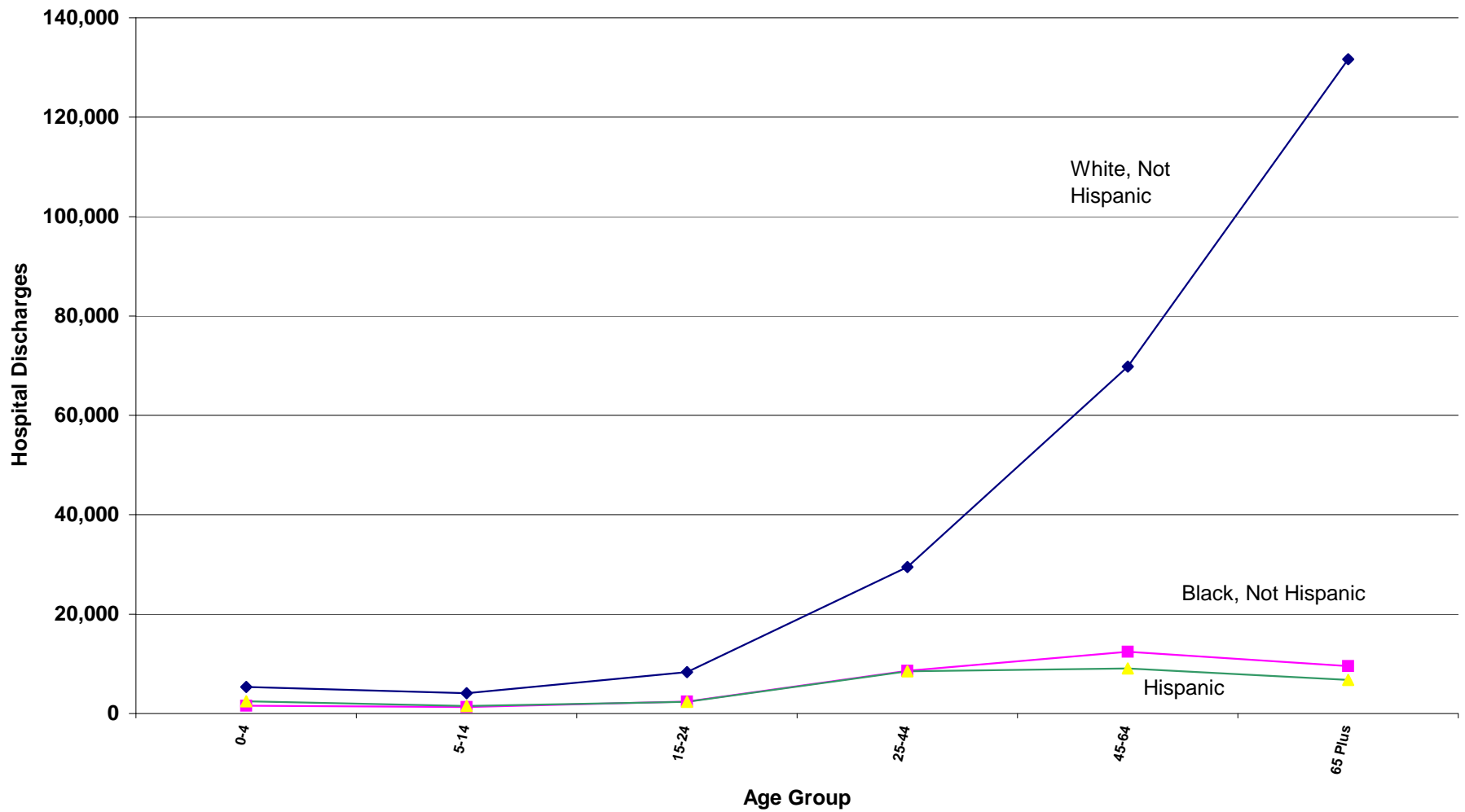


Hospitalization Counts (Excluding Birth Related): Black, not Hispanic, White, not Hispanic and Hispanic, Connecticut, 2007



Connecticut Resident Hospitalizations by Age by Race/Ethnicity, 2007.

