



ADVANCING INTEGRATED HEALTHCARE



Asthma Community Health Worker Training: Advancing Health Equity in Asthma Control White Paper Report

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Background

Asthma continues to be a pressing public health concern in Rhode Island, disproportionately affecting children living in underserved communities. To address this need, the RIDOH Asthma Control Program (RIACP) developed a comprehensive strategic plan and since 2022 has contracted with the Care Transformation Collaborative of RI (CTC) to improve population health outcomes in communities with a high asthma burden. As part of our work, in partnership with the RIACP, CTC has created and utilized a multi-sector interdisciplinary Asthma Planning Team to develop, implement and evaluate asthma focused initiatives. Asthma Quality Improvement Learning Collaborative included a six session ECHO (Extension for Community HealthCare Outcomes) for a community of learners and a six-month quality improvement initiative for primary care practices to implement data driven performance improvement plans to improve clinical outcomes through improved use of asthma action plans and improved communication and collaboration with school nurses and increased referrals to the Home Asthma Response Program (HARP), an intensive home-based asthma management intervention program for children with poorly controlled asthma.

In 2024, the Rhode Island Department of Health (RIDOH) successfully applied for and obtained funding from the Centers for Disease Control (CDC-RFA-24-0016) “Advancing Health Equity in Asthma Control” whose intent is to improve health outcomes in our communities. With this new funding, RIACP sought to strengthen the community infrastructure and improve support for families with children with asthma by providing asthma training for community health workers. The scope of work for this new CDC funding provided RIDOH with the opportunity to re-tool the HARP program and expand capacity and community reach by offering the state-wide training for community health workers that are deployed in numerous community settings.

This effort was informed by a comprehensive CTC Environmental Scan conducted in the Summer 2024 by June Tourangeau LPN/AE-C, Asthma Education Consultant, who selected a Community Health Worker Asthma Training Program used in other communities to address gaps in community-based asthma education. June Tourangeau LPN/AE-C also led the development of the Asthma Home Visiting training curriculum based on the environmental scan and home visiting training delivered through her previous role working at St. Joseph’s Hospital in Rhode Island.

In Year 1 of the CDC grant, RIDOH contracted with CTC-RI to:

- A. Conduct two Core Asthma Education for Community Health Workers/Medical Assistants (CHW/MA) (anticipated number of people to be trained: 20 (ten people per session))
- B. Conduct two Pediatric Home Visiting Training Program for CHW (anticipated number of people to be trained: 10 given that not every person attending the core training program would be interested in providing home visiting)
- C. Provide Motivational Interviewing Session for Core and Home Visiting Asthma Trainees
- D. Offer a Supervisory CHW training Session
- E. Convene and host regularly scheduled Planning Committee Meetings to review program design, plans, goals and evaluation findings to assure alignment with RIACP strategic plan.

This White Paper Report summarizes our Year 1 (Aug 2024 – Sept 2025) activities, outcomes and key findings.

Key Milestones

Date	Milestone/Event	Accomplishment
Summer 2024	Environmental Scan of CHW Asthma Training	Selected Association of Asthma Educators (AAE) Core Asthma Training Program for Community Health Workers
August 2024	Convened an Oversight Asthma Planning Committee	
Aug 2024	Piloted Asthma Core Training with Managed Care Organization (MCO) Neighborhood Health Plan of Rhode Island (NHPRI)	Ten (10) CHW successfully completed core training program
Nov 2024	Piloted Asthma Home Visiting Training with Neighborhood Health Plan of Rhode Island (NHPRI)*	Ten (10) CHW successfully completed home visiting training program
Jan 2025	Launched a Call for Applications for CHW/Medical Assistants in Rhode Island	Received 42 applications for training
Feb 2025	Asthma Core Training (Feb 5–6)	Trained 8 Community Health Workers
Apr 2025	Asthma Home Visiting Training (Apr 9–10)	Trained 4 Community Health Workers
May 2025	Asthma Core Training (May 8 – 9)	Trained 13 Community Health Workers
June 2025	Motivational Interviewing Session provided at Community Health Worker Summit	Trained 31 Community Health Workers (Core Asthma Training) and Community Health Workers (Home Visiting Asthma Training) (eval here)

