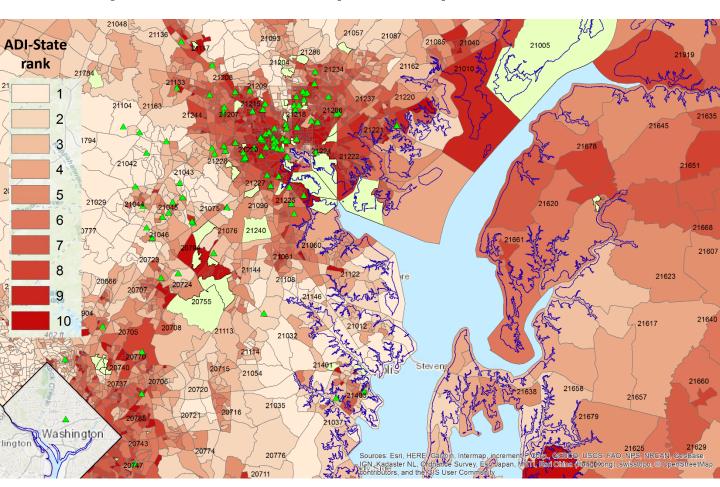
Figure 2: COVID 19 positive patients mapped by Maryland Area Deprivation Index and patient zip code<sup>5,6</sup>



The Area Deprivation Index (ADI) is based on a measure created by the <u>Health Resources & Services</u>

<u>Administration</u> (HRSA) over two decades ago for primarily county-level use, but refined, adapted, and validated to the Census block group/neighborhood level by <u>Amy Kind, MD, PhD</u> and her research team at the University of Wisconsin-Madison. It allows for rankings of neighborhoods by socioeconomic status disadvantage in a region of interest (e.g. at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups.

ADIs for individual state are provided in deciles from 1 to 10 for each individual state. The state deciles are constructed by ranking the ADI from low to high for each <u>state alone without consideration of national ADIs</u>. Group 1 is the lowest ADI (least disadvantaged) and 10 is the highest ADI (most disadvantaged).

Area Deprivation Index data were obtained from the 2015 Area Deprivation Index v2.0 database.

<u>University of Wisconsin School of Medicine Public Health. 2015 Area Deprivation Index v2.0. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu)/11/22/2019.</u>

Map was generated using ArcGis ArcMap 10.3.1 software. Scale 1:500,000