National Medical Association
2026 Annual Convention and Scientific Assembly
Allergy, Asthma, and Immunology Section
NMA's 124th Annual Convention and Scientific Assembly

San Juan, Puerto Rico
July 25th – July 28th, 2026

Section Chair:
Cheryl Lynn Walker-McGill, M.D., MBA

Immediate Past Section Chair:
Anne Maitland, M.D., PhD

Past Section Chairs:
Cherie Y. Zachary, M.D.
Michael B. Foggs, M.D., PhD
Lynelle Granady, M.D.
Kelvin Holloway, M.D., MBA
Michael Lenoir, M.D.
Floyd J. Malveaux, M.D., Ph.D. *
Cheryl Lynn Walker-McGill, M.D., MBA
Lawrence Robinson, M.D.
Thomas A. Scott, M.D.
Anne M. Staveren, M.D.
Tracy Pitt, M.D.
Thomas A. Scott, M.D., MMM
Nancy I. Joseph, D.O.

**Deceased*

Section Administrator:
Chanda Nicole Holsey, PhD, MPH, AE-C

Intended Audience:
This educational activity is designed for physicians, any related health professionals, trainees and residents, representing a variety of medical specialties and health professions.

Format:
Educational activities will include lectures and panel discussions, followed by question and answer sessions.

Continuing Medical Education:
The National Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
The National Medical Association designates this educational activity for a maximum of 27 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
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The American Board of Allergy & Immunology accepts AMA PRA Category 1 credits in Allergy and Immunology (ABAI). Participants who wish to receive credit may submit by either fax or email NMA Allergy, Asthma & Immunology Section activities attended directly to The American Board of Allergy & Immunology, 111 S. Independence Mall East, Ste. 701, Philadelphia, PA 19106; Phone 215-592-9466; Fax 215-592-9411, website: https://portal.abai.org; Email: ABAI@abai.org.

Statement of Disclosure:
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ACKNOWLEDGEMENTS

Supported in part by educational or promotional funding from**:** BioCryst
We are grateful for their support.

Saturday, July 25
7:30 AM – 10:30 AM

Multidisciplinary Session on COPD – Pulmonary, AAI and ENT
Co-Course Directors

Aaron Baugh, M.D., MS

Pulmonology Subspeciality Section Chair and Moderator
Assistant Professor; Pulmonary and Critical Care Medicine
University of California, San Francisco
San Francisco, CA

Cheryl McGill-Walker, M.D., MBA, FAAAAI

Chair, Allergy, Asthma and Immunology Section
Past Chair, Federation of State Medical Boards
President, *i*Thinc
Raleigh, NC

Needs Assessment
The syndemic nature of COPD is under-recognized but represents a major barrier to high-quality care. Even among those physicians who are aware, there is a lack of expert guidance or structural support for multidisciplinary care. Further complicating this picture, both primary and advanced therapies have potentially deleterious interactions with commonly comorbid diseases. Similarly, guideline reserve several treatment interventions for those who are already optimally managed in other ways. Patients from under-served communities, who have worse overall outcomes, face all these issues more acutely while being less likely to receive specialty care.

Gap Analysis

1. As a disease of senescence, most patients who are diagnosed have multiple other comorbidities.
2. Uncontrolled comorbidities worsen the prognosis of COPD and increase the likelihood of COPD exacerbations
3. Effective control of comorbidities in COPD requires integrative knowledge of multiple subspecialities

Learning Objectives

At the conclusion of this multi-disciplinary educational seminar, patients will be able to:

1. Summarize areas how uncontrolled disease in other organ systems can negatively impact COPD control
2. Distinguish areas of conflicting sub-specialty recommendation that could adversely impact the COPD care
3. Assess the impact of COPD exacerbations and comorbidity on racially disparate health outcomes
4. Develop multi-disciplinary care plans that seek to simultaneously optimize COPD and other important co-morbid chronic diseases

Morning
Saturday, July 25th 2026
7:30 AM – 10:30 AM

Agenda

First Hour: Understanding Comorbidities

7:30-7:35 AM	Introduction	Aaron Baugh, MD MS
7:35-7:42 AM	Case Report	Trainee TBD
7:42-7:57 AM	Managing Sinusitis in COPD	ENT Section, TBD
7:57- 8:13 AM	Upper & Lower Airway Disease	Anne Maitland, MD
8:13-8:23 AM	Discussion/Question& Answer	Anne Maitland, MD

