



# NAVAJO AREA INDIAN HEALTH SERVICE

## 25TH NAVAJO NATION COUNCIL

## SUMMER SESSION



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## **INDIAN HEALTH SERVICE**

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

**VISION:** *A health system that embraces traditional knowledge and practices to foster thriving communities for seven generations.*

**VALUES:** *Honor Tribal Sovereignty; Recognize and Integrate Indigenous knowledge; and Strengthen Government-to-Government relationships.*

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## **2025-2029 STRATEGIC PLAN**

1. Be a leading healthcare organization.
  - 1.1 Produce workplace learning through practice.
  - 1.2 Enhance the total system safety strategy to build on workplace safety.
  - 1.3 Standardize measurements and outcome goals.
2. Ensure comprehensive, culturally respectful health care services.
  - 2.1 Recruit and retain a highly skilled workforce.
  - 2.2 Promote employee engagement and IHS mission alignment.
  - 2.3 Increase access to health care services.
3. Optimize operations through effective stewardship.
  - 3.1 Ensure transparent, accountable, and effective use of resources.
  - 3.2 Expand and improve environmental, public health, and facility infrastructure.
  - 3.3 Advance data-driven/evidence-based decision making.
4. Promote proactive intergovernmental and external relationships.
  - 4.1 Foster external relationships.
  - 4.2 Respect Self-Determination.



Figure 1. Courtesy of IHS

## AREA DIRECTOR'S MESSAGE

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Dear Navajo Nation Leadership,

I am pleased to present our quarterly report from the Navajo Area Indian Health Service (NAIHS). This publication delineates our third-quarter activities within the Navajo Area, and we trust that the information provided will be of value to you.

The Navajo Area Indian Health Service works diligently to deliver quality healthcare through direct patient care, public health programs, and administrative efforts. Our team includes Civil Service employees, Federal Workers, and U.S. Public Health Service Commissioned Corps Officers. We value all their expertise and dedication.

As we continue to recognize the importance of advancing healthcare, NAIHS conscientiously addresses the critical health needs of our patients. We are committed to careful planning, intervention, and evaluation to ensure the delivery of excellent care for our patients and staff. By the Indian Health Service Strategic Plan, NAIHS continues to be committed to its mission, objectives, and endeavors to deliver exemplary direct patient care.

On behalf of NAIHS, thank you for this partnership and your ongoing advocacy and support. We genuinely appreciate it.

Respectfully,

DuWayne Begay  
Area Director  
Navajo Area Indian Health Service

## MAJOR ACCOMPLISHMENTS

**Joint Commission Preparedness:** The Navajo Area Office provided technical assistance and support to the Service Units in their preparation for the Joint Commission Accreditation Surveys by implementing Joint Commission Resources (JCR) along with the use of the Accreditation Management Program (AMP)® Software. Both the Chinle and Shiprock Service Units were able to utilize these resources that helped facilitate the achievement of standardized measurement and outcome goals by enabling surveillance, identification, tracking, and monitoring of a broad spectrum of accreditation requirements that focused on Environment of Care, Life Safety, and overall Patient Safety. Furthermore, the team reviewed I-STAR Incident reports across five Service Units. I-STAR (Safety Tracking and Response System) is a database IHS manages that monitors trends related to injuries and incidents in healthcare environments. I-STAR is a valuable tool for training and performance improvement initiatives aimed at reducing injuries, incidents, and unsafe practices or environments.

**The Joint Commission Survey (TJC) (Strategic Objective 1.3):** The Joint Commission (TJC) Accreditation team performed healthcare accreditation surveys of the Gallup and Shiprock Service Units. The team examined relevant standards pertaining to the Centers for Medicare and Medicaid Services (CMS), the Occupational Safety and Health Administration (OSHA), and other nationally recognized standards, conducting an objective evaluation of compliance, strategies, and improvement structures. The IHS healthcare team responded constructively to the survey findings and implemented changes accordingly. NAIHS expects TJC to visit the remaining service units and will address TJC findings and corrective measures in the upcoming quarter.

- **The Gallup Indian Medical Center (GIMC)** completed its unannounced triennial TJC accreditation survey in May 2025. The TJC survey team conducted a comprehensive review of GIMC's and Tohatchi Health Center's healthcare services, staffing, patient safety programs, environment of care, and numerous other aspects of healthcare delivery. The survey team identified deficiencies and areas requiring improvement; however, GIMC's leadership team undertook corrective actions to address the survey findings, with some conditional findings necessitating a follow-up TJC survey within 45 days. While many of the findings pertained to operational matters, several involved the outdated 1959 design and structure of the Medical Center. Navajo Area Office leadership established a Subject Matter Expert (SME) strike team to assist GIMC. This team provided additional support to address the survey findings and meet the specified deadlines. Gallup Indian Medical Center, in conjunction with Navajo Area Office leadership and staff, coordinated with IHS Headquarters to implement the requisite corrections and prioritized this effort across all organizational levels.
- **The Shiprock Service Unit (SRSU)** In June 2025, the unannounced triennial TJC accreditation survey was conducted at Northern Navajo Medical Center, Dziłth-Na-O-Dith-Hle Health Center, and Four Corners Regional Health Care Center. The TJC survey team identified areas requiring improvement; however, the findings did not necessitate a follow-up survey. As a consequence of the findings, Shiprock Service Unit leadership devised and implemented a corrective action plan. Leadership at Shiprock actively and diligently worked to address deficiencies and establish sustainable improvements to ensure continued compliance with TJC standards and CMS regulations.

