Objective: To examine prospective relationships between caregiver’s depressive symptoms and child asthma morbidity among inner-city African American families.

Methods: Phone surveys were conducted 6 months apart with 262 African American mothers of children with asthma. Cross-lagged structural path analysis was used for data analyses.

Result: Using goodness-of-fit indices, the final model for asthma symptoms had a good fit to the data. Time 1 (T1) maternal depressive symptoms predicted T2 child asthma symptoms (b¼.16, p<.01); however, T1 asthma symptoms did not predict T2 maternal depressive symptoms (b¼.03, nonsignificant). In contrast, in the final model for emergency department (ED) visits there was no predictive association between maternal depressive symptoms and ED visits.

Conclusion: Maternal depressive symptoms may have a detrimental effect on child asthma morbidity among inner-city African American families, rather than vice versa. Ameliorating maternal depressive symptoms may result in better asthma outcomes for inner-city children.