Second Hour: Expert Management for COPD

8:23-8:38 AM	“Frequent Exacerbator” Phenotype	Aaron Taylor, MD
8:38-8:53 AM	Advanced Interventions in COPD	Leslie Seijo, MD
8:53-9:18 AM	Biologics for Type 2 Inflammation	Cleavon Covington, MD
9:18-9:28 AM	Discussion/Question & Answer	Aaron Baugh, MD MS

Third Hour: Social, Behavioral & Environmental Determinants of Care

9:28-9:43 AM	Air Pollution & Climate Change	Michael Lenoir, MD
9:43-9:58 AM	Depression & COPD	Napoleon Higgins, MD

9:58-10:13 AM	Neighborhood Quality	Matthew Simpson, MD
10:13-10:23 AM	Discussion/Question & Answer	Aaron Baugh, MD MS
10:23-10:30 AM	Take Home Messages/Post Test	Cheryl Walker-McGill, MD MBA

Additional Programming

Cardiology	The Evolving Role of Beta Blockers	Nora Tolbert, MD
Endocrine	SGLT-2 Inhibitors and COPD Exacerbation Risk	Amie Ogunsakin, MD

Topic Descriptions

Introduction**:** Pre-test and session premise (5 min)

Case Report: Trainee presents a case (7 min) (Present a case with both ENT and Allergy comorbidities)

ENT: Focused on sinusitis or LPR/GERD (15 min)

AAI: Focused on asthma and other allergic conditions that can lead to/exacerbate COPD (15 min). *I think I would prefer the other allergic conditions? The idea of asthma-COPD "overlap" is pretty well-known already and they are already going to get the T2-high talk as part of the second hour.*

Q&A/Discussion: 10 minutes

Hour 2: Pharmacologic Interventions in Exacerbation Management

Understanding the Frequent Exacerbator Phenotype: Pulmonary Speaker (15)

Advanced Management of Exacerbations: Azithromycin therapy, Pulmonary rehab, etc. *I wonder if we should broaden this out to advanced therapies of all types for COPD? We have a new combined PDE3/4 agent that is the first approved in a long time.* (15 min)

Biologics, Bench to Bedside: Start with mechanism, trial evidence for use in COPD, access issues, monitoring etc. *Should this be a combined presentation with one AAI and one Pulm speaker?* (25 min)

Panel Discussion (with all 3 speakers): 10 min

Hour 3: Social, Environmental, Economic, and Behavioral Health Determinants and COPD

Air Pollution & Climate Change: 15 min.

Psych: Likely focused on depression/anxiety management (15 min)

Neighborhood Quality & Access to Care: 15 min

Q&A/Discussion: 10 minutes

Closing: Take Home messages and Post-Test review (8 min)

Afternoon

Saturday, July 25th
3:30 PM – 5:30 PM

Complex Kids, Complex Care: Lessons from Conditions That Refuse to Stay in One Lane

Joint Symposium: Allergy, Asthma, and Immunology, Family Medicine, and Pediatrics

Cheryl McGill-Walker, M.D., MBA, FAAAAI
Chair, Allergy, Asthma, and Immunology Section
Past Chair, Federation of State Medical Boards
President, *i*Thinc
Raleigh, NC Family Medicine

Ama Alexis, M.D., FAAAAI, FACAAI, FAAP
Vice Chair, Allergy, Asthma, and Immunology
Clinical Assistant Professor of Pediatrics
Weill Cornell Medical College, Cornell University
Hudson Allergy

Riba Kelsey, M.D., FAAFP
Chair, Family Medicine Section
Associate Professor of Family Medicine
Residency Program Director| Department of Family Medicine
Associate Dean of Graduate Medical Education
Morehouse School of Medicine

Christopher Golden, MD
Chair, Pediatrics ??
[Need Credentials, Title, Role, Institution, City and State]

Witzard Seide, M.D., MPH, FAAP
Chair-Elect, Pediatrics Section
Clinical Associate Professor Pediatrics
Uniformed Services University

Needs Assessment

Asthma and atopic dermatitis (eczema) are among the most common chronic conditions affecting children, representing significant contributors to morbidity, diminished quality of life, and healthcare utilization. Current estimates indicate that millions of children worldwide are affected by these diseases, which frequently coexist and share complex allergic and immunologic mechanisms. Children with both conditions often experience more severe disease trajectories, increased exacerbations, sleep disturbance, impaired psychosocial functioning, and reduced adherence to therapy. Despite advancements in pharmacologic management—including targeted biologic therapies and refined guideline-based strategies—many pediatric patients remain undertreated or fail to achieve adequate disease control.