*NHPRI opted to participate in pre and post Planning Meetings as an alternative to Supervisor Training Session(s)

Training Overview

Asthma Core Curriculum developed with the Association of Asthma Educators, including five core modules:

- Module One: The Scope of Asthma:** Introduces the prevalence and impact of asthma, national guidelines for management, and the role of CHWs in asthma care.
- Module Two: Triggers and Environmental Control:** Covers identification of common asthma triggers and strategies for environmental control to reduce exposure.
- Module Three: Medications:** Explains the difference between rescue and controller medications and trains CHWs in teaching proper usage techniques.
- Module Four: Medication Delivery Devices:** Provides hands-on training in the use, care, and cleaning of inhalers, spacers, and nebulizers, including priming and spacer benefits.
- Module Five: Assessment and Monitoring:** Focuses on creating Asthma Action Plans and equips CHWs with skills in home visit protocols, communication, and cultural competency.
- Competency Evaluation:** A five-part examination utilizing a case-based scenario involving a child or adult with asthma which utilizes the tools and materials learned throughout the course. Participants meet with the training facilitator virtually, provide identified key points for each module in oral form and must demonstrate clear understanding to pass the course and receive certification.

Asthma Home Visiting Training

The asthma home visiting training module prepares Community Health Workers (CHWs) to conduct effective home visits by integrating materials from the California Department of Public Health and Rhode Island’s HARP program. It covers the logistics of home visiting, safety protocols, scheduling and conducting visits, and includes expert-informed content from local and national health organizations. The training also features interactive videos and real-life demonstrations to help participants identify asthma triggers and apply best practices during home visits.



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Training sessions emphasized hands-on learning, case-based scenarios, and practical demonstrations to prepare CHWs for real-world applications.

Resources Provided

During Asthma Core Training and Asthma Home Visiting Training, participants receive practical tools and resources designed to strengthen their ability to support individuals with asthma. These trainings combine classroom instruction with hands-on practice, ensuring participants are prepared to apply their knowledge in real-world settings.

Core Training Resources Include:

- Asthma inhaler spacer and mask
- Demonstration inhaler
- [Chart of respiratory treatments](#)
- Peak flow meter
- *Asthma Education for the CHW* participant manual
- Resource binder featuring local tools and information from the Rhode Island Department of Health (RIDOH)

Home Visiting Training Adds:

- Finger pulse oximeter
- Asthma flipbooks titled *Keys to Breathing Easy* for family education ([English](#)) ([Spanish](#))

Many of these supplies are provided through a collaborative partnership with the American Lung Association of Rhode Island and the Rhode Island Department of Health, reinforcing a shared commitment to improving asthma care and education across communities.

Training Implementation

Phase I Pilot Program

In August 2024, CTC-RI, the Rhode Island Department of Health, and Neighborhood Health Plan of Rhode Island (NHPRI), a Rhode Island managed care organization, collaborated to pilot the Asthma Community Health Worker/Patient Care Navigator Training. The RIACP had contracted separately with NHPRI to have their staff successfully complete the CTC Core Asthma and Home Visiting Training Programs, to implement the Home Asthma Response Program (HARP) for fifty families and to provide families with equipment and supplies to help families better manage asthma triggers, reduce emergency department and inpatient admissions. CTC offered the Core Asthma Training Program to 10 CHW/patient navigators in August of 2024, held over two and a half days with two days in person and a half day virtually. Asthma Home Visiting Training Program was delivered in November 2024 to 10 CHW over two days. Implementation of the home visiting training was delayed until RIDOH and NHPRI were able to work out contract details related to equipment management and approval of changes made in documentation of asthma assessment and consent forms.

Pilot Program Evaluation Results

The pilot program with NHPRI produced a limited number of evaluation results and did not generate any evaluations for the home visiting program. This was primarily because access to certification was not linked to completing the evaluation and thus participants did not feel required to complete evaluation.

