

A Broader View of Health

Results from the HPQ-Select Employee Survey

FULL REPORT

Prepared for Company XYZ

Date:



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health + productivity at work

Report Overview

This report quantifies the link between chronic health conditions and their business outcomes based on 14,850 employee survey responses to the HPQ-Select¹ questionnaire. It is intended to help the employer broaden the data on the true costs of employee health and to promote new strategies for managing chronic medical conditions. The report summarizes information gathered from employees completing the HPQ-Select survey instrument and details the prevalence and treatment penetration of chronic health conditions in the workforce; integrates information on lost work time and chronic conditions; quantifies the amount of lost productivity associated with that lost work time; and summarizes opportunities to improve business performance through productivity gains.

Principal Findings

- **The magnitude of health-related lost productivity costs for chronic conditions is too large to ignore.** Health-related lost productivity in this workforce equals \$119 million, 1.5 times total expenditures for medical and pharmacy care. Lost productivity also represents 7.9% of total corporate earnings and 5.3% of human capital costs in the business (see Section III).
- **Improvements in lost productivity can represent a significant business opportunity.** Every company desires to improve earnings. Given the company's revenue-to-earnings ratio, lost productivity improvements may be an important adjunct strategy to assist employers to improve earnings rather than solely focusing on top-line revenue growth. A 10% improvement in health-related productivity would have the same earnings impact as an additional \$120 million in additional revenue (see Section III).
- **The most prevalent chronic conditions often aren't treated by health professionals.** The five most common chronic conditions are allergies, disorders of the back/neck, fatigue, depression and headache. On average, these conditions are treated professionally only about 20% of the time (see Section I). These results underscore the need for employers to look beyond medical and pharmacy claims data to manage chronic conditions.
- **The best productivity-improvement opportunities can be found by focusing on a core group of key chronic health conditions.** Employers may be hesitant to expand medical treatment due to concerns over medical costs. However, when employers link chronic conditions to time loss from work and its productivity consequences, they may re-think their health management strategies. The data show that not every chronic health

¹ The Health and Work Performance Questionnaire (HPQ) was developed by Dr. Ronald Kessler of Harvard Medical School and the World Health Organization to get employee-reported information on health conditions, absence lost time and reduced capacity from ill health while employees are at work. The HPQ-Select is the next generation of this survey tool and has been developed by IBI in partnership with Dr. Kessler and the Midwest Business Group on Health.

condition contributes the same amount to lost productivity and thus represents an effective opportunity to drive overall gains. The five most important chronic conditions for this workforce from a lost work time perspective: (1) depression, (2) fatigue, (3) sleeping problems, (4) disorders of the back/neck, and (5) anxiety. These five conditions represent 50% of all lost productivity, while the top 10 chronic account for 73% (see Sections II and III).

- **Respondents:** The results in this report represent survey respondents weighted to the characteristics of the workforce. 39% of the company’s workers participated in the HPQ-Select survey. The employees participating in the survey have the following characteristics compared to the full workforce.

	<u>Sample</u> (N=14,850)	<u>Employer Overall</u> (N=38,000)
Age		
<= 34 years	35%	42%
35 to 49	40%	35%
50 and above	25%	23%
Gender		
Male	45%	52%
Occupation		
Executive, administrator, sr. mgr, prof.	50%	45%
Tech. support, precision prod, craft	20%	27%
Sales, clerical, admin support	20%	18%
Service	10%	10%

Solutions to the issues are possible. Employers and their partners are finding new ways to broaden their view of health and engage in new discussions about the business and personal value of a healthy workforce.

Table of Contents

	Page
Section I. Health Conditions and Their Treatment	3
A. Acute vs. chronic conditions	3
B. Chronic health groupings	4
C. Health conditions in the workforce	4
C. Co-morbid groups	5
D. Opportunities to improve treatment of chronic conditions	7
Section II. The Link between Chronic Conditions and Lost Work Time	8
A. The magnitude of lost work time and its contributors	8
B. Chronic conditions and lost work time	8
C. Opportunities for improvement	9
Section III. Lost Productivity and Business Impacts	11
A. The magnitude of health-related lost productivity	11
B. Lost productivity and health conditions	12
C. Lost productivity in the business context	12
D. The business impact of improvements	13
Section IV. Closing the Loop	15
Section V. Appendices	16
Appendix 1. Profile of participating employer	
Appendix 2. Health status (ordered by health condition prevalence)	
Appendix 3. Health status of workforce, absence and presenteeism lost work time (ordered by total lost workdays)	
Appendix 4. Health status, lost time and lost productivity (ordered by lost productivity amount)	

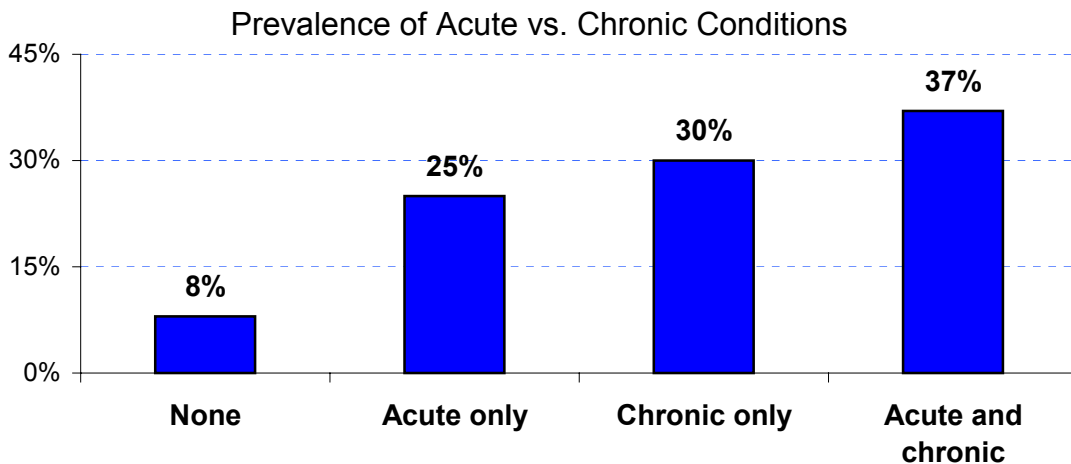
Section I. Health Conditions and Their Treatment

Employers historically have managed health care by focusing on high-cost conditions as reflected in medical and pharmacy claims files. Although an important starting point, medical and pharmacy claims databases miss two important aspects of employee health: (1) they only include conditions for which medical care is provided and a medical claim generated, and (2) they may exclude conditions that are symptomatic of broader health issues and cannot be narrowly defined with a diagnosis code yet significantly affect employee productivity.

