



Navajo Area Indian Health Service



Federal Healthcare Facilities:

Chinle Comprehensive Health Care Facility
Crownpoint Health Care Facility
Gallup Indian Medical Center
Kayenta Health Center
Shiprock-Northern Navajo Medical Center

Tribal Healthcare Facilities:

Sage Memorial Hospital, Inc (nonprofit 501(c)(3))
Tséhootsooí Medical Center (Fort Defiance)
Tuba City Regional Health Care Corporation
Utah Navajo Health System, Inc.
Winslow Indian Health Care Center

Our Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
Our Vision: Healthy communities and quality health care systems through strong partnerships and culturally responsive practices.

NAVAJO AREA INDIAN HEALTH SERVICE

FISCAL YEAR 2025

4TH QUARTER REPORT

25TH NAVAJO NATION COUNCIL

FALL SESSION

OCTOBER 20-24, 2025

Navajo Area Indian Health Service
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AREA DIRECTOR'S MESSAGE

Dear Navajo Nation Leadership and Partners,

It is my honor to present the Fiscal Year 2025 Fourth Quarter Report on behalf of the Navajo Area Indian Health Service (NAIHS). This report highlights our continued efforts to provide safe, high-quality, and culturally grounded healthcare to the Navajo Nation and San Juan Southern Paiute communities. Throughout this quarter, our service units and divisions have demonstrated remarkable commitment, innovation, and resilience in fulfilling our shared mission.

The Navajo Area has achieved several significant milestones this year, including successful Joint Commission accreditation surveys across multiple service units, the advancement of critical infrastructure projects such as the Pueblo Pintado Health Center construction phase, and the

ongoing expansion of emergency and clinical services across the region. These accomplishments reflect not only our staff's expertise and dedication but also the strength of our partnerships with tribal leaders, local communities, and federal and state collaborators.

Our continued collaboration with the Bureau of Indian Education, the Diné Action Plan Suicide Prevention Task Groups, and other tribal and federal entities underscores the value of interagency partnerships in addressing the complex health, behavioral, and social needs of our communities. Through these efforts, we are building pathways toward holistic health and creating sustainable solutions that honor the teachings, values, and resilience of the Diné people.

Looking ahead, NAIHS remains committed to promoting excellence in healthcare delivery, enhancing workforce development, and strengthening accountability through data-driven decision-making and transparent communication. We will continue to align our priorities with the Indian Health Service Strategic Plan and the goals of the Navajo Nation to ensure that our initiatives produce meaningful, measurable outcomes.

I extend my sincere appreciation to the dedicated healthcare professionals, administrative staff, and community partners who make these achievements possible. Together, we will continue to uphold our mission—to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Ahéhee' for your continued partnership, guidance, and support.

Respectfully,

DuWayne Begay, Ph.D.

Area Director

Navajo Area Indian Health Service

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MAJOR ACCOMPLISHMENTS

1. **Joint Commission Survey: The Joint Commission (TJC) evaluates healthcare organizations to ensure compliance with established performance standards.**
 - **The Chinle Service Unit** completed the triennial Joint Commission Re-accreditation survey in August 2025. Although the final report highlighted a few standards that did not fully meet hospital accreditation requirements, our dedicated team responded promptly, initiating corrective actions without delay. The team proactively monitors progress, with some items still under review due to ongoing acquisition processes, equipment purchases, and contract negotiations. To maintain transparency and promote continuous improvement, data is collected monthly, quarterly, and annually through the Tracers with AMP®, with updates shared with the Chinle Service Unit Executive Committee. The **Pinon Health Center** Outpatient Nursing Department is pleased to report that the recent Joint Commission survey identified only minor deficiencies, all of which have been successfully addressed. Pinon Clinical Services proudly did not receive any deficiencies. We remain committed to enhancing our relationships with patients and the community, and will continue to provide regular updates on the progress of our health center. Several standards at the **Tsaile Health Center** were found to be deficient at both the Tsaile Health Center and the Rock Point Clinic. The center has addressed all but one of these findings. We commend the diligent efforts of our staff.
 - **The Crownpoint Service Unit (CPSU)** is duly accredited by the Joint Commission (TJC). TJC conducts surveys of healthcare facilities triennially, with the most recent CPSU survey occurring in June 2023, resulting in accreditation. The Healthcare Executive Committee, Department Supervisors, and CPSU staff are actively engaged in preparatory activities to ensure readiness for the forthcoming TJC survey. The Joint Commission Resource team visited CPSU from September 16 to 17, 2025, to conduct a mock accreditation survey. The Joint Commission evaluates healthcare organizations nationwide to ensure they deliver the highest standards of quality and safety in patient care by verifying compliance with regulations established by the Centers for Medicare and Medicaid Services (CMS). These Accreditation Participation Requirements (APR) encompass numerous areas of healthcare services, including but not limited to Environment of Care, Emergency Management, Human Resources, Infection Prevention and Control (IPC), Leadership, Life Safety, Medical Staff, Nursing, Patient Care, Performance Improvement, and Rights and Responsibilities of patients.
 - **The Gallup Service Unit** has received Hospital Re-accreditation from The Joint Commission subsequent to the successful completion of its initial on-site survey in April 2025. Since then, staff members have continued to focus on priority corrective actions identified following the survey. To ensure the effective implementation of corrective measures, weekly multidisciplinary, project-oriented, and action-driven meetings are held to provide supervisors with essential support and guidance. Additionally, the Gallup Service Unit has obtained Laboratory Services Accreditation from The Joint Commission after completing its initial on-site survey in August 2025. The team is diligently working on the prioritized improvement requirements, which are scheduled for completion by November 2025.