A substantial gap persists between evidence-based recommendations and real-world practice. Primary care clinicians often serve as first-line managers for asthma, eczema, and related allergic conditions, but may encounter challenges in diagnosis, severity assessment, optimal treatment selection, and determining appropriate timing for referral to Allergy/Immunology specialists. Barriers such as limited access to specialty care, unfamiliarity

with emerging biologics, inconsistent application of stepwise management guidelines, and inadequate patient/family education contribute to suboptimal outcomes. Moreover, fragmented care across specialties may hinder coordinated management, particularly for children with multisystem involvement or complex presentations.

In addition to common atopic diseases, clinicians are increasingly encountering emerging or diagnostically challenging immunologic disorders in pediatric populations. **Alpha-gal syndrome**, an IgE-mediated delayed hypersensitivity reaction to mammalian meat induced by tick exposure, is frequently underrecognized due to atypical timing of symptoms, variable clinical presentation, and limited awareness among pediatric providers.

To address these practice gaps, a joint Allergy, Asthma, and Immunology, Family Practice, and Pediatrics educational session is essential. This interdisciplinary program will provide updates on pathophysiology, diagnostic evaluation, guideline-concordant management, emerging therapeutics, and collaborative care strategies. By enhancing clinician competence and improving coordination across specialties, this CME activity aims to advance evidence-based care, reduce disease burden, and improve the quality of life for children and families affected by asthma, eczema, and the alpha-gal syndrome..

Learning Objectives

Upon completion of this activity, participants will be able to:

1. **Describe the shared immunologic mechanisms** underlying pediatric asthma and atopic dermatitis and explain their implications for diagnosis, disease severity assessment, and personalized treatment planning.
2. **Apply updated, evidence-based guidelines** for the management of pediatric asthma and eczema, including appropriate use of stepwise therapy, biologic agents, and strategies to enhance treatment adherence.
3. **Recognize the clinical features and diagnostic criteria of alpha-gal syndrome** and outline appropriate management, counseling, and prevention strategies.
4. **Identify gaps in coordinated care** between primary care and subspecialty providers and implement

Agenda

3:30 PM – 3:40 PM Welcome and Introductions
Overview of goals and interspecialty collaboration
Pre-Test
Riba Kelsey, M.D., FAAFP

Associate Professor of Family Medicine

Residency Program Director| Department of Family Medicine

Associate Dean of Graduate Medical Education

Morehouse School of Medicine

3:40 PM – 4:05 PM Advancing Care for Pediatric Asthma–Emerging therapies, coordinated care, and case discussions
Case Presentation: **Riba Kelsey, M.D., FAAFP**
Emerging Therapies

Thomas Scott, M.D., MMM, FAAAAI

Medical Director at Optum Health

Utilization Management Division

Birmingham, AL

4:05 PM – 4:30 PM Advancing Care for Pediatric Eczema –Emerging therapies,
Case Presentation:
Case Presentation: Peds Trainee
Derm Speaker: Ginette Okoye, MD
[Need Title, Role, Institution, City/State]

4:30 PM – 5:00 PM Food Allergy: The Alpha-Gal Syndrome
Case Presentation: **Cherna Cherfrere, MD**
[Need Title, Role, Institution, City/State]

AAI Speaker: Onyinye Iweala, MD
Onyinye I. Iweala, M.D., Ph.D., FAAAAI
Assistant Professor of Medicine (Allergy and Immunology)
Director, Allergy Mast Cell Disorders Program
Division of Rheumatology, Allergy, and Immunology
UNC Food Allergy Initiative | UNC Children's Research Institute | Thurston Arthritis Research Center
The University of North Carolina at Chapel Hill
Chapel Hill, NC

5: 00 PM – 5:20 PM Panel Discussion: Integrating Care Across Specialties – Q&A and shared best practices (all 3 speakers noted above)

5:20 PM – 5:30 PM Closing Remarks
Post-Test
Witzard Seide, M.D., MPH, FAAP

Saturday, AAI Business Meeting and Dinner
5:30 PM – 7:30 PM

Monday, July 7:00AM – 8:00AM

Sponsored Non-CME Breakfast – Hereditary Angioedema and Skin of Color

Monday, July 8:00 AM – 10:00 AM

Asthma, Anaphylaxis, and IgA deficiency

Section Chairs:

Cheryl McGill-Walker, M.D., MBA, FAAAAI
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Raleigh, NC Family Medicine

