Covering the Care:

Trends for Behavioral Health, Chronic Conditions, and Pregnancy

This data brief presents a retrospective observational analysis of available medical claims data from New Hampshire's commercial, Medicaid, and Medicare insured programs. The analysis presented focuses on the trends of prevalence of select conditions over a seven-year period (2016-2022) and is based on claims data from January 2016 – December 2022.[i] It is part of a series of analytic briefs examining the rate of common health conditions and treatment costs for those respective conditions.

Select conditions were included in this analysis: Among behavioral health conditions, this analysis examines anxiety and phobias, attention-deficit hyperactivity disorder (ADHD), depression, and substance use disorder (SUD). Chronic conditions such as autism, asthma, diabetes, and hypertension are also examined. The analysis also includes an examination of trends in pregnancy prevalence.

Among the three payers, NH Medicaid reflected the highest prevalence in behavioral health conditions, with the exception of anxiety. All three payers showed increases in anxiety rates from 2016 to 2022, ranging from a 22% increase among NH Medicare claims to a 59% increase among commercial claims.

Consistent with the populations they serve, NH Medicare reflected the highest prevalence of diabetes and hypertension, and NH Medicaid reflected the highest prevalence of asthma and autism with varying fluctuations in prevalence by population.

DEFINITIONS:

Conditions: Conditions were identified using the OPTUMInsight Symmetry Episode Treatment Groups® (ETGs) software.[ii] ETGs are assigned by utilizing all medical services related to the treatment of a specific condition, based on claims and encounter data, allowing for the measurement and analysis of health care utilization and costs across different payer categories. In some circumstances, the Optum Symmetry Episode Treatment Group® software may assign multiple ETGs to the same episode of care. In this case, the analysis uses the primary ETG assigned which is usually the condition considered more severe. For example, depression may be selected over anxiety in a number of cases where both are present.

Pregnancy: "Pregnancy" includes pregnancy with and without delivery.

Substance Use Disorder: Substance Use Disorder (SUD) includes cocaine or amphetamine dependence, alcohol dependence, opioid or barbiturate dependence and other drug dependence.

ANALYSIS BY CONDITION TYPE: BEHAVIORAL HEALTH CONDITIONS

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

NH Medicaid members had the highest prevalence of ADHD, reaching 4.9% in 2022, representing a 2% change in NH Medicaid's overall prevalence, as shown in **Figure 1**. NH Medicare members had a prevalence of approximately 0.5% over the seven years, with little fluctuation. The prevalence of ADHD among the commercially insured population ranged from 2.4% in 2016 to 3.3% in 2022, representing a 36% increase overall.

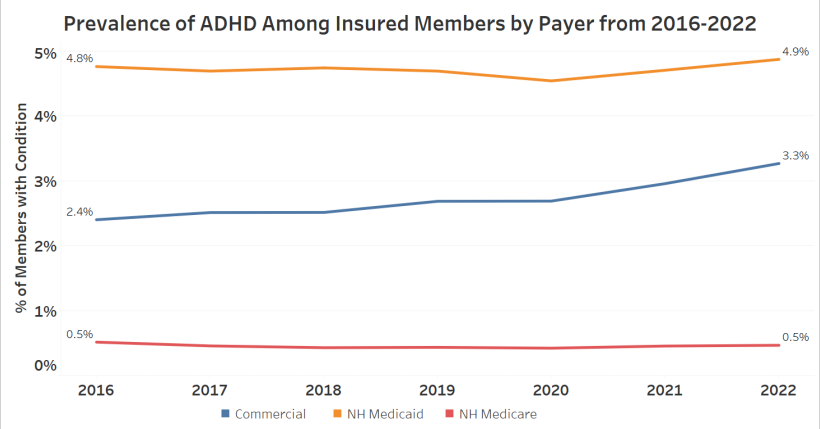

Figure 1: Prevalence of ADHD Among Insured Members by Payer from 2016-2022

When examining ADHD prevalence by age group, a clear trend emerged: in 2022, **ADHD was most prevalent among children (ages 0-17) insured by NH Medicaid (7.5%)**, followed by those with commercial insurance (5.6%), as shown in **Figure 2**. Trends in prevalence over the seven-year period mirrored those observed in the populations overall. Among adults (ages 18-64), ADHD prevalence was lower than in children but followed a similar pattern. Adults insured by NH Medicaid had the highest prevalence (3.1%), followed by those with commercial insurance (2.7%), and NH Medicare (1.9%). Prevalence among adults aged 65 and older remained very low, at 0.3% in 2022, with little change over time. This analysis includes only NH Medicare members in this age group, as the commercial and NH Medicaid analysis only included members aged 64 and younger.

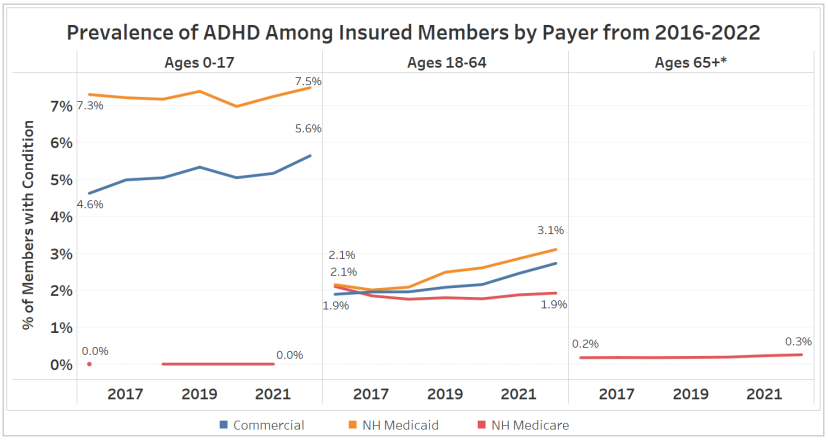

Figure 2: Prevalence of ADHD Among Insured Members by Age and Payer from 2016-2022. **All analyses exclude members aged 65+ in the commercial and NH Medicaid population.*

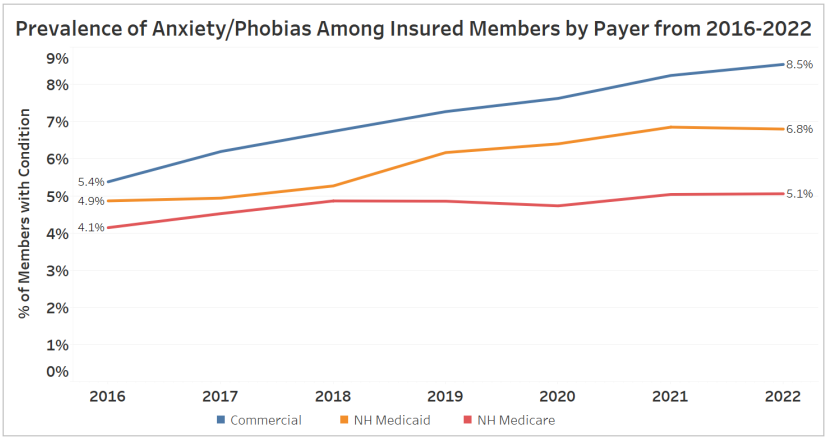

Figure 3: Prevalence of Anxiety/Phobias Among Insured Members by Payer from 2016-2022

ANXIETY AND PHOBIAS

Members from all three payers had increases in anxiety and phobias from 2016 to 2022. Commercial claims reflected **the highest prevalence of anxiety and phobias among the three payers**, reaching 8.5% in 2022, representing a 59% increase from 2016 to 2022, as shown in **Figure 3**. NH Medicare members had the lowest prevalence of anxiety and phobias, ranging from 4.1% in 2016 to 5.1% in 2022, which represented a 22% increase in prevalence. NH Medicaid members had the second highest prevalence rising from 4.9% in 2016 to 6.8% in 2022, a 40% increase.

