The Economic Burden of Chronic Disease on THE UNITED STATES

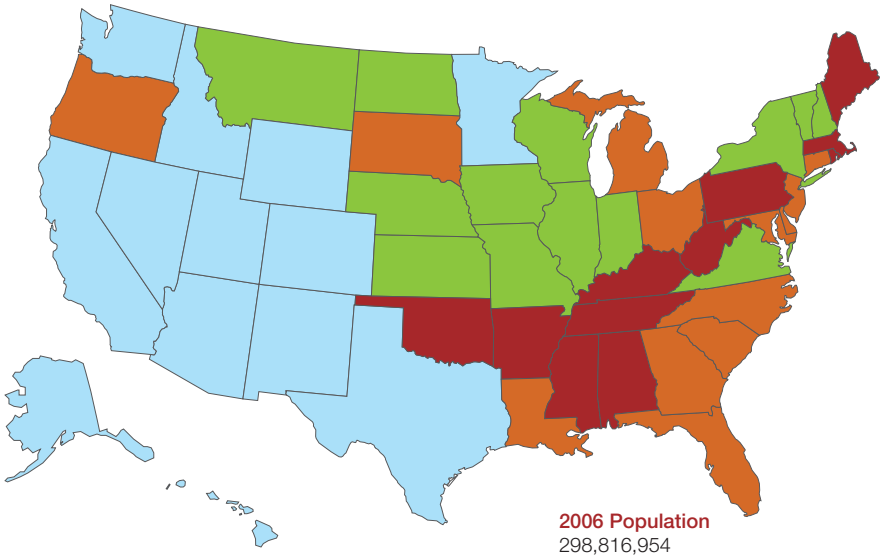
Current Toll on The United States TODAY

Over 162 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in The United States in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in The United States, 2003 (and as % of population*)

Cancers:	10,555,000	(3.7%)
Diabetes:	13,729,000	(4.9%)
Heart Disease:	19,145,000	(6.8%)
Hypertension:	36,761,000	(13.0%)
Stroke:	2,425,000	(0.9%)
Mental Disorders:	30,338,000	(10.7%)
Pulmonary Conditions:	49,206,000	(17.4%)

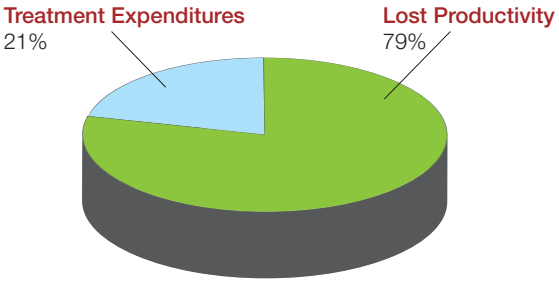
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $277 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in The United States of over $1 trillion in 2003.



Economic Impact in The United States 2003 (Annual Costs in Billions)

Treatment Expenditures:	$277
Lost Productivity:	$1,047
Total Costs:	**$1,324**

Figures may not sum due to rounding.

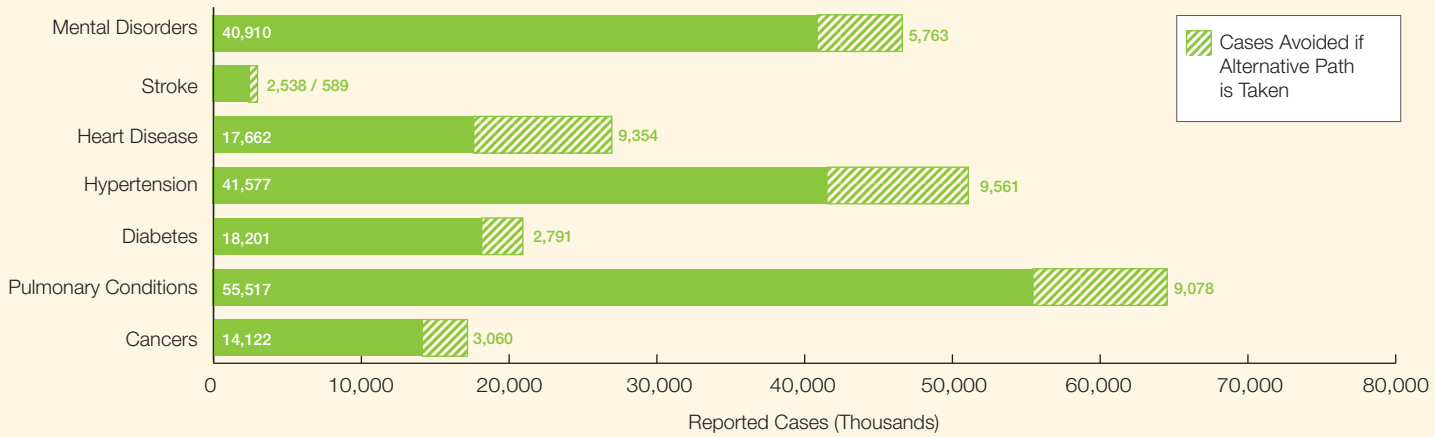
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in The United States TOMORROW

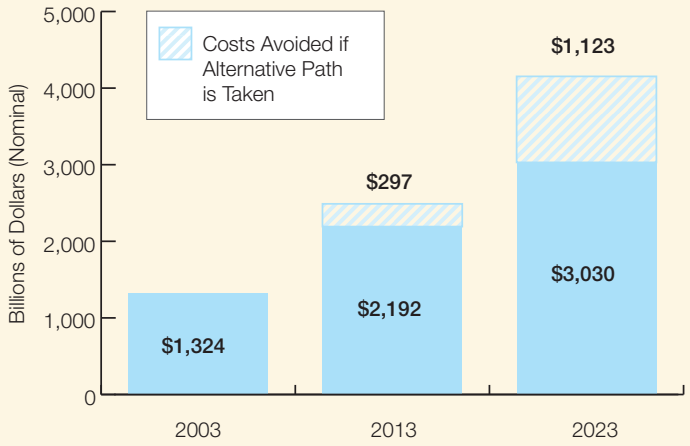
On our current path, The United States will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 40.2 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in the United States sharply, by 27% ($1.1 trillion) in 2023. $905 billion of this would come from gains in productivity, and $218 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$790	$3,363	$4,153
Alternative Path	$572	$2,458	$3,030
Costs Avoided	**$218 (28%)**	**$905 (27%)**	**$1,123 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $5.7 trillion to the nation's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$32,229
GDP in 2050, Alternative Path:	$37,898
Potential Gain in GDP:	**$5,668 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on ALABAMA

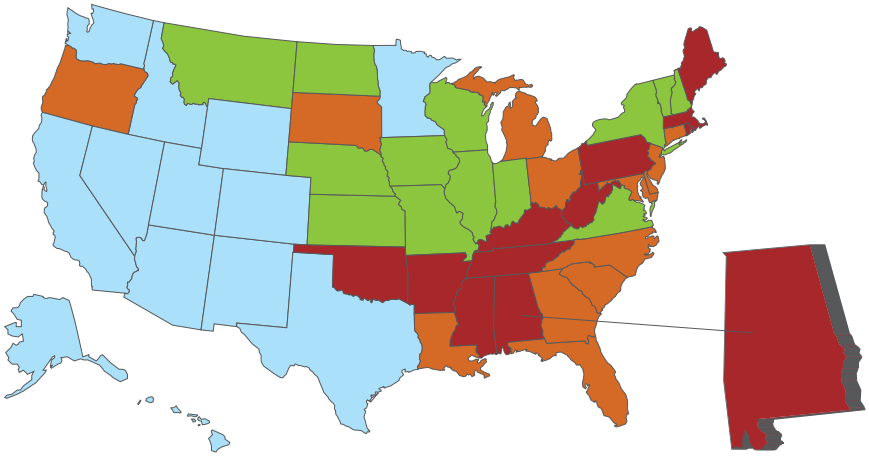
Current Toll on Alabama TODAY

Over 2.9 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Alabama in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Alabama, 2003 (and as % of population*)

Cancers:	167,000	(3.8%)
Diabetes:	245,000	(5.6%)
Heart Disease:	378,000	(8.6%)
Hypertension:	737,000	(16.8%)
Stroke:	46,000	(1.0%)
Mental Disorders:	485,000	(11.1%)
Pulmonary Conditions:	854,000	(19.5%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

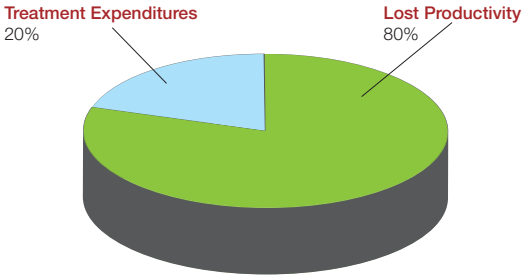


2006 Population
4,599,030

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $4.7 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Alabama of $18.6 billion in 2003.



Economic Impact in Alabama 2003 (Annual Costs in Billions)

Treatment Expenditures:	$4.7
Lost Productivity:	$18.6
Total Costs:	**$23.3**

Figures may not sum due to rounding.

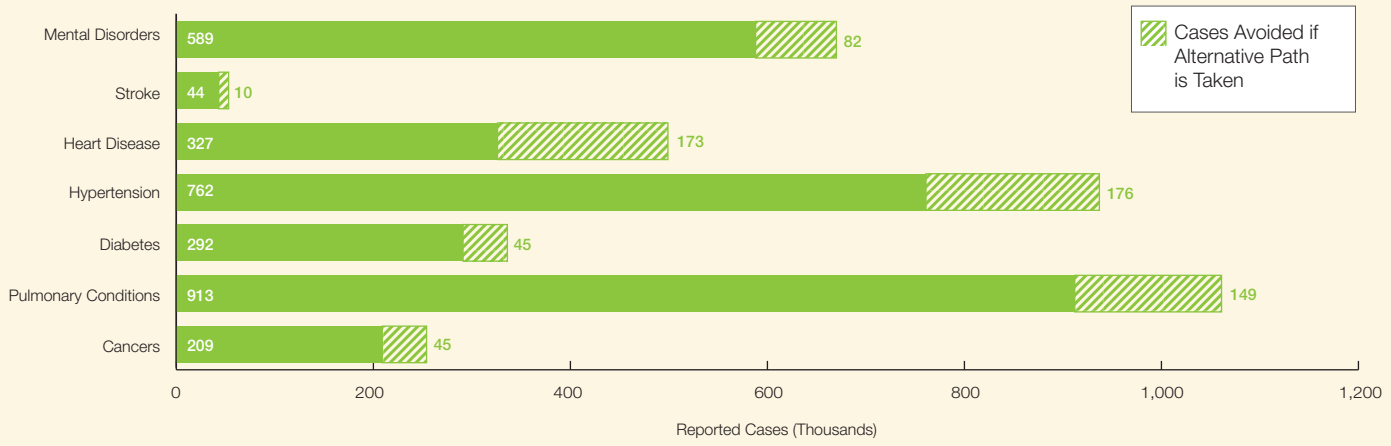
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Alabama TOMORROW

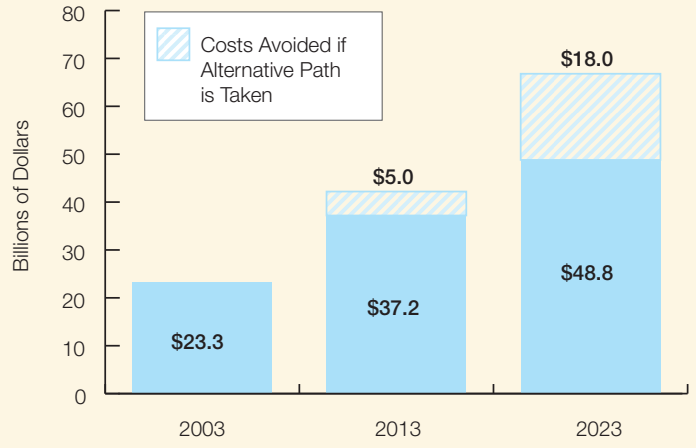
On our current path, Alabama will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 681,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Alabama sharply, by 27% ($18 billion) in 2023. $14.7 billion of this would come from gains in productivity, and $3.4 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$12.1	$54.7	$66.8
Alternative Path	$8.7	$40.0	$48.8
Costs Avoided	**$3.4 (28%)**	**$14.7 (27%)**	**$18.0 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $55 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$311
GDP in 2050, Alternative Path:	$365
Potential Gain in GDP:	**$55 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on ALASKA

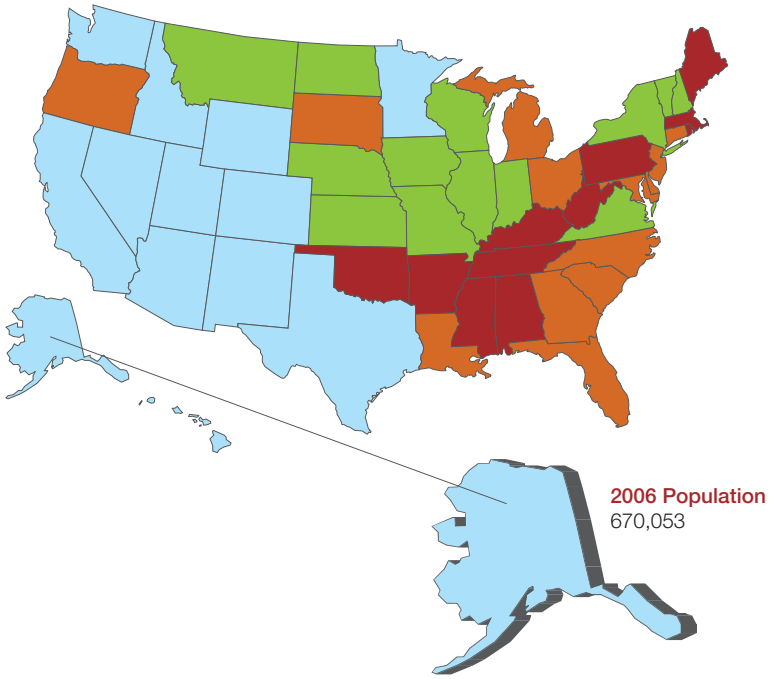
Current Toll on Alaska TODAY

Nearly 300,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Alaska in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Alaska, 2003 (and as % of population*)

Cancers:	20,000	(3.2%)
Diabetes:	20,000	(3.2%)
Heart Disease:	17,000	(2.7%)
Hypertension:	60,000	(9.5%)
Stroke:	3,000	(0.5%)
Mental Disorders:	74,000	(11.7%)
Pulmonary Conditions:	105,000	(16.7%)

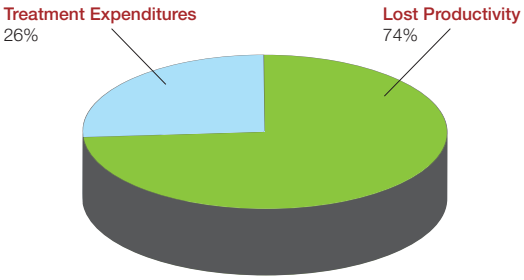
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.6 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Alaska of $1.9 billion in 2003.



Economic Impact in Alaska 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.6
Lost Productivity:	$1.9
Total Costs:	**$2.5**

Figures may not sum due to rounding.

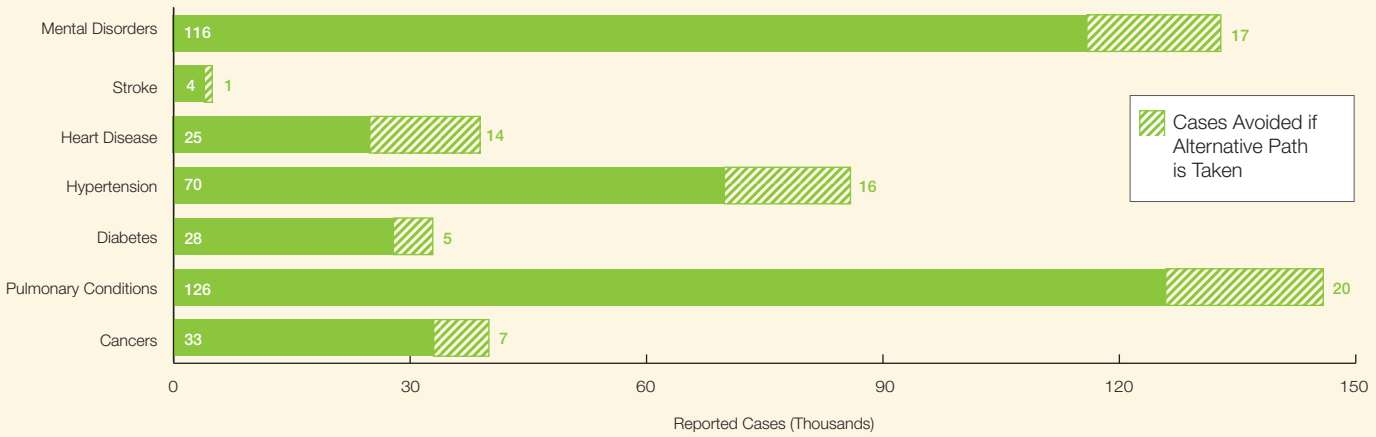
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Alaska TOMORROW

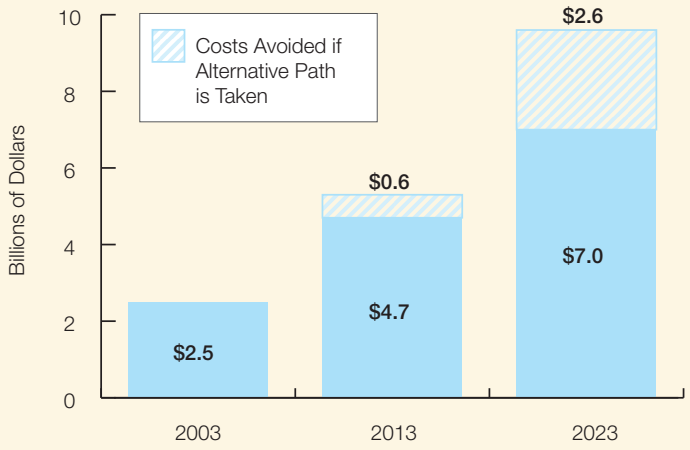
On our current path, Alaska will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 79,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Alaska sharply, by 27% ($2.6 billion) in 2023. $1.9 billion of this would come from gains in productivity, and $0.7 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$2.6	$7.0	$9.6
Alternative Path	$1.9	$5.1	$7.0
Costs Avoided	**$0.7 (28%)**	**$1.9 (27%)**	**$2.6 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $21 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$120
GDP in 2050, Alternative Path:	$141
Potential Gain in GDP:	**$21 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on ARIZONA

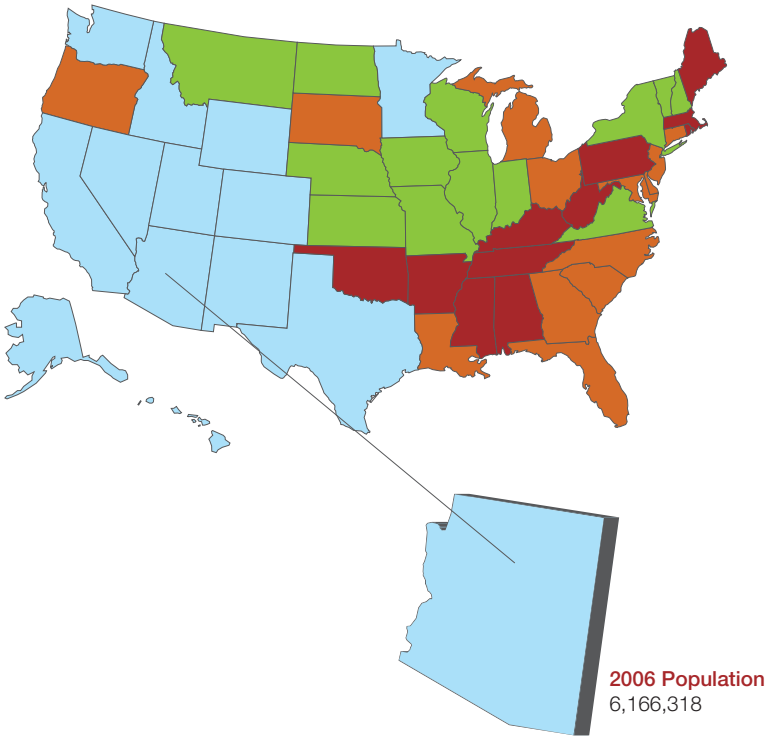
Current Toll on Arizona TODAY

Nearly 2.8 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Arizona in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Arizona, 2003 (and as % of population*)

Cancers:	161,000	(2.9%)
Diabetes:	217,000	(4.0%)
Heart Disease:	294,000	(5.4%)
Hypertension:	559,000	(10.2%)
Stroke:	33,000	(0.6%)
Mental Disorders:	683,000	(12.5%)
Pulmonary Conditions:	824,000	(15.1%)

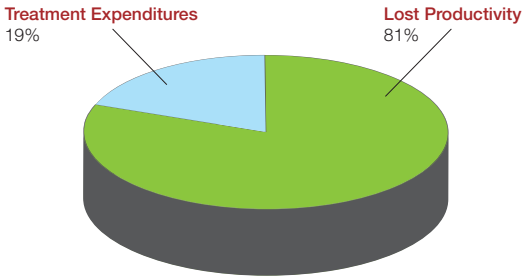
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $4.2 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Arizona of $17.4 billion in 2003.



Economic Impact in Arizona 2003 (Annual Costs in Billions)

Treatment Expenditures:	$4.2
Lost Productivity:	$17.4
Total Costs:	**$21.5**

Figures may not sum due to rounding.

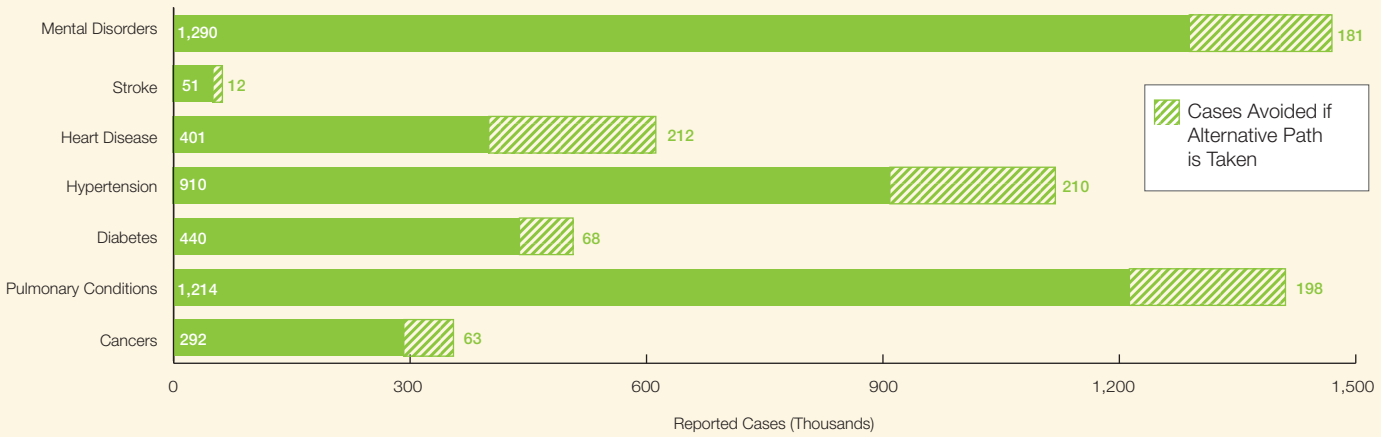
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Arizona TOMORROW

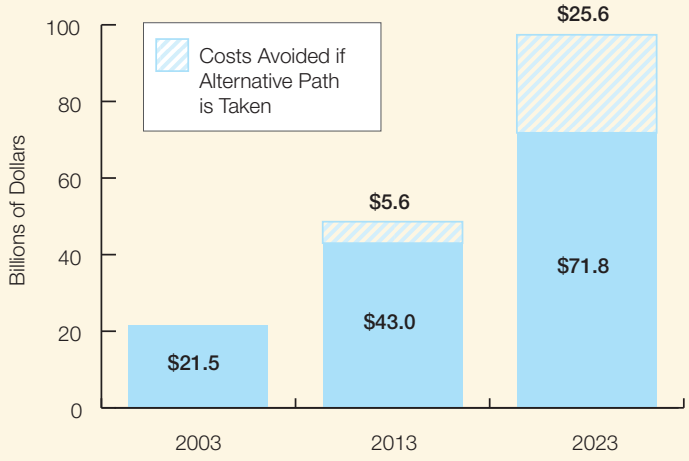
On our current path, Arizona will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 944,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Arizona sharply, by 26% ($25.6 billion) in 2023. $20.4 billion of this would come from gains in productivity, and $5.2 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$18.6	$78.8	$97.4
Alternative Path	$13.4	$58.4	$71.8
Costs Avoided	**$5.2 (28%)**	**$20.4 (26%)**	**$25.6 (26%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $183 billion to the state's economic output, a boost of 17%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$1,063
GDP in 2050, Alternative Path:	$1,247
Potential Gain in GDP:	**$183 (17%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on ARKANSAS

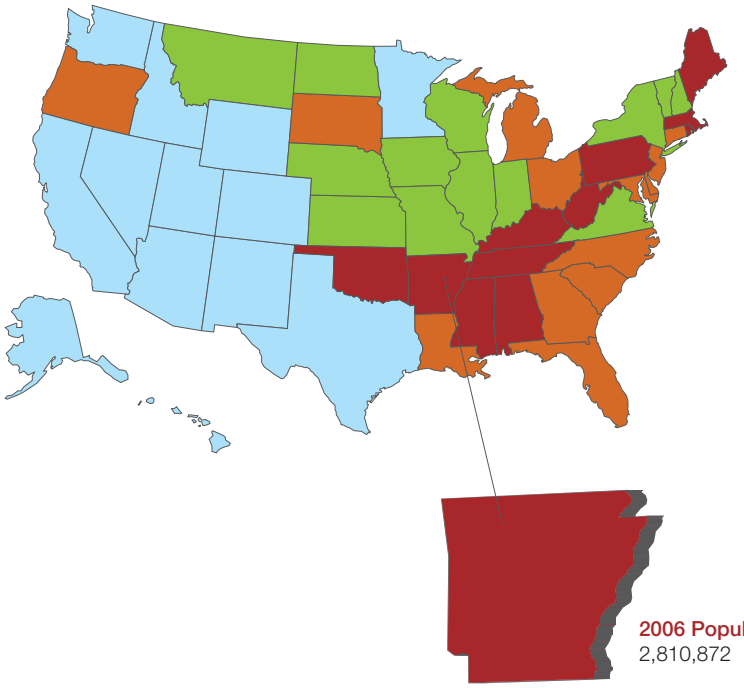
Current Toll on Arkansas TODAY

Over 1.7 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Arkansas in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Arkansas, 2003 (and as % of population*)

Cancers:	125,000	(4.7%)
Diabetes:	126,000	(4.8%)
Heart Disease:	224,000	(8.5%)
Hypertension:	411,000	(15.5%)
Stroke:	32,000	(1.2%)
Mental Disorders:	278,000	(10.5%)
Pulmonary Conditions:	503,000	(19.0%)

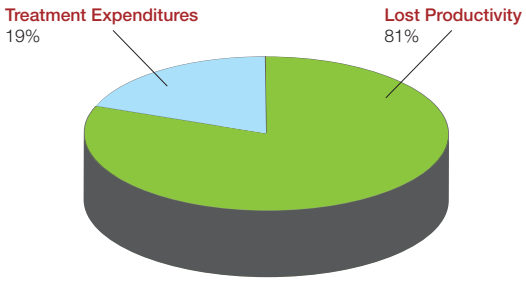
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $2.6 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Arkansas of $11.3 billion in 2003.



Economic Impact in Arkansas 2003 (Annual Costs in Billions)

Treatment Expenditures:	$2.6
Lost Productivity:	$11.3
Total Costs:	**$13.9**

Figures may not sum due to rounding.

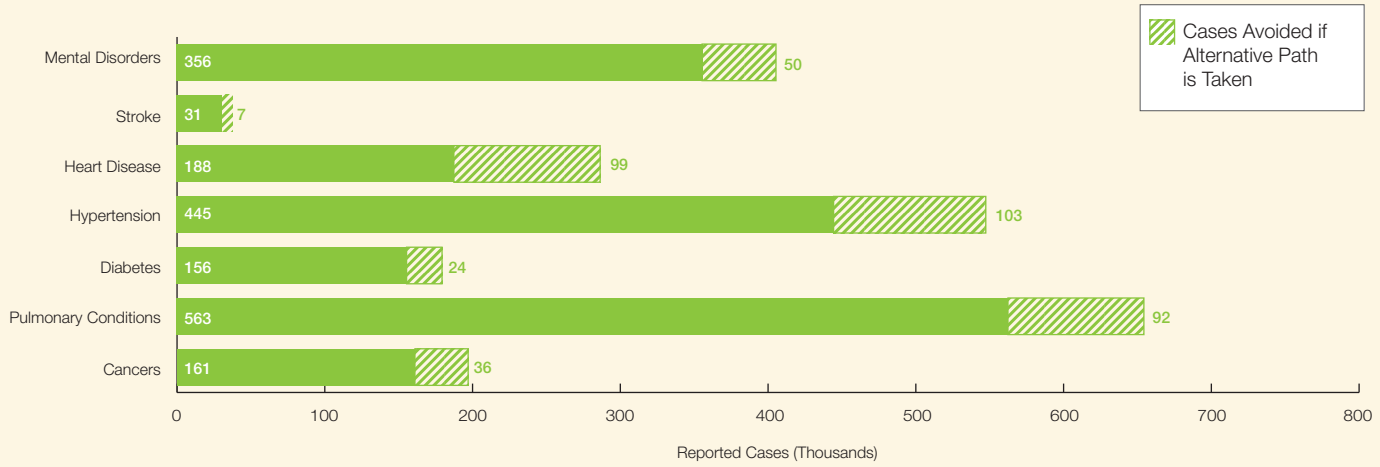
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Arkansas TOMORROW

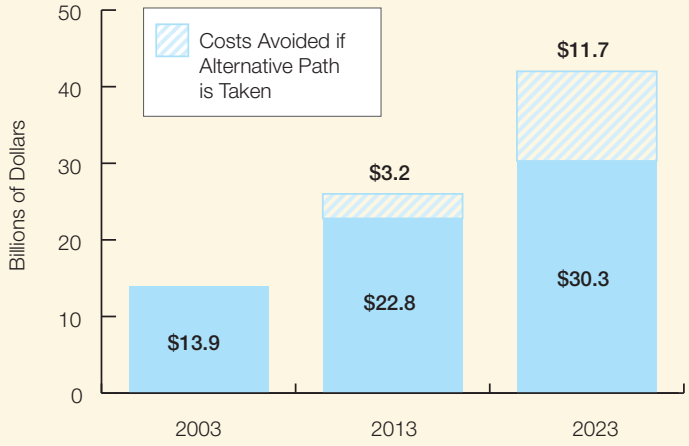
On our current path, Arkansas will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 410,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Arkansas sharply, by 28% ($11.7 billion) in 2023. $9.6 billion of this would come from gains in productivity, and $2.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$7.3	$34.7	$42.1
Alternative Path	$5.2	$25.1	$30.3
Costs Avoided	**$2.1 (29%)**	**$9.6 (28%)**	**$11.7 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $33 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$186
GDP in 2050, Alternative Path:	$219
Potential Gain in GDP:	**$33 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on CALIFORNIA

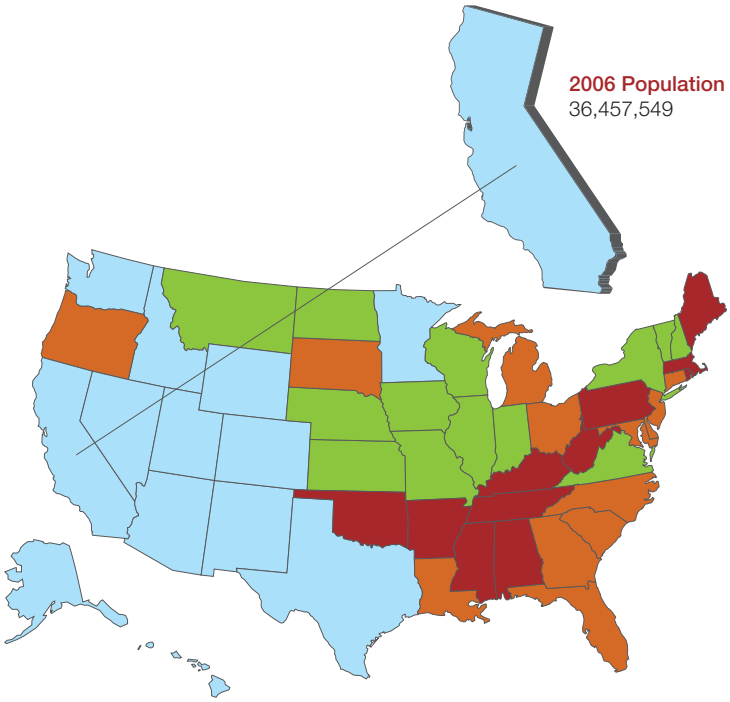
Current Toll on California TODAY

Over 16.3 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in California in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in California, 2003 (and as % of population*)

Cancers:	1,155,000	(3.3%)
Diabetes:	1,573,000	(4.5%)
Heart Disease:	1,860,000	(5.4%)
Hypertension:	3,660,000	(10.6%)
Stroke:	241,000	(0.7%)
Mental Disorders:	2,534,000	(7.3%)
Pulmonary Conditions:	5,301,000	(15.3%)

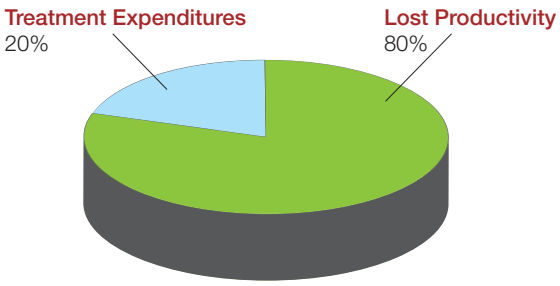
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $26.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in California of $106.2 billion in 2003.



Economic Impact in California 2003 (Annual Costs in Billions)

Treatment Expenditures:	$26.9
Lost Productivity:	$106.2
Total Costs:	**$133.0**

Figures may not sum due to rounding.

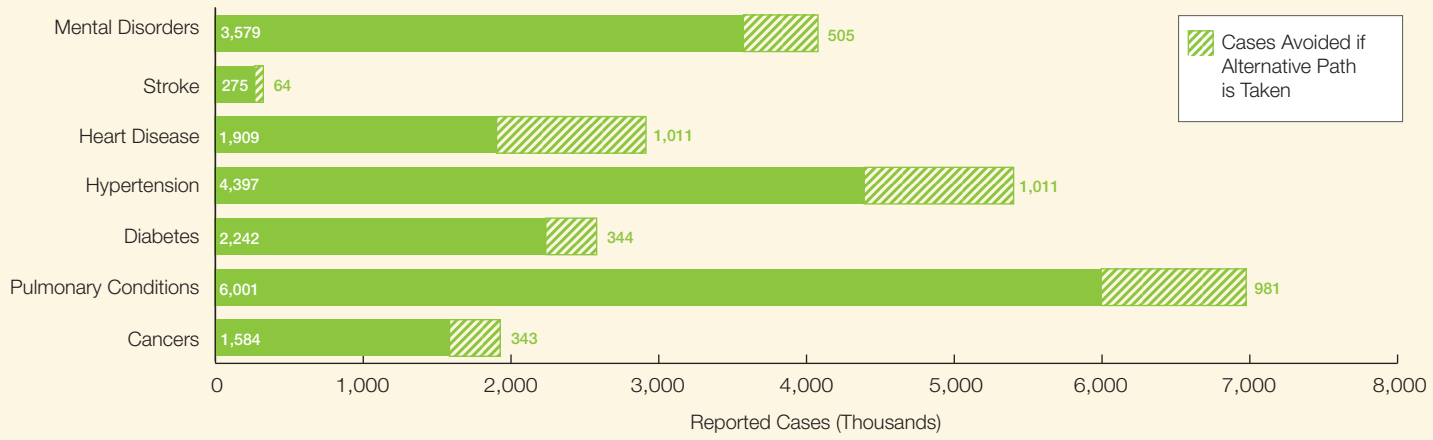
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in California TOMORROW

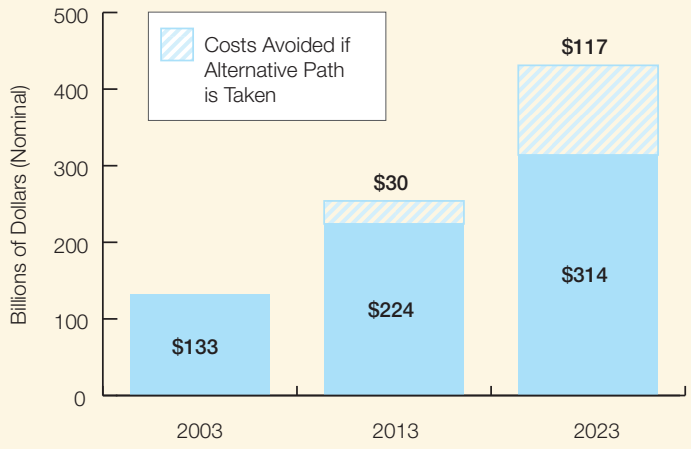
On our current path, California will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 4.3 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in California sharply, by 27% ($117 billion) in 2023. $98 billion of this would come from gains in productivity, and $19 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$72	$359	$431
Alternative Path	$53	$261	$314
Costs Avoided	**$19 (26%)**	**$98 (27%)**	**$117 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $908 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$5,188
GDP in 2050, Alternative Path:	$6,096
Potential Gain in GDP:	**$908 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on COLORADO

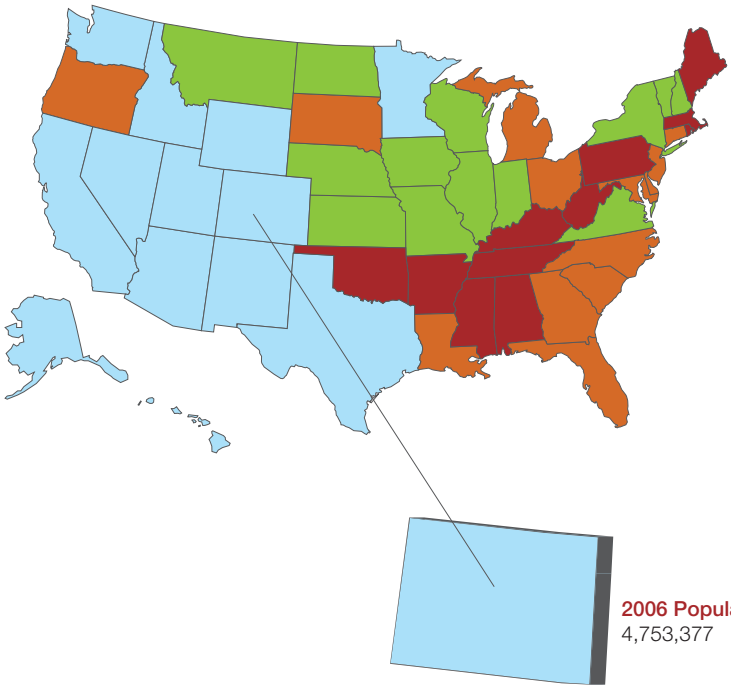
Current Toll on Colorado TODAY

Over 2 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Colorado in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Colorado, 2003 (and as % of population*)

Cancers:	148,000	(3.3%)
Diabetes:	132,000	(3.0%)
Heart Disease:	176,000	(4.0%)
Hypertension:	397,000	(8.9%)
Stroke:	25,000	(0.6%)
Mental Disorders:	500,000	(11.2%)
Pulmonary Conditions:	672,000	(15.1%)

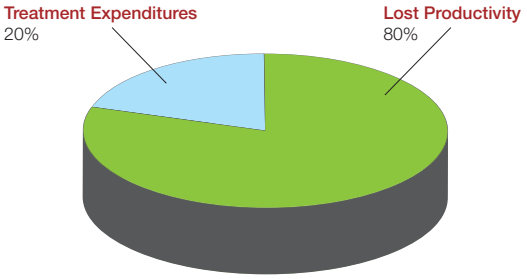
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $3.4 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Colorado of $13.1 billion in 2003.