However, feedback that was received on the Asthma Core Program was overwhelmingly positive. All evaluations rated the program 5 out of 5 across key areas, indicating that participants found the training worthwhile, believed it should be offered regularly, felt it met expectations, and were confident they could apply the knowledge gained. They also agreed that the content was well-organized and easy to follow. *(The rating scale ranged from 1 = Strongly Disagree to 5 = Strongly Agree.)*

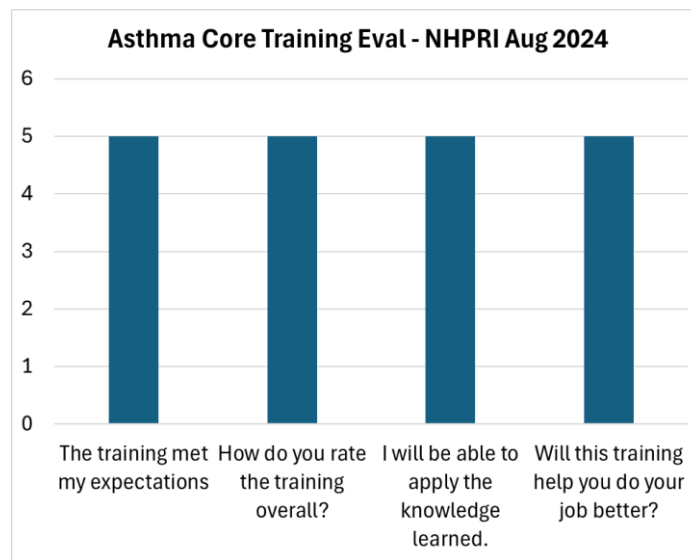
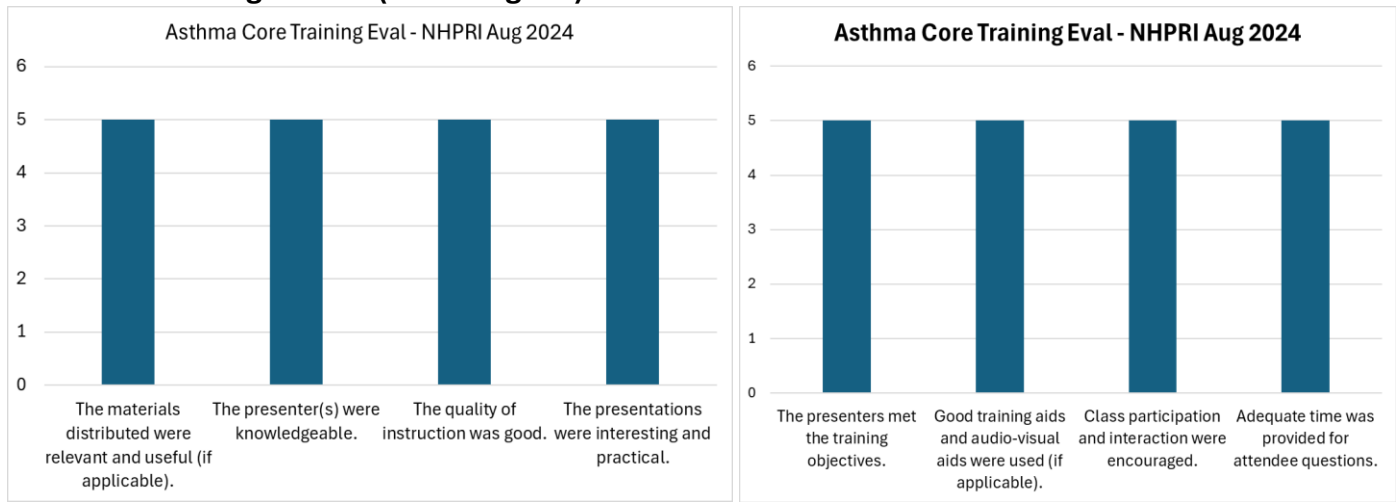
Highlights from participant feedback:

- Engaging visuals and interactive participation
- Informative and well-taught sessions
- Skilled presenters
- Clear structure with divided sections
- Education on asthma triggers and prevention
- Guidance on using asthma pumps and understanding medication options
- Learning new information previously unknown

Areas for improvement:

Participants expressed a desire for more time focused on medication management and proper use of medications.