Ama Alexis, M.D., FAAAAI, FACAAI, FAAP
Vice Chair, Allergy, Asthma, and Immunology
Clinical Assistant Professor of Pediatrics
Weill Cornell Medical College, Cornell University
Hudson Allergy

Needs Assessment

Clinicians must continuously update their knowledge and clinical skills to address evolving evidence, emerging diagnoses, and updated practice guidelines. Despite advances in diagnostic tools and therapeutic options, gaps remain between current best evidence and clinical practice, contributing to delayed diagnoses, suboptimal disease control, and preventable morbidity. This session addresses identified professional practice gaps by providing evidence-based education on acute allergic reactions, chronic disease management, diagnostic guideline updates, and immune-mediated conditions. The content is designed to enhance clinician competence and performance, promote interdisciplinary collaboration, and ultimately improve patient outcomes.

Food-dependent exercise-induced anaphylaxis (FDEIA) is a rare but potentially life-threatening condition that is frequently underrecognized due to variable presentation and limited clinician familiarity. Inadequate recognition and counseling may place patients at ongoing risk for severe anaphylactic reactions. There is a demonstrated need for clinician education focused on diagnostic criteria, identification of food and co-factor triggers, and evidence-based management strategies to improve patient safety and outcomes.

Asthma continues to be a leading chronic disease in the United States, disproportionately affecting minority and low-income populations. While guideline-directed therapies are widely available, asthma control remains suboptimal for many patients. Contributing factors include poor medication adherence, incorrect inhaler technique, environmental exposures, limited health literacy, and challenges navigating healthcare systems.

Evidence supports the integration of Community Health Workers (CHWs) into asthma care teams to address these barriers, improve self-management, and reduce healthcare utilization. However, many providers lack training on how to effectively collaborate with CHWs, define appropriate roles, and measure the impact of CHW-supported interventions.

Accurate diagnosis and monitoring are foundational to effective asthma management. Spirometry is a critical diagnostic tool, yet recent updates to spirometry guidelines have introduced changes in test performance, interpretation, and reference standards. Failure to adopt updated guidelines may result in misdiagnosis, inappropriate treatment decisions, and inconsistent patient care. Clinicians require education on applying these updated standards in both primary and specialty care settings.

In addition, immune-mediated conditions such as Henoch–Schönlein purpura (IgA vasculitis) present diagnostic challenges due to overlapping clinical features with allergic, infectious, and inflammatory conditions. Delayed recognition can result in missed opportunities for appropriate monitoring and management, particularly with respect to renal involvement. Education is needed to improve clinician confidence in recognizing, evaluating, and managing HSP across pediatric and adult populations.

The pathophysiology of asthma and obesity is a complex interaction of genes, biology, and environment. Both are inflammatory diseases with mutual impact on health outcomes, costs, and quality of life. Both of these diseases have significant health disparities in African American, Latino, and Native American populations with greater morbidity and mortality. Obesity impacts asthma prevalence, severity, and control. Asthma may increase the risk of obesity (1), impair weight loss, and limit physical activity.

Obesity is described as a risk factor for asthma development and has greater prevalence in nonwhite and Asian populations. Asthma development is 1.5 to 2 times higher in obese individuals (2). Proper diagnosis of asthma may also be hampered by obesity's effect on spirometry and markers such as eosinophils. Studies report that obese asthmatic children and adults have a greater risk of asthma exacerbations. Adults have worse asthma control and symptom severity. Asthma is exacerbated by obesity through amplified inflammation, pressure on lungs, and reduced response to asthma medications.

Glucagon-like- peptide-1(GLP-1) agonists are the most recent weight reduction pharmaceuticals and are highly effective. An average weight loss of 15%-20% can be achieved within 1 year. Improved asthma control has been reported in obese asthmatics with GLP-1 therapy (3). Health benefits are seen with even 5-10% weight loss. Developing earlier co-management strategies for obesity and

asthma may result in better health outcomes with improved quality of life.

Educating physician asthma specialists about the impact of obesity on asthma control and the efficacy of GLP-1 mediated weight reduction may encourage more effective interventions for obese asthmatics.

Asthma remains a leading chronic condition in the U.S., disproportionately affecting minority and low-income populations. Despite advances in treatment, gaps persist in patient education, adherence, and access to care.

· Barriers: Patients often struggle with medication use (e.g., inhaler technique), environmental triggers, and navigating healthcare systems.

· Opportunity: Community Health Workers (CHWs) are trusted lay professionals who bridge clinical care and community realities. They can reinforce provider guidance, improve self-management, and reduce disparities.