Economic Impact in Colorado 2003 (Annual Costs in Billions)

Treatment Expenditures:	$3.4
Lost Productivity:	$13.1
Total Costs:	**$16.5**

Figures may not sum due to rounding.

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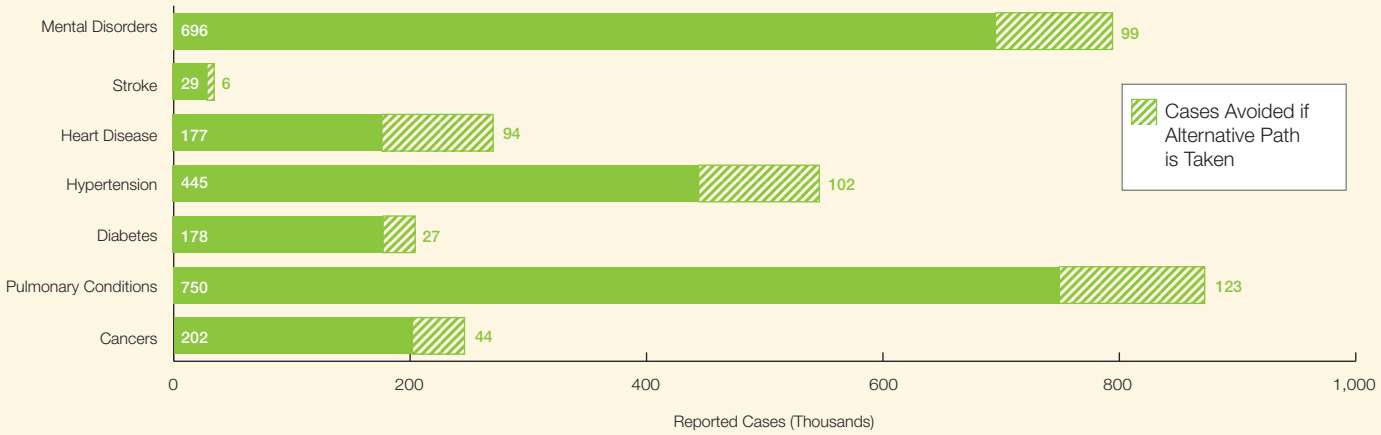
Two Paths, Two Choices — Chronic Disease in Colorado TOMORROW

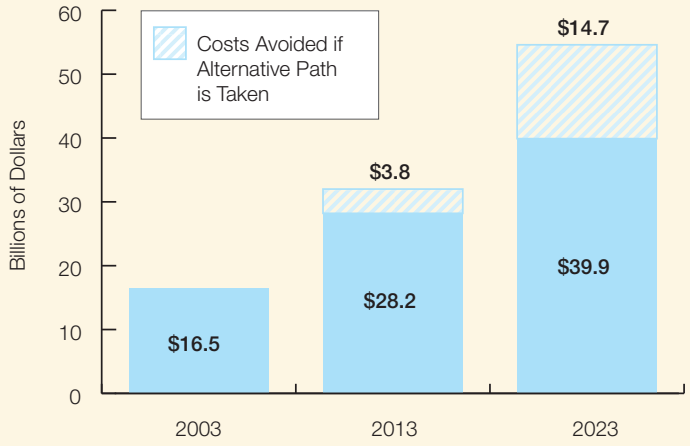
On our current path, Colorado will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 495,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Colorado sharply, by 27% ($14.7 billion) in 2023. $11.6 billion of this would come from gains in productivity, and $3.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$11.3	$43.3	$54.6
Alternative Path	$8.2	$31.7	$39.9
Costs Avoided	**$3.1 (28%)**	**$11.6 (27%)**	**$14.7 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $91 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$516
GDP in 2050, Alternative Path:	$607
Potential Gain in GDP:	**$91 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on CONNECTICUT

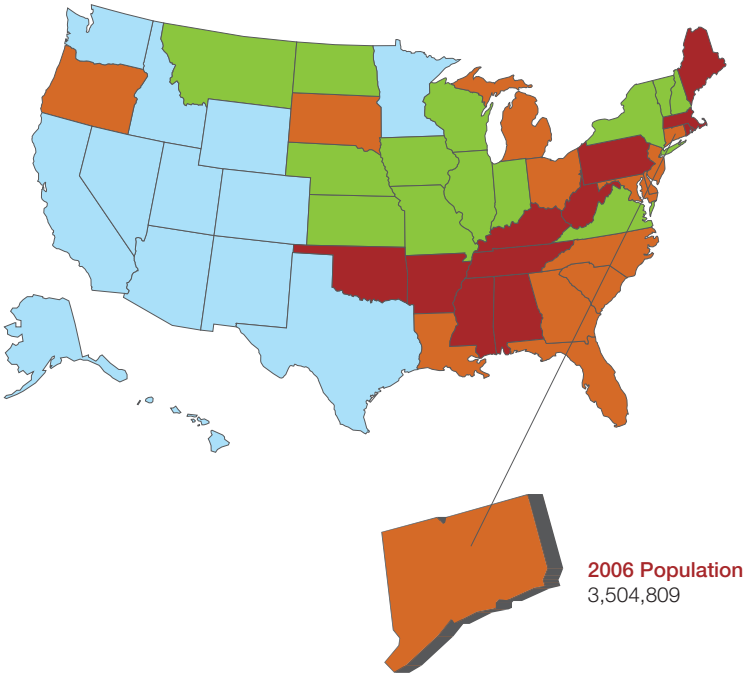
Current Toll on Connecticut TODAY

Nearly 2 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Connecticut in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Connecticut, 2003 (and as % of population*)

Cancers:	136,000	(4.0%)
Diabetes:	147,000	(4.4%)
Heart Disease:	224,000	(6.6%)
Hypertension:	434,000	(12.9%)
Stroke:	30,000	(0.9%)
Mental Disorders:	408,000	(12.1%)
Pulmonary Conditions:	611,000	(18.1%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

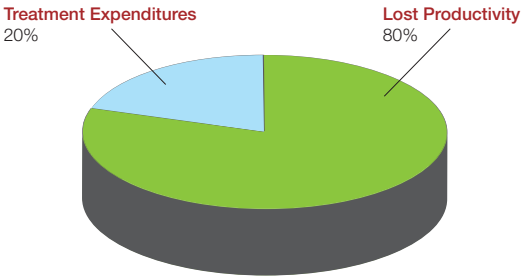


2006 Population
3,504,809

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $3.3 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Connecticut of $12.9 billion in 2003.



Economic Impact in Connecticut 2003 (Annual Costs in Billions)

Treatment Expenditures:	$3.3
Lost Productivity:	$12.9
Total Costs:	**$16.2**

Figures may not sum due to rounding.

MILKEN INSTITUTE

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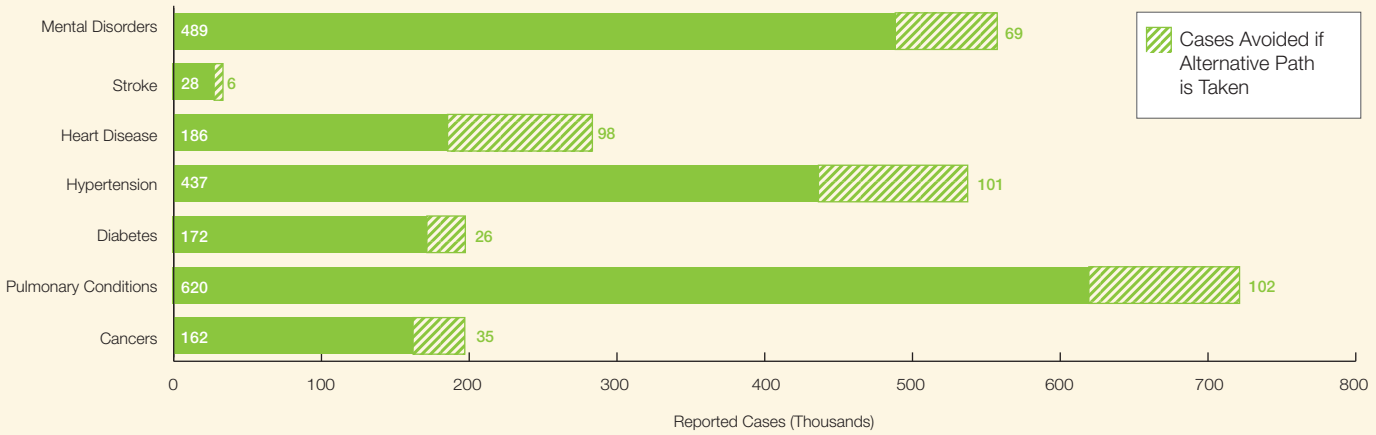
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Connecticut TOMORROW

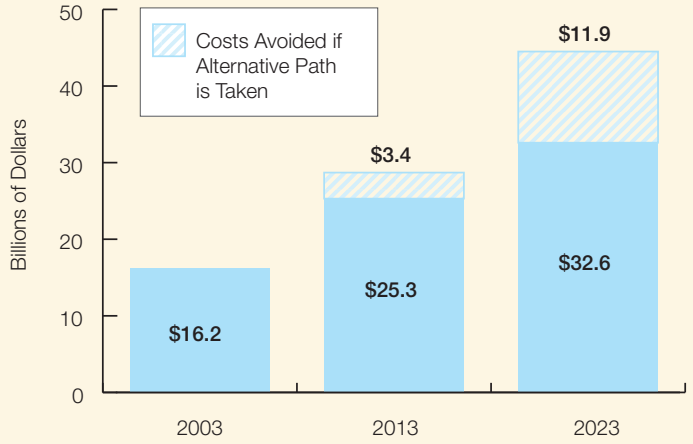
On our current path, Connecticut will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 437,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Connecticut sharply, by 27% ($11.9 billion) in 2023. $9.9 billion of this would come from gains in productivity, and $1.9 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$7.6	$36.9	$44.5
Alternative Path	$5.7	$26.9	$32.6
Costs Avoided	**$1.9 (25%)**	**$9.9 (27%)**	**$11.9 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $63 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$356
GDP in 2050, Alternative Path:	$418
Potential Gain in GDP:	**$63 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on DELAWARE

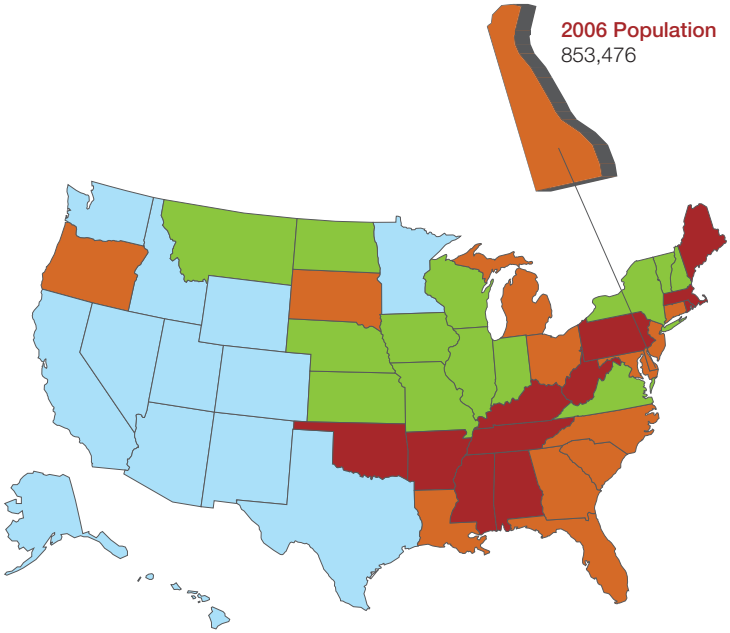
Current Toll on Delaware TODAY

Nearly 480,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Delaware in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Delaware, 2003 (and as % of population*)

Cancers:	34,000	(4.3%)
Diabetes:	39,000	(4.9%)
Heart Disease:	58,000	(7.3%)
Hypertension:	112,000	(14.1%)
Stroke:	6,000	(0.8%)
Mental Disorders:	74,000	(9.3%)
Pulmonary Conditions:	155,000	(19.6%)

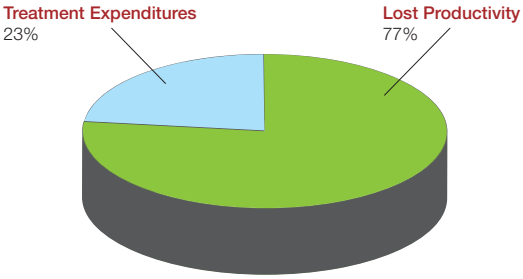
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Delaware of $3.1 billion in 2003.



Economic Impact in Delaware 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.9
Lost Productivity:	$3.1
Total Costs:	**$4.0**

Figures may not sum due to rounding.

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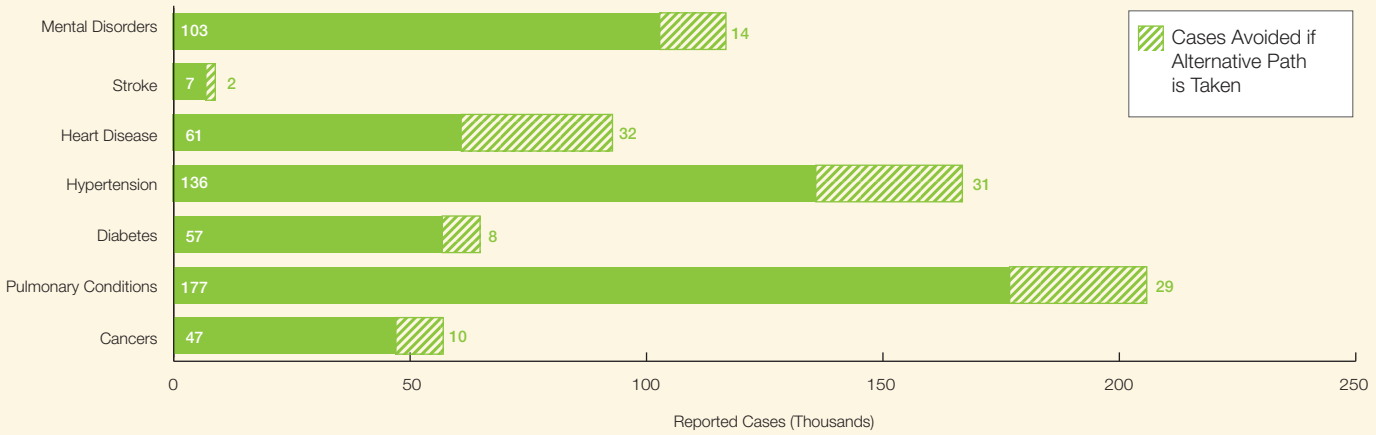
Two Paths, Two Choices — Chronic Disease in Delaware TOMORROW

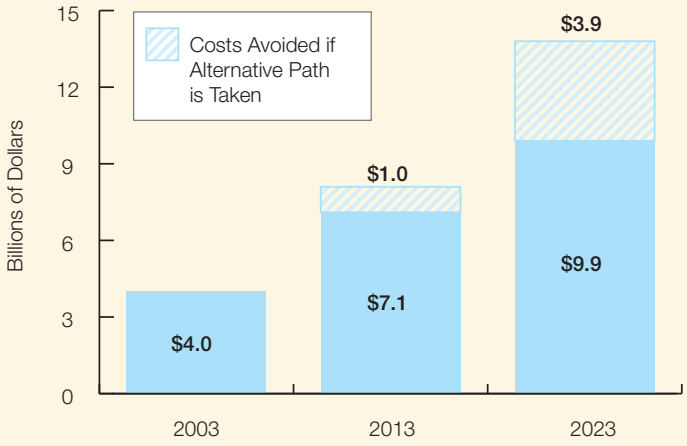
On our current path, Delaware will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 127,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Delaware sharply, by 28% ($3.9 billion) in 2023. $2.9 billion of this would come from gains in productivity, and $1.0 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$3.2	$10.6	$13.8
Alternative Path	$2.3	$7.7	$9.9
Costs Avoided	**$1.0 (30%)**	**$2.9 (28%)**	**$3.9 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $25 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$142
GDP in 2050, Alternative Path:	$167
Potential Gain in GDP:	**$25 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on FLORIDA

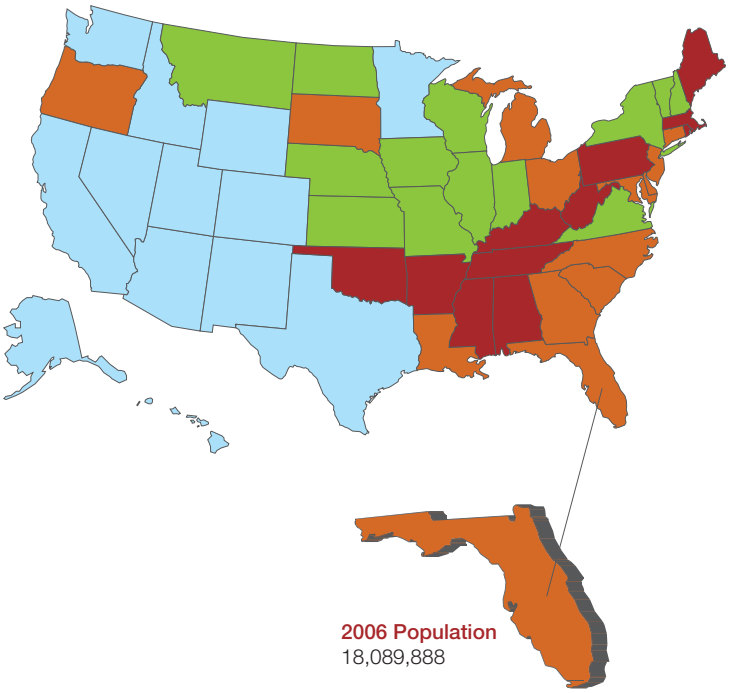
Current Toll on Florida TODAY

Over 10 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Florida in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Florida, 2003 (and as % of population*)

Cancers:	657,000	(4.0%)
Diabetes:	905,000	(5.4%)
Heart Disease:	1,384,000	(8.3%)
Hypertension:	2,463,000	(14.8%)
Stroke:	151,000	(0.9%)
Mental Disorders:	2,182,000	(13.1%)
Pulmonary Conditions:	2,622,000	(15.8%)

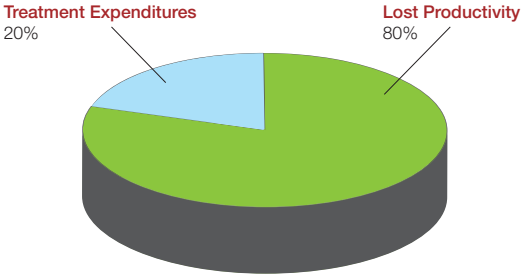
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $17.6 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Florida of $68.7 billion in 2003.



Economic Impact in Florida 2003 (Annual Costs in Billions)

Treatment Expenditures:	$17.6
Lost Productivity:	$68.7
Total Costs:	**$86.3**

Figures may not sum due to rounding.

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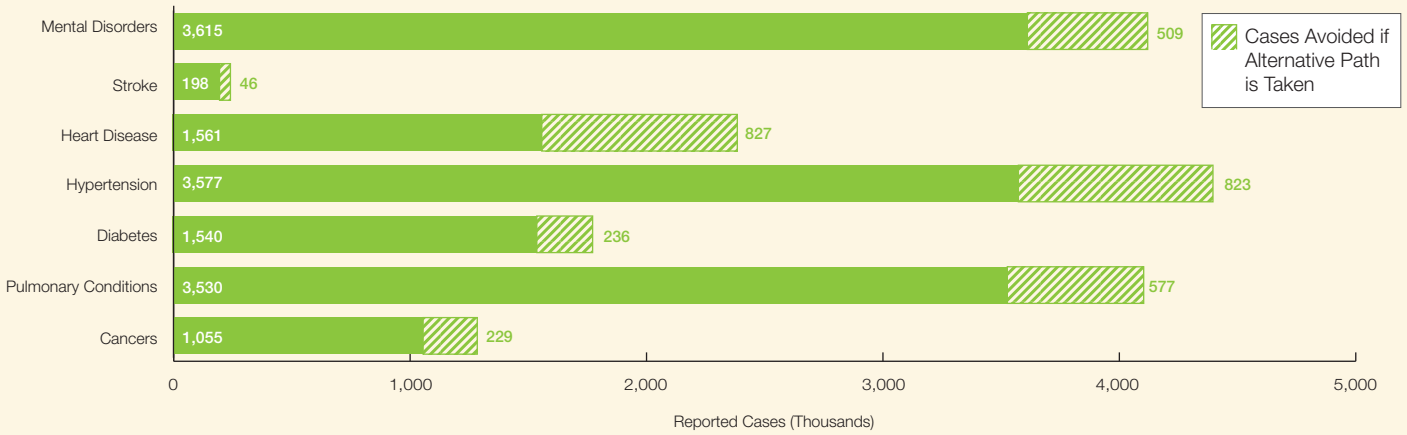
Two Paths, Two Choices — Chronic Disease in Florida TOMORROW

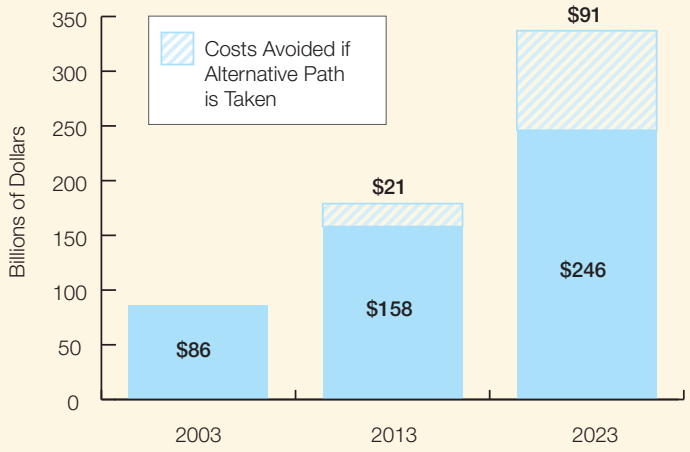
On our current path, Florida will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 3.2 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Florida sharply, by 27% ($91 billion) in 2023. $73 billion of this would come from gains in productivity, and $18 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$64	$274	$337
Alternative Path	$46	$201	$246
Costs Avoided	**$18 (28%)**	**$73 (27%)**	**$91 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $531 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$3,009
GDP in 2050, Alternative Path:	$3,540
Potential Gain in GDP:	**$531 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on GEORGIA

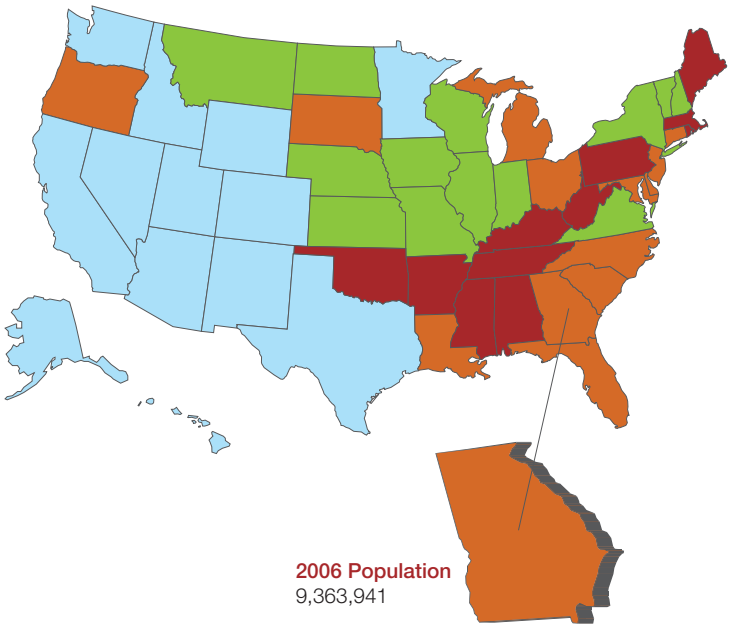
Current Toll on Georgia TODAY

Over 5 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Georgia in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Georgia, 2003 (and as % of population*)

Cancers:	345,000	(4.1%)
Diabetes:	427,000	(5.1%)
Heart Disease:	494,000	(5.9%)
Hypertension:	1,212,000	(14.4%)
Stroke:	66,000	(0.8%)
Mental Disorders:	930,000	(11.0%)
Pulmonary Conditions:	1,549,000	(18.4%)

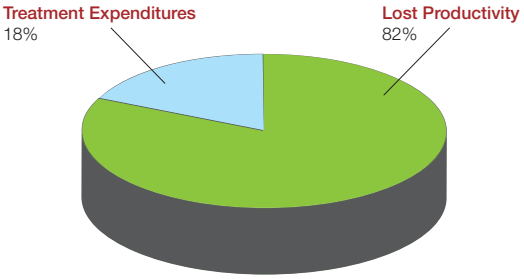
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $7.1 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Georgia of $32.8 billion in 2003.



Economic Impact in Georgia 2003 (Annual Costs in Billions)

Treatment Expenditures:	$7.1
Lost Productivity:	$32.8
Total Costs:	**$39.9**

Figures may not sum due to rounding.

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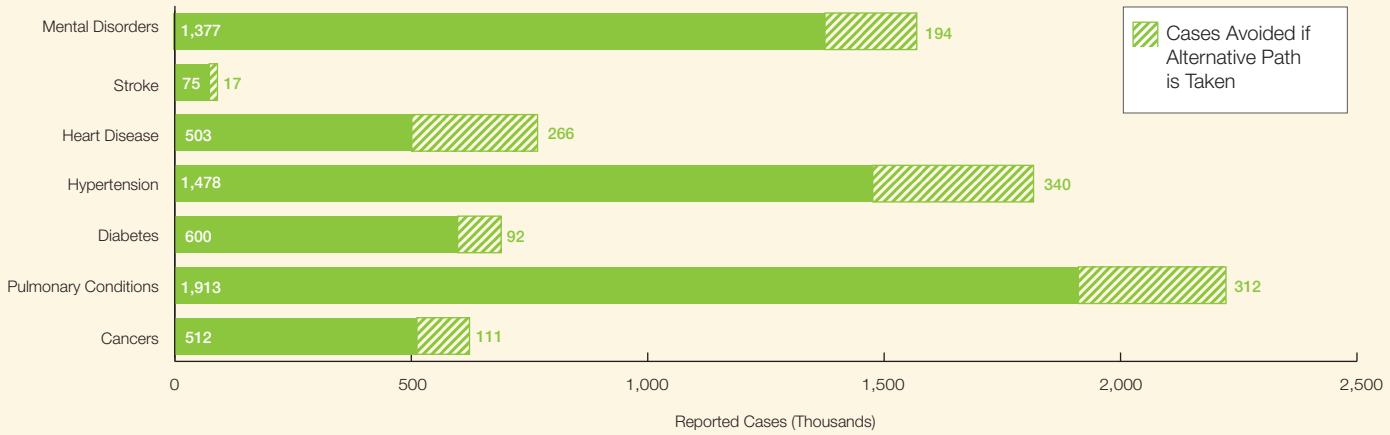
Two Paths, Two Choices — Chronic Disease in Georgia TOMORROW

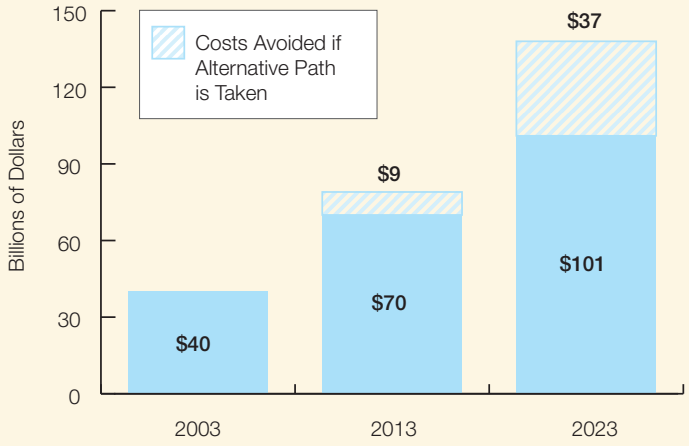
On our current path, Georgia will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 1.3 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Georgia sharply, by 27% ($37 billion) in 2023. $31 billion of this would come from gains in productivity, and $6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$22	$115	$138
Alternative Path	$16	$84	$101
Costs Avoided	**$6 (27%)**	**$31 (27%)**	**$37 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $177 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$1,007
GDP in 2050, Alternative Path:	$1,183
Potential Gain in GDP:	**$177 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on HAWAII

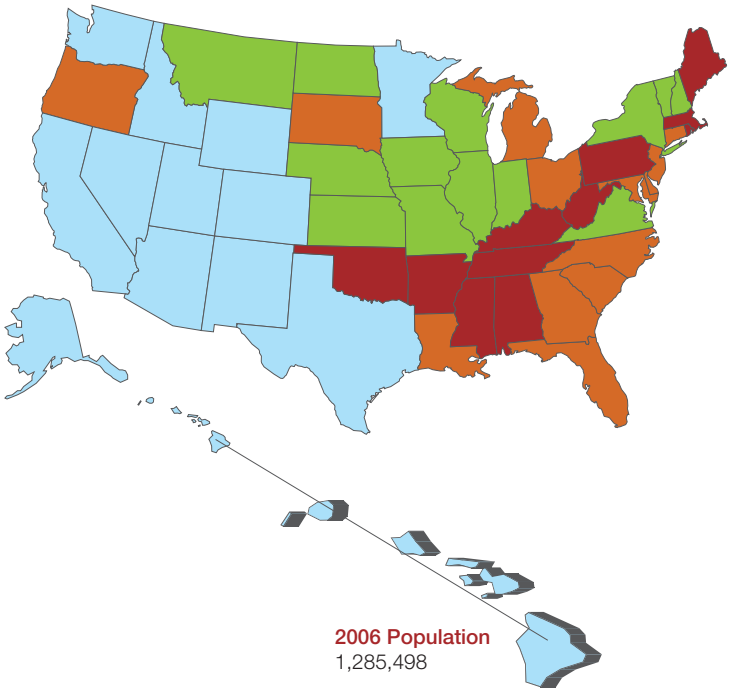
Current Toll on Hawaii TODAY

Over 560,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Hawaii in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Hawaii, 2003 (and as % of population*)

Cancers:	38,000	(3.1%)
Diabetes:	58,000	(4.7%)
Heart Disease:	66,000	(5.4%)
Hypertension:	128,000	(10.5%)
Stroke:	10,000	(0.8%)
Mental Disorders:	139,000	(11.4%)
Pulmonary Conditions:	124,000	(10.1%)

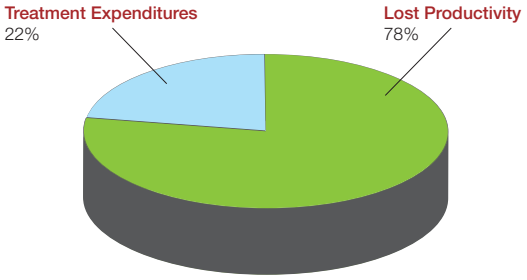
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.1 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Hawaii of $3.9 billion in 2003.



Figures may not sum due to rounding.

Economic Impact in Hawaii 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.1
Lost Productivity:	$3.9
Total Costs:	**$4.9**

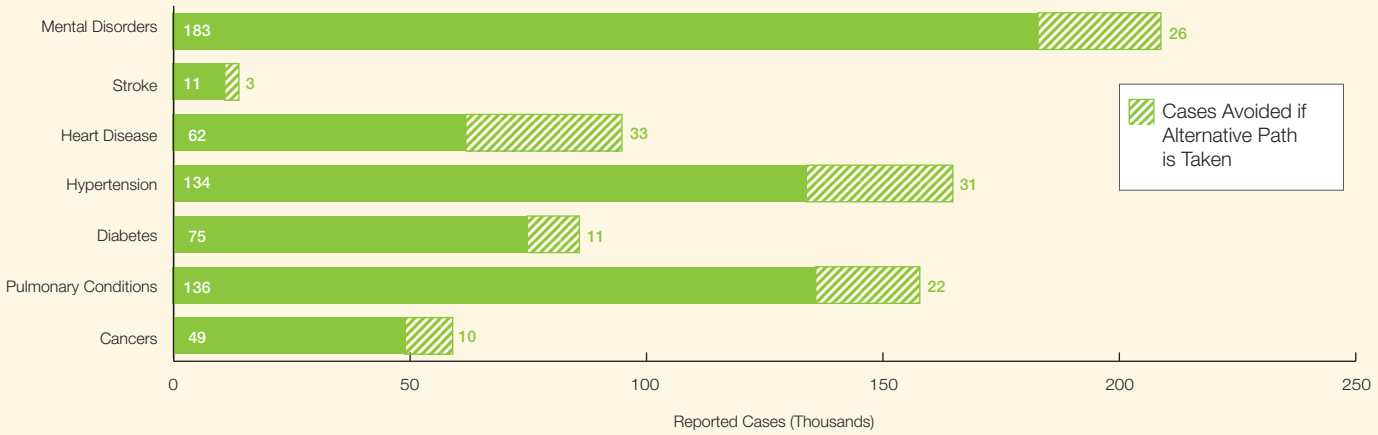
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Hawaii TOMORROW

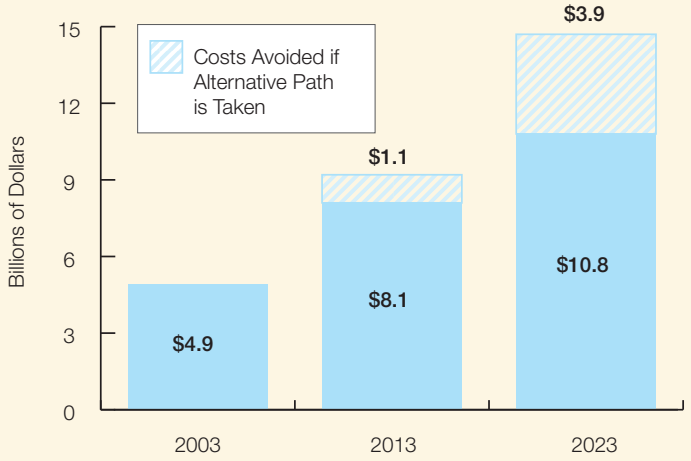
On our current path, Hawaii will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 136,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Hawaii sharply, by 26% ($3.9 billion) in 2023. $3.2 billion of this would come from gains in productivity, and $0.7 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$2.7	$12	$14.7
Alternative Path	$2.0	$8.8	$10.8
Costs Avoided	**$0.7 (26%)**	**$3.2 (27%)**	**$3.9 (26%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $27 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$156
GDP in 2050, Alternative Path:	$184
Potential Gain in GDP:	**$27 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on IDAHO

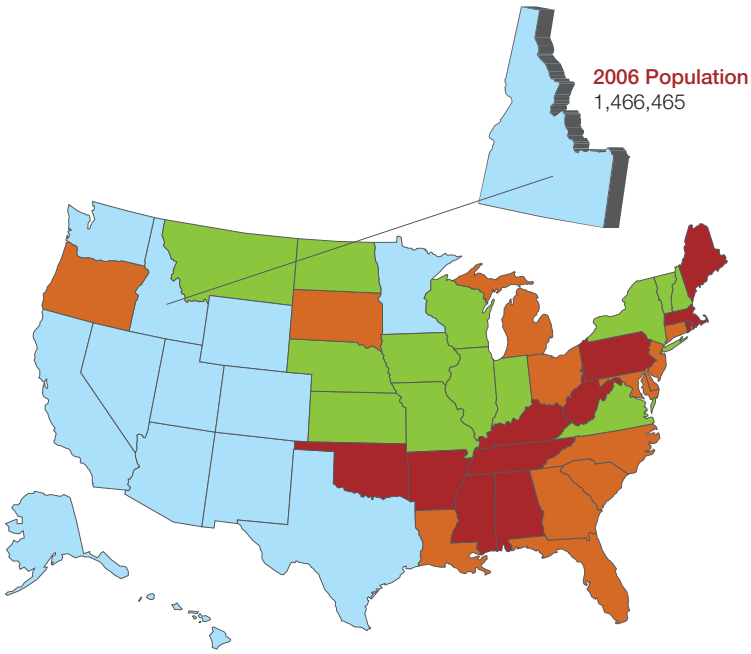
Current Toll on Idaho TODAY

Nearly 650,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Idaho in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Idaho, 2003 (and as % of population*)

Cancers:	46,000	(3.5%)
Diabetes:	53,000	(4.0%)
Heart Disease:	69,000	(5.2%)
Hypertension:	139,000	(10.4%)
Stroke:	10,000	(0.8%)
Mental Disorders:	136,000	(10.2%)
Pulmonary Conditions:	192,000	(14.4%)

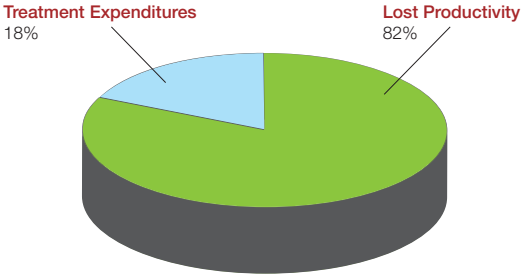
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Idaho of $4.3 billion in 2003.



Economic Impact in Idaho 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.9
Lost Productivity:	$4.3
Total Costs:	**$5.2**

Figures may not sum due to rounding.

