

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.

