

SPECIAL REPORT

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New devices, formulas and tools are removing historical bias from medical diagnoses.

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S30 RURAL PRESCRIPTIONS

Some of the most innovative solutions for health care come from rural regions around the world.

BY CARRIE ARNOLD

S34 THE STAGGERING SUCCESS OF VACCINES

Vaccines have been aiding health equity for 200 years, and today they are poised to save even more lives from more diseases.

BY TARA HAELE

S40 OF HOPE AND JUSTICE

AS TOLD TO ANIL OZA

S42 CULTURAL COMPETENCY

A movement, which aims to help providers better understand their patients' culture and language, is gaining traction and hopes to improve care and save lives.

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As researchers separate out health data from culturally distinct groups, they're finding ways to reduce health disparities.

BY JYOTI MADHUSOODANAN

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Clinics and public health researchers are taking direct aim at the mpox outbreak by starting in local clinics and using tools that were developed to tackle HIV/AIDS.

BY CHARLES EBIKEME

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Health Equity Progress

THE COUNTRY SOMEONE IS BORN INTO has a lifelong effect on their health. So does the neighborhood they live in, the color of their skin, their income and their level of social support. It's unjust. After centuries of persistent health disparities, researchers, advocates, clinicians and public health experts are finding ways to improve health for everyone.

New advances sometimes exaggerate inequities before helping reduce them. But there are reasons for optimism, which journalist Anil Oza shares on page S40. More than almost any other development, vaccines have advanced health equity around the world. They have averted 154 million deaths over the past 50 years, a life saved every 10 seconds, as health writer Tara Haelle explains on page S34, with graphics on pages S36–S37. Collaborative campaigns have brought this powerful preventive health care to children in even the most impoverished regions. Writer Carrie Arnold on page S30 shows how rural areas around the world are benefiting from other inventive and resourceful ways to deliver needed care—from telemedicine to micro clinics to a traveling dialysis bus.

Researchers are working to remove racial bias that has been built into diagnostics, and by doing so they're changing not just tools and algorithms but lives. As journalist Cassandra Willyard writes on page S27, some Black patients once deemed ineligible for new kidneys, despite having the same laboratory results as white patients, are now moving up the wait list for transplant; others with respiratory issues might be able to file for disability after previously being judged unqualified. Epidemiologists and other public health scientists are discovering that prior assumptions about race have lumped together disparate groups with different needs and health risks, particularly within Asian American communities [see graphic on page S47]. Now, by teasing apart the data, they are able to better diagnose, treat and even prevent disease. Health writer Jyoti Madhusoodanan on page S45 reveals how this data-driven approach is already saving lives.

Certain diseases and conditions have been used to justify discrimination, especially when the disease is more prevalent in a group that's already marginalized. The people most at risk for mpox, for instance, are men who have sex with men—a community already hit hard by HIV/AIDS. But as global health expert Charles Ebikeme writes on page S49, researchers, clinicians and community members have learned from past experiences and are building up existing networks and clinics that cater specifically to this stigmatized population. Even health-care communication is improving, writer Rod McCullom shares on page S42, as the movement toward culturally sensitive care helps clinicians better understand and empathize with their patients.

Improving health equity requires rethinking our global health infrastructure, and we are still at the beginning. But each solution adds support and begins to build a path toward justice.

—LAUREN GRAVITZ,
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