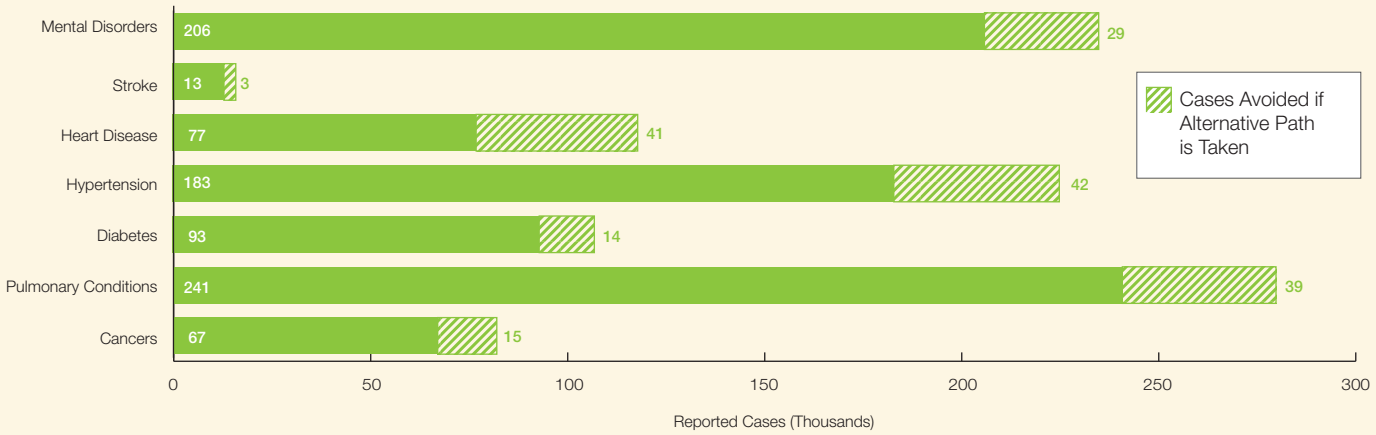
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Idaho TOMORROW

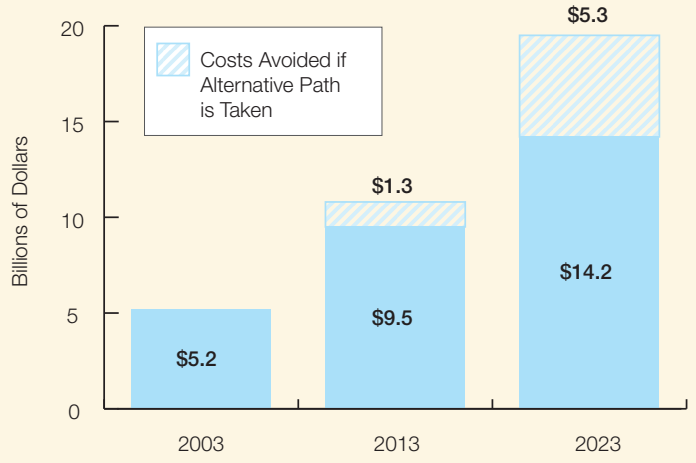
On our current path, Idaho will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 183,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Idaho sharply, by 27% ($5.3 billion) in 2023. $4.2 billion of this would come from gains in productivity, and $1.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$3.7	$15.8	$19.5
Alternative Path	$2.6	$11.5	$14.2
Costs Avoided	**$1.1 (29%)**	**$4.2 (27%)**	**$5.3 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $27 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$151
GDP in 2050, Alternative Path:	$177
Potential Gain in GDP:	**$27 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on ILLINOIS

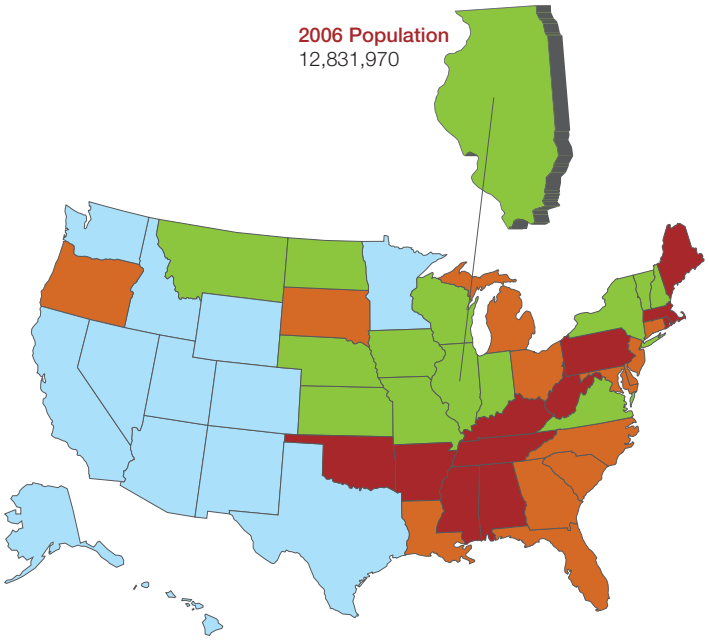
Current Toll on Illinois TODAY

Over 6.7 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Illinois in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Illinois, 2003 (and as % of population*)

Cancers:	445,000	(3.6%)
Diabetes:	540,000	(4.4%)
Heart Disease:	851,000	(6.9%)
Hypertension:	1,570,000	(12.7%)
Stroke:	113,000	(0.9%)
Mental Disorders:	1,143,000	(9.3%)
Pulmonary Conditions:	2,116,000	(17.2%)

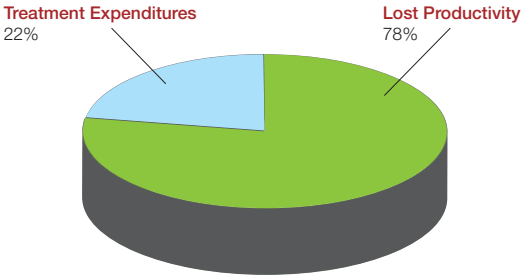
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $12.5 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Illinois of $43.6 billion in 2003.



Economic Impact in Illinois 2003 (Annual Costs in Billions)

Treatment Expenditures:	$12.5
Lost Productivity:	$43.6
Total Costs:	**$56.1**

Figures may not sum due to rounding.

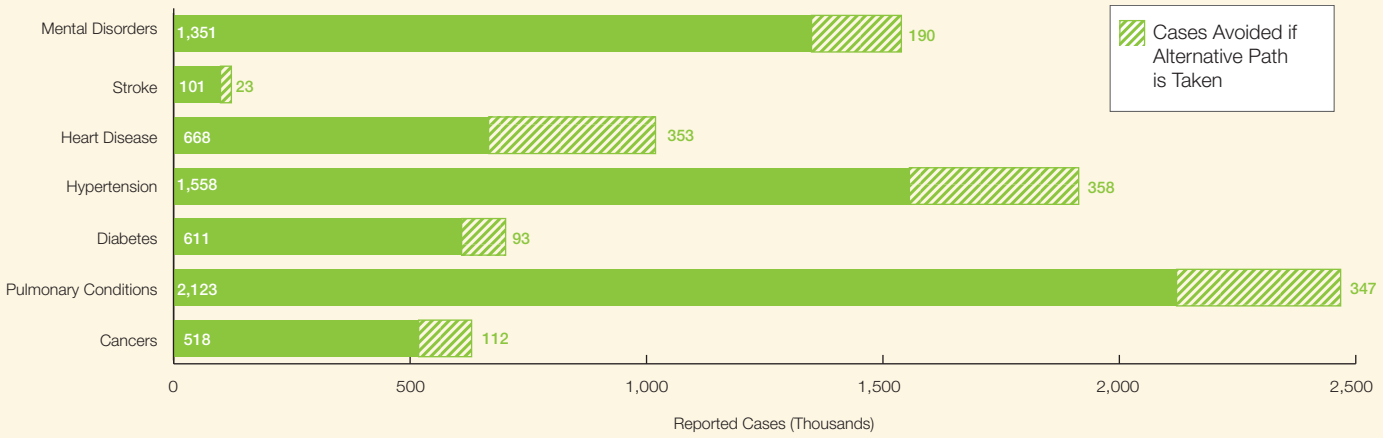
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Illinois TOMORROW

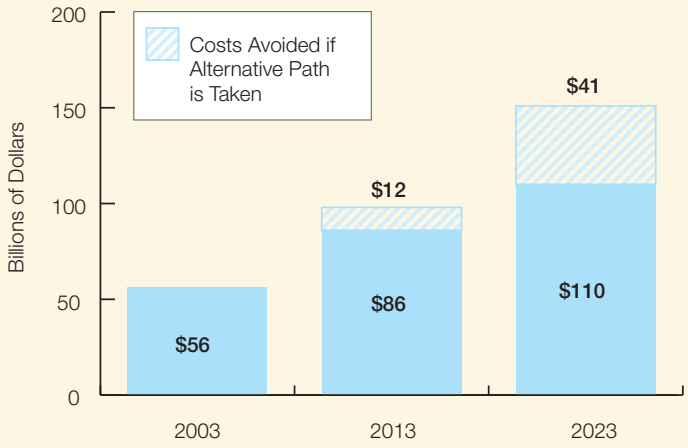
On our current path, Illinois will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid nearly 1.5 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Illinois sharply, by 27% ($41 billion) in 2023. $33 billion of this would come from gains in productivity, and $8 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$29	$122	$150
Alternative Path	$21	$89	$110
Costs Avoided	**$8 (27%)**	**$33 (27%)**	**$41 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $188 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$1,072
GDP in 2050, Alternative Path:	$1,261
Potential Gain in GDP:	**$188 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on INDIANA

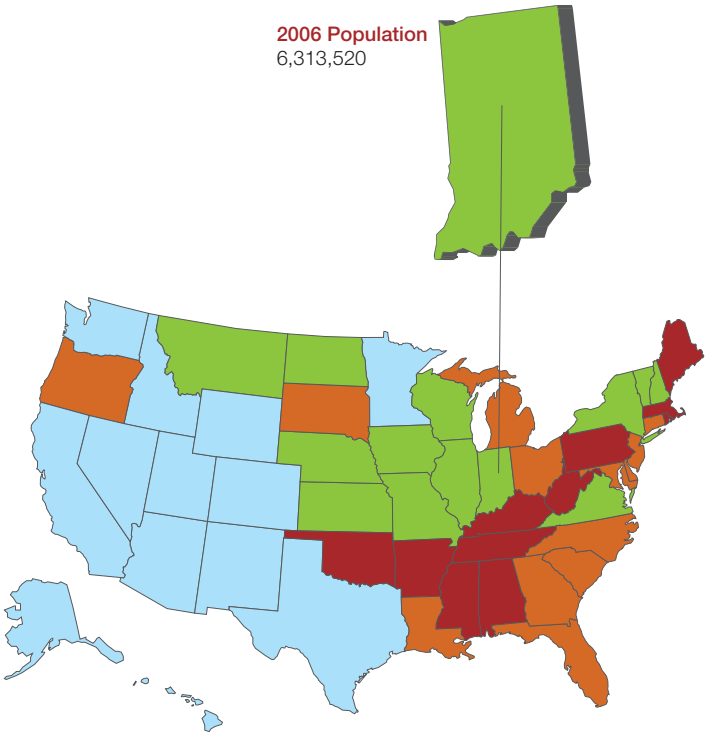
Current Toll on Indiana TODAY

Over 3.6 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Indiana in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Indiana, 2003 (and as % of population*)

Cancers:	208,000	(3.5%)
Diabetes:	283,000	(4.7%)
Heart Disease:	441,000	(7.3%)
Hypertension:	862,000	(14.3%)
Stroke:	59,000	(1.0%)
Mental Disorders:	624,000	(10.4%)
Pulmonary Conditions:	1,135,000	(18.9%)

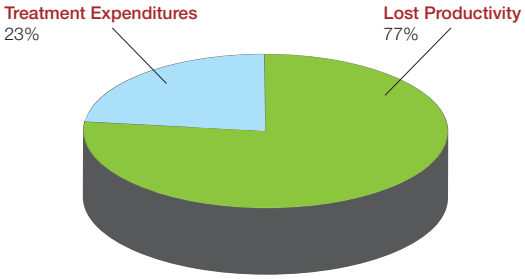
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $6.7 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Indiana of $22.7 billion in 2003.



Economic Impact in Indiana 2003 (Annual Costs in Billions)

Treatment Expenditures:	$6.7
Lost Productivity:	$22.7
Total Costs:	**$29.4**

Figures may not sum due to rounding.

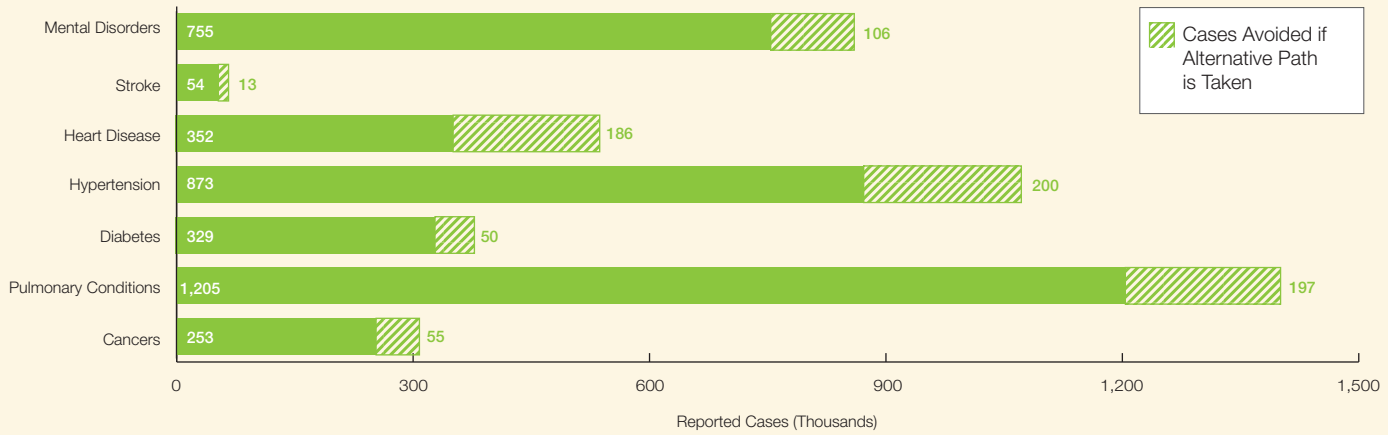
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Indiana TOMORROW

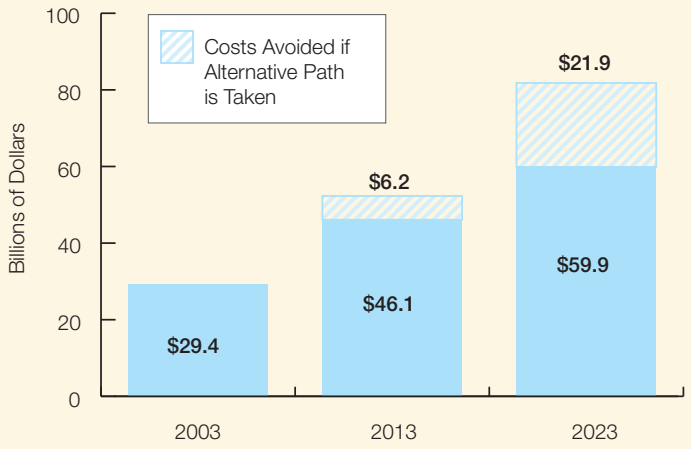
On our current path, Indiana will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 808,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Indiana sharply, by 27% ($21.9 billion) in 2023. $17.3 billion of this would come from gains in productivity, and $4.6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$16.7	$65.0	$81.7
Alternative Path	$12.1	$47.7	$59.9
Costs Avoided	**$4.6 (27%)**	**$17.3 (27%)**	**$21.9 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $82 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$469
GDP in 2050, Alternative Path:	$552
Potential Gain in GDP:	**$82 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on IOWA

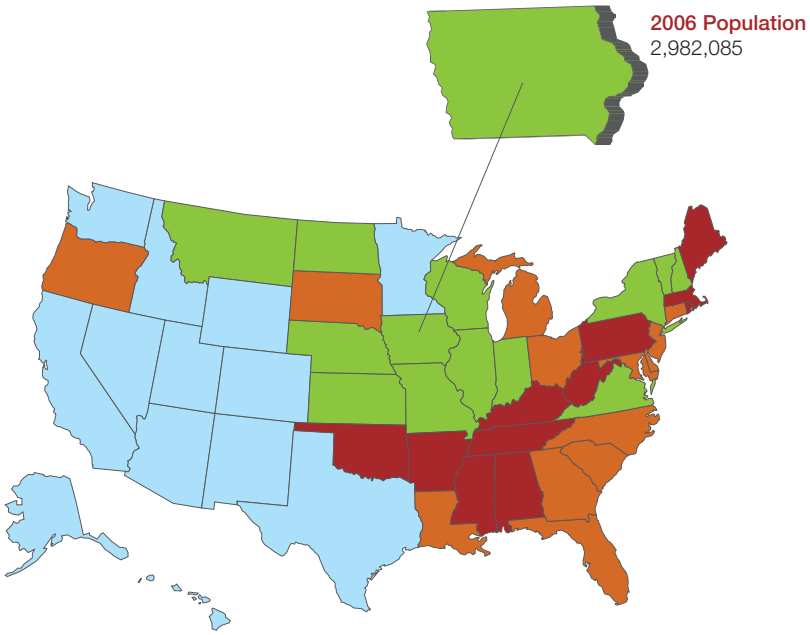
Current Toll on Iowa TODAY

Nearly 1.6 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Iowa in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Iowa, 2003 (and as % of population*)

Cancers:	101,000	(3.6%)
Diabetes:	115,000	(4.0%)
Heart Disease:	224,000	(7.9%)
Hypertension:	380,000	(13.4%)
Stroke:	34,000	(1.2%)
Mental Disorders:	319,000	(11.2%)
Pulmonary Conditions:	412,000	(14.5%)

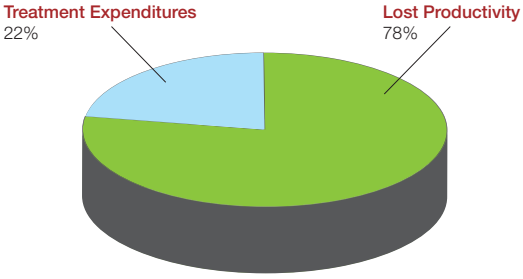
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $2.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Iowa of $10.5 billion in 2003.



Economic Impact in Iowa 2003 (Annual Costs in Billions)

Treatment Expenditures:	$2.9
Lost Productivity:	$10.5
Total Costs:	**$13.4**

Figures may not sum due to rounding.

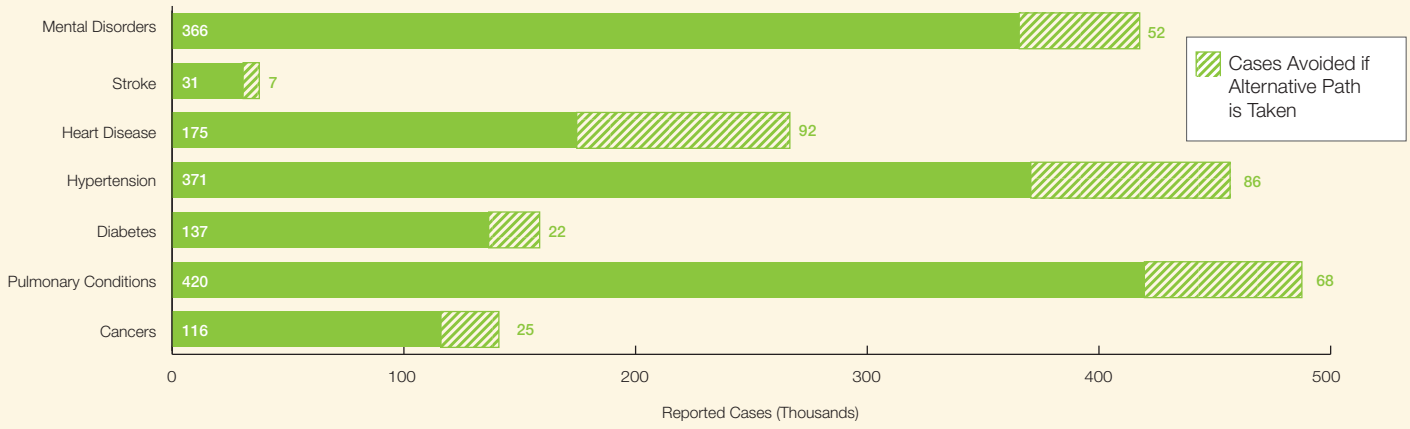
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Iowa TOMORROW

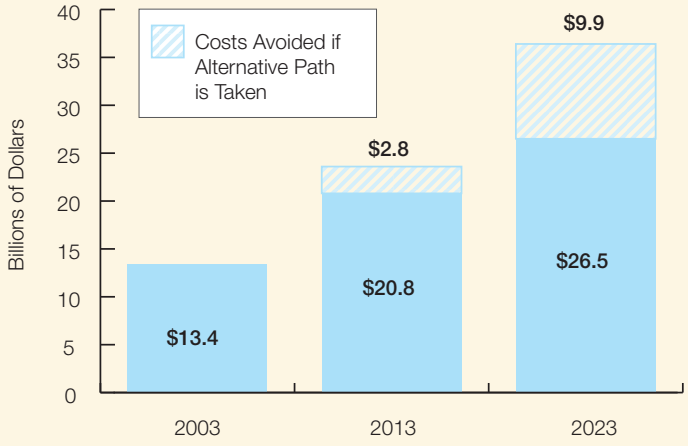
On our current path, Iowa will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 351,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Iowa sharply, by 27% ($9.9 billion) in 2023. $7.8 billion of this would come from gains in productivity, and $2.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$7.4	$29.0	$36.4
Alternative Path	$5.3	$21.2	$26.5
Costs Avoided	**$2.1 (28%)**	**$7.8 (27%)**	**$9.9 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $35 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$200
GDP in 2050, Alternative Path:	$236
Potential Gain in GDP:	**$35 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on KANSAS

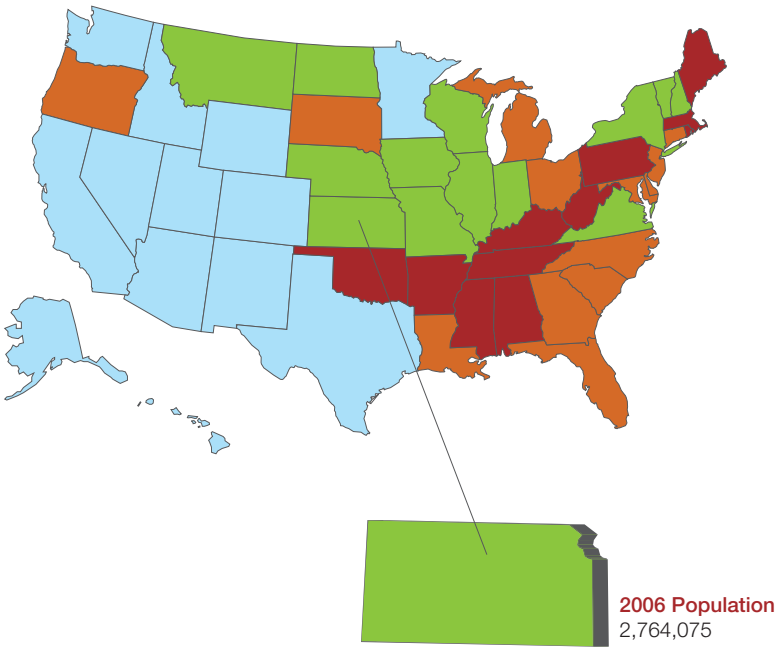
Current Toll on Kansas TODAY

Almost 1.5 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Kansas in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Kansas, 2003 (and as % of population*)

Cancers:	87,000	(3.3%)
Diabetes:	96,000	(3.6%)
Heart Disease:	185,000	(7.0%)
Hypertension:	327,000	(12.4%)
Stroke:	29,000	(1.1%)
Mental Disorders:	308,000	(11.7%)
Pulmonary Conditions:	462,000	(17.5%)

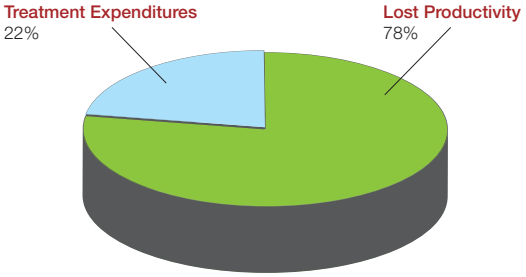
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $2.6 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Kansas of $9.3 billion in 2003.



Economic Impact in Kansas 2003 (Annual Costs in Billions)

Treatment Expenditures:	$2.6
Lost Productivity:	$9.3
Total Costs:	**$12.0**

Figures may not sum due to rounding.

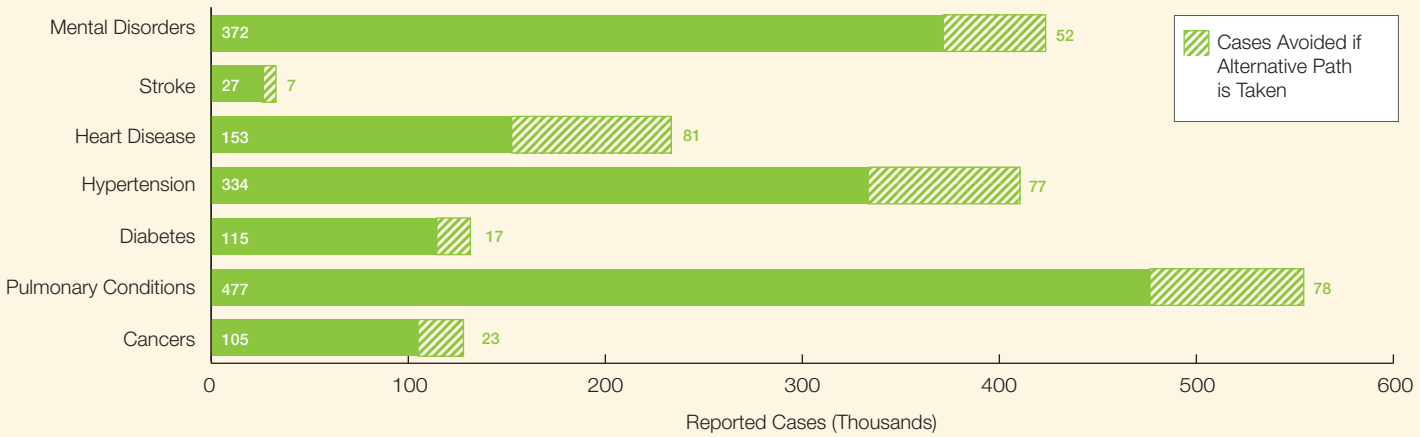
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Kansas TOMORROW

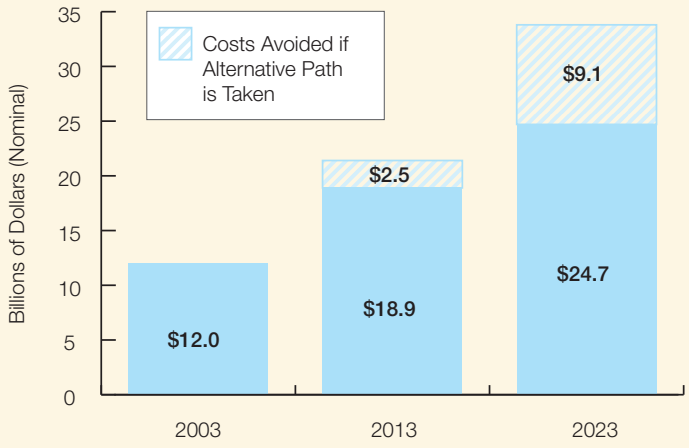
On our current path, Kansas will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 335,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Kansas sharply, by 27% ($9.1 billion) in 2023. $7.2 billion of this would come from gains in productivity, and $1.9 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$6.8	$26.9	$33.8
Alternative Path	$4.9	$19.8	$24.7
Costs Avoided	**$1.9 (28%)**	**$7.2 (27%)**	**$9.1 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $39 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$224
GDP in 2050, Alternative Path:	$263
Potential Gain in GDP:	**$39 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on KENTUCKY

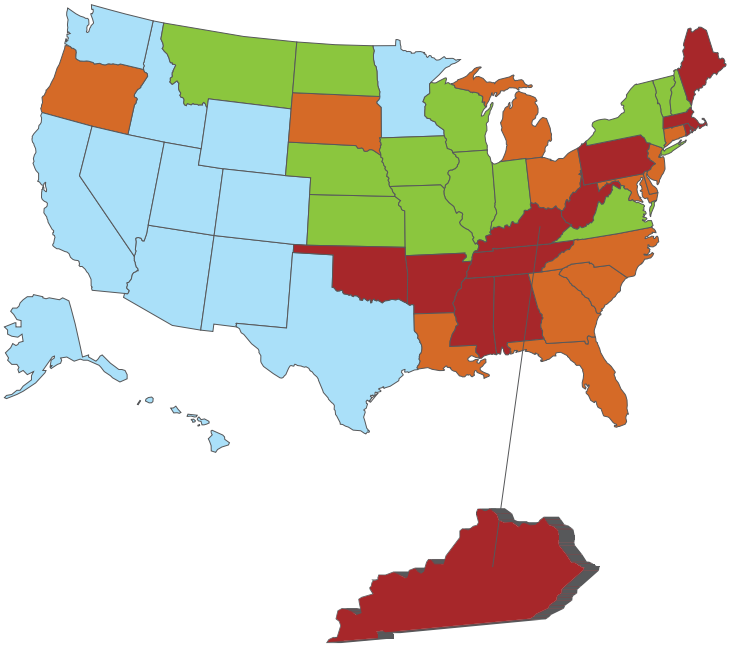
Current Toll on Kentucky TODAY

Over 2.7 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Kentucky in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Kentucky, 2003 (and as % of population*)

Cancers:	173,000	(4.3%)
Diabetes:	219,000	(5.5%)
Heart Disease:	325,000	(8.1%)
Hypertension:	607,000	(15.2%)
Stroke:	37,000	(0.9%)
Mental Disorders:	378,000	(9.4%)
Pulmonary Conditions:	1,020,000	(25.5%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

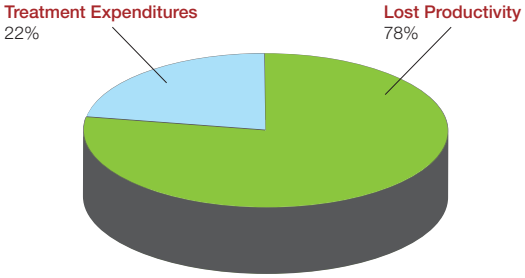


2006 Population
4,206,074

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $4.7 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Kentucky of $16.9 billion in 2003.



Economic Impact in Kentucky 2003 (Annual Costs in Billions)

Treatment Expenditures:	$4.7
Lost Productivity:	$16.9
Total Costs:	**$21.6**

Figures may not sum due to rounding.

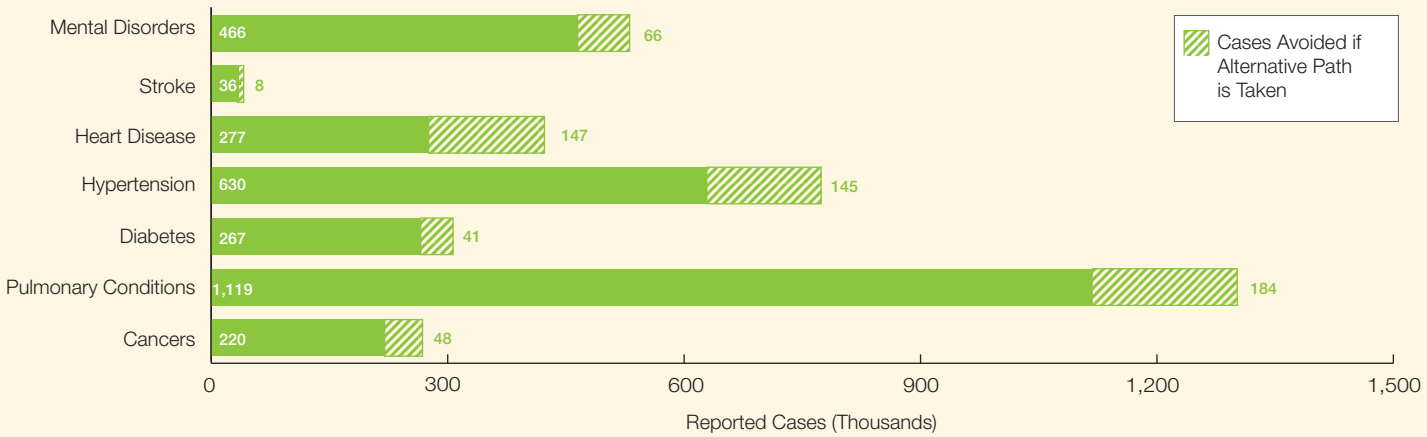
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Kentucky TOMORROW

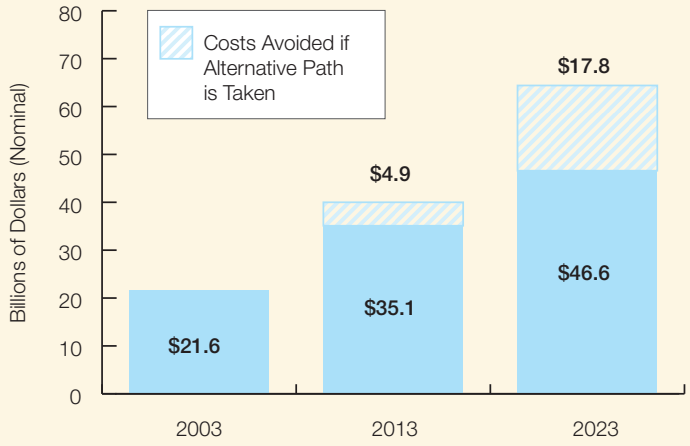
On our current path, Kentucky will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 638,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Kentucky sharply, by 28% ($17.8 billion) in 2023. $13.8 billion of this would come from gains in productivity, and $4.0 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$13.9	$50.5	$64.4
Alternative Path	$9.9	$36.7	$46.6
Costs Avoided	**$4.0 (29%)**	**$13.8 (27%)**	**$17.8 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $53 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$301
GDP in 2050, Alternative Path:	$353
Potential Gain in GDP:	**$53 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on LOUISIANA

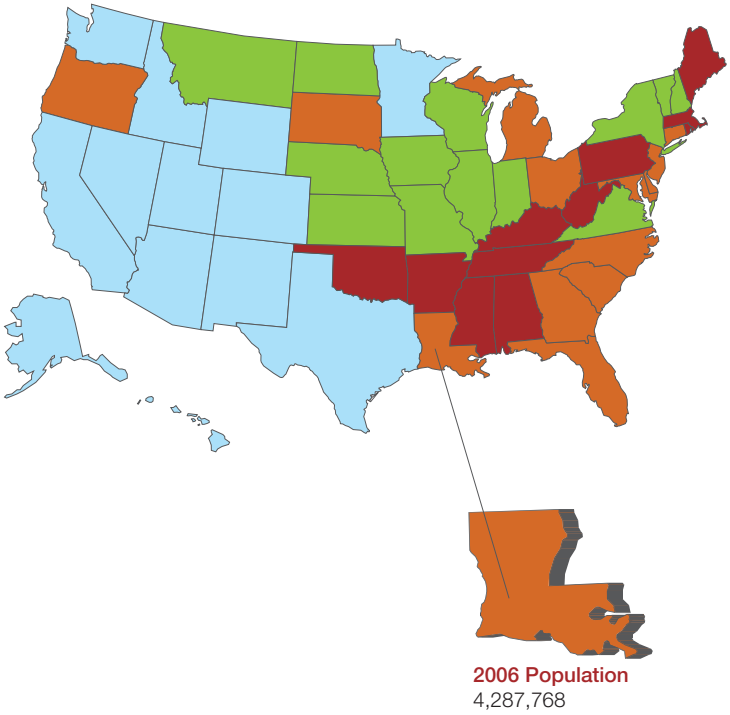
Current Toll on Louisiana TODAY

Over 2.5 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Louisiana in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Louisiana, 2003 (and as % of population*)

Cancers:	183,000	(4.2%)
Diabetes:	239,000	(5.5%)
Heart Disease:	332,000	(7.6%)
Hypertension:	644,000	(14.8%)
Stroke:	39,000	(0.9%)
Mental Disorders:	445,000	(10.2%)
Pulmonary Conditions:	704,000	(16.1%)

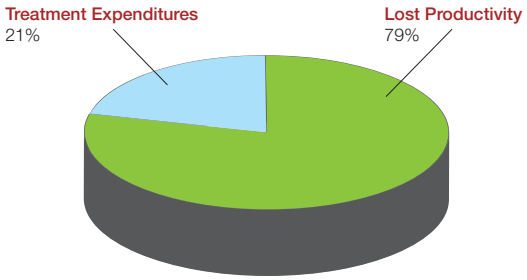
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $4.5 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Louisiana of $17.4 billion in 2003.



Economic Impact in Louisiana 2003 (Annual Costs in Billions)

Treatment Expenditures:	$4.5
Lost Productivity:	$17.4
Total Costs:	**$22.0**

Figures may not sum due to rounding.

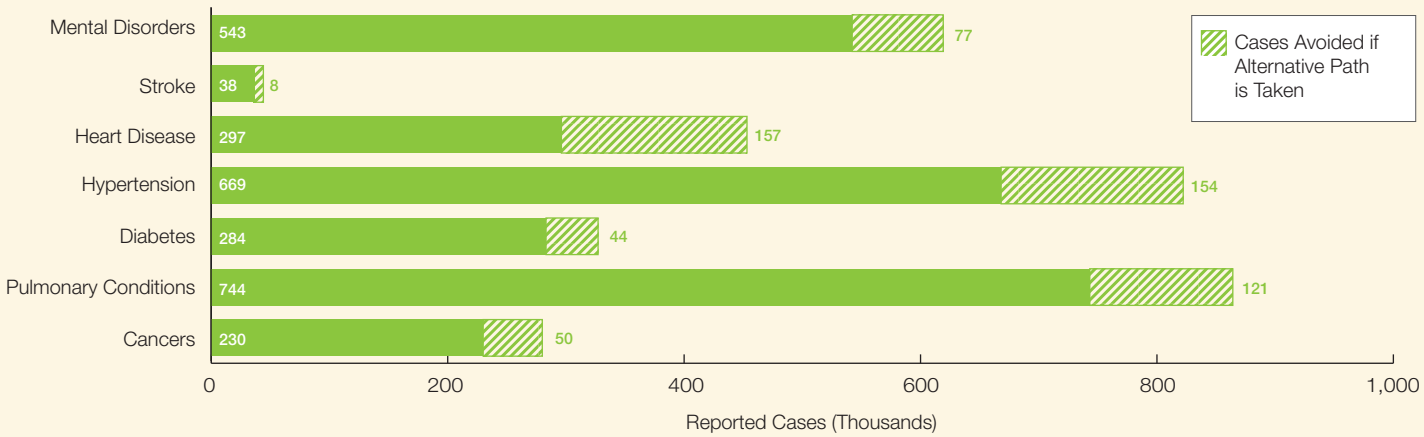
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Louisiana TOMORROW

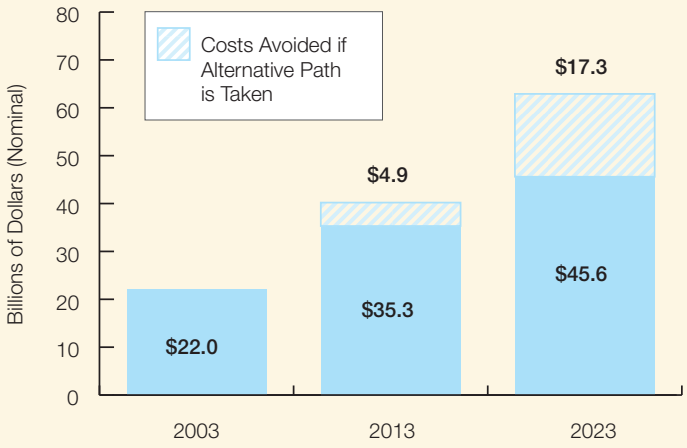
On our current path, Louisiana will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 612,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Louisiana sharply, by 28% ($17.3 billion) in 2023. $14.3 billion of this would come from gains in productivity, and $3.0 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$11.0	$52.0	$63.0
Alternative Path	$8.0	$37.7	$45.6
Costs Avoided	**$3.0 (27%)**	**$14.3 (28%)**	**$17.3 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $62 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$356
GDP in 2050, Alternative Path:	$418
Potential Gain in GDP:	**$62 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MAINE

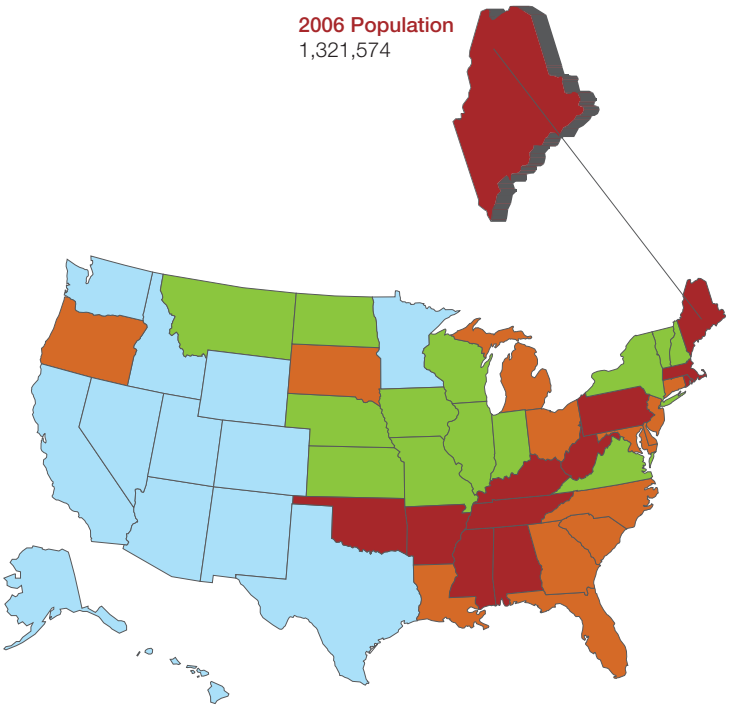
Current Toll on Maine TODAY

Over 844,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Maine in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Maine, 2003 (and as % of population*)

Cancers:	53,000	(4.2%)
Diabetes:	69,000	(5.4%)
Heart Disease:	83,000	(6.5%)
Hypertension:	175,000	(13.8%)
Stroke:	13,000	(1.0%)
Mental Disorders:	177,000	(13.9%)
Pulmonary Conditions:	274,000	(21.6%)

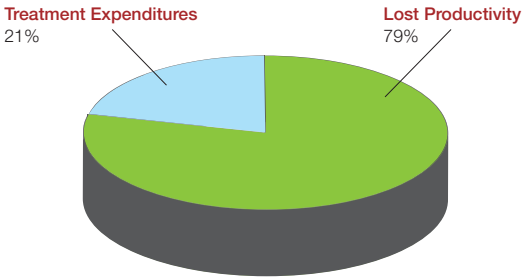
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.4 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Maine of $5.3 billion in 2003.