### **Shiprock Service Unit and the University of New Mexico Family Residency Program**

**(Strategic Objective 1.3):** The partners collaborated to create the inaugural medical residency program in the federal Indian Health Service. Residents are physicians who have completed their undergraduate education and medical school. Participants in this program are undertaking specialty training in Family Medicine. Their initial year as interns is spent at the University of New Mexico in Albuquerque, NM, followed by their second and third years at Northern Navajo Medical Center. The program admits two residents per cohort, maintaining a total of six residents concurrently. The Family Medicine Residency program is dedicated to training physicians to serve the Navajo Nation.

The community actively participates in educating residents regarding the area's distinctive medical needs, thereby fostering the development of competent physicians. In June 2025, Shiprock Service Unit anticipates the graduation of Dr. Marcus Couldridge and Dr. Fatima Rodriguez, who have collectively performed 1,200 primary care consultations, 850 inpatient visits, delivered 250 infants, and provided care for 600 patients over the course of their two-year residencies. Dr. Couldridge and his spouse, Dr. Renae Hepfner, a family medicine physician at Four Corners Regional Health Care Center, intend to remain following their graduation. In June 2025, the SRSU welcomed its new cohort of second-year residents. Their orientation program included a sheep-to-table event at the Sheep Springs Chapter, which was attended by Dr. Olivia Harris from the Upper Fruitland Chapter and the University of North Dakota Medical School.

Numerous requirements are necessary to maintain the residency program's accreditation. These prerequisites have enabled SRSU to expand the range of services offered at NNMC, including a Patient Advisory Committee, Rez Café community events, a procedure clinic within family medicine to facilitate easier access for procedures such as ingrown toenail removals and joint injections, additional ultrasound services in the family medicine clinic, a simulation laboratory where all staff can rehearse responses to rare emergencies, and supplementary mental health services within the family medicine clinic.



Dr. Harris



Dr. Couldridge facilitating Rez Café'



Dr. McGuinness  
Butchering at Sheep Springs, NM

## **SIGNIFICANT PROJECTS**

**Measles Prevention and Complications (Strategic Objective 2.2):** The Navajo Area is implementing proactive measures to prevent measles. The Crownpoint Service Unit, Northern Navajo Medical Center, and Dziłth-Na-O-Dith-Hle coordinated prevention activities during this quarter. Measles can lead to severe complications, such as otitis media, diarrhea, pneumonia, encephalitis (brain inflammation) which may be fatal, pregnancy-related complications including premature birth and low birth weight, as well as long-term consequences within the central

nervous system, like subacute sclerosing panencephalitis (SSPE), which can occur 7 to 10 years post-infection and is also lethal. The measles virus can be effectively prevented through vaccination with the measles, mumps, and rubella (MMR) vaccine. A single dose of the MMR vaccine is 93% effective, while administering two doses enhances efficacy to 97%. The initial dose is administered between 12 and 15 months of age, with the second dose given between 4 and 6 years of age. Due to the elevated risks of infants aged 6 to 11 months, the New Mexico Department of Health recommends early MMR vaccination for individuals residing in or visiting high-risk counties.

- Over the past three months, the NNMC Public Health Nursing and Pediatrics clinics have concentrated their outreach efforts on all children under-immunized for Measles, achieving a 100% coverage for MMR#1 by the ages of 19 to 23 months. Among the 2,098 children aged 1 to 6 years within Shiprock Service Unit's service area, 48 have declined vaccination (2.2%) in the past six months, while 2,050 children (98%) have been vaccinated.
- On April 2, 2025, Dr. Amy Rice, Deputy Clinical Director, presented to all staff on public health threats, including measles. On March 14, 2025, the Crownpoint Service Unit convened its inaugural official planning meeting to enhance community preparedness for potential measles outbreaks. The primary initiatives encompassed disseminating information and education across various departments, installing signage at all entry points, Public Health Nurses concentrating on immunizing children who are unvaccinated or under-vaccinated while simultaneously providing community education about measles, Employee Health awareness on MMR titers and vaccinations to staff as required, and devising plans for the isolation of suspected measles cases, including testing through simulated drills. Despite ongoing initiatives, recent data indicate a slight decline in MMR vaccination rates among children aged 16 to 18 months, now at 94%. The CPSU objective is to achieve and sustain vaccination coverage exceeding 95%, with an aspiration to reach 100%.
- The DZHC Public Health Nursing (PHN) team executed a measles initiative aimed at enhancing the vaccination rates for Measles, Mumps, and Rubella (MMR). The team conducted home visits to educate families on measles prevention, administered MMR vaccinations, and employed culturally appropriate communication strategies to address vaccine hesitancy. Consequently, immunization coverage in the targeted regions rose from 85% to 94%, and 50% of families adhered to follow-up recommendations concerning well-child care. This initiative has augmented employee skills and experience in public health practice and has contributed to improved community health outcomes through increased access to immunization services.