This report includes analysis of the following 27 chronic health conditions: allergy, anxiety, arthritis, asthma, back/neck, bladder/urinary, bronchitis, chronic obstructive pulmonary disease (COPD), congenitive heart failure, coronary heart disease, depression, diabetes, fatigue, gastroesophagel reflux disease (GERD), headache, high cholesterol, hypertension, irritable bowel syndrome, migraine, obesity, osteoporosis, other cancer, other emotional problem, skin cancer, sleeping problems, and ulcer.

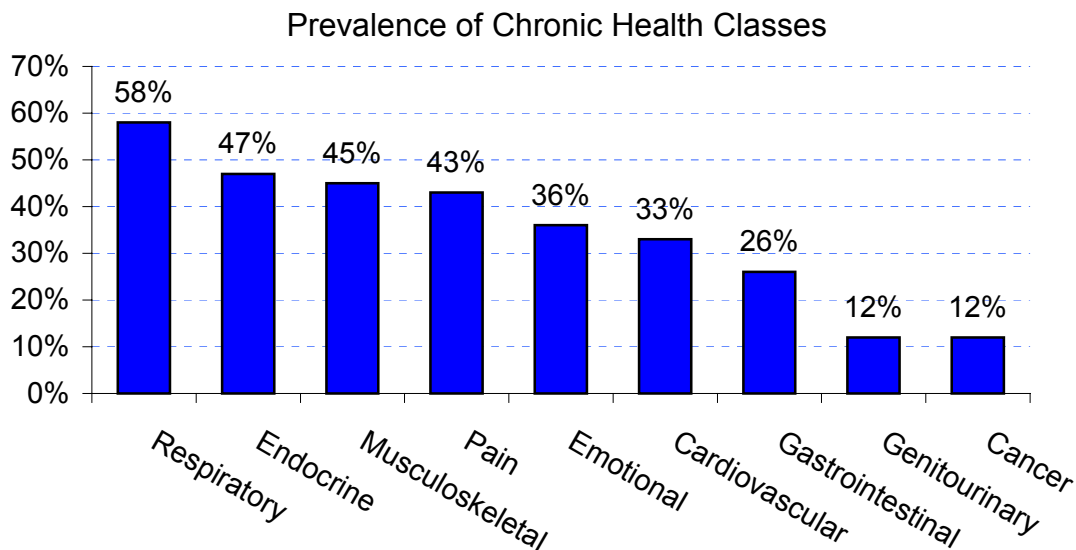
This section highlights findings from that analysis for the following dimensions: chronic conditions versus acute conditions (all other conditions including colds, flu, injuries, etc.); prevalence and treatment penetration for chronic conditions in the workforce reflected in broad health classes (such as respiratory conditions and musculoskeletal problems); individual chronic conditions and co-morbid pairs of conditions; and opportunities to improve care by closing the treatment gap for important conditions.

A. Acute vs. chronic conditions. Although treatment for acute conditions typically is reflected in medical and pharmacy claims databases, acute conditions rarely represent a dominant share of medical conditions or medical costs for an employer. This exhibit shows the relative importance of acute vs. chronic conditions for the workforce studied.



Key Finding: 67% of the workforce suffers from chronic health conditions, either alone or in combination with acute conditions.

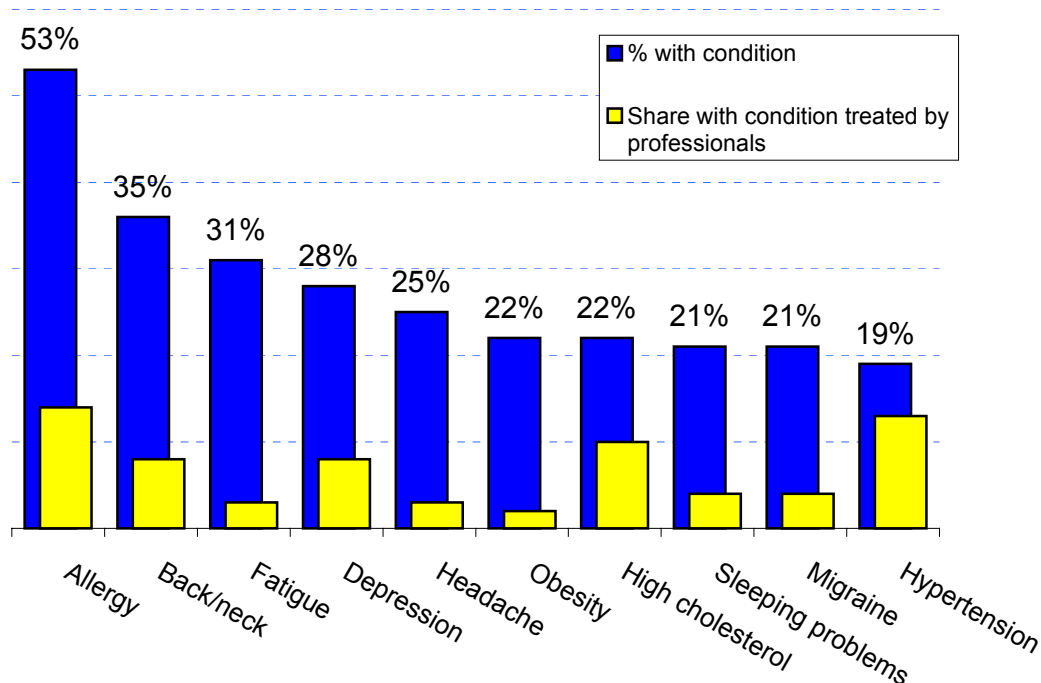
B. Chronic health groupings. A first step in understanding the range of chronic health conditions in the workforce is to examine the major health-condition classes into which they fit. The exhibit below shows the prevalence of chronic conditions by 9 key health-condition classes as reported by survey participants.



Key Findings: The workforces prominent chronic conditions can be clustered into five groups by way of prevalence in the workforce: respiratory (58% of those with chronic conditions), endocrine (47%), musculoskeletal (45%), pain (43%) emotional (36%). The least common chronic condition is cancer (12%).

C. Health conditions in the workforce. Health-condition classes are helpful to get an overview of the range of chronic conditions. However, treatment and other interventions target discrete health conditions. The exhibit below displays the 10 most prominent chronic health conditions ranked by their prevalence in the workforce during the survey period and, for each condition, the proportion of cases for that condition being treated by medical professionals.