Economic Impact in Maine 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.4
Lost Productivity:	$5.3
Total Costs:	**$6.7**

Figures may not sum due to rounding.

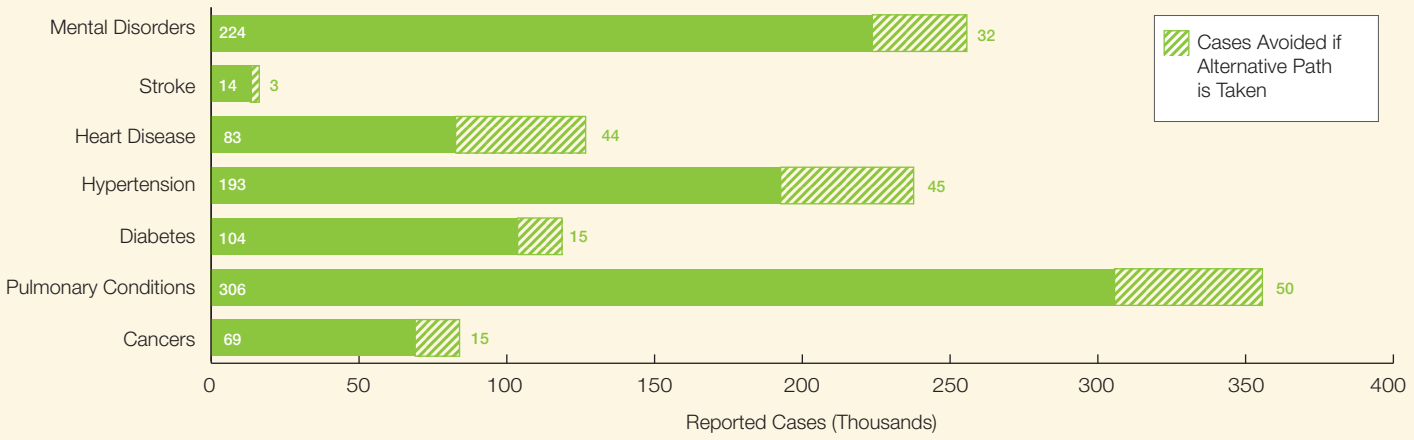
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Maine TOMORROW

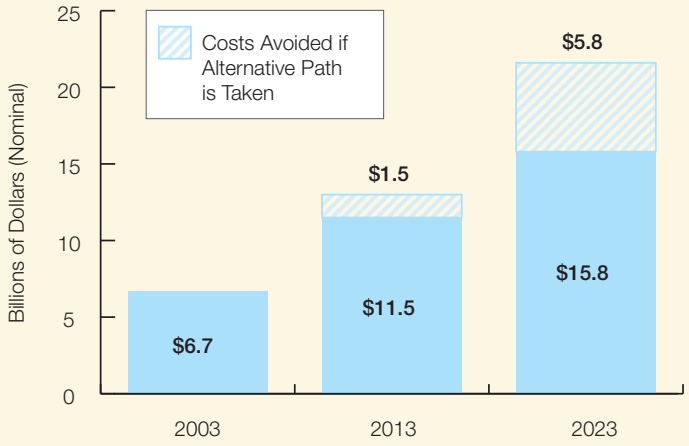
On our current path, Maine will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 204,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Maine sharply, by 27% ($5.8 billion) in 2023. $4.5 billion of this would come from gains in productivity, and $1.3 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$4.6	$17.0	$21.6
Alternative Path	$3.3	$12.5	$15.8
Costs Avoided	**$1.3 (28%)**	**$4.5 (26%)**	**$5.8 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $19 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$111
GDP in 2050, Alternative Path:	$130
Potential Gain in GDP:	**$19 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MARYLAND

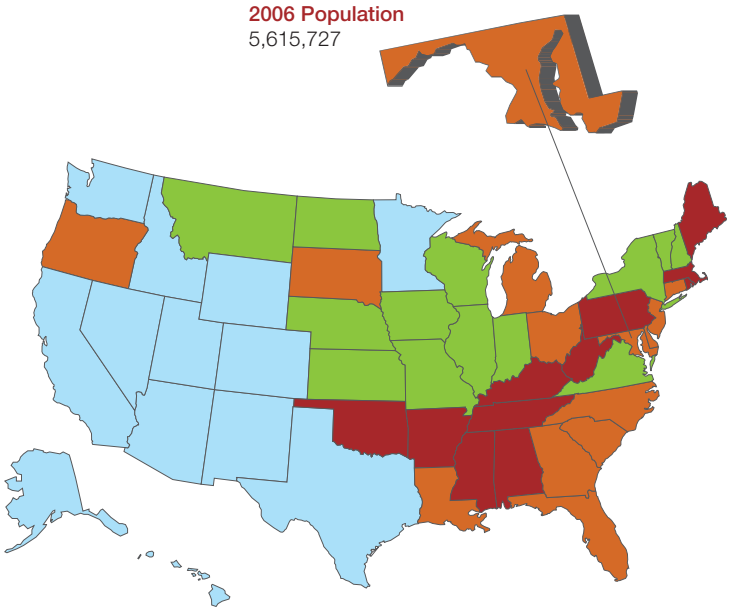
Current Toll on Maryland TODAY

Over 3.2 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Maryland in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Maryland, 2003 (and as % of population*)

Cancers:	227,000	(4.2%)
Diabetes:	242,000	(4.5%)
Heart Disease:	350,000	(6.5%)
Hypertension:	682,000	(12.7%)
Stroke:	42,000	(0.8%)
Mental Disorders:	582,000	(10.8%)
Pulmonary Conditions:	1,088,000	(20.3%)

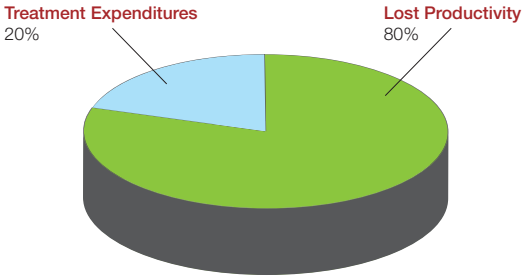
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $5.2 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Maryland of $20.5 billion in 2003.



Economic Impact in Maryland 2003 (Annual Costs in Billions)

Treatment Expenditures:	$5.2
Lost Productivity:	$20.5
Total Costs:	**$25.7**

Figures may not sum due to rounding.

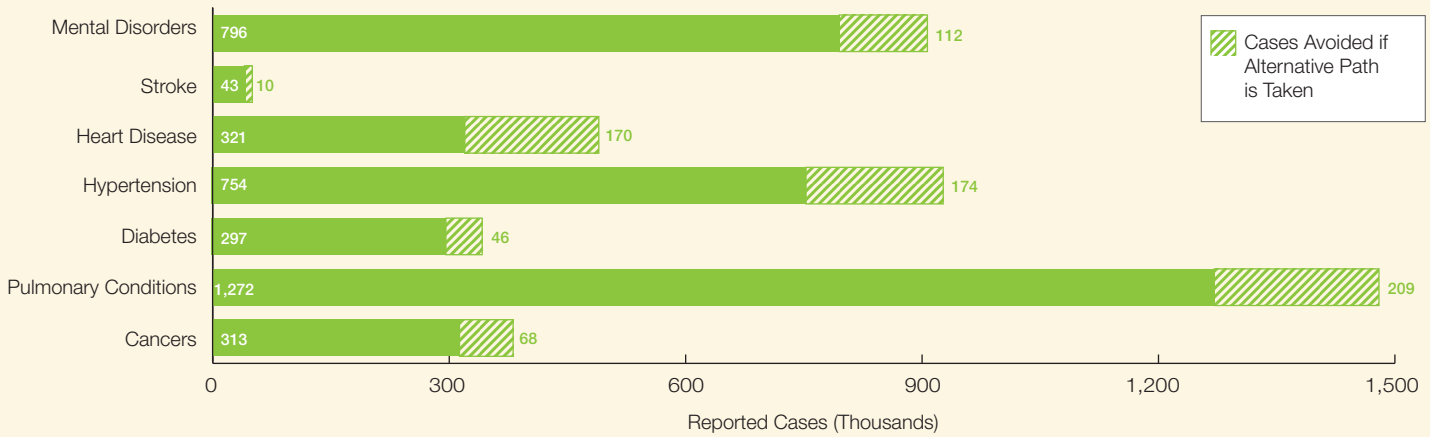
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Maryland TOMORROW

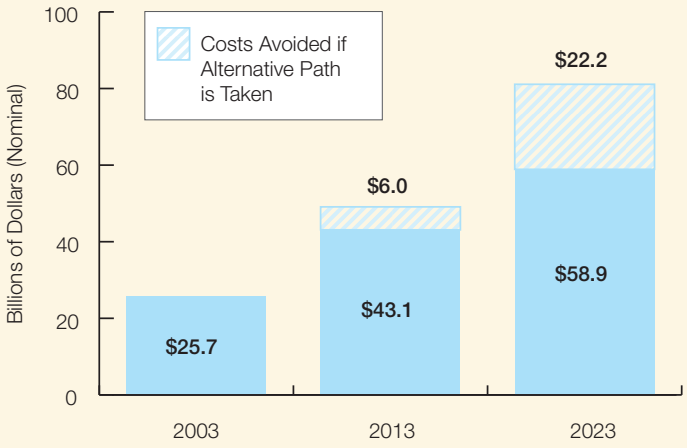
On our current path, Maryland will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 787,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Maryland sharply, by 27% ($22.2 billion) in 2023. $18.1 billion of this would come from gains in productivity, and $4.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$14.9	$66.2	$81.1
Alternative Path	$10.8	$48.1	$58.9
Costs Avoided	**$4.1 (27%)**	**$18.1 (27%)**	**$22.2 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $112 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$637
GDP in 2050, Alternative Path:	$749
Potential Gain in GDP:	**$112 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MASSACHUSETTS

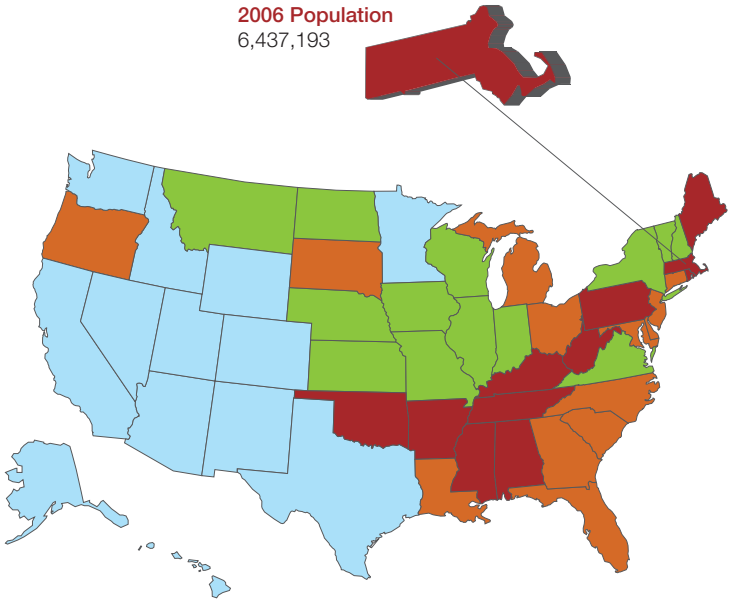
Current Toll on Massachusetts TODAY

Nearly 4.2 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Massachusetts in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Massachusetts, 2003 (and as % of population*)

Cancers:	257,000	(4.1%)
Diabetes:	285,000	(4.6%)
Heart Disease:	391,000	(6.3%)
Hypertension:	762,000	(12.3%)
Stroke:	56,000	(0.9%)
Mental Disorders:	1,089,000	(17.5%)
Pulmonary Conditions:	1,342,000	(21.6%)

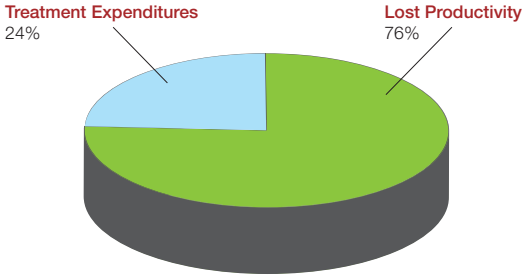
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $8.1 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Massachusetts of $25.9 billion in 2003.



Economic Impact in Massachusetts 2003 (Annual Costs in Billions)

Treatment Expenditures:	$8.1
Lost Productivity:	$25.9
Total Costs:	**$34.0**

Figures may not sum due to rounding.

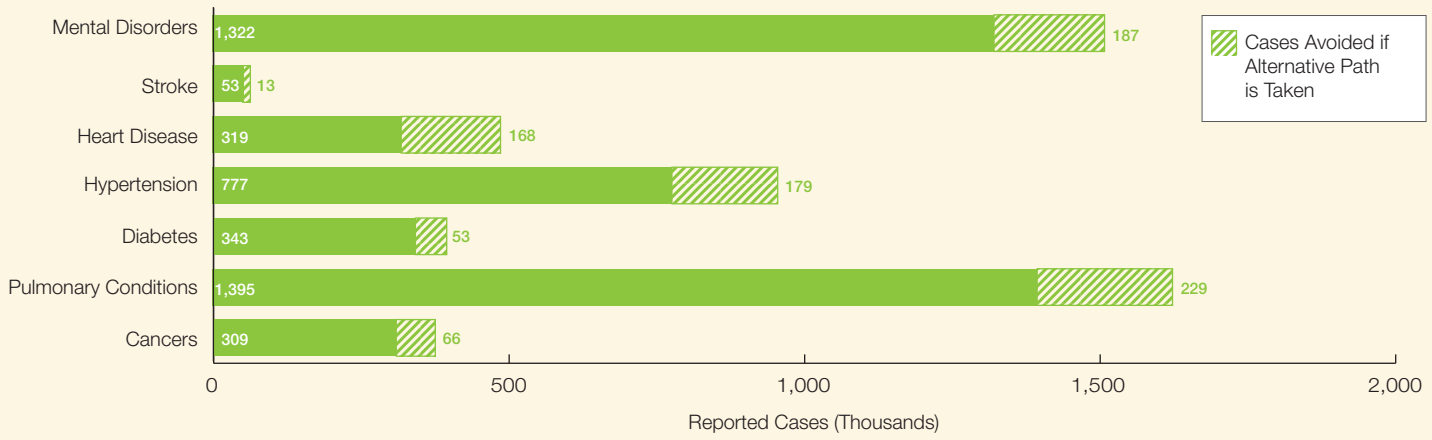
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Massachusetts TOMORROW

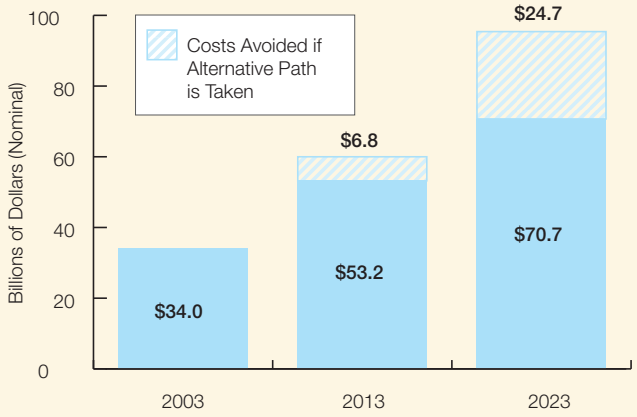
On our current path, Massachusetts will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 893,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Massachusetts sharply, by 26% ($24.7 billion) in 2023. $19.5 billion of this would come from gains in productivity, and $5.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$20.1	$75.3	$95.4
Alternative Path	$15.0	$55.8	$70.7
Costs Avoided	**$5.1 (26%)**	**$19.5 (26%)**	**$24.7 (26%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $109 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$619
GDP in 2050, Alternative Path:	$728
Potential Gain in GDP:	**$109 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MICHIGAN

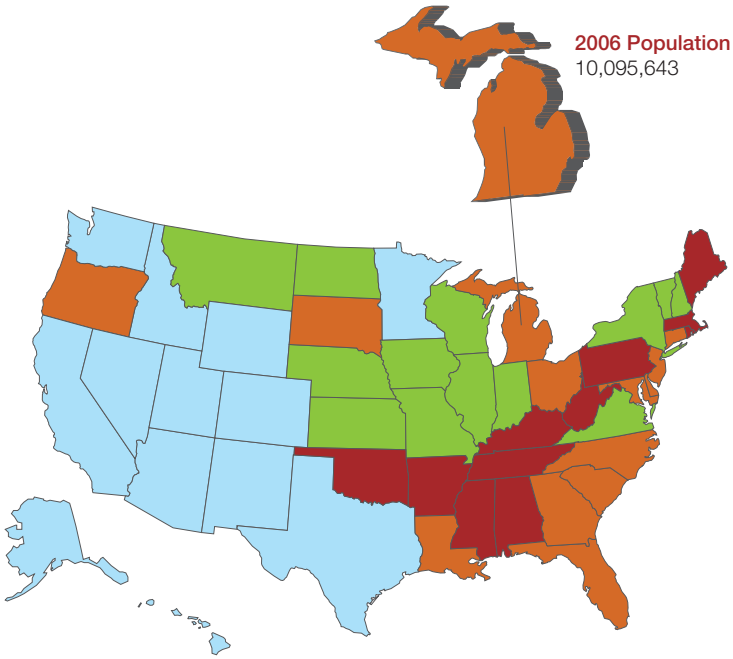
Current Toll on Michigan TODAY

Nearly 6.2 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Michigan in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Michigan, 2003 (and as % of population*)

Cancers:	359,000	(3.7%)
Diabetes:	465,000	(4.7%)
Heart Disease:	742,000	(7.6%)
Hypertension:	1,391,000	(14.2%)
Stroke:	90,000	(0.9%)
Mental Disorders:	998,000	(10.2%)
Pulmonary Conditions:	2,119,000	(21.6%)

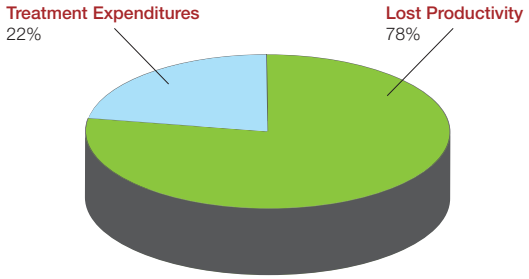
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $10.6 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Michigan of $37.9 billion in 2003.



Economic Impact in Michigan 2003 (Annual Costs in Billions)

Treatment Expenditures:	$10.6
Lost Productivity:	$37.9
Total Costs:	**$48.4**

Figures may not sum due to rounding.

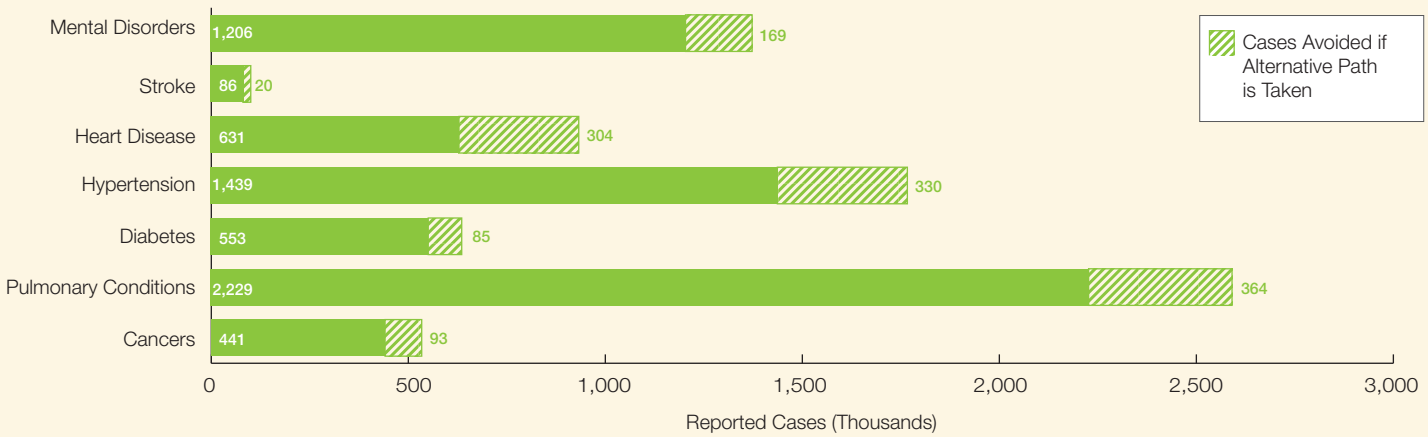
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Michigan TOMORROW

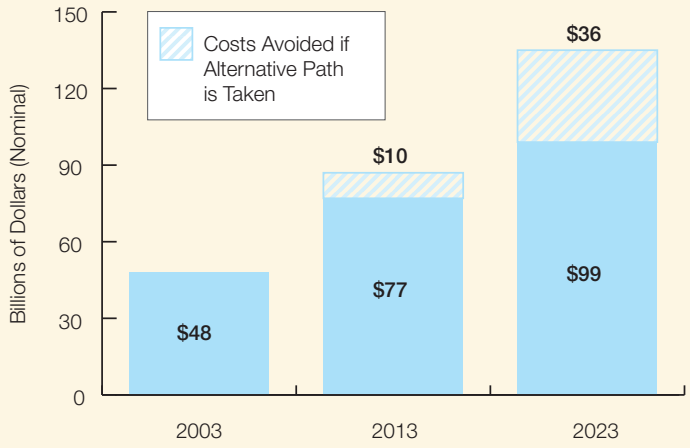
On our current path, Michigan will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 1.4 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Michigan sharply, by 27% ($36 billion) in 2023. $30 billion of this would come from gains in productivity, and $7 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$25	$111	$135
Alternative Path	$18	$81	$99
Costs Avoided	**$7 (27%)**	**$30 (27%)**	**$36 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $146 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$828
GDP in 2050, Alternative Path:	$973
Potential Gain in GDP:	**$146 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MINNESOTA

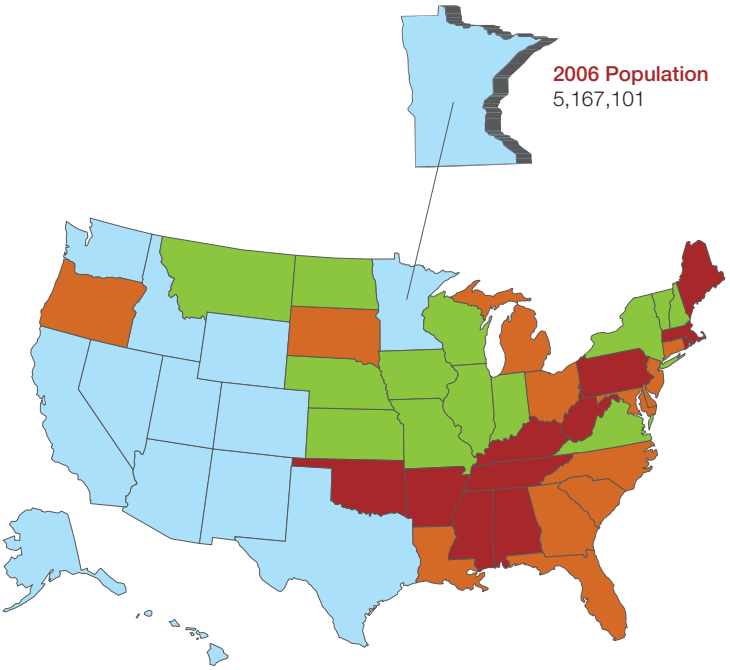
Current Toll on Minnesota TODAY

Over 2.7 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Minnesota in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Minnesota, 2003 (and as % of population*)

Cancers:	175,000	(3.6%)
Diabetes:	163,000	(3.3%)
Heart Disease:	232,000	(4.7%)
Hypertension:	579,000	(11.8%)
Stroke:	42,000	(0.9%)
Mental Disorders:	750,000	(15.2%)
Pulmonary Conditions:	778,000	(15.8%)

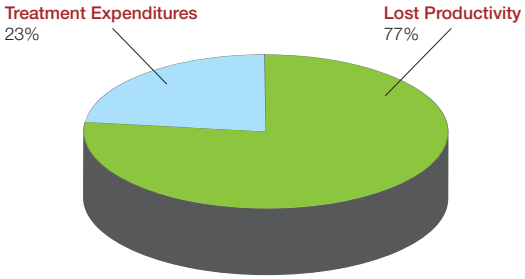
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $5.3 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Minnesota of $17.5 billion in 2003.



Economic Impact in Minnesota 2003 (Annual Costs in Billions)

Treatment Expenditures:	$5.3
Lost Productivity:	$17.5
Total Costs:	**$22.8**

Figures may not sum due to rounding.

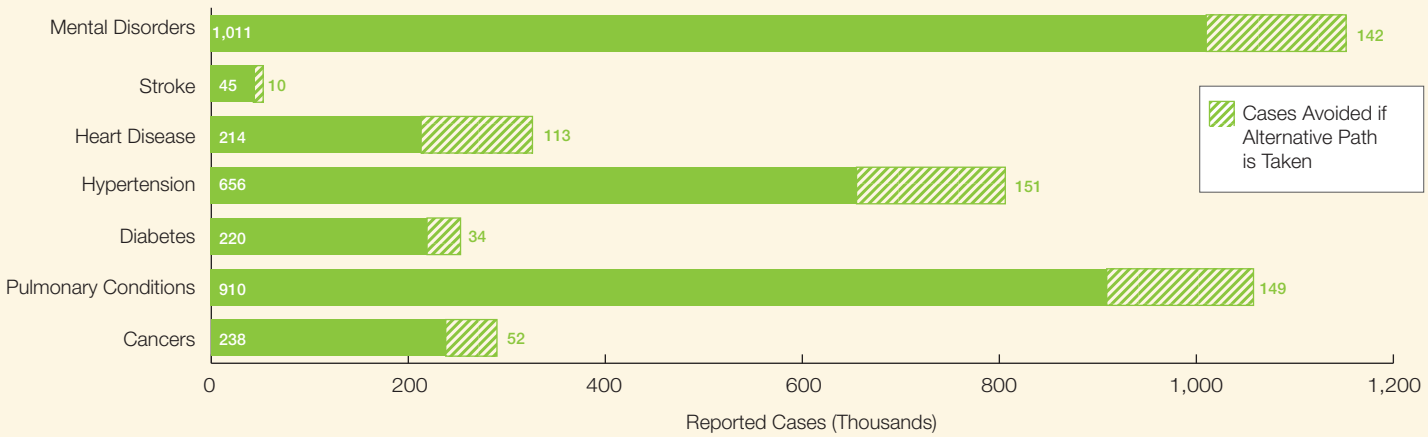
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Minnesota TOMORROW

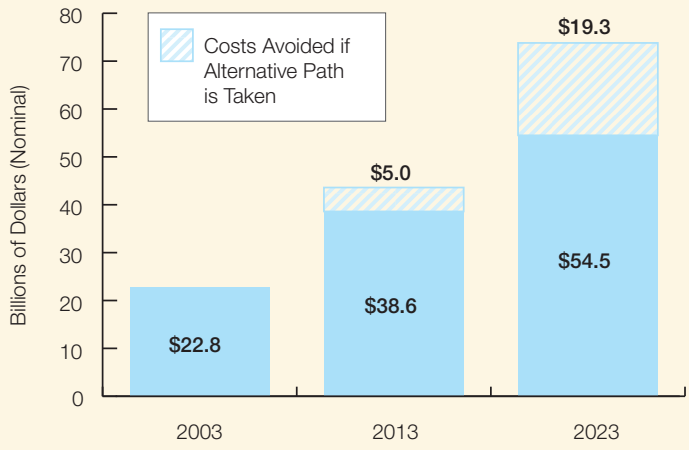
On our current path, Minnesota will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 651,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Minnesota sharply, by 26% ($19.3 billion) in 2023. $14.8 billion of this would come from gains in productivity, and $4.6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$16.8	$57.0	$73.8
Alternative Path	$12.2	$42.2	$54.5
Costs Avoided	**$4.6 (27%)**	**$14.8 (26%)**	**$19.3 (26%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $101 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$575
GDP in 2050, Alternative Path:	$676
Potential Gain in GDP:	**$101 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MISSISSIPPI

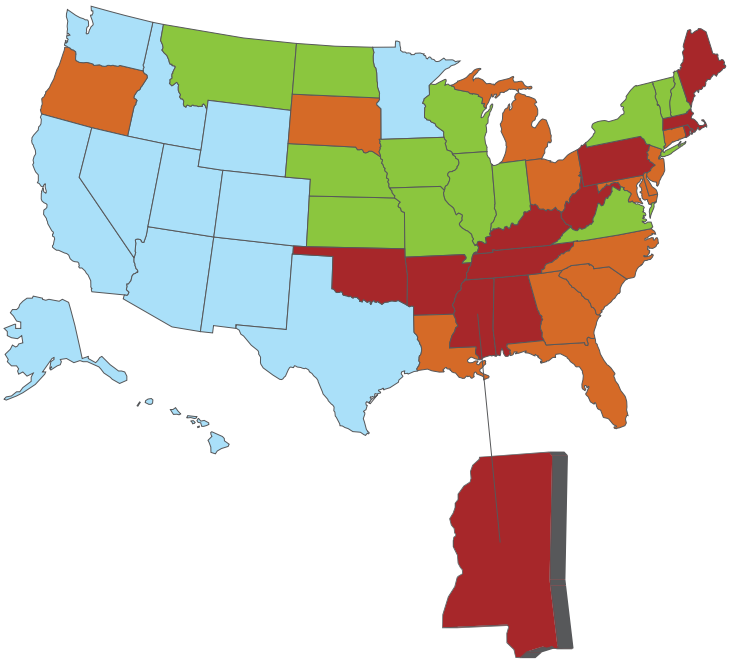
Current Toll on Mississippi TODAY

Over 1.8 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Mississippi in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Mississippi, 2003 (and as % of population*)

Cancers:	127,000	(4.6%)
Diabetes:	199,000	(7.1%)
Heart Disease:	250,000	(9.0%)
Hypertension:	476,000	(17.1%)
Stroke:	27,000	(1.0%)
Mental Disorders:	240,000	(8.6%)
Pulmonary Conditions:	503,000	(18.1%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

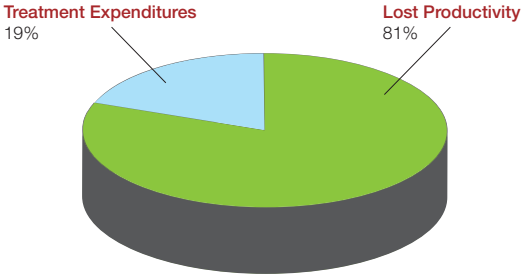


2006 Population
2,910,540

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $2.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Mississippi of $12.3 billion in 2003.



Economic Impact in Mississippi 2003 (Annual Costs in Billions)

Treatment Expenditures:	$2.9
Lost Productivity:	$12.3
Total Costs:	**$15.2**

Figures may not sum due to rounding.

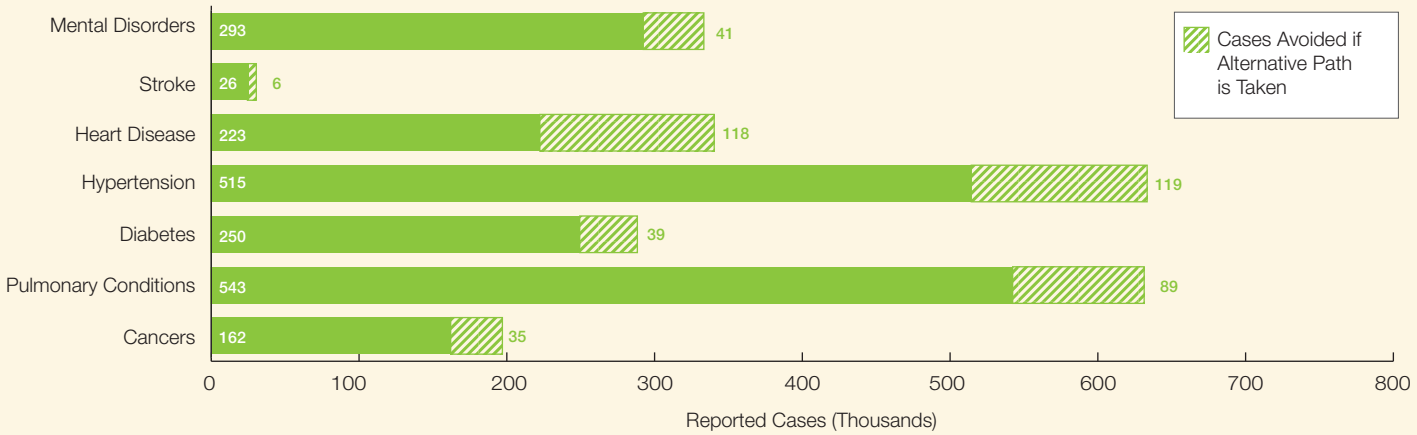
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Mississippi TOMORROW

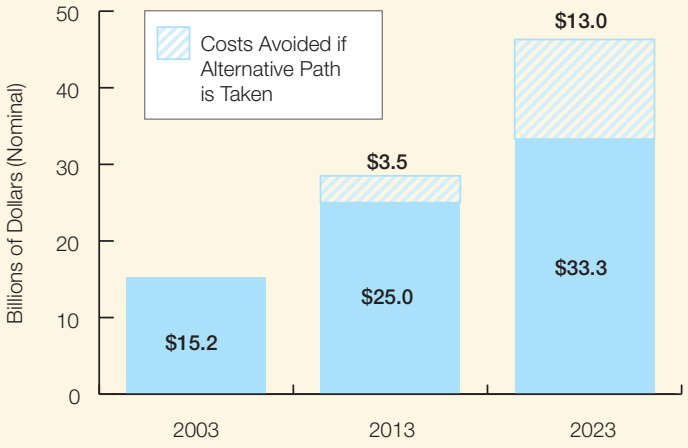
On our current path, Mississippi will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 446,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Mississippi sharply, by 28% ($13.0 billion) in 2023. $10.4 billion of this would come from gains in productivity, and $2.6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$8.7	$37.5	$46.3
Alternative Path	$6.1	$27.1	$33.3
Costs Avoided	**$2.6 (30%)**	**$10.4 (28%)**	**$13.0 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $29 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$167
GDP in 2050, Alternative Path:	$197
Potential Gain in GDP:	**$29 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MISSOURI

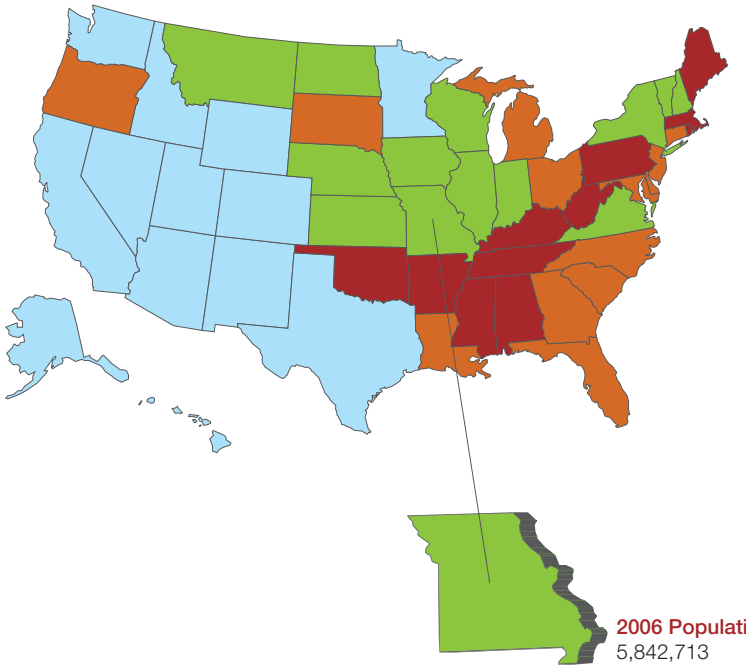
Current Toll on Missouri TODAY

Nearly 3.4 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Missouri in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Missouri, 2003 (and as % of population*)

Cancers:	186,000	(3.4%)
Diabetes:	231,000	(4.2%)
Heart Disease:	468,000	(8.5%)
Hypertension:	810,000	(14.6%)
Stroke:	59,000	(1.1%)
Mental Disorders:	597,000	(10.8%)
Pulmonary Conditions:	1,034,000	(18.7%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

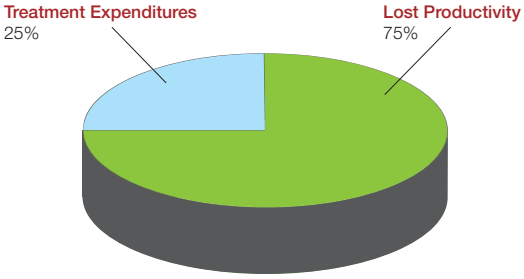


2006 Population
5,842,713

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $7.1 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Missouri of $21.1 billion in 2003.



Economic Impact in Missouri 2003 (Annual Costs in Billions)

Treatment Expenditures:	$7.1
Lost Productivity:	$21.1
Total Costs:	**$28.2**

Figures may not sum due to rounding.

