

# Navajo Area IHS Quarterly Report

NNC Spring Session

# Navajo Area Indian Health Service Quarterly Report

25<sup>th</sup> Navajo Nation Council - Spring Session

April 15, 2024

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This report provides general Indian health information updates, and summarizes significant activities of the Navajo Area Indian Health Service (NAIHS) for the months January, February and March of 2024. The NAIHS appreciates its relationships with the Navajo Nation and the San Juan Southern Paiute Tribe. We look forward to our continued partnership as we work together to improve the health status of American Indians and Alaska Natives.

## IHS 2024 Agency Work Plan

The Indian Health Service (IHS) has developed and is implementing a work plan to identify, assess, report, and manage enterprise-level risks that impact the IHS environment. In support of the agency’s enterprise risk management efforts, the goal of the 2024 Agency Work Plan is to make an immediate impact on the Indian health system in alignment with the IHS mission and Strategic Plan.

In January 2024, Indian Health Service leadership implemented the new 2024 Agency Work Plan, which includes 15 priorities. In addition to the 15 Work Plan priorities, IHS leadership transitioned 14 of last year’s 2023 Work Plan priorities to operational action items that the agency will continue to monitor throughout this calendar year. The 2024 Agency Work Plan outlines critical actions the IHS has taken over the current year to address risk priorities. A workgroup has led each activity to identify root causes and work toward sustainable improvement to demonstrate a measurable impact on the agency. The goal is to complete the actions in the 2024 Agency Work Plan by December 31, 2024. The IHS remains committed to mitigating programmatic and operational risks before they arise. IHS leadership is focused on increased and effective communication with tribal and urban Indian organization partners on this work while developing sustainable actions.

2024 Agency Work Plan	<b>PRIORITIES</b>
	<b>Patient Safety</b>
	<ul style="list-style-type: none"> <li>• Facility Manager and Safety Officer Training Agency-Wide</li> </ul>
	<b>Human Capital</b>
	<ul style="list-style-type: none"> <li>• Bipartisan Infrastructure Law: Sanitation Facilities Construction</li> <li>• Assess for the Most Effective Human Resources System</li> <li>• Employee Wellbeing and Resiliency</li> </ul>
	<b>Operational</b>
	<ul style="list-style-type: none"> <li>• VA and IHS Memorandum of Understanding Performance Measures – Improve External Communication</li> <li>• Evaluate and Improve Internal Communications</li> <li>• Improve Indian Self-Determination and Education Assistance Act Operations</li> <li>• Design a Robust Care Management System to Help Patients Navigate the Healthcare System</li> <li>• Design a Policy Review Process – Policy Management System</li> <li>• Acquisition Procedures Standardization</li> </ul>
	<b>Financial</b>
<ul style="list-style-type: none"> <li>• Purchased/Referred Care (PRC) Authorization and Payment Process</li> <li>• PRC Carryover</li> <li>• Document Oversight of Facility Budgets</li> </ul>	
<b>Compliance/Regulatory</b>	
<ul style="list-style-type: none"> <li>• Design Governing Board Standardization</li> </ul>	
<b>Strategic</b>	
<ul style="list-style-type: none"> <li>• Assess Needs of Patient Populations</li> </ul>	

## First Quarter Work Plan and Operational Priority Accomplishments:

- *Bipartisan Infrastructure Law (BIL): Sanitation Facilities Construction (SFC) Program Marketing and Rebranding* – SFC leadership continued its work with a contracted vendor through the Office of Personnel Management to strategically identify SFC Program marketing and rebranding opportunities to support staff recruitment efforts at the national level. A menu of potential strategies was made available to SFC leadership on March 6, 2024, and is presently being reviewed and prioritized for implementation.
- *Bipartisan Infrastructure Law: SFC Engineer Internship Program* – The SFC Program enhanced its recruitment efforts by establishing a new engineer internship program with the Department of Energy’s Oak Ridge Institute for Science and Education. A total of 17 internship positions are available at various IHS Area Offices and the marketing, interview, selection, and acceptance phases have begun and will continue until all positions are filled with aspiring engineering students.
- *Bipartisan Infrastructure Law: Staff Retention Efforts* – The SFC Program continued the use of 10% retention incentives for all SFC staff associated with BIL work and began exercising its new “up to 50%” retention authority for qualified engineers. The retention incentives are used to maintain a high quality SFC workforce.
- *Bipartisan Infrastructure Law: Memorandum of Understanding with the American Indian Science and Engineering Society (AISES)* – The IHS signed a Memorandum of Understanding (MOU) with AISES to strengthen American Indian and Alaska Native occupational and career planning in the fields of science, technology, engineering, and math (STEM) focused on health care facilities and environmental health career opportunities within the IHS. The MOU promotes IHS as a potential employer of Native STEM students within the Office of Environmental Health & Engineering. SFC Program leaders also began attending regional AISES conferences to interact with members and increase the visibility of IHS as an employer.
- *Veterans Affairs and IHS MOU Performance Measures: Improve External Communication* – On March 27, 2024, the Veterans Health Administration (VHA) and the IHS sent a letter to tribal leaders and urban Indian organization leaders requesting recommendations on the Draft Annual Operational Plan for Fiscal Year 2024 and to share the completed FY 2023 VHA-IHS MOU Operational Plan. A joint in-person tribal consultation and urban confer session will be held on April 15, 2024, in Chandler, Arizona, with comments due on April 30, 2024.
- *Evaluate and Improve Internal Communications* – On January 31, 2024, IHS leadership hosted an Improving Internal Communications Town Hall with nearly 700 IHS employees participating. In January, IHS also launched a new tool to streamline the process of receiving valuable feedback from employees on ways IHS can make improvements across a variety of topic areas. To date, 79 employees have provided their recommendations. IHS also collected feedback from employees using an Improving Internal Communication Survey, which concluded on February 16, 2024. IHS will use the results from the town hall and survey to develop a comprehensive internal communications strategy to ensure IHS employees receive the information they need to do their jobs more effectively.



- *Improve Indian Self-Determination and Education Assistance Act (ISDEAA) Operations* – With more than half of the IHS budget being administered through tribal health care operations, it is imperative the IHS engage in ISDEAA training endeavors to ensure the agency is prepared to facilitate the transfer of more IHS programs, services, functions, and activities to tribal health programs. IHS held five ISDEAA bite size learning sessions and three town halls for IHS employees to learn about ISDEAA policies, procedures, and best practices on topics related to ISDEAA Title I contracting and Title V compacting activities.
- *Acquisition Procedures Standardization* – Only warranted contracting officers or purchase cardholders acting within their delegated authority can make a commitment or agreement binding the government to perform services or obtain supplies. The IHS 2024 Unauthorized Commitments Prevention training is now mandatory for all IHS employees to learn how to follow proper processes and procedures in accordance with their respective authorities. As of March 28, 2024, the agency is at 82% completion.
- *Purchased/Referred Care Delivery Area (PRCDA) Expansions* – The IHS announced a new Purchased/Referred Care Delivery Area Expansion webpage on the PRC website. It includes a status tracker of submitted PRCDA expansion requests, the PRCDA listing, and a summary of PRCDA versus service delivery area. A PRCDA refers to the geographic area within which PRC services will be made available by the IHS to members of an identified Indian community who reside in the area.

## Navajo Area Office – Office of Public Health

### *Navajo Area Office Syphilis Response:*

Rates for syphilis have continued to rise across the United States since 2021, with a 17.3% increase from 2021 to 2022. American Indian and Alaska Natives have the highest rate of syphilis of any ethnic group in the United States at 67.0 cases per 100,000 population. Incidence of congenital syphilis is also significantly increasing in the United States. A preliminary review of Navajo Area IHS EHR records at federal Service Units suggest similar trends on Navajo Nation, as congenital syphilis cases increased from one case in 2020 to 17 cases in 2023. Navajo Area Office is currently conducting an additional review of data available for the first quarter of 2024.

**CURRENT STATUS:** The Navajo Area has been actively responding to the rising syphilis rates. The Navajo Area Office and the five federal service units have initiated programs to:

- improve access to care,
- increase syphilis testing,
- improve completed treatment percentages,
- decrease congenital syphilis cases,
- increase public health messaging on syphilis/congenital syphilis,
- increase knowledge of syphilis staging/treatment,
- improve partnerships, and
- improve surveillance and data structure.

The Navajo Area Office Public Health Division is developing the framework to address multiple public health threats, including syphilis response. Public Health Aides provide vital tracking, educational and follow-up resources to help reduce the spread of syphilis in the community. In late 2023, the Navajo Area Office (NAO) Public Health Division created an Internal Syphilis Response Organization Chart to describe the response efforts taking place across the Navajo Area.

Service units have increased syphilis testing with: percentage change from FY2022 to FY2023 in unique patients tested 109%. A total of 12.9% of all patients seen in the Navajo Area have been tested for syphilis. To increase availability of testing, several facilities offer Point of Care (POC) testing for syphilis (ChemBio and Health Check) to rapidly test for syphilis outside of the health care facility. Medical testing data is being reviewed/refined to allow delineation between POC testing and laboratory testing. If tests are positive, treatment is started and a confirmatory laboratory test is obtained. Policies and procedures for initiation of treatment outside of the healthcare facility are established to allow Public Health Nursing to treat patients in the field. To further increase access to care, service units have implemented innovative programs to provide testing and treatment outside of the clinic setting, including access to services through a street clinic, homeless shelters, soup kitchens, and correctional institutions. Healthcare organizations are also implementing walk-in STI clinics and the use of incentive cards to encourage testing and treatment in high-risk patients.

NAO has partnered with Johns Hopkins Center for Indigenous Health to introduce the availability of I Want the Kit (IWTK) to Navajo Area to test for gonorrhea, chlamydia, and trichomonas. The test kits can be ordered and will be delivered to the patient's home. The testing has recently expanded to include syphilis and HIV and will be available on Navajo in the next several months.

