

## Correction

*Ann Fam Med* 2022;20:203. <https://doi.org/10.1370/afm.2841>

In [Henry TL, Britz JB, St. Louis J, et al. Health equity: the only path forward for primary care. \*Ann Fam Med.\* 2022; 20\(2\):175-178](#) in the March/April 2022 issue of *Annals of Family Medicine*, in the sentence, "Primary care spending in each state should be increased to 5%, at minimum, similar

to other high-income countries that have better health outcomes without the United States' steep total health care spend," the percentage of increase should be 15% rather than 5%. The online version of the article has been updated to reflect the correct value. The authors regret the error.

## Correction

*Ann Fam Med* 2022;20:203. <https://doi.org/10.1370/afm.2842>

In [Tuzzio L, Wellman RD, De Marchis EH, et al. Social risk factors and desire for assistance among patients receiving subsidized health care insurance in a US-based integrated delivery system. \*Ann Fam Med.\* 2022;20\(2\):137-144](#) in the March/April 2022 issue of *Annals of Family Medicine*, a sentence in the original results stated, "Among participants with 1 or 2 social risks, only 27% desired assistance compared with 51% of those with 3 or 4 social risks." The corrected

sentence in the results now reads, "Among participants with 1 or 2 social risks, only 29% desired assistance compared with 64% of those with 3 or 4 social risks." The abstract has also been updated to change 27% to 29%, as well as Figure 1 shown below. The overall interpretation that the desire for assistance increased with the number of social risks present has not changed. The authors regret the error.

**Figure 1. Desire for assistance among respondents who endorsed 1 or more social risk.**