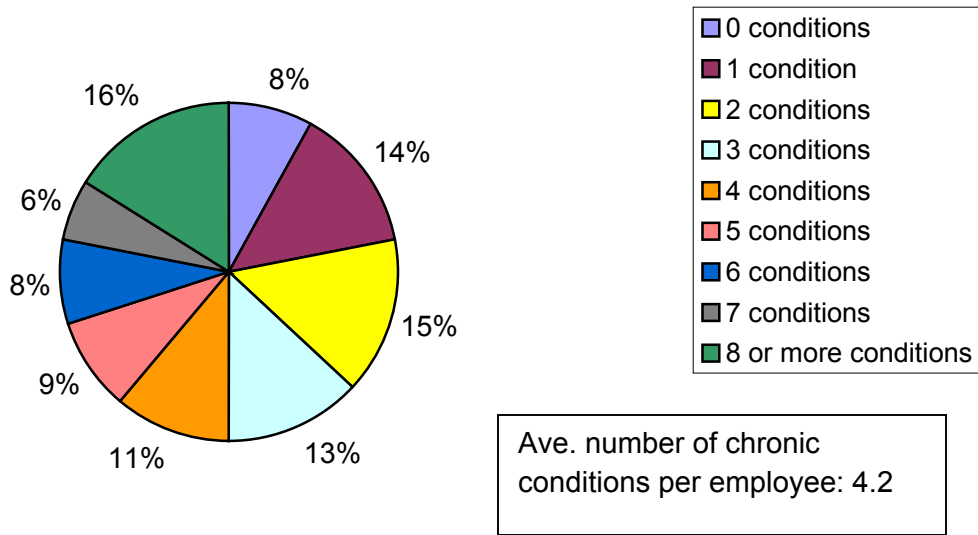
Prevalence & Treatment of Top 10 Conditions



Key Findings: In the workforce studied, allergy is the most common health condition with a prevalence of 53%, while only 26% of the 53 employees with chronic allergies report being currently being treated professionally. On the other end of the spectrum, 19% of the workforce has hypertension with a 68% treatment penetration. Over all 27 conditions analyzed, an average of 33% were being treated at the time of the study.

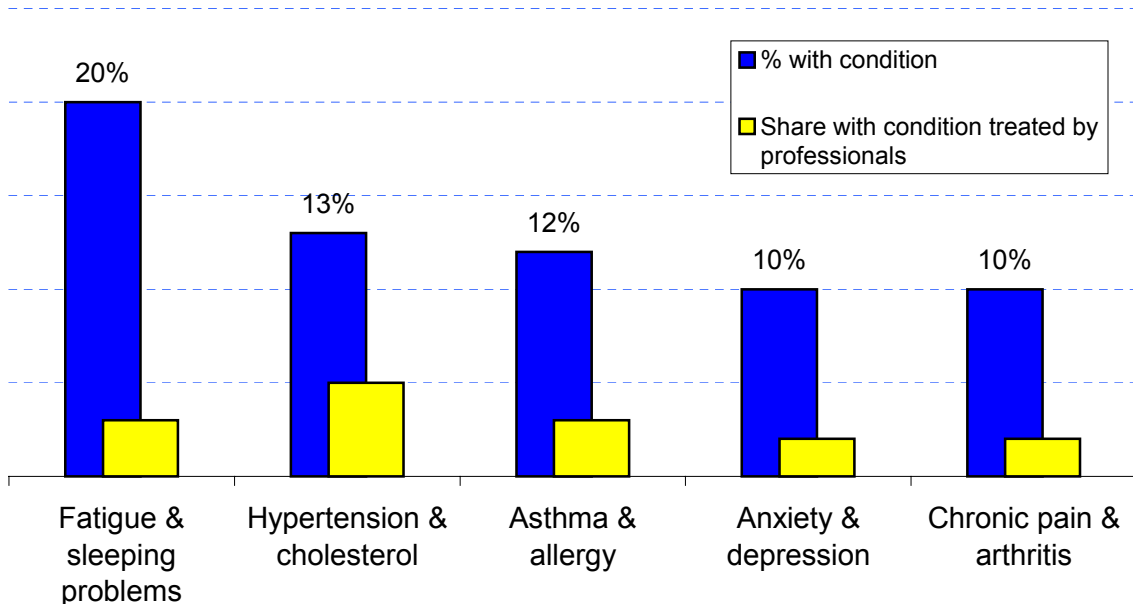
D. Co-morbid groups. Finally, chronic conditions often exist in combinations; as the employer develops intervention strategies it may want to consider these broader classes. The first exhibit shows the number of chronic conditions in the workforce; the second displays the 5 most prominent co-morbid pairs of conditions and shows the treatment penetration for each.

Number of Chronic Conditions



Key Findings: Only 8% of the workforce have no chronic health conditions, while 14% have only one chronic condition; 16% have eight or more. The average number of chronic conditions per employee is 4.2.

