

Philanthropy Profile

A Conversation with Elizabeth Star-Winer of the Winer Family Foundation

Interview conducted by Kaitlin Ugolik Phillips

As a Lactation Consultant and child birth educator with Novant Health in Charlotte, **Elizabeth Star-Winer** worked with hundreds of families, both in a hospital setting and in the community. Those experiences instilled in her a desire to focus her philanthropy on addressing the root causes of the challenges and disparities she observed, particularly the high rates of maternal and infant mortality across the state [1].

“Because of my hands-on career experiences, I wanted our foundation to focus on improving outcomes in two areas: maternal and infant health and creating awareness of the long-term effects of trauma and toxic stress on families,” Star-Winer told the *NCMJ*. “We are intentional on focusing our work upstream with the understanding that systems change takes time and investment in cross-sector partnerships and strong leadership.”

NCMJ Managing Editor **Kaitlin Ugolik Phillips** spoke with Star-Winer about how she transitioned from working directly with families to running her family’s foundation with a mission of building capacity and aligning systems to ensure all families with children, from prenatal to age five, thrive across our state.

NCMJ: What were some of the experiences that led you to this work?

Elizabeth Star-Winer: *When I worked as a Lactation Consultant, I noticed the hospital NICUs had a larger share of babies of color. This was almost 13 years ago, and I wondered why this was considered normal. I tried to understand the underlying barriers moms were facing in accessing prenatal care and breastfeeding support. I noticed many moms having to go back to work six weeks or less after giving birth without access to breast pumps and other maternal accommodations. Due to financial concerns, these moms may not be able to breastfeed, or have to stop breastfeeding sooner than they wanted to. I wanted*

to understand how we, as hospital staff, could listen and be responsive to the mother’s desires. What it really came down to was making sure parents, caregivers, birthing people, have the support and skills to be the best parent they can be.

NCMJ: As a small family foundation, how have you gone about funding projects and organizations that you believe will make a difference in the state?

Elizabeth Star-Winer: *Partnering with other foundations has allowed us an opportunity to leverage our resources. About six years ago, in partnership with Easter Maynard from the Child Trust Foundation and other foundations in the state, we started Invest Early NC; we work closely with a group of funders passionate about systems change in the prenatal-to-age-five space. By working with the North Carolina Institute of Medicine and Belinda Pettiford and her team at the North Carolina Department of Health and Human Services on both the Perinatal Health Strategic Plan and the Task Force on Maternal Health, we’ve really been able to create a strong partnership to align strategy, funding, and community voice to make a difference in our state.*

An additional project led by a small group of funders was a study done by Dr. Paul Lanier from the UNC School of Social Work Jordan Institute for Families, which focused on the home-visiting landscape across North Carolina [2]. The study helped raise awareness of the lack of investment and coordination across the state in how we support moms and babies. Now, four years later, the study has led

Electronically published January 4, 2023.

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NC Med J. 2023;84(1):51-53. ©2023 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2023/84117

to the creation of the Home Visiting and Parenting Education Collaborative, housed at NCPC/Smart Start [3]. Investing in this collaborative has helped to inform legislators and community leaders on the importance of increasing investment in our home-visiting programs and system. This is a very strong example of how philanthropy can catalyze change at the state level.

NCMJ: What are some specific projects you have invested in, and what has been the impact?

Elizabeth Star-Winer: About two and a half years ago, we began to research the barriers moms and birthing people face during pregnancy, birth, and postpartum. Offering a community doula or perinatal community health worker (CHW) to moms who want one is an effective intervention that can prevent premature birth and improve maternal health [1]. After listening to the community and receiving feedback from doulas, we found that there is a need to invest in a diverse birth workforce. Currently, Lactation Consultants, doulas, and CHWs are primarily White, which does not reflect the racial diversity across North Carolina. We began to work with other funders to invest in efforts to diversify this workforce across our state. Doulas are an important part of improving maternal health [4].

Two years ago, the Winer Family Foundation made a small investment in three pilot projects to help catalyze additional investments in this work. One of the first grants was awarded to Venus Standard, Director of DEI Education and Community Engagement at UNC School of Medicine, who has designed a doula curriculum and training program for women from underrepresented groups [5]. She has been recruiting and training Black doulas to support Black moms.

Small grants can have a large impact. For example, currently doulas have to attend to three births at their own cost before qualifying for certification. Philanthropy can cover that cost, so that money is not a barrier to becoming a doula. Philanthropy can also provide scholarships for people who are interested in becoming Lactation Consultants.

In partnership with North Carolina Area Health Education Centers (AHEC) and NCDHHS, the first North Carolina Community Doula Summit was held in October [6]. One of the goals of the group is to discuss the potential of having Medicaid reimbursement for doulas, thus expanding access to doula support for moms.

NCMJ: There is a major focus on birth outcomes, but can you talk about how your work focuses on the whole perinatal period and beyond?

Elizabeth Star-Winer: For the prenatal-to-age-five continuum, it is important to listen to families and learn what is most important to them. How does our current system ensure moms are connected with any and all supports they need, including a physician, a doula, a CHW, or a home visitor, regardless of their race or ZIP code?

Stressors happen in anybody's life, but can be compounded for someone facing job, food, or housing insecurity, or violence. I also saw the effect that mental health struggles and postpartum depression can have on a family. I have been on a learning journey, and as my understanding of factors like adverse childhood experiences (ACEs) and postpartum depression, along with protective factors and Triple P parenting programs [7], has expanded, the more interested I have become in the prevention space. In order to focus on upstream systems with an eye toward prevention, we have to understand how current systems work. For example, our current health care compensation is not prevention oriented. Through cross-sector partnerships and intentional advocacy efforts, positive changes are taking place in our state.

NCMJ: How do you measure success in your work?

Elizabeth Star-Winer: In maternal health, we have important data about pre-term birth, birth weight, and if the mother was able to access prenatal care. If you take into account the stressors that a family lives with, and add on social barriers, such as mom not having a medical home, or living in poverty, it is very difficult to measure which intervention had the greatest impact.

One example of an effective tool for funders is to financially seed a few select interventions, evaluate what worked, and then encourage larger funders, government, and other stakeholders to scale those programs. One of the most important lessons I have learned is that I cannot work in a silo. This work is hard, and stakeholders have to work together to create intentional partnerships that can build out a system that honors the family in the center, supporting all the people of North Carolina. NCMJ

Acknowledgments

The Winer Family Foundation is a financial contributor to the North Carolina Institute of Medicine, which copublishes the *NCMJ*. No further interests were disclosed.

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