

In this Issue: Access to Care, Spirituality, and Relevant Research

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Articles in this issue address diverse aspects of access to care, spirituality, and making research relevant.

ACCESS TO CARE

The study by Rittenhouse and colleagues examines the association between attending a medical school funded by the US government's Title VII primary care training grant program and 2 markers of practicing in a setting dedicated to caring for patients and populations that would otherwise be underserved.¹ The finding that Title VII supports the training of physicians who are more likely to staff Community Health Centers and participate in the National Health Service Corps could be in part due to selection factors of who attends these medical schools, but it also implies a possible effect of Title VII in increasing access to care for vulnerable populations.

China, facing growing disparities in health and health care, is embarking on a major reemphasis on primary care. The study by Yang et al provides a snapshot of the staffing and service delivery of community health services as China embarks upon this transition.²

The study by Farley et al examines the feasibility of increasing access to diabetic retinopathy screening by training community health center primary care physicians to read retinal photographs taken in the clinics.³ This is an excellent example of a practice network implementing a new program, rigorously evaluating it, and then sharing the findings in a way that advances transportable knowledge and points the way for others.

An analysis of data from the COMBINE trial of naltrexone and acamprosate with medical management for alcohol dependence examines patient and clinician factors associated with treatment outcomes.⁴ Although the identified patient and clinician factors may have implications for increasing access to care for intensive

alcohol dependence treatment, the conduct of the study at sites associated with alcohol treatment centers raises caution in transporting these findings to other settings where motivation, available expertise, and resources may be lower.

A methodology study compares the Hearing-Dependent Daily Activities Scale with a standardized audiogram.⁵ By helping to identify the impact of hearing loss on the daily life of elderly patients, this instrument may be useful in tailoring access to audiology services.

The article featured in this issue's *Annals Journal Club* shows how access to home blood pressure monitoring can provide better patient stratification for mortality risk than just using office blood pressures.⁶ These findings may be useful in tailoring the aggressiveness of therapy and call for trials of stepped approaches to hypertension management that include home blood pressure monitoring.⁷

SPIRITUALITY IN HEALTH CARE

Related to the access-to-care theme, a study by Daaleman et al of spiritual care at the end of life discovers the importance of being present—physically, temporally, and with openness—to the patient's life course.⁸

Katerndahl examines outcomes associated with spiritual "symptoms" that include peacefulness, harmony, meaning, and sense of purpose.⁹

An expansive conceptual framework presented by Anandarajah provides both secular and religious pathways for assimilating somatic, mental, spiritual, environmental, social, and transcendent factors into clinical care.¹⁰

An editorialist reflects on these 3 studies, making a case for studying the biological mechanisms of spiritual phenomenon. This perspective represents the dominant scientific paradigm upon which these 3 studies attempt to expand.¹¹

MAKING RESEARCH RELEVANT

Two essays contribute unique perspectives on making research relevant for practice. Kottke et al present a framework for optimizing practice through research.¹² Sussman and Rivera describe an approach to engaging communities in research by eliciting and interpreting a story told by a respected local leader.¹³ Together, these essays point toward engaging both communities of practice and the communities in which practice is nested in the generation of relevant new knowledge.

Please share your insights by joining the *Annals* online discussion at <http://www.AnnFamMed.org>.

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