Top 5 Co-Morbid Pairs of Conditions



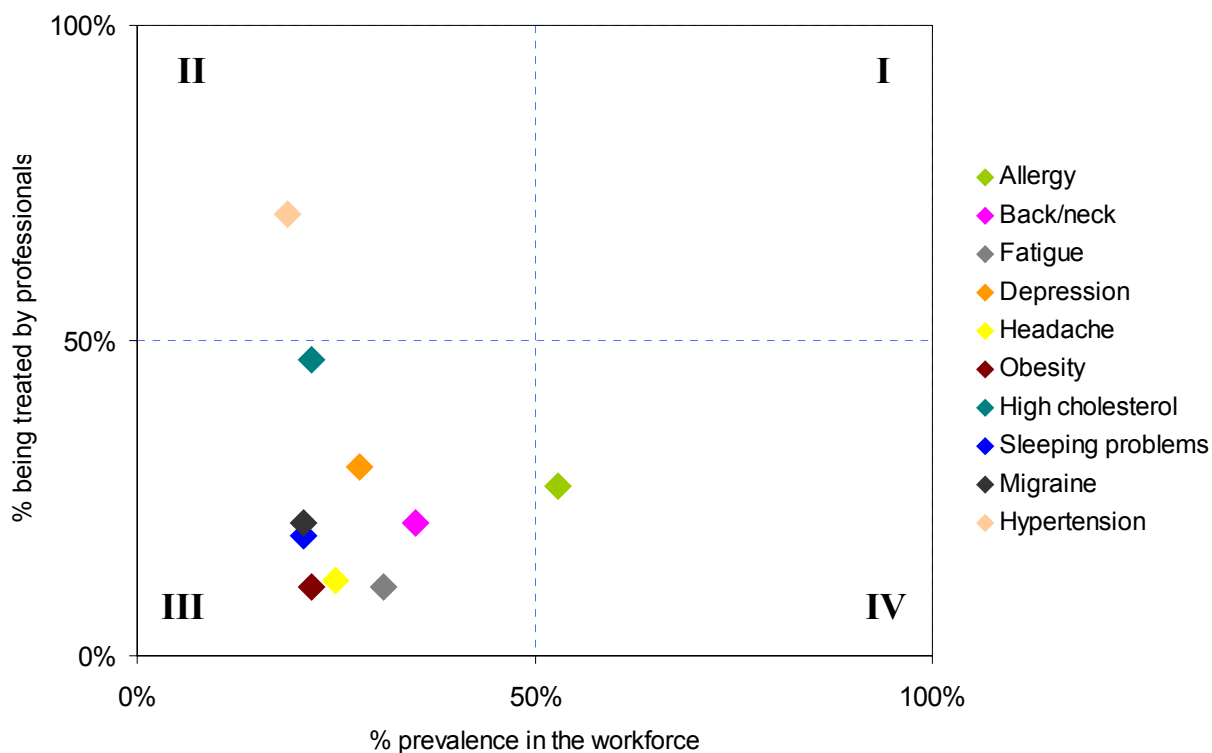
Key Findings: Fatigue and sleeping disorders is the most common co-morbid pair of chronic health conditions with a 20% prevalence rate; of the 20% of employees with these two conditions, medical professionals are treating 3%. Ranked fifth is

chronic pain and arthritis with a prevalence of 10%, while only 2% with these conditions are being treated for these two conditions.

E. Opportunities to improve treatment of chronic conditions. Closing the gap in treatment for the most common conditions is often a goal of chronic medical care. This exhibit below shows the top 10 health conditions based on the combination of percent prevalence in the workforce (shown on the x axis) and percent in treatment (shown on the y axis). The Appendix provides a listing of prevalence and % treated for all health conditions surveyed.

Conditions in quadrant I are those that are highly prevalent and have a large percent being treated by medical professionals; those in quadrant II are less prevalent but still have a large percentage being treated. Quadrant III includes condition with lower prevalence and lower treatment penetration, while Quadrant IV are conditions with high prevalence and low treatment penetration.

Top 10 Health Condition Prevalence & Treatment



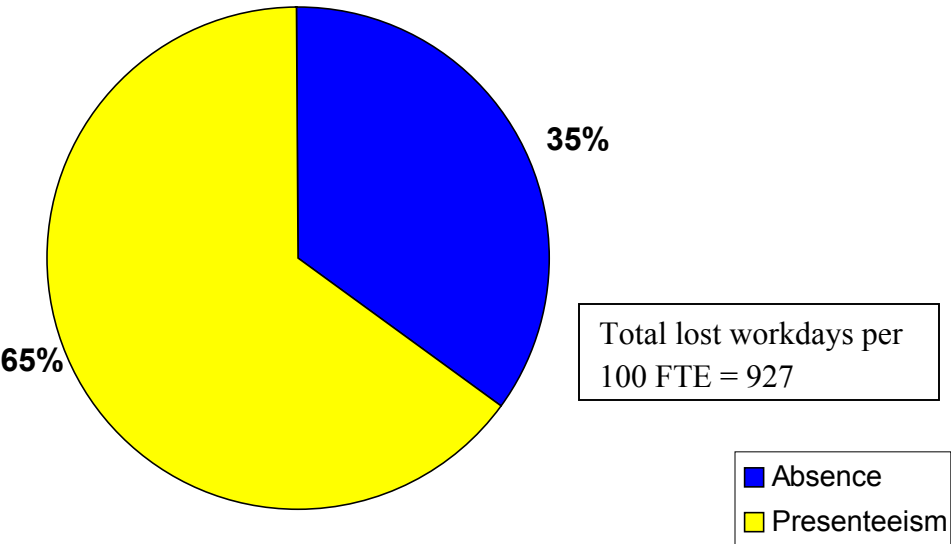
Key Findings: The best opportunities to improve treatment are a function both of the prevalence of the condition in the workforce and the degree to which the condition is being treated. Conditions in quadrants III and IV tend to be the best targets for taking action.

Section II. The Link between Chronic Conditions and Lost Work Time

Time away from work links chronic conditions to lost productivity. We examine the amount of lost work time associated with chronic health conditions in two forms: (1) absence from work and (2) reduced performance while at work resulting in lost work time (presenteeism).

A. The Magnitude of Lost Work Time and its Contributors. The relative magnitude of these two components of time away from work will influence the employer’s strategy in both health and lost-time management. This exhibit shows the relative contributions of absence and presenteeism to total lost work time for the workforce.

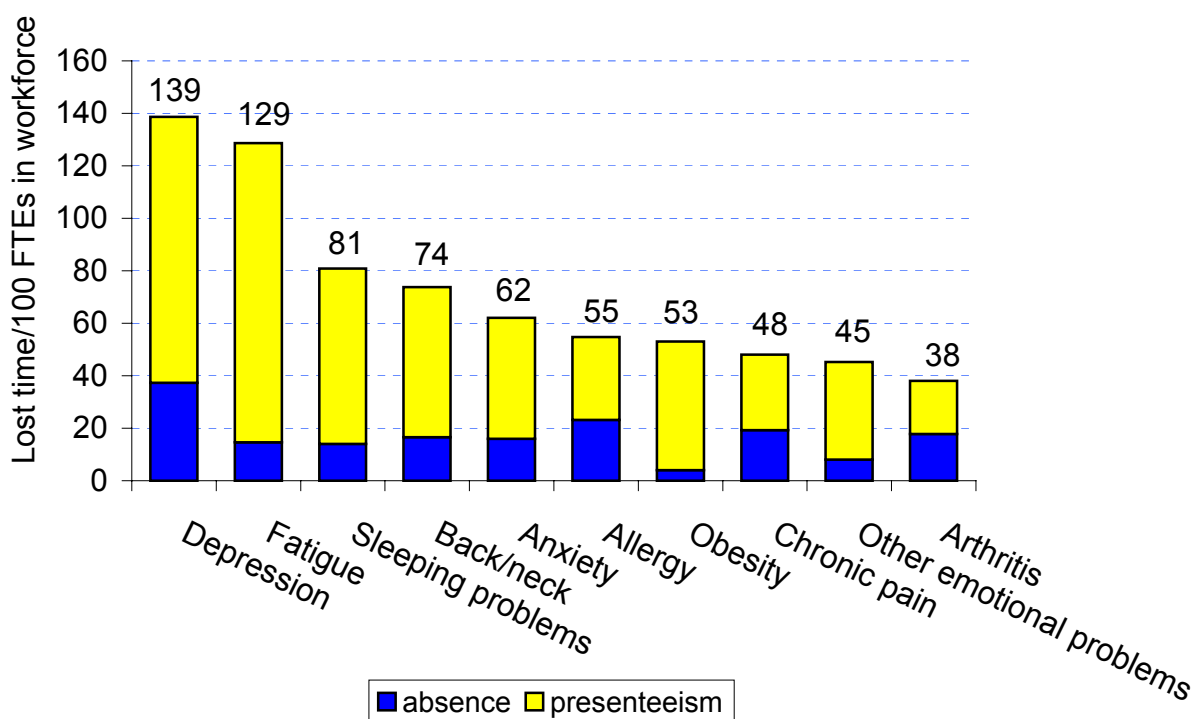
Contributions of Absence & Prevalence to Lost Work Time