**Suicide Prevention (Strategic Objective 2.2):** Between April and June 2025, the Health Promotion and Disease Prevention Specialist conducted four QPR Gatekeeper Training sessions, including a comprehensive community-wide session at Dine' College and a Train the Trainer certification in collaboration with the Crownpoint Office of Dine' Youth. This initiative bolsters CPSU's preparedness and fosters collaborative efforts in behavioral health response across the Navajo Nation. This program equips healthcare personnel, students, and community members with essential life-saving intervention skills. The QPR training provides culturally sensitive suicide prevention education, specifically tailored to American Indian/Alaska Native communities.



**QPR Gatekeeper Community Training held at Dine' College – Crownpoint campus on April 23<sup>rd</sup>.** The training drew 25 participants from 16 communities (AZ/NM), with 8 of those within the Crownpoint Service Unit. Participants included parents/caregivers, students, educators/school staff, healthcare workers, behavioral health, and one chapter official.



**QPR Gatekeeper Train the Trainer held at ODY – Crownpoint, Dine' Youth complex on April 24<sup>th</sup>-25<sup>th</sup>.** Sixteen newly certified community partners participated, representing Navajo Technical University, Dine College, the Navajo Nation Office of Dine Youth (Crownpoint, Shiprock, Chinle, Tuba City, and Fort Defiance offices), Crownpoint Community Health Representatives (CHR), and Capacity Builders.

## ACCOMPLISHMENTS BY STRATEGY

### Goal 1- Be a Leading Healthcare Organization

#### Objective 1.1: Produce workplace learning through practice.

**Education and Skill Development:** On June 23-27, 2025, the IHS Office of Environmental Health and Engineering (OEHE) Sanitation Facilities Construction organized a training session on construction inspection for 21 employees to enhance their competencies. Additionally, on June 10-12, 2025, two employees attended a Pumps & Pumping Systems course to advance their knowledge of water and sewer operations. Furthermore, three participants attended the Wastewater Inspection and Compliance course to expand their expertise in wastewater management. Additionally, the Navajo Area IHS OEHE, Divisions of Facilities Planning and Engineering, and Biomedical Engineering supported two employees in attending a Certified Healthcare Facility Manager (CHFM) course offered by the American Society for Healthcare Engineering (ASHE). A third employee attended an A-DEC Technical Service Training to receive in-depth knowledge and hands-on experience with A-DEC dental equipment, including equipment installation, maintenance procedures, and diagnostic techniques.

**Manikin Simulators:** The Crownpoint Service Unit is pleased to announce the acquisition of three full-body simulators designed to enhance staff training through realistic scenarios spanning various healthcare situations. These simulators will facilitate continuous education, particularly in rural settings where personnel frequently encounter health issues beyond their primary expertise. This investment underscores our commitment to providing comprehensive care throughout a patient's lifespan, reflecting our dedication to community needs and maintaining high standards of quality care.



## **Objective 1.2: Enhance the total system safety strategy to improve workplace safety.**

**Promoting a Culture of Safety:** During this quarter, a Life Safety (LS) and Environment of Care (EOC) Survey was performed at the Chinle, Shiprock, and Kayenta Service Units, along with the Winslow Indian Health Care Center, which is a Tribal Health Organization. This aimed to ensure a secure and functional environment that upholds quality and safety standards. Life Safety measures protect buildings and occupants from fire hazards through design features, fire suppression systems, structural components, and notification mechanisms. The Environment of Care encompasses the building layout, safety equipment, and all personnel, patients, and visitors.

**Four Corners Regional Health Center (FCRHC)** emphasizes a secure healthcare system by reinforcing existing safety initiatives. A culture of safety is cultivated through employee training, effective communication, and active involvement by leadership and staff. The safety objectives are specific, measurable, clearly defined, and safety-centered. The processes are designed to anticipate, identify, evaluate, and mitigate potential risks. Data pertaining to safety, obtained from incident reports, hazard assessments, training documentation, competency evaluations, and maintenance logs, are systematically reviewed to monitor safety performance. Employees of the FCRHC play a vital role in enhancing safety objectives by expressing their opinions and concerns through discussions and dialogues.