Evaluation Training Results (Core Program)



Evaluation results from the Asthma Core Training program with NHPRI featured above were completed by 6 out of 10 participants. The results indicate a positive response to the training and that participants feel they will be able to use this knowledge in their work, that instruction was good, practical and met all objectives. *(The rating scale ranged from 1 = Strongly Disagree to 5 = Strongly Agree.)*

In November 2024, CTC-RI returned to deliver the Asthma Home Visitor training to the same group of NHPRI participants. The training was conducted on-site and was well received based on verbal feedback. Participants were highly engaged throughout the session. A significant portion of the training focused on reviewing the home visit checklist; however, we later learned that this checklist would need to be developed and tailored specifically for the agency.

At the time, many foundational systems for home visiting at NHPRI had not yet been established, including workflows, the number of home visits to be conducted, and strategies for engaging customers. No formal evaluations were received for this training.

Lessons learned:

1. Linking Evaluation to Certificate Completion

We learned that tying the completion of evaluations to the issuance of certificates is essential. This approach helps ensure that evaluations are submitted consistently and that feedback is provided.

2. Optimizing Training Duration

The Asthma Core Training content could be condensed from two and a half days to two full days in person. This adjustment would allow all content to be delivered in person, improving continuity and engagement.

3. Participant Engagement and Attendance

One challenge was ensuring participants were present and engaged. Having a designated on-site contact proved important for following up with participants who were late, forgot about the session, or were delayed by other commitments.

4. Timing Between Trainings

The home visiting training occurred three months after the core training, which was not ideal. Keeping these sessions closer together would help participants retain core content and reduce the need for extensive refreshers before diving into home visiting topics.

5. Focus on Home Visiting Training

It was valuable to learn that a deep dive into agency-specific operating procedures was unnecessary for facilitators to complete during training, as these vary widely. While every agency will need to create their own documentation, policies and procedures, and then train on those, it was recognized that not every organization will do things in the same way. Instead, focusing on practical skills — such as how to conduct assessments, identifying home triggers and allergens, and navigating the home environment — was more effective.

Phase II: Asthma Training Program for the Larger Rhode Island Community

In January 2025, CTC-RI launched a Call for Applications for the Asthma Core Training, inviting participation from the broader Rhode Island community. The response was significant, with 42 individuals expressing interest in the program. To accommodate this demand, two Asthma Core Training cohorts and one Asthma Home Visiting Training were scheduled. Fifteen participants who indicated interest in the Home Visiting program were first enrolled in the February 2025 Core Training cohort, followed by the Home Visiting Training in March 2025, as completion of the Core Training was a prerequisite to attend the Home Visiting Training Program. A second Core Training cohort, also consisting of 15 participants, was held in Providence at the CTC conference room in May 2025. Please see the table below for enrollment and completion details.

Cohort Training & Dates	Enrolled	Completed
Asthma Core Training February 2025	15 Enrolled	8 Completed
Asthma Home Visiting Training March 2025	8 Enrolled	4 Completed
Asthma Core Training May 2025	15 Enrolled	13 Completed

Evaluation

Asthma Core Training Program Pre-Post Test Knowledge Assessment

To assess the effectiveness of the Asthma Community Health Worker Training Program, [participants completed a pre-training knowledge check and a post-training assessment](#). The pre-post assessment asked 10 questions focused on gauging participants knowledge regarding areas such as asthma education, medication management, and allergens and

triggers. Each question was scored as one point giving participants an idea of how much they knew prior to training and how much they knew after training.

One example question from the pre-post test is:

What is an asthma attack?

- When the lungs fill with water
- When airways tighten and the lungs don't get enough air
- When the heart beats too fast
- When the heart and lungs are working too hard

The result demonstrated a clear increase in asthma-related knowledge:

- Average pre-training score: 6 out of 10 (23 participants completed)
- Average post-training score: 8 out of 10 (16 participants completed)*
- Knowledge gain: participants improved by an average of 2 points, indicating enhanced understanding of asthma management concepts.

*As a note, the pre-test assessment was administered at the start of training in class and all participants in training completed before the start of class. The post-test assessment was emailed to participants and was completed digitally and in the same form participants were able to provide feedback on the overall training. Participants completed the post-test assessment and then moved on to the evaluation. This means that the same issues that were identified with the evaluation with the lack of completion of evaluation, also impacted the post-test assessment.