When examining trends by age group, anxiety and phobias increased across all age categories. In 2022, **commercially insured adults had the highest prevalence of anxiety and phobias (9.1%)**, followed by NH Medicaid (7.8%) and NH Medicare (7.6%), as shown in **Figure 4**. Prevalence among children was lower but showed an upward trend, with commercial members reaching 6.1% and NH Medicaid members at 5.3%. Among adults aged 65 and older (i.e., NH Medicare), prevalence remained the lowest but steadily increased, rising from 3.6% to 4.7% over the time period.

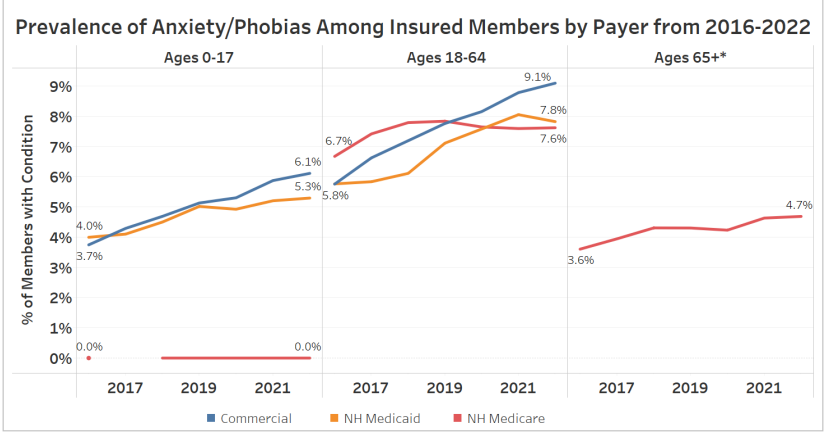

Figure 4: Prevalence of Anxiety/Phobias Among Insured Members by Age and Payer from 2016-2022. **All analyses exclude members aged 65+ in the commercial and NH Medicaid population.*

DEPRESSION

NH Medicaid members had the highest prevalence of depression in 2022, but from 2016 to 2019, NH Medicare had the highest prevalence of depression. By 2022, depression prevalence was 9.9% among NH Medicaid members, 9.0% among NH Medicare members, and 8.4% among commercial members, as shown in **Figure 5**. The prevalence rate for depression fell by 4% among NH Medicare claims but increased by 25% among NH Medicaid claims and 46% among commercial claims from 2016 to 2022.

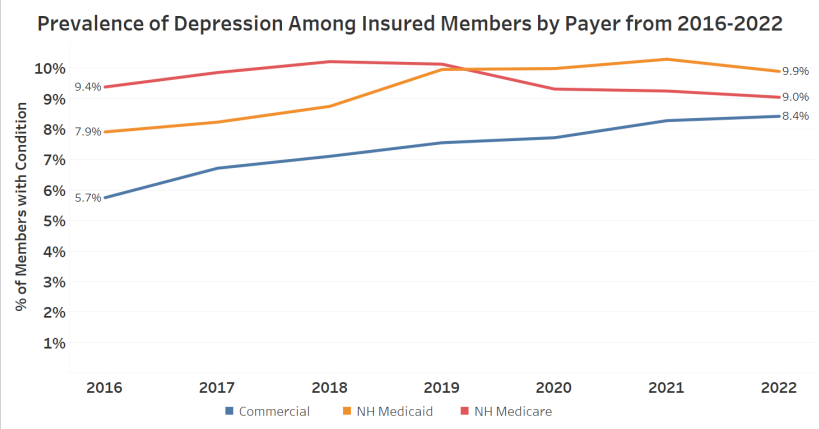

Figure 5: Prevalence of Depression Among Insured Members by Payer from 2016-2022

When examining trends by age group, **depression prevalence was highest among adults, with NH Medicare members having the highest prevalence (18.3%)**, followed by NH Medicaid (13.3%) and commercial (9.4%) in 2022, as shown in **Figure 6**. While prevalence among this age group remained high, NH Medicare saw a slight decline after 2019, whereas NH Medicaid and commercial claims continued to increase. Among children, the prevalence was lower but increased over time, reaching 4.9% for NH Medicaid and 4.0% for commercial members in 2022. Among adults aged 65 and older (i.e., NH Medicare), prevalence remained stable, fluctuating slightly from 7.3% in 2016 to 7.7% in 2022.

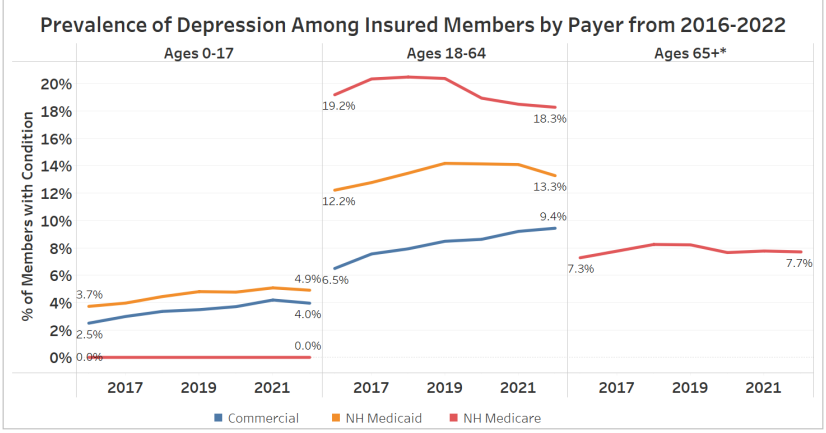

Figure 6: Prevalence of Depression Among Insured Members by Age and Payer from 2016-2022. **All analyses exclude members aged 65+ in the commercial and NH Medicaid population.*

SUBSTANCE USE DISORDER

NH Medicaid claims reflected the highest prevalence for substance use disorder (SUD), rising from 8.7% in 2016 to a peak of 12.0% in 2019, before decreasing slightly to 11.6% in 2022, as shown in **Figure 7**. Overall, the prevalence of depression in NH Medicaid grew by 33%. NH Medicare claims had a more stable prevalence, fluctuating between 5.6% and 5.5% over the seven-year period. Commercially insured claims reflected the lowest prevalence of depression ranging from 2.9% in 2016 to 3.6% in 2018. However, the overall, percent difference of SUD prevalence from 2016 to 2022 among commercial claims was 10%.