Congenital syphilis is of particular concern due to the potential for severe complications in babies, so Service Units have implemented programs to emphasize early prenatal care with regular testing to quickly identify and treat mothers testing positive for syphilis.

Public Health Nursing (PHN)/Case managers (CM) meet regularly to review cases and coordinate care of positive syphilis cases. Staff from the Navajo Nation and New Mexico Department of Health are included in these case review meetings. Navajo Area Infectious Disease specialists also hold monthly meetings to review syphilis response across the Navajo Area. Federal, Tribal, and 638 staff are in attendance to discuss progress and share successful interventions.

The NAO epidemiologist partners with the New Mexico Department of Health, Arizona Department of Health, Navajo Epidemiology Center, and Service Units to review and analyze data from IHS and State data repositories. The need for access to and standardization of data sets related to syphilis has initiated the development of multiple data sharing agreements with all partners to allow all public health organizations to have access to vital surveillance information. Efforts to create a surveillance system using RPMS, PRISM and other data repositories has highlighted the complexity in merging the various data flows. As the IT modernization moves forward, this highlights the need to include public health capacity to include case management, public health nursing templates and additional public health functions.

## *Navajo Area Indian Health Service Opioid Response:*

There has been an increasing number of drug overdose deaths occurring within the United States. In 2021, The Centers for Disease Control and Prevention (CDC) reported 106,699 people died from overdoses in the United States, representing a 14% increase from the previous year. In 2022, the CDC reported that the American Indian and Alaska Native population had the highest drug overdose death rates in both 2020 and 2021, at rates of 42.5 and 56.6 deaths per 100,000 persons, and represents a 33% increase in deaths from 2020 to 2021. Overdose events presenting to federal IHS emergency departments serving the Navajo Area increased from 29 in 2018 to 71 in 2023. Overdoses in recent years often involve a mixture of drugs, with the use of fentanyl rising rapidly (see attached graphs). Further review of data reveals 60% of overdose events in these same IHS facilities were in the 19-69 year old age group.

In response to the increased drug overdoses occurring in the Navajo Area, an IHS-BIA memorandum of Understanding (MOU) was established in 2015 that allowed BIA officers first responder naloxone administration. In 2016, New Mexico allowed pharmacist prescriptive authority to dispense naloxone. In 2017, Navajo Area Indian Health Service (NAIHS) established an MOU with the Navajo Nation to provide training for use of naloxone, which was updated in 2023 to include the Navajo Nation Department of Safety, including police officers, criminal investigators and corrections officers.

In late 2023, the Navajo Area Public Health Division established an Opioid Response Workgroup (ORW). The goal of the team is to develop a program to reduce opioid misuse and decrease opioid overdoses through data analysis, public awareness, and partnerships. The Navajo Area partnered with the Navajo Nation Department of Behavioral Health Services (NNBHS) to hold the first Navajo Nation Opioid Summit, held on September 28-29, 2023. As a result of the summit, NNBHS requested to collaborate with the NAIHS to share data regarding opioid treatment utilizing a common data platform.

The ORW includes the Navajo Area CMO, Nurse Consultant, Pharmacy Consultant, Public Health Division, and federal service unit staff (See attached Internal Response Team Structure). The Public Health (PH) Communications team has focused on developing public health messaging to prevent opioid misuse, prevent drug diversion, and safe medication. PH messaging has been standardized and approved in Strategic Communication Planning Platform (SCP).

Naloxone training and interventions include the following:

- IHS pharmacies begin to provide training and dispense naloxone to patients.
- Brochures describing Naloxone, the use of Naloxone, and safe medication storage were developed and printed.
- “Train the Trainer” sessions continue with the Navajo Nation Police Department.
- Schools on the Navajo Nation located in Kayenta, Chinle, Shiprock, and Crownpoint will conduct “Train the Trainer” sessions, including a school toolkit.
- NAO is working with federal facilities to increase access to Naloxone, prevent drug diversion, and safe medication storage.
- To date, approximately 350 individuals are trained Naloxone-use trainers.

Current pilot projects include:

- Navajo Area clinical team—Working together to validate SNOMED and ICD-10 codes for accurate data extraction to track Opioid misuse trends and data analysis.
- NNDBHS- Pilot partnership with Navajo Nation to utilize software program that monitors effectiveness of Medication- Assisted Therapy (MAT) of patients being treated for Opioid-Use Disorder (OUD). The program provides data on the effectiveness of treatment, including specific data regarding successful interventions by individual providers. Data extracted is vital to determine the effectiveness of public health initiatives as well as clinical interventions.
- Gallup Indian Medical Center – A “Healthy Living Kit” that will include naloxone, condoms, and health information is provided to at-risk patients seen in the Emergency Department.
- Chinle Service Unit – At-home drug deactivation kits are provided to destroy opioids and other medications that present a risk to family members and the environment. Chinle is also providing public health messaging regarding opioids and the importance of healthy living to the community.

Continued work on the National Public Health Workgroup: share progress with our Navajo Area Syphilis Workgroup regarding syphilis data and preliminary congenital syphilis data and share progress on development of Public Health Framework.

## Public Health Division, Navajo Area IHS

**IHS Mission:** to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level

**IHS Vision:** healthy communities and quality health care systems through strong partnerships and culturally responsive practices

**Strategic goals**

- to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people
- to promote excellence and quality through innovation of the Indian health system into an optimally performing organization, and
- to strengthen IHS program management and operations

**Navajo Area PHD Mission, Vision, Goals:** Pending

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**Services and Programs:** Navajo Area Public Health Services and Programs:

**Communicable diseases:** includes STIs, respiratory illnesses, outbreaks such as Hanta virus, RMSF, seasonal vaccination events

**Chronic disease prevention and management:** Cancer prevention, diabetes prevention/control, maternal and child health, community physical activity outreach and development, chronic disease support, mental health, substance use prevention and management, injury prevention

**Emergency Management:** ICS training, hospital compliance

**Cross-cutting activities include:**

**Public Health Surveillance:** includes epidemiological surveillance and health service coverage of communicable diseases (e.g. flu, RSV, COVID-19, vaccination coverage, STI, Hepatitis C), chronic diseases, injury and substance use (e.g. opioid overdoses, suicide), environmental health (e.g. heat-related illness) and maternal child health (e.g. maternal and child mortality).

**Active response:** Rapid, targeted response to address public health threats or emergencies across health conditions, e.g. syphilis, opioid overdoses, alcohol use disorder, cancer prevention

**Community health education and messaging:** e.g. opioid, meth, alcohol and suicide prevention, tobacco cessation, NNAECHO

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**Capacities, Infrastructure, core values:** Cross-cutting foundations of the Public Health Division's capacity, infrastructure, and core values within the Public Health Division.

**IHS and NA PHD Mission**

Communicable Diseases

Prevention and Chronic Disease Management

Emergency Management

**Active Response**

**Community health education & messaging**

**Public Health Surveillance**

- Cultural Humility
- Address social determinants of health
- Employee travel & professional development

<p><b>Principles of partnerships:</b></p> <ul style="list-style-type: none"> <li>• Respect sovereignty</li> <li>• Culturally-appropriate</li> <li>• Communication</li> <li>• Collaboration</li> </ul>	<p><b>Essentials of public health:</b></p> <ul style="list-style-type: none"> <li>• Assess and monitor population health</li> <li>• Investigate, diagnose, and address health hazards and root causes</li> <li>• Communicate effectively to inform and educate</li> <li>• Strengthen, support, and mobilize communities and partnerships</li> <li>• Create, champion, and implement policies, plans, and laws.</li> </ul>
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Adapted from PHDICI Foundational Public Health Services for Govt. Public Health MN Framework

### Navajo Area Office – Office of Quality & Patient Safety

1. Navajo Just Culture Workgroup held a meeting on January 26, 2024 and completed the Just Culture Implementation Guide. The workgroup will begin Just Culture training for supervisors and executive leadership team. PATH is also training on Just Culture in February and registration information was sent to leadership team.



2. Navajo Area Quality team submitted the NAIHS Quality and Patient Safety Newsletter includes content of the Joint Commission's latest update and top hospital standards, quality care initiatives, improvement in the referral process, and TeamSTEPPS. The newsletter is an excellent communication channel to share quality and patient safety information to all Navajo area employees.
3. Our Navajo Area Performance Improvement Coordinator and Deputy Quality Manager completed a Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) 2-day champion training at Crownpoint Healthcare Facility on February 13-14, 2024 and Dziłth-Na-O-Dith-Hle Health Center on March 6-7, 2024. The Health Center was fully active in the training and developed a plan to implement the TeamSTEPPS concepts.



*DZ Health Center Photo 1*



*DZ Health Center Photo 2*

4. Navajo Area Quality Team is collaborating with HQ Office of Quality team to enhance the utilization of Joint Commission Resources Tracers with AMP software. The team scheduled three 1-hour on-line sessions with HQ Quality Assurance Coordinator on basics of AMP Tracer use. The training invite sent to Navajo Area Subject Matter Experts and the Service Unit Quality Managers. After completion of the training, all tracers and mock surveys will be entered in the JCR Tracers with AMP.
5. Navajo Area Clinical Application Coordinator attended Tribal Consultation and Urban Confer meeting on February 8. The primary focus of the meeting is the Enterprise Collaboration Group (ECG). ECG is a user-focused body that recommends workflows, system configurations, and system policies regarding the new enterprise EHR solution. Navajo Area CAC intend to participate in upcoming meeting in May to focus on Deployment and Cohort Planning.
6. Navajo Area Clinical Application Coordinator continues to actively contribute in the EHR Modernization in Design & Decide workflows, including Consults & Referrals; Dietician & Nutrition; Medical Imaging & Radiology; Primary Care – Improved Patient Care; Nurse Initiated Protocols; Population Health & Measures; and, Patient Registration.