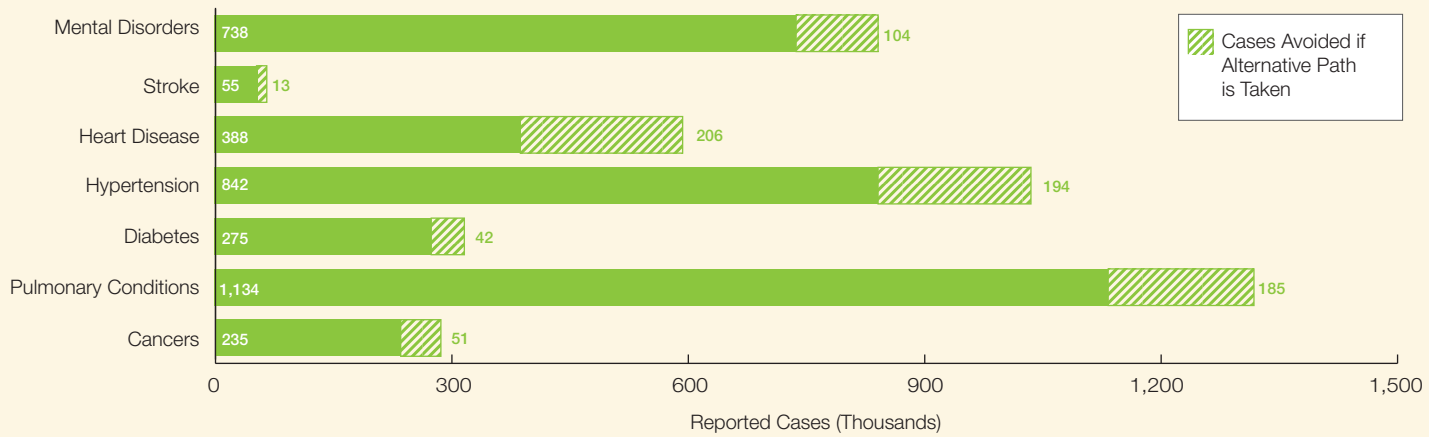
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Missouri TOMORROW

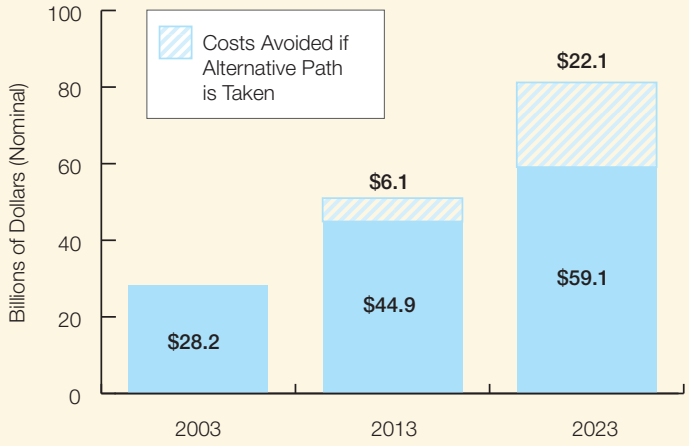
On our current path, Missouri will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 794,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Missouri sharply, by 27% ($22.1 billion) in 2023. $16.7 billion of this would come from gains in productivity, and $5.5 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$19.0	$62.2	$81.2
Alternative Path	$13.5	$45.6	$59.1
Costs Avoided	**$5.5 (29%)**	**$16.7 (27%)**	**$22.1 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $85 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$486
GDP in 2050, Alternative Path:	$571
Potential Gain in GDP:	**$85 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on MONTANA

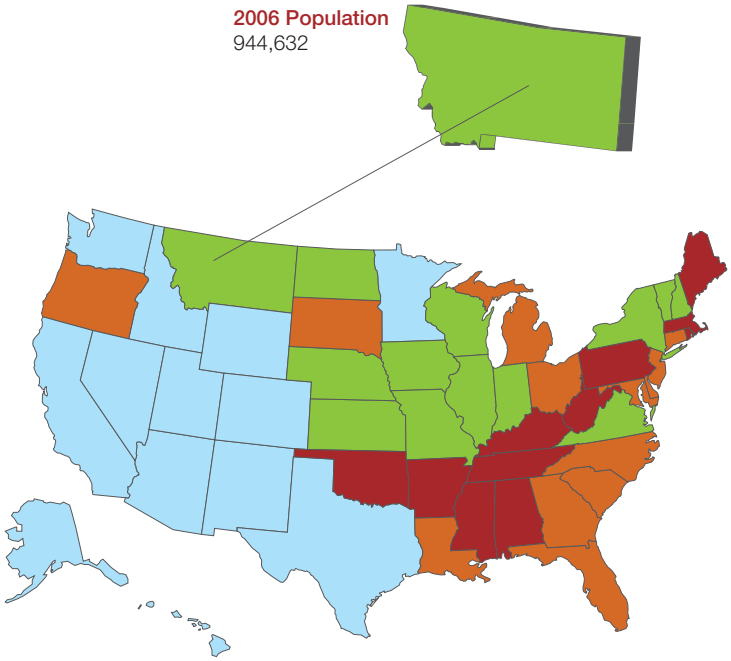
Current Toll on Montana TODAY

Over 480,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Montana in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Montana, 2003 (and as % of population*)

Cancers:	31,000	(3.5%)
Diabetes:	31,000	(3.5%)
Heart Disease:	54,000	(6.1%)
Hypertension:	86,000	(9.6%)
Stroke:	8,000	(0.9%)
Mental Disorders:	141,000	(15.8%)
Pulmonary Conditions:	129,000	(14.5%)

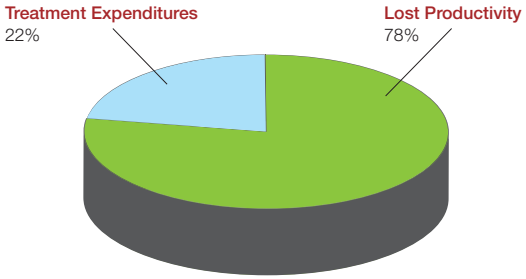
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Montana of $3.1 billion in 2003.



Economic Impact in Montana 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.9
Lost Productivity:	$3.1
Total Costs:	**$4.0**

Figures may not sum due to rounding.

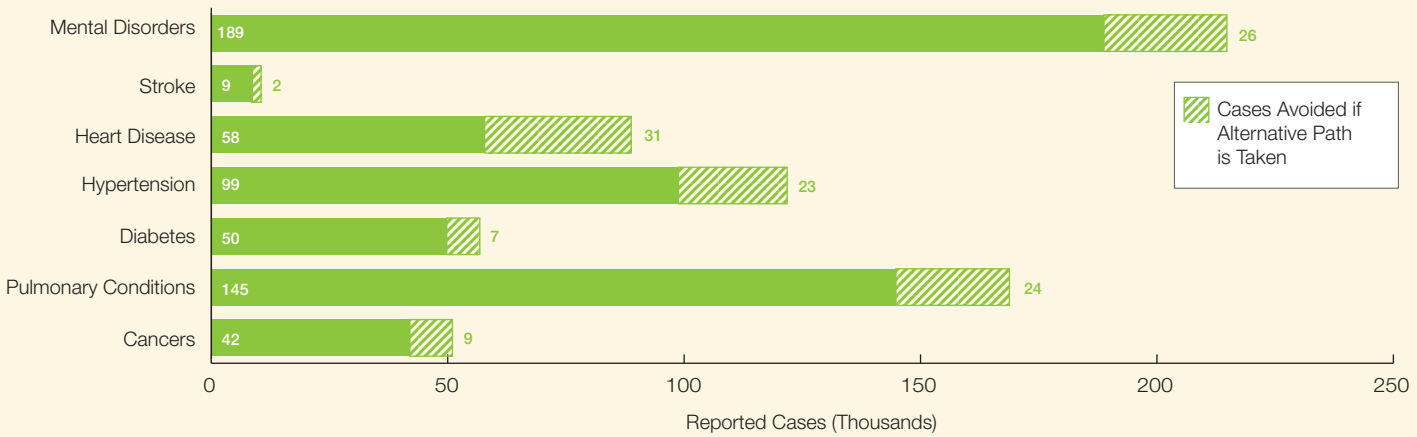
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Montana TOMORROW

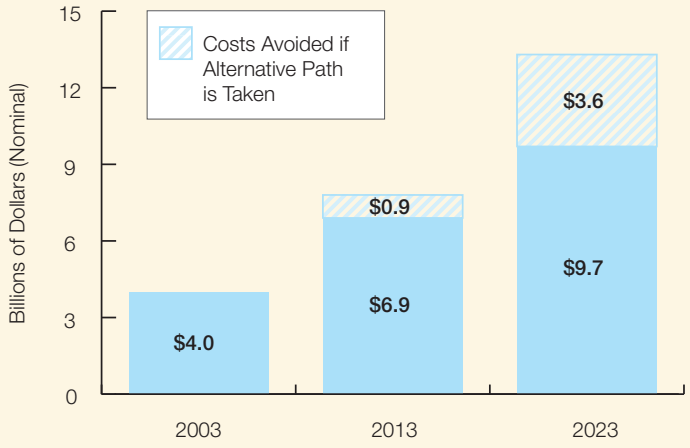
On our current path, Montana will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 123,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Montana sharply, by 27% ($3.6 billion) in 2023. $2.8 billion of this would come from gains in productivity, and $0.8 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$2.9	$10.4	$13.3
Alternative Path	$2.1	$7.7	$9.7
Costs Avoided	**$0.8 (28%)**	**$2.8 (26%)**	**$3.6 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $14 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$77
GDP in 2050, Alternative Path:	$91
Potential Gain in GDP:	**$14 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NEBRASKA

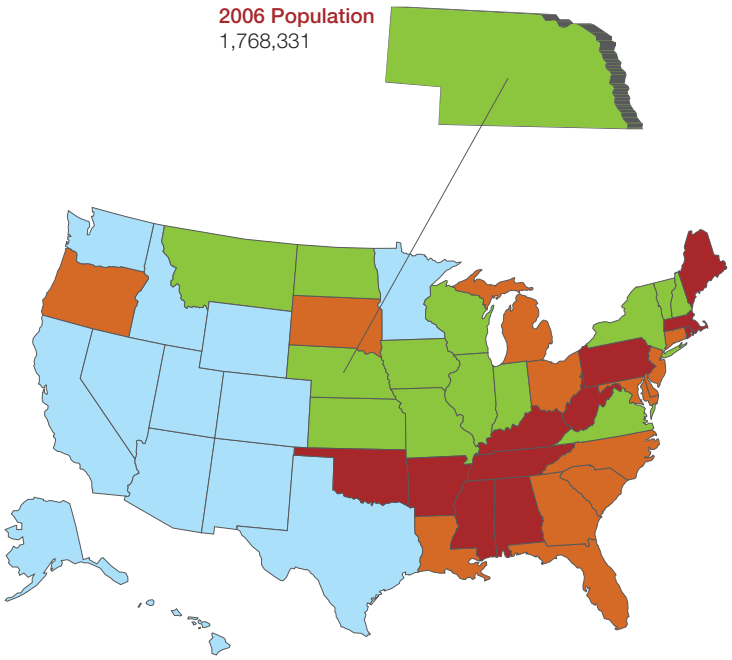
Current Toll on Nebraska TODAY

Over 950,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Nebraska in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Nebraska, 2003 (and as % of population*)

Cancers:	58,000	(3.4%)
Diabetes:	65,000	(3.9%)
Heart Disease:	113,000	(6.7%)
Hypertension:	210,000	(12.4%)
Stroke:	18,000	(1.1%)
Mental Disorders:	208,000	(12.3%)
Pulmonary Conditions:	279,000	(16.5%)

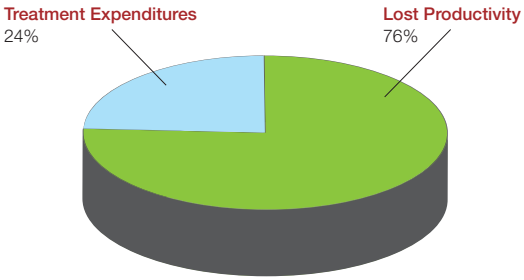
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Nebraska of $6.1 billion in 2003.



Economic Impact in Nebraska 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.9
Lost Productivity:	$6.1
Total Costs:	**$8.0**

Figures may not sum due to rounding.

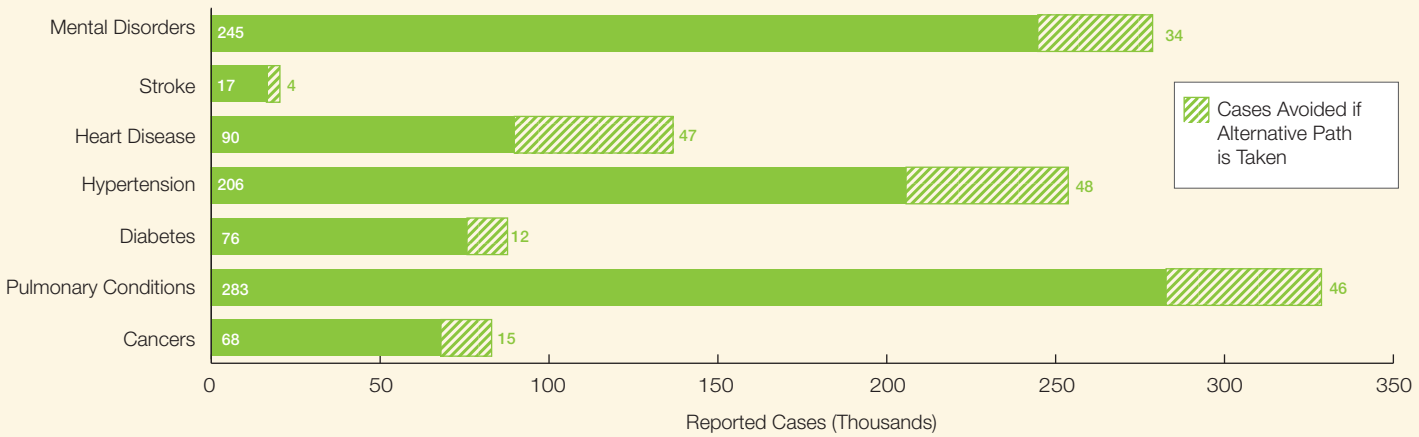
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Nebraska TOMORROW

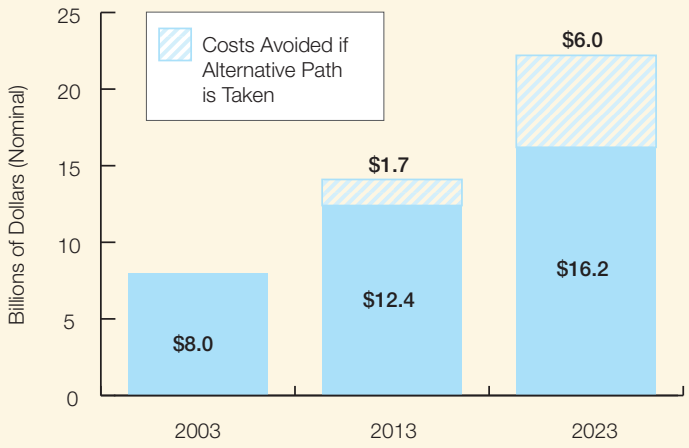
On our current path, Nebraska will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 206,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Nebraska sharply, by 27% ($6.0 billion) in 2023. $4.5 billion of this would come from gains in productivity, and $1.5 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$5.2	$17.0	$22.3
Alternative Path	$3.7	$12.5	$16.2
Costs Avoided	**$1.5 (29%)**	**$4.5 (26%)**	**$6.0 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $24 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$139
GDP in 2050, Alternative Path:	$163
Potential Gain in GDP:	**$24 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NEVADA

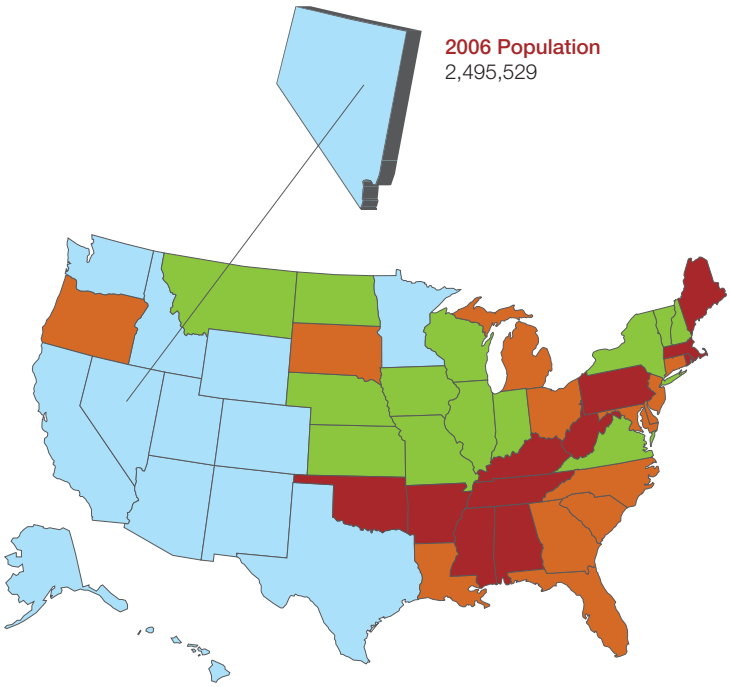
Current Toll on Nevada TODAY

Over 1.1 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Nevada in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Nevada, 2003 (and as % of population*)

Cancers:	80,000	(3.6%)
Diabetes:	87,000	(3.9%)
Heart Disease:	124,000	(5.6%)
Hypertension:	233,000	(10.6%)
Stroke:	14,000	(0.6%)
Mental Disorders:	301,000	(13.6%)
Pulmonary Conditions:	263,000	(11.9%)

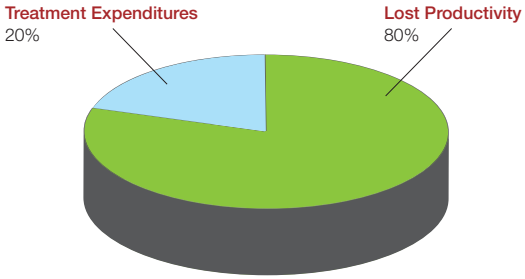
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Nevada of $7.5 billion in 2003.



Economic Impact in Nevada 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.9
Lost Productivity:	$7.5
Total Costs:	**$9.4**

Figures may not sum due to rounding.

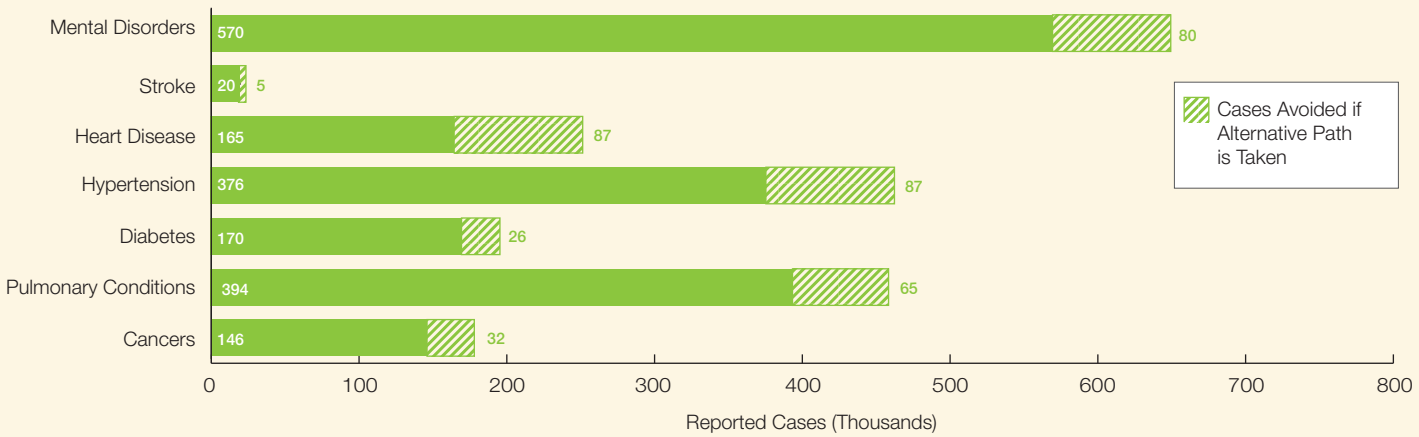
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Nevada TOMORROW

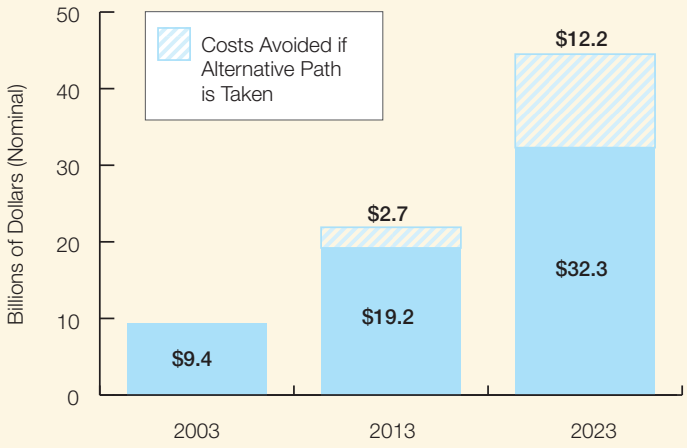
On our current path, Nevada will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 381,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Nevada sharply, by 27% ($12.2 billion) in 2023. $9.1 billion of this would come from gains in productivity, and $3.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$10.4	$34.1	$44.4
Alternative Path	$7.3	$25.0	$32.3
Costs Avoided	**$3.1 (30%)**	**$9.1 (27%)**	**$12.2 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $96 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$545
GDP in 2050, Alternative Path:	$641
Potential Gain in GDP:	**$96 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NEW HAMPSHIRE

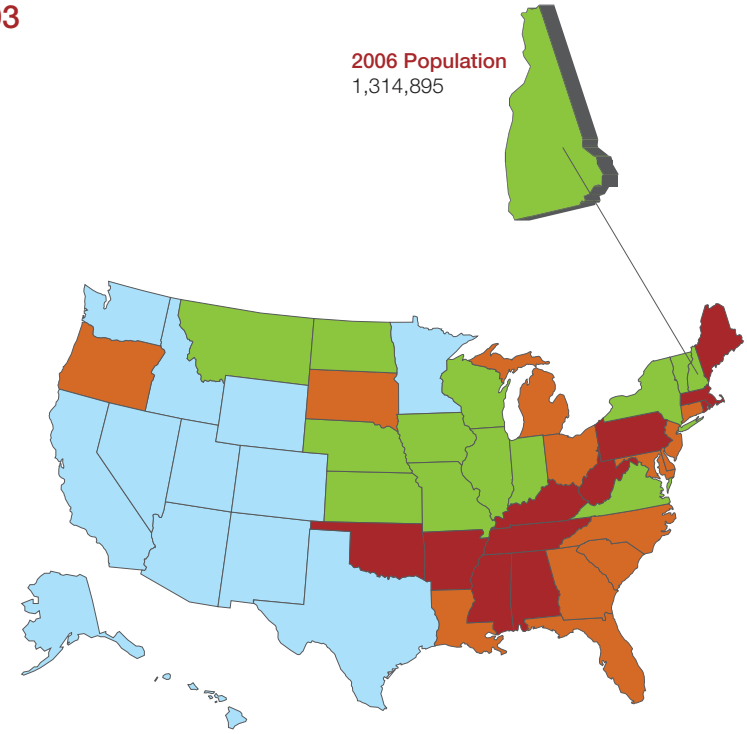
Current Toll on New Hampshire TODAY

Over 680,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in New Hampshire in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers.The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in New Hampshire, 2003 (and as % of population*)

Cancers:	50,000	(4.0%)
Diabetes:	52,000	(4.2%)
Heart Disease:	73,000	(5.8%)
Hypertension:	149,000	(11.9%)
Stroke:	9,000	(0.7%)
Mental Disorders:	117,000	(9.3%)
Pulmonary Conditions:	231,000	(18.5%)

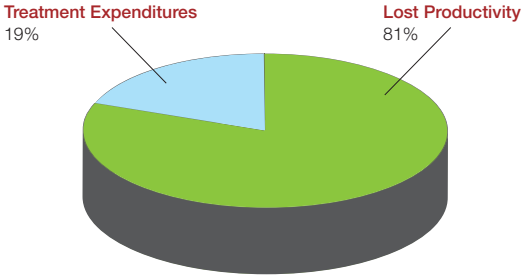
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.0 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in New Hampshire of $4.4 billion in 2003.



Economic Impact in New Hampshire 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.0
Lost Productivity:	$4.4
Total Costs:	**$5.4**

Figures may not sum due to rounding.

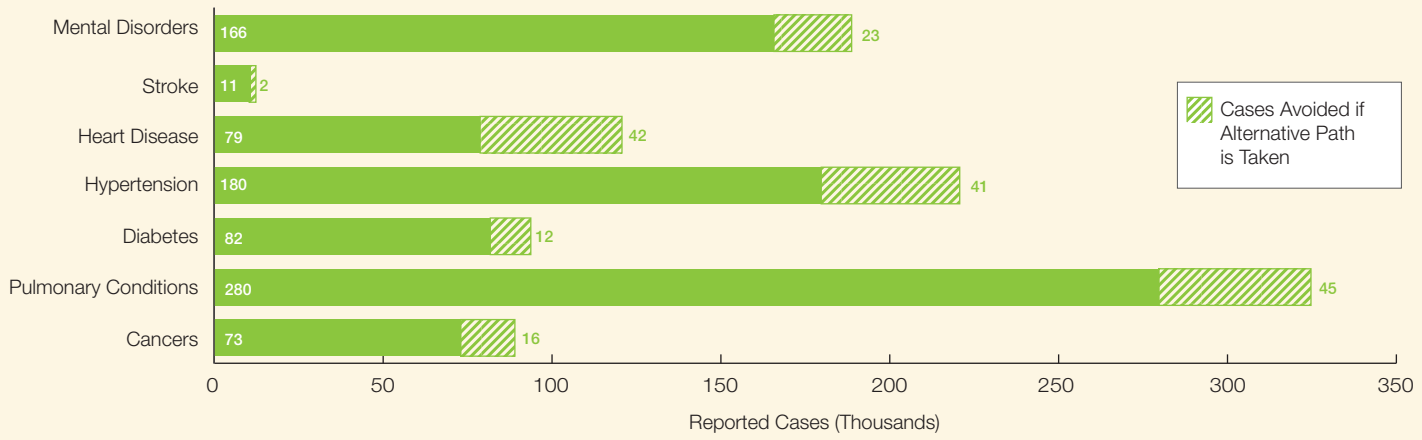
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in New Hampshire TOMORROW

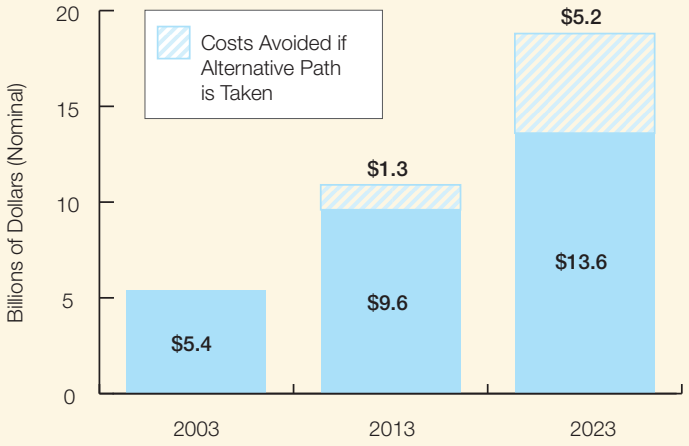
On our current path, New hampshire will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 183,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in New Hampshire sharply, by 27% ($5.2 billion) in 2023. $4.3 billion of this would come from gains in productivity, and $0.9 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$3.4	$15.5	$18.8
Alternative Path	$2.4	$11.2	$13.6
Costs Avoided	**$0.9 (27%)**	**$4.3 (28%)**	**$5.2 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $26 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$146
GDP in 2050, Alternative Path:	$171
Potential Gain in GDP:	**$26 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NEW JERSEY

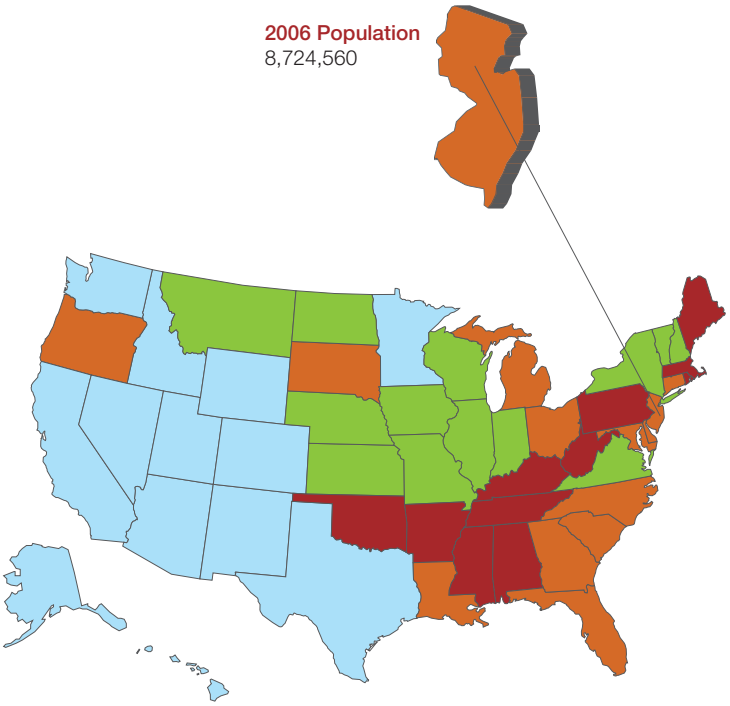
Current Toll on New Jersey TODAY

Over 4.6 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in New Jersey in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in New Jersey, 2003 (and as % of population*)

Cancers:	353,000	(4.2%)
Diabetes:	440,000	(5.2%)
Heart Disease:	589,000	(7.0%)
Hypertension:	1,137,000	(13.5%)
Stroke:	65,000	(0.8%)
Mental Disorders:	742,000	(8.8%)
Pulmonary Conditions:	1,295,000	(15.3%)

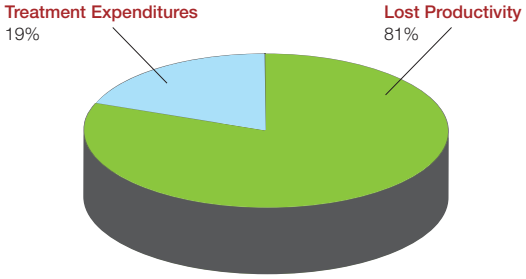
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $7.5 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in New Jersey of $31.5 billion in 2003.



Economic Impact in New Jersey 2003 (Annual Costs in Billions)

Treatment Expenditures:	$7.5
Lost Productivity:	$31.5
Total Costs:	**$39.0**

Figures may not sum due to rounding.

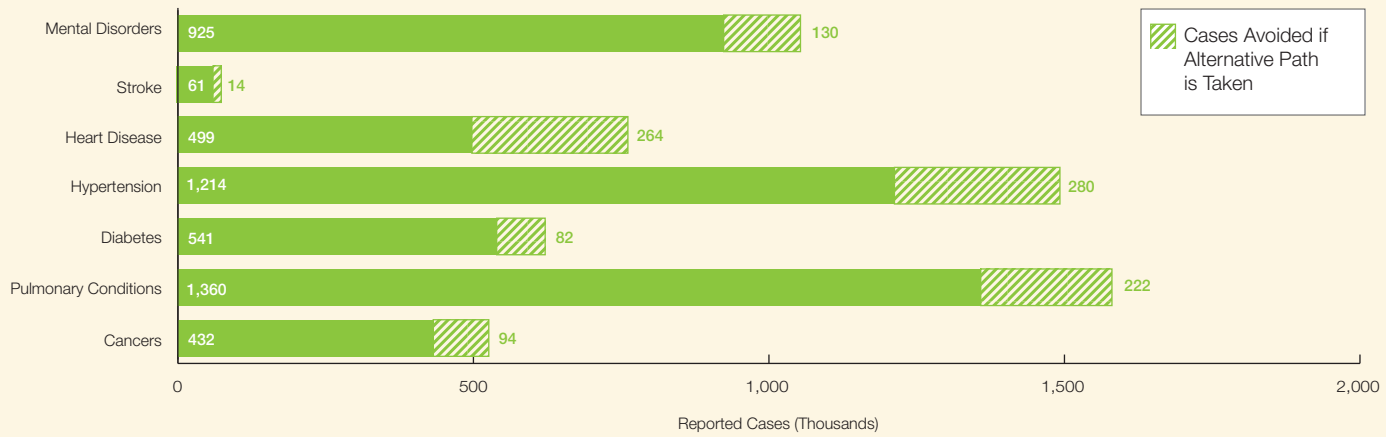
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in New Jersey TOMORROW

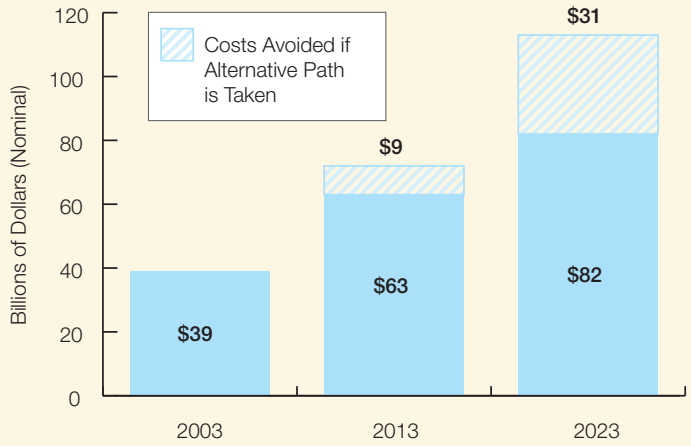
On our current path, New Jersey will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 1.1 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in New Jersey sharply, by 27% ($31 billion) in 2023. $26 billion of this would come from gains in productivity, and $5 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$19	$94	$113
Alternative Path	$14	$68	$82
Costs Avoided	**$5 (26%)**	**$26 (28%)**	**$31 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $167 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$952
GDP in 2050, Alternative Path:	$1,119
Potential Gain in GDP:	**$167 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NEW MEXICO

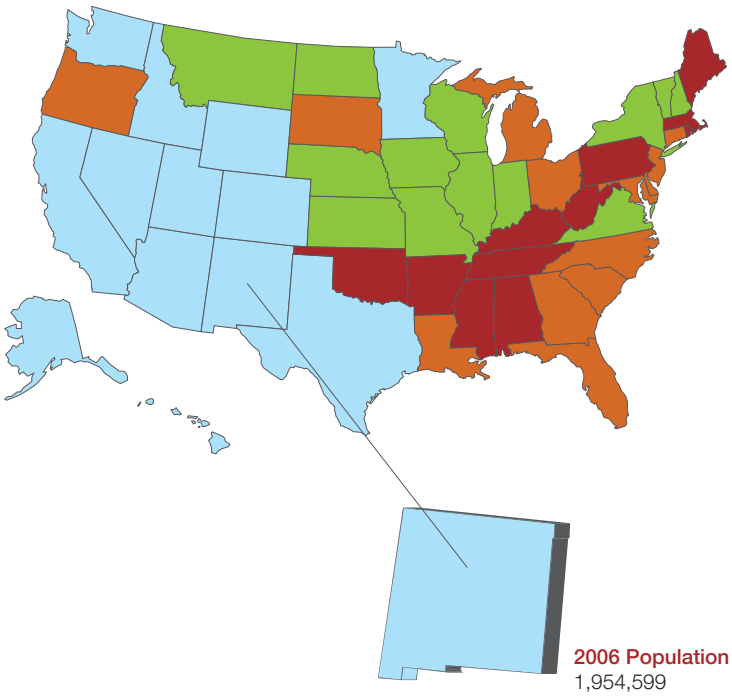
Current Toll on New Mexico TODAY

Nearly 890,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in New Mexico in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in New Mexico, 2003 (and as % of population*)

Cancers:	56,000	(3.0%)
Diabetes:	66,000	(3.6%)
Heart Disease:	92,000	(5.0%)
Hypertension:	175,000	(9.5%)
Stroke:	11,000	(0.6%)
Mental Disorders:	264,000	(14.4%)
Pulmonary Conditions:	224,000	(12.2%)

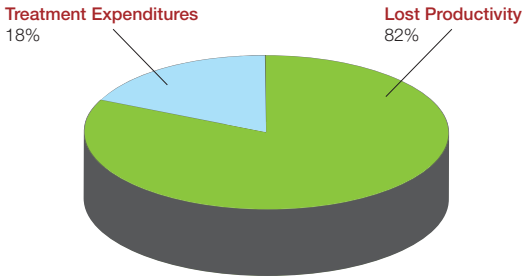
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.2 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in New Mexico of $5.8 billion in 2003.



Economic Impact in New Mexico 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.2
Lost Productivity:	$5.8
Total Costs:	**$7.0**

Figures may not sum due to rounding.

