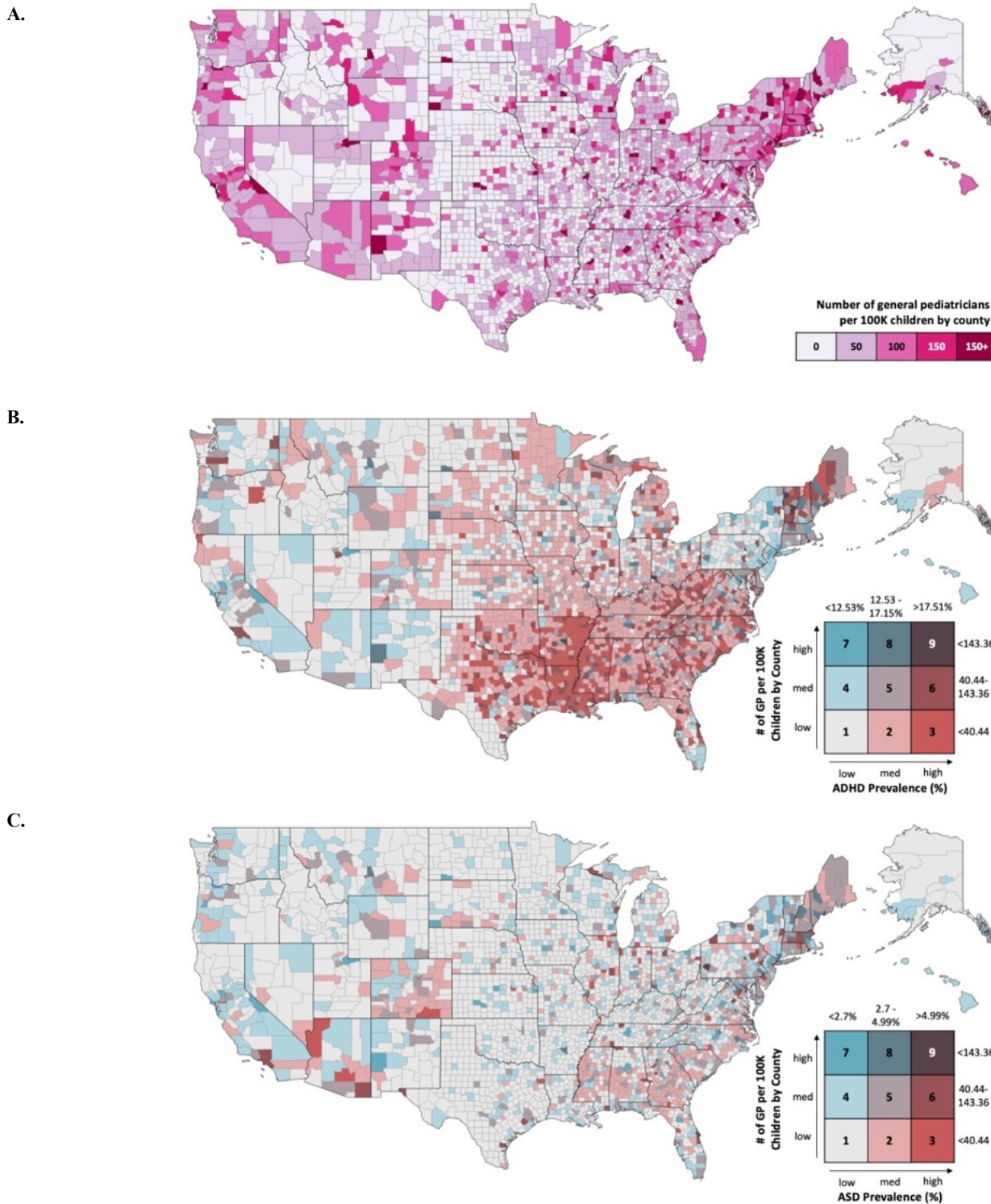


Figure 1: General Pediatrician Availability, ASD prevalence, and ADHD prevalence per 100K Children per County



- A. Univariate map showing counties with 0, 50, 100, 150, or 150+ general pediatricians per 100,000 children.
- B. Bivariate map of general pediatrician availability and ADHD prevalence per 100K children by county. Pediatrician availability and ADHD prevalence were classified into three groups (low, medium, and high) based on the natural breaks (Jenks) method and then combined to form a bivariate map consisting of nine categories: 1) low prevalence/low availability; 2) medium prevalence/low availability; 3) high prevalence/low availability; 4) low prevalence/medium availability; 5) medium prevalence/medium availability; 6) high prevalence/medium availability; 7) low prevalence/high availability; 8) medium prevalence/high availability; 9) high prevalence/high availability. Low ADHD prevalence was $<12.53\%$, medium prevalence was $12.53-17.15\%$, and high prevalence was $>17.51\%$.
- C. Bivariate map of general pediatrician availability and ASD prevalence per 100K children by county. Pediatrician availability and ASD prevalence were classified into three groups (low, medium, and high) based on the natural breaks (Jenks) method and then combined to form a bivariate map consisting of nine categories: 1) low prevalence/low availability; 2) medium prevalence/low availability; 3) high prevalence/low availability; 4) low prevalence/medium availability; 5) medium prevalence/medium availability; 6) high prevalence/medium availability; 7) low prevalence/high availability; 8) medium prevalence/high availability; 9) high prevalence/high availability. Low ASD prevalence was $<2.7\%$, medium prevalence was $2.7-4.99\%$, and high prevalence was $>4.99\%$.