- **Kayenta Alternative Rural Hospital** recently underwent a laboratory survey conducted by The Joint Commission in August 2025. The Service Unit is required to undergo a biennial Clinical Laboratory Improvement Amendments (CLIA) survey to sustain laboratory accreditation. The Service Unit identified three minor deficiencies; two were rectified immediately, and the remaining one was addressed within ten days of the survey. In September 2025, The Joint Commission officially informed Kayenta Alternative Rural Hospital that it had successfully completed the survey and was granted accreditation for laboratory services. We commend our laboratory staff for their consistent dedication and extensive efforts in ensuring that the hospital effectively meets the health needs of the patients we serve.
- **The Shiprock Service Unit (SRSU):** The Shiprock Service Unit (SRSU) has earned the Joint Commission's (JC) Gold Seal of Approval® for hospital accreditation, signifying compliance with stringent evaluation standards. The Joint Commission is a nationally recognized hospital accreditation body. An unannounced on-site evaluation of the SRSU healthcare system was conducted by TJC from June 10 to 13, 2025. During this assessment, a team of JC reviewers examined systems and processes pertaining to patient care, safety, and hospital quality and performance. Any identified deficiencies were rectified, and a 60-day Evidence of Standards Compliance report was subsequently submitted to the TJC to confirm the resolution of these issues. On September 8, 2025, the SRSU received an official Accreditation Award Letter from the Joint Commission (TJC). The Gold Seal symbolizes the quality and reflects SRSU's dedication to delivering safe and high-quality patient care. The Gold Seal also indicates that SRSU has undergone a thorough evaluation to meet and surpass the standards established by the JC in healthcare quality and safety. Furthermore, the accreditation is regarded by the Centers for Medicare & Medicaid Services (CMS) as meeting or exceeding the requirements for Medicare and Medicaid participation.

2. Joint Commission Readiness

- **The Navajo Area Performance Improvement and Risk Management coordinators** actively participated in the Crownpoint Healthcare Facility's Joint Commission Resources (JCR) mock survey and Emergency Medical Treatment and Labor Act (EMTALA) review performed from September 16 to 17, 2025. They acted as a scribe for one of The Joint Commission Team members, diligently ensuring precise documentation, acquiring firsthand experience with EMTALA and accreditation standards, and supporting the facility's compliance and ongoing enhancement initiatives.
- **The Division of Occupational Health, Safety, and Management (DOHSM)** provided the following Service Unit support services: Joint Commission Readiness (JCR), AMP tracers at the Kayenta Service Unit, and Life Safety and Environment of Care (EOC) surveys at the Chinle, Shiprock, Kayenta, and Winslow facilities to enhance safety and quality. Life Safety encompasses fire protection, building design, and fire systems. The Environment of Care (EOC) includes building layout, equipment, staff, patients, and visitors. Furthermore, water management planning, consultation, and training were conducted across Tuba City, Chinle, Kayenta, Shiprock, Gallup, and Winslow facilities, with additional assistance provided for Water Infection Control Risk and Leaching Environmental Assessment Framework (LEAF) evaluations. Staff also contributed to the Joint Commission (TJC) accreditation surveys performed at the Chinle Service Unit.

- **Gallup Service Unit Joint Commission Readiness:** The Gallup Service Unit is collaborating with Bryant Group Healthcare Consultants, a nationally-recognized healthcare compliance firm, to strengthen adherence to complex, high-risk, and evolving regulatory requirements. This partnership also enhances patient safety initiatives and advances the organization's Quality Assessment and Performance Improvement (QAPI) functions.
- **Crownpoint Service Unit Nursing Administration:** The Nursing Division comprehensively addresses the nursing component of the Annual Performance Report (APR) while also considering numerous other elements. Following The Joint Commission Resources (JCR) mock survey, the initial report identified areas requiring improvement. The Nursing Division emphasizes nursing documentation, collaborates with clinical providers on verbal orders, and the Patient Restraint Policy, particularly concerning documentation and training/education related to the policy. Additionally, the division participates in the Suicide Risk Policy, including staff education on the updated information. The JCR surveyors regarded this as a learning opportunity and provided positive feedback, acknowledging that CPSU fulfills its mission through actions aimed at enhancing healthcare delivery. Patient-centered care is evident, and a strong sense of community, resembling familial bonds, exists within the organization. The facility maintains cleanliness, and the staff and leadership demonstrate passion and a willingness to learn, with the leadership team actively engaged. A considerable amount of work remains as we continue to prepare for our re-accreditation survey in 2026.
- **Tracers with AMP®** constitute a cost-effective software tool employed by NAIHS DOHSM to enhance data-driven and evidence-based decision making in the provision of services to the HIS Service Units. This is achieved through the utilization of The Joint Commission Resources (JCR) AMPs Tracer for surveillance purposes, as well as the identification, tracking, and monitoring of a broad spectrum of Environment of Care (EOC)/Life Safety concerns and deficiencies. The Tracers, integrated with AMP software, are aligned with current Joint Commission accreditation standards and significantly decrease the resources needed for researching, citing, and documenting deficiencies with accuracy. Furthermore, the software allows Service Unit, Navajo Area, and IHS Headquarters personnel to document, view, track, and update corrective actions in real-time, thereby reducing the resources necessary for communication and addressing concerns and deficiencies.

3. Navajo Area Office of Health Care Consultants Support

- The Navajo Area Chief Quality Manager attended Joint Commission hospital surveys in person at the Gallup, Shiprock, and Chinle Service Units from July to September 2025. The Area Chief Quality Manager provided support and guidance to the Quality Management teams by validating documents, data, information, and policies. Furthermore, the manager communicated to the Joint Commission Survey team the role of Navajo Area Office Consultants in supporting the hospitals and clinics. The Navajo Area Chief Quality Manager has been consistently present at Gallup Indian Medical Center and is playing a key role in guiding the Service Unit Quality Team. This leadership is crucial in ensuring the sustainability of recently enacted improvements that were established as a result of Joint Commission survey findings.