## Navajo Area Office – Office of Tribal Partnership (OTP)

Prompt processing of Annual Funding Agreements and Advance Appropriations. The Office of Tribal Partnership (OTP) has prioritized the execution of both fiscal and calendar year 2024 annual funding agreements (AFAs) and expedited advance appropriations payments. The Navajo Area strives to have Title I modifications processed within 24 hours of funds certification issuance. OTP works with Indian Health Service (IHS) Headquarters Office of Tribal Self-Governance in processing payments for Title V compacts. Owing to close coordination between Navajo Area and Indian Health Service Headquarters, 638 contractors and compactors (638s) were able to receive advance appropriations funding shortly after their respective funding terms went into effect (see table below). We want to thank the Navajo Nation for its continued advocacy for advance appropriations, which allowed the IHS to fully fund 638s while much of the rest of the federal government was operating under continuing resolutions.

BFY	Category	Year	Location	Payment Amount	Obligation Date
2024	TITLE I	FY	NAVAJO HEALTH FOUNDATION-SAGE MEMORIAL HOSPITAL, INC	14,721,206.92	10/5/2023
2024	TITLE I	FY	FORT DEFIANCE INDIAN HOSPITAL BOARD	48,528,364.00	10/7/2023
2024	TITLE I	FY	FORT DEFIANCE INDIAN HOSPITAL BOARD	6,749,555.08	10/7/2023
2024	TITLE I	CY	HMS - NAVAJO NATION	43,849,389.00	1/5/2024
2024	TITLE I	CY	NTCCTF - NAVAJO NATION	1,198,096.00	1/5/2024
2024	TITLE I	CY	EMS - NAVAJO NATION	10,839,988.00	2/28/2024
2024	TITLE V	FY	TUBA CITY REGIONAL HEALTHCARE CORPORATION	47,617,412.00	10/7/2023
2024	TITLE V	FY	WINSLOW INDIAN HEALTHCARE CTR.	24,065,026.00	10/11/2023
2024	TITLE V	FY	UTAH NAVAJO HEALTH SYSTEM	8,441,601.00	10/10/2023
<b>Grand Total</b>				<b>\$ 206,010,638.00</b>	

Advance Appropriations is authorized for fiscal year 2025. Fiscal Year (FY) 2025 advance appropriations for the Indian Health Service and Indian Health Facilities accounts total \$5,190,883,000. Advance appropriations are not provided for the Electronic Health Record System, Indian Health Care Improvement Fund, Contract Support Costs, Tribal Leases, Sanitation Facilities Construction, and Health Care Facilities Construction. On March 13, 2024, the Headquarters Office of Finance and Accounting held an All Tribal and Urban Indian Organization Leaders call and presented on the IHS Budget for FY 2024 and 2025.

The Urban Indian Organization Activities. In the Winter Council report, we announced that Navajo Area Indian Health Service (NAIHS) personnel would conduct a mandatory in-person site visit at Native American's for Community Action, Inc., (NACA) in Flagstaff, AZ. **This** annual performance review is conducted to ensure compliance with Title V of the Indian Health Care Improvement Act and relevant health care quality standards. Findings and recommendations identified during the site visit provide NACA with helpful guidance for improvement, as the organization pursues certification with the Accreditation Association for Ambulatory Health Care.

**2026 National Tribal Budget Work Session.** On February 13-14, 2024, the National Tribal Budget Work Session was held in Arlington, VA. The purpose of the annual consultation is to allow tribal and federal representatives from each of the twelve IHS areas to come together to review and consolidate FY 2026 budget recommendations into a comprehensive set of national health priorities and budget recommendations. Navajo Nation President Buu Nygren, Navajo Nation Council Delegate Germaine Simonson, and Kim Russell, who is the Executive Director of the Navajo Department of Health, represented the Navajo Area. The breakdown of the FY 2026 national budget priorities established during the recent Work Session is as follows:

**INDIAN HEALTH SERVICE**

**FY 2026 Summary of National Tribal Budget Recommendation**  
(Dollars in Thousands)

<b>Planning Base (FY 2023 Enacted)</b>	<b>\$7,105,223</b>
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<b>Total Current Services - All 12 Areas recommend full funding</b>	<b>\$383,642</b>
Staffing Costs for Newly-Constructed Health Care Facilities (estimate)	\$400,000
Contract Support Costs Need (estimate)	\$7,758,520
Health Care Facilities Construction Projects Priority List (estimate)	\$100,000
105(l) Lease Cost Agreements	\$581,656
<b>Total Binding Obligations</b>	<b>\$8,840,176</b>
<b>Total Binding Obligations &amp; Current Services - All 12 Areas recommend full funding</b>	<b>\$9,223,818</b>

<b>Rank</b>	<b>Program Expansion</b>	<b>Increase Amount</b>
1	Hospitals & Health Clinics	10,689,643
2	Purchased/Referred Care (formerly CHS)	9,212,050
3	Mental Health	4,633,082
4	Indian Health Care Improvement Fund	4,265,347
5	Alcohol and Substance Abuse	3,688,695
6	Dental Services	3,559,970
7	Maintenance & Improvement	2,130,021
8	Community Health Representatives	1,515,592
9	Sanitation Facilities Construction	1,330,487
10	Health Care Facilities Constr./Other Authorities	1,210,696
11	Health Education	847,229
12	Public Health Nursing	702,070
13	Special Diabetes Program for Indians	698,459
14	Urban Indian Health	675,091
15	Equipment	570,202
16	Electronic Health Record	425,204
17	Facilities & Environmental Health Support	391,377
18	Indian Health Professions	90,303
19	Alaska Immunization	45,681
20	Direct Operations	17,123
21	Self-Governance	10,359
22	Tribal Management Grants	2,615
<b>Total (Current Services, Binding Obligations, &amp; Program Expansion)</b>		<b>\$55,935,115</b>

<b>Grand Total</b>	<b>\$63,040,338</b>
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Direct Service Tribes Advisory Committee (DSTAC) 2nd Quarterly meeting. On February 15 and 16, 2024, DSTAC tribal leadership had an opportunity to engage with the Indian Health Service (IHS) Director on key agency updates and on the development of health policy. During the DSTAC meetings, tribal leaders contribute to critical IHS decision-making that affects the delivery of health care nationwide. Topics ranged from Recruitment and Retention, IHS Budget Overview, Quality Health Care, Behavioral Health, Purchased/Referred Care, Health Information Technology Modernization, and legislative updates from the the National Indian Health Board. The 3<sup>rd</sup> quarter DSTAC meeting will be held on June 5 and 6, 2024. Location to be determined.

#### Upcoming 2024 National Meetings:

- April 9-10: 6th HHS Annual Tribal Budget Consultation in Washington, DC.
- April 15-18: 2024 Tribal Self-Governance Annual Conference in Phoenix, AZ
- April 28 - May 2: 2024 National Council of Urban Indian Health Annual Conference in Washington, DC.
- May 14-15: HHS Region IX Tribal Consultation in Las Vegas, NV.

### Navajo Area – Office of Environmental Health & Engineering (OEHE)

#### *Sanitation Facilities Construction*

**Bilateral Infrastructure Legislation (Infrastructure Improvement and Jobs Act) Projects.** Navajo Area Sanitation Facilities Construction (SFC) has 132 projects from FY 2022 in process with 9 under construction and 2 completed. SFC has \$77.7M covering 64 projects and serving 1861 homes for FY 2023. For FY 2024 SFC is expecting approximately another \$60 million for more projects.

In order to efficiently use this funding to provide services to our communities, SFC must hire numerous hard to fill positions. The biggest, most notable shortage is that we are short somewhere in the neighborhood of 22 licensed engineers.

Here are a few of the recent hires to facilitate these projects:

- Gallup District Engineer position has been filled.
- (3) Remote Engineers were hired
- (1) Tentative job offer for a Remote Engineer

#### Positions in Progress:

- One more Deputy Director position selected (2 of 6).
  - Another selected and awaiting a response.
- Deputy Director (0850 Series, electrical engineer)
  - 0850 GS-5/7/9 Junior electrical engineer
  - 0850 GS-11/12 Senior electrical engineer
- GS-13 Deputy Director (Public Information) (0685 or 0688)
  - GS-11/12 Public Information
  - GS-11/12 Public Information

- GS-13 Deputy Director - Program Support (0819) Advertised through Headquarters
  - GIS (GS-5/7/9 or 11/12)
  - Solid Waste – GS-12 Engineer
  - Budget Analyst – GS-11/12 (2 positions)
  - Utility Consultant (0810/0819)
    - GS-12 Engineer (Gallup)
    - GS-12 Engineer (Shiprock)
    - GS-12 Engineer (Fort Defiance)
    - GS-12 Engineer (Tuba)
  - Student ORISE Internships:
    - 3 candidates have been selected.
      - Looking for 3 more.
  - Jobs on the street:
    - GS-12 Licensed engineer
    - GS-4/5/6 Tech
    - GS-4/5/6 Secretary
    - GS-11 Soon-to-be licensed engineer –
    - GS-12 Supervisory engineer (Deputy DE)
    - GS-13 Deputy Director (Project Support)

### Navajo Nation Water and Sewer Project Site Visit

On March 26, a delegation from the Indian Health Service Headquarters alongside the [Navajo Area](#) team embarked on a significant site visit within the Ramah-Navajo area of the Navajo Nation. This initiative is a direct beneficiary of the Bipartisan Infrastructure Law (Public Law 117-58 – Infrastructure Investment and Jobs Act), allocating \$3.5 billion to the IHS over a span from FY2022 to FY2026. The funding is aimed at enhancing the availability of clean drinking water and efficient wastewater disposal for American Indian and Alaska Native communities.



