

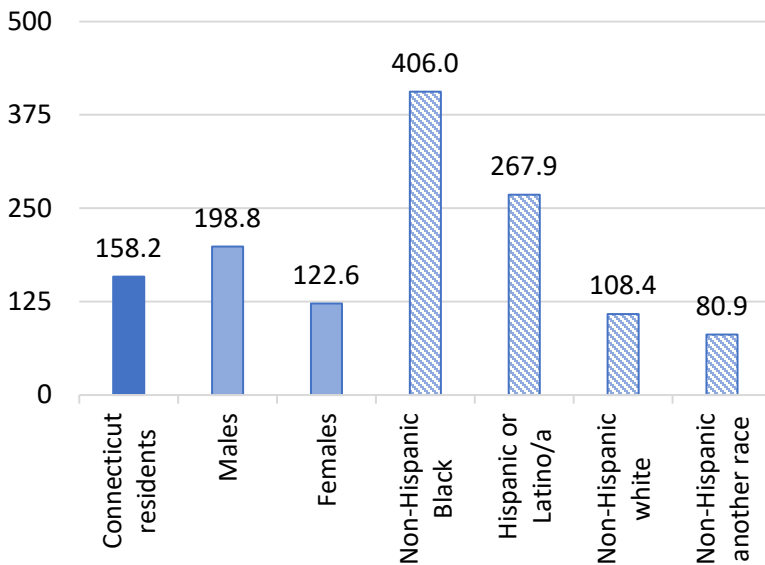
# Diabetes Inpatient Hospitalizations Connecticut Residents

2021 Connecticut Inpatient and Emergency Department Visit Dataset

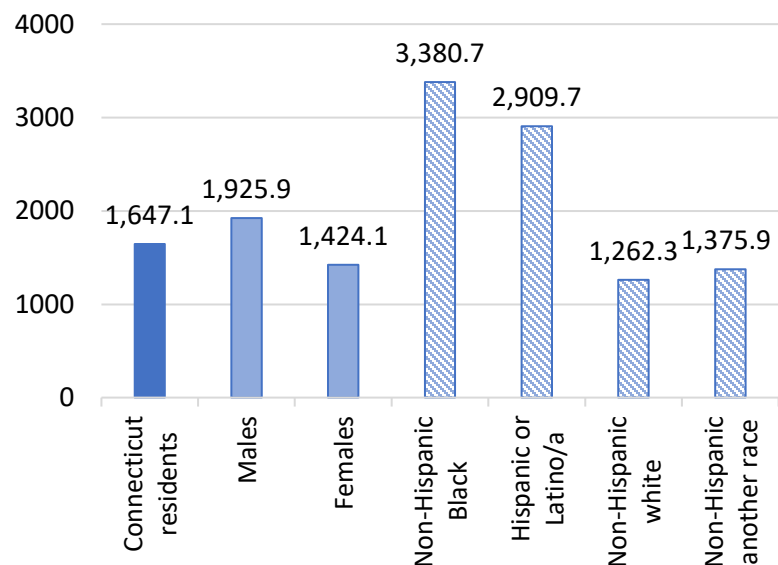
## Community, Family Health and Prevention Section • June 2023

Poorly controlled diabetes can lead to variety of disabling complications and life-threatening events requiring inpatient hospitalizations. In 2021, 24% of inpatient hospitalizations in Connecticut had diabetes as any diagnosis. Age-adjusted hospitalization rates (AAHRs) with diabetes as the first-listed diagnosis and diabetes as any diagnosis (diabetes-related) vary by gender and race and ethnicity. Diabetes and diabetes-related AAHRs among Connecticut men are higher compared with women. Non-Hispanic Black and Hispanic residents have diabetes and diabetes-related AAHRs that are higher compared with residents of other racial and ethnic groups.

**Diabetes – First-Listed Diagnosis  
AAHR per 100,000 population**

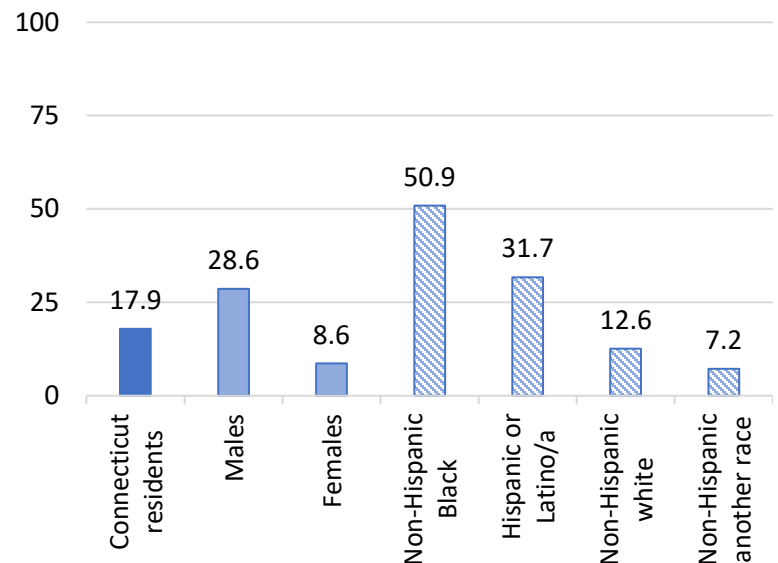


**Diabetes – Any Diagnosis  
AAHR per 100,000 population**



Nerve damage, circulation problems, and foot infections resulting from poorly controlled diabetes are associated with increased risk for non-traumatic lower-extremity amputations (DNLEA). DNLEA AAHRs among Connecticut men are higher compared with women. Non-Hispanic Black and Hispanic residents have DNLEA AAHRs that are higher compared with residents of other racial and ethnic groups.

**Diabetes-Related,  
Nontraumatic Lower-Extremity Amputations  
AAHR per 100,000 population**



DNLEA AAHRs declined during the time period of 1999 to 2009. From 2010 to 2015, the AAHRs remained constant. DNLEA AAHRs have increased almost 38% in the timeframe of 2016 to 2021. Further analyses are needed to identify risk factors associated with this increasing trend. [Data not shown]