

Health Care For All (HCFA) - Advancing Health Equity in Massachusetts (AHEM)

Mini-Grant Opportunity

Brockton • Lowell • Lawrence

Advancing Health Equity in Massachusetts (AHEM) is a statewide initiative led by the Executive Office of Health and Human Services (EOHHS) focused on two priority areas: maternal health and social determinants of cardiometabolic health, including the conditions that contribute to heart disease, stroke, diabetes, and related outcomes.

With support from Point32Health and Molina Health, Health Care For All (HCFA) is serving as a backbone partner - bringing people together, aligning resources, supporting community-led planning, and ensuring that community voices and lived experience shape what comes next.

Across Brockton, Lowell, and Lawrence, HCFA is building coalitions and strengthening relationships with local organizations and leaders. These mini-grants are intended to support community-led work that strengthens connection, trust and access to supports - while coalitions continue to grow, clarify shared priorities, and build lasting impact.

We are especially encouraging proposals that reflect **Trauma-Informed Community Building (TICB)** - an approach that recognizes how ongoing stress and trauma can make it harder for communities to engage, and that prioritizes connection, trust, and readiness for collective action. Applicants may refer to the [TICB resource](#) for additional detail.

Program goals

These mini-grants aim to help local partners:

- Support community-designed projects that improve maternal health and/or cardiometabolic health, including the social conditions shaping outcomes
- Build trust, belonging, and connection by creating welcoming spaces where people can gather, engage, and access support or resources that support well-being
- Strengthen resident voice and leadership, including shared decision-making and peer-to-peer approaches
- Reduce barriers to participation, such as language access, time constraints, transportation, childcare, and access to clear information
- Share learning and insights that inform coalition priorities and strengthen longer-term AHEM coalition infrastructure

Community-identified needs

Through early individual and coalition meetings and ongoing engagement, partners and community members identified several shared needs shaping this work.

Across communities, participants emphasized the need for **more culturally responsive and community-centered approaches to health and well-being**, particularly for communities of color and immigrant communities. Many noted that existing systems and data often do not fully reflect people's lived experiences or the daily stressors that affect health.

Partners consistently raised **mental health needs, chronic stress, economic insecurity, housing instability, immigration-related fear and barriers and food access** as central drivers of both maternal and cardiometabolic health. Conditions such as diabetes, hypertension, and heart disease were described not as isolated medical issues, but as deeply connected to income, food access, stress, and fear related to immigration status.

Coalition members also expressed concern about **fragmented services and limited coordination**. While many resources exist, they can be difficult to navigate, poorly communicated, or not trusted - leading to missed opportunities for care and ongoing mistrust.

Across sites, there was strong agreement on the **importance of integrating lived experience, elevating trusted community and faith leaders, and creating welcoming, multigenerational, and culturally grounded spaces** where residents feel safe participating and shaping solutions.

Who can apply

Organizations and groups that are based in, or deeply connected to, Brockton, Lowell, or Lawrence, including:

- Community-based and faith-based organizations
- Grassroots groups
- Coalitions and local partners working with communities most impacted by inequities

You do not need to be a large organization to apply - strong community relationships and trust matter most. Groups without 501(c) (3) status may apply with a fiscal sponsorship that is allowed and encouraged.

What we will fund

In response to the needs identified above, we are looking for community-designed projects that are practical, relationship-centered, and build continuity and sustained engagement over time.

We especially encourage **partnership-based projects and approaches that bring people together** through positive, accessible activities—such as movement, cooking, or wellness gatherings – while also creating opportunities for trusted staff or community health workers to help connect participants to resources when needed.

Examples include:

- **Community gatherings** that create safe connection, reduce isolation, and link residents to supports
- **Peer-led or “neighbor-to-neighbor” outreach** that shares information that promotes wellbeing and builds trust
- **Small-group learning or action projects** related to maternal health, chronic disease prevention, food access, stress reduction, or navigation to care
- **Projects that strengthen AHEM coalition participation** and help residents feel ownership over solutions

Applicants are encouraged, not required to use [Trauma-Informed Community Building principles](#)—meeting people where they are, avoiding harm, supporting shared leadership, and building in reflection over time – when designing activities and engagement.

What we generally NOT fund

To keep this opportunity focused, we generally will not fund:

- One-time events with no plan for follow-up
- Projects that are primarily clinical care delivery (rather than community engagement and connection)
- Overhead expenses, equipment purchases or capital projects
- Direct food or gift card purchases, except when clearly tied to participation or engagement support within a broader community-building activity
- Efforts that focus mainly on research or data collection without clear community benefit

Funding amount and number of awards

- Up to \$6,000 per award
- Five to eight awards per city (Brockton, Lowell, Lawrence)
- Funding is intended to be spent over a one-year period

TICB resource (for applicants)

Applicants may refer to [Trauma-Informed Community Building: A Model for Strengthening Community in Trauma-Affected Neighborhoods](#) for additional guidance and examples.

Application process

The application process is designed to be simple, accessible, and supportive.

Interested organizations and groups will complete a short [Google Form](#) application that asks about:

- the community need you want to address,
- target population,
- what you plan to do,
- who you will work with,
- how many people you intend to reach
- how the project supports community connection and leadership, and
- a simple budget for how funds will be used.

The application will not require formal proposals, letters of support, or lengthy attachments.

Timeline

Application opens: February 9, 2026

Application deadline: March 16, 2026

Funding decisions announced by: April 10, 2026

Projects may begin: Q4 FY26 (Project may begin: May 2026 – April 2027)