· Rationale for Training: Integrating CHWs into asthma care teams can enhance patient outcomes, reduce hospitalizations, and support culturally competent care. Providers need clarity on how to effectively collaborate with CHWs, define roles, and measure impact.

Learning Objectives

After this presentation, learners will be able to:

1. Identify clinical features and risk factors associated with food-dependent exercise-induced anaphylaxis.
2. Differentiate FDEIA from other causes of exercise-induced allergic reactions, and develop patient-specific counseling and management plans to reduce the risk of recurrent anaphylaxis.
3. Describe key updates to current spirometry guidelines, including changes in test performance and interpretation.
4. Apply updated spirometry standards to improve accuracy in asthma diagnosis and monitoring.
5. Describe the role of Community Health Workers in supporting asthma education, self-management, and care coordination.
6. Implement strategies to integrate CHWs into asthma care teams while maintaining appropriate clinical oversight.
7. Recognize the clinical presentation and diagnostic criteria for Henoch–Schönlein purpura and differentiate HSP from other allergic, infectious, and inflammatory conditions.
8. Apply current management and monitoring strategies to reduce complications, including renal involvement.
9. Recognize the impact of obesity on asthma prevalence, severity, and control
10. Develop strategies for earlier introduction of GLP-1 therapeutic agents in the management of asthma.
11. Describe the role of CHWs in supporting asthma patients and families, including education, home assessments, and linkage to resources.
12. Identify common barriers to asthma control that CHWs can help address (e.g., medication adherence, environmental triggers, health literacy).
13. Differentiate between clinical responsibilities of providers and supportive functions of CHWs to optimize team-based care.
14. Apply strategies for integrating CHWs into asthma care teams, including communication pathways, supervision, and outcome tracking.

Moderator: Ama Alexis, MD

8:00–8::10 AM Welcome and Introductions
Pre-Test
Ama Alexis, M.D., FAAAAI, FACAAI, FAAP
Vice Chair, Allergy, Asthma, and Immunology
Clinical Assistant Professor of Pediatrics
Weill Cornell Medical College, Cornell University
Hudson Allergy

8:10–8:30 AM Food-Dependent Exercise-Induced Anaphylaxis
Tracy Pitt, M.D.

Pediatric Allergist
Diplomate American Board of Pediatrics, FRCPC (Pediatrics, Allergy and Immunology)
Humber Hospital
Queen's University
Ontario, Canada

8:30–8:50 AM New Guidance for Spirometry:
The Demise of Race-Based Spirometry
Bridgette L. Jones, M.D., MS – ***Dr. Jones, please let us know if this is ok***

Associate Professor of Pediatrics

University of Missouri-Kansas City

Divisions of Pediatric Clinical Pharmacology, Toxicology

and Therapeutic Innovation and

Allergy/Asthma/Immunology at Children's Mercy

Kansas City, MO

8:50 AM – 9:10 AM Topic: Utilization of GLP – 1 Agonists in the Treatment of Obese Asthmatics
Anne Staveren, M.D., FAAAAI

Board Certified Allergist/Immunologist (Ret)

Los Angeles, CA

9:10– 9:30 AM Asthma Education and the Role of Community Health Workers
Traci Hardin, MPH, AE-C, NCHW
Owner, BreatheWell SC, LLC

9:30 AM – 9:55 AM Venom anaphylaxis: Diagnostic criteria and effective therapies
Nancy I. Joseph, D.O., FACAAI

Allergist/Immunologist
Massachusetts

9:55 AM – 10:00 AM Closing Remarks
Post-Test

9:55 – 10:00 AM Closing Remarks
Post-Test
Ama Alexis, MD

Malveaux Symposium

Monday, July 1:00 PM – 3:15 PM

Leveraging Technology, Innovation and the U.S. Healthcare Workforce for Better AAI Outcomes

Section Chair

Cheryl Walker-McGill, MD, MBA, FAAAAI
Chair, NMA AAI Section

TBA (Will invite Executives and Post-Graduate Sections)

Background

The U.S. healthcare workforce is facing sustained strain due to clinician shortages, increasing chronic disease burden, and rising care complexity. Within allergy, asthma, and immunology (AAI), these pressures are amplified by a limited and aging specialist workforce and constrained training capacity. These workforce challenges directly affect access, equity, and the translation of scientific advances into improved patient outcomes.

