

## American Lung Association opens call for research applications in RI

PROVIDENCE – The American Lung Association in Rhode Island announced the start of its 2025-2026 research awards and grants cycle. This year, the Lung Association has expanded its research opportunities with two new awards: a grant supporting research on the impact of indoor air quality on lung health, and a joint research award in partnership with the American Thoracic Society to commemorate the Lung Association's 120th Anniversary.

The American Lung Association Research Institute funds basic, translational and clinical research, empowering promising scientists and expanding industry collaboration with the goals of eliminating lung disease and improving life for those living with lung disease. The organization is now accepting research grant applications from researchers here in Rhode Island and across the nation with the potential to improve prevention, detection and treatment options for all lung diseases including lung cancer.

"In 2024, we are proud to celebrate 120 years of the American Lung Association and continue to advance our work to save lives by improving lung health and preventing lung disease," said **DANIEL FITZGERALD**, Director of Advocacy in Rhode Island for the American Lung Association. "We invite scientists across the state to apply to become a part of our impactful research team, and help us continue to change lives by discovering more ways to prevent lung disease, as well as earlier diagnosis techniques and improved treatments."

Projects funded by the Lung Association Research Institute are carefully evaluated and selected through rigorous scientific peer review. Awardees investigate a wide range of complex issues with the goal of reducing the burden of lung disease.

The 2025–2026 research funding cycle includes two new grant opportunities:

- **The Indoor Air Research Award** – \$100,000/year for independent researchers and \$50,000/year for mentored researchers; up to three years for each award (letter of intent required). The awards seek to support researchers and scientists to generate knowledge that can inform public policies and interventions and promote healthier indoor environments.
- **The American Thoracic Society/American Lung Association/Commemorative 120th Anniversary Joint Research Award** – \$60,000/year for up to two years. The award is a partnership with the American Thoracic Society for investigators aiming to improve our understanding of lung disease, either through relevant basic/translational science or outstanding clinical science research. More information on how to apply for this grant is available [here](#).

In addition to the new grants, 2025–2026 funding opportunities include:

- **Lung Cancer Discovery Award** – \$100,000/year up to two years (letter of intent required). The award is for independent investigators conducting clinical, laboratory, epidemiological or any groundbreaking project aimed at revolutionizing

our understanding of lung cancer and improving diagnostic, clinical and treatment methods.

- **Emerging Respiratory Pathogen Award** – \$100,000/year, up to two years (letter of intent required). This award was created to gain a better understanding of the pathobiology and the immediate and long term implications of respiratory infections. This includes emerging problems in known organisms and new and emerging pathogens.
- **Innovation Award** – \$75,000/year, up to two years. The award is for independent investigators conducting basic science, behavioral, clinical, or translational research in lung health or disease. Must have held an NIH (National Institutes of Health) K- or R-type award within five years prior, but not more than two R01 type grants.
- **Hastings Innovation Award for Interstitial Lung Disease** – \$75,000/year, up to two years. The award is for independent investigators conducting basic, clinical or translational research in interstitial lung disease. Must have held a NIH K- or R-type award within five years prior to applying, but not more than two R01 type grants.
- **Allergic Respiratory Diseases Research Award** – \$75,000/year, up to two years. Jointly funded with the American Academy of Allergy, Asthma & Immunology (AAAAI), the award supports allergic respiratory research by investigators with a primary faculty appointment in an allergy-immunology division.
- **Catalyst Award** – \$50,000/year, up to two years. The award supports mentored early career scientists ascending toward independence. This award is intended for junior investigators conducting basic science, behavioral, clinical or translational research into lung health and disease.
- **Dalsemer Interstitial Lung Disease Award** – \$50,000/year, up to two years. The award is for mentored early career scientists ascending toward independence. This award provides seed monies to junior investigators for researching the mechanisms and biology of interstitial lung disease.
- **Public Health and Public Policy Research Award** – \$50,000/year, up to two years. The award is designed to stimulate and inform important public policy debates around healthy air and lung disease. The intent is to support research on and evaluation of existing public policy and public health programs, and pilot new ideas in these areas.