When examined by age group, the prevalence of **SUD was highest among adults, with NH Medicare members having the highest prevalence in 2022 (20.1%)**, followed closely by NH Medicaid members (19.1%), as shown in **Figure 8**. Commercially insured members in this age group had a lower prevalence at 3.8%. Among children, SUD prevalence remained low, at 0.5% for NH Medicaid and 0.2% for commercial members. For adults aged 65 and older (i.e., NH Medicare), the prevalence was also low but increased slightly over time, rising from 2.5% in 2016 to 3.4% in 2022.

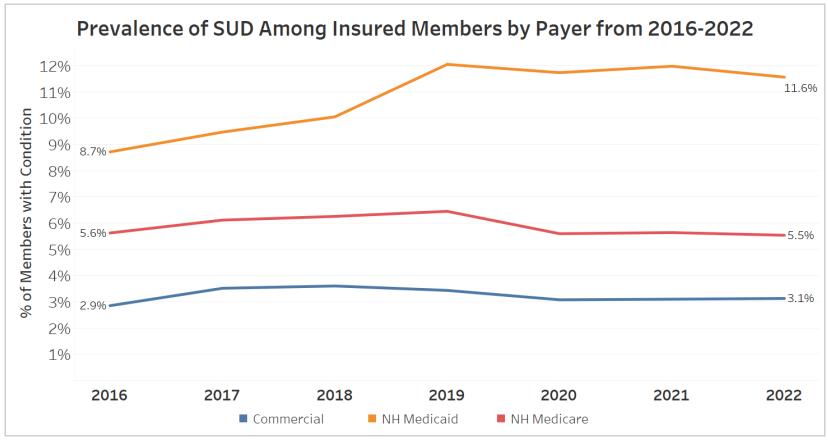

Figure 7: Prevalence of Substance Use Disorder Among Insured Members by Payer from 2016-2022

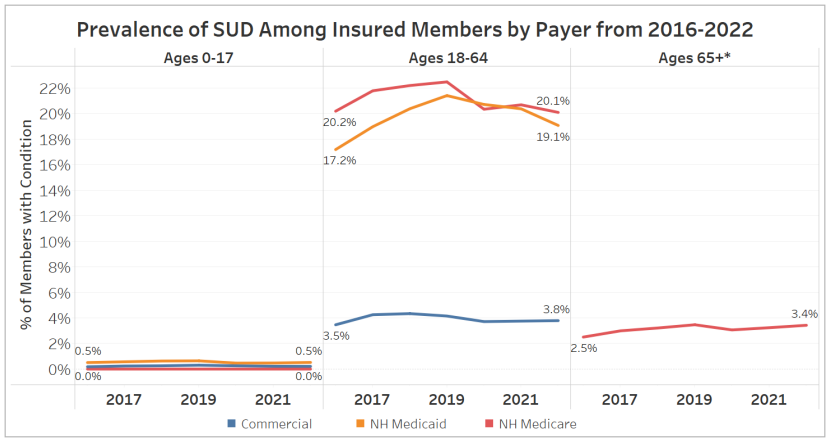

Figure 8: Prevalence of Substance Use Disorder Among Insured Members by Age and Payer from 2016-2022. **All analyses exclude members aged 65+ in the commercial and NH Medicaid population.*

ANALYSIS BY CONDITION TYPE: CHRONIC CONDITIONS

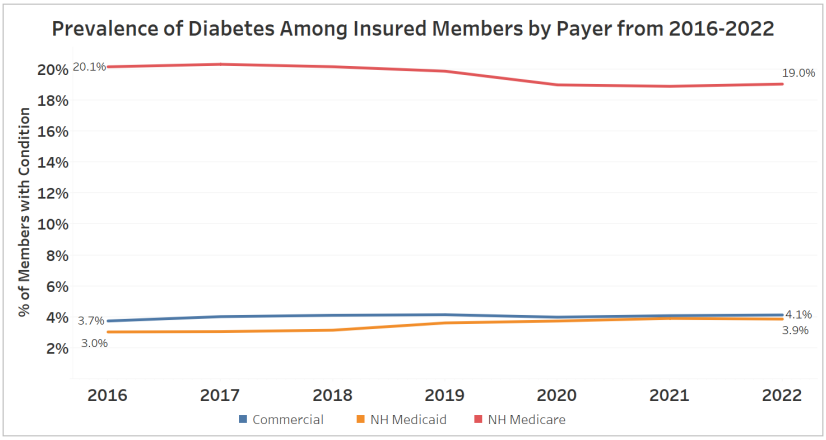

Figure 9: Prevalence of Diabetes Among Insured Members by Payer from 2016-2022

DIABETES

NH Medicare claims showed the highest prevalence of diabetes as compared to commercial and NH Medicaid, as shown in **Figure 9**. NH Medicare prevalence ranged from 20.1% in 2016 to 19.0% in 2022 but fell overall by 6%. Commercial and NH Medicaid members had similar prevalence rates; commercial increased from 3.7% to 4.1% over the seven-year period, representing a 10% change while NH Medicaid increased from 3.0% in 2016 to 3.9% in 2022, representing a 30% change.

When examining diabetes prevalence by age group, a clear trend emerged: in 2022, **adults aged 65 and older had the highest diabetes prevalence, with NH Medicare members experiencing a rate of 19.3%**, despite a slight decline from 20.6% in 2016, as shown in **Figure 10**. Among adults aged 18-64, prevalence remained high for NH Medicare members at 16.9%, followed by NH Medicaid (6.2%) and commercial (5.0%) in 2022. Diabetes remained rare among children during the time period, with prevalence holding at 0.3% for commercial and NH Medicaid members.

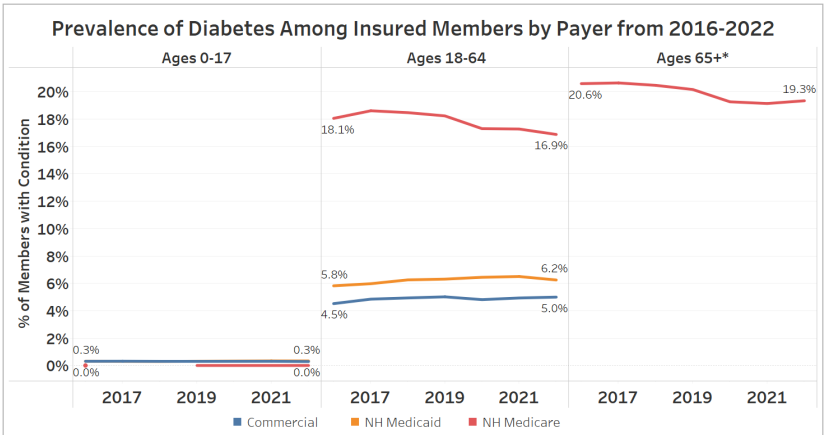

Figure 10: Prevalence of Diabetes Among Insured Members by Age and Payer from 2016-2022. **All analyses exclude members aged 65+ in the commercial and NH Medicaid population.*