**NNMC Culture of Safety Survey:** The Professional Quality Services Division at Shiprock Service Unit (SRSU) coordinated with the Navajo Area Office - Office of Quality to conduct a patient safety survey. Northern Navajo Medical Center, Four Corners Regional Health Center, and Dziłth-Na-O-Dith-Hle Health Center participated in the survey. The Centers for Medicare & Medicaid Services' Patient Safety Structural Measure requires all hospitals to administer a hospital-wide culture of safety survey yearly or twice yearly. The survey consolidates feedback from personnel regarding safety protocols, communication efficacy, team collaboration, incident reporting, and leadership within the professional environment. It serves to identify operational strengths, vulnerabilities, and areas requiring enhancement.

Transparent leadership is essential for the survey's success, as it promotes staff engagement, elucidates its objectives, and disseminates results to facilitate the development of corrective strategies. When leadership exhibits a dedication to continuous improvement, it fosters trust and cultivates a culture grounded in safety and accountability. Annual surveys enable ongoing monitoring and assessment of progress, thereby ensuring the implementation of effective action plans. Shiprock Service Unit remains dedicated to delivering safe, high-quality patient care. The valuable insights obtained from the survey will be used to strengthen the organization's safety culture. Executing the improvement plan will directly impact patient safety and the overall quality of care.

**The OEHE Division of Occupational Health Safety Management (DOHSM):** The Navajo Area OEH&E, DOHSM, has supported other NAIHS Divisions in promoting workplace safety. The division routinely provides services that necessitate staff members to wear respirators and other personal protective equipment (PPE). Recently, the division implemented an internal process to carry out annual respirator fit-testing and to procure various PPE supplies. This enhanced process has diminished reliance on external vendors and hospital personnel. The division staff

now consistently receives PPE supplies in a timely and dependable manner, and the streamlined procedure facilitates easier monitoring of OSHA compliance. Employee safety has markedly improved as a result of this new process.

### **Objective 1.3: Standardize measurements and outcome goals.**

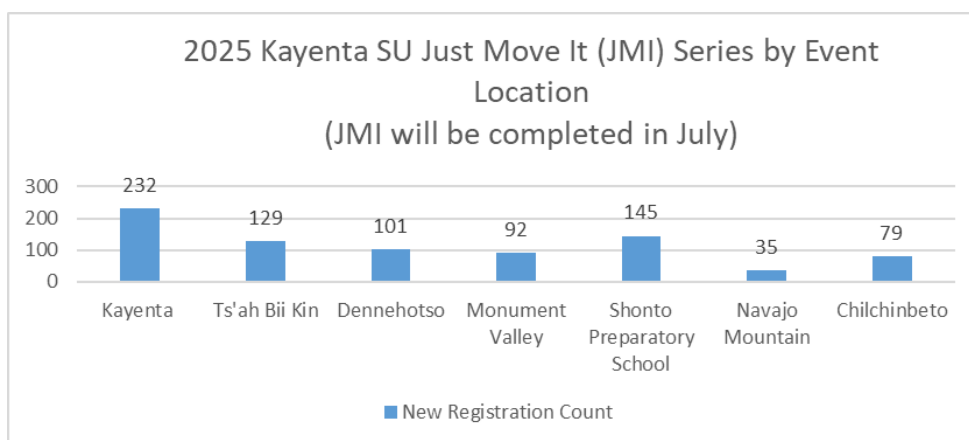
**The 'JUST MOVE IT' campaign:** The 2025 Navajo Area Just Move It (JMI) Campaign was initiated with the inaugural JMI event at Northern Navajo Medical Center. The opening ceremony occurred in Farmington, New Mexico, on May 04, 2025. JMI events are scheduled from May to September 2025. 109 JMI events are organized throughout the Navajo Nation, with 34% (37) already accomplished. The Navajo Area Office of Health Promotion and Disease Prevention has supported service units and Tribal Health Care Organizations coordinating their events.

All programs acknowledge the increasing temperatures and have adapted to mitigate heat-related health risks. Measures include initiating certain events early in the morning or early afternoon, and extending schedules into mid-September. Additionally, some programs have introduced a "rolling start" registration system, which permits participants to register around 4 PM and commence walking or running immediately thereafter.



Many JMI events attract between 300 and 400 participants. In the Chinle Service Unit, the highest participation rates were among those aged 0-19 and 60-69. All events include health education topics like diabetes management, cancer prevention, substance abuse prevention, and health screenings. Elder chair exercises are also offered at various events to help elders enjoy their experience with their families and community members.

- In this last quarter, the Health Promotion and Disease Prevention Division organized seven JMI events across the chapters of Kayenta, Ts'ah Bii Kin, Dennehotso, Monument Valley, Shonto Preparatory School, Navajo Mountain, and Chilchinbeto, registering 813 participants. The data provided excludes 73 returnees who participated in more than one event; specifically, 45 returnees participated in at least two events, 12 attended at least three events, eight participated in three events, and another eight attended four events.



