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COMMUNITY SERVICE: Worcester Healthy Start Initiative

There have been many babies born to mothers in and around Worcester who might not be here were it not for a program ran by the Great Brook Valley Health Center, which aims to improve infant mortality rates in the city of Worcester.

Called the Worcester Healthy Start Initiative, the 8-year-old, federally funded program works through four sites scattered throughout the city where mothers-to-be can obtain some care while they are pregnant, said G. Mike Portuphy, program director. The program also helps the women connect with transportation programs, food voucher programs and other social services in the community such as the Worcester Community Action Council.

"We are really trying to work together for the health of the community," Portuphy said.

### Reducing Disparities

The health center first applied for a grant to run the program in 1999, and received funding in 2000, which was renewed in 2004. It is part



**of a nationwide program designed to combat infant mortality.**



G. Mike Portuphy, far right, program director of the Worcester Healthy Start Initiative, and the entire initiative team.

### **Great Brook**

**Valley is the lead agency for the project in Worcester. The other sites working with the project are Pernet Family Health Services on Millbury Street, the Family Health Center on Queen Street, and UMass Memorial Medical Center.**

**The program has the twin goals of eliminating racial disparities in health care and improving birth outcomes in the city, particularly among black women.**

**More than 7,000 women have used the program's services since it was established.**

**It starts early, with enrollment in the free program coming as soon after conception as possible.**

**Once enrolled in the WHSI, women have access to case managers and nurse managers who work with participants to ensure access to medical and dental care, childbirth education, substance abuse counseling or other necessary services. Fathers, too, can use the program's services.**

**Many of those enrolled in the WHSI are in risk groups that have higher infant mortality rates. The initiative targets high-risk populations, such as immigrants, blacks and those with low incomes. They also target those who are vulnerable to risky health behaviors such as drug use, violence or smoking.**

**Many program participants are recent immigrants who speak little or no English.**

**The results over the life of the program have been staggering, and show a significant effect on infant mortality rates in the city, particularly among African-Americans.**

**In the early days of the program — between 1999 and 2001 — the average infant mortality rate for black babies in the city was 27.4 deaths per 1,000 live births, Portuphy said.**

**That rate declined significantly after the program had been established. Between 2004 and 2006, the infant mortality rate for that same group fell to 15.53 deaths per 1,000 live births.**

**On the whole, between 2000 and 2006, the infant mortality rate for the city of Worcester stood at 8.1 deaths per thousand live births. For program participants, that number was 5 deaths per 1,000 live births**

over the same time period.

Both, however, still trail the state average, which is 4.9 deaths per live births.

“Across the city, since this program has started, the infant mortality rate has dropped significantly,” Portuphy said. “We are not saying we are entirely responsible for that, but we do think that this Healthy Start Initiative has contributed to that improvement.

When you look at these numbers, it’s obvious that the participants have better outcomes and lower mortality rates than the rest of the city.”

The program employs about 14 case managers scattered throughout the four sites, and is paid for with a \$750,000 annual grant which is renewed on 4-year schedules. It’s set to renew again in May, and although the program hasn’t received word yet that it has been funded, Portuphy expects to continue the work of the group in 2008, he said.

Another fact about which the program can boast: The amount of cash it’s ended up saving the government.

In house data shows that, between 2001 and 2005, the program saved the government a estimated net \$780,000, which would otherwise have been spent on taking care of low-birth-weight babies and other Medicaid-eligible spending on medical care. 

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