The American Indian and Alaska Native population experiences health and other disparities that disproportionately affect their quality of life. American Indian and Alaska Native Veterans have an average life expectancy that is seven years shorter than the general U.S. population\(^1\). They 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.\(^2\)

To maximize resources and deliver an integrated approach that supports the health and well-being of the nearly 145,000 American Indian and Alaska Native Veterans living in the United States,\(^3\) 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, VHA Office of Tribal Health, VHA Office of Rural Health, VHA Office of Community Care, and IHS’ Deputy Director for Intergovernmental Affairs. Together, this team is 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 American Indian and Alaska Native Veterans
- **Facilitate health care enrollment and navigation**
- **Incorporate electronic health records** to improve care
- **Improve access to care through resource sharing**

**Partnership Accomplishments**

In FY23, the VHA-IHS MOU leadership team focused on prescription services, transportation, housing services, workforce training, consultation with tribal communities, and reimbursement agreements for American Indian and Alaska Native Veteran care.

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2. IHS Disparities Fact Sheet, April 2018: [https://www.ihs.gov/newsroom/factsheets/disparities/](https://www.ihs.gov/newsroom/factsheets/disparities/)
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, VHA and IHS opened their training resources to each organization’s staff. In FY23, they shared 335 training events focused on suicide prevention, substance abuse, opioid training, posttraumatic stress disorder, and more.

**Access to Care:** Since their inception in FY12, the VHA-IHS and VHA-THP reimbursement agreements provided more than $154 million to IHS and THPs for care of nearly 15,000 VHA enrolled American Indian and Alaska Native Veterans. In FY23 alone, VA’s Reimbursement Agreement Program disbursed $23 million to over 4,700 unique Veterans.

**Access to Medication:** In FY23, the VA Consolidated Mail Outpatient Pharmacy Program (CMOP) processed 948,415 prescriptions. Since its inception in FY10, CMOP processed more than 7.61 million prescriptions for VHA-IHS patients.

**Housing Assistance:** The Tribal Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program moved over 17,000 Veterans into housing during FY23. There were nearly 83,000 Veterans who had experienced homelessness that remained in stable housing provided through HUD-VASH in FY23.

**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 American Indian and Alaska Native Veterans thrive in rural communities.

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