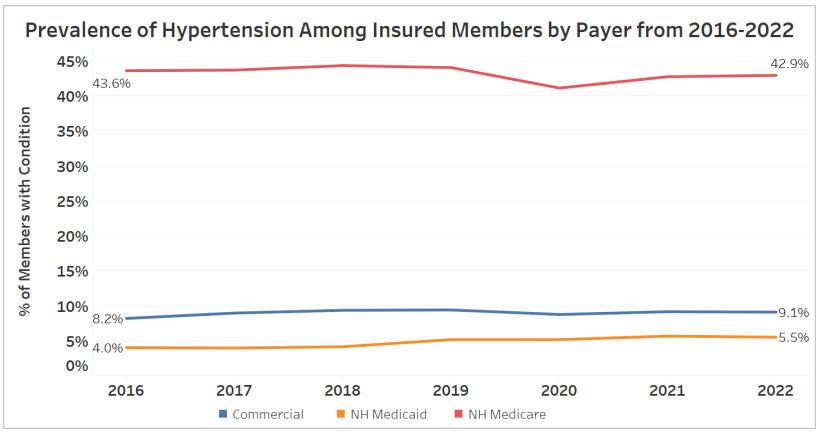

Figure 11: Prevalence of Hypertension Among Insured Members by Payer from 2016-2022

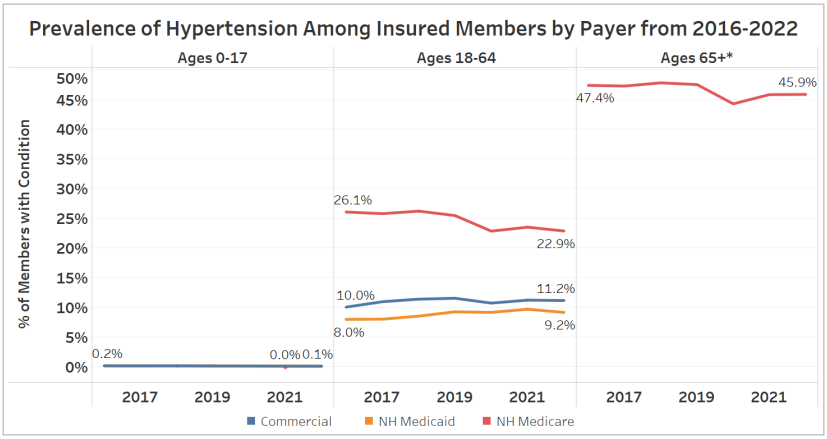

Figure 12: Prevalence of Hypertension Among Insured Members by Age and Payer from 2016-2022. **All analysis exclude members aged 65+ in the commercial and NH Medicaid population.*

HYPERTENSION

NH Medicare members had the highest hypertension prevalence reaching 42.9% in 2022, compared to 9.1% among commercially insured members and 5.5% among NH Medicaid members, as shown in **Figure 11**. The prevalence of hypertension among Medicaid claims increased by 37% from 2016 to 2022 and the prevalence of hypertension claims among commercial members increased by 10% from 2016 to 2022.

When examining trends by age group, **hypertension prevalence was highest among adults aged 65 and older, with NH Medicare members experiencing rates of 45.9% in 2022,** a slight decrease from 47.4% in 2016. Among adults (ages 18-64), prevalence was lower but still notable, with NH Medicare members at 22.9%, followed by commercial members (11.2%) and NH Medicaid members (9.2%). Hypertension remained rare among children, with prevalence at or below 0.2% for all payer groups throughout the time period.

ASTHMA

Among the three payers, **NH Medicaid claims had the highest asthma prevalence**, though it declined from 6.3% in 2016 to 5.8% in 2022, as shown in **Figure 13**. NH Medicare and commercially insured members had similar prevalence rates in 2022, at 4.1% and 4.0%, respectively. However, the trends in prevalence were inconsistent among the three payers from 2016 to 2022. The prevalence of asthma among NH Medicaid claims decreased by 8% and by 4% in NH Medicare claims. However, the prevalence of asthma among commercial claims increased by 10% during those same years.

When examining trends by age group, **asthma prevalence among adults aged 18-64 was highest for NH Medicare enrollees with a prevalence rate of 7.0% in 2022**, despite having a decline from 7.7% in 2016, as shown in **Figure 14**. NH Medicaid members in this age group had a prevalence of 5.6%, followed by commercial members at 3.8%. Among children, NH Medicaid members had the highest prevalence (6.1%) in 2022, though it declined from previous years, while commercially insured children had a lower prevalence at 4.6%. Asthma prevalence among adults aged 65 and older remained the lowest and relatively stable, fluctuating slightly from 3.5% in 2016 to 3.6% in 2022.

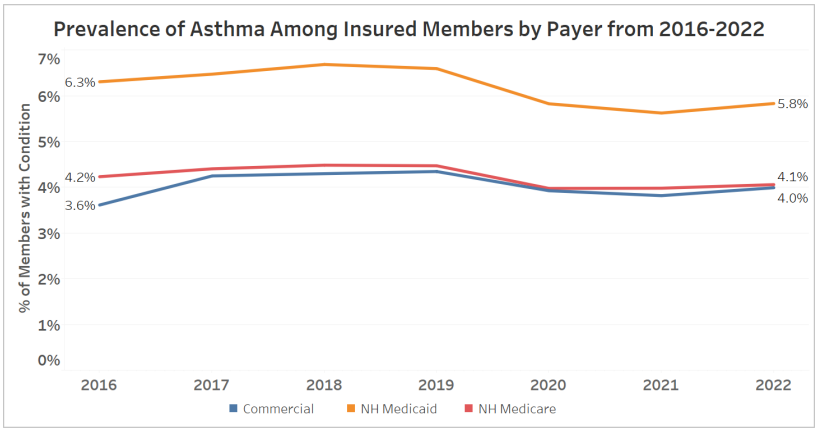

Figure 13: Prevalence of Asthma Among Insured Members by Payer from 2016-2022

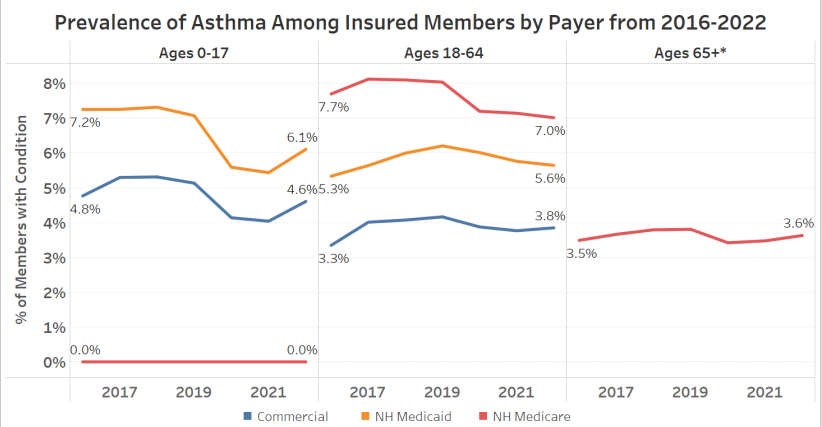

Figure 14: Prevalence of Asthma Among Insured Members by Age and Payer from 2016-2022. **All analyses exclude members aged 65+ in the commercial and NH Medicaid population.*