Asthma Core Competency Assessment

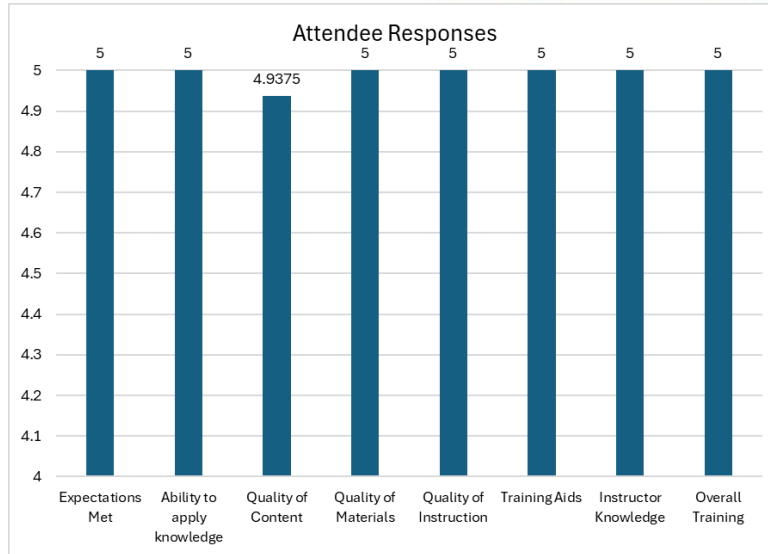
As part of the Asthma Core Training, all participants are required to complete a one-hour individual competency assessment with the trainer. These sessions are conducted virtually via Zoom and are scheduled at the end of the training period. Although all participants successfully passed the competency assessment, one session highlighted the need for Spanish-language support as the participant's primary language was Spanish. A participant experienced difficulty completing the assessment due to a language barrier, prompting the trainer to reschedule the session and arrange for a Spanish-speaking translator. With the translator's assistance—translating questions into Spanish and conveying responses back to English—the participant was able to demonstrate competency. This experience underscored the importance of providing materials and assessment options in Spanish, as well as access to a Spanish-speaking facilitator when needed.

Questions asked during the assessment covered sections from each of the training modules that were covered during the two days of training including asthma, allergens, triggers, medication management and asthma control and the learner demonstration of use of spacer and mask. Some [example questions are](#):

1. What happens during an asthma episode?
2. What is the difference between asthma triggers that are either an allergen or irritant?
3. Why do you need a spacer (or valved holding chamber) with a metered dose inhaler?
4. Demo the use of a spacer and mask.

Asthma Core Training Program Evaluation Results

In addition to the knowledge assessment, participants completed a detailed evaluation of the training experience with a ranking of one to five, with one being equivalent to poor and five being equivalent to excellent. Feedback was overwhelming positive, with every participant rating the training as worthwhile and recommending it be offered regularly. Average attendee responses to the evaluation are highlighted below for how training met expectations, their ability to apply knowledge, quality of content, quality of learning materials, quality of instruction, training aids (such as videos and handouts), instructor knowledge and overall training.



Attendee responses above reflect the average of 16 responses across two training cohorts from Feb 2025 – May 2025. Responses were collected via JotForm evaluation sent via email.

Overall, participants rated each area highly, averaging a 5 for excellent with only quality of content ranking at a 4.93. This shows that there is room for improvement in some of the content, but that participants were still largely satisfied with the training.

Qualitative Feedback from Participants

Participants praised the training’s structure, content and facilitation:

- “[I liked] the education about triggers and how to avoid them. Education on use of the asthma pumps and the variety.”
- “I now feel confident in training my patients on how to properly use their inhalers and rid their environment of allergens and irritants.”
- “[The trainers] did an excellent job explaining asthma in a way that is practical and relevant for CHWs. After this training, I feel confident in my ability to educate individuals and their families on effectively managing their asthma diagnosis.”
- “The instructors were very welcoming and helpful in understanding the material.”
- “I am an asthmatic... I know, understand and feel comfortable explaining the difference between my two inhalers to others.”

Learners also appreciated the interactive format and hands-on learning:

- “Having the actual items in front of you to practice with made a huge difference.”
- “[The trainer] was a great at allowing Q&A from participants, helping us clarify the information we were learning.”
- “The resources and goodie bag were perfect... everything was prepped for us, from the binder to the presentation slides and sample item.”