*IHS Navajo Area and Headquarters representatives onsite during a milestone event, extending a waterline to a household in the Navajo Nation for the very first time.*



## *Division of Facilities Planning and Engineering (DFPE)*

**The Pueblo Pintado Health Center Project** design was completed August 9, 2023. The construction phase request for proposals is in the early stages and it is anticipated that a construction contract will be awarded within 12 months, with a contract awarded January 2025. This delay is due to the acquisition approval needs to be approved by U.S. Department of Health & Human Services. This is a requirement change and this is the first project to go through this process. The health center construction is projected to be complete by January 2027.



The Staff Quarters are projected to be completed by January 2027, the same time the Health Center is completed.

**UPDATE since last NNC Report:** The Land Withdrawal and Land Lease were submitted to the Navajo Nation General Land Development Department (NNGLDD) on February 21, 2024 and March 21, 2024, respectively. The process is being assisted by the Pueblo Pintado Steering Committee. To Pueblo Pintado Health Center will require land parcels to house the new Health Center and the Sewer Lagoon. A right-of-way for land needed for the offsite Electrical Distribution Line to the Health Center will be completed by Jemez Electric. The Real Property team from the Navajo Area Division of Facilities Planning, and Engineering (NAIHS-DFPE) and Division of Engineering Services (DES) will also work with the NNGLDD and the Navajo Nation Resource Committee for review and approval.

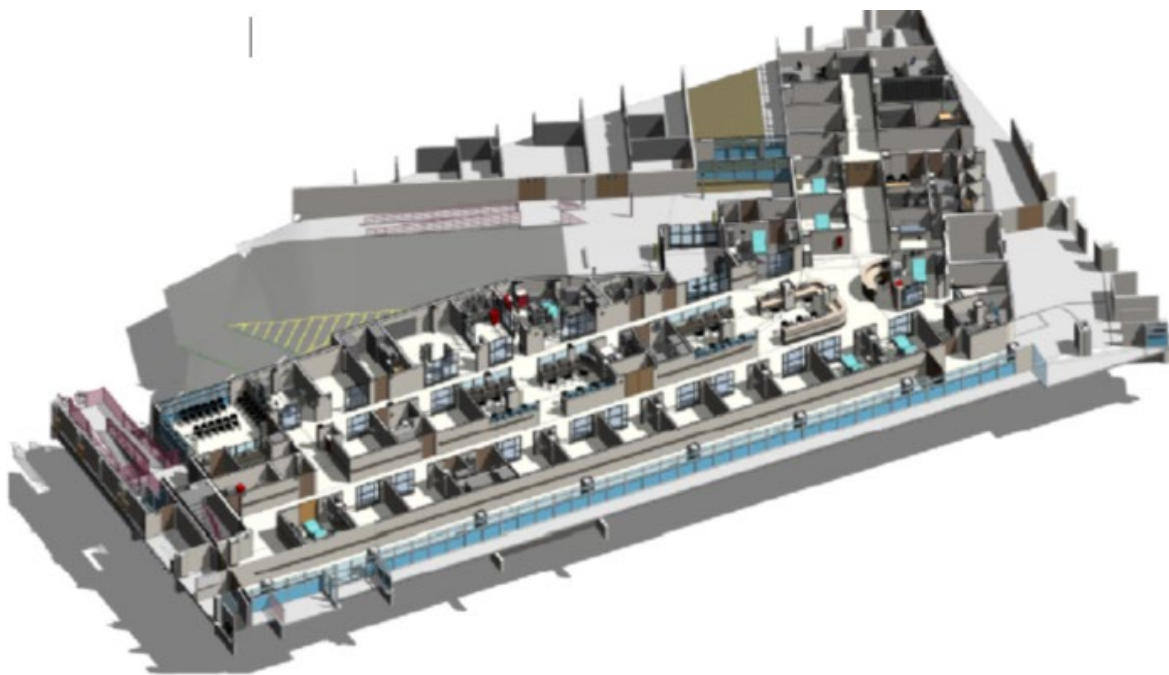
The Navajo Area Indian Health Service is working with the Pueblo Pintado Steering Committee. The Pueblo Pintado Steering Committee includes members from the communities of Counselor, Whitehorse Lake, Torreon, Ojo Encino, and Pueblo Pintado. The participation of the NAIHS, the Navajo Nation Health Programs, and community members participated in the design of a state-of-the-art health center that is both functional and respectful of the community and their cultural beliefs.

**The Gallup Indian Medical Center (GIMC) Replacement Facility Site Selection.** Phase II of the site selection process for the GIMC Replacement Facility is near completion. **UPDATE since last NNC Report** Modification number 002 addresses the newly incorporated 500 Year Floodplain Guidance from IHS/HQE to the Title I Construction Project Agreement was approved and executed November 14, 2023. The new completion date for completion is extended from the initial August 31, 2023 completion date to December 31, 2024. Phase II includes an in-depth assessment of the top-rated site, a legal land survey, flood plain

analysis, soils reports, archaeological and historical data collection, and an environmental assessment. Navajo Nation is highly interested in choosing a site that will support future expansion and economic development. The IHS continues to collaborate with the Navajo Nation to support future phases of the GIMC Replacement project. The Program of Requirements (POR) and the Program Justification Document (PJD) will be updated once a contract is awarded with the Headquarters (HQ) Planning contract. The scope of work (SOW) is in process with expected completion by the end of March 2024. The NAIHS and GIMC team will be meeting throughout the next months to discuss the new facility planning process.

**The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation** project design was awarded September 10, 2021. The construction of the final phase was awarded on March 14, 2024 to LAM Corporation. The pre-construction meeting is scheduled for April 16, 2024. The project is expected to be completed by November 2025.

The project design includes renovating approximately 8,317 building gross square feet (BGSF) and the expansion of 2,282 BGSF of new space. The new ED will be approximately 10,600 BGSF. This new renovated and expanded space will help alleviate the space deficiencies, as they exist today with the ED, Observation Unit, and the Urgent Care Clinic. The renovation /expansion project will increase patient capacity and enhance patient care services.



**The Crownpoint South Quarters Repair-by-Replacement Design** was awarded in August 2021. The design kickoff meeting was held on September 23, 2021. The scope of work for this project is to complete a design for the replacement of 33 quarter units. These new units will help with recruitment and retention of staff for the Crownpoint Hospital. The design discussions included 1-2 Bedroom units that could be designed as high-density housing community. 33 Units will be constructed in 2/3 of the existing footprint. This will allow CPSU a planning period to fund a design-bid-build future project to add 9 units on the remaining 1/3 portion of the existing footprint.

Initial Government estimate was \$19,641,000.00, and all funding was available for this project to solicit for bids. The project will be awarded April 2024 for \$20,927,534.07. The pre-construction meeting is expected to be scheduled May 2024.



**The Tsaile Quarters Project** was selected to receive \$21,500,000.00 in non-recurring expense funds (NEF) to construct approximately 30 new quarters and all required infrastructure. The Program Justification Document for Quarters (PJDQ) and the Program of Requirement for Quarters (PORQ) show a total need of 98 new quarters needed to house staff of the Tsaile Health Center. This first phase of the project will design and construct approximately 30 new quarters. This project will help in the recruitment and retention of health professionals for the Tsaile Health Center.

The Engineering Services project manager, Tom Plummer, has updated the PJDQ/PORQ and approval was granted to reflect the current mixture of quarters to be built; from single-family homes to apartment buildings and multiplex homes. The project is currently estimated \$28,917,969.00, a difference of \$7,417,968.00. The Chinle Service Unit has agreed to make up the difference and has transferred the funds. The project is fully funded and the RFC package is scheduled to go out July 2024 for a design-build contract.

**The Kayenta Alternative Rural Health Center and the Inscription House Health Center (IHHC)** were each recently awarded \$8,200,000.00 to construct a 19-unit quarters building. All funds were received at the Navajo Area therefore a Request for Contract Action will be submitted for a design-build contract for the two quarters buildings. This project will help in the recruitment and retention of health professionals for the Kayenta Service Unit. Project Managers from DFPE/NAIHS have been assigned to manage this project with future meeting with Kayenta and Inscription House leadership to discuss proposed locations at each site.

The IHHC project RFC design package was submitted to the Division of Engineering Services (DES) on October 28, 2023. The design contract was awarded on February 29, 2024 to Johnson Smitthipong & Rosamond Associates, Inc. Pre-construction meeting will be held the week of April 15, 2024. The delivery method for this project is design-bid-build.

The Kayenta Project RFC design package was submitted to DES March 6, 2023 and a DES Contracting Officer was assigned on April 3, 2024 to move this project forward to design award contract. The delivery method for this project is design-bid-build.



**The new Bodaway Gap Health Center (BGHC) and 92 Staff Quarters project Design Phase** was awarded in the amount of \$11,042,000.00 to the Tuba City Regional Health Care Corporation (TCRHCC) under a Title V Construction Project Agreement (TV-CPA) dated July 2022 under P.L. 93-638. The architect of record is Dekker Perich Sabatini out of Phoenix, Arizona. IHS completed their 100% design review and back checks on December 12, 2023. Per the TV CPA Modification number 1, authorizes the TCRHCC to complete the design and construction of the BGHC. The construction funds for the BGHC in the amount of \$158,849,300.00 were paid out to TCRHCC on December 18, 2023. TCRHCC has secured Land Lease Packages for the Health Center, sewer Lagoon and Staff Quarters parcels with the Navajo Nation on March 20, 2024.

The pre-construction meeting was held on Monday, January 8, 2024 at 10:00am, with the Groundbreaking on February 16, 2024, as such, the construction of the BGHC started on February 19, 2024. The construction contractor is Arviso-Oakland. BGHC construction completion is anticipated for January 2026.



*Drone photo of the future BGHC site*



**The Shiprock Quarters Demolition Project** is a project to demolish six staff quarters and accompanying garages along New Mexico Highway 64 at the east end of Shiprock, NM, and one two story dormitory located NW of the Northern Navajo Medical Center. The six staff quarters have been fully demolished and the site restored to its original condition. Final Inspection is tentatively scheduled for April 11, 2024. Once fully completed, the land will be relinquished back to the Navajo Nation and the Navajo Nation Shiprock Chapter for their future use.

