

EDITOR'S CHOICE



The Future Is Born Every Day

In New York City, the use of text message reminders about influenza vaccinations was associated with a 30% increase in vaccination rates among low-income pregnant women (Stockwell et al., pp e7–e12). Researchers found that women exposed to stressful life events prior to conception were 44% more likely to have a very low birth weight infant than nonexposed women (Witt et al., pp. S81–S89). An examination of maternal comorbidity trends in California reveals that pregnant women are getting sicker and that racial and ethnic disparities persist in the face of substantially rising rates of chronic hypertension, diabetes and obesity rates (Fridman et al., pp. S49–S57). These are just three articles within this issue that reflect the challenges and opportunities we face in public health as we work to improve birth outcomes.

Our capabilities for groundbreaking research, innovative technology and communications tools are unprecedented today and can be leveraged to influence health in multiple ways. So too is our ability to forecast and anticipate demographic and economic trends. According to a recent report (Turner et al. Available at: <http://altarum.org/publications/the-business-case-for-racial-equity>. Accessed December 23, 2013), people of color will surpass 50% of the nation's population by 2048, and if current trends around income and wealth gaps widen or stay the same, far too many families will face low-income and impoverished conditions. The changing world brings both the excitement of what's to come and the challenges of better meeting the health needs of our communities and our nation.

Much like technological capacity and the demographics of our nation, our understanding of health has changed over recent years. There is now a growing consensus about the role social determinants can play in health (David and Collins, pp. S8–S10), as well as a call for clinicians to apply a life course lens in clinical practice (Lu and Johnson, pp. S13–S16). We also understand that our health during the fetal and infant stages may greatly affect health for the rest of life. This highlights the essential role

that related research can play in improving both birth outcomes and well-being.

And while the emerging understanding about maternal health and fetal programming offers hope that we can have more influence over a lifetime of good health, current data and trends indicate that the status quo is simply not acceptable. Nearly a half million babies in the United States—one out of every eight—are born prematurely each year. As our country continues to change demographically, sizeable health disparities persist among our nation's infants. African American babies are twice as likely to die before their first birthday compared with White babies. Persistent racial and economic disparities contribute to our nation's high infant mortality rates, low birth weights, and preterm births.

At the W. K. Kellogg Foundation, we are pleased to support this important issue of the *American Journal of Public Health*. Our health outcomes and chronic disease burden can improve, especially if we continue to seek out new approaches to improving healthy birth outcomes, eliminating the disparities in infant mortality, reducing the number of low birth weight and preterm births, and addressing the social determinants of maternal and child health.

We are all a part of this important journey toward improved health. And when we have improved the health and well-being of all children, we will have not only created a brighter future for them but we will have also taken major steps toward determining a more viable future for our nation. ■

Gail C. Christopher, DN
W. K. Kellogg Foundation
Guest Editor

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