Key Findings: Presenteeism lost time accounts for 65% of the 927 total lost workdays per 100 full-time equivalent employees in this workforce.

B. Chronic Conditions and Lost Work Time. Developing strategies for managing total time away from work due to chronic conditions requires the employer to link individual conditions to lost work-time outcomes. This exhibit displays the amount of absence and presenteeism for each of the top 10 health conditions ranked by total time loss from work (see Appendix for a complete list of all health conditions and the amount of lost time associated with each).

Total Lost Time for Top 10 Health Conditions

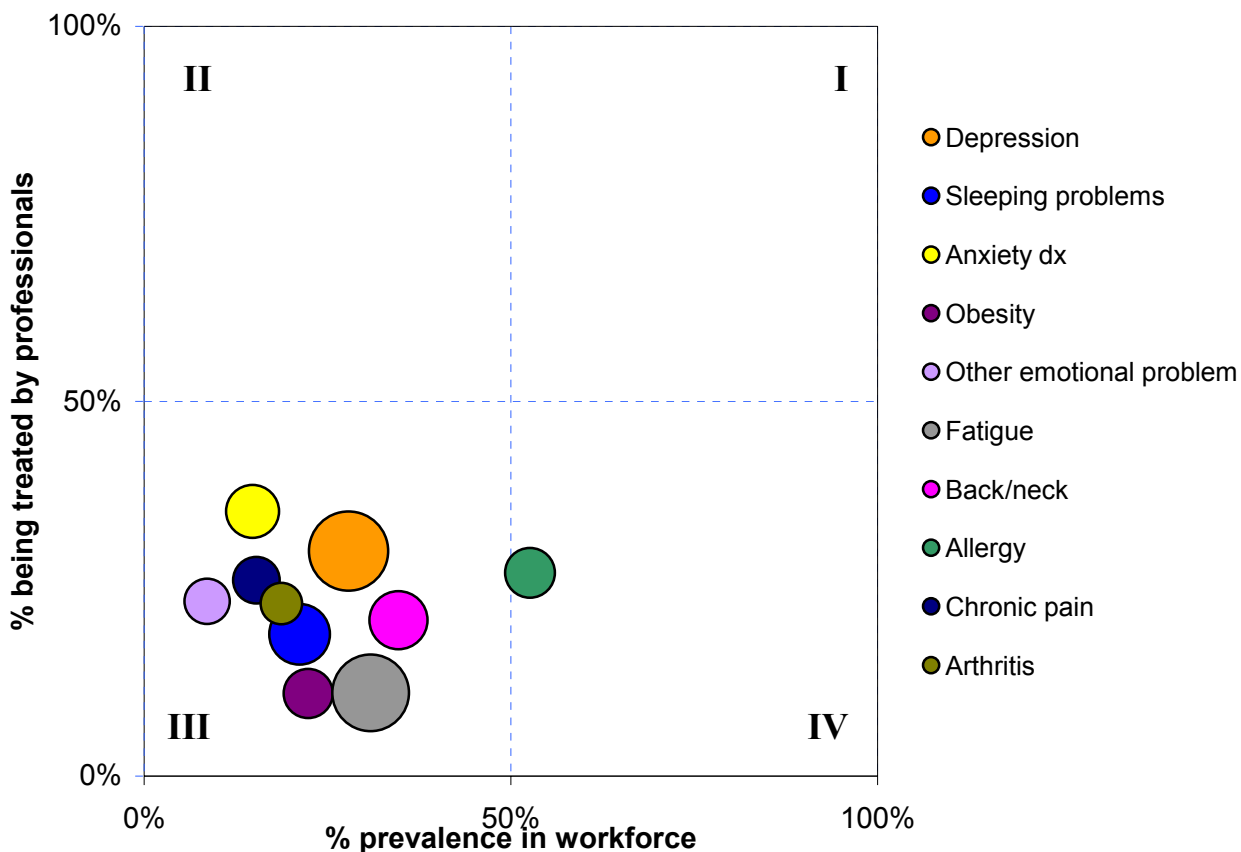


Key Findings: Depression (139 days/100 FTEs) and fatigue (129 days/100 FTEs) are the two biggest contributors to lost work time for chronic conditions. Presenteeism accounts for 73% of the lost time for depression and 89% for fatigue. Problems with sleeping is ranked third in importance from a lost-time perspective.

C. Opportunities for Improvement. We expand the exhibit from the previous section on opportunities to improve chronic care by including lost work time – a key factor in lost productivity. Opportunities for improvement in this broader perspective are a function of prevalence of the condition in the workplace, the degree to which the condition is being treated and the lost time associated with the condition.

Similar to the exhibit on opportunities for improvement in the previous section, we show the prevalence-treatment relationship for each of the 10 chronic conditions (with quadrant numbers showing prevalence-treatment relationships), but in this exhibit ranked by total lost work time. The size of the “bubble” at the prevalence-treatment nexus represents the amount of time loss for each condition (larger bubbles indicate conditions with more lost time). The center point in the bubble represents the intersection of prevalence and treatment on the X and Y axes. Knowing the prevalence-treatment-time loss will help focus the employer on where the best improvement opportunities exist.