Quarter SR-130 and 132(garage)



Demolition in progress.





Demolition Completed and site restored.



Quarter SR-137





Site Restored.



**Chinle Comprehensive Health Center Emergency and Urgent Care Departments.** The Chinle Comprehensive Health Center was awarded \$18,638,000.00 of NEF for the construction of Track 1: Emergency Department/Urgent Care Addition of their Master Plan consists for the following phases.

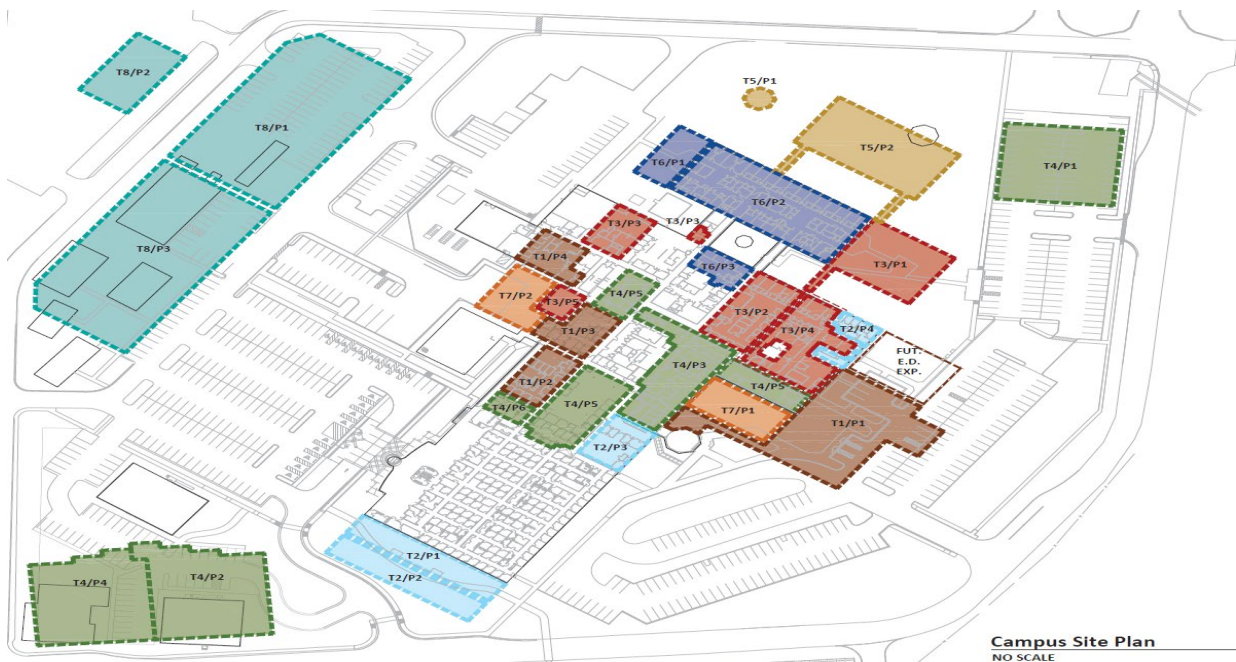
Phase 1 – Building addition for ED/UC

Phase 2 – Renovate UC for BO/PRC/Coffee Shop

Phase 3 – Renovate vacate ED for PM&R

Phase 4 – Renovate vacated PM&R for Property & Supply Expansion

The Track 1 is identified by the brown boxes in the drawing below.



The project will be a design-bid-build acquisition method. The RFC package is currently being developed.

## Chinle Service Unit (CSU)

Outpatient-Pharmacy project has been awarded \$18,638,000.00 (NEF) non-recurring expense fund, in this fiscal year 2024. This request had been submitted back in May 2022. The project will be relocating the Outpatient Pharmacy to the southern end of the building will bring the service more closely aligned with the ambulatory care entrance, allowing for reconfiguration to a modern, functional layout to include a drive-thru pick-up window. The vacated pharmacy space can then be renovated to clinical administration space, which will consolidate the provider offices and give them better adjacency to the clinic.

Chinle Comprehensive Health Care Facility leaders attended a groundbreaking event hosted by the Navajo Nation Department of Transportation on Monday, March 18, 2024 at the Chinle Airport grounds, Chinle, Arizona. The new runway construction is scheduled to begin on March 25, 2024. This service will help our community to a great degree and our Chinle patients. The construction project is scheduled 120 days for completion.



Chinle Service Unit collaborated with Navajo Area and Office of Special Counsel to provide a supervisors mandatory training in February and March 2024, called the Prohibited Personnel Practices Training. The training dates were finalized for February 8 and March 7, 2024 for Chinle while Pinon and Tsaile scheduled their own training dates. Shirine Moazed, Chief of Diversity, Outreach and Training, U.S. Office of Special Counsel was the trainer. Thirty-five supervisors attended February 8, 2024 and twenty-four supervisors attended March 7, 2024. With the assistance of Shantal Harvey, Nursing Education Assistant, from our Nursing Education office, a certificate was created and with permission from Ms. Moazed, we utilized her credentials.



Current challenges of hiring nurses for Tsale Health Center Outpatient Department. The vacancy rate in our Outpatient department for nurses is 77%. We had several candidates waiting to come on board however due to the slow process, short staff, and changes with Human resources, the candidate has accepted jobs elsewhere. For example, I had a nurse vacate a Nurse CAM position in November 2023 and today, March 22, 2024, the position hasn't been posted in USA jobs. I have submitted all paperwork as assigned to speed up the hiring process. Attending all Human Resource Vacancy meetings, submitted all paperwork as needed for positions in a timely manner. We have hired three Nurse Contractors to fill nurse position in OPD which is more expensive.

Transporting Critical Patients to a higher level of care. There are (3) three items that directly impact our patient transportation out of Chinle.

1. The Airport in Chinle is currently under renovation for 120 days. This started March 25, 2024. All fixed winged transports are taken by Chinle MVO crew by ground ambulance to Kayenta or Window Rock for transport. Chinle Airport under reconstruction from 3/25/2024 – 7/22/2024 which limits the available local fixed wing air transports
2. Eagle Air, a local air transport company has stopped providing services to our facility. Eagle Air stopped serving Chinle, after a review of their Annual Revenue data and found they were not receiving enough reimbursements from transporting patients from Chinle. The Eagle Air crew has vacated their space in Chinle.
3. Automatic Weather Station (AWS), is required for Helicopter Medical Transport companies when we have cloud coverage in Chinle. If we had an Automatic Weather Station (AWS) in Chinle, the flight companies could use this to determine how safe it is to transport from our Temporary Landing Zone (TLZ). This AWS device would serve all of the Chinle Community to relay weather forecasts to flights coming into Chinle who plan for air travel. Right now, without an AWS all helicopter flight transport companies refuse to transport patient out of Chinle from our Temporary Landing Zone during cloudy days.
  - Action Taken: Chinle Comprehensive Healthcare Facility has activated the Incident Command Team to address current transportation challenges. Purchases have been made to ensure safe transportation of patients and reassigning staff with appropriate skills and licensures to accompany patients during high risk transports and prioritizing transports based on their destination and needs.
  - Outcome: Currently in Active Incident Management Command Code Green Level 1. Patient transports have been difficult especially for patients who are in desperate need of a higher level of care and weighing the risks of ground transports to Kayenta or Window Rock. Assistance in addressing the above listed barriers would significantly improve the care we provide to our patients in Chinle and surrounding communities that Chinle Comprehensive Healthcare Facility serves.

Pinon Health Center: Limited same day/urgent Behavioral Health services: IBH (Integrative Behavioral Health) services were established in 2019 to provide proactive Behavioral Health evaluations and services for patient presenting to Pinon Health Center OPD (Primary Care or Urgent Care). This program aimed to provide same day (real-time) Behavioral Health interventions for patients with positive depression and/or alcohol screening and for patient expressing concerns for anxiety, mood dysregulation, psycho social stressors and many other behavioral health concerns. The program consisted of 2 staff including a Psychiatric Nurse Practitioner and Integrated Behavioral Health Coach (Health tech). In 2021, Pinon Health Center Integrative Behavioral Health staff vacated the positions leaving a 100% vacancy. Through successful recruitment efforts the program has recruited a Psychiatric Nurse Practitioner (starting March

2023) and Psychiatrist (starting August 2023). The remaining vacant Integrated Behavioral Health Coach position is anticipated to be posted for hiring in the near future.

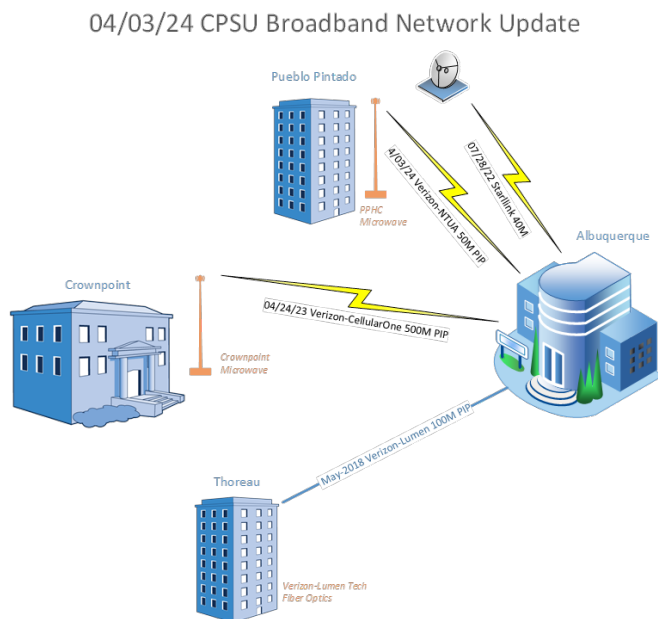
### Crownpoint Service Unit (CPSU)

1. Current challenges are the measles outbreak with lower than 90% MMR vaccine coverage rates. There are measles cases across the United States. By late 2024, a total of 41 measles cases were reported by 16 jurisdictions: Arizona, California, Florida, Georgia, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York City, Ohio, Pennsylvania, Virginia, and Washington (<https://www.cdc.gov/measles/cases-outbreaks.html>). In the southwestern region: Maricopa County Department of Public Health (MCDPH) announced on February 22, 2024, two new cases of measles and 5 public locations where people may have been exposed to measles as a result of these cases.