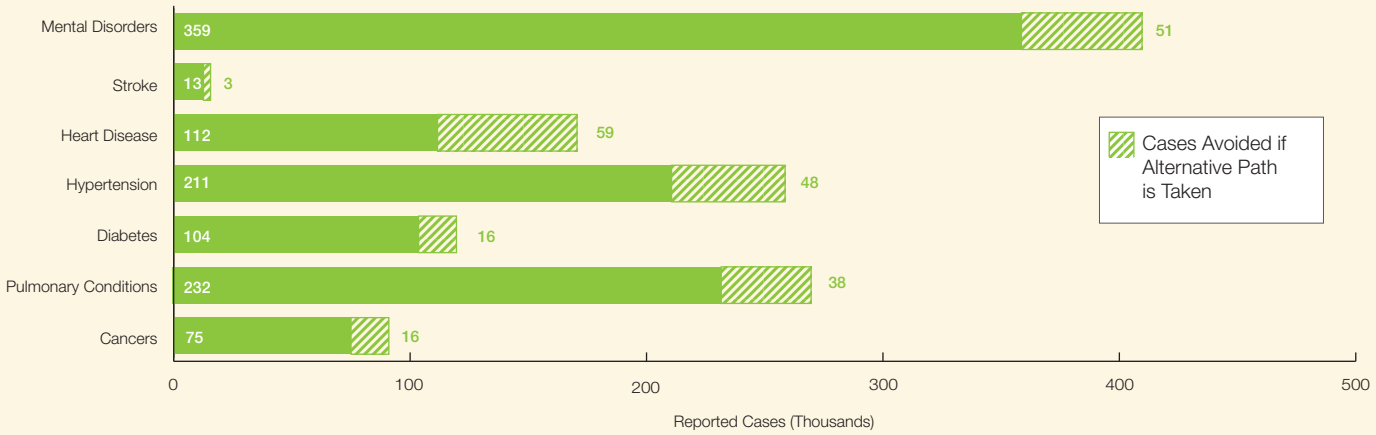
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in New Mexico TOMORROW

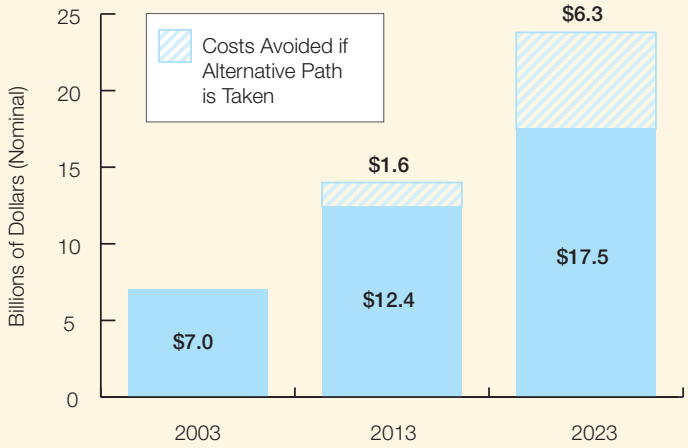
On our current path, New Mexico will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 232,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in New Mexico sharply, by 26% ($6.3 billion) in 2023. $5.2 billion of this would come from gains in productivity, and $1.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$3.9	$19.8	$23.7
Alternative Path	$2.9	$14.6	$17.5
Costs Avoided	**$1.1 (27%)**	**$5.2 (26%)**	**$6.3 (26%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $26 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$149
GDP in 2050, Alternative Path:	$175
Potential Gain in GDP:	**$26 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NEW YORK

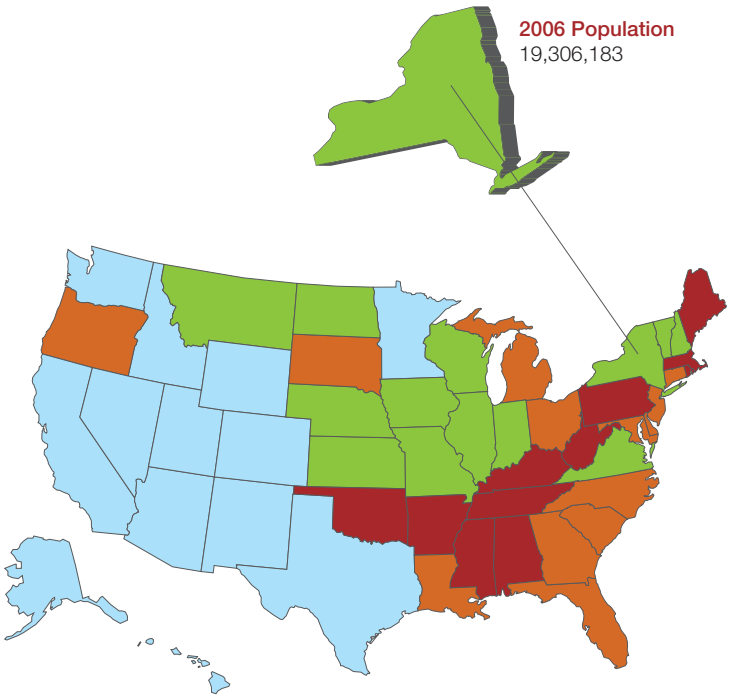
Current Toll on New York TODAY

Nearly 10.5 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in New York in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in New York, 2003 (and as % of population*)

Cancers:	714,000	(3.8%)
Diabetes:	1,020,000	(5.5%)
Heart Disease:	1,477,000	(7.9%)
Hypertension:	2,501,000	(13.4%)
Stroke:	119,000	(0.6%)
Mental Disorders:	1,572,000	(8.5%)
Pulmonary Conditions:	3,086,000	(16.6%)

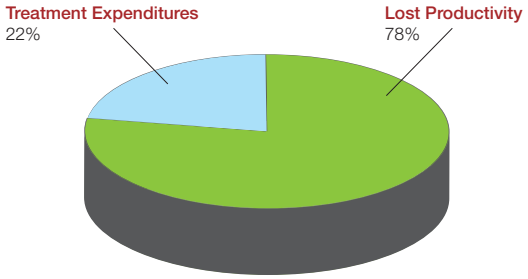
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $19.1 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in New York of $69.0 billion in 2003.



Economic Impact in New York 2003 (Annual Costs in Billions)

Treatment Expenditures:	$19.1
Lost Productivity:	$69.0
Total Costs:	**$88.0**

Figures may not sum due to rounding.

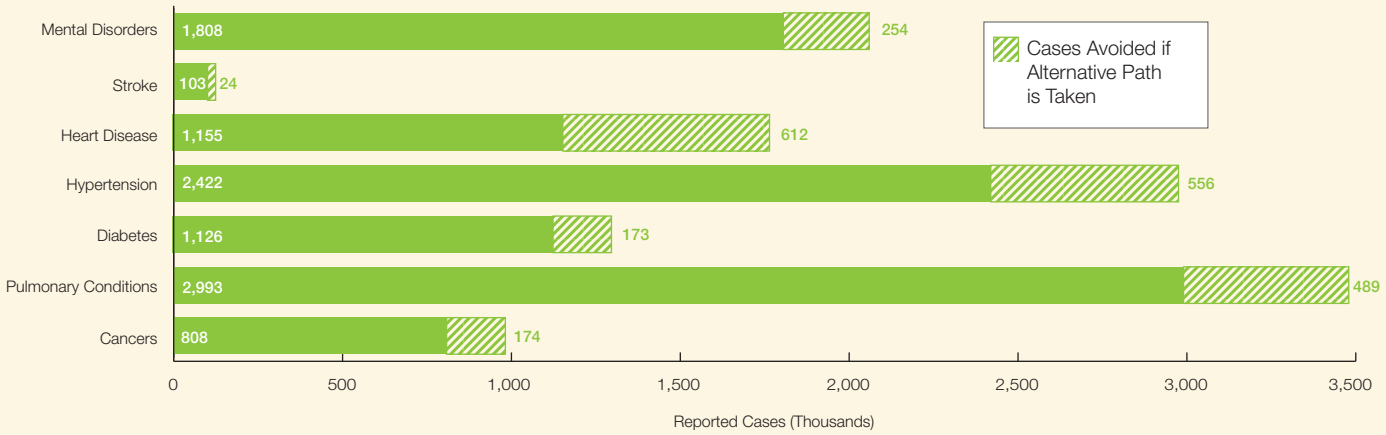
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in New York TOMORROW

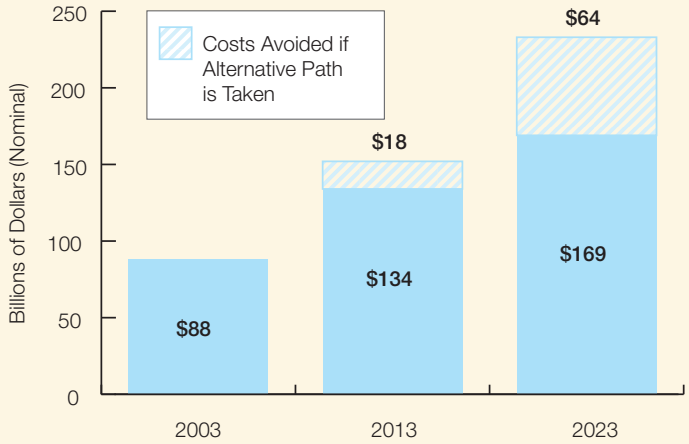
On our current path, New York will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 2.3 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in New York sharply, by 27% ($64 billion) in 2023. $52 billion of this would come from gains in productivity, and $12 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$44	$188	$232
Alternative Path	$32	$136	$169
Costs Avoided	**$12 (27%)**	**$52 (28%)**	**$64 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $295 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$1,650
GDP in 2050, Alternative Path:	$1,946
Potential Gain in GDP:	**$295 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NORTH CAROLINA

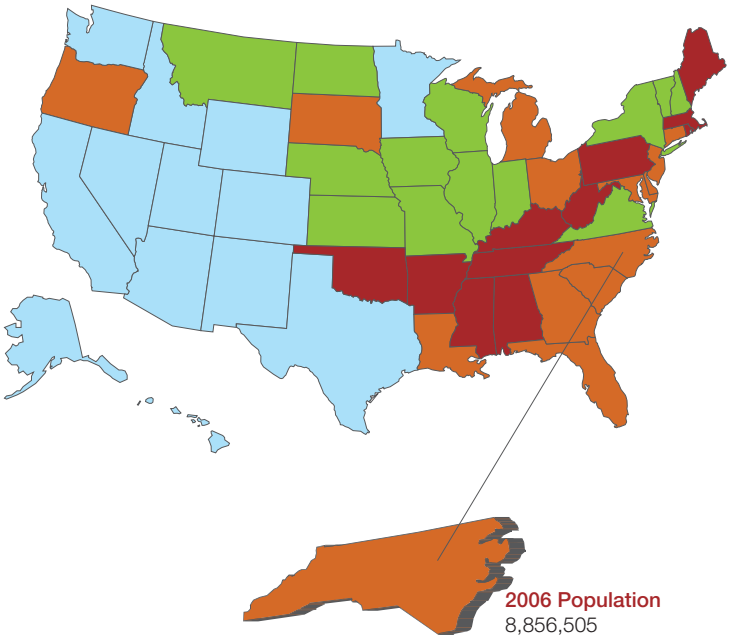
Current Toll on North Carolina TODAY

Over 5 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in North Carolina in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in North Carolina, 2003 (and as % of population*)

Cancers:	297,000	(3.6%)
Diabetes:	427,000	(5.2%)
Heart Disease:	537,000	(6.6%)
Hypertension:	1,192,000	(14.6%)
Stroke:	80,000	(1.0%)
Mental Disorders:	993,000	(12.2%)
Pulmonary Conditions:	1,513,000	(18.6%)

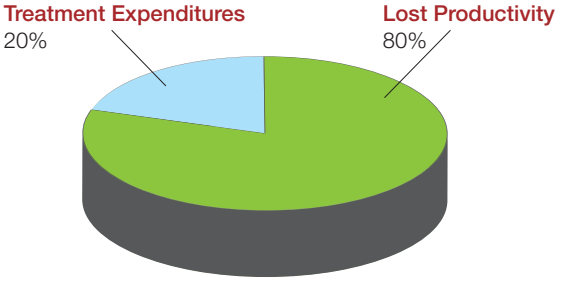
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $7.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in North Carolina of $32.1 billion in 2003.



Economic Impact in North Carolina 2003 (Annual Costs in Billions)

Treatment Expenditures:	$7.9
Lost Productivity:	$32.1
Total Costs:	**$40.0**

Figures may not sum due to rounding.

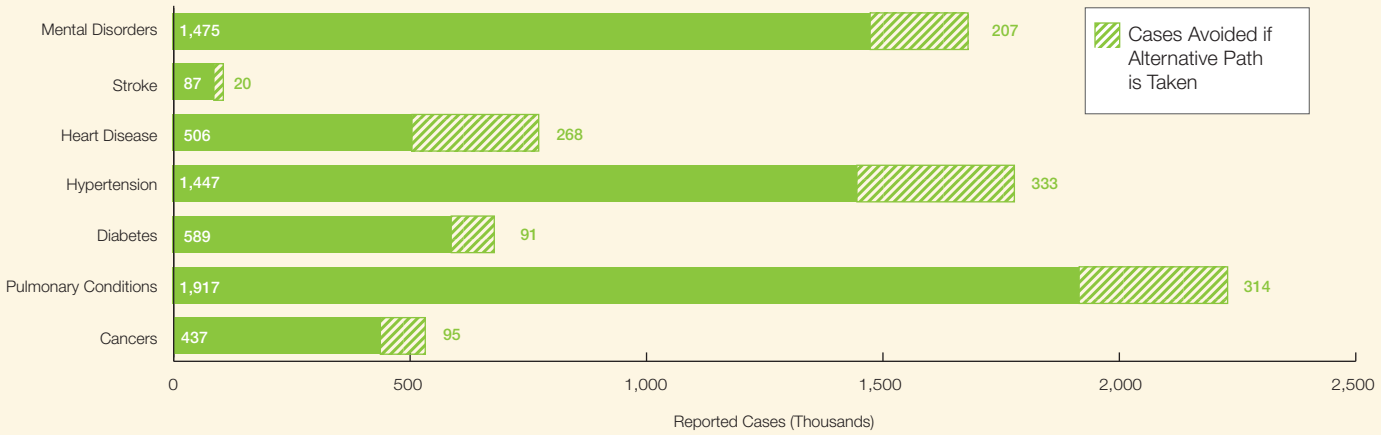
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in North Carolina TOMORROW

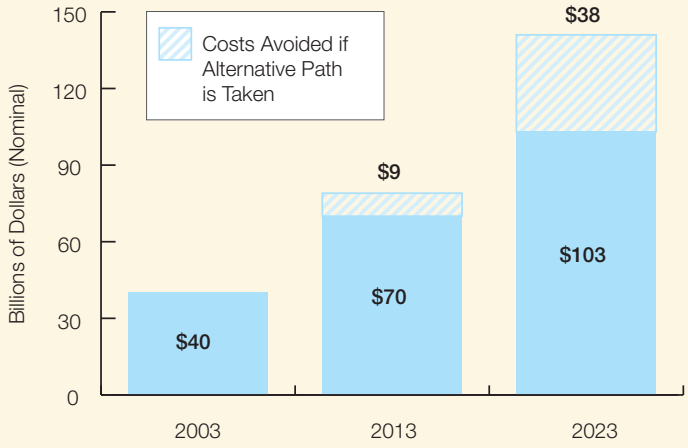
On our current path, North Carolina will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 1.4 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in North Carolina sharply, by 27% ($38 billion) in 2023. $29 billion of this would come from gains in productivity, and $8 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$29	$111	$140
Alternative Path	$21	$82	$103
Costs Avoided	**$8 (29%)**	**$29 (26%)**	**$38 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $170 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$967
GDP in 2050, Alternative Path:	$1,137
Potential Gain in GDP:	**$170 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on NORTH DAKOTA

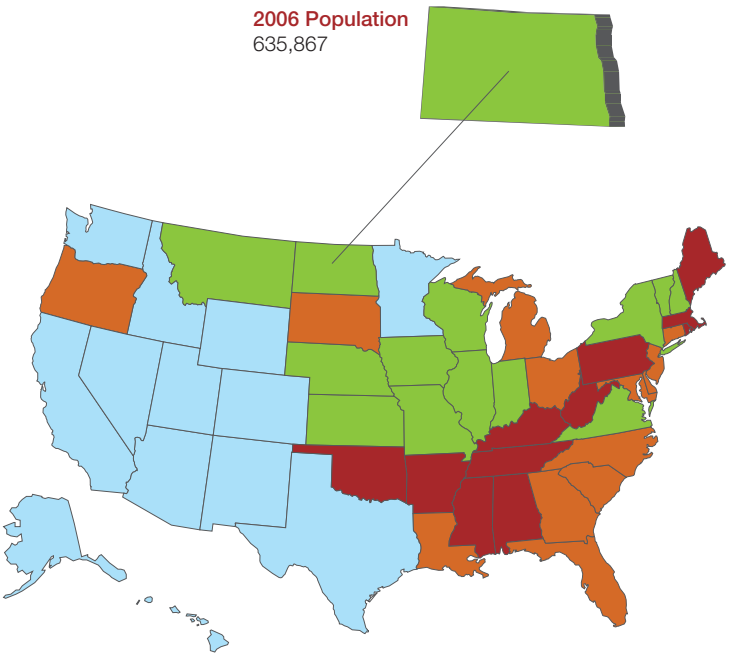
Current Toll on North Dakota TODAY

Nearly 318,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in North Dakota in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in North Dakota, 2003 (and as % of population*)

Cancers:	20,000	(3.3%)
Diabetes:	23,000	(3.8%)
Heart Disease:	47,000	(7.7%)
Hypertension:	78,000	(12.8%)
Stroke:	8,000	(1.3%)
Mental Disorders:	42,000	(6.9%)
Pulmonary Conditions:	100,000	(16.4%)

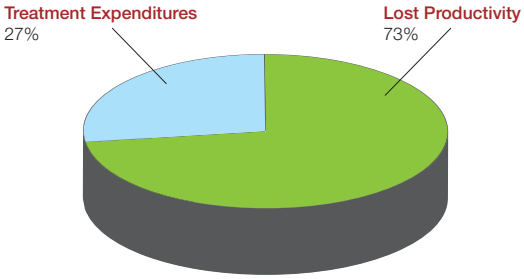
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.8 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in North Dakota of $2.1 billion in 2003.



Economic Impact in North Dakota 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.8
Lost Productivity:	$2.1
Total Costs:	**$2.8**

Figures may not sum due to rounding.

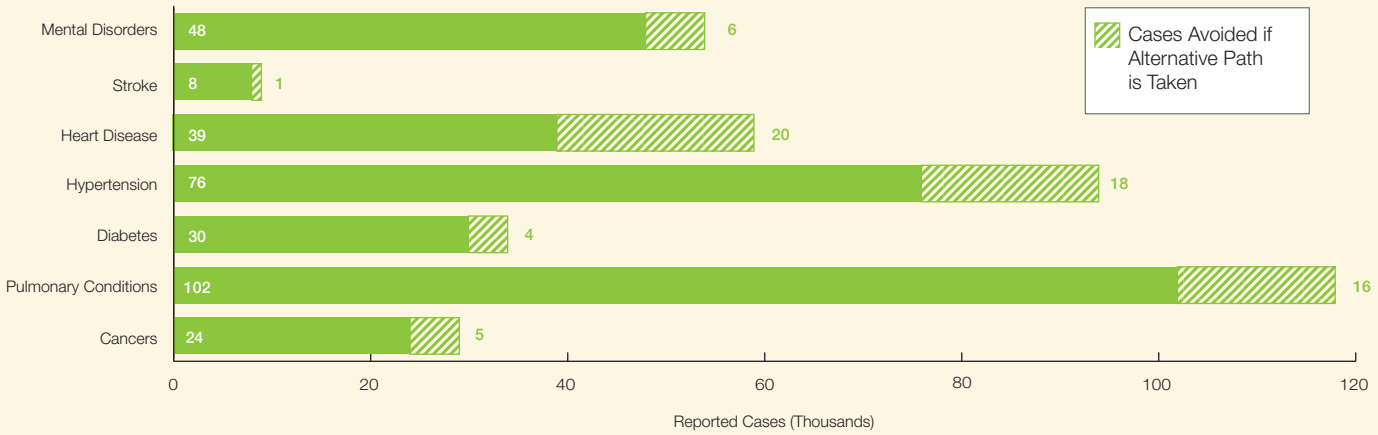
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in North Dakota TOMORROW

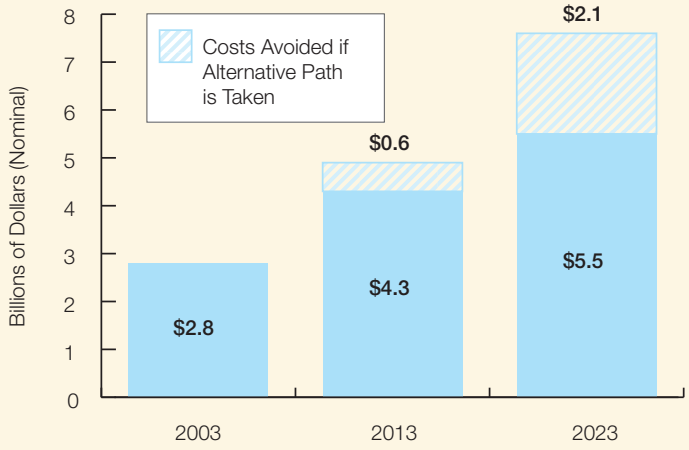
On our current path, North Dakota will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 73,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in North Dakota sharply, by 28% ($2.1 billion) in 2023. $1.6 billion of this would come from gains in productivity, and $0.5 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$1.8	$5.8	$7.6
Alternative Path	$1.3	$4.2	$5.5
Costs Avoided	**$0.5 (29%)**	**$1.6 (28%)**	**$2.1 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $7 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$41
GDP in 2050, Alternative Path:	$48
Potential Gain in GDP:	**$7 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on OHIO

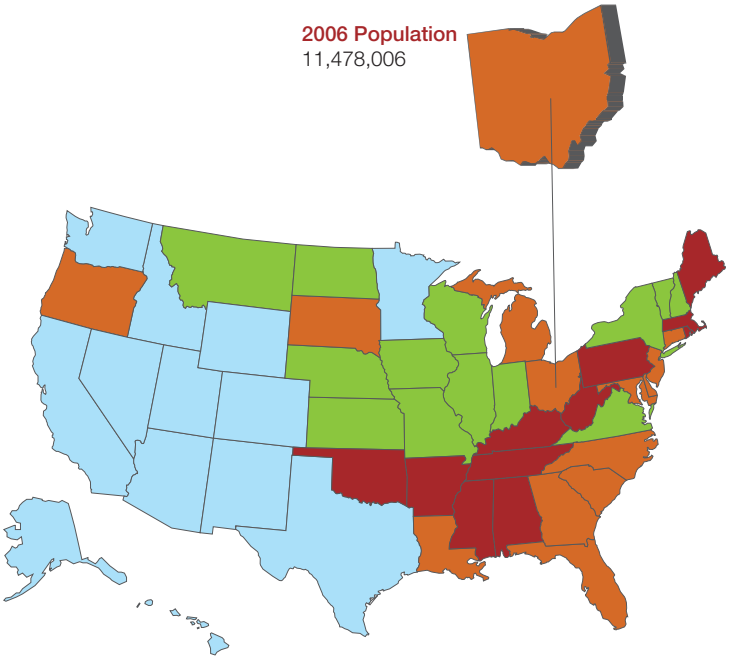
Current Toll on Ohio **TODAY**

Over 6.7 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Ohio in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Ohio, 2003 (and as % of population*)

Cancers:	377,000	(3.4%)
Diabetes:	595,000	(5.3%)
Heart Disease:	875,000	(7.9%)
Hypertension:	1,549,000	(13.9%)
Stroke:	113,000	(1.0%)
Mental Disorders:	1,432,000	(12.9%)
Pulmonary Conditions:	1,835,000	(16.5%)

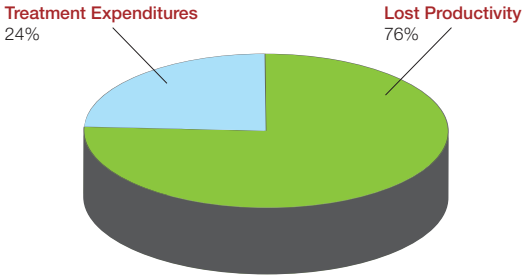
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $13.5 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Ohio of $43.4 billion in 2003.



Economic Impact in Ohio 2003 (Annual Costs in Billions)

Treatment Expenditures:	$13.5
Lost Productivity:	$43.4
Total Costs:	**$56.8**

Figures may not sum due to rounding.

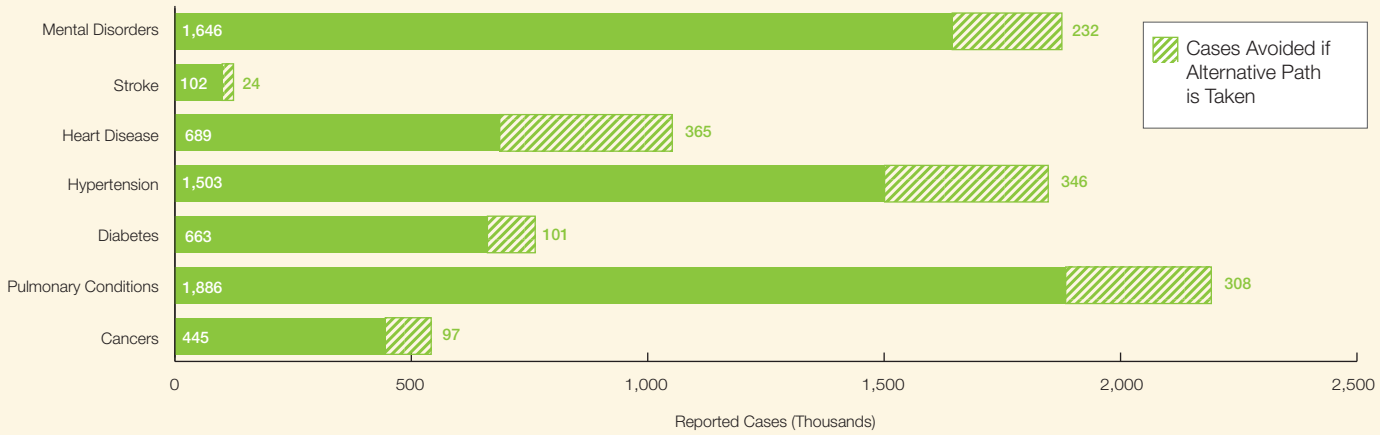
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Ohio TOMORROW

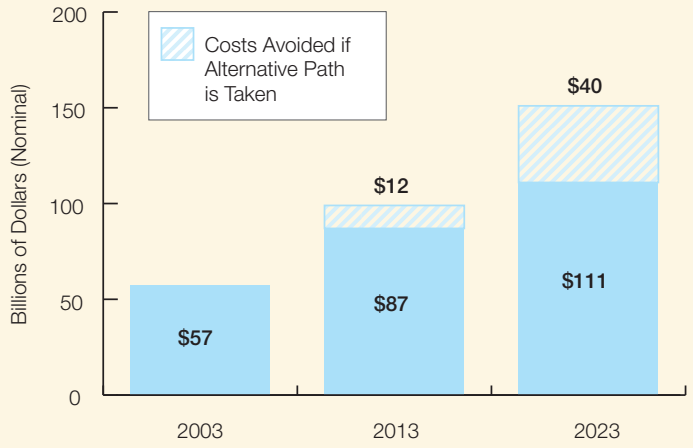
On our current path, Ohio will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 1.5 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Ohio sharply, by 27% ($40 billion) in 2023. $32 billion of this would come from gains in productivity, and $9 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$32	$120	$152
Alternative Path	$23	$88	$111
Costs Avoided	**$9 (27%)**	**$32 (26%)**	**$40 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $151 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$854
GDP in 2050, Alternative Path:	$1,005
Potential Gain in GDP:	**$151 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on OKLAHOMA

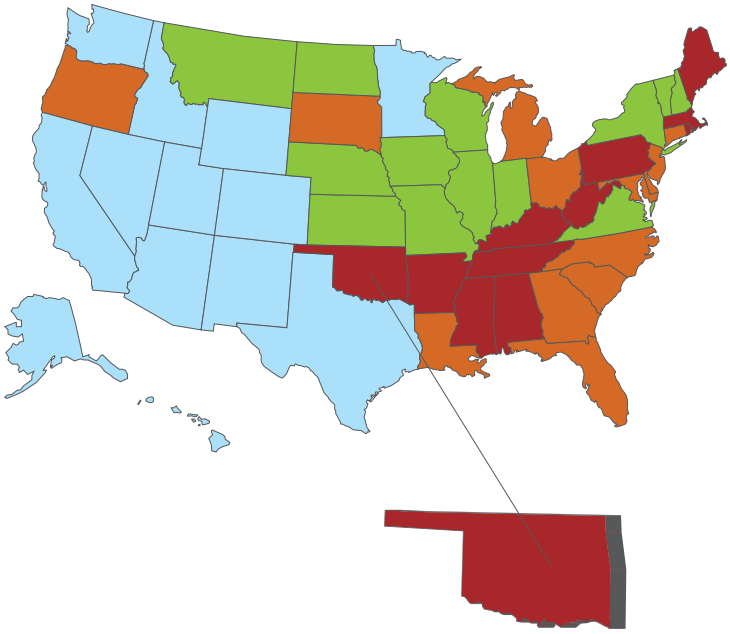
Current Toll on Oklahoma TODAY

Nearly 2.2 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Oklahoma in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Oklahoma, 2003 (and as % of population*)

Cancers:	135,000	(4.0%)
Diabetes:	158,000	(4.7%)
Heart Disease:	318,000	(9.4%)
Hypertension:	485,000	(14.3%)
Stroke:	38,000	(1.1%)
Mental Disorders:	360,000	(10.6%)
Pulmonary Conditions:	674,000	(19.8%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

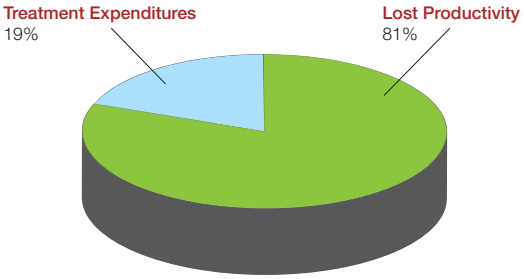


2006 Population
3,579,212

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $3.3 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Oklahoma of $13.8 billion in 2003.



Economic Impact in Oklahoma 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 3.3
Lost Productivity:	$13.8
Total Costs:	**$17.0**

Figures may not sum due to rounding.

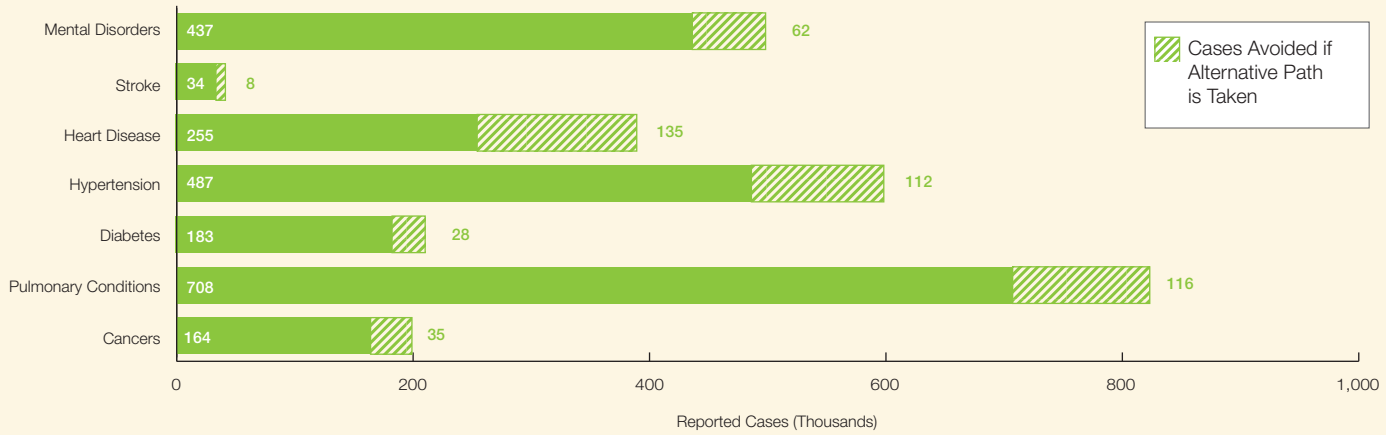
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Oklahoma TOMORROW

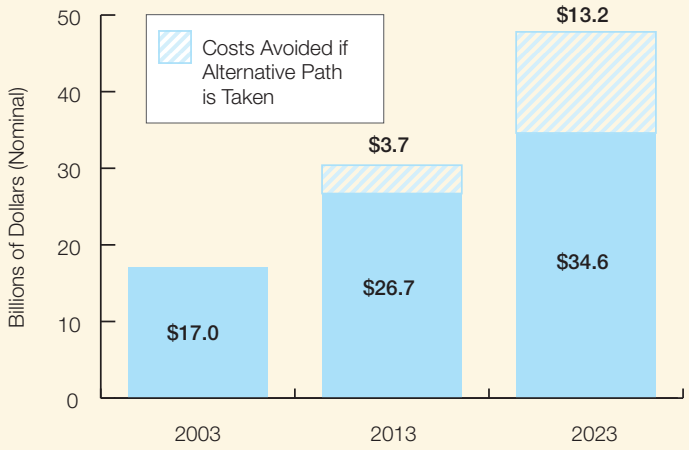
On our current path, Oklahoma will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 496,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Oklahoma sharply, by 28% ($13.2 billion) in 2023. $10.8 billion of this would come from gains in productivity, and $2.4 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$8.5	$39.3	$47.8
Alternative Path	$6.0	$28.6	$34.6
Costs Avoided	**$2.4 (29%)**	**$10.8 (27%)**	**$13.2 (28%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $44 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$248
GDP in 2050, Alternative Path:	$292
Potential Gain in GDP:	**$44 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on OREGON

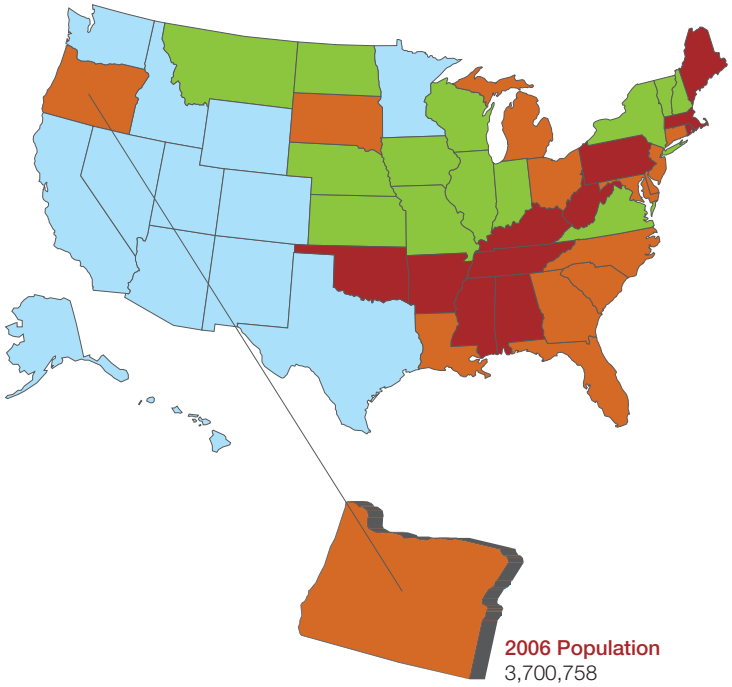
Current Toll on Oregon TODAY

Over 2 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Oregon in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Oregon, 2003 (and as % of population*)

Cancers:	123,000	(3.5%)
Diabetes:	138,000	(4.0%)
Heart Disease:	190,000	(5.5%)
Hypertension:	377,000	(10.8%)
Stroke:	35,000	(1.0%)
Mental Disorders:	627,000	(18.0%)
Pulmonary Conditions:	590,000	(16.9%)

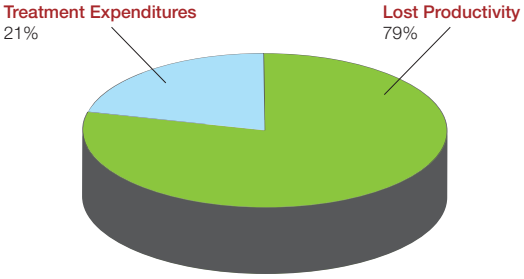
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $3.4 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Oregon of $13.1 billion in 2003.



Economic Impact in Oregon 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 3.4
Lost Productivity:	$13.1
Total Costs:	**$16.5**

Figures may not sum due to rounding.

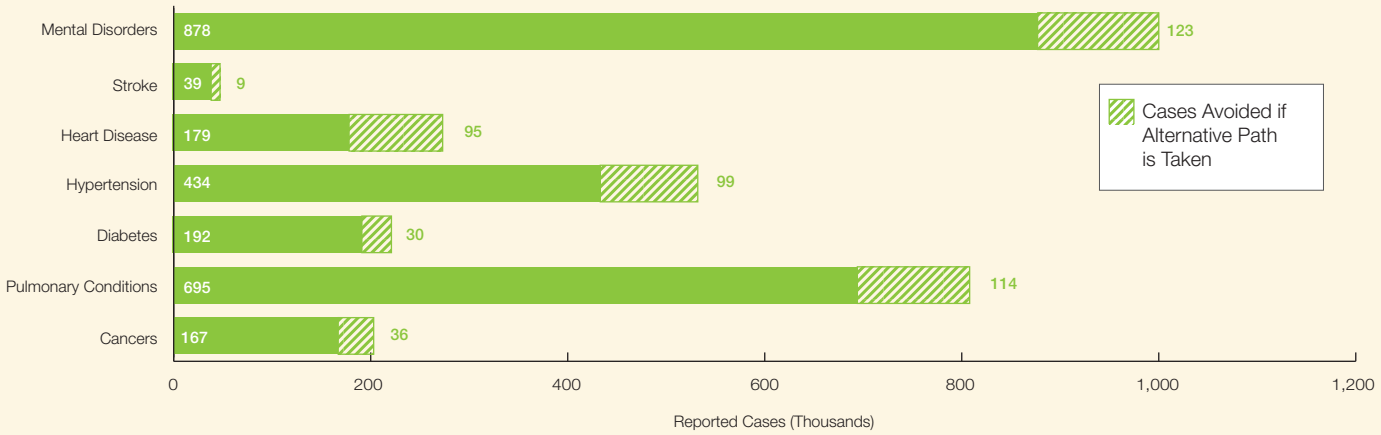
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Oregon TOMORROW

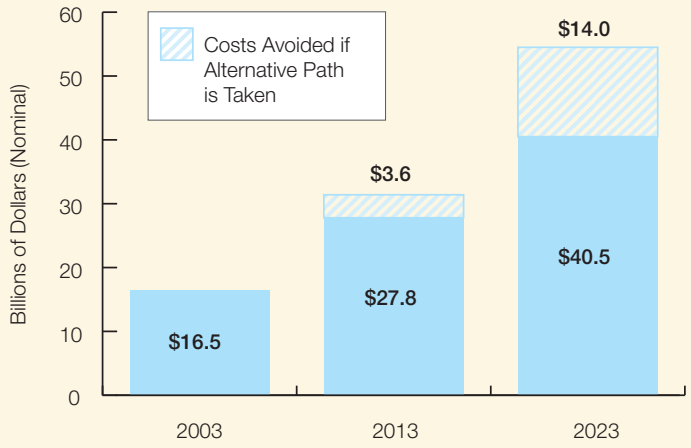
On our current path, Oregon will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 506,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Oregon sharply, by 26% ($14.0 billion) in 2023. $11.1 billion of this would come from gains in productivity, and $3.0 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$11.1	$43.5	$54.5
Alternative Path	$ 8.1	$32.4	$40.5
Costs Avoided	**$ 3.0 (27%)**	**$11.1 (25%)**	**$14.0 (26%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $63 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$357
GDP in 2050, Alternative Path:	$419
Potential Gain in GDP:	**$ 63 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on PENNSYLVANIA

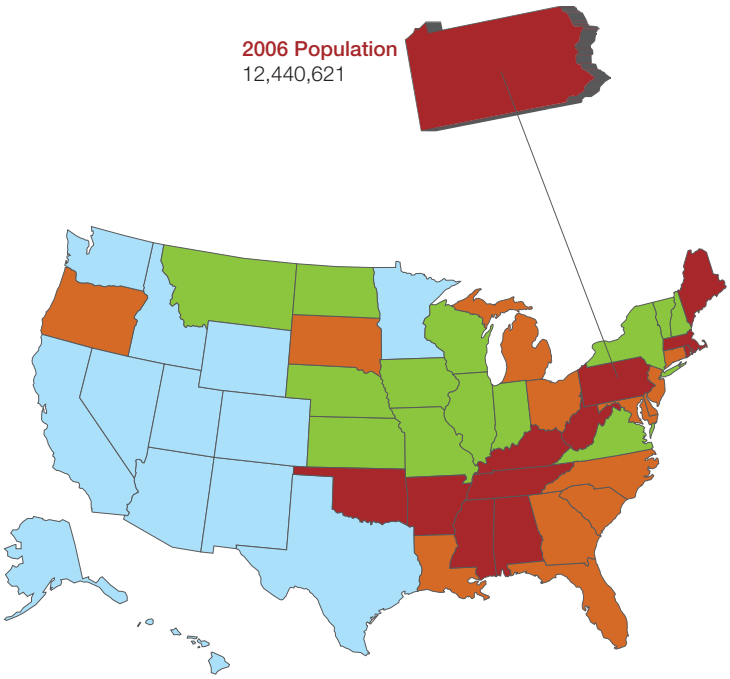
Current Toll on Pennsylvania TODAY

Nearly 7.8 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Pennsylvania in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Pennsylvania, 2003 (and as % of population*)

Cancers:	485,000	(4.1%)
Diabetes:	709,000	(5.9%)
Heart Disease:	1,017,000	(8.5%)
Hypertension:	1,684,000	(14.1%)
Stroke:	135,000	(1.1%)
Mental Disorders:	1,582,000	(13.3%)
Pulmonary Conditions:	2,167,000	(18.2%)

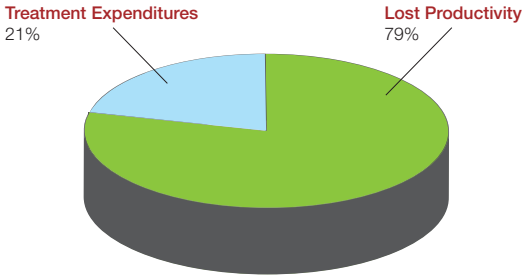
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $13.6 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Pennsylvania of $50.5 billion in 2003.