For the 2025–2026 Lung Association Research Institute grant cycle, qualified researchers must be conducting research in the U.S. and meet individual grant qualifications and other terms and conditions. Application materials are available through [proposalCENTRAL](#). The entire process takes 6 to 8 months and research grant awardees will be notified in June 2025. For more information, visit [Lung.org/research](https://Lung.org/research). ❖

## Bradley, Miriam awarded \$4.2M for Phase II of ENRICH

PROVIDENCE – Bradley and The Miriam hospitals announced that they have been awarded \$4.2 million from the National Institutes of Health (NIH) to advance Phase II of the groundbreaking Early Intervention to Promote Cardiovascular Health of Mothers and Children (ENRICH) program. This multi-phase study aims to enhance cardiovascular health and address health disparities affecting both mothers and children up to the age of 5.

In partnership with California Polytechnic State University (Cal Poly), Bradley and The Miriam hospitals will focus on reaching mothers and their young children from low socio-economic backgrounds, residing in low-resource rural or urban communities, and living in regions with elevated cardiovascular disease risk factors. This collaborative effort is designed to address and mitigate disparities in cardiovascular health, particularly in underserved populations.

“Maternal morbidity and mortality rates have risen across the United States, and cardiovascular disease is one of the leading causes of death among pregnant and postpartum people,” said **STEPHANIE PARADE, PhD**, director of early childhood research at Bradley Hospital. “There are deeply concerning racial and ethnic disparities in maternal mortality, cardiovascular disease, and cardiovascular disease risk. Our goal with this initiative is to identify and implement effective interventions to counter these troubling trends.”

In Rhode Island, the ENRICH program will be implemented statewide. The research team will collaborate with the Rhode Island Department of Health’s existing home visiting program to engage families already receiving care, ensuring that the program is seamlessly integrated into existing services. Home visitors will provide education and support to help clients meet their goals related to several aspects of cardiovascular health including healthy eating, physical activity, and sleep.

“We recognize that home visiting programs offer a valuable opportunity to reduce health disparities,” said **RENA WING, PhD**, director of The Weight Control and Diabetes Research Center at The Miriam Hospital. “By embedding our intervention into these established programs, we aim to foster cardiovascular health in young children that will have lasting benefits throughout their lives.”

The Phase II funding will support the implementation of an enhancement to home visiting designed to promote cardiovascular wellness among mothers and their children, further advancing the mission of the ENRICH program to reduce health inequities and improve long-term health outcomes. ❖

## Bradley's PARC receives \$11M PCORI funding award

PROVIDENCE – Bradley Hospital announced that its Pediatric Anxiety Research Center (PARC) has been awarded \$11 million in funding from the Patient-Centered Outcomes Research Institute (PCORI) to undertake a groundbreaking study comparing three different methods of delivering outpatient exposure-based cognitive behavioral therapy (CBT) for youth with anxiety and/or obsessive-compulsive disorder (OCD) seeking treatment at partner community health centers across the state.

Anxiety disorders are among the most prevalent and earliest mental health conditions affecting youth, with significant implications for their social, academic, and family lives. Despite evidence supporting cognitive behavioral therapy (CBT) with exposure as an effective treatment, access to these outpatient services is often limited, especially for youth from historically marginalized backgrounds. Traditional outpatient models can also present challenges such as transportation issues and childcare needs, further exacerbating access barriers.

In light of the COVID-19 pandemic, telehealth has emerged as a promising alternative to conventional in-person care, demonstrating potential in overcoming these barriers. However, there is a critical need for research to identify which delivery methods are most beneficial for youth. This study aims to fill that gap by comparing three approaches to delivering outpatient exposure-based CBT for children and adolescents aged 5–18: In-person (including office and home/community-based sessions), via telehealth, and with a flexible model (a combination of telehealth and in-person sessions).

All three treatment options involve a team-based approach to care that builds on prior PARC research and clinical service innovations. In this approach, patients meet with licensed clinicians on a monthly basis, but work primarily with non-licensed, specially trained providers. The team-based approach allows licensed providers to serve more patients.

“Over many years and many different studies, it has been our goal to take the work of PARC outside of primary hospital and academic settings,” said **JENNIFER FREEMAN, PhD**, director of PARC at Bradley Hospital and professor of psychiatry and human behavior at Brown University. “This funding will allow for meaningful partnership with numerous community health settings to expand high quality anxiety treatment for youth who have been historically underrepresented in clinical science and underserved in clinical practice.” The PARC team has worked closely with groups of policy, agency, provider, payer, community, and patient/family partners who will also contribute to the research process throughout the project.

