individuals. We aimed to describe sociodemographic characteristics of Chicago where POLs disseminated lupus-related information and to explore using the Area Deprivation Index (ADI) as a measure of the sociodemographic characteristics (higher ADI, more deprived).

Methods Fourteen POLs were recruited from primarily African American, underserved areas to disseminate lupus-related information. POLs recorded encounters throughout their social networks noting the number of individuals contacted and the addresses of venues where educational material was shared. GIS mapping documented the networks, the Healthy Chicago Data (HCD) described the sociodemographic factors and health resources of the POL networks, and GIS addresses linked geocodes with the ADI for these neighborhoods by census block tracks.

Results Nine POLs’ social networks were concentrated in four selected predominantly African American communities (Washington Heights, Morgan Park, Englewood and Roseland) located on the Southside of Chicago where health, educational, and financial resources are limited using HCD. 8–17% of individuals living in these areas lacked health insurance, and the percent living below the Federal poverty line and for not completing high school was highest in Englewood (30.8%, 19.7%) and Roseland (27.2%, 13.5%), respectively. Five additional POLs also participated with social networks in other neighborhoods where we could calculate an ADI as shown in the figure 1. The percentage of ADI encounters in Chicago ranged from 9% in ADI 1 to 18% in ADI 10.

Conclusions POLs reached communities with varied ADI categories reflecting dissemination from least to most disadvantaged areas.

Abstract P66 Figure 1

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