The Manager's emphasis on formally structuring the Quality program, developing plans and action items with clear targets, and engaging key stakeholders and divisions fosters confidence in the team's capacity to achieve the organization's objectives.

- **Navajo Nation Diné Action Plan Support:** The Navajo Area Behavioral Health Consultant has been collaborating with the Diné Action Plan (DAP) Suicide Prevention and Substance Use Task Groups. In September 2025, the office participated in the Diné Action Plan's Quarterly Meeting at the Twin Arrows Casino in Flagstaff, Arizona. This partnership aims to provide technical support to enhance programs addressing mental health and substance use disorders, which are significant challenges for our Navajo community. The initiative has prioritized data surveillance and incorporates Diné values and beliefs into a conceptual framework for interventions to foster positive outcomes. Additionally, workforce development plans are being formulated to ensure sustainability by including peer support specialists with lived experiences. These Peer Support Specialists are instrumental in assisting our community members in achieving and maintaining sobriety and recovery, while also creating employment opportunities and pathways for advancement.
- **Bureau of Indian Education (BIE) and NAIHS MOU:** The Navajo Area Office has diligently established a Memorandum of Understanding (MOU) with the Bureau of Indian Education to facilitate the provision of school health services in schools operated by the Bureau. The MOU was duly signed on September 11, 2025, at the Navajo Area Office. This agreement aims to enhance access to behavioral health and preventive care for Navajo students enrolled in Bureau of Indian Education (BIE) schools. Offering early preventive health services is instrumental in promoting positive lifelong health outcomes. Healthcare services under this agreement will encompass mental health care, immunizations, dental care, and other preventive health services, which will be accessible through local healthcare facilities and satellite clinics throughout the Navajo Nation.



4. Quality Support Training

- **Navajo Area Enterprise Risk Management (ERM):** The Navajo Area Risk Management Coordinator, in collaboration with headquarters, has taken a significant step by organizing the Navajo Area Enterprise Risk Management (ERM) training for the Navajo Area Leadership teams on August 20, 2025. This training is imperative, as it will facilitate the identification of areas requiring improvement within the Service Units and the Navajo Area, thereby enhancing our risk management capabilities.

- **Improving Root Cause Analyses and Actions to Prevent Harm Training (IHI RCA2):** The Navajo Area Risk Management personnel recently engaged in the IHI RCA2 training program. The Risk Management Coordinator, in collaboration with the Headquarters Office of Quality, also facilitated the participation of Service Units in this educational opportunity. For the upcoming fall session, a total of 17 individuals from the Navajo Area will attend the RCA2 training. The program is designed as a self-paced course complemented by multiple live sessions conducted over a six-week period. This training is intended to offer substantial support to Risk Managers and Quality professionals within each Service Unit in executing their responsibilities effectively.
5. **Service Unit Pavement Improvement:** On September 9, 2025, the NAIHS Division of Facilities Planning and Engineering executed an Inter-Agency Agreement with the Federal Highway Administration to undertake comprehensive asphalt and concrete repairs, replacements, and surface renovations across twenty IHS-managed healthcare sites throughout the Navajo Nation. This agreement encompasses aerial survey mapping of all twenty sites, the design of new and extended sidewalks, asphalt parking areas, as well as the repair and construction of sidewalks and parking facilities. A notable advantage of this project involves the removal and replacement of sidewalks and similar concrete structures to enhance water drainage at various healthcare facility locations. The total expenditure for this area-wide initiative is estimated at approximately \$77 million, funding which is allocated through IHS Maintenance and Improvement resources.
 6. **SFC Program Management Support Contract:** The Navajo Area SFC program, in collaboration with IHS SFC Headquarters, has entered into a joint-venture program management support contract with multiple firms to enhance the efficiency, timeliness, and quality of the Navajo Area SFC program and project delivery. The project is designed to provide improved support to the Navajo Nation in the construction of sanitation facilities, along with technical assistance for the operations and maintenance of current and future sanitation facilities serving tribal residences. The contract encompasses four primary tasks: (1) Program/Project Management Support and Planning/Design Tracking, (2) Navajo Area SFC Analysis and Recommended Program & Project Enhancements, (3) Methodology Development, Household Water and Wastewater Access Assessment and Implementation Plan, and (4) Navajo Area SFC Program Strategic Action Plan. Each of these tasks includes multiple strategic action items aimed at ultimately enhancing the SFC program. The contract is scheduled to be executed over a five-year period and involves the participation of Navajo Nation enterprises, programs, and elected officials. This development signifies a significant opportunity for the advancement of the SFC program.

ACCOMPLISHMENTS BY STRATEGY

Goal One - Be a Leading Healthcare Organization

Objective 1.1: Produce workplace learning through practice.

- **Navajo Area Crisis Response Plan (CRT):** The Navajo Area approved the plan on October 1, 2025. The CRT aims to reduce behavioral health emergencies within the communities and strengthen the Navajo Nation's crisis response team under the Division of Behavioral and Mental Health Services. This plan will be implemented in the five Federal Service Units. It will work with local resources to respond to crisis events, such as suicides, homicides, deaths, and other traumatic incidents

resulting from natural or artificial disasters. The Navajo Area Office will continue its collaborative efforts to address the social determinants of health for our Navajo relatives.