## Goal 2 – Ensure Access to Comprehensive, Culturally Respectful Health Care Services

### Objective 2.1: Recruit and retain a highly skilled workforce.

**The Office of Environmental Health Engineering (OEHE)** coordinated various personnel activities this quarter. The Division of Environmental Health Services (EHS) promoted one Environmental Health Specialist to a District-level Injury Prevention Specialist position. The Division of Facilities Planning Engineering (DFPE) advertised for two General Engineers and made selections on May 30, 2025. An open-to-accept tentative job offer for a General Engineer was issued on June 11, 2025. The Division of Biomedical Engineering (DBE) recruited two summer interns to assist with equipment inventory and management for the biomedical program. The Division of Sanitation Facilities Construction (SFC) hired four remote engineers to support water and wastewater projects. Two former Commissioned Corps officers were onboarded as “recalled” officers, and one additional junior engineer was hired in the Many Farms Field Office. Additionally, SFC recruited several Temporary Duty Deployments, one in Shiprock and two in Tuba City, for 90-day deployments, which may be extended beyond 90 days. The hiring of licensed engineers is ongoing.

**Gallup Indian Medical Center**, Division of Nursing, provides licensed nursing services for the Gallup Service Unit. The Division also includes Nursing Assistants, Medical Support Assistants, and other clerical staff. The Division provides nursing services in outpatient and inpatient settings. Nursing is the largest workforce at the Gallup Service Unit. The Gallup Service Unit is 100% compliant with nursing license verification. Nursing licensure and certification information is now being tracked using Health Stream, an Internet-based software application that can send reminders when the training due dates are approaching.

**Kayenta Alternative Rural Hospital (KARH)** has historically struggled with high staff vacancy rates and employee turnover due to its remote location and limited amenities. The hospital achieved accreditation from the Joint Commission and is located in a remote part of the reservation. Before becoming a hospital, Kayenta Health Center was an outpatient department serving the local community for many years. We continue to hire actively; in recent years, we have hired outpatient providers, including an audiologist and an optometrist, as well as inpatient staff such as dietary services, ER physicians, and PT providers. We are now onboarding outpatient providers, hospitalists, pharmacists, and staff for psychiatry and behavioral health services, completing our roster of positions. Increasing staff availability will enhance our capacity to deliver better services and boost patient satisfaction.

### Objective 2.2: Promote employee engagement and IHS mission alignment.

**OEHE Environmental Health Services Tai Chi program:** The Gallup and Crownpoint Service Units are implementing a new program aimed at preventing falls among older adults. This initiative is designed to incorporate a “Train the Trainer” model to enable other Service Units to adopt and replicate the program. Furthermore, Tai Chi Easy is an alternative activity to walking and running during “Just Move It” events. It provides an option for seniors or individuals not yet comfortable with walking or running.

**Purchased Referred Care Fundamental Training:** The Navajo Area Purchased/Referred Care Officer collaborated with the Albuquerque Area Office (AAO) and Service Units at Gallup, Crownpoint, Kayenta, Chinle, Shiprock, and Tuba City to hold a presentation on the basics of Purchased/Referred Care for new staff and Purchase/Referred Care providers. This session covered the fundamentals of the program, including provider responsibilities (internal and external), payment processing, claims adjudication, and resolving pended claims, to ensure a clear understanding.

### **Objective 2.3: Increase access to health care services.**

**Improving Prediabetes Care through Screening:** On June 26, 2025, a Doctor of Nursing Practice (DNP) student presented to the Inscription House Health Center nursing staff regarding prediabetes management. The DNP student intends to lead the nursing team through an evidence-based quality improvement initiative to enhance prediabetes screening processes using the American Diabetes Association's Risk Test. This risk assessment is a self-administered tool; a score exceeding five signifies an elevated risk for prediabetes, necessitating a provider-ordered A1c test. Should the A1c result fall within the prediabetes range, the provider will refer the patient to the diabetes management team for further education and support. Patients identified as having prediabetes will be referred for educational interventions focused on lifestyle modifications. These patients will be provided with appropriate guidance to implement lifestyle changes to prevent or delay the onset of type 2 diabetes.

**FCRHC Traditional Medicine Program:** The Four Corners Regional Health Center offers a traditional medicine program through the Office of Native Medicine (ONM). This program encourages and supports Native traditional healing practices alongside Western healthcare methods. The traditional practitioner applies Navajo philosophy to counsel patients, conduct ceremonies, lead cultural presentations, and facilitate cultural activities. Consultation and counseling comprise 49% of ONM services, followed by ceremonies at 25%, the Blessing Way Ceremony at 16%, and the Protective Ceremony at 10%. Some consultations involve referrals to other traditional practitioners in the community who are members of the Diné Hataalii Association, ensuring that spiritual ceremonies, educational sessions, and cultural activities are safe and appropriate.

**Traditional Healing with the State of Arizona and New Mexico:** The Navajo Area Purchase Referred Care has been involved in the Traditional Healing workgroups that has been established by both the State of Arizona and New Mexico. The workgroups then worked with each state agency to develop the Medicaid benefit and to initiate a Traditional Health Care Practices (THCP) Priority for service reimbursement.