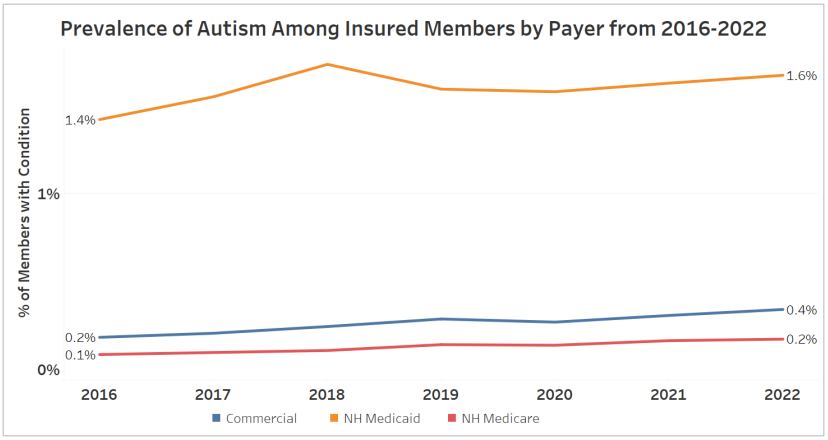

Figure 15: Prevalence of Autism Among Insured Members by Payer from 2016-2022

AUTISM

NH Medicaid had the highest prevalence of autism, rising from 1.4% in 2016 to 1.6% in 2022, representing a 17% increase in autism from 2016 to 2022, as shown in **Figure 15**. Both commercial and NH Medicare had slightly lower prevalence rates of autism from 2016 to 2022, increasing from 0.2% to 0.4% for commercial claims (and representing a 65% increase) and 0.1% to 0.2% for NH Medicare (representing a 61% increase) over the seven years.

When examining trends by age group, **autism prevalence was highest among children, with children insured by NH Medicaid experiencing the highest rate at 2.6% in 2022**, followed by commercially insured children at 1.4%, as shown in **Figure 16**. Among adults aged 18 to 64, autism prevalence remained lower but increased over time, reaching 1.6% for NH Medicare members, 1.0% for NH Medicaid, and 0.1% for commercial members in 2022. Prevalence among adults aged 65 and older (i.e., NH Medicare) was rare throughout the period.

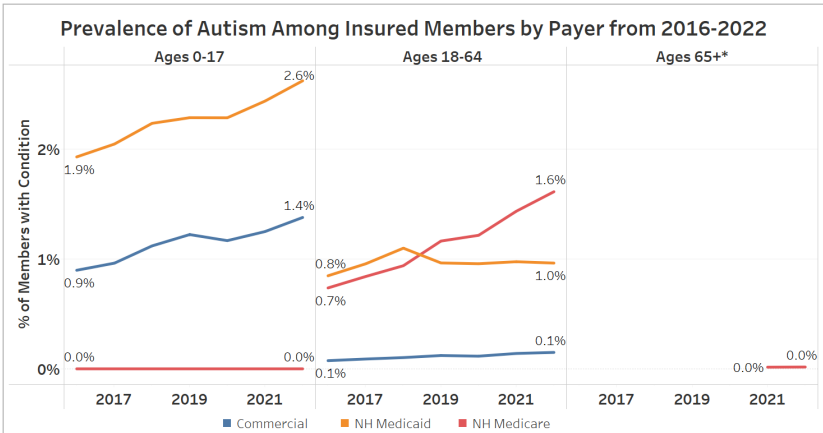

Figure 16: Prevalence of Autism Among Insured Members by Age and Payer from 2016-2022. **All analyses exclude members aged 65+ in the commercial and NH Medicaid population.*

PREGNANCY

NH Medicaid claims had the highest prevalence of pregnancy among members aged 15 to 45 from 2016 to 2022, though prevalence declined steadily from 7.0% in 2016 to 4.9% in 2022, as shown in **Figure 17**. This change represented a **30% decline in the prevalence of pregnancy** among the Medicaid population during this time. Among commercial claims, pregnancy prevalence increased slightly from 2016 to 2022, from 3.5% to 3.6%, representing a 3% increase. NH Medicare members had the lowest prevalence, which decreased slightly from 2.4% to 2.1% from 2016 to 2022, a 12.5% decrease.

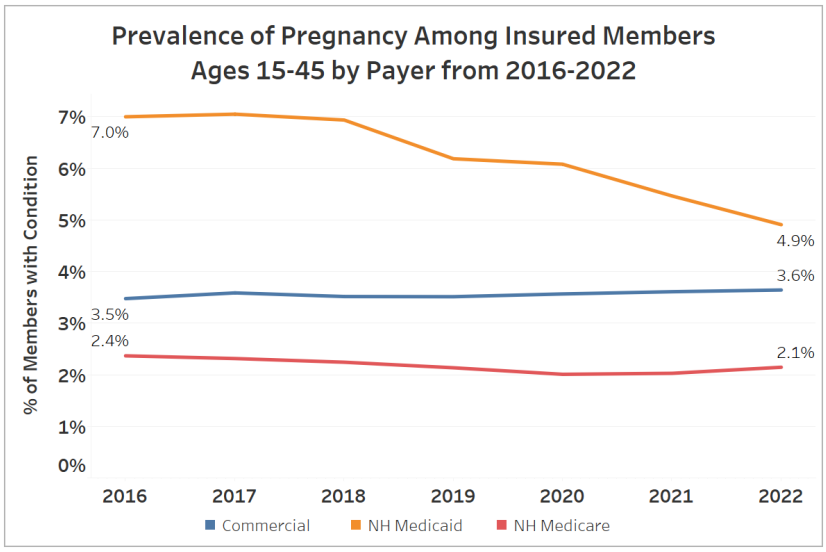

Figure 17: Prevalence of Pregnancy Among Insured Members Ages 15-45 by Payer from 2016-2022

FINDINGS & DISCUSSION

BEHAVIORAL HEALTH CONDITIONS

The analysis of behavioral health conditions across NH Medicaid, Medicare, and commercial claims from 2016 to 2022 reveals notable differences in prevalence and growth trends, highlighting potential disparities in diagnosis, treatment access, and underlying social determinants of health. The findings indicate that NH Medicaid members consistently had the highest prevalence of behavioral health conditions across the three payer groups, with the exception of anxiety, which was most prevalent among commercial members.

