The American Indian and Alaska Native (AI/AN) population experiences health and other disparities that disproportionately affect their quality of life. AI/AN Veterans have an average life expectancy that is four years shorter than the general U.S. population and are more likely than Veterans of other races or ethnicities to experience social and economic difficulties that may impact their health or wellness, such as lower income, lower education levels and higher unemployment.

To maximize resources and deliver an integrated approach that supports the health and well-being of the nearly 145,000 AI/AN Veterans living in the United States, the Department of Health and Human Services’ Indian Health Service (IHS) and the Veterans Health Administration (VHA) signed a Memorandum of Understanding (MOU) in 2010.

The MOU leadership team comprises senior executives from the VA Office of Tribal Government Relations, the VHA Office of Rural Health, the VHA Office of Community Care, and IHS’s Deputy Director for Intergovernmental Affairs. Together, this team is responsible for implementing the MOU and overseeing the MOU work groups. Leadership and work groups collaborate on care coordination, reimbursement, workforce training and cultural competency to:

- Increase access to care and services for AI/AN Veterans
- Facilitate health care enrollment and navigation
- Incorporate electronic health records to improve care
- Improve access to care through resource sharing

**Partnership Accomplishments**

In FY20, the VHA-IHS MOU leadership team focused on prescription services, transportation, housing services, workforce training, consultation with tribal communities, and reimbursement agreements for AI/AN Veteran care.
The workgroups completed several MOU-related activities, which are now a routine part of each department’s operations, including:

**Workforce Training:** To better coordinate on training and recruitment efforts, VA and IHS opened their training resources to each organization’s staff. In FY20, they shared 349 online and in-person training events focused on suicide prevention, substance abuse, opioid and Naloxone training, geriatric and extended care, post-traumatic stress disorder, and more.

**Access to Care:** Since their inception in FY12, the VHA-IHS and VHA-THP reimbursement agreements provided $123.27 million to IHS and THPs for care of 11,348 VHA enrolled AI/AN Veterans. In FY20 alone, VHA paid IHS and THPs $18.48 million for the care of more than 5,200 unique enrolled AI/AN Veterans.

**Access to Medication:** In FY20, the VA Consolidated Mail Outpatient Pharmacy Program (CMOP) processed 1,121,463 prescriptions, an increase of nearly 19 percent from FY19. Since its inception in FY10, CMOP processed more than 5.67 million prescriptions for VHA-IHS patients.

**Housing Assistance:** The Tribal Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program engaged 26 tribes to house 387 Veterans at some point during FY20. There were 75 new unique Veterans admitted to Tribal HUD-VASH in FY20.

**Future Collaboration**

In FY20, VHA and IHS drafted a new, updated MOU that reflects the evolving health care and health information technology landscape. VHA and IHS are consulting with tribes across America to ensure their concerns are addressed in this new MOU, which will create a more comprehensive, flexible structure that will support both agencies and the Veterans they serve well into the future.

As health needs change and new approaches to care emerge, VHA, IHS and their tribal partners will continue to combine their expertise, resources and efforts to help AI/AN Veterans thrive in rural communities.

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1. IHS Disparities Fact Sheet, April 2018: [https://www.ihs.gov/newsroom/factsheets/disparities/](https://www.ihs.gov/newsroom/factsheets/disparities/)