Lost Time, Prevalence & Treatment for Top 10 Conditions



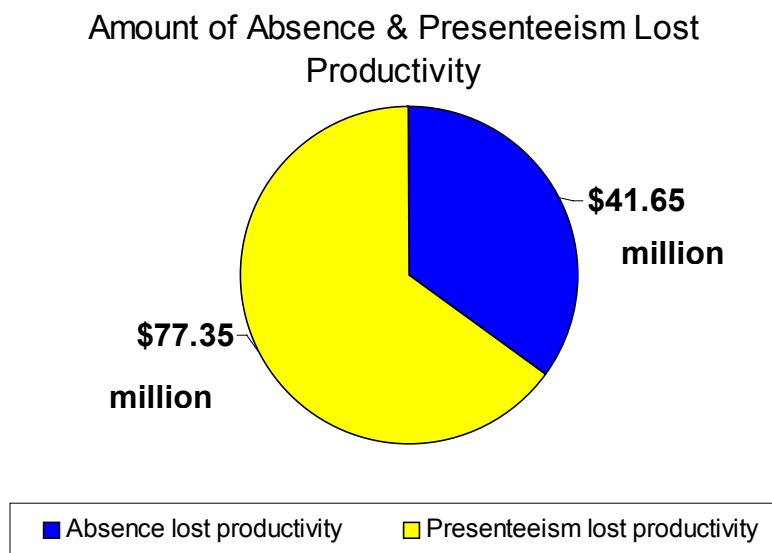
Key Findings: The inclusion of lost work time as a key factor in the broader opportunities to improve care changes some of the top-10 conditions (conditions with relative high prevalence and low treatment penetration – but little lost time – may drop out of this exhibit). Conditions in quadrants III and IV tend to be conditions with low treatment penetration and increasing prevalence in moving from quadrant III to IV. Conditions with larger bubble sizes in these quadrants represent the best opportunities to improve lost work time through better care. For this group of employees, depression, fatigue and back/neck conditions may be good targets for interventions.

Section III. Lost Productivity and Business Impacts

The ability of a company to make the business case for the value of health will depend on the ability of benefits/risk professionals to translate the impacts of chronic health conditions into terms consistent with senior management’s activities. This final section of the report translates absence and presenteeism lost work time into financial lost productivity; reflects lost productivity in terms relevant to the Board of Directors and CEO, Chief Financial Officer and Chief Operating Officer; and reflects opportunities to improve productivity using key business metrics for each level of the organization.

A. The Magnitude of Health-Related Lost Productivity. Lost productivity resulting from chronic health conditions can most straightforwardly be quantified as the opportunity costs of ill health of its employees. Research shows that these costs are a function of: (1) the amount of time lost from work due to absence and presenteeism, (2) the amount employees are remunerated for their labor (based on salary and benefits) as a measure of their “direct value” to the business and, (3) the labor-output relationship (which is related to the ease with which labor can be replaced; the time value of output; and the degree to which employees work in teams).²

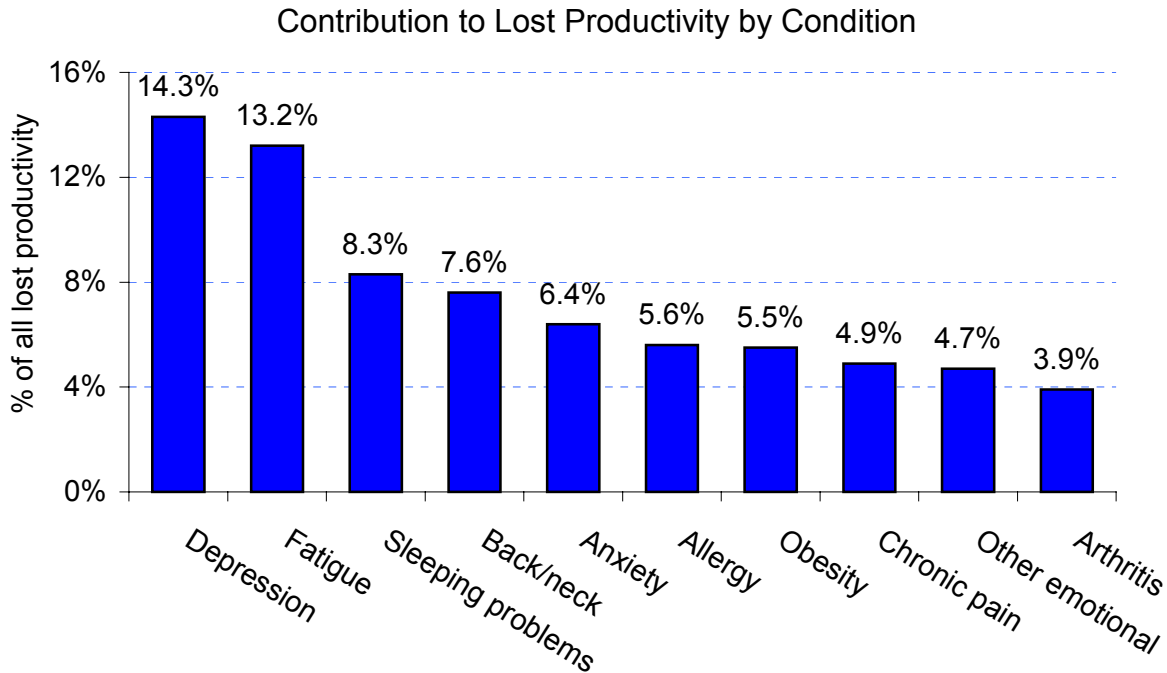
This exhibit displays how much productivity is lost from all 29 chronic health conditions in the company and how absence and presenteeism contribute.



Key Findings: Lost productivity resulting from presenteeism accounts for \$77 of the \$119 million of health-related lost productivity in the workforce from chronic diseases.

² Nicholson S, Pauly M, Polsky D, Baase C, Billotti G, Ozminowski R, Berger M, Sharda C. “How to Present the Business Case for Healthcare Quality to Employers.” *Applied Health Economics & Health Policy*. 4(4):209-218, 2005. See Appendix 5 for a discussion of the lost-productivity calculation methodology.

B. Lost productivity and health conditions. How do individual health conditions contribute to health-related lost productivity? The amount of lost productivity by condition will help the employer focus on where to spend limited resources with potentially the greatest returns. The exhibit below displays the contribution to lost productivity for the top 10 health conditions.



Key Findings: The two most important health conditions from the lost-productivity perspective are depression (accounting for 14.3% of the \$119 million in lost productivity) and fatigue (contributing 13.2%). The top 10 conditions account for 74.4% of total lost productivity for the company.