The study will involve the recruitment of over 500 patient and family participants and will be conducted over a period of 72 months. By evaluating the effectiveness and accessibility of these different service models, PARC aims to set a new standard for pediatric anxiety treatment and improve outcomes for youth across diverse communities. Results of this study are expected to increase equitable access to care for all youth with anxiety, determine which treatment delivery method works best for whom, and establish a service model that can be used in similar practice settings across the country. ❖

## Reed & Whitehouse announce \$8.5M to support family health programs

WASHINGTON, DC – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** announced that Rhode Island is being awarded over \$8.5 million in federal funding to support the state's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Originally created as part of the Affordable Care Act, these federal funds help families voluntarily receive home visits from nurses, social workers, trained educators, and other service providers to improve maternal and child health, boost healthy development, school readiness, and economic self-sufficiency.

The MIECHV program is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). Rhode Island's home visiting program is overseen by the Rhode Island Department of Health and provides free assistance to women during pregnancy and for families with young children, with an emphasis on connecting vulnerable families with information on health insurance, early education opportunities, parenting skills, nutrition programs, and other supports that promote healthy development.

"RIDOH extends its sincere thanks and appreciation to Senators Reed and Whitehouse for working to secure this funding for RIDOH's Family Visiting Programs," said Director of Health **JEROME LARKIN, MD**. "We know that these programs provide critical supports for families and children and help to assure that children enter school ready to learn and grow. In addition, we know that for every dollar we invest, there is a savings in future medical costs."

The fiscal year 2023 consolidated appropriations law, which Reed and Whitehouse helped pass, doubled the funding available for MIECHV programs over the next five years. This was the first expansion of the federal home visiting program in nearly ten years.

Since its creation in 2010, Rhode Island has received over \$20 million in MIECHV program funding to support evidence-based home visiting programs throughout the state. Through the program, visiting health professionals meet with at-risk families in their homes and connect them to information and services

that can make a real difference in the health, development, and education of children.

According to HRSA's fiscal year 2023 fact sheet on Rhode Island's MIECHV program, the program serves 2,650 participants throughout 1,338 households across the state and provides over 15,500 home visits. The program has demonstrated significant benefits, including improved school readiness and achievement of children, improved health for women, increased health insurance coverage, and prevented child injuries, abuse, and neglect.

Under the leadership of the Rhode Island Department of Health, the state provides funding to four voluntary, free home visiting programs:

**First Connections:** This program serves families statewide. It is a short-term program that addresses families' needs and links them with resources in their community. Pregnant women and families with young children, birth to age three may request visits.

**Healthy Families America:** This long-term, evidence-based program provides services across the state. Pregnant women and families with young children, birth through three months of age may enroll. Home visitors continue to work with a family until the child is four years old.

**Nurse-Family Partnership:** This long-term, evidence-based program serves families in Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket. All home visitors are nurses. First-time mothers may enroll before their 28th week of pregnancy. Home visitors continue to work with a family until the child is two years old.

**Parents as Teachers:** This long-term, evidence-based program serves pregnant women and families with young children across the state. The Rhode Island Department of Health funds some sites in Central Falls, Pawtucket, Providence, and Woonsocket. ❖

## Care New England selected for Amazon Web Services (AWS) Health Equity Initiative

PROVIDENCE – Care New England announced that it has been selected as part of the Amazon Web Services (AWS) Health Equity Initiative, a \$60 million commitment supporting organizations developing solutions to advance health equity.

The support from AWS will advance Care New England's efforts to create an internal and public-facing "dashboard" of the social drivers of health facing our primary care populations.

"Our goal is to summarize the Social Drivers of Health (SDoH) data collected in CNE/Integra primary care setting, provide analyses relevant to community stakeholders, and make a select dataset available to internal partners and the public in support of efforts to improve SDoH conditions in Rhode Island," said **DR. JOSEPH DIAZ, MPH, FACP**, Chief Health Equity Officer at Care New England & Associate Dean, Office of

Belonging, Equity, Diversity & Inclusion, The Warren Alpert Medical School of Brown University.

Through the AWS Health Equity Initiative, Care New England looks forward to using the power of cloud computing to advance health equity and improve health outcomes. To learn more about the AWS initiative, visit <https://aws.amazon.com/health/health-equity>. ❖