Measles can take up to **21 days** after their last exposure with an infected person for symptoms to show, including high fever, cough, runny nose, red watery eyes, and a rash. The measles (MMR) vaccine is safe and highly protective; two doses provide a 97% protection. Crownpoint Service Unit will be contacting patients, who are noted to be due, to get their MMR vaccines. The service unit already provides nurse visit clinic by appointment and walk-in. Additionally, we are planning community outreach events to provide education to families on the need to be vaccinated.

2. Microwave Network for Pueblo Pintado Health Center

The Pueblo Pintado Health Center will be implementing new bandwidth services through a microwave system in April 2024. It has been a journey for the Crownpoint Service Unit Information Technology Department to improve and strengthen the infrastructure and bandwidth capabilities in the region for the healthcare facility. The health center first embarked on commercial wireless networks using satellite bandwidth services with Starlink in July 2022. The satellite services allowed for full delivery of data exchange to support the administrative and clinical programs, connecting the healthcare center with the public, agency networks, and Crownpoint health information systems. For the healthcare facility, the application of microwave services is a milestone to enhance access to care for our patients.



In April 2023, Crownpoint Healthcare Facility enjoyed similar successes with its microwave featuring similar but larger capacity wireless services to improve the resiliency and access of information systems and services with its healthcare facilities in Pueblo Pintado and Thoreau. Crownpoint’s broadband initiative seeks to enhance the delivery of information, support the expansion of healthcare services, and prepare for the modernization of healthcare technologies in the years ahead. In keeping pace, the work has also begun in defining the telecommunication needs for the future new Pueblo Pintado Health Center.



### 3. New Mexico Third Party Voter's Registration Training and IHS Senior Advisor Site Visit

March 25, 2024 - Mr. Joshua Marshall, Senior Advisor to the IHS Director, visited Crownpoint Healthcare Facility, Pueblo Pintado Health Center (PPHC), and the future site of the new PPHC campus. Mr. Marshall and other designated Crownpoint Healthcare Facility (CHF) staff attended the New Mexico Third Party Voter's Registration Agent training. As Registration agents, CHF trained staff will be able to assist persons to register to vote on behalf of the Secretary of State. After the training was completed, Mr. Marshall traveled to the future site of the Pueblo Pintado Health Center (45 miles east of CHF) with CDR Daryl Dineyazhe-Toya (CEO), Mr. Orlando Johnson (COO), Navajo Area Office Facilities (Ms. Candice Tsingine & Mr. Glenn Tsingine) and Mr. Lathan Brown (Acting Facility Manager). Mr. Marshall saw firsthand the challenges of a rural health center. He had the opportunity to meet with IHS employees and Ms. Janice Arthur, Pueblo Pintado Community Service Coordinator during his visit to Pueblo Pintado, New Mexico.



From left to right: Orlando Johnson, CPSU COO; CDR Daryl Dineyazhe-Toya, CPSU CEO; Joshua Marshall, IHS Senior Advisor; Candice Tsingine, NAO Division of Facilities Planning and Engineering; and Glenn Tsingine, NAO Civil Engineer on site for new Pueblo Pintado Health Center.

### 4. Emergency Department (ED)

The Crownpoint Service Unit (CPSU) Emergency Department (ED) is actively working on recruitment/retention, improving services provided, and educating nursing staff to support the needs of the community. To improve services within the ED the staff have completed customer service training, prevention of work place violence through de-escalation training, and continue to improve their nursing knowledge through practice drills and continuing education courses. The nursing staff are consistently working with the healthcare team to decrease wait times and left without being seen rates. The ED Nursing staff is dedicated providing quality care to this community and strives to meet our mission of being the health system of choice through innovation and excellence.

### 5. Division of Nursing: Women & Children's Clinic (WCC) Immunizations

The Pediatric Children's Clinic faced numerous challenges in providing immunizations due to various factors, including vaccine hesitancy among parents, logistical constraints, and coordination difficulties with other hospital departments. Despite these obstacles, through persistent teamwork, proactive phone calls, and collaborative efforts across all hospital departments, we successfully overcame these difficulties and significantly improved immunization rates within the clinic. We implemented a

multifaceted approach that involved conducting targeted educational sessions for parents, leveraging evidence-based resources to address concerns about vaccine safety and efficacy, and engaging in empathetic and respectful discussions to address parental apprehensions. These efforts helped to increase parental confidence in the importance of vaccination.

## 6. Diabetes Program

Dexcom G7 Continuous Glucose Monitor (CGM) CGM Sensors and receivers were purchased through the SDPI Funds FY2023 and made available for patient use in January 2024. A Dexcom G7 CGM is a small wearable device for your Blood Sugar readings. It delivers real-time glucose numbers to your smartphone or Dexcom Receiver. It helps you manage your diabetes. Giving readings every 5 minutes. The sensor will alert of too high or too low Blood Sugar readings, so you can make decisions about food choices and activity in the moment. CPSU



Diabetes Program is providing patient education for patients with type 1, type 2, gestational diabetes, or prediabetes. The DM Program has also opened a trial use of the CGM sensors to any staff who qualify (certain criteria such as medication, critically ill, dialysis may alter/hamper Blood Glucose readings) with 44 staff members who volunteered for this 3-month trial, February 2024 to May 2024. Staff were provided a base line of their hemoglobin A1C, weight, and body composition analysis then provided education on use. After 3 months, the employee will have their hemoglobin A1C weight and body composition analysis done once more as a before-and-after comparison using a CGM sensor.

## 7. Sexual Assault Response and Domestic Violence Team (SART/DV)

The Crownpoint Sexual Assault Response and Domestic Violence Team (SART/DV) sponsored a Youth and Family Resource Day at the Navajo Technical University Wellness Center to commemorate Teen Dating Violence Awareness Month. Over 110 participants, some accompanied with their youth and children, attended. Among our guest speakers were the U.S. Attorney for the State of New Mexico, Hon. Alexander Uballez, and the Supervisor for the Indian Country Crimes Section of the U.S. Attorney's Office for the State of New Mexico, Hon. Elisa Dimas who provided an overview of how our Communities can take a vital role in addressing violence among our Youth.

## 8. Public Health Nursing Expands Vaccination Opportunities

For the Second Quarter Public Health Nursing continued to provide Influenza and COVID vaccinations in the field. For the month of February 2024, the PHN program added additional vaccines such as RSV, Tetanus, Pneumonia, Hepatitis A & B, MMR, MCV4, and HPV. In January 2024, the PHN staff held four immunization clinics at Whitehorse Lake Chapter/Littlewater Chapter, Whiterock Chapter/Lake Valley Chapter, Nahodishgish Chapter/Standing Rock Chapter, and Bashas in Crownpoint, NM. In February, the PHN staff went to Becenti Chapter, Smith Lake Chapter, Navajo Technical University in Crownpoint, NM, and Thoreau Chapter. In total, 206 individuals were provided services in their respective communities.

## 9. Just Move It 2024

The 2024 Just Move It (JMI) community fun run/walk events have been scheduled by staff from the Division of Public Health (DoPH). Two staff members conducted presentations at 12 Crownpoint Service Unit chapters. Their goal with each presentation was to inform all Chapter officials about JMI and the collaboration that will be occurring with the Chapter Administration. DoPH staff will continue to meet with each chapter in the upcoming months to assure Chapter personnel are ready for their scheduled event. Our Crownpoint Service Unit Just Move It schedule has been finalized (See Attachment A for JMI schedule)



## Gallup Service Unit (GSU)

1. The Gallup Service Unit submitted an article through the project leads of Dr. Lauren Eberly and Dr. Maricruz Merino on the “Burden of cardiovascular disease in American Indian and Alaskan Native (AI/AN) patients”. This article was featured in 18 news stories and recently in the Journal American Medical Association Network (JAMA Network). In December of 2023, the Innovation Project received a supporting resolution from the Eastern Navajo Agency Council to support this project.



Dr. Mericruz Merino presenting the Innovation Project at the Eastern Navajo Agency Council in December 2023.

2. The Gallup Service Unit (GSU) Public Health Nursing Department is diligently working on increasing the childhood immunization rates within the Gallup Service Unit. As of March 18, 2024, the Gallup Service Unit immunization rates for those that are aged 3-27 is 85%, with two-year olds at 81% and adolescents at 58%. By the end of the year, GSU intends to increase the adolescent immunization rate close to 70% or higher.
3. The Gallup Service Unit has been involved with reducing syphilis by providing case management and health education outreach. The Public Health Nursing Department is actively scheduling monthly outreach at the local detox center to provide screening and treatment. In partnership with the State of New Mexico Department of Health, the PHN conducts monthly case review meetings to address untreated cases.
4. In consultation with the New Mexico Department of Health (NMDOH), the Gallup Service Unit (GSU) is now performing Carbapenem-Resistant Enterobacterales (CRE) rectal swab screening surveillance for patients being admitted to Gallup Indian Medical Center. Patients who have been in a facility in Arizona (excluding the Navajo Nation), Las Vegas, Nevada or Texas in the past six month, or who are being transported from a local skilled nursing facility are receiving this screening. The



Infection Prevention team developed a one page CRE Screening Guidance for the inpatient wards. In collaboration with the GSU Division of Nursing, training was completed with the nursing units to ensure swabs are being collected when ordered by the providers per screening guidelines.