- **TeamSTEPPS 3.0:** The staff of the Navajo Area Quality Management Department has completed the Team Strategies to Enhance Performance and Patient Safety (TeamSTEPPS 3.0) training, provided by the Agency for Healthcare Research and Quality. This evidence-based initiative is designed to improve teamwork and patient safety within healthcare environments by cultivating four essential skills: communication, leadership, situational awareness, and mutual support. Participation in this program has equipped the Quality Management team with standardized tools to enhance care coordination, promote a culture of respect and accountability, and facilitate measurable improvements, such as reducing patient harm, increasing patient experience scores, and decreasing healthcare costs.
- **The Navajo Area Performance Improvement, Risk Management Coordinator, and Deputy Quality Manager** expanded their expertise by participating in the 'Foundations for Patient Safety Professionals' series (36 hours) sessions in August 2025. These comprehensive sessions addressed essential subjects, including RCA reporting, case reports, and other mechanisms for identifying root causes and implementing preventive measures.
- **Healthcare Environmental Services Technician Certification:** The Gallup Service Unit advances the IHS Strategic Plan by designating three team members as instructors for the Certified Healthcare Environmental Services Technician (CHEST) program. The Train-the-Trainers program (T-CHEST) is through the Association for the Health Care Environment. This initiative directly supports the organization's objective of cultivating and sustaining a highly skilled workforce. By training internal housekeeping staff, the Service Unit establishes a sustainable source of in-house expertise, thereby reducing dependence on external trainers. Moreover, providing employees with opportunities for professional growth fosters overall development.
- **Planning, Consultation, and Assessment:** The Navajo Area Office, Division of Occupational Health & Safety Management (DOHSM), conducted water management planning, consultation, and training at six Service Units: Tuba City, Chinle, Kayenta, Shiprock, Gallup, and Winslow. Assisted service units with Water Infection Control Risk Assessment & Leaching Environmental Assessment Framework (LEAF) Assessment. Additionally, DOHSM participated in a Hazard Vulnerability Assessment with the Northern Navajo Medical Center and conducted an Industrial Hygiene survey at five Healthcare Facilities: Winslow, Shiprock, Gallup, Kayenta, and Chinle. DOHSM ensures that all Healthcare Facilities comply with regulatory requirements from the Occupational Safety and Health Administration (OSHA), the Environmental Protection Agency (EPA), the Centers for Medicare & Medicaid Services (CMS), and The Joint Commission (TJC).

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

- **Exercise to Assess Preparedness and Response:** The Four Corners Regional Health Center, along with the Chinle Service Unit, conducted a tabletop exercise involving 81 personnel to assess and respond to a simulated measles outbreak. The exercise's effectiveness was evaluated based on how well employees applied their knowledge of the emergency response plan to manage a crisis. This simulation specifically assessed preparedness across the four key stages: prevention, protection,

mitigation, and recovery. Furthermore, it facilitated the evaluation of operational capabilities, emergency procedures, and response protocols. The exercise also enhanced clarity of roles and responsibilities, team collaboration, and overall crisis readiness. Such proactive drills are essential in ensuring that personnel are adequately prepared to respond effectively to a real public health emergency.



- **ATP (Adenosine Triphosphate) Clean Tracer:** The Gallup Service Unit's Environmental Services Department strengthens IHS's commitment to becoming a leader in healthcare by prioritizing best-in-class environmental cleaning practices. The department has introduced ATP Clean Tracer testing after cleaning procedures to provide an objective measure of cleanliness, validate processes, and ensure compliance. By using ATP tracers for monitoring, EVS enhances workplace safety by reducing the incidence of healthcare-associated infections. This approach also promotes accountability, requiring staff to meet clearly defined quality standards.

Objective 1.3: Standardize measurements and outcome goals.

- **Patient-Centered Medical Home Certification:** The Northern Navajo Medical Center, Four Corners Regional Health Center, and Dziłth-Na-O-Dith-Hle Health Center have been re-certified as Patient-Centered Medical Home (PCMH) by the Joint Commission, a nationally recognized hospital accreditation organization. The PCMH model emphasizes patient-centered healthcare delivered by a multidisciplinary team to enhance access, continuity, and care coordination. This certification is supported by the Joint Commission's Ambulatory Care Accreditation Standards, which prioritize team-based care, robust patient-provider relationships, and the integration of behavioral health and community resources. The Northern Navajo Medical Center, Four Corners Regional Health Center, and Dziłth-Na-O-Dith-Hle Health Center satisfy the review criteria and demonstrate a steadfast commitment to safety, quality, and patient satisfaction.
- **Crownpoint Service Unit Physical Therapy:** Despite the loss of a full-time Physical Therapist this spring, the Physical Therapy Department continued to provide services at the primary outpatient hospital-based clinic and delivered Physical Therapy treatment to patients admitted for rehabilitation needs. The Service Unit also offers Physical Therapy at both satellite clinics in Thoreau, NM, and Pueblo Pintado, NM. Furthermore, support is extended to patients in the Emergency Department by supplying essential equipment and conducting evaluations to facilitate placement in suitable long-term care or rehabilitative facilities that are not available locally. The Physical Therapy department has established a Quality Assurance and Performance Improvement plan aimed at enhancing the service show rate through the use of reminder letters and calls. Over the past two months, we have consistently achieved or surpassed our goals, maintaining a no-show rate of 25% or less.

Goal Two - Ensure access to comprehensive, culturally respectful health care services