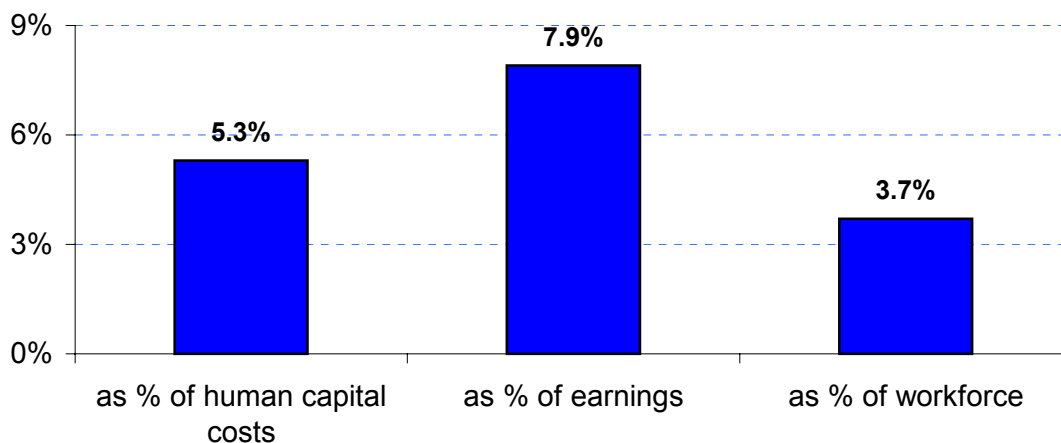
C. Lost Productivity in the Business Context. The importance of health-related lost productivity and its potential in improving business performance is reflected by its magnitude relative to key operating metrics in the business. At the same time, what are considered “key operating metrics” varies by the interests of those with different organizational roles and responsibilities. For example, the Board of Directors may be particularly interested in maintaining the company’s assets – including its human capital assets – under its Sarbanes-Oxley responsibilities. The Chief Financial Officer may be concerned primarily with strategies to grow earnings, while the head of operations is focused on ensuring that there are sufficient workers to produce the company’s goods and services. Improving health-related lost productivity can lead to gains in each of these three areas.

As a reference point, this exhibit shows the company’s numbers for each of these perspectives.

<u>Organizational Level</u>	<u>Operational Concern</u>	<u>Key Measure</u>	<u>Company Values</u>
Board of Directors	Asset maintenance	Human capital investment	\$2,500 million
Chief Financial Officer	Earnings growth	Earnings (EBITDA)	\$1,500 million
Chief of operations	Workflow	Size of workforce	35,000

The exhibit below shows the magnitude of health-related lost productivity relative to these key measures for your company.

Lost Productivity in the Business Context



Key Findings: Lost productivity is significant relative to these key operational metrics. It represents 5.3% of human capital costs and nearly 7.0% of total corporate earnings before interest, taxes, depreciation and amortization (EBITDA). In addition, the time loss associated with this lost productivity is the equivalent of 3.7% of the workforce.

D. The Business Impact of Improvements. The final step in understanding the meaning of health-related lost productivity is to analyze potential impacts of lost productivity improvements in these business metrics. The exhibit below shows overall productivity improvements of 1%, 5% and 10% relative to these three operational levels.

Equivalents in key operational measures for the company

<u>Productivity Improvements</u>	<u>\$ Productivity Gains</u>	<u>Revenue Growth Needed to Equal Productivity Gains</u>	<u>Added Workdays from Productivity Gains</u>	<u>Human Capital Growth Equivalents</u>
1%	\$1.19 million	\$12 million	3,367	.05%
5%	\$5.95 million	\$60 million	16,836	.25%
10%	\$11.9 million	\$120 million	33,670	.48%

Key Findings: From the perspective of all three levels of the organization, improving health-related lost productivity can help improve business results. For example, a 10% productivity improvement in the work force translates to an equivalent of .48% gain in human capital assets, would have the same bottom-line impact as a \$120 million increase in revenue (based on the company's revenue to earnings ratio), and could contribute an additional 33,670 workdays to assist in delivering the company's products and services.

Section IV. Closing the Loop

The results of this analysis suggest several steps for the participating employer to consider:

1. Bring together medical, pharmacy, lost time and lost productivity costs into a single framework for analysis and develop strategies for attacking key health conditions on such a “full-cost” basis.
2. Discuss with senior management the full costs of health and what improvements might mean to your company’s business performance.
3. Review health-plan design and related programs to identify financial, access and/or quality barriers to appropriate medical care.
4. Evaluate health and lost-time benefit program modifications in the context of how they may generate value for your company.
5. Educate employees about what their health means to the success of your business and their quality of life.
6. Consider broadening your sources for health data to include employee biometric data, health-risk assessments and other employee census and self-reported information so you can understand drivers of full costs and identify opportunities to improve.

Appendices

Appendix 1 – Profile of participating employer

Employer name: Sample company

Industry sector: Finance & insurance

Number of survey respondents: 14,850 (39% of the workforce)

Total gross revenue: \$20 billion

Total payroll: \$2.0 billion

Earnings (EBIDTA): \$1.5 billion

Benefits load percent: 25%

Medical and pharmacy costs: \$80 million

 Medical costs: \$68 million

 Pharmacy costs: \$12 million

HPQ-Select participants vs. employer overall

 Number of employees

 Headcount: 38,000

 FTEs: 35,000

 Number of survey participants: 14,850

	<u>Sample</u> (N=14,850)	<u>Employer Overall</u> (N=38,000)
Age		
<= 34 years	35%	42%
35 to 49	40%	35%
50 and above	25%	23%
Gender		
Male	45%	52%
Occupation		
Executive, administrator, sr. mgr, professional	50%	45%
Technical support, precision production, craft	20%	27%
Sales, clerical, admin support	20%	18%
Service	10%	10%
Income		
< \$25,000/yr	10%	8%
\$25,000 to \$49,999	15%	18%
\$50,000 to \$99,999	65%	55%
>= \$100,000	10%	19%

Appendix 2 – Health status (ordered by health condition prevalence)