- **Arizona Health Care Cost Containment System (AHCCCS):** Arizona Governor Katie Hobbs signed the state's budget for the fiscal year that begins July 1, 2025. Included is a line item of funding in the amount of \$100,000 from the state's general fund for traditional healing. Although the funding is minimal, Legislature's approval of a budget included traditional healing provided the necessary authorization to greenlight it as a Medicaid benefit. AHCCCS officials worked with tribal leaders and traditional healers in getting federal approval and supported the bill during the legislative process. The next steps are for AHCCCS to develop guidelines for claim payments for THCP service delivery and to define eligibility criteria.

- New Mexico Native American Technical Advisory Committee (NATAC): The Traditional Health Care Practices (THCP) workgroup has completed the definition for THCP and is developing an evaluation tool for the qualitative and quantitative measures, and the priority list of the THCP Special Terms and Conditions that CMS requires. The State of New Mexico has contracted with a firm to formulate the policy implementation guidance and to share lessons learned from the State of California THCP plan that can be used in the development of the state plan. Further, the workgroup is mapping the implementation to the New Mexico 1115 traditional practices waiver.

### Goal 3 – Optimize Operations Through Effective Stewardship

#### Objective 3.1: Ensure transparent, accountable, and effective use of resources.

**Hantavirus Home Assessments:** The OEHE Division of Environmental Health Services (EHS) and the Chinle Service Unit EHS conducted a home assessment for a verified hantavirus case. The patient's family was furnished with educational materials and guidance on hantavirus prevention.

**Purchased Referred Care Essentials:** The Navajo Area Purchased/Referred Care Officer, working with the IHS Office of Resource Access and Partnerships (ORAP) and the Navajo Area Office, continues to inform facilities about the importance of meeting patient care needs, processing Catastrophic Health Emergency Fund requests, handling denials and appeals, and meeting reporting requirements. They ensure accountability within the Navajo Area IHS Area and Service Unit Leadership regarding issues like delayed referred care. The goal is to build strong relationships across all disciplines while providing excellent customer service.

#### Objective 3.2: Expand and improve environmental, public health, and facility infrastructure.

**Computed Tomography (CT) Technology:** The OEHE Division of Biomedical Engineering and the Radiology Departments have been updating their CT technology within the past three years. CT technology uses a series of X-rays and a computer to create detailed images of a patient's bones and soft tissues. The Northern Navajo Medical Center (Shiprock) has deployed the GE Revolution CT scanner with an 80 mm detector, and the GIMC has recently installed a GE Revolution Apex scanner with a 160 mm detector. Both systems are capable of heart scans without administering beta blockers, feature low radiation doses, and are among the fastest scanners available on the market. Adopting the latest CT technology represents a significant advancement in patient care.

Furthermore, the NAIHS Biomedical program has acquired a GE Definium 646 HD digital radiography system for Dziłth-Na-O-Dith-Hle Health Center. Additionally, power conditioning equipment has been obtained to enhance the power supply for the new X-ray unit. The project is anticipated to be finalized by October 2025. By the conclusion of September 2025, all infusion pumps installed across NAIHS Healthcare Facilities will be replaced with new units.

**Redundant Broadband Bandwidth Access:** The Crownpoint Service Unit Information Technology (IT) Department implemented a failover network on May 5, 2025. It marked a significant milestone by establishing redundant IT bandwidth access at Crownpoint Hospital. Two broadband services have been deployed to create a backup system from two independent

service providers, ensuring uninterrupted access to local health information technologies, patient data, intranet, and internet services. The deployment of two separate networks enhances resiliency, maximizing operational uptime through the utilization of software-defined wide area network (SDWAN) technology, which optimizes application performance, prioritization, and minimizes slowness. This development significantly improves uptime and throughput, even when power outages affect the IT infrastructure. It facilitates reliable access to patient care information across various services, including dental, radiology, pharmacy, and laboratory results at smaller healthcare facilities in Pueblo Pintado and Thoreau, New Mexico. The IT program remains committed to exploring bandwidth delivery options and future service enhancements, adopting solutions emphasizing flexibility, resiliency, and scalability. The IHS facility initiated Verizon services in April 2023, with Sacred Winds enabled this month.

**The Northern Navajo Medical Center (Shiprock) Steris Mobile Sterile Processing Department (SPD) Mobile Unit** was established to facilitate the processing and sterilization of reusable medical instruments used in our operating rooms. Additionally, the Reusable Medical Device (RMD) Program was created to oversee the development and implementation of evidence-based practices and policies, ensuring proper handling and safe reprocessing of RMDs throughout the facility. This includes cleaning, disinfecting, and sterilizing medical instruments for repeated use. Since January 2025, the facility has successfully sterilized 389 trays of instruments and 1,354 peel packs containing single instruments through the Mobile SPD. The NNMC SPD has expanded its team to include three permanent and two contracted technicians. Furthermore, efforts are underway to designate one technician as an educator to assist with staff training and competency evaluations. The operational status of the Mobile SPD has enabled the reopening of Operating Room services, leading to an increase in the number of surgical procedures performed weekly.