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

- **Recruitment and Retention efforts at the Kayenta Service Unit:** The Service Unit continues to advocate for hiring professionals and has started using more locum or traveling medical professionals as part of our dedicated effort to promote the facility. Notable accomplishments include the following:
 - We hired a Patient Advocate, a position that did not previously exist.
 - We onboarded a locum Medical Doctor who will work through December with potential extensions.
 - We have a pending hire for an Optometrist and a Dentist Supervisor, and we have also added a Physical Therapist who visits Kayenta once a month, a service we have never offered before.
 - We hired a Nurse Practitioner in Pediatrics and are in the process of hiring a general Nurse Practitioner.
 - A Registered Nurse (RN) from this area has accepted the last vacant nursing position and will join our team this year.
 - While we face challenges in meeting patient needs, we are committed to improving healthcare. For example, we recently added a permanent pharmacist, but had to leave early due to our remote location. Despite these challenges, we stay dedicated to finding solutions. On a positive note, our staff created a presentation to showcase our facility and attract candidates, highlighting our environment.
- **Psychology Internship Program:** The Northern Navajo Medical Center's Psychology Internship Program received accreditation in August 2024 by the American Psychological Association. This accomplishment marks the inaugural accreditation of a Psychology Internship within the Indian Health Service. The program significantly enhances the delivery of critical mental health clinical services at SRSU and holds the potential to facilitate the recruitment of permanent psychologists stemming from our educational offerings. Ms. Candice Keyes, Ph.D., a graduate of the program, is presently serving as a Clinical Psychologist at NNMCM. Mr. Terrence Judd, a psychology postdoctoral fellow, has completed his doctoral studies and is currently undertaking supervised, advanced training at NNMCM. Ms. Melanie Griffin, a psychology intern and doctoral candidate in a clinical psychology program, is acquiring practical experience in preparation for full licensure. This accreditation attests to the program's commitment to maintaining high standards in training and education, thereby ensuring that postdoctoral fellows and psychology interns develop the professional and academic competencies necessary to provide essential mental health care to patients.

Candice Keyes



Terrence Judd



Melanie Griffin



- Navajo Medical and Terminology Certification Training:** The Navajo Area Indian Health Service's Gallup Service Unit recently conducted a comprehensive three-day training program focused on Navajo Medical and Terminology Certification. Twelve participants from the Gallup Indian Medical Center and Tohatchi Health Center completed this program, which encompassed topics including the Navajo Diné language, Navajo cultural practices, the role of interpreters, distinctions and descriptions of pain, and fundamental human anatomy. The training was highly interactive, allowing participants to engage in role-playing exercises and deliver presentations in the Navajo Diné language regarding specific illnesses or diseases.



Consequently, these twelve staff members have been registered on the GSU Navajo Language Interpreter's Listing, thereby enabling them to continue serving as vital resources. Their contributions support enhancing the hospital-patient experience, fostering relationships grounded in empathy, confidence, trust, and improved communication for our Navajo Diné-speaking patients.

Objective 2.2: Promote employee engagement and IHS mission alignment.

- "Ahéhee" Cards:** The leadership of the Gallup Indian Medical Center Dental Department has been proactively engaged in addressing complexities in human dynamics, enhancing collaboration, and cultivating a more positive work environment. An initiative supporting these efforts is the introduction of Ahéhee' Cards, intended to acknowledge and celebrate staff contributions. The cards emphasize four categories of excellence: Making Someone's Day Better, Team Player, Quality Care, and Customer Service. This recognition program has developed into a sustainable method for expressing appreciation, encouraging teamwork, and fostering positive interactions within the department. At the conclusion of each month, team members who receive the highest number of cards are awarded small prizes, and these cards are also incorporated into performance evaluations—ensuring that daily acts of teamwork and service are acknowledged and valued.
- Crownpoint Service Unit Employee and Community Garden Initiative:** The employee gardening program has experienced a prosperous summer, characterized by vigorous workshop engagement and continuous project advancement. Our educational sessions included a Gardening Maintenance Routine workshop, which 27 staff members attended. An open forum titled "Ask a Gardener" attracted eight



participants, while a Seed Saving workshop drew 57 attendees. Additionally, in September, we participated in a community project by collaborating with local Community Health Representatives to successfully install a raised garden bed at the Thoreau Senior Center. Looking forward, we are in the process of formulating a strategic plan for 2026, with support from the Navajo Area Office, to fulfill our data evaluation requirements. The initiative continues to address persistent challenges related to pest control and limited staff involvement in garden upkeep. To mitigate these issues, we are proactively establishing a network and working towards formal collaboration with the Community Health Representatives for the 2026 growing season.

Objective 2.3: Increase access to health care services.

- **Dental Services for Incarcerated Inmates:** The Dziłth-Na-O-Dith-Hle Health Center (DZHC) Dental Department partnered with the San Juan County Detention Center (SJCDC), Farmington, NM, to provide dental care to incarcerated Native American inmates, who have a significantly higher rate of dental and oral diseases. The staffing shortage of dentists at the detention center has limited access to dental and oral health services, potentially leading to untreated cavities, dental infections, and other dental issues that can cause pain. DZHC Dental coordinated a schedule with SJCDC to deliver urgent dental services to the incarcerated inmates.
- **All Elder Moving Event:** In partnership with Navajo Area Health Promotion, Kayenta Health Promotion organized an All-Elder Moving event to raise awareness and prevent Alzheimer's disease among elderly community members within the Kayenta Service Unit, with their technical assistance. On July 23, 2025, 40 participants had the opportunity to learn about Alzheimer's disease and Dementia through several presentations held during a three-hour event. Additionally, health fair booths focused on screening and prevention, offering services such as glucose checks, blood pressure measurements, and body mass index assessments. The Health Promotion Department aims to enhance health by providing health awareness and educational information to help community members maintain their health and well-being throughout their lives.
- **Dental Departments Organize Complimentary Dental Services for Children:** To guarantee children access to high-quality dental care, the Dental Departments at the Four Corners Regional Health Center and the Northern Navajo Medical Center (NNMC) conducted the Give-Kids-a-Smile (GKAS) event. The GKAS is an initiative sponsored by the American Dental Association (ADA) Foundation that offers free dental and oral healthcare services for children. While GKAS primarily targets children under five years of age and underserved populations, this year's event accommodated children of all age groups. The event featured dental examinations, screenings, cleanings, fluoride treatments, and oral health education for children and their guardians. Furthermore, a community health fair highlighting health education and resources was held concurrently with the event. Donated children's shoes were also distributed to participating families. The initiative was organized within the community to enhance access and reduce barriers to dental services for children.