White Non-Hispanic^g Black Non-Hispanic^g Hispanic^g

Age	White Non-Hispanic ^g		Black Non-Hispanic ^g		Hispanic ^g		Black Risk Ratio	Hispanic Risk Ratio	Distance to Black Upper Confidence Limit	Distance to Black Lower Confidence Limit	Distance to Hispanic Upper Confidence Limit	Distance to Hispanic Lower Confidence Limit
	Number ^a	Rate ^c	Number ^a	Rate ^c	Number ^a	Rate ^c						
0-4	5,365	4,016	1,593	5,897	2,458	6,183	1.5	1.5	0.1	0.1	0.1	0.1
5-14	4,110	1,318	1,290	2,323	1,514	2,116	1.8	1.6	0.1	0.1	0.1	0.1
15-24	8,352	2,521	2,422	4,128	2,337	3,453	1.6	1.4	0.1	0.1	0.1	0.1
25-44	29,490	4,594	8,597	8,587	8,490	6,161	1.9	1.3	0.0	0.0	0.0	0.0
45-64	69,815	8,867	12,423	17,007	9,088	13,404	1.9	1.5	0.0	0.0	0.0	0.0
65 Plus	131,656	31,459	9,549	35,452	6,757	35,951	1.1	1.1	0.0	0.0	0.0	0.0

Data Source: Table H-2, Hospitalization Statistics, Connecticut Department of Public Health.

<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=397512&dphPNavCtr=|47732>

Accessed December 28, 2009

Notes quoted from Connecticut Department of Public Health

(some notes not applicable to this table):

Hospitalization refers to any discharge from a non-federal, short-stay, acute-care, general hospital in Connecticut. Hospitalizations are expressed as numbers of discharges, not as unduplicated patients; a single patient with multiple hospitalizations can thus be counted more than once. Hospital discharges are recorded in the state's hospital discharge abstract and billing database, which is maintained by the Connecticut Office of Health Care Access.

^a Numbers of discharges represent events, not unique persons hospitalized.

A dash (-) represents the quantity zero. In keeping with confidentiality regulations, numbers and rates are not disclosed for less than six events.

^b Diagnostic categories are based on International Classification of Diseases, 9th Revision, Clinical Modification, except for conditions related to pregnancy and childbirth, which are based on diagnosis related groups (DRGs until Sept 2007; MS-DRGs 765-782 starting Oct 2007). See Appendix for comparison of diagnosis codes used in this report and by other sources.

^c Connecticut population groupings were based on Estimates for the July 1, 2000-July 1, 2007 United States resident population from the Vintage 2007 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau.

<http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>

Backus, K, Mueller, LM (2008) State-level Bridged Race Estimates for Connecticut, 2007, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

Denominators were for total population (males plus females), except for female breast cancer (female population only) and prostate cancer and hyperplasia of prostate (male population only).

Bridged estimates were used to assign individuals to a single race even if they reported more than one.

^d First listed diagnosis, except for "amputation with diabetes" (see footnote "e" below).

^e First-listed procedure code 84.1 (amputation of lower limb), together with first-listed diagnosis code 250 (diabetes mellitus).

^f Includes injuries of all mechanisms and intents, when listed as principal diagnosis.

See Table H-3 for injuries by intent and mechanism (external codes).

^g The three racial and ethnic categories used here are mutually exclusive.

Discharge records of persons of Asian, American Indian, Alaska Native, Hawaiian, or other Pacific Islander race when reported along with non-Hispanic ethnicity are not included due to small numbers.

^h Includes hospitalizations with first-listed diagnoses other than those shown in the table.

ⁱ Rates for female breast cancer, prostate cancer, and hyperplasia of prostate were calculated based on the sex-specific population (male or female), and as such, should not be directly compared with rates for other conditions, which were calculated using the population of both sexes combined.

Additional Notes

Data are reported here only if the White Non-Hispanic count was 1,700 or greater and unsuppressed counts for both Black and Hispanic residents were available.

Counts for broad categories were eliminated, if narrower categories reported here accounted for > 60 percent of the counts in broader categories.

Selected other causes were included in this table.

All Discharges excludes conditions related to pregnancy and childbirth

Relative Risk of 1 indicates that the hospitalization rate of Black or Hispanic residents is the same as for White residents.

Relative Risk above 1 indicates that the hospitalization rate of Black or Hispanic residents is higher than for White residents.

Relative Risk below 1 indicates that the hospitalization rate of Black or Hispanic residents is lower than for White residents.

Relative Risks bolded indicate significant differences between Black or Hispanic and White rates.

The test of significance is whether the confidence interval (CI = Relative Risk + Distance to Upper Confidence Limit, or Relative Risk - Distance to Lower Confidence Limit) includes a relative risk of 1. If the CI includes 1, then there is not a significant difference in rates. If the CI does not include 1, then there is a significant difference in rates.

Caution should be used in interpretation of significance, since the statistical test assumes that there each hospitalization for a specified cause is for a unique individual. To the extent that a single individual accounts for more than one hospitalization during the year for a specified principal cause, then the statistical test is only an approximation.

Web-based formula and test for the 95% confidence interval calculation is at: <http://www.hutchon.net/ConfidRR.htm>

Accessed December 28, 2009.

The formula is further described in:

Gardner MJ & Altman DG. Statistics with Confidence. BMJ Publications. Reprint 1994, pp 51-52.