Economic Impact in Pennsylvania 2003 (Annual Costs in Billions)

Treatment Expenditures:	$13.6
Lost Productivity:	$50.5
Total Costs:	**$64.1**

Figures may not sum due to rounding.

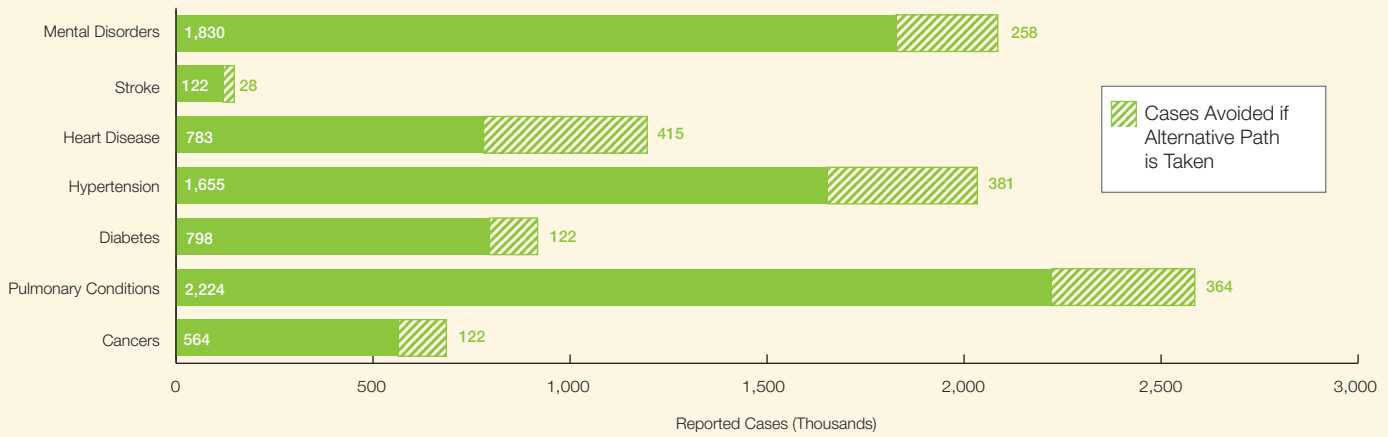
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Pennsylvania TOMORROW

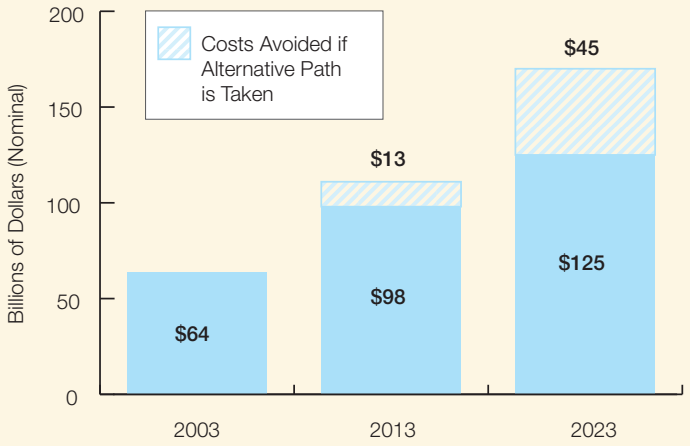
On our current path, Pennsylvania will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid over 1.7 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Pennsylvania sharply, by 27% ($45 billion) in 2023. $38 billion of this would come from gains in productivity, and $8 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$30	$140	$170
Alternative Path	$22	$103	$125
Costs Avoided	**$ 8 (26%)**	**$38 (27%)**	**$45 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $158 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$ 894
GDP in 2050, Alternative Path:	$1,052
Potential Gain in GDP:	**$ 158 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on RHODE ISLAND

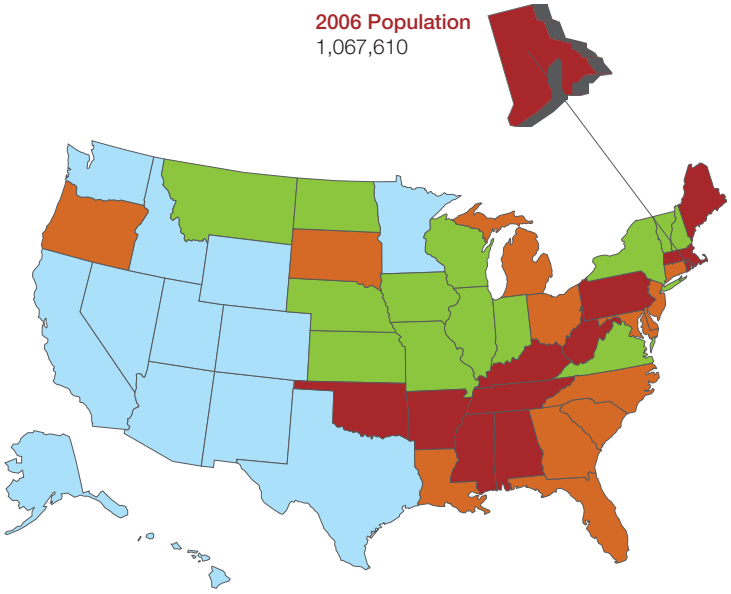
Current Toll on Rhode Island TODAY

Nearly 713,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Rhode Island in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Rhode Island, 2003 (and as % of population*)

Cancers:	44,000	(4.2%)
Diabetes:	52,000	(5.0%)
Heart Disease:	80,000	(7.7%)
Hypertension:	160,000	(15.4%)
Stroke:	9,000	(0.9%)
Mental Disorders:	149,000	(14.4%)
Pulmonary Conditions:	218,000	(21.0%)

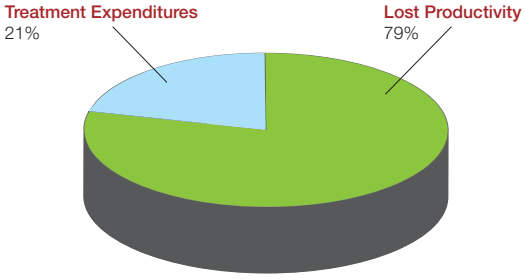
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.2 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Rhode Island of $4.5 billion in 2003.



Economic Impact in Rhode Island 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.2
Lost Productivity:	$4.5
Total Costs:	**$5.7**

Figures may not sum due to rounding.

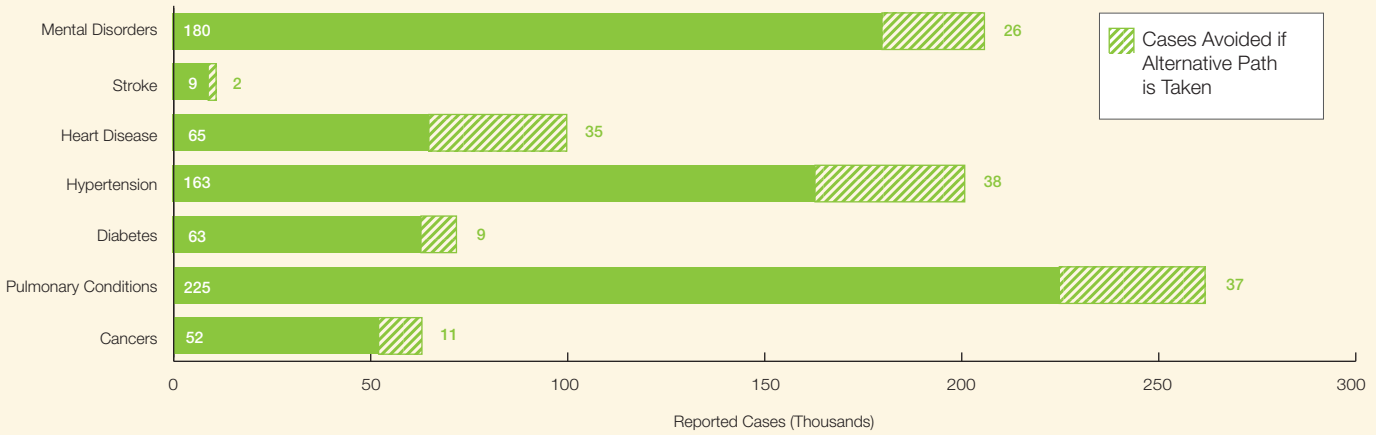
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Rhode Island TOMORROW

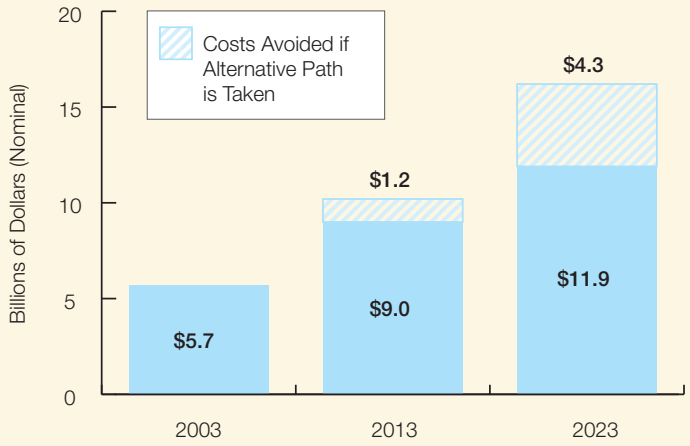
On our current path, Rhode Island will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 157,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Rhode Island sharply, by 26% ($4.3 billion) in 2023. $3.4 billion of this would come from gains in productivity, and $0.8 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$3.1	$13.0	$16.1
Alternative Path	$2.3	$ 9.6	$11.9
Costs Avoided	**$0.8 (27%)**	**$ 3.4 (26%)**	**$ 4.3 (26%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $19 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$111
GDP in 2050, Alternative Path:	$130
Potential Gain in GDP:	**$ 19 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on SOUTH CAROLINA

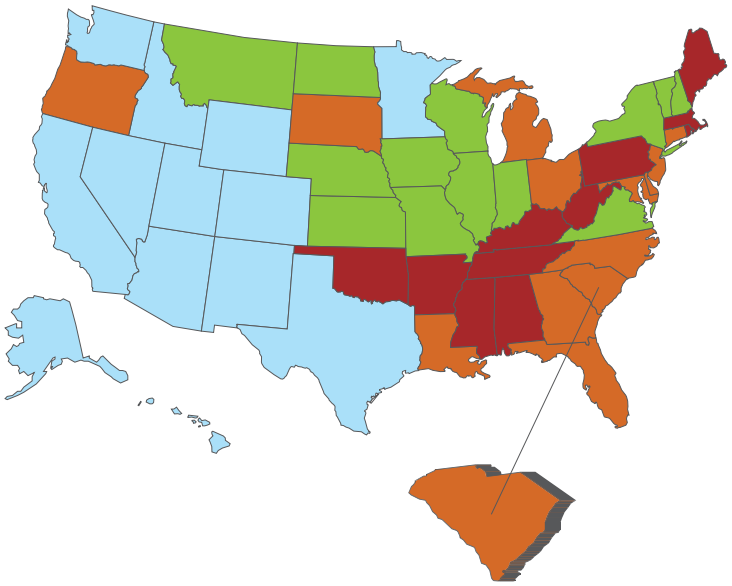
Current Toll on South Carolina **TODAY**

Over 2.5 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in South Carolina in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in South Carolina, 2003 (and as % of population*)

Cancers:	164,000	(4.1%)
Diabetes:	242,000	(6.0%)
Heart Disease:	273,000	(6.8%)
Hypertension:	591,000	(14.7%)
Stroke:	42,000	(1.0%)
Mental Disorders:	564,000	(14.1%)
Pulmonary Conditions:	640,000	(16.0%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

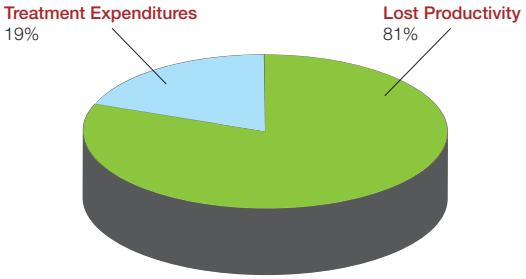


2006 Population
4,321,249

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $4.0 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in South Carolina of $16.8 billion in 2003.



Economic Impact in South Carolina 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 4.0
Lost Productivity:	$16.8
Total Costs:	**$20.8**

Figures may not sum due to rounding.

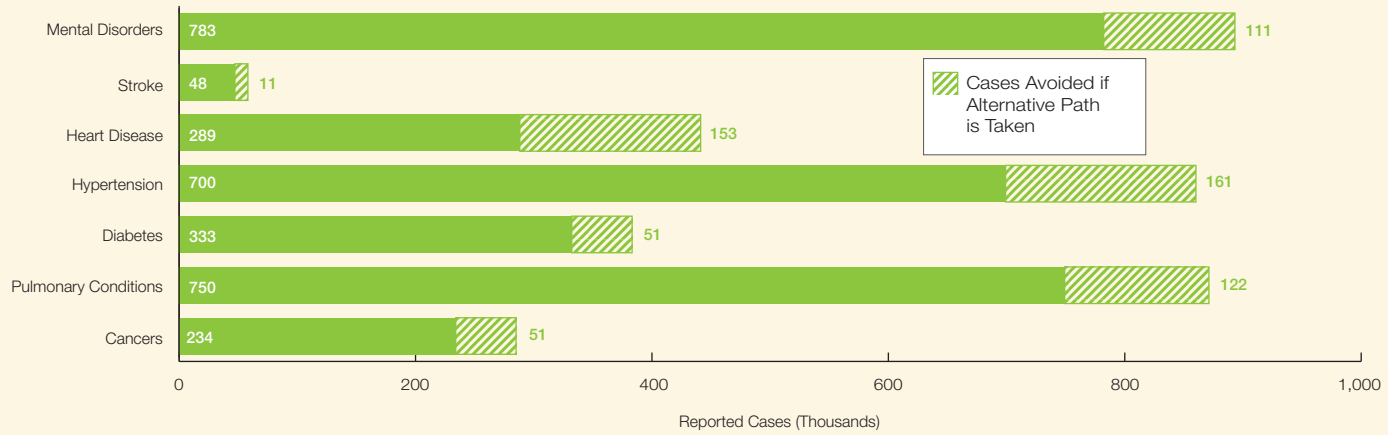
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease*, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in South Carolina TOMORROW

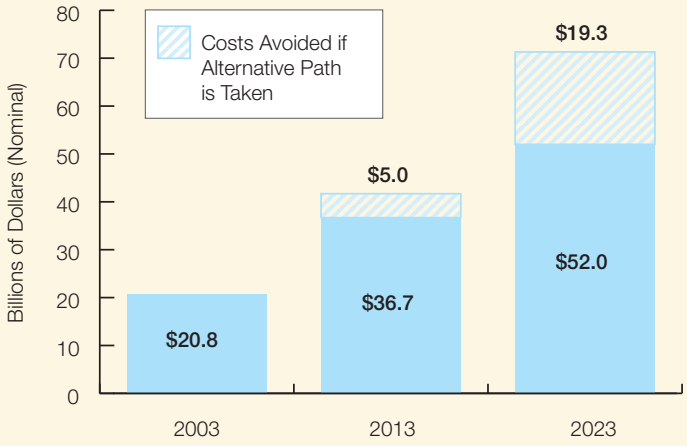
On our current path, South Carolina will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 660,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in South Carolina sharply, by 27% ($19.3 billion) in 2023. $15.3 billion of this would come from gains in productivity, and $4.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$14.0	$57.3	$71.3
Alternative Path	$ 9.9	$42.0	$52.0
Costs Avoided	**$ 4.1 (29%)**	**$15.3 (27%)**	**$19.3 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $66 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$376
GDP in 2050, Alternative Path:	$443
Potential Gain in GDP:	**$ 66 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on SOUTH DAKOTA

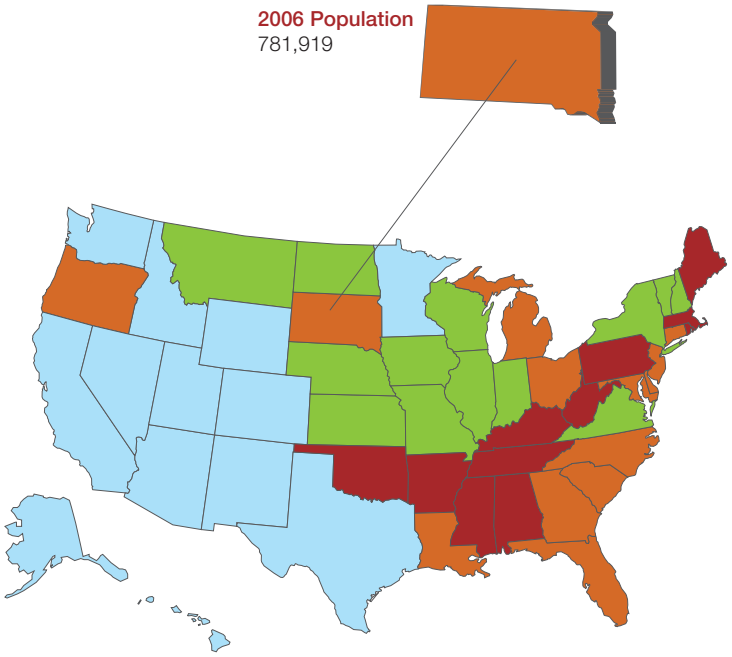
Current Toll on South Dakota TODAY

Nearly 436,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in South Dakota in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in South Dakota, 2003 (and as % of population*)

Cancers:	29,000	(3.9%)
Diabetes:	32,000	(4.4%)
Heart Disease:	55,000	(7.5%)
Hypertension:	98,000	(13.3%)
Stroke:	8,000	(1.1%)
Mental Disorders:	89,000	(12.1%)
Pulmonary Conditions:	126,000	(17.1%)

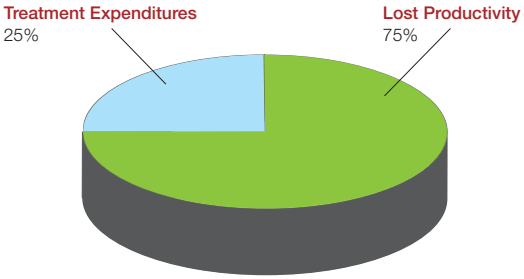
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in South Dakota of $2.8 billion in 2003.



Economic Impact in South Dakota 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.9
Lost Productivity:	$2.8
Total Costs:	**$3.8**

Figures may not sum due to rounding.

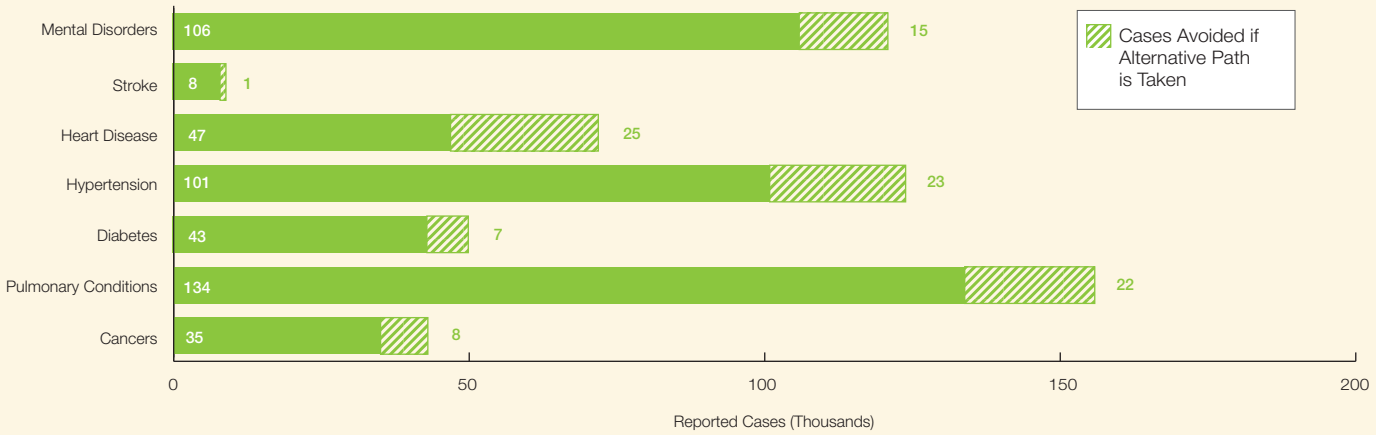
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in South Dakota TOMORROW

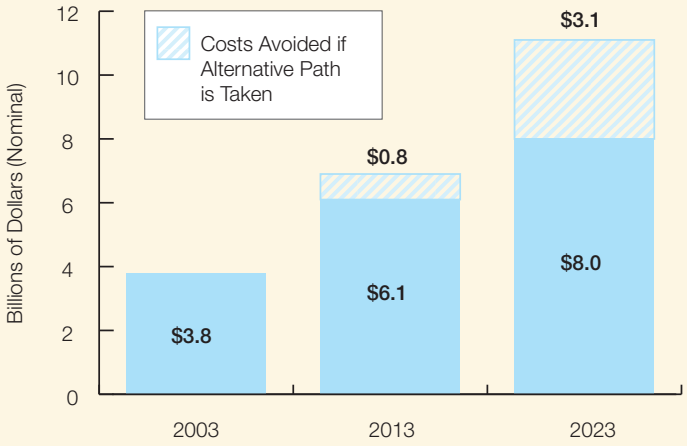
On our current path, South Dakota will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 101,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in South Dakota sharply, by 28% ($3.1 billion) in 2023. $2.3 billion of this would come from gains in productivity, and $0.8 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$2.7	$8.4	$11.1
Alternative Path	$1.9	$6.1	$8.0
Costs Avoided	**$0.8 (30%)**	**$2.3 (27%)**	**$3.1 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $10 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$56
GDP in 2050, Alternative Path:	$66
Potential Gain in GDP:	**$10 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on TENNESSEE

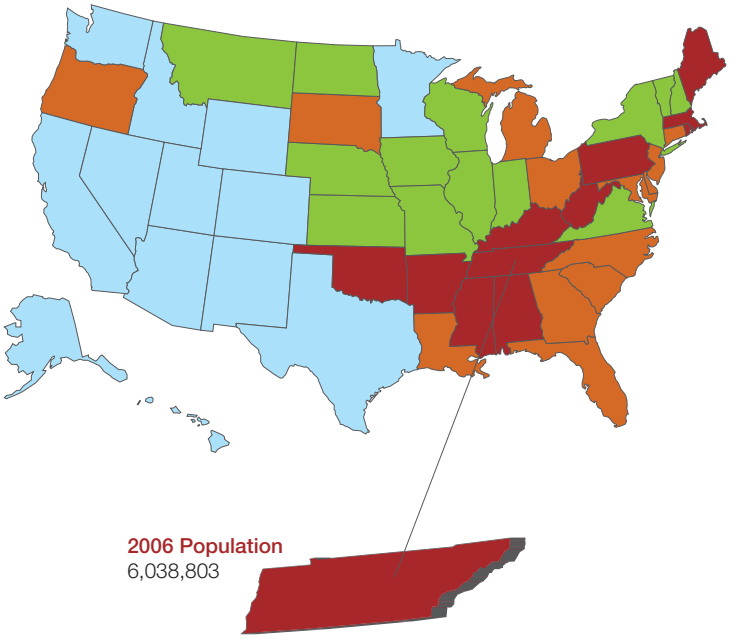
Current Toll on Tennessee TODAY

Nearly 3.8 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Tennessee in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Tennessee, 2003 (and as % of population*)

Cancers:	260,000	(4.6%)
Diabetes:	344,000	(6.0%)
Heart Disease:	458,000	(8.1%)
Hypertension:	876,000	(15.4%)
Stroke:	59,000	(1.0%)
Mental Disorders:	624,000	(11.0%)
Pulmonary Conditions:	1,167,000	(20.5%)

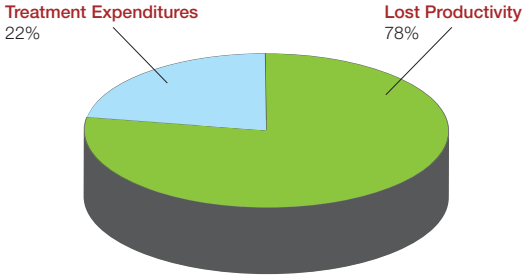
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $6.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Tennessee of $24.7 billion in 2003.



Economic Impact in Tennessee 2003 (Annual Costs in Billions)

Treatment Expenditures:	$6.9
Lost Productivity:	$24.7
Total Costs:	**$31.6**

Figures may not sum due to rounding.

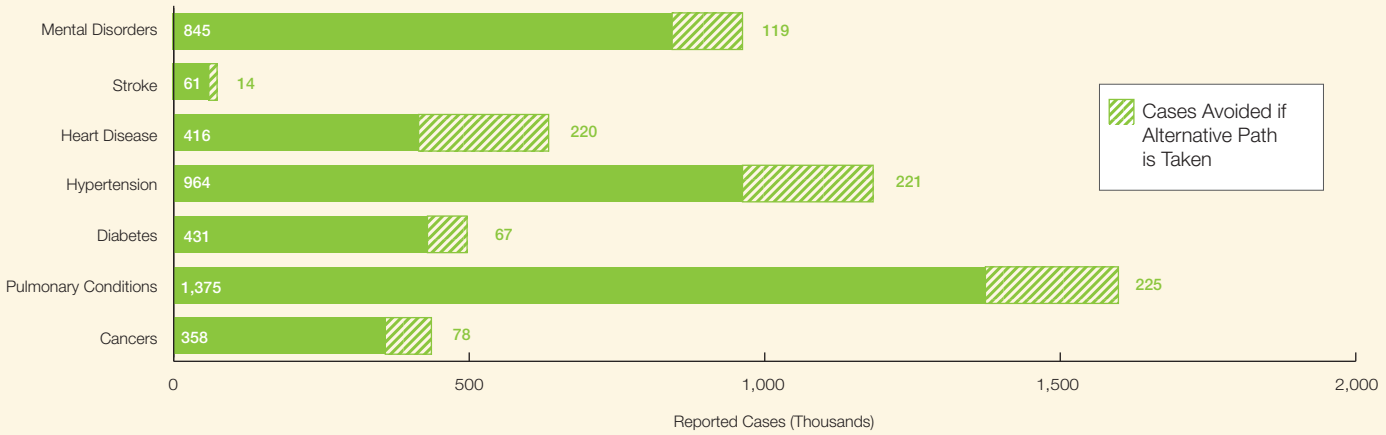
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Tennessee TOMORROW

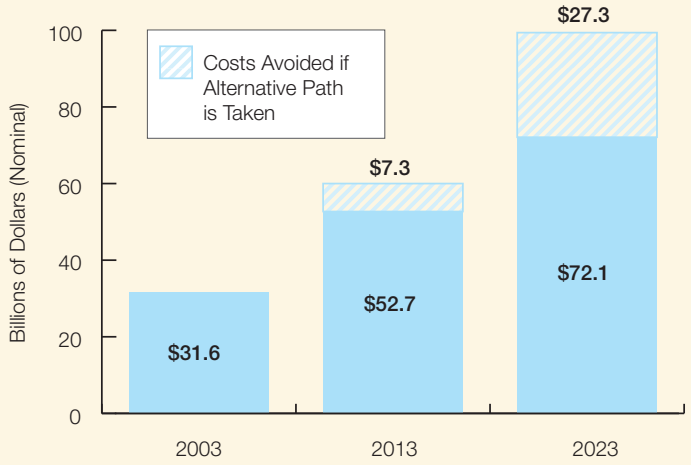
On our current path, Tennessee will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 944,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Tennessee sharply, by 27% ($27.3 billion) in 2023. $21.8 billion of this would come from gains in productivity, and $5.6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$20.0	$79.4	$99.4
Alternative Path	$14.4	$57.6	$72.1
Costs Avoided	**$5.6 (28%)**	**$21.8 (27%)**	**$27.3 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $93 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$528
GDP in 2050, Alternative Path:	$621
Potential Gain in GDP:	**$93 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on TEXAS

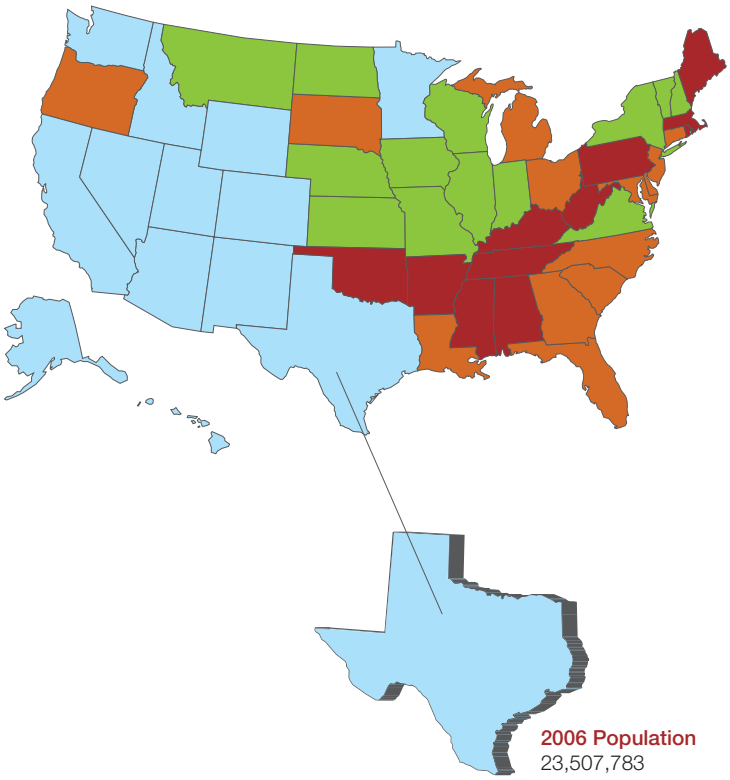
Current Toll on Texas TODAY

Nearly 11.7 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Texas in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Texas, 2003 (and as % of population*)

Cancers:	797,000	(3.7%)
Diabetes:	1,122,000	(5.2%)
Heart Disease:	1,201,000	(5.6%)
Hypertension:	2,689,000	(12.5%)
Stroke:	158,000	(0.7%)
Mental Disorders:	1,866,000	(8.7%)
Pulmonary Conditions:	3,857,000	(17.9%)

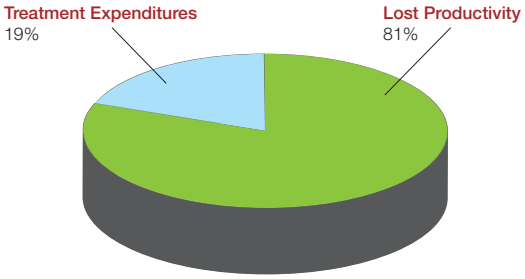
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $17.2 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Texas of $75.3 billion in 2003.



Economic Impact in Texas 2003 (Annual Costs in Billions)

Treatment Expenditures:	$17.2
Lost Productivity:	$75.3
Total Costs:	**$92.5**

Figures may not sum due to rounding.

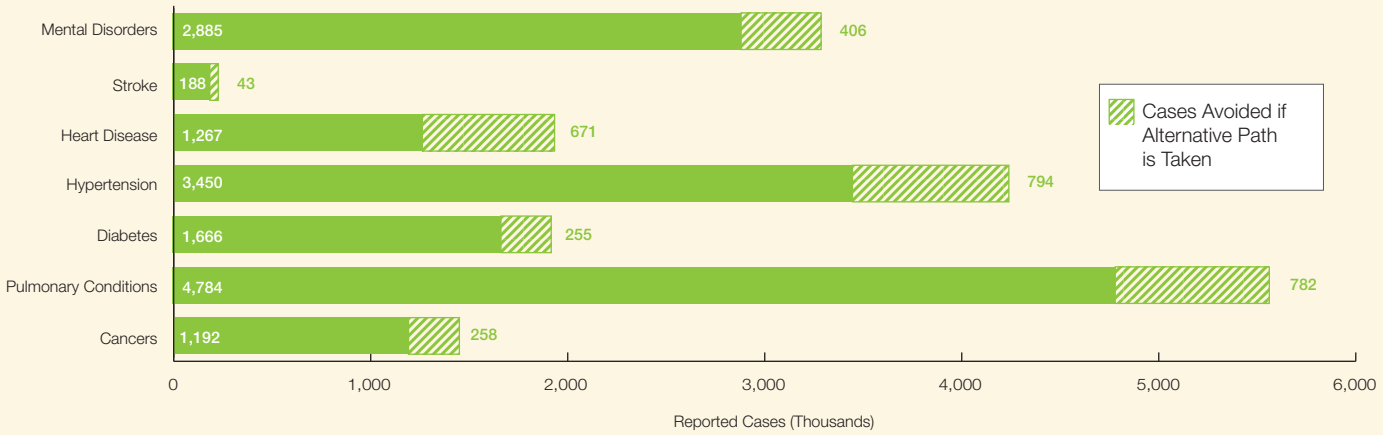
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Texas TOMORROW

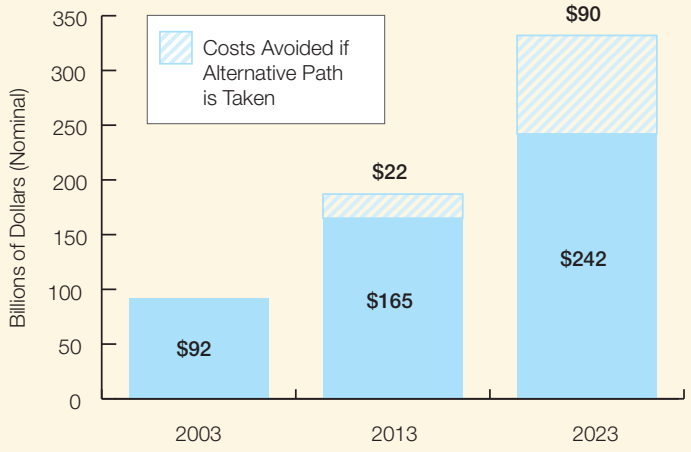
On our current path, Texas will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid over 3.2 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Texas sharply, by 27% ($90 billion) in 2023. $74 billion of this would come from gains in productivity, and $17 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$59	$273	$332
Alternative Path	$43	$199	$242
Costs Avoided	**$17 (28%)**	**$74 (27%)**	**$90 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $520 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$2,947
GDP in 2050, Alternative Path:	$3,467
Potential Gain in GDP:	**$520 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on UTAH

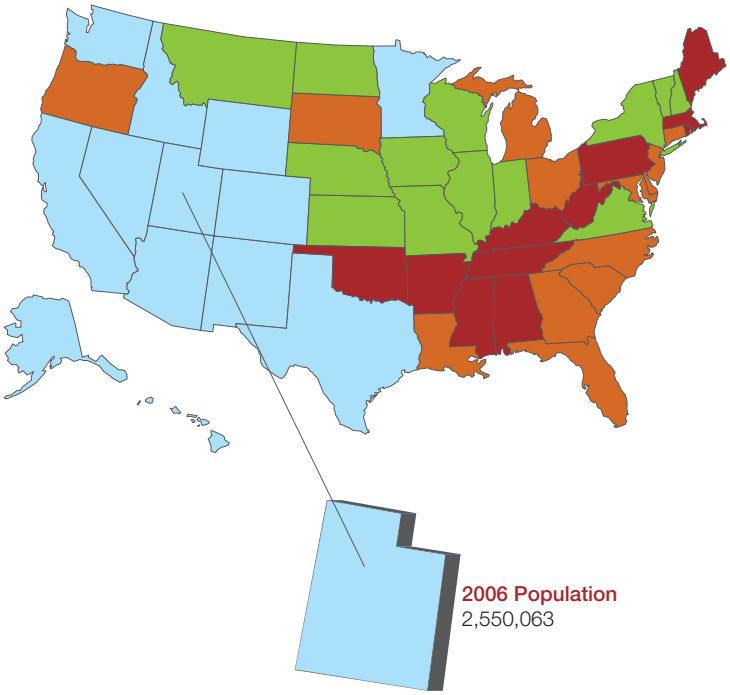
Current Toll on Utah TODAY

Over 1 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Utah in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Utah, 2003 (and as % of population*)

Cancers:	71,000	(3.1%)
Diabetes:	81,000	(3.5%)
Heart Disease:	82,000	(3.6%)
Hypertension:	197,000	(8.5%)
Stroke:	12,000	(0.5%)
Mental Disorders:	305,000	(13.2%)
Pulmonary Conditions:	313,000	(13.6%)

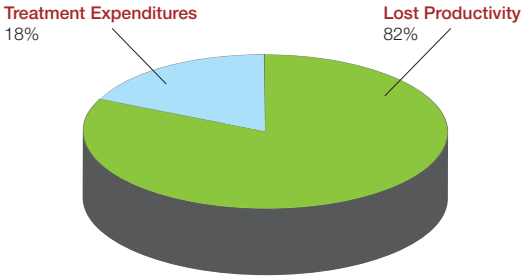
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $1.5 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Utah of $6.8 billion in 2003.



Economic Impact in Utah 2003 (Annual Costs in Billions)

Treatment Expenditures:	$1.5
Lost Productivity:	$6.8
Total Costs:	**$8.3**

Figures may not sum due to rounding.