- Kayenta Wellness Center Facility Usage:** The Wellness Center monitors facility use across four categories: (1) patients enrolled in 1:1 training session (scheduled patient visits), (2) open workouts by employees, (3) open workouts by patients, and (4) open workouts by community members. The data helps allocate open workout slots while maintaining facility and equipment standards to ensure safety and effectiveness for all members. The Wellness Center remains committed to supporting the health and well-being of all individuals by providing a safe and welcoming environment.

	1 st Qtr 2025 Jan. – Mar.	2 nd Qtr 2025 April – June	3 rd Qtr 2025 July – September
Patient Visits <i>(1:1 personal training session with a Personal Trainer)</i>	36%	30%	24%
Open Workout – Patients <i>(8am – 5pm, Monday thru Friday; 5pm – 7pm, 4 days/week)</i>	11%	15%	15%
Open Workout – Employees <i>(6:30am – 8am, 4 days/week; 11am – 12pm, 5 days/week)</i>	38%	34%	35%
Open Workout – Community Members <i>(4 to 7pm, 4 days/week)</i>	25%	21%	26%

- GIMC Mammogram Mobile Unit Outreach Program (MMU):** The MMU was launched to address the complex health and social needs of individuals who frequently use emergency services. By deploying a multidisciplinary team into the community, the program connects people to resources, provides preventive and primary care, and reduces costly emergency visits. The team includes Public Health Nurses, Internal Medicine, Family Medicine, Tohatchi Health Center, Emergency Department, OB/GYN, Eye Clinic, Physical Therapy, Walk-In Primary Clinic, Pediatrics, and Diabetes Services. The mobile unit was received in August 2025. Starting then, the MMU will serve the Gallup area and Gallup Service Unit Chapter Houses with services such as primary care, STI testing, wound care, diabetes management, substance use treatment, vaccines, eye care, and harm reduction. The first vaccine clinic is scheduled for October 2025, at the Naschitti, NM, Chapter.
- Emergency Department Modular and Renovations:** On July 21, 2025, the Gallup Indian Medical Center Emergency Department opened the new “Emergency Department (ED) Modular” section, adding 15 patient care spaces with dedicated trauma and resuscitation bays. This modern expansion provides significantly more privacy than the previous Emergency Department and features a state-of-the-art CT scanner. The new space offers a clean, quiet, and respectful environment that enables the department team to deliver nationally recognized, best-practice care to every patient. Additionally, the Phase Two Emergency Department Renovations are underway and expected to be completed in early 2026. This phase will unify the remaining areas of the ED into a single, fully integrated, and continuous Emergency Department. Once finished, the entire ED will resemble a modern, best-practice facility that we can all be proud of. We are excited to now work in a space that truly reflects the high-quality care our team provides every day.
- Patient Benefit Coordinators and Patient Registration:** The Crownpoint Service Unit's Patient Benefit Coordinators (PBCs) and Patient Registration staff actively partnered with the community and the Division of Public Health (DPoH) to provide education, outreach, and direct assistance regarding health coverage and benefit resources.

Throughout the summer, staff set up Patient Registration and PBC booths at community events, providing information and answering questions about Medicare and Medicaid enrollment and benefits. They emphasized the importance of third-party care coordination, understanding Medicare services, and understanding Medicaid services. The staff explained the enrollment and viewing of Public Health Records (PHR) and personal health records. They also discussed “Why We Ask Questions...” during hospital visits, emphasizing accurate demographic data for PRC help, billing, and patient trust.

We assisted 597 patients at JMI events, where staff directly engaged with community members, providing timely information and clarifying available resources through third-party payers. This increased community awareness helped patients and families understand their benefits and the importance of delivering accurate demographic details during registration. We continue to strengthen our Community Partnership, in collaboration with the Division of Public Health, expanding outreach efforts and building greater trust within the community.

Goal Three: Optimize Operations Through Effective Stewardship

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

- **Indian Health Service Advance Appropriation:** The Indian Health Service (IHS), funded through the annual appropriations process, has received advance appropriations for Fiscal Year (FY) 2026. This ensures that the majority of IHS-funded programs will remain funded and operational even in the event of a lapse in appropriations. Advance appropriations, third-party collections, and carryover balances will continue to sustain the provision of care by the Indian Health Service, Tribal Health Programs, and Urban Indian Organizations. Facilities construction projects supported by previously appropriated funds will also continue without interruption.

A number of IHS budget line items do not receive advance appropriations. These include: Facilities Construction, Sanitation Facilities Construction, Contract Support Costs, 105(l) Leases, the Indian Health Care Improvement Act Fund, the Electronic Health Records line item, and the Special Diabetes Program for Indians (SDPI). It is important to note that legislation has been introduced in Congress to extend SDPI funding. We are awaiting congressional action to determine whether this will be included in forthcoming appropriation legislation.

Funding for the Navajo Nation Tribal Health Organizations (THOs), often referred to as 638 Contracts or Compacts, will be disbursed once the Annual Funding Agreements are signed and the FY26 financial systems are open. However, funding for Contract Support Costs cannot be included at this time, as it is not part of the advance appropriation.

- **Facility Management Conducts Equipment Assessment:** The Facility Management Department at Four Corners Regional Health Center (FCRHC) performed an organization-wide review and audit of medical and non-medical equipment to ensure accountability and transparency. Inventorying equipment is essential to patient care. The facility management team oversees and maintains all equipment to ensure compliance with strict accreditation standards. Based on these comprehensive assessments, equipment is documented in the inventory system to update the

equipment list, ensure compliance, and identify maintenance needs. Preventive Maintenance (PM) is crucial for scheduling inspections, calibrations, and lubrications to prevent equipment failure.