5. The Tohatchi Health Center Optometry started off the year with a significant increase of 440 patients receiving the diabetic retinopathy screening. In addition, a total of 600 patients that were on the waitlist for follow-up and routine eye exams have successfully been scheduled in with a new wait list opening up again.
6. On February 14, 2024, the Gallup Service Unit Executive Leadership Team (ELT) approved the Division of Clinical to participate in a study known as the “Trends in Emergency Department Length of Stay for Patients Transferred out of Tribal Healthcare Facilities in Arizona and New Mexico”. The purpose of this study is to identify and develop system level solutions in the Emergency Department and to focus on data that have the largest impact for our patients. The Multi-Site Study team will be obtaining a supporting resolution from the Eastern Navajo Agency Council in June 2024. In addition, this project will attain the necessary approval from the Navajo Nation Institutional Research Review Board (NNIRRB) if warranted.
7. The Gallup Service Unit Office of Native Medicine (ONM) began a new initiative in the winter months as Staff Appreciation Traditional food day. For the quarter, the ONM staff prepared and offered Blue Corn Bread and Sumac Mush Day, Blue Corn Tamale Day, and Navajo Tea. Approximately, 300 service unit staff were served and provided with the importance of traditional foods.



## Kayenta Service Unit (KSU)

1. Kayenta Alternative Rural Hospital (previously KSU now KARH) continues to expand its care for our community by developing In-patient, out-patient, Obstetrics and Surgical capabilities in a remote and resource limited environment.

There is no single action or individual effort with this challenge but a slow steady push towards a common goal. We have already taken the first step with the opening of an in-patient unit last quarter. The unit has admitted over 47 patients to date and continues to refine and improve its day-to-day operations. The next step will be Joint Commission certification in January followed by full certification as a hospital. However, KARH will continue to reach for more capabilities. We have already started to lay the groundwork for a same-day surgical capability with two operating rooms, in-house and visiting specialist. We have also began discussions on bringing back the idea of Obstetrical labor and delivery to Kayenta so expecting mother are not required to travel over an hour just to deliver. Of course, this all will take the combined work and will of hundreds of people each doing

their part in a hundred different ways on a thousand different things to make this happen.

For KSU to become KARH has been long, slow and frustrating, but last quarter Kayenta Alternative Rural Hospital took another step forward. It is a small step, but the momentum is in our favor and for the first time in many years Kayenta has reduced its transfers to outside medical systems and increased its ability to meet the community needs. We will continue to be here and advance our capabilities in providing the care our community deserves.

2. An unannounced TJC hospital survey occurred on January 16-19, 2024 at the Kayenta Health Center. The final report was received on February 12, 2024. The Corrective Actions and Sustainability report is due back to the Joint Commission on April 12, 2024. The Kayenta Service Unit staff is working diligently on correcting these findings. Once the Joint Commission accepts our corrective actions report, another unannounced focus survey will be scheduled to review the conditional findings.

Developed a correction action plan, all stakeholders are involved and have a tracking dash board in place to monitor the progress of meeting Joint Commission and CoP hospital standards.

For KSU to become an accredited rural hospital. It is a small step, but the momentum is in our favor and for the first time in many years Kayenta has reduced its transfers to outside medical systems and increased its ability to meet the community needs. We will continue to be here and advance our capabilities in providing the care our community deserves.

3. Inscription House strives to serve our rural population even as we vigorously try to hire providers and ancillary staff during a time of national shortages of providers, nurses and other much-needed staff.

Post the COVID-19 pandemic Inscription House has made it our firm goal to meet our community's medical needs, not only to the level, they were pre-pandemic but we are determined to excel that standard and to raise the bar to the highest level that our resources allow for.

In order to bring our patient-oriented goals to fruition we are continually challenging ourselves to reimagine new ways to meet the needs of our local clientele. On March 26, 2024, we had our first ever-Diabetic Day.

Patients were scheduled and walk-ins welcomed. Point of care procedures were performed on everyone, education was prioritized, eye exams & foot exams completed and referrals to advanced levels of care generated as needed. The turnout was good and patients truly seemed to appreciate our effort at reaffirming our commitment to meet their needs in a holistic and patient-oriented manner.

4. Kayenta Service Unit officially launched the DAISY Award for Extraordinary Nurses. The award is part of the DAISY Foundation's mission to recognize the extraordinary and compassionate nursing care they provide to patients and families every day.

Kayenta Nurse Executive Team honors all nurses and recognized two nurses in May 2023 during National Nurses Week with the DAISY Award. The National DAISY Foundation spotlighted KSU honorees in September 2023. Preparation is underway for National Nurses Week in May 2024 to recognize, support and honor all nurses.

5. Expanding and Re-Opening of the VA Clinic with Kayenta Health Center - The Northern Arizona VA Health Care System (NAVAHCS), in partnership with Indian Health Service (IHS), will be providing reliable 5-day-a-week, face-to-face primary care services to Native American Veterans living in some



of Northern Arizona's most remote areas. This expansion of services will first launch at NAVAHCS's clinic in Chinle, and then spread to IHS clinics in Polacca and Kayenta. A grand opening ceremony and ribbon cutting for the Kayenta location will take place on March 20, 2024. Leadership representatives from NAVAHCS, Indian Health Service and local governments will speak during the ceremony.

Kayenta Service Unit held a ribbon cutting ceremony event with Northern Arizona Veterans Health Care systems on March 20, 2024 officially launching an expansion of Veteran services at our Kayenta VA Clinic in the near future. The event held outdoors under clear blue sky with full cooperation from the weather. The local veterans and families attended the festival with a luncheon and booths set up for veterans' enrollment for services. VA, IHS and Navajo Nation partnering to deliver exceptional healthcare to our Navajo Veterans.

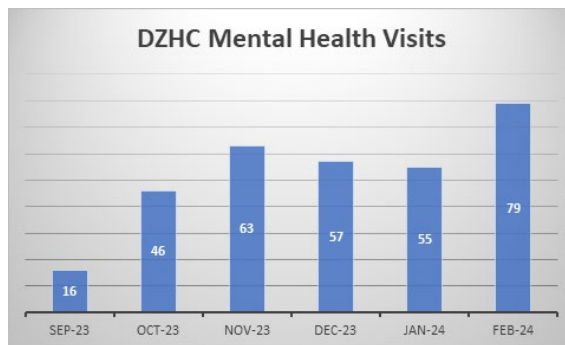


### Shiprock Service Unit (SSU)

1. March is National Nutrition Month and March 13 is Registered Dietitian Day. The twenty-four employees in the Nutrition & Dietetics (N & D) Department at Northern Navajo Medical Center prepare and serve thousands of meals to patients and employees. The goal of N & D is to operate an efficient food service and provide excellent patient experience but there are challenges of staffing shortages, increases in food costs, and supply chain disruption. The employees overcome these challenges through teamwork and dedication to ensure high-quality meals are served to patients, employees, and visitors. Despite the challenges, the employees served the following in FY 2023: 119,412 total meals; 33,931 in-patient meals; 264 out-patient meals; 11,907 special diet meals; 445 pediatric meals, and 82,314; employee meals, etc. In addition, the three registered dietitians play an important role in preparing special diet meals for infants, children, adults, and elders. They collaborate with the medical team to provide nutritional assessment, intervention, education, and counseling as part of an interdisciplinary team to improve patient care and clinical outcomes. Thank you to the employees in the Nutrition & Dietetics Department for having a positive impact on our hospital and community.
2. The Purchased and Referred Care (PRC) Program at Northern Navajo Medical Center ensures that patients' referrals to care outside of SRSU facilities for emergency and/or specialty care services operate at the highest priority and efficiency. To support customer service, the PRC focuses on the referrals to be approved and referred promptly, issues the purchase orders and denials within 5 days and the referrals and notifications are in less than seven days. In 2023, the PRC conducted a program assessment, and two significant organizational problems were identified that caused delays in referral. One problem was the referrals submitted from Four Corners Regional Health Care (FCRHC) and Dzilth-Na-O-Dith-Hle Health Care (DZHC) were behind in the referral schedule and management. The other problem came from the uncoordinated referral process, no attention to patient-centered care, and the imbalance of communication and information between employees. PRC is aware that referrals

that are delayed can put a patient at risk. To solve the two problems, the PRC Supervisor placed PRC employees at FCRHC and DZHC to provide on-site referral services and implemented training to simplify the referral process with an emphasis on customer service. As a result, the PRC had a significant increase in patients' eligibility rates. In 2023, 12,833 patients were assisted and in 2024, 17,164 were assisted and became eligible for PRC referral services. That is a 34% increase.

3. The Northern Navajo Medical Center (NNMC) is part of the NM Psychology Internship Consortium and will lead to an increase in clinical psychologists to provide mental health care for children, adolescents, and adults in the Shiprock Service Unit. The internship is supported by the Western Interstate Commission for Higher Education. The internship recently underwent its accreditation survey by the American Psychology Association and expects the accreditation decision in the summer of 2024. If accredited, the psychology internship at NNMC will be the first accredited Psychology Internship in the IHS. The program currently has a psychology postdoctoral fellow and two psychology interns. The Dzilth-Na-O-Dith-Hle Health Center (DZHC) as part of the SRSU has benefited from this unique internship program. Since September 2023, the postdoctoral fellow and the two psychology interns have been on work rotation to provide mental health services to patients at DZHC. Below is a graph that shows the number of patients being served in this program.



4. The Dzilth-Na-O-Dith-Hle Health Center's Public Health Nursing collaborated with the Health Promotions & Disease Prevention from Northern Navajo Medical Center and with the Senior Center employees from Huerfano and Nageezi Chapters to host the First Annual Elderfest. The event had over 200 participants, mainly elders who enjoyed the entertainment, presentations, food and social events. This was a time for PHN and HPDP to present educational information on health screening, promotion of health and wellness, and other health-related resources.