Asthma and immune-mediated diseases affect millions of patients and contribute to preventable morbidity and healthcare utilization. Although advances in diagnostics, biologics, and precision medicine have expanded therapeutic options, outcomes remain uneven—particularly in rural and underserved communities. Bridging this gap requires coordinated workforce development, improved data utilization, and responsible integration of emerging technologies.

Health artificial intelligence (AI) is increasingly incorporated into clinical care through decision support, predictive analytics, and population health tools. While AI has the potential to enhance efficiency and improve outcomes, its adoption in AAI practice is inconsistent. Many clinicians lack familiarity with appropriate use, governance principles, bias mitigation strategies, and implementation considerations across diverse practice settings.

In addition, workforce sustainability depends on effective mentorship, structured educational pathways, and early specialty exposure during undergraduate and graduate medical education. Without targeted strategies to strengthen the pipeline and leadership development, workforce shortages will persist.

Finally, translating research, policy, and innovation into community-based practice remains a challenge. Scalable partnerships and system-level approaches are necessary to ensure that technological and workforce advancements result in measurable improvements in patient outcomes.

This session addresses these interrelated gaps by equipping clinicians with practical strategies to leverage data, AI, mentorship models, and community partnerships to strengthen the AAI workforce and improve outcomes.

Learning Gaps

Participants currently demonstrate gaps in:

Data and Outcomes

- Using workforce and clinical data to design targeted interventions that improve AAI access and outcomes.
- Monitoring patient and workforce trends through structured data systems.

Health AI Integration

- Understanding AI applications relevant to AAI practice.
- Applying governance principles (transparency, accountability, bias mitigation) in clinical settings.
- Adapting responsible AI frameworks across academic and community-based practices.

Workforce Development

- Implementing effective mentorship and pipeline strategies in undergraduate and graduate medical education.
- Linking workforce planning efforts to measurable improvements in care delivery and outcomes.

Community Translation - Scaling research and policy innovations into community-based practice models.

Practice Gaps

As a result of these learning gaps:

- Workforce shortages and maldistribution persist due to limited data-driven planning.
- AI tools are implemented inconsistently and sometimes without appropriate governance oversight.
- Mentorship and training capacity remain insufficient to meet projected AAI workforce needs.
- Proven models for community engagement and equitable care delivery are not consistently scaled.
- Clinical advances are not uniformly translated into improved population-level outcomes.

Educational Objectives

Upon completion of this activity, participants will be able to:

1. **Describe** current workforce challenges affecting allergy, asthma, and immunology practice and outcomes.
2. **Apply** workforce and clinical data to identify targeted strategies that improve access and patient outcomes.
3. **Evaluate** health AI tools and governance frameworks to support responsible, equitable implementation.
4. **Implement** mentorship and educational strategies that strengthen the AAI workforce pipeline.
5. **Develop** practical approaches to translating research and policy innovations into measurable community-level impact.

Time	**Session Title**
1:00–1:10	**Welcome and Introductions** **Review of Objectives** **Pre-Test** **Cheryl Walker-McGill, MD, MBA, FAAAAI**
1:10 – 1:20	**Opening Remarks** **AI and Innovation** Dr. Roger Mitchell, NMA President

1:20 – 1:50 **Leveraging AI to Improve Access and Outcomes**

Speaker: Dr. Charles DeShazer
[Need institution, credentials, title, city, and state]
Co-Chair of NMA President Task force on Technology, Innovation and Entrepreneurship.

1:50–2:20 **Targeted Interventions: Leveraging Technology to Improve Outcomes in Target Populations**
Chung Wi,II, M.D.
[Need institution, credentials, title, city, and state]

2:30–3:00 Panel Discussion: **Leadership Commitment to Strengthening the AAI Workforce**

Panelists: Dr. Carla Davis
President, AAAAI
Chair, Pediatrics, Howard University

Dr. Cherie Zachary
President, ACAAI

TBA – Speaker from Puerto Rico (??)
This session will highlight effective mentorship models across undergraduate and graduate medical education, discuss strategies to expand training pathways, and examine how mentorship and research engagement influence recruitment, retention, and leadership development in allergy and immunology.

3:00–3:15 **A Call to Action: A Joint Press Release**
Floyd J, Malveaux Award
Closing Remarks
Cheryl Walker-McGill, MD, MBA

This discussion will emphasize next steps for collaboration, opportunities for investment, and pathways to scale successful workforce and care models to improve allergy, asthma, and immunologic outcomes nationwide.

Dermatology Session – Details pending – have contacted Dermatology for Details

Nancy Joseph, DO – speaker

Anne Maitland – invited