The asthma CHW Training initiative has been an important workforce development initiative and strengthened Rhode Island’s capacity to address asthma disparities through the use of CHW that are working in both clinical and community settings. Through targeted education and hands-on training, CHWs are now better equipped to support families and improve asthma outcomes. With continued CDC funding, RIDOH plans to continue to offer asthma training (Core and Home Visiting) to CHW and offer the training opportunity to medical assistants and school nurses.

Asthma Home Visiting Program Pre-Post Test Knowledge Assessment

To assess the effectiveness of the Asthma Home Visiting Training Program, an assessment was introduced, which was not used during the NHPRI pilot program. Participants completed a [pre-training knowledge check](#) and a [post-training assessment](#). The pre-post assessment asked 6 questions focused on gauging participants' knowledge regarding areas such as allergens, asthma action plans, basics of an asthma home visit and medication management. Each question was scored as one point giving participants an idea of how much they knew prior to training and how much they knew after training.

One example question from the pre-post test is:

What can you do to reduce asthma triggers in your home?

- Clean up mold with soap and water
- Don't smoke in the home
- Vacuum carpets, rugs and furniture often
- All of the above

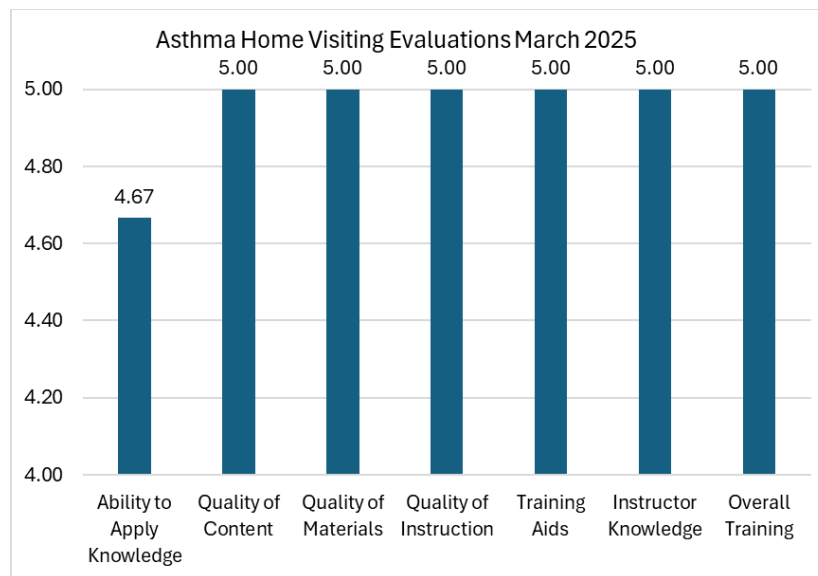
The result demonstrated a clear increase in asthma-related knowledge:

- Average pre-training score: 4 out of 6 (4 participants completed)
- Average post-training score: 6 out of 6 (3 participants completed)*
- Knowledge gain: participants improved by an average of 2 points, indicating enhanced understanding of asthma management concepts.

*As a note, the pre-test assessment was administered at the start of training in class and all participants in training completed before the start of class. The post-test assessment was emailed to participants and was completed digitally and in the same form participants were able to provide feedback on the overall training. Participants completed the post-test assessment and then moved on to the evaluation. This means that the same issues that were identified with the evaluation with the lack of completion of evaluation, also impacted the post-test assessment.

Asthma Home Visiting Program Evaluation Training Results

Participants also completed a training evaluation in addition to the knowledge assessment. They rated various aspects of the training on a scale from one to five, where one indicated "poor" and five indicated "excellent." Overall feedback was highly positive—every participant reported that the training was valuable and recommended that it be offered on a regular basis. The average ratings below summarize attendees' perceptions of how well the training met their expectations, their ability to apply what they learned, the quality of the content and learning materials, the effectiveness of the instruction, the usefulness of training aids (such as videos and handouts), the instructor's expertise, and their overall satisfaction with the training.





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Attendee responses above reflect the average of 3 responses across two training cohorts from March 2025. Responses were collected via JotForm evaluation sent via email.