Over the seven-year period, ADHD prevalence was highest among NH Medicaid members. However, the commercial population saw a sharp increase (36%) in ADHD prevalence. Anxiety and phobias saw notable increases across all payer groups, with commercial claims reflecting the highest prevalence and largest relative growth (59%). Depression trends shifted over time, with NH Medicaid surpassing NH Medicare in prevalence after 2019, reaching nearly 10% by 2022. Notably, depression prevalence among commercial claims increased by 46% over the same time period. Lastly, substance use disorder (SUD) related services had the highest prevalence among NH Medicaid claims, growing by 33% and peaking in 2019 before declining slightly in the following years.

When examining trends by age group, behavioral health condition prevalence varied across different age categories. ADHD was most prevalent among children, particularly those insured by NH Medicaid, while adults had higher rates of depression, anxiety, and substance use disorder (SUD). The prevalence of anxiety and phobias increased across all age groups, but adults (ages 18-64) covered by commercial insurance had the highest prevalence. Depression prevalence among NH Medicaid surpassed NH Medicare after 2019. SUD prevalence was highest among adults (ages 18-64), particularly those insured by NH Medicare and Medicaid, while remaining low among children.

These findings underscore the growing demand for mental health and substance use services across all insurance types. Differences in prevalence trends suggest that social and economic factors significantly impact the types of health conditions members experience and for which they access services.

CHRONIC CONDITIONS

Chronic condition analysis among NH Medicaid, Medicare, and commercial claims from 2016 to 2022 highlights key differences in prevalence trends, reflecting variations in disease burden, healthcare access, and population demographics. NH Medicaid and Medicare members consistently had the highest prevalence of chronic conditions, with asthma and autism most common among NH Medicaid claims, while diabetes and hypertension were most prevalent among NH Medicare claims.

From 2016 to 2022, diabetes prevalence was highest among NH Medicare claims, despite a slight overall decline of 6% over the seven years. However, the NH Medicaid claims reflected the largest relative growth in diabetes prevalence, increasing by 28%. Similarly, hypertension prevalence remained highest among NH Medicare claims (43%), though it decreased slightly by 2%, while NH Medicaid claims saw the largest relative increase in prevalence (37%). Asthma prevalence was highest among NH Medicaid claims, though it declined by 8% over the time period, whereas commercial claims reflected the greatest increase (10%). Autism prevalence remained highest among NH Medicaid claims, but while commercial and NH Medicare claims had lower overall rates, they saw relatively larger percentage increases of 65% and 61%, respectively.

Age also played a critical role in the prevalence and trends of chronic conditions across payer groups. Asthma was most common among children, particularly those insured by NH Medicaid, though its prevalence declined over the time period. In contrast, diabetes and hypertension were largely concentrated among older adults (ages 65+), with NH Medicare members experiencing the highest rates. Autism prevalence was highest among children, particularly within NH Medicaid, but adults aged 18 to 64 insured by commercial plans and NH Medicare saw the largest relative increases over the seven-year period.

These findings highlight the significant burden of chronic conditions across all payer groups. Variations in prevalence and growth rates suggest that demographic factors, healthcare access, and policy changes may play a role in shaping these trends.

PREGNANCY

Pregnancy was most prevalent among NH Medicaid claims from 2016 to 2022, though prevalence declined steadily, by 30%, over that time period. Pregnancy prevalence among commercial claims remained relatively stable, increasing slightly (3%) over the same period. NH Medicare claims had the lowest prevalence, remaining under 2.5% throughout the seven-year period.

These trends suggest shifting demographics and potential changes in access to maternity care, reproductive health services, and socioeconomic factors influencing pregnancy rates across different payer groups.

CONCLUSION

The growth in behavioral health needs across all three payer groups suggests more analysis of what drives behavioral health conditions and how to ameliorate them is warranted. Moreover, the distinctive trends in prevalence among each payer group suggest that utilization and demand for services reflects the needs of the populations served by each payer group. Given the dominance of hypertension among NH Medicare claims and the increase in diabetes and hypertension in NH Medicaid and commercial claims, research and analysis of effective and scalable interventions to mitigate the onset of those conditions is also warranted. Higher prevalence rates in behavioral health conditions and asthma among NH Medicaid enrollees suggests that further study into scalable interventions that could interrupt drivers of behavioral health and respiratory conditions is warranted. As healthcare costs continue to grow, widely applicable interventions to mitigate these conditions are increasingly needed to protect access to care for NH residents.

TERMS AND NOTATIONS

Disease prevalence in this analysis refers to administrative prevalence, which is measured by determining the percentage of insured members assigned to a respective Optum Symmetry Episode Treatment Group® (ETG). This assignment is based on the diagnosis, procedure, and drug code(s) listed on their medical claims, by payer category (commercial, NH Medicaid, NH Medicare).[iii] Throughout this brief, ETGs will be referred to as conditions.

It is important to note that administrative prevalence reflects the number of individuals who had a medical interaction related to a condition within the timeframe analyzed. This is distinct from epidemiological prevalence, which seeks to estimate the total number of individuals in a population who have a condition, regardless of healthcare utilization. Individuals with a prior diagnosis who did not seek medical care for the condition during the study period are not captured in this measure, making it a proxy rather than a direct estimate of true disease prevalence. It is important to note that while some of the observed differences in prevalence and cost may be functionally or clinically significant, they may not be statistically significant and vice versa.

The analysis includes members who had at least one month of medical enrollment in a given plan or program. The population used in this analysis is as shown in **Table 1 in the Appendix**. Claims for certain long-term care services known as home and community-based services (HCBS) in Medicaid were excluded from the analysis. HCBS tends to provide services that are non-medical personal care and assistance with daily activities, designed to keep people well and active in their communities. Medicaid is the primary payer for long-term care services in the US and in New Hampshire. This analysis does not include pharmacy claims or enrollment.

It is worth noting that these variations in the prevalence of certain conditions and their associated treatment costs may be reflective of the distinct demographics within each group. For instance, the analysis of the commercial and NH Medicaid populations excluded members aged 65 and older, while a majority of the NH Medicare population is in this age bracket.[iv] In considering the results of this analysis, it is important to consider the distinct demographic makeup of each of the three insured groups.

DATA SOURCES AND SOFTWARE

The analysis of the commercial population included enrollees who had commercial policies with a situs state of NH and used administrative medical claims and enrollment data from the New Hampshire Comprehensive Healthcare Information System (NH CHIS), New Hampshire's All-Payer Claims Database. This analysis was restricted to members ages 0-64 and to those with plans within the top non-ERISA commercial medical insurers (approximately 88% of the available data within NH CHIS).

Analysis of NH Medicaid enrollees used administrative medical claims and enrollment data from the NH Department and Health and Human Services' Enterprise Business Information (EBI) Data System. The data included claims from both managed care organizations (MCOs) and NH Medicaid fee-for-service. The analysis was restricted to members ages 0-64.

Analysis of NH Medicare enrollees used administrative medical claims and enrollment data from the Centers for Medicare and Medicaid Services (CMS). The analysis was restricted to enrollees with both Medicare Parts A and B, but no age restriction was applied.

