

**U.S. Department of Health and Human Services  
National Institutes of Health  
National Heart, Lung, and Blood Institute**

**National Asthma Education and Prevention Program  
Coordinating Committee  
Meeting Summary  
September 22, 2023**

The sixth meeting of the National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC) took place on Friday, September 22, 2023, from 11:00 a.m. to 2:00 p.m. ET. The meeting was open to the public.

**NAEPPCC Co-chairs**

James P. Kiley, Ph.D.  
George A. Mensah, M.D.

**NAEPPCC Executive Secretary**

Susan T. Shero, R.N., M.S.

**NAEPPCC Members Present**

Patrice Becker, M.D.  
Tyra Bryant-Stephens, M.D.  
Michelle M. Cloutier, M.D.  
Emily DiMango, M.D.  
Donna (De De) Gardner, Dr.P.H., RRT,  
FAARC, FCCP  
Christy Haas-Howard, M.P.H., R.N.  
Osatohamwen Idubor, M.D., M.P.H.  
Tracey Mitchell, RRT, RPFT  
Neeta Thakur, M.D., M.P.H.

**Others in Attendance**

Felix Aguilar, M.D., M.P.H., American Lung Association  
Michael Fessler, M.D., National Institute of Environmental Health Sciences  
Karen Graf, MSN, APHN-BC, National Association of School Nurses  
Thomas Kalista, Pharm.D., National Community Pharmacists Association  
Sumita Bhattacharya Khatri, M.D., M.S., U.S. Federal Government  
Jerry A. Krishnan, M.D., Ph.D., University of Illinois Health  
Joe Morrison, Right2Breathe  
Brenda M. Reyes, M.D., M.P.H., U.S. Department of Housing and Urban Development

**National Heart, Lung, and Blood Institute**

**(NHLBI) Staff Members Present**

Neyal Ammary-Risch, M.P.H.  
Michelle Freemer, M.D., M.P.H.  
Lenora Johnson, Dr.P.H., M.P.H.  
Gustavo Matute-Bello, M.D.  
Sarah Olscamp  
Mihaela Stefan, M.D., Ph.D.

**Welcome and Administrative Announcements**

NAEPPCC's executive secretary and co-chairs welcomed committee members and other participants to NAEPPCC's sixth meeting. Notice of the meeting was published in the *Federal Register*.

After review of the meeting agenda and member introductions, the co-chairs affirmed that NHLBI seeks a bidirectional conversation with the communities impacted by asthma represented by NAEPPC members and participants. It is important to disseminate information that has been collected through research efforts to all the communities affected by asthma—including patients, providers, and family members.

### **Overview of the NIH Community Engagement Alliance Program**

NHLBI reviewed past and future roles of the Community Engagement Alliance (CEAL) in addressing the most pressing health issues and advancing health equity through meaningful community engagement. An overview was presented of the engagement of diverse communities by CEAL during the pandemic in the areas of the country where the impact of COVID-19 was greatest. Since the public health emergency of the pandemic expired, the platform has broadened its focus to add chronic diseases, including asthma. Overviews were provided on programs leveraging the CEAL platform.

### **Committee Discussion: Community-Engaged Approach to Reducing Asthma Disparities**

NHLBI responded to clarifying questions about the CEAL program. During the pandemic, CEAL performed the full spectrum of research, from fundamental discoveries to implementation research. Going forward, CEAL will support multiyear research projects. CEAL was a National Institutes of Health (NIH)–wide effort supported by multiple NIH institutional partners. CEAL’s pivot to chronic diseases represents an opportunity to interact with ongoing NIH investments in community-based work in asthma.

Lessons learned from CEAL were discussed. A structured approach for the rapid dissemination of programs that demonstrated effectiveness is needed. Dissemination efforts need to consider the infrastructure of the community.

Committee members discussed partnerships that can be used for community-engaged approaches to improve asthma outcomes. Potential new partners in community engagement to reduce asthma disparities include health systems; graduates of historically black colleges, city colleges, and county colleges; school systems and cannabis dispensaries; community pharmacies; community health workers; and chain pharmacies.

Partnering with payers would extend the sustainability of interventions. Observational studies such as the National Health and Nutrition Examination Survey, as well as data from state and local governments, could guide community-level allergen-mitigation efforts.

The committee discussed high-priority communities among those with asthma that should be engaged. Rural communities struggle with access to care and education about access. People living in high-exposure housing and in geographic areas with poor outdoor air quality are disproportionately exposed. People with limited access to digital health, the unhoused, and non-English speakers have barriers to asthma care and education. Vaping and marijuana use are associated with asthma risk.

NAEPPC organizations have contributed to community engagement and have identified needs and gaps that require collaborations to address. Diverse sites of community engagement include car

racing events, places of worship, and community health clinics. Collaboration with payers could facilitate workforce wellness education campaigns. Community pharmacies collaborate with local home-care agencies to deliver medications.

### **Recommendations to NHLBI**

NAEPPC provided NHLBI with recommendations on community engagement. Community organizations that are on the ground; community health workers; groups that provide social services outside the health care sector; the Department of Housing and Urban Development; and schools, daycares, and childcare centers should be engaged. Synergies should be created with the asthma programs of the NIH, Centers for Disease Control and Prevention, National Institute of Allergy and Infectious Diseases, and other Department of Health and Human Services agencies to create a systematic approach to community engagement. Systems mapping could be used to address the complex interdependencies of asthma programs. The cost effectiveness of interventions needs to be demonstrated to payers. Outreach is needed to reach those sections of the public that do not realize that asthma programs exist.

### **Closing Remarks**

The co-chairs encouraged ongoing participation from committee members on community engagement ideas that NHLBI should be considering.

The co-chairs adjourned the meeting at 1:22 p.m.

### **Certification**

I hereby certify that the foregoing minutes are accurate and complete.

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Susan T. Shero, R.N., M.S.  
NAEPPCC Executive Secretary

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James P. Kiley, Ph.D.  
NAEPPCC Co-chair

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George A. Mensah, M.D.  
NAEPPCC Co-chair

**National Asthma Education and Prevention Program  
Coordinating Committee Roster**

**NAEPPCC Co-chairs**

James P. Kiley, Ph.D.  
George A. Mensah, M.D.

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Asthma Program Coordinator  
Nursing and Student Health Services  
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**NAEPPCC Executive Secretary**

Susan T. Shero, R.N., M.S.

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Transplantation  
National Institute of Allergy and  
Infectious Diseases  
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