5. The Four Corners Regional Health Center (FCRHC) Health Promotion and Disease Prevention Program organized the 63-Day New Year's Weight Loss Challenge. The Weight Loss Challenge is a workplace program to encourage employees to lose weight as a group and in competitiveness. The goal of this program is to have the participants become role models to other employees and promote healthy lifestyles. This program allows employees to fit in an exercise program from their busy work schedule to increase their health and fitness. Exercise is a simple way to improve physical strength and stamina, mental health, relieve stress, increase work productivity, etc. The activity gave employees an atmosphere of teamwork, relations, encouragement, and achievement. The winner of this year's challenge was the *Skinny Jeans* team.



Left to right: LaTanya, Ramona, Shannon, Suzanne, Kiara, and Tawny.

## Concluding Comments

The Navajo Area Indian Health Service remains committed in supporting the Navajo Nation and San Juan Southern Paiute tribal leaders in their efforts to address Indian Health policy issues, improve the health status of Native American beneficiaries, and development of healthy communities.

Please contact the Office of the Navajo Area IHS Director regarding additional information or questions.

Dr. DuWayne Begay, Area Director  
Navajo Area Indian Health Service  
P.O. Box 9020  
Window Rock, Arizona 86515  
Phone: (928) 871-5801  
Email: [Duwayne.Begay@ihs.gov](mailto:Duwayne.Begay@ihs.gov)



JUST MOVE IT



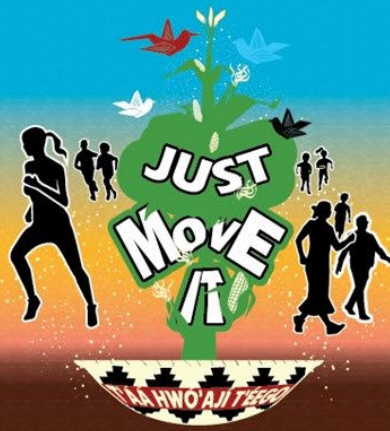
T'ÁÁ' HWÓ AJÍ T'ÉEGO

# CROWNPOINT SERVICE UNIT 2024 JUST MOVE IT FUN RUN & WALK



<u>LOCATION</u>	<u>DATE</u>	<u>REGISTRATION</u>	<u>START</u>
BECENTI CHAPTER	JUNE 13, 2024	5:00 PM	6:00 PM
COUNSELOR CHAPTER	JUNE 17, 2024	5:00 PM	6:00 PM
LAKE VALLEY CHAPTER	JUNE 18, 2024	5:00 PM	6:00 PM
CROWNPOINT CHAPTER	JUNE 19, 2024	5:00 PM	6:00 PM
SMITH LAKE CHAPTER	JUNE 20, 2024	5:00 PM	6:00 PM
THOREAU CHAPTER	JUNE 25, 2024	5:00 PM	6:00 PM
STANDING ROCK CHAPTER	JUNE 26, 2024	5:00 PM	6:00 PM
BACA CHAPTER	JUNE 27, 2024	10:00 AM	11:00 AM
MARIANO LAKE CHAPTER	JULY 09, 2024	5:00 PM	6:00 PM
WHITEROCK CHAPTER	JULY 10, 2024	5:00 PM	6:00 PM
TORREON CHAPTER	JULY 11, 2024	5:00 PM	6:00 PM
NAHODISHGISH CHAPTER	JULY 18, 2024	5:00 PM	6:00 PM
LITTLEWATER CHAPTER	JULY 23, 2024	5:00 PM	6:00 PM
CASAMERO LAKE CHAPTER	JULY 24, 2024	5:00 PM	6:00 PM
OJO ENCINO CHAPTER	AUGUST 15, 2024	10:00 AM	11:00 AM
WHITEHORSE LAKE CHAPTER	AUGUST 22, 2024	5:00 PM	6:00 PM
PUEBLO PINTADO CHAPTER	SEPTEMBER 05, 2024	9:00 AM	10:00 AM
OFFICE OF DINE YOUTH (CRPT)	SEPTEMBER 11, 2024	5:00 PM	6:00 PM

Being physically active daily can help you stay healthy and prevent diabetes and heart disease. You can do something about your health. It's UP TO YOU (T'ÁÁ' HWÓ AJÍ T'ÉEGO) - Only YOU can make a difference. The Just Move It fun run and walks are held in 17 local communities throughout the summer. The events are open to everyone of all ages.



# 32<sup>nd</sup> Annual Shiprock Service Unit Family Fun Run & Walk Series •2024•

	CHAPTER/LOCATION	TIME	DATE
<b>EAST</b>	Farmington - Berg Park	4 PM - 7 PM	Sunday, May 5
	Tse Dáá K'áán	5 PM - 7 PM	Tuesday, May 7
	San Juan	5 PM - 7 PM	Thursday, May 9
	Nenahnezad	5 PM - 7 PM	Sunday, May 12
	Upper Fruitland	5 PM - 7 PM	Thursday, May 16
	Bloomfield Cultural Center	5 PM - 7 PM	Sunday, May 19
	Huerfano	5 PM - 7 PM	Tuesday, May 21
	Dzilth-Na-O-Dith-Hle Health Center	5 PM - 7 PM	Wednesday, May 29
	Nageezi	5 PM - 7 PM	Friday, May 31
<b>SOUTH</b>	Tooh Haltsooi	5 PM - 7 PM	Tuesday, June 4
	Newcomb	5 PM - 7 PM	Thursday, June 6
	Toadlena / Two Grey Hills	5 PM - 7 PM	Tuesday, June 11
	Tíís Tsoh Sikaad	5 PM - 7 PM	Thursday, June 13
	Tsé Ałnáoztíí	5 PM - 7 PM	Tuesday, June 18
	Red Valley	5 PM - 7 PM	Thursday, June 20
	Cove	5 PM - 7 PM	Tuesday, June 25
<b>WEST</b>	Tolikan	5 PM - 7 PM	Thursday, June 27
	Mexican Water	5 PM - 7 PM	Tuesday, July 2
	Red Mesa	5 PM - 7 PM	Monday, July 8
	Four Corners Regional Health Center	9 AM - 6:30 PM	Wednesday, July 10
	TeeNosPos	5 PM - 7 PM	Tuesday, July 16
<b>NORTH</b>	Beclabito	5 PM - 7 PM	Thursday, July 18
	Gadii'ahi / To'koi	5 PM - 7 PM	Thursday, July 25
	Shiprock - Tsé Bit A'í Pinnacle	4 PM - 7 PM	Sunday, July 28

## 2024 Just Move It Schedules

### Chinle Service Unit 2024 JMI Schedule

HPDP Coordinator: Jennifer Gorman

Schedule is still being finalized.

- Chinle Dates:
  - 5/16 – Many Farms – 5k and 10k
  - 6/6 – Rough Rock – 5k and 10k
  - 6/27 – Cottonwood- 5k
  - 7/18 – Nazlini – 5k
  - 8/8 – Chinle – 5k and 10k
- Tsaile Dates:
  - 5/23 - Tsaile/Wheatfields- 5k
  - 6/13 - Round Rock – 5k
  - 7/2 – Lukachukai – 5k
  - 7/25 - Rock Point – 5k
  - 8/15 - Dine College – 5k
- Pinon Dates:
  - 5/30 – Pinon – 5k
  - 6/4 – Hard Rock – 5k
  - 6/11 – Forest Lake – 5k
  - 6/20 – Black Mesa – 5k
  - 6/25 – Low Mountain – 5k
  - 7/11 - Blue Gap – 5k
  - 7/16 – Whippoorwill – 5k

### Kayenta Service Unit 2024 JMI Schedule

HPDP Coordinator: Dr. Robyn Maho

Location	Date	Registration/Start (DST)
Kayenta Chapter	Tuesday, June 4, 2024	5:30pm / 6:30pm
Ts'ah Bii Kin Chapter (Inscription House)	Friday, June 7, 2024	7:00am / 8:00am
Dennehotso Chapter	Tuesday, June 11, 2024	5:30pm / 6:30pm
Chilchinbeto Chapter	Tuesday, June 25, 2024	5:30pm / 6:30pm
Shonto (exact location TBA)	Tuesday, July 2, 2024	5:30pm / 6:30pm

Note: No pets and no bikes allowed for all events. Some locations will not have exact 3k/5k course distances. If inclement weather, events will be rescheduled.



## Gallup Service Unit 2024 JMI Schedule

HPDP Coordinator: Marcella Jones

*Schedule subject to change*

<b>DATE</b>	<b>LOCATION</b>	<b>START Time</b>	<b>Registration Time</b>
<b>June 5, 2024</b>	<b>Lupton Chapter (Kickoff)</b>	<b>6:00 p.m.</b>	<b>4:30 p.m.</b>
<b>June 12, 2024</b>	<b>Tsayatoh Chapter</b>	<b>6:00 p.m.</b>	<b>4:30 p.m.</b>
<b>June 17, 2024</b>	<b>Rocksprings Chapter</b>	<b>6:00 p.m.</b>	<b>4:30 p.m.</b>
<b>June 26, 2024</b>	<b>Mexican Springs Chapter</b>	<b>6:00 p.m.</b>	<b>4:30 p.m.</b>
<b>July 10, 2024</b>	<b>Naschitti Chapter</b>	<b>6:00 p.m.</b>	<b>4:30 p.m.</b>
<b>July 17, 2024</b>	<b>Baahaali (Breadsprings) Chapter</b>	<b>6:00 p.m.</b>	<b>4:30 p.m.</b>
<b>July 24, 2024</b>	<b>Houck Chapter</b>	<b>6:00 pm</b>	<b>4:30 p.m.</b>
<b>August 3, 2024</b>	<b>Inter-Tribal Indian Ceremonial - Finale Ellis Tanner's – Gallup, New Mexico</b>	<b>7:30 a.m.</b>	<b>6:30 a.m.</b>