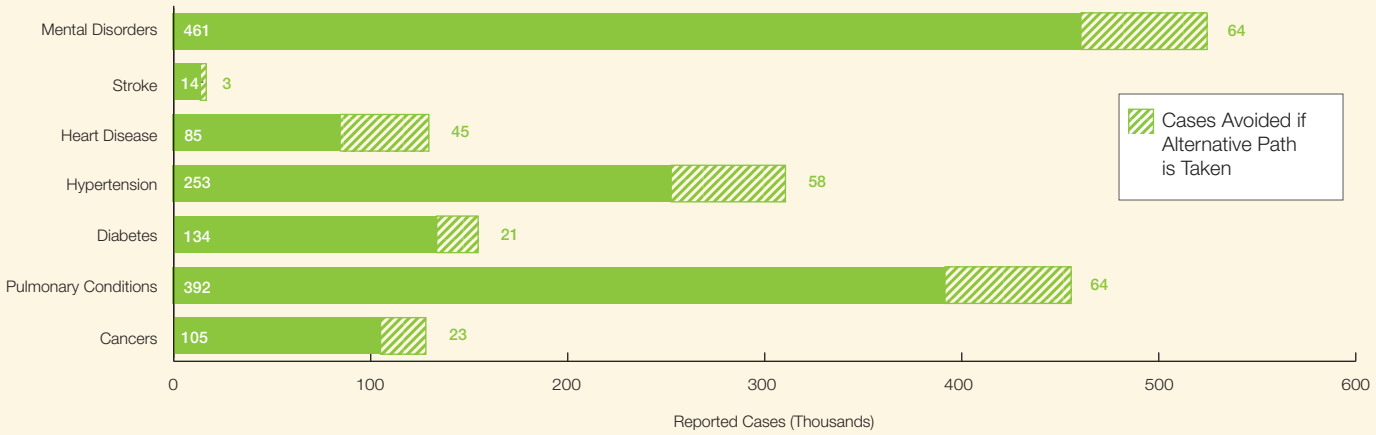
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Utah TOMORROW

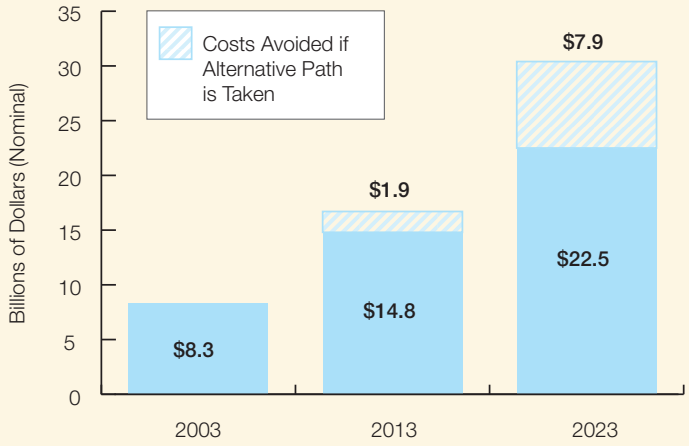
On our current path, Utah will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 279,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Utah sharply, by 26% ($7.9 billion) in 2023. $6.4 billion of this would come from gains in productivity, and $1.5 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$5.4	$25	$30.4
Alternative Path	$3.9	$18.5	$22.5
Costs Avoided	**$1.5 (27%)**	**$6.4 (26%)**	**$7.9 (26%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $54 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$306
GDP in 2050, Alternative Path:	$360
Potential Gain in GDP:	**$54 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on VERMONT

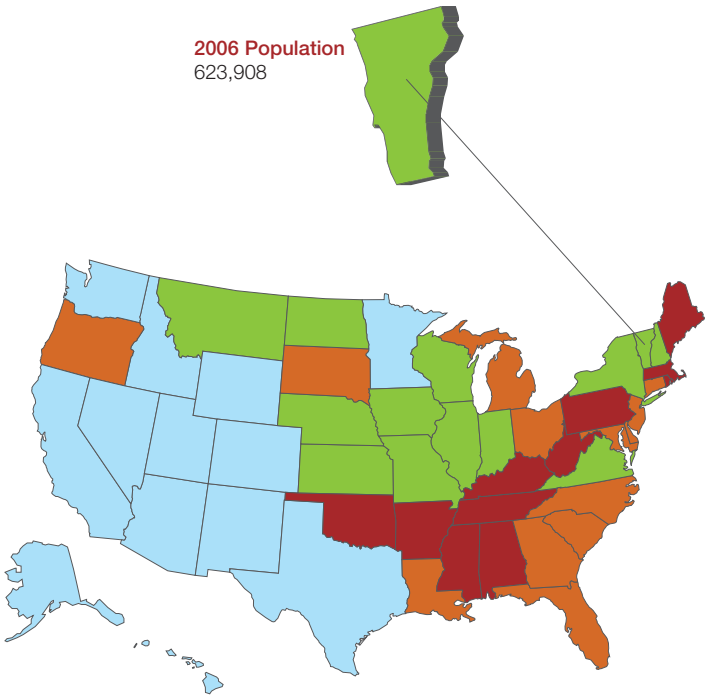
Current Toll on Vermont TODAY

Nearly 362,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Vermont in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Vermont, 2003 (and as % of population*)

Cancers:	23,000	(3.8%)
Diabetes:	26,000	(4.3%)
Heart Disease:	36,000	(6.0%)
Hypertension:	74,000	(12.4%)
Stroke:	5,000	(0.8%)
Mental Disorders:	89,000	(14.9%)
Pulmonary Conditions:	110,000	(18.4%)

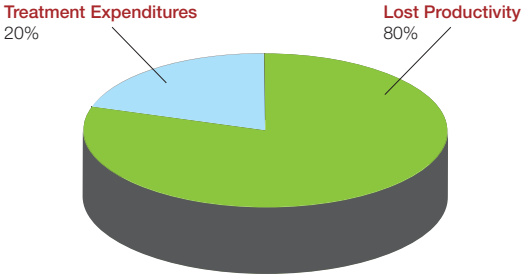
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.6 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Vermont of $2.3 billion in 2003.



Economic Impact in Vermont 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.6
Lost Productivity:	$2.3
Total Costs:	**$2.9**

Figures may not sum due to rounding.

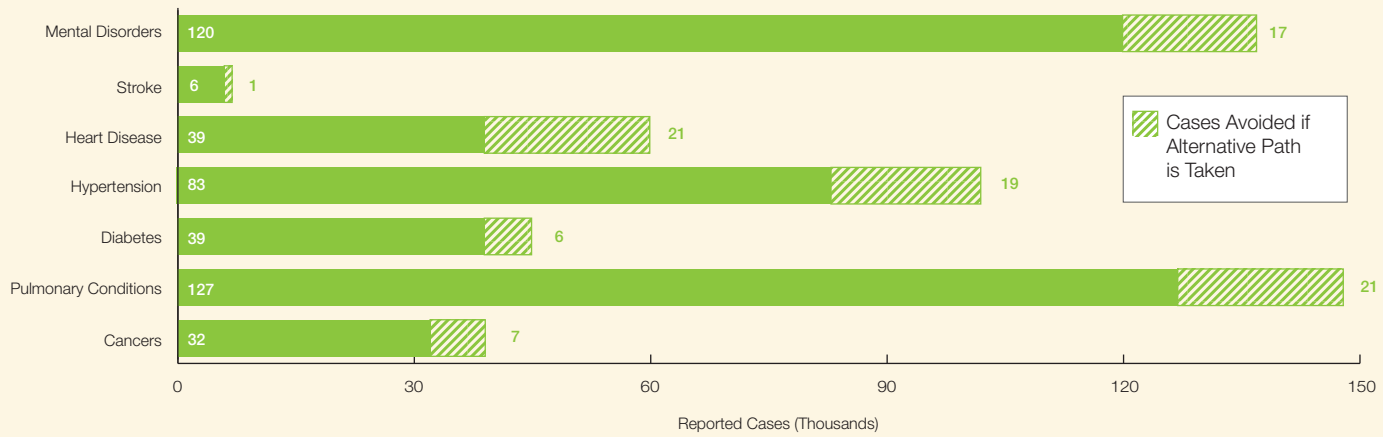
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Vermont TOMORROW

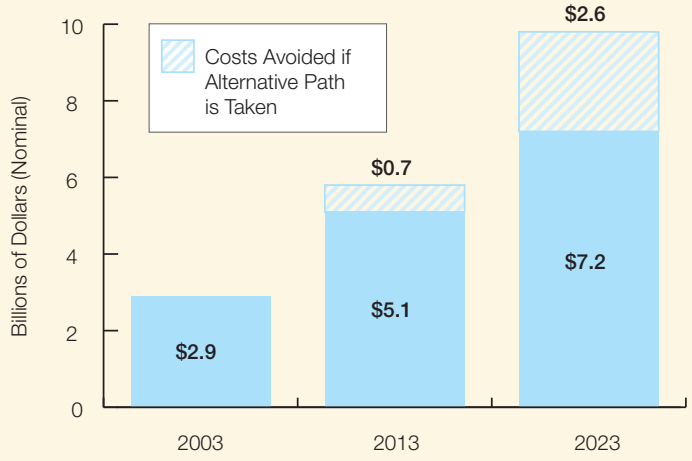
On our current path, Vermont will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 92,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Vermont sharply, by 27% ($2.6 billion) in 2023. $2 billion of this would come from gains in productivity, and $0.6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$2.1	$7.7	$9.8
Alternative Path	$1.5	$5.7	$7.2
Costs Avoided	**$0.6 (28%)**	**$2.0 (26%)**	**$2.6 (27%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $10 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$56
GDP in 2050, Alternative Path:	$66
Potential Gain in GDP:	**$10 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on VIRGINIA

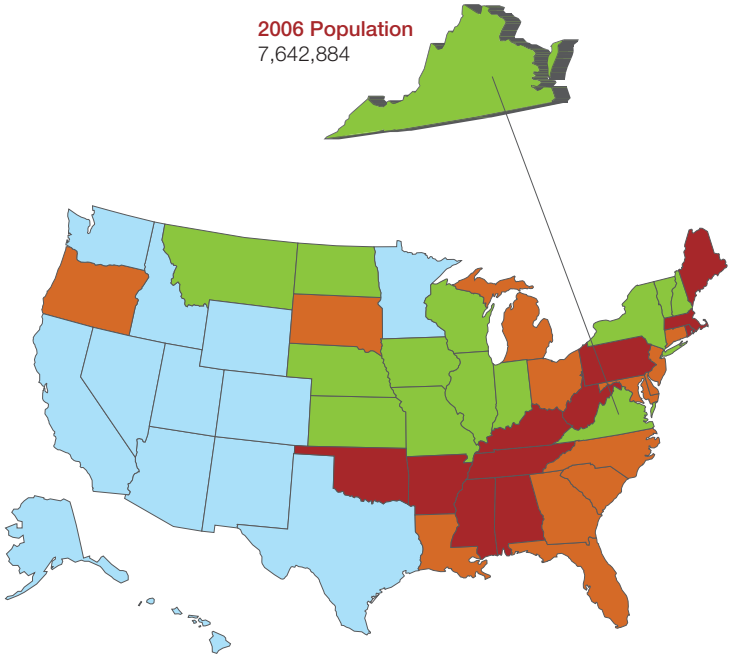
Current Toll on Virginia TODAY

Over 4 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Virginia in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Virginia, 2003 (and as % of population*)

Cancers:	279,000	(3.9%)
Diabetes:	333,000	(4.7%)
Heart Disease:	424,000	(5.9%)
Hypertension:	891,000	(12.5%)
Stroke:	60,000	(0.8%)
Mental Disorders:	739,000	(10.3%)
Pulmonary Conditions:	1,419,000	(19.8%)

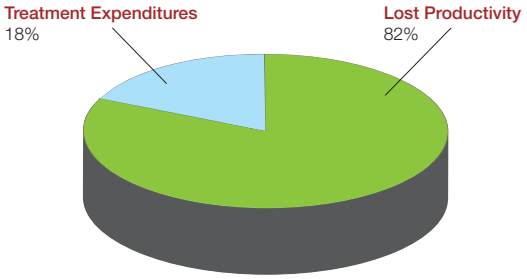
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $5.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Virginia of $26.2 billion in 2003.



Economic Impact in Virginia 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 5.9
Lost Productivity:	$26.2
Total Costs:	**$32.2**

Figures may not sum due to rounding.

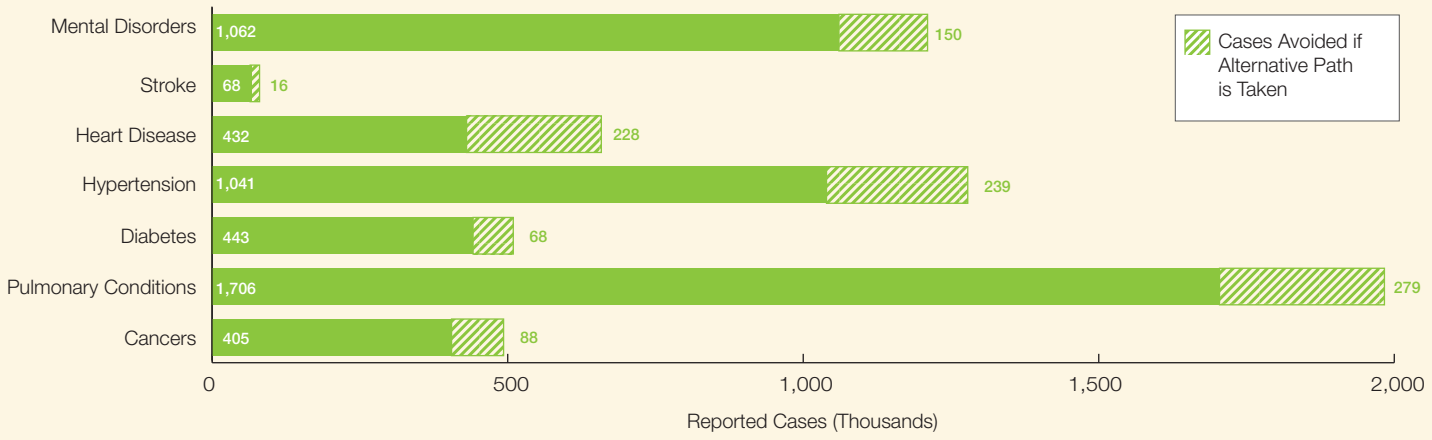
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Virginia TOMORROW

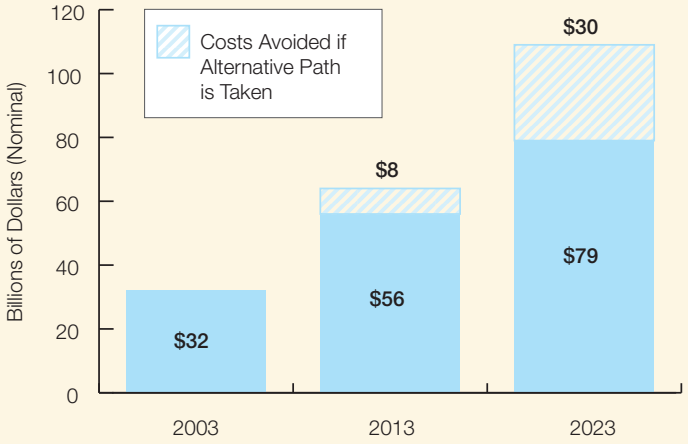
On our current path, Virginia will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid over 1 million cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Virginia sharply, by 27% ($30 billion) in 2023. $24 billion of this would come from gains in productivity, and $5 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$19	$89	$109
Alternative Path	$14	$65	$ 79
Costs Avoided	**$ 5 (28%)**	**$24 (27%)**	**$ 30 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $171 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$ 971
GDP in 2050, Alternative Path:	$1,142
Potential Gain in GDP:	**$ 171 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on WASHINGTON

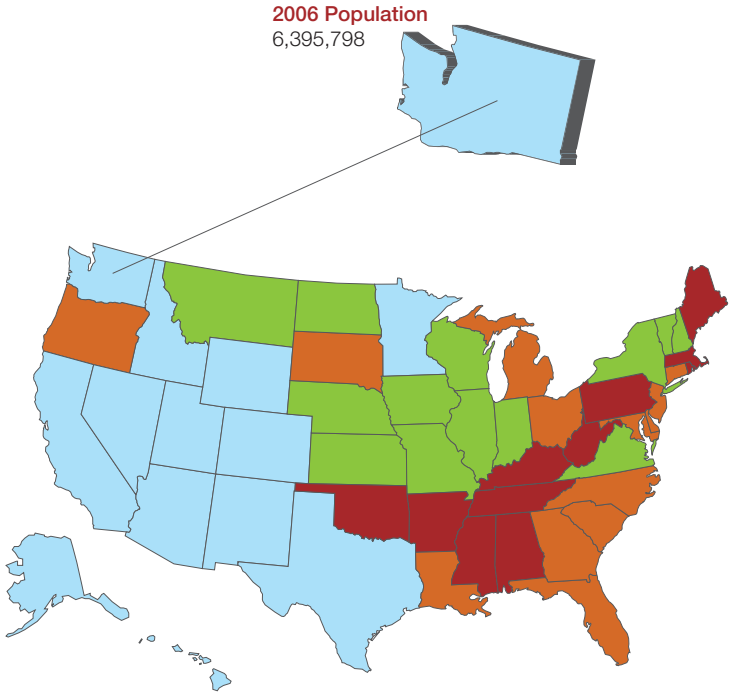
Current Toll on Washington TODAY

Nearly 3 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Washington in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Washington, 2003 (and as % of population*)

Cancers:	222,000	(3.7%)
Diabetes:	249,000	(4.2%)
Heart Disease:	302,000	(5.0%)
Hypertension:	644,000	(10.8%)
Stroke:	49,000	(0.8%)
Mental Disorders:	307,000	(5.1%)
Pulmonary Conditions:	993,000	(16.6%)

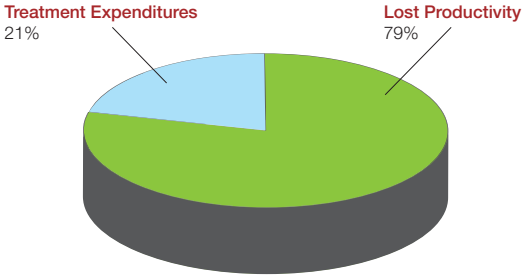
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $4.9 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Washington of $18.2 billion in 2003.



Economic Impact in Washington 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 4.9
Lost Productivity:	$18.2
Total Costs:	**$23.1**

Figures may not sum due to rounding.

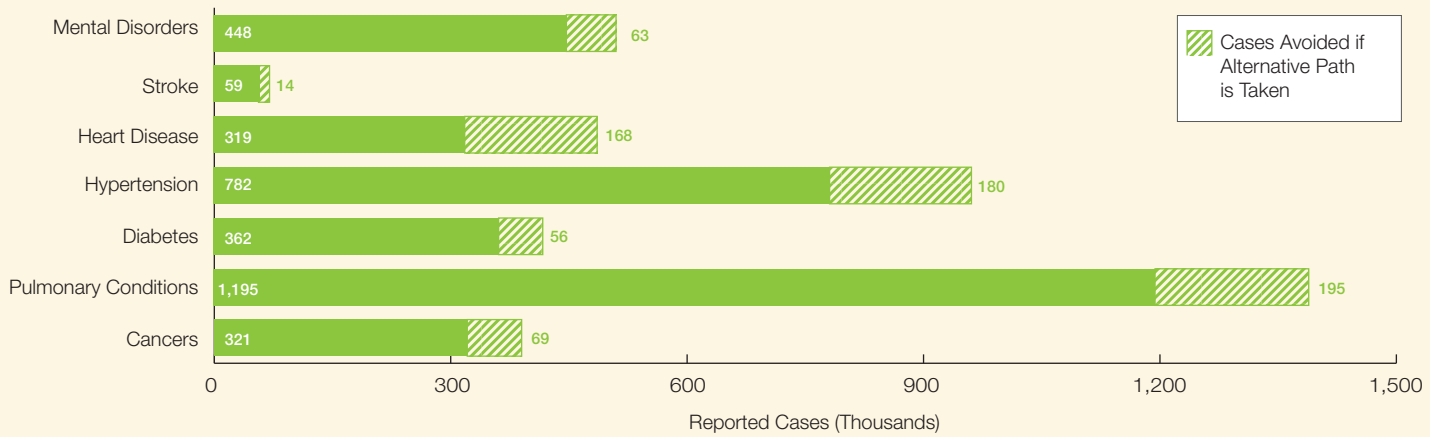
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Washington TOMORROW

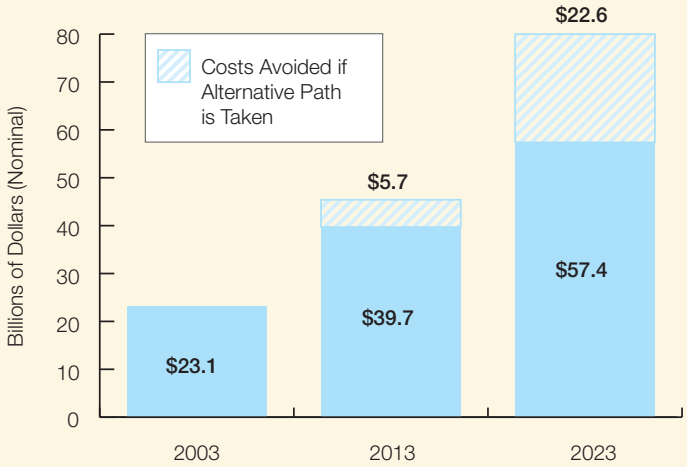
On our current path, Washington will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 746,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Washington sharply, by 28% ($22.6 billion) in 2023. $17.9 billion of this would come from gains in productivity, and $4.6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$16.3	$63.6	$80.0
Alternative Path	$11.7	$45.7	$57.4
Costs Avoided	**$ 4.6 (28%)**	**$17.9 (28%)**	**$22.6 (28%)**

And the impact on economic output *compounds* over time. These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $173 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$ 983
GDP in 2050, Alternative Path:	$1,156
Potential Gain in GDP:	**$ 173 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on WEST VIRGINIA

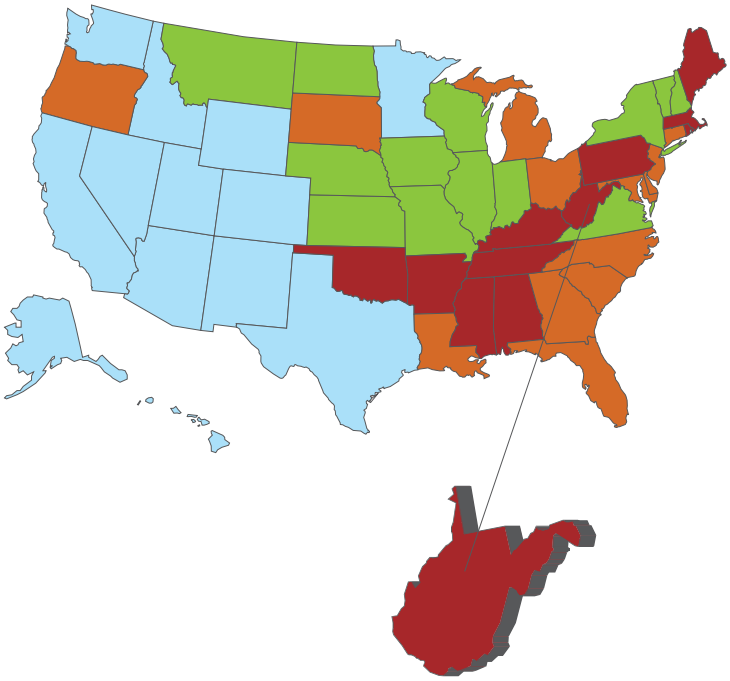
Current Toll on West Virginia TODAY

Nearly 1.3 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in West Virginia in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in West Virginia, 2003 (and as % of population*)

Cancers:	72,000	(4.1%)
Diabetes:	111,000	(6.3%)
Heart Disease:	178,000	(10.1%)
Hypertension:	301,000	(17.0%)
Stroke:	20,000	(1.1%)
Mental Disorders:	225,000	(12.7%)
Pulmonary Conditions:	371,000	(21.0%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.

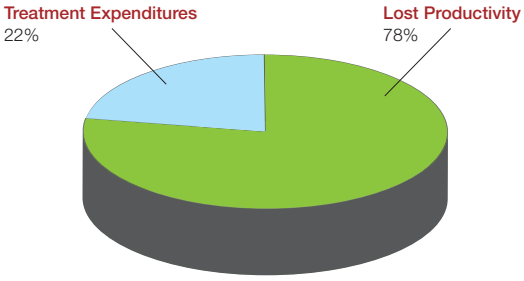


2006 Population
1,818,470

- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $2.3 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in West Virginia of $8.1 billion in 2003.



Economic Impact in West Virginia 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 2.3
Lost Productivity:	$ 8.1
Total Costs:	**$10.5**

Figures may not sum due to rounding.

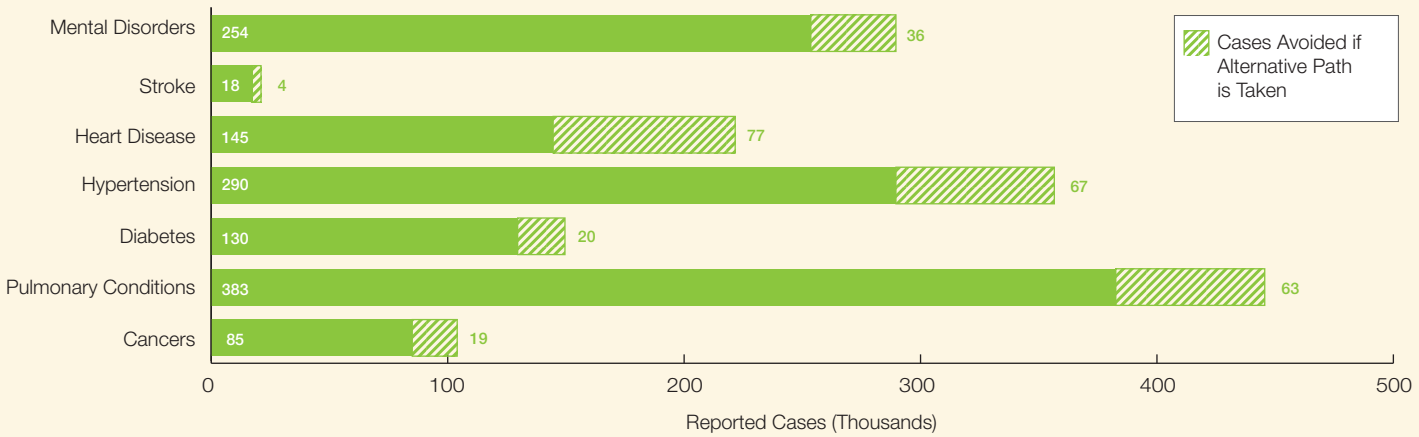
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in West Virginia TOMORROW

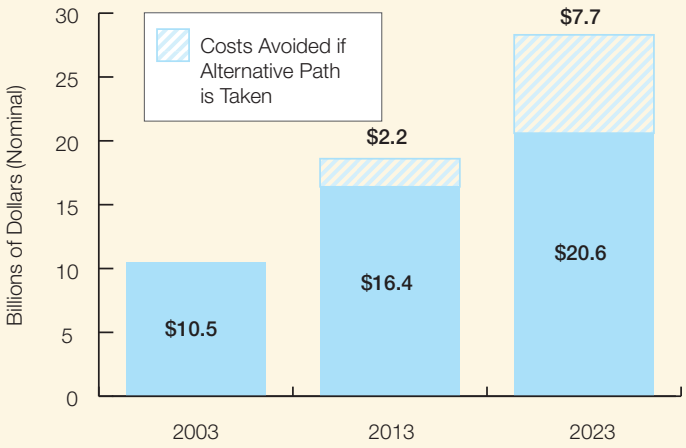
On our current path, West Virginia will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 285,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in West Virginia sharply, by 27% ($7.7 billion) in 2023. $6.1 billion of this would come from gains in productivity, and $1.6 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$5.6	$22.6	$28.2
Alternative Path	$4.1	$16.5	$20.6
Costs Avoided	**$1.6 (28%)**	**$ 6.1 (27%)**	**$ 7.7 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $16 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$ 92
GDP in 2050, Alternative Path:	$108
Potential Gain in GDP:	**$ 16 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on WISCONSIN

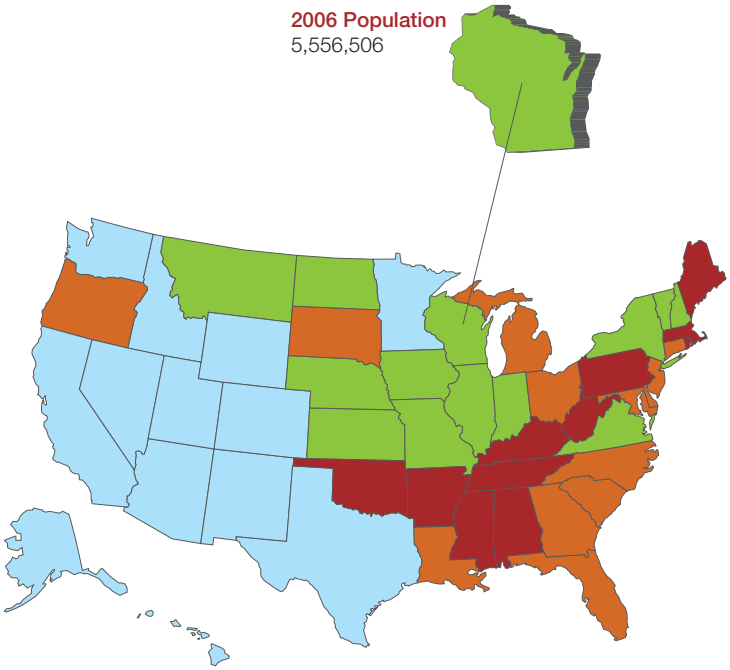
Current Toll on Wisconsin TODAY

Over 3 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Wisconsin in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Wisconsin, 2003 (and as % of population*)

Cancers:	185,000	(3.5%)
Diabetes:	192,000	(3.6%)
Heart Disease:	356,000	(6.7%)
Hypertension:	685,000	(12.9%)
Stroke:	53,000	(1.0%)
Mental Disorders:	812,000	(15.3%)
Pulmonary Conditions:	928,000	(17.5%)

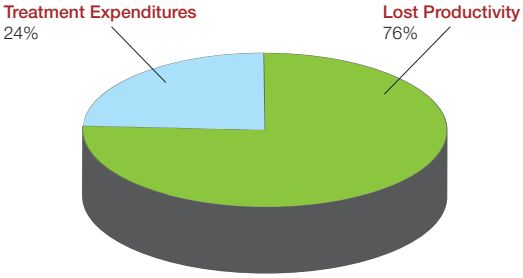
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $6.2 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Wisconsin of $20.2 billion in 2003.



Economic Impact in Wisconsin 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 6.2
Lost Productivity:	$20.2
Total Costs:	**$26.4**

Figures may not sum due to rounding.

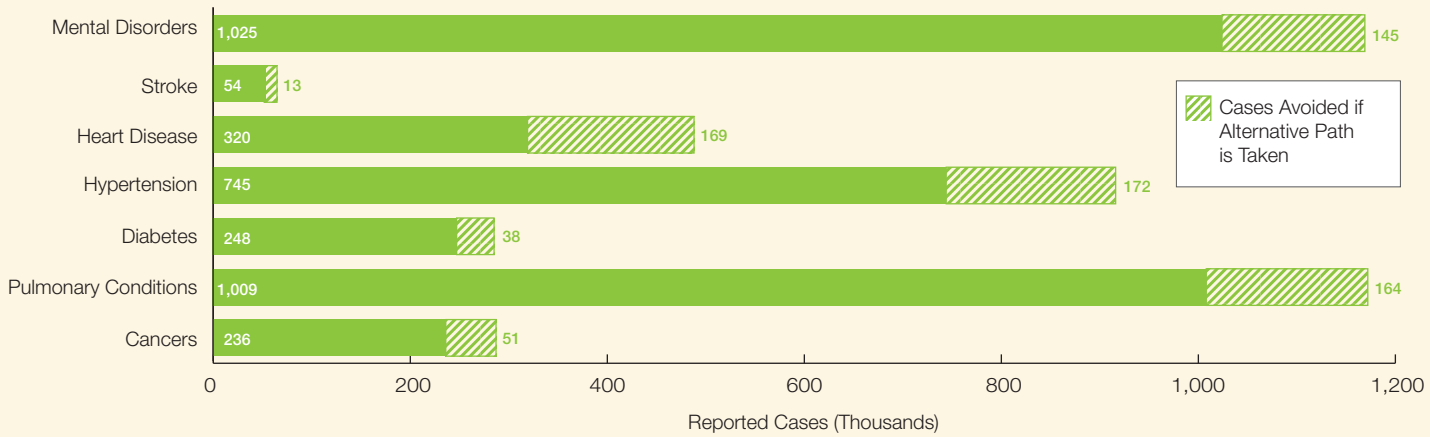
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Wisconsin TOMORROW

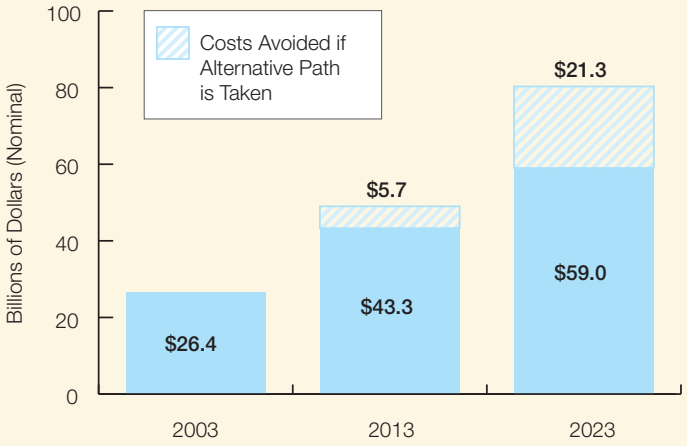
On our current path, Wisconsin will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 752,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Wisconsin sharply, by 27% ($21.3 billion) in 2023. $16.2 billion of this would come from gains in productivity, and $5.1 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$18.2	$62	$80.2
Alternative Path	$13.1	$45.8	$59.0
Costs Avoided	**$ 5.1 (28%)**	**$16.2 (26%)**	**$21.3 (27%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $85 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$483
GDP in 2050, Alternative Path:	$568
Potential Gain in GDP:	**$ 85 (18%)**

Figures may not sum due to rounding.

The Economic Burden of Chronic Disease on WYOMING

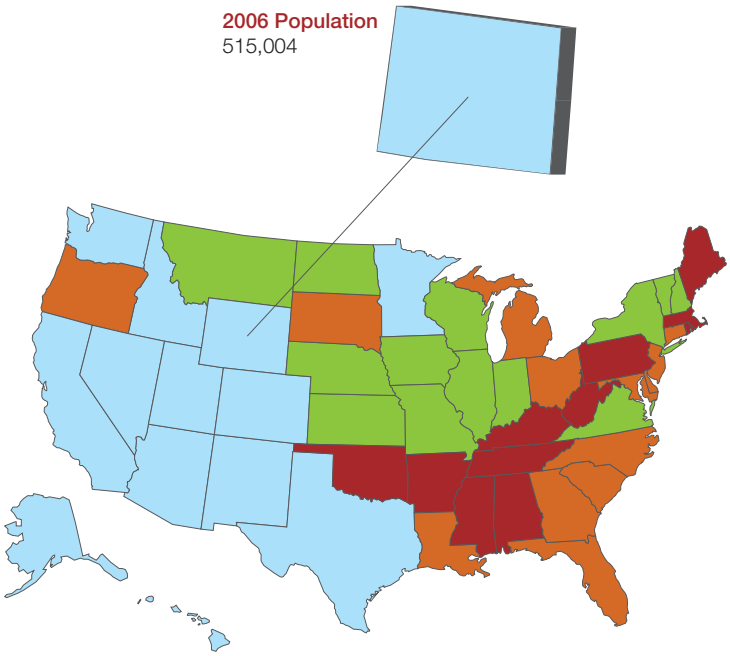
Current Toll on Wyoming TODAY

235,000 cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in Wyoming in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The following map shows how states compare based on the prevalence of the seven common chronic diseases.

Reported Cases in Wyoming, 2003 (and as % of population*)

Cancers:	17,000	(3.5%)
Diabetes:	18,000	(3.7%)
Heart Disease:	26,000	(5.3%)
Hypertension:	53,000	(10.9%)
Stroke:	3,000	(0.6%)
Mental Disorders:	51,000	(10.5%)
Pulmonary Conditions:	67,000	(13.7%)

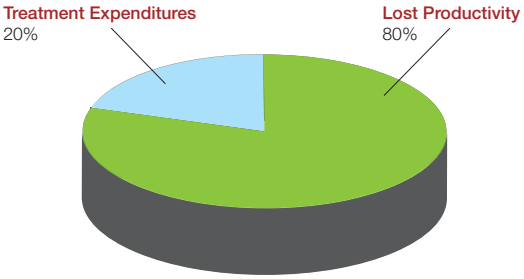
* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



- Top Quartile
- Second
- Third
- Bottom Quartile

Milken Institute State Chronic Disease Index
States in the top quartile have the lowest rates of seven common chronic diseases.

And while the human cost is enormous, the economic cost also is great. The cost of treating these conditions — without even taking into consideration the many secondary health problems they cause — totaled $0.4 billion in 2003. These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in Wyoming of $1.6 billion in 2003.



Economic Impact in Wyoming 2003 (Annual Costs in Billions)

Treatment Expenditures:	$0.4
Lost Productivity:	$1.6
Total Costs:	**$2.0**

Figures may not sum due to rounding.

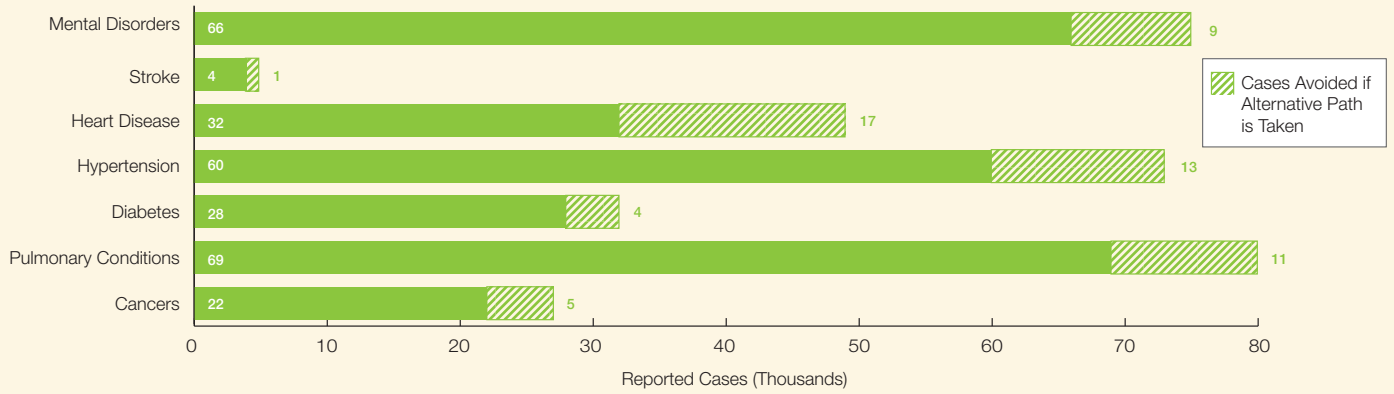
MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

Two Paths, Two Choices — Chronic Disease in Wyoming TOMORROW

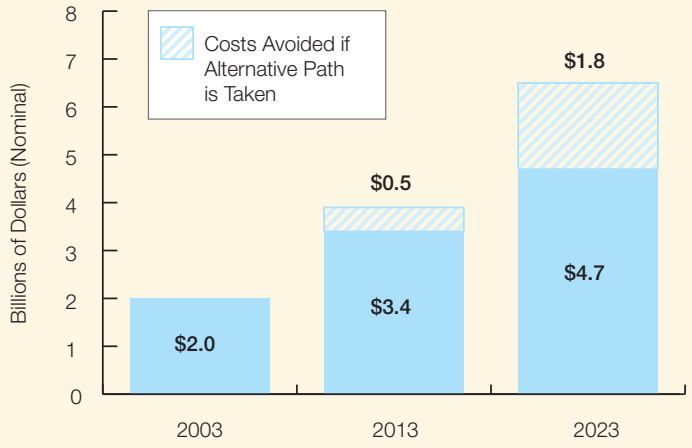
On our current path, Wyoming will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 61,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Reasonable improvements in preventing and managing chronic disease could reduce future economic costs of disease in Wyoming sharply, by 28% ($1.8 billion) in 2023. $1.4 billion of this would come from gains in productivity, and $0.4 billion would come from reduced treatment spending.

Projected Annual Economic Costs 2003-2023 (Billions)



Avoidable Costs in 2023 (Billions)

	Treatment Expenditures	Lost Productivity	Total
Current Path	$1.4	$5.2	$6.5
Alternative Path	$1.0	$3.8	$4.7
Costs Avoided	**$0.4 (29%)**	**$1.4 (27%)**	**$1.8 (28%)**

And the impact on economic output *compounds* over time.
These improvements in health will increase investments in human and physical capital, driving additional economic growth a generation from now. By 2050, reasonable disease prevention and management efforts could add $9 billion to the state's economic output, a boost of 18%.

Real GDP in 2050 (In billions 2003 dollars)

GDP in 2050, Current Path:	$52
GDP in 2050, Alternative Path:	$61
Potential Gain in GDP:	**$ 9 (18%)**

Figures may not sum due to rounding.