

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 unemployment¹.

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 States², the Department of Health and Human Services' Indian Health Service (IHS) and Department of Veterans Affairs (VA) signed a Memorandum of Understanding (MOU) in 2010.

Together, with the participation of the VA Office of Tribal Government Relations, the VA Office of Rural Health and IHS form the MOU leadership team responsible for implementing the MOU and overseeing the MOU workgroups. Leadership and workgroups collaborate on care coordination, reimbursement, workforce training and cultural competency to:



Increase access to care and services for AI/AN Veterans



Promote patient-centered collaboration and communication



Improve health-promotion and disease prevention



Consult with tribes at the regional and local levels



Ensure appropriate resources are identified and available

Partnership Accomplishments

In FY19, the VA-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 FY19, they shared 382 online and in-person training events focused on suicide prevention, substance abuse, opioid and Naloxone training, tele-education, post-traumatic stress disorder and more.



Access to Care: Since their inception in FY12, the VA-IHS and VA-THP reimbursement agreements provided \$104.68 million to IHS and THPs for care of 10,696 VHA enrolled AI/AN Veterans. In FY19 alone, VA paid IHS and THPs \$20.49 million for the care of more than 5,200 unique enrolled AI/AN Veterans.



Access to Medication: In FY19, the VA Consolidated Mail Outpatient Pharmacy Program (CMOP) processed 938,866 prescriptions, an increase of nearly 12 percent from FY18. Since its inception in FY10, CMOP processed more than 4.55 million prescriptions for VA-IHS patients.



Housing Assistance: The Tribal Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program engaged 26 tribes to house 407 Veterans at some point during FY19. There were 95 new unique Veterans admitted to Tribal HUD-VASH in FY19.

Future Collaboration

In FY19, the VA-IHS MOU leadership team continued its in-depth revision of the existing MOU to reflect the evolving health care and health information technology landscape. The new MOU will create a more comprehensive, flexible MOU 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, VA, IHS and their tribal partners will continue to combine their expertise, resources and efforts to help AI/AN Veterans thrive in rural communities.

¹ IHS Disparities Fact Sheet, April 2018: <https://www.ihs.gov/newsroom/factsheets/disparities/>

² VA Veteran Population Projection Model, 2018: 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 research, innovate new health care solutions, and disseminate best practices system-wide to benefit 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.

