

VA-Indian Health Service Partnership

The American Indian and Alaska Native (AI/AN) Veteran population experiences significant health disparities compared to other Veteran groups.¹ The U.S. Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) and the U.S. Department of Health and Human Services' Indian Health Service (IHS) provide health care to AI/AN Veterans and work to overcome the unique health care challenges this population faces.

VA and IHS partner to maximize resources and deliver an integrated approach that supports the health and well-being of AI/AN Veterans. A Memorandum of Understanding (MOU) signed October 1, 2010² formalized the partnership. The goal of the MOU is “to improve the health status of American Indian and Alaska Native Veterans” through five mutual actions:

- ▶ Increase access and quality of care for AI/AN Veterans
- ▶ Improve health-promotion and disease-prevention
- ▶ Encourage patient-centered collaboration and communication
- ▶ Consult with tribes at the regional and local levels
- ▶ Ensure appropriate resources for services for AI/AN Veterans

VHA's Office of Rural Health (ORH) and IHS, with assistance from the VA Office of Tribal Government Relations, form the National Leadership Team responsible for implementing the MOU. These organizations collaborate on care coordination, health care services, reimbursement, workforce training and cultural competency.

Overcoming Health Disparities

The AI/AN population experiences health and other disparities that affect their quality of life. AI/AN Veterans have an average life expectancy of four years shorter than that of the general U.S. population and are at significantly higher risk of chronic illness.³ AI/AN Veterans are also more likely to experience social and economic difficulties that may impact their health or wellness, such as lower income, lower education levels, and higher unemployment than Veterans of other races or ethnicities. Additionally, AI/AN Veterans are more likely to lack health insurance and to have a disability—service-connected or otherwise.¹

IHS provides health services to an AI/AN population of more than 2.2 million from 567 federally recognized tribes in 36 states.³ There are an estimated 146,000 AI/AN Veterans that live in the United States.⁴

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Successes

VA, IHS and their tribal partners continue to make progress so that AI/AN Veterans thrive in rural communities.

- ▶ **Pharmacy:** The VA Consolidated Mail Outpatient Pharmacy Program has processed more than 2.5 million prescriptions since fiscal year 2010, allowing AI/AN Veterans to receive their prescriptions at home.
- ▶ **Continuing Education for Care Providers:** VA and IHS offered more than 400 shared Continuing Medical Education credit opportunities for VA and IHS care providers since 2013.
- ▶ **Payment and Reimbursement:** In 2012, VA and IHS signed an MOU that allows VA to reimburse IHS for the care of Veterans rendered in IHS facilities without preauthorization. In fiscal year (FY) 2017, 8,700 Veterans obtained services through this reimbursement program. This is an 18 percent increase from the previous year. IHS and Tribal Health Programs (THP) received a total of \$64 million in reimbursements for services for the care of AI/AN Veterans since 2012 (\$23 million reimbursed to Alaska THPs since 2012).
- ▶ **Telehealth Services:** VA supports a variety of programs that use telehealth technology, culturally sensitive community outreach and other innovative strategies to increase AI/AN Veterans' access to care. VA also collaborates with IHS and tribal health programs to support joint telehealth clinics in tribal communities in Arizona, Montana, Oklahoma and Alaska. In 2016, at least 14 tribal communities received care through these telehealth services.
- ▶ **Tribal HUD-VASH:** The Tribal Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) formed to provide rental assistance for homeless or at-risk Indian Veterans. In fiscal year 2017, the program grew from 29 Veterans to more than 264 Veterans, which included finding homes for 183 Veterans. At the beginning of fiscal year 2017, only six tribes were involved in the program. By the end of the fiscal year, the program had grown by 74 percent with 23 tribes using the program to find homes for Veterans.

¹ VA Office of Tribal Government Relations. "American Indian and Alaska Native Servicemembers and Veterans." September 2012 https://www.va.gov/TRIBALGOVERNMENT/docs/AIAN_Report_FINAL_v2_7.pdf#page=3 via data from U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2010. Prepared by the National Center for Veterans Analysis and Statistics.

Original Data extracted from the American Community Service data - https://www.census.gov/programs-surveys/acs/news/data-releases/2015/release.html#par_textimage_11

² VA-IHS MOU: www.va.gov/TRIBALGOVERNMENT/docs/Signed2010VA-IHSMOU_rpdf

³ IHS Web site: <https://www.ihs.gov/newsroom/factsheets/disparities/>

⁴ VA Veteran Population Projection Model, 2016 https://www.va.gov/vetdata/veteran_population.asp

Office of Rural Health

Congress established the Veterans Health Administration Office of Rural Health (ORH) in 2006 (38 USC § 7308) to conduct, coordinate, promote and disseminate research on issues that affect the nearly five million Veterans who reside in rural communities. The mandate also requires ORH to develop, refine and promulgate policies, best practices, lessons learned, and innovative and successful programs. Learn more at www.ruralhealth.va.gov.

