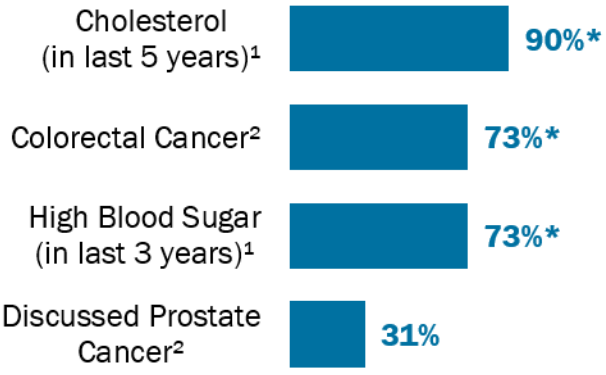
*Statistically higher than Vermont women.
**Statistically lower than Vermont women.
Source: VT BRFSS, 2021,[1] 2023[2]

Activity recommendations: 150-minutes of moderate intensity or 75-minutes of vigorous aerobic activity per week. Strength building exercises working all major muscle groups at least 2 days a week for adults. Physical Activity Guidelines for Americans.

Screenings

- Men (90%) who have never been diagnosed with high cholesterol are significantly more likely than women (95%) to have been screened for it in the last five years.
- Three-quarters of men (73%) aged 45-75 meet colorectal cancer screening recommendations, significantly lower than women (79%).
- Three-quarters (73%) of men who have never been diagnosed with diabetes have been screened for high blood sugar in the last three years, significantly lower than women (79%).
- Despite being a leading cause of cancer incidence among men, only 36% aged 55-69 have discussed the advantages and disadvantages of prostate cancer screening with a health care provider.

While men are screened at a high rate for high cholesterol, colorectal cancer, and high blood sugar, only three in ten have discussed prostate cancer screening with their provider.



*Significantly lower than women.
Source: VT BRFSS, 2023,[1] 2024[2]

See the U.S. Preventive Services Task Force (USPSTF) for details on colorectal and prostate cancer screening recommendations.

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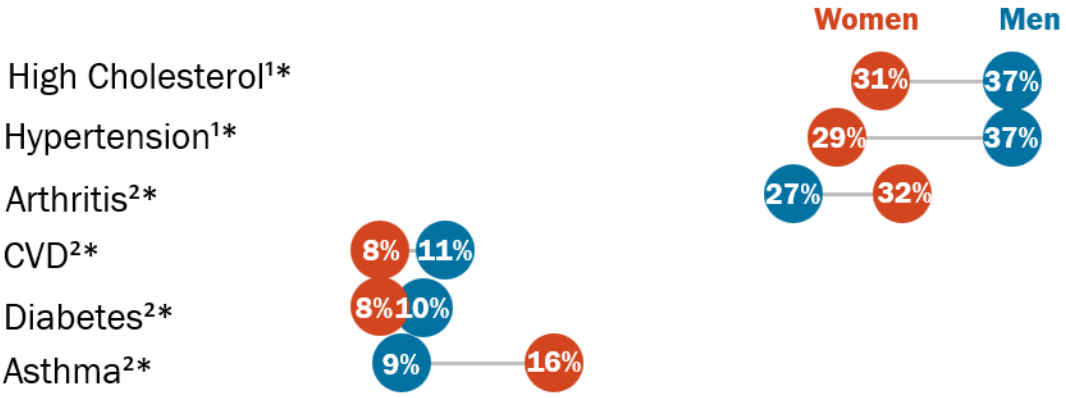
Chronic Conditions

The prevalence of chronic conditions varies between men and women. Men are significantly more likely than women to have been diagnosed with high cholesterol, hypertension, Cardiovascular Disease (CVD), and diabetes. However, men are significantly less likely to currently have arthritis or asthma compared to women.

There are no statistical differences between men and women when it comes to diagnosed prediabetes (10% vs. 9%),[1] cancer (including melanoma) (9% vs. 10%),[2] Chronic Obstructive Pulmonary Disease (COPD) (6%),[2] and Chronic Kidney Disease (CKD)[2] (3%).

Men have significantly higher rates of high cholesterol, hypertension, CVD, and diabetes compared to women.



*Statistically significant difference between men and women.
CVD = Cardiovascular Disease.
Source: VT BRFSS, 2023,[1] 2024[2]

Fifty-three percent of men report having at least one chronic condition, and a quarter of men (26%) have two or more chronic conditions. Chronic conditions included those who reported whether or not they had asthma, arthritis, cancer (including melanoma), cardiovascular disease (CVD), chronic kidney disease (CKD), chronic obstructive pulmonary disorder (COPD), depressive disorder, and diabetes.

Summary

Men face some of the same health risks as women. However, they also face uniquely distinct risk factors, particularly higher rates of substance use and lower access to health care, and in general receive preventative screening at lower rates than women. In addition, men report receiving less social and emotional support, as well as a four-fold higher rate of suicide and lower overall average age of death, compared to women. Men also experience higher rates of high cholesterol, hypertension, CVD, and diabetes which can contribute to a

lower quality of life as well as to diseases of the heart being the leading cause of mortality among men.

Men and their support systems are encouraged to **explore** healthvermont.gov to find information and resources about health conditions that are important to them, as well as **discuss** them and any concerns they might have with their health care provider.

Learn more about how the way these data were collected may impact this data brief: www.healthvermont.gov/stats/data-reporting-topic/health-equity-data.