Health Status		
Health Condition	Prevalence % in workforce	% w/ condition in treatment by professionals
1. allergy	52.6%	27.1%
2. back/neck	34.7%	20.8%
3. fatigue	30.9%	11.1%
4. depression	27.9%	29.6%
5. headache	25.4%	12.3%
6. obesity	22.4%	11.0%
7. high cholesterol	22.2%	46.8%
8. sleeping problems	21.2%	18.9%
9. migraine	21.1%	21.2%
10. hypertension	19.1%	69.6%
11. arthritis	18.7%	23.0%
12. gastroesophageal reflux disease	16.2%	40.3%
13. chronic pain	15.3%	26.1%
14. anxiety dx	14.8%	35.3%
15. irritable bowel	13.4%	17.3%
16. bladder/urinary	11.7%	16.1%
17. asthma	10.9%	40.6%
18. other emotional problem	8.6%	23.3%
19. ulcer	6.9%	16.4%
20. bronchitis	5.1%	16.2%
21. diabetes	4.5%	83.1%
22. skin cancer	4.0%	24.0%
23. other cancer	2.9%	34.4%
24. osteoporosis	2.2%	54.9%
25. coronary heart disease	1.7%	70.5%
26. congestive heart failure	0.6%	54.0%
27. chronic obstructive pulmonary disease	0.5%	49.9%

Appendix 3 – Health status, absence and presenteeism lost work time (ordered by total lost workdays)

Health Status				Lost Time		
Health Condition	Prevalence % in workforce	% w/ condition in treatment by professionals	Absence lost workdays/100 FTEs	Presenteeism lost workdays/100 FTEs	Total lost workdays/100 FTEs	
1. depression	27.90%	29.60%	37.26	101.45	138.71	
2. fatigue	30.90%	11.10%	14.59	113.99	128.58	
3. sleeping problems	21.20%	18.90%	13.98	66.8	80.78	
4. back/neck	34.70%	20.80%	16.61	57.21	73.82	
5. anxiety dx	14.80%	35.30%	16.04	46.06	62.1	
6. allergy	52.60%	27.10%	23.24	31.55	54.79	
7. obesity	22.40%	11.00%	4.01	49.08	53.08	
8. chronic pain	15.30%	26.10%	19.33	28.69	48.01	
9. other emotional	8.60%	23.30%	7.95	37.34	45.29	
10. arthritis	18.70%	23.00%	17.75	20.17	37.92	
11. headache	25.40%	12.30%	12.22	22.69	34.91	
12. irritable bowel	13.40%	17.30%	10.35	23.87	34.22	
13. high cholesterol	22.20%	46.80%	6.4	22.39	28.79	
14. migraine	21.10%	21.20%	2.1	23.94	26.04	
15. gastroesophageal	16.20%	40.30%	6.4	18.03	24.43	
16. bladder/urinary	11.70%	16.10%	8.24	14.01	22.25	
17. hypertension	19.10%	69.60%	9.54	9.61	19.15	
18. bronchitis	5.10%	16.20%	6.48	6.82	13.3	
19. asthma	10.90%	40.60%	1.47	7.96	9.43	
20. ulcer	6.90%	16.40%	2.85	5.29	8.14	
21. coronary heart disease	1.70%	70.50%	3.86	3.09	6.95	
22. osteoporosis	2.20%	54.90%	3.36	3.17	6.53	
23. other cancer	2.90%	34.40%	2.16	2.47	4.63	
24. diabetes	4.50%	83.10%	0.5	3.6	4.1	
25. congestive heart	0.60%	54.00%	1.42	1.49	2.91	
26. skin cancer	4.00%	24.00%	1.48	1.34	2.82	
27. chronic obstructive	0.50%	49.90%	0.52	0.82	1.34	

Appendix 4 – Health status, lost time and lost productivity (ordered by lost-productivity amount)

Health Status			Lost Time			Lost Productivity*		
Health Condition	Prevalence % in workforce	% w/ condition treated by professionals	Absence lost workdays/100 FTEs	Presenteeism lost workdays/100 FTEs	Total lost workdays/100 FTEs	Lost productivity/100 FTEs	% of all lost productivity	
1.	depression	27.9%	29.6%	37.26	101.45	138.71	\$45,991	14.3%
2.	fatigue	30.9%	11.1%	14.59	113.99	128.58	\$42,635	13.2%
3.	sleeping problems	21.2%	18.9%	13.98	66.80	80.78	\$26,783	8.3%
4.	back/neck	34.7%	20.8%	16.61	57.21	73.82	\$24,476	7.6%
5.	anxiety dx	14.8%	35.3%	16.04	46.06	62.10	\$20,591	6.4%
6.	allergy	52.6%	27.1%	23.24	31.55	54.79	\$18,167	5.6%
7.	obesity	22.4%	11.0%	4.01	49.08	53.08	\$17,601	5.5%
8.	chronic pain	15.3%	26.1%	19.33	28.69	48.01	\$15,920	4.9%
9.	other emotional problem	8.6%	23.3%	7.95	37.34	45.29	\$15,018	4.7%
10.	arthritis	18.7%	23.0%	17.75	20.17	37.92	\$12,574	3.9%
11.	headache	25.4%	12.3%	12.22	22.69	34.91	\$11,574	3.6%
12.	irritable bowel	13.4%	17.3%	10.35	23.87	34.22	\$11,346	3.5%
13.	high cholesterol	22.2%	46.8%	6.40	22.39	28.79	\$9,547	3.0%
14.	migraine	21.1%	21.2%	2.10	23.94	26.04	\$8,635	2.7%
15.	gastroesophageal reflux disease	16.2%	40.3%	6.40	18.03	24.43	\$8,100	2.5%
16.	bladder/urinary	11.7%	16.1%	8.24	14.01	22.25	\$7,378	2.3%
17.	hypertension	19.1%	69.6%	9.54	9.61	19.15	\$6,349	2.0%
18.	bronchitis	5.1%	16.2%	6.48	6.82	13.30	\$4,411	1.4%
19.	asthma	10.9%	40.6%	1.47	7.96	9.43	\$3,127	1.0%
20.	ulcer	6.9%	16.4%	2.85	5.29	8.14	\$2,698	0.8%
21.	coronary heart disease	1.7%	70.5%	3.86	3.09	6.95	\$2,304	0.7%
22.	osteoporosis	2.2%	54.9%	3.36	3.17	6.53	\$2,164	0.7%
23.	other cancer	2.9%	34.4%	2.16	2.47	4.63	\$1,536	0.5%
24.	diabetes	4.5%	83.1%	0.50	3.60	4.10	\$1,359	0.4%
25.	congestive heart failure	0.6%	54.0%	1.42	1.49	2.91	\$965	0.3%
26.	skin cancer	4.0%	24.0%	1.48	1.34	2.82	\$935	0.3%
27.	chronic obstructive pulmonary disease	0.5%	49.9%	0.52	0.82	1.34	\$444	0.1%