

**2010 AHRQ Annual PBRN Research Conference**

**Poster ID Number:**

<b>Title</b>	A New Social Capital Scale: Geographic Stability Compared to Mothers' Personal Support and Depressive Symptoms
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<b>Submission Category</b>	Completed PBRN Research
<b>Introduction</b>	Social capital has been shown to be related to a number of health outcomes. The purpose of this paper is to describe the use of a new Social Capital Scale (SCS). The SCS was administered to birth mothers in primary care offices as well as a developmental clinic.
<b>Hypothesis/Objectives</b>	To examine the geographic distribution of mothers' self-reported personal social support and depressive symptoms as well as their perception of their communities' social capital.
<b>Methods</b>	A convenience sample of birth mothers whose children were being seen by practices within the Southwestern Ohio Ambulatory Research Network (SOAR-Net) or a developmental clinic at a local children's hospital completed a survey that included the Maternal Social Support Index (MSSI), the Center for Epidemiologic Studies Depression Scale (CES-D) and the SCS. English-speaking birth mothers who lived in one of the seven study zipcodes (ZC) with at least 22 mothers were included in this analysis (included zipcodes {IZ}, N=195, excluded zipcodes {EZ}, N=415).
<b>Results</b>	Mothers from IZ were more likely to be single (42.7% vs 29.4%, p=0.001) and have an index child with public health insurance (69.5% vs 51.0%, p=0.001) compared to mothers from EZ. Index children's mean age (MA=6.3 years) was identical for both subgroups. None of the study variables (e.g., SCS, MSSI, CES-D) means were significantly different between the two subgroups. Though mean CES-D scores ranged from 9.4+/-6.4 to 15.0+/-12.1 across the IZ, they did not reach statistical significance (p=0.148). Mean MSSI scores ranged from 27.5+/-4.9 to 21.5+/-6.7, p=0.025. Mean SCS scores had a narrow range (73.7+/-9.7 to 70.7+/-9.7, p=0.950).

<b>Conclusion</b>	Mothers' personal social support and depressive symptoms varied geographically across seven ZC more than a new measure of social capital developed for families raising CSHCN. Future research should continue to explore the child health implications of the similarities and differences, including geographic distribution, of communities' social capital.
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