**The Dental, Laboratory, and Pharmacy Clinics at Dziłth-Na-O-Dith-Hle Health Center (DZHC):** The facility was temporarily closed from May 10 to June 8, 2025, due to a major Heating, Ventilation, and Air Conditioning (HVAC) project. The HVAC system regulates temperature, humidity, and air quality at DZHC. The center employed proactive planning, communication, and collaboration to minimize disruption to essential medical services. Employees demonstrated flexibility and adaptability by temporarily adjusting their usual work routines. Specifically, the Dental Clinic staff were temporarily reassigned to the Northern Navajo Medical Center for four weeks to provide dental services for DZHC patients who traveled there.

On June 9, 2025, the dental staff returned to DZHC to resume dental services. Concerning the Pharmacy Clinic, detailed planning was conducted to temporarily relocate the entire drug inventory to the Four Corners Regional Health Center (FCRHC) in Red Mesa, AZ, with DZHC pharmacy staff filling prescriptions from the Northern Navajo Medical Center (NNMC) in Shiprock, NM.

Strict procedures were followed to ensure the safe prescription, documentation, storage, and transportation of medications to DZHC. On June 9, the off-site pharmacy operations returned to DZHC, resuming regular pharmacy services. The Laboratory did not relocate off-site but established a mini-lab within the outpatient area to enable patients to receive limited laboratory testing. Some tests were dispatched to external laboratories for analysis, reducing patients' need to travel for laboratory services.

**The Four Corners Health Care Center Team:** An interdisciplinary care management program has been established to support individuals with complex health needs at high risk of adverse health outcomes. The program is comprised of a team of healthcare professionals from diverse disciplines who address intricate needs through comprehensive assessments, care planning, and coordination, thereby aiming to enhance patient outcomes and reduce healthcare expenditures. Recent activities include the provision of home physical therapy to evaluate gait, measure assistive devices, and assess ramp installation to ensure compliance with the Americans with Disabilities Act (ADA). The program's primary objective is to mitigate risks and optimize health outcomes.

## **Goal 4 – Promote Proactive Intergovernmental and External Relationships**

### **Objective 4.1: Foster external partnerships.**

**The Division of Occupational Health Safety Management (DOHSM)** provided support and technical assistance to the Native Americans for Community Action (NACA), a designated Indian Health Service (IHS) Urban Indian Organization located in Flagstaff, Arizona. Recently, the Office of Environment, Health, and Engineering (OEHE) staff offered guidance on Americans with Disabilities Act (ADA) compliance while renovating a restroom and other elements within the Waiting Room. DOHSM is honored to support NACA personnel in their efforts to improve safety and patient care. Since its establishment in 1971, NACA has diligently served the communities of Flagstaff and Coconino County and is recognized as the sole Urban Indian Organization within the Navajo Area IHS.

**OEHE Division of Environmental Services:** The OEHE collaborated with a non-profit organization, "Best Friends of Utah," to provide complimentary vaccinations for small animals, including cats and dogs. The "Best Friends" organization received help from five volunteer veterinary students to support both "Best Friends" and DEHS. The communities of Chinle, Shiprock, and Fort Defiance, AZ, are excellent examples of public health collaboration to assist local communities.

**VA Mobile Clinic:** The Four Corners Regional Health Center (FCRHC) partnered with the Department of Veterans Affairs (VA) to make the FCRHC a site for the VA Mobile Clinic, providing medical access and care to Native American veterans. In May 2025, the VA Mobile Clinic offered a variety of medical services and was staffed by a team of healthcare professionals. The mobile clinic is equipped with exam rooms, medication and specimen storage, x-ray capabilities, and a private space for consultations.

A Navajo-speaking care coordinator was available who built trust and communication to meet healthcare needs and connect veterans with resources, such as mental health services, long-term care options, housing improvements, and support groups.



## **Objective 4.2: Respect Self-Determination.**

**ISDEAA Contractual Agreements:** The Indian Health Service will collaborate with the Navajo Area, Tribes, and Tribal Organizations to review their submissions related to third-party revenue. This advancement follows the Supreme Court decision in June 2024, in the cases of *Becerra v. San Carlos Apache Tribe* and *Becerra v. Northern Arapaho Tribe*, which affirmed that program income, such as insurance reimbursements utilized under an Indian Self-Determination contract, is eligible for contract support costs. This initiative represents the first of its kind, and the review conducted by the Indian Health Service (IHS) will establish a benchmark for all forthcoming third-party, indirect-type CSC proposals. The IHS is responsible for including Secretarial funding and program income expenditures in the calculation of CSC. The third-party, indirect-type Contract Support Costs (CSC) proposal has been completed as negotiated.