The following software was used for this analysis: SAS 9.4 for data cleaning and aggregation, OptumInsight's Symmetry Episode Treatment Groups® software for identification of ETGs and MPCs and Tableau software for visualization.

END NOTES

i. *Available claims data reflects data from NH Medicaid excluding long-term care services known as home and community-based services, Medicare in NH and commercial claims data excluding ERISA-governed self-funded plans.*

ii. *OPTUMInsight's Symmetry Episode Treatment Groups® (ETGs®) software was used to identify Episode Treatment Groups (ETG) and Major Practice Categories (MPC). Optum®, Symmetry®, Episode Treatment Groups®, ETG®, service marks and logos are registered and unregistered trademarks of Optum and its affiliates in the United States and other countries. https://www.optum.com/*

iii. *This analysis does not conduct any methods to deduplicate members across payers. For example, individuals who are Dual eligible for both Medicaid and Medicare are in both analyses for Medicaid and Medicare. This is due to data privacy rules.*

iv. *Medicare analysis includes all ages; however, a large majority of the members are 65+ or older.*

APPENDIX: DATA TABLES

TABLE 1:STUDY POPULATION

Payer	Year	Average Age	Eligible Members	% Female
Commercial	2016	36.2	485,733	51.1%
	2017	36.3	453,753	50.8%
	2018	36.5	466,183	50.8%
	2019	36.3	458,723	50.7%
	2020	36.3	453,508	50.7%
	2021	36.1	470,147	50.7%
	2022	36.0	458,847	50.6%
NH Medicaid	2016	22.3	207,974	53.2%
	2017	22.1	202,405	53.1%
	2018	22.0	195,233	53.1%
	2019	24.4	221,698	52.5%
	2020	24.7	221,022	52.7%
	2021	25.4	238,528	52.5%
	2022	25.9	253,849	52.5%
NH Medicare	2016	70.8	264,050	54.9%
	2017	71.0	235,603	54.8%
	2018	71.1	235,962	54.8%
	2019	71.2	225,409	54.5%
	2020	71.5	222,259	54.4%
	2021	71.7	221,463	54.3%
	2022	72.0	214,591	54.2%

TABLE 2: PREVALENCE RATES PER YEAR PER PAYER

Condition	Year	Commercial	NH Medicaid	NH Medicare
ADHD	2016	2.4%	4.8%	0.5%
	2017	2.5%	4.7%	0.5%
	2018	2.5%	4.7%	0.4%
	2019	2.7%	4.7%	0.4%
	2020	2.7%	4.5%	0.4%
	2021	3.0%	4.7%	0.5%
	2022	3.3%	4.9%	0.5%
	% Change from 2016 to 2022	**+36%**	**+2%**	**-9%**
Anxiety/Phobias	2016	5.4%	4.9%	4.1%
	2017	6.2%	4.9%	4.5%
	2018	6.7%	5.3%	4.9%
	2019	7.3%	6.2%	4.9%
	2020	7.6%	6.4%	4.7%
	2021	8.2%	6.9%	5.0%
	2022	8.5%	6.8%	5.1%
	% Change from 2016 to 2022	**+59%**	**+40%**	**+22%**
Depression	2016	5.7%	7.9%	9.4%
	2017	6.7%	8.2%	9.9%
	2018	7.1%	8.7%	10.2%
	2019	7.6%	10.0%	10.1%
	2020	7.7%	10.0%	9.3%
	2021	8.3%	10.3%	9.2%
	2022	8.4%	9.9%	9.0%
	% Change from 2016 to 2022	**+46%**	**+25%**	**-4%**
SUD	2016	2.9%	8.7%	5.6%
	2017	3.5%	9.5%	6.1%
	2018	3.6%	10.1%	6.3%
	2019	3.4%	12.0%	6.4%
	2020	3.1%	11.7%	5.6%
	2021	3.1%	12.0%	5.6%
	2022	3.1%	11.6%	5.5%
	% Change from 2016 to 2022	**+10%**	**+33%**	**-2%**

TABLE 2 (CONTINUED): PREVALENCE RATES PER YEAR PER PAYER

Condition	Year	Commercial	NH Medicaid	NH Medicare
Diabetes	2016	3.7%	3.0%	20.1%
	2017	4.0%	3.0%	20.3%
	2018	4.1%	3.1%	20.2%
	2019	4.1%	3.6%	19.9%
	2020	4.0%	3.7%	19.0%
	2021	4.1%	3.9%	18.9%
	2022	4.1%	3.9%	19.0%
	% Change from 2016 to 2022	**+10%**	**+28%**	**-6%**
Hypertension	2016	8.2%	4.0%	43.6%
	2017	9.0%	4.0%	43.7%
	2018	9.4%	4.2%	44.3%
	2019	9.4%	5.2%	44.1%
	2020	8.8%	5.2%	41.1%
	2021	9.2%	5.7%	42.8%
	2022	9.1%	5.5%	42.9%
	% Change from 2016 to 2022	**+11%**	**+37%**	**-2%**
Asthma	2016	3.6%	6.3%	4.2%
	2017	4.2%	6.5%	4.4%
	2018	4.3%	6.7%	4.5%
	2019	4.3%	6.6%	4.5%
	2020	3.9%	5.8%	4.0%
	2021	3.8%	5.6%	4.0%
	2022	4.0%	5.8%	4.1%
	% Change from 2016 to 2022	**+10%**	**-8%**	**-4%**
Autism	2016	0.2%	1.4%	0.1%
	2017	0.3%	1.5%	0.1%
	2018	0.3%	1.7%	0.2%
	2019	0.3%	1.6%	0.2%
	2020	0.3%	1.5%	0.2%
	2021	0.3%	1.6%	0.2%
	2022	0.4%	1.6%	0.2%
	% Change from 2016 to 2022	**+65%**	**+17%**	**+61%**

TABLE 2 (CONTINUED): PREVALENCE RATES PER YEAR PER PAYER

Condition	Year	Commercial	NH Medicaid	NH Medicare
Pregnancy (Ages 15-45)	2016	1.7%	3.0%	0.7%
	2017	1.7%	3.0%	0.7%
	2018	1.7%	2.9%	0.7%
	2019	1.7%	2.8%	0.7%
	2020	1.7%	2.8%	0.7%
	2021	1.8%	2.6%	0.7%
	2022	1.8%	2.4%	0.7%
	% Change from 2016 to 2022	**+9%**	**-20%**	**-1%**