- **Radiation Exposure Screening and Education Program (RESEP):** The Northern Navajo Medical Center (NNMC) was awarded the Radiation Exposure Screening and Education Program (RESEP) grant for \$215,673. The RESEP award will offer assistance to Shiprock and Crownpoint community members or uranium industry workers who were exposed to radioactive contamination. Assistance includes medical screenings for the early detection of non-malignant and malignant diseases, referrals for medical treatment, and education about radiogenic cancer and diseases, among other services.
- **Home Renovations at the Kayenta Service Unit:** Kayenta Alternative Rural Hospital (KARH), located in the heart of a remote area, provides essential healthcare services to the surrounding community. This facility has recently achieved accreditation from The Joint Commission, a recognition that highlights its commitment to high-quality care and adherence to rigorous healthcare standards. Its accreditation underscores the hospital's dedication to serving the diverse needs of the local population, ensuring access to vital medical services in an area where healthcare resources are often limited. KARH has hired temporary maintenance mechanics to assist with renovating vacant homes. These workers will make necessary repairs and improvements to bring the properties back to a livable condition. Homes needing major renovations will hire specialized renovation companies. At the start of the new fiscal year, KARH will submit a request to hire contractors to begin the rehabilitation of these severely damaged homes.

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

- **Tuba City Wastewater Treatment Plant Funding:** The Navajo Area Sanitation Facilities Construction (SFC) program, in partnership with the Environmental Protection Agency, successfully secured over \$14 million in Indian Set-Aside grant funding for the future Tuba City Wastewater Treatment Plant. For FY 2026, it is projected that an additional \$12 million to \$48 million in funding will become available for this important project.
- **FY 2025 IHS Sanitation Facilities Construction Funding:** On September 26, 2025, the IHS SFC program notified Navajo Nation Leadership through written correspondence that IHS received \$10.5 million in Infrastructure Investment and Jobs Act Funding, IHS SFC Regular Funds, and IHS SFC Housing Funds for eight SFC projects. The projects are to be performed through either Direct Federal Services or through Public Law 93-638 contracting. The funds must be used to provide safe drinking water and sewage disposal systems to eligible homes. Several of the projects will replace failed septic systems with new on-site sewage disposal systems. The IHS SFC program is presently awaiting a response as to whether the Navajo Nation prefers the work to be performed by Direct Service or Public Law 93-638 contracting.

Objective 3.3: Advance data-driven/evidence-based decision making.

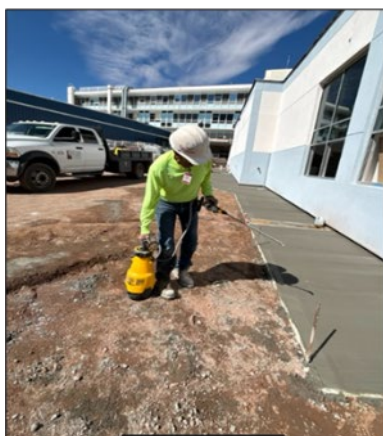
- **Child Count Data:** The Navajo Area Clinical Applications Coordinator/Informaticist has provided the Navajo Nation Department of Child Care & Development with child count numbers that meet the requested criteria. This data is vital because it impacts their funding from HHS, and meeting this

requirement ensures that the Navajo Nation can continue to receive funds to support childcare assistance for eligible Navajo families within our Service Delivery Area.

- **I-STAR Safety Tracking & Response** securely documents patient and employee injuries, safety risks, and near misses. It allows IHS staff with appropriate credentials to investigate and document corrective actions for all reported concerns and incidents. It provides increased functionality and enhances our efforts to improve safety for all patients, staff, and visitors.
- **New Pueblo Pintado Health Center:** The new Pueblo Pintado Health Care Center design was completed on August 9, 2023. The construction phase was initially solicited to vendors in March 2025; however, this resulted in insufficient interest from construction vendors. The construction phase was resolicited in June of 2025, and Jaynes Corporation of Albuquerque, NM, was awarded the contract on September 24, 2025. Navajo Area IHS is pleased to announce that the construction phase of the health center will commence soon.

The new Pueblo Pintado Health Center project received \$172 million from IHS to fully fund the project. This funding will facilitate the construction phase of the Health Center, along with its associated 82 staff quarters units in Pueblo Pintado, NM. The funds were duly recorded within the Unified Financial Management System (UFMS) project accounting module, and the Navajo Area Office subsequently issued a UFMS requisition for the total amount on September 22, 2025. Additionally, the Navajo Area was informed on September 24, 2025, that Engineering Services had successfully awarded the construction contract for the Health Center and quarters. The efficient transfer of funds, as well as the execution of the contract award, was achieved through the collaborative efforts of the Navajo Area, the Headquarters Office of Finance and Accounting (OFA), the Office of Environmental Health & Engineering (OEHE), and IHS Engineering Services (ES).

- **GIMC Emergency Department Renovation & Expansion:** The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation project is in progress. The construction contract was initially awarded to LAM Corporation on March 14, 2024. The overall project is scheduled to be completed by April 2026 and is presently on schedule. Photos of the ongoing construction work are provided below.



- **Crownpoint South Quarters Replacement:** The Crownpoint South Quarters Repair-by Replacement Project design was awarded in August 2021. The design was completed for the replacement of 33 staff quarters units. The construction contract was awarded to LAM Corporation, and the official Notice to Proceed was provided on October 18, 2024. Demolition of old modular Long Mark units was completed in January 2025. The contractor is presently installing plumbing and pouring footings and the foundations for the new units. The completion date for this project is scheduled for October 2026.