Overall, participants gave high marks across all categories, with most areas averaging a perfect score of 5 and only the ability to apply the knowledge scoring slightly lower at 4.67. This indicates that while additional support may help participants better translate the material into their daily work, they were still highly satisfied with the training overall.

Qualitative Feedback from Participants

Participants praised the training's structure, content and facilitation:

- "June's expertise in the subject matter and her thoroughness....She was knowledgeable and engaging. It made the two days go by really quickly."
- "All activities were great and lessons were well planned."

Lessons learned:

Throughout the Asthma Core Training and the Asthma Home Visiting Training, we experienced challenges with program completion. More people indicated interest in attending the training program than actually showed up for the training. Learners were asked to complete Participative Agreements that outlined learner expectations and CTC sent out multiple reminders regarding the upcoming training event. In reviewing the attendance rates we noted that attendance and completion rates were better at the NHPRI program which was held at their work location and had supervisory engagement. The subsequent community-based training program was at a location in Providence that was not familiar to most of the participants. Accessibility also proved to be a barrier, as some participants faced difficulties traveling to the training site. This suggests that holding sessions in alternative locations—or bringing the training directly to community organizations and health centers—could improve attendance. The successful partnership with NHPRI demonstrated the effectiveness of on-site training supported by a local partner who could help locate and coordinate participants, a model that could be replicated with other organizations. A stipend may also help alleviate transportation-related challenges.

Language barriers in the second training programs underscored the importance of providing bilingual materials and interpretation services to ensure Spanish-speaking participants can fully engage. One learner especially struggled to complete the 1-hour competency assessment as part of the Asthma Core training program because of the language barrier. As a result, the learner was asked to revisit the material, and a translator was brought in to help translate the questions into Spanish and then the answers back into English.

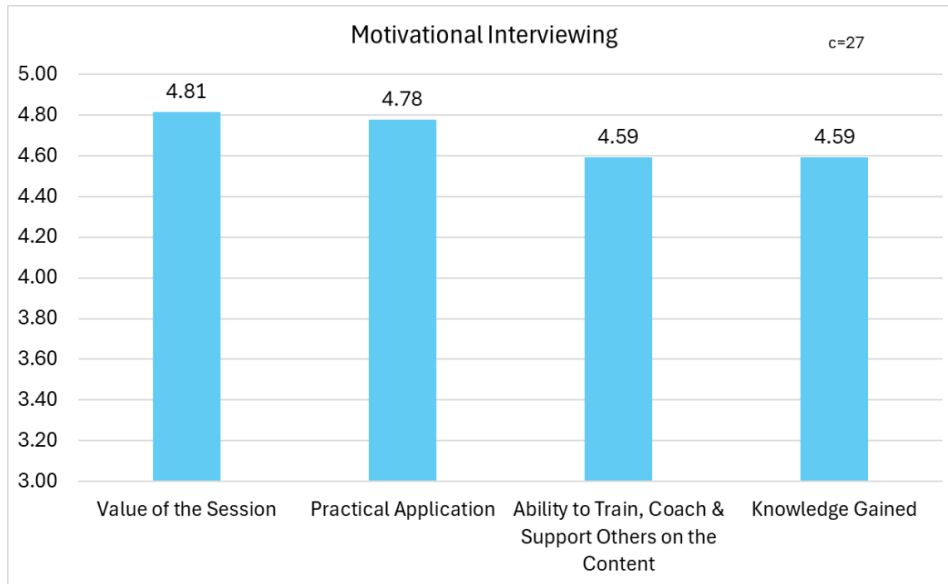
Learners the participate in the Core Asthma Training Program and the Home Training Program are asked to make a significant time commitment. In subsequent training programs, CTC will work to build a stipend for successful training completion which we anticipate will improve training completion and recognize the effort associated in program completion.

Finally, it became clear that not all learners that participate in the Core Training Program are working in organizations or settings that are positioned to offer and implement home-visiting programs. This highlights the need for creative and flexible approaches that allow Community Health Workers to incorporate elements of the home-visiting model into their work, even when they cannot conduct home visits directly. Together, these lessons offer valuable guidance for enhancing future trainings and supporting long-term program success.

Motivational Interview Training

As a final part of this work, motivational interviewing training was offered at the Community Health Worker conference on June 06, 2025. CTC contracted with subject matter expert Jacki Hecht, RN, MSN, Project Coordinator, Luci Baines Johnson and Ian J. Turpin Center for Gerontological Nursing, University of Texas at Austin, School of Nursing to provide this training. Approximately 35 community health workers attended this training which had special focus on asthma and medication management.

Rapid feedback evaluation forms were used at the end of the session which provided real time feedback. Learners were asked about the value of the session, practice application, ability to train and coach others, and knowledge gained. The chart below shows results from 27 rapid feedback forms that were collected during the conference.



Attendee responses above reflect the average of 27 responses from rapid feedback forms.

Additionally, post-conference evaluations indicated that the session was very well received, with participants rating it highly on a scale of one to five, achieving an average score of 5.

Recommendations for Future Training

- 1. Improve Participant Engagement and Program Completion** Establish clear expectations, secure supervisor support, and continue use of participation agreements and stipends to boost follow-through. Offer program in a community or workplace location.
- 2. Provide Language Support:** Provide bilingual materials, interpretation services, and Spanish-language training options to better support learners that speak Spanish as a primary language.
- 3. Continue to Offer Flexible Implementation Models:** Support agencies in adapting home-visiting concepts to their settings, even when they cannot conduct home visits directly.
- 4. Strengthen Evaluation Completion:** Require participants to complete the post-training evaluation as a condition for receiving their certification. This will ensure consistent feedback, improve data quality, and support ongoing training refinement.
- 5. Provide Quarterly Learning Opportunities:** Hosting quarterly learning sessions will reinforce key concepts, keep participants up to date on emerging best practices, and promote ongoing professional development and skill retention. These sessions will also give graduates of the training program dedicated opportunities to deepen their skills, share real-world experiences, and learn from one another. It is our goal to offer these quarterly sessions as a consistent, supportive space for continued growth and collaboration.
- 6. Consider How Changes in RI CHW Regulations Might Affect CHW Workforce Engagement:** Rhode Island enacted substantial 2025 changes to its Medicaid CHW benefit and related certification/enrollment rules—eliminating reimbursement for “collateral” and multidisciplinary care activities, ending standing orders in favor of Licensed Practitioner of the Healing Arts (LPHA) authorizations, capping services at 2 hours/day and 12 hours/month, setting limits for group sessions (≤8 beneficiaries), and shifting to new billing codes; in addition, CHWs must be fully RICB-certified, hold an NPI, pass a national background check, and (by Dec. 1, 2025) be affiliated with a group to bill Medicaid. These updates represent a marked tightening of what is billable and who may bill, with the state noting program-integrity aims and cost impacts in its May 9, 2025 public notice.

Early stakeholder feedback in Rhode Island indicates measurable strain on the CHW ecosystem: CHW leaders reported closures of multiple CHW organizations and that larger employers are reconsidering CHW roles under the tighter billing rules, while independent CHWs face new barriers due to the group-affiliation requirement and loss of reimbursement for previously billable “collateral” work—conditions they argue will reduce outreach, care coordination, and navigation capacity for vulnerable populations. There are concerns that the changes in billing will limit CHWs’ availability to participate in multi-hour trainings and reduce flexibility to serve high-need communities as the elimination of collateral service billing is eliminated (e.g., time spent securing resources or coordinating with care teams is no longer reimbursable). As future trainings are planned, assume less protected, billable time for CHWs and greater need for employer-backed release time or stipends, especially for independent CHWs and smaller CBOs navigating new compliance workloads.

Accomplishments

- August & November 2024: 10 Community Health Workers (CHWs) completed both the Asthma Core and Asthma Home Visiting training in partnership with NHPRI.
- February 2024: 8 participants successfully completed the Asthma Core Training.
- April 2024: 4 participants completed the Asthma Home Visiting Training.
- May 2025: 13 participants completed the Asthma Core Training.
- June 2025: Provided Community Health Workers with Motivational Interviewing Training at the Community Health Worker Conference
- Trained a total of 31 Community Health Workers between Aug 2024 – May 2025

Acknowledgments

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