TABLE 3: PREVALENCE RATES PER YEAR PER AGE AND PAYER

Condition	Year	Commercial		NH Medicaid		NH Medicare		
		0-17	18-64	0-17	18-64	0-17	18-64	65+
ADHD	2016	4.6%	1.9%	7.3%	2.1%	0.0%	2.1%	0.2%
	2017	5.0%	2.0%	7.2%	2.0%	N/A	1.8%	0.2%
	2018	5.0%	2.0%	7.2%	2.1%	0.0%	1.8%	0.2%
	2019	5.3%	2.1%	7.4%	2.5%	0.0%	1.8%	0.2%
	2020	5.0%	2.2%	7.0%	2.6%	0.0%	1.8%	0.2%
	2021	5.2%	2.5%	7.2%	2.9%	0.0%	1.9%	0.2%
	2022	5.6%	2.7%	7.5%	3.1%	N/A	1.9%	0.3%
	% Change from 2016 to 2022	**+22%**	**+44%**	**+3%**	**+44%**	**N/A**	**-8%**	**+46%**
Anxiety/ Phobias	2016	3.7%	5.8%	4.0%	5.8%	0.0%	6.7%	3.6%
	2017	4.3%	6.6%	4.1%	5.8%	N/A	7.4%	3.9%
	2018	4.7%	7.2%	4.5%	6.1%	0.0%	7.8%	4.3%
	2019	5.1%	7.8%	5.0%	7.1%	0.0%	7.8%	4.3%
	2020	5.3%	8.2%	4.9%	7.6%	0.0%	7.6%	4.2%
	2021	5.9%	8.8%	5.2%	8.1%	0.0%	7.6%	4.6%
	2022	6.1%	9.1%	5.3%	7.8%	0.0%	7.6%	4.7%
	% Change from 2016 to 2022	**+63%**	**+58%**	**+32%**	**+36%**	**N/A**	**+14%**	**+30%**

TABLE 3 (CONTINUED): PREVALENCE RATES PER YEAR PER AGE AND PAYER

Condition	Year	Commercial		NH Medicaid		NH Medicare		
		0-17	18-64	0-17	18-64	0-17	18-64	65+
Depression	2016	2.5%	6.5%	3.7%	12.2%	0.0%	19.2%	7.3%
	2017	3.0%	7.6%	4.0%	12.8%	0.0%	20.3%	7.8%
	2018	3.4%	7.9%	4.4%	13.5%	0.0%	20.5%	8.2%
	2019	3.5%	8.5%	4.8%	14.2%	0.0%	20.4%	8.2%
	2020	3.7%	8.6%	4.8%	14.1%	0.0%	18.9%	7.7%
	2021	4.2%	9.2%	5.1%	14.1%	0.0%	18.5%	7.8%
	2022	4.0%	9.4%	4.9%	13.3%	0.0%	18.3%	7.7%
	% Change from 2016 to 2022	**+58%**	**+45%**	**+32%**	**+9%**	**N/A**	**-5%**	**+6%**
SUD	2016	0.2%	3.5%	0.5%	17.2%	0.0%	20.2%	2.5%
	2017	0.2%	4.3%	0.6%	19.0%	0.0%	21.8%	3.0%
	2018	0.3%	4.3%	0.6%	20.4%	0.0%	22.2%	3.2%
	2019	0.3%	4.2%	0.6%	21.4%	0.0%	22.5%	3.5%
	2020	0.3%	3.7%	0.5%	20.7%	0.0%	20.3%	3.1%
	2021	0.2%	3.8%	0.5%	20.4%	0.0%	20.7%	3.2%
	2022	0.2%	3.8%	0.5%	19.1%	0.0%	20.1%	3.4%
	% Change from 2016 to 2022	**+16%**	**+9%**	**+2%**	**+11%**	**N/A**	**0%**	**+37%**
Diabetes	2016	0.3%	4.5%	0.3%	5.8%	0.0%	18.1%	20.6%
	2017	0.3%	4.8%	0.3%	6.0%	N/A	18.6%	20.6%
	2018	0.3%	4.9%	0.3%	6.3%	N/A	18.5%	20.5%
	2019	0.3%	5.0%	0.3%	6.3%	0.0%	18.2%	20.2%
	2020	0.3%	4.8%	0.3%	6.4%	0.0%	17.3%	19.3%
	2021	0.3%	4.9%	0.3%	6.5%	0.0%	17.3%	19.1%
	2022	0.3%	5.0%	0.3%	6.2%	0.0%	16.9%	19.3%
	% Change from 2016 to 2022	**-7%**	**+10%**	**+7%**	**+7%**	**N/A**	**-7%**	**-6%**

TABLE 3 (CONTINUED): PREVALENCE RATES PER YEAR PER AGE AND PAYER

Condition	Year	Commercial		NH Medicaid		NH Medicare		
		0-17	18-64	0-17	18-64	0-17	18-64	65+
Hypertension	2016	0.1%	10.0%	0.2%	8.0%	N/A	26.1%	47.4%
	2017	0.1%	11.0%	0.2%	8.0%	N/A	25.8%	47.3%
	2018	0.2%	11.4%	0.2%	8.5%	N/A	26.2%	47.8%
	2019	0.1%	11.5%	0.2%	9.3%	N/A	25.5%	47.5%
	2020	0.1%	10.7%	0.2%	9.2%	N/A	22.8%	44.3%
	2021	0.1%	11.2%	0.1%	9.7%	0.0%	23.5%	45.8%
	2022	0.1%	11.2%	0.1%	9.2%	N/A	22.9%	45.9%
	% Change from 2016 to 2022	**-42%**	**+11%**	**-24%**	**+15%**	**N/A**	**-12%**	**-3%**
Asthma	2016	4.8%	3.3%	7.2%	5.3%	0.0%	7.7%	3.5%
	2017	5.3%	4.0%	7.3%	5.6%	0.0%	8.1%	3.7%
	2018	5.3%	4.1%	7.3%	6.0%	0.0%	8.1%	3.8%
	2019	5.1%	4.2%	7.1%	6.2%	0.0%	8.0%	3.8%
	2020	4.1%	3.9%	5.6%	6.0%	0.0%	7.2%	3.4%
	2021	4.0%	3.8%	5.4%	5.8%	0.0%	7.1%	3.5%
	2022	4.6%	3.8%	6.1%	5.6%	0.0%	7.0%	3.6%
	% Change from 2016 to 2022	**-3%**	**+15%**	**-16%**	**+6%**	**N/A**	**-9%**	**+4%**
Autism	2016	0.9%	0.1%	1.9%	0.8%	0.0%	0.7%	N/A
	2017	1.0%	0.1%	2.0%	1.0%	0.0%	0.8%	N/A
	2018	1.1%	0.1%	2.2%	1.1%	0.0%	0.9%	N/A
	2019	1.2%	0.1%	2.3%	1.0%	0.0%	1.2%	N/A
	2020	1.2%	0.1%	2.3%	1.0%	0.0%	1.2%	N/A
	2021	1.2%	0.1%	2.4%	1.0%	0.0%	1.4%	0.0%
	2022	1.4%	0.1%	2.6%	1.0%	0.0%	1.6%	0.0%
	% Change from 2016 to 2022	**+54%**	**+101%**	**+36%**	**+14%**	**N/A**	**+119%**	**N/A**

Note: Pregnancy is excluded from this table as only one age (15-45) range was used for the entire analysis on that condition.

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The Institute for Health Policy and Practice (IHPP) is an applied research institute located within the College of Health and Human Services at the University of New Hampshire. IHPP conducts and disseminates high-quality, cutting-edge applied research and policy work that enables health system partners to implement evidence-based strategies to improve population health.