The Indian Health Service and the Navajo Nation have entered into contractual agreements according to the Indian Self-Determination and Education Assistance Act. These arrangements encompass the Health Management Services from January 2025 through December 2034 and the Navajo Treatment Center for Children and Their Families from January 2025 through December 2029. We anticipate enhancing our collaborative endeavors to advance the health and well-being of the Navajo community.

## **HEALTH CENTER CONSTRUCTION PROJECTS**

### **OEHE Division of Facility Planning and Engineering (DFPE) - Strategic Objective 3**

**Pueblo Pintado Health Center:** The design plan for the new Pueblo Pintado Health Center was finalized in August 2023. The subsequent phase involves soliciting construction bids for the development of the new health center. These bids were to be submitted by interested vendors by July 1, 2025. The forthcoming, state-of-the-art healthcare facility will cover an area of 125,884 square feet (SF) and include 82 quarters.

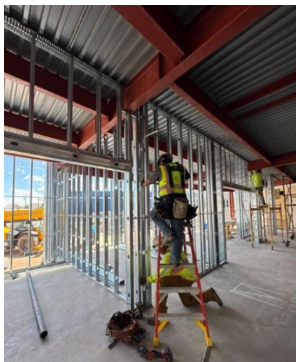
**Echo Cliffs Health Center:** The new Echo Cliffs Health Center (EHC) and associated quarters are being designed and constructed under a Title V Construction Project Agreement in accordance with P.L. 93-638, between the Indian Health Service (IHS) and the Tuba City Regional Health Care Corporation (TCRHCC). The design for the Echo Cliffs Health Center was finalized in December 2023. Currently, the construction of the EHC is approximately 60-65% complete. The quarters are of modular construction, with their design finalized in February 2025. Construction of the quarters is ongoing in Phoenix, Arizona, and they are anticipated to be delivered to the site in the fall of 2025.



**Gallup Indian Medical Center Replacement Facility:** The Navajo Area Indian Health Service (NAIHS) continues to engage with the Executive Director of the Navajo Nation Department of Health (NNDOH) regarding the replacement facility for the Gallup Indian Medical Center (GIMC).

The Navajo Nation is in the concluding phase of site evaluation for the proposed location in Gamerco, New Mexico, designated for the future GIMC Replacement facility. Upon completion of the review, further discussions will be held among NNDOSH leadership, the NAIHS Area Office, and the IHS Headquarters concerning cultural and archaeological findings and the feasibility of constructing on the site. The Master Plan and planning documents are currently under review; these will inform the replacement facility's future space requirements and staffing levels. Regarding the funding for the replacement project, the estimated cost exceeds \$1.2 billion, with anticipated increases following the finalization of the planning documents.

**Gallup Indian Medical Center Emergency Room Expansion:** LAM Corporation was awarded the construction contract on March 14, 2024. The project is completing the expansion phase. The overall project has a completion date of June 2026.



**The Crownpoint South Quarters Repair-by-Replacement:** The quarters design was officially awarded in August 2021. The scope of work involved replacing 33 quarter units. LAM Corporation was duly granted the construction contract. The Notice to Proceed was formally issued on October 18, 2024. Presently, the contractor is installing plumbing systems and pouring footings and foundations for the new quarters units. The project is projected to reach completion by Fall 2026.



**The Tsale Quarters Project Architect/Engineer (A/E):** The Design Project was officially awarded on January 13, 2024. It is projected to reach 65% completion by the end of April 2025. The complete design is anticipated to be finalized in July 2025. Funding for construction will need to be secured in FY2025.

**The Kayenta Alternative Rural Health Center (KARHC) and the Inscription House Health Center (IHHC)** are designing 19-unit quarter buildings for each site. This project aims to support the recruitment and retention of health professionals for the Kayenta Service Unit. The IHHC apartment building secured full construction funding in FY2025. Pending approval from IHS Headquarters regarding the financing, the project will proceed to the bidding phase. The Kayenta Area Regional Health Center (KARHC) will receive \$2.35 million in construction funds, and the remaining \$8 million will be financed by KARHC.

**The Chinle Comprehensive Healthcare Facility** is progressing with the design of Track 1, which is the Emergency Department/Urgent Care Addition of their Master Plan. The project includes adding a new section to the Emergency Department (ED) and Urgent Care (UC), renovating the old UC area for the Billing Office/PRC/Coffee shop, updating the old ED for the Physical Medicine and Rehabilitation (PM&R) Departments, and finally refurbishing the existing vacated PM&R space for Property and Supply Expansion. The project is currently in the design phase and is expected to be completed by Fall 2025

## CONCLUSION

The Navajo Area Indian Health Service is committed to helping the Navajo Nation and San Juan Southern Paiute tribal leaders address Indian health policy issues, improve the health of Native American beneficiaries, and build healthier communities.

For additional information or questions, please get in touch with the Office of the Navajo Area IHS Director.

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