- **The Kayenta Alternative Rural Hospital and the Inscription House Health Center (IHHC)** are in the design phase for the construction of 19-unit staff quarters buildings (i.e., hotel concepts) at each location. These projects will help with the recruitment and retention of health professionals for the Kayenta Service Unit. The IHHC quarters design was completed by Johnson Smitthipong & Rosamond Associates, Inc. in August 2024. The delivery method for this project is the design-bid-build approach. Funding for construction has not been identified yet, but it will be reviewed in FY 2026. The Kayenta quarters design was completed by Johnson Smitthipong & Rosamond Associates, Inc. in April 2025. Funding for construction has not been identified yet, but it will also be reviewed in fiscal year 2026.
- **Chinle Comprehensive Health Care Facility Renovations & Expansions:** The Chinle Comprehensive Health Care Facility is moving forward with the design of Track 1: Emergency Department/Urgent Care Addition in alignment with its Health Services Master Plan. This project consists of building an addition onto the existing Emergency Department (ED) and Urgent Care (UC) area, renovating the existing Urgent Care area for the Billing Office/PRC/Coffee shop, renovating the existing ED for the Physical Medicine & Rehabilitation (PM&R) departments, and finally renovating the existing vacated PM&R for a Property & Supply Department Expansion. The project includes a review of necessary boiler system upgrades for the existing and expanded portions of the project.

The project will be a design-bid-build acquisition method. The design was awarded to Johnson Smitthipong & Rosamond Associates, Inc. (JSRA) for \$1,641,580.59. The contract was extended due to the identification of additional utility infrastructure issues. The current design is 65% complete and is scheduled for 100% completion in November 2025.

- **Status of the new Echo Cliffs Health Center & Staff Quarters/Bodaway-Gap, AZ:** The new Echo Cliffs Health Center 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 P.L. 93-638 Title V Construction Project Agreement (TV-CPA) dated July 2022. The architect of record is Dekker Perich Sabatini, based in Phoenix, Arizona. The Echo Cliffs Health Center (EHC) construction phase is currently at 55% completion. The construction contractor for the health center and staff quarters is Arviso-Oakland. The team is currently working on establishing additional infrastructure for all utilities. The EHC completion is expected in June/July 2026 and is projected to open in September/October 2026. Tuba City Regional Health Care Corporation held a groundbreaking ceremony for the Echo Cliffs Health Center's Staff Quarters on August 27, 2025. Phase 1 of the

Staff Quarters project involves constructing 70 units and is scheduled for completion by August 2026. Phase 2 of the Staff Quarters project will finish the remaining 22 units by December 2026. The Staff Quarters project includes 60 hotel-style units and 32 single-family units.

The Tuba City Regional Health Care Corporation was approved by Navajo Nation Naabik'iyati' Committee resolution, dated September 12, 2024, to take ownership of the Bodaway Gap Health Center and associated facilities, including staff quarters and related infrastructure. The same resolution approved changing the health center's name to "Echo Cliffs Health Center." Indian Health Service, Division of Facilities, Planning and Engineering, issued a concurrence letter for the name change on December 19, 2024.

The photos below of the Echo Cliffs Health Center construction activities were taken by TCRHCC leadership on September 24, 2025, and were shared with the Navajo Area for the QTR 4 Navajo Nation Council Report.



Goal Four - Promote Proactive Intergovernmental and External Relationships.

Objective 4.1: Foster external partnerships.

- **PHN Collaborates with Navajo Nation Programs:** The Dziłth-Na-O-Dith-Hle Health Center's Public Health Nursing Program collaborated with two Navajo Nation programs that serve Navajo elders: the Shiprock Agency Aging Council and the senior centers of Huerfano and Nageezi Chapters. The Public Health Nursing (PHN) and the Shiprock Agency Aging Council jointly organized a community outreach event aimed at promoting health education and providing resources to over 250 participants. Additionally, PHN representatives visited the Huerfano and Nageezi Chapter Senior Centers to educate attendees and distribute health promotion and disease prevention materials relevant to approximately 75 elders. This partnership facilitates DZHC employees' engagement in outreach initiatives and strengthens relationships with key community partners.
- **Sanitation Facilities & Construction (SFC) Program hires Public Health Analyst:** The Navajo Area SFC program recently recruited Lieutenant Alice Franco, a Public Health Analyst in the SFC Public Information Department. She is scheduled to meet with Navajo Nation Council Delegates and other stakeholders concerning the development and current status of SFC water and sewer initiatives. During the fourth quarter of Fiscal Year 2025, meetings were conducted with four Council Delegates to discuss initiatives pertinent to their respective Chapters. Kindly contact Captain Lyle Setwyn, Director of the SFC Program, at Lyle.Setwyn@ihs.gov to arrange a meeting for updates on the projects.

- **Crownpoint Service Unit:** The need for a temporary helicopter landing zone at the existing Pueblo Pintado Health Center was recently identified. The recent installation of a monopole antenna and additional overhead utility wires has rendered previously utilized landing zones unavailable. Ongoing efforts are underway to identify the safest potential landing sites in the area. Stakeholders and site evaluators—including flight crews, Crownpoint Service Unit and Pueblo Pintado Health Center personnel, the Navajo Department of Transportation (DOT), the Bureau of Indian Affairs (BIA), Pueblo Pintado Chapter staff, as well as Navajo Area IHS leadership and subject matter experts—are actively engaged in these discussions. The primary focus is on establishing a landing zone that ensures the safe and efficient transportation of high-acuity patients to the appropriate level of care. Additional discussions are scheduled as multi-agency stakeholders continue the process of selecting a suitable site.
- **St. Michaels Chapter collaboration:** Staff from the Navajo Area Office of Environmental Health & Engineering, the Navajo Office of Environmental Health and Protection Program, Arviso Construction, and St. Michael's Chapter convened to review the recently renovated and expanded St. Michaels Chapter House. The team evaluated the facility for compliance with the Navajo Nation Food Code and other pertinent safety standards. No deficiencies were identified that would hinder the use of this much-needed community facility once the necessary permits from the Navajo Nation are secured. Congratulations are extended to the leadership of St. Michael's Chapter, community members, and Arviso Construction for delivering this exemplary public edifice.
- **Four Corners Regