for AIAN and NHPI students were 12.7% and 7.7%, respectively. The inability to statistically disaggregate student-level data for Indigenous trainees reflects the historic and persistent exclusion and marginalization of Indigenous populations. In addition to the institutional efforts outlined by Mr Calac and Dr Taparra, purposeful national efforts are critical to reducing the disparate health outcomes experienced by Indigenous populations. We commend the efforts by the US National Institutes of Health, the Indian Health Service, and the Health Resource and Services Administration to support research, health centers, and workforce development focused on Indigenous health. However, we have yet to see positive associations with improved life expectancy among AIAN communities. Self-determination empowers communities to build capacity and gain control over the multiplicity of forces that currently affect Indigenous people’s health. More funding and infrastructural efforts informed by Indigenous communities is needed to stop the decline in life expectancy and to improve health outcomes.

Recruiting and advancing Indigenous trainees, who are more likely to work in tribal areas, must remain a priority. To do so, we must bolster retention in the pathway from premedicine to physician-hood. The absolute number of matriculants who are AIAN has decreased over time, and medical students who are AIAN report barriers to timely advancement, including imposter syndrome, lack of social capital, and increased financial burden. The Liaison Committee on Medical Education (LCME)—the national accrediting body for allopathic Medical Degree programs in the US and Canada—diversity standards require that schools implement intentional recruitment and retention strategies for underrepresented groups to meet their mission. Although we do not know how many schools have identified Indigenous students, the persistent underrepresentation of AIAN and NHPI trainees may reflect these decisions. Requiring disaggregated data on retention and reasons for leaving medical school can further our understanding and capacity to address attrition among trainees who are AIAN and NHPI.

Last, we found that students who are AIAN/NHPI have among the highest rates of not being placed into a graduate medical education program. Similar to the LCME for medical schools, the Accreditation Council for Graduate Medical Education (ACGME) is the national accrediting body for US-based graduate medical education programs. The ACGME Equity Matters Initiative provides graduate medical education programs with learning resources to promote diversity, equity, and inclusion. Accreditation ensures physicians are prepared to deliver safe high-quality medical care and should be leveraged to ensure that institutions have a path toward diversifying medicine and repairing the historic harm to Indigenous Peoples.

Mytien Nguyen, MS
Tonya Fancher, MD, MPH
Dowin Boatright, MD, MBA, MHS

Author Affiliations: MD-PhD Program, Yale School of Medicine, New Haven, Connecticut (Nguyen); Division of General Internal Medicine, University of California Davis School of Medicine, Sacramento (Fancher); Department of Emergency Medicine, New York University Grossman School of Medicine, New York (Boatright).

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CORRECTION

Error in Figure 2: In the Original Investigation titled “Association of Particulate Matter Exposure With Lung Function and Mortality Among Patients With Fibrotic Interstitial Lung Disease,” published in this issue, there was an error in Figure 2A; the number of patients at risk for high levels of particulate matter 2.5 μm or less in diameter at 5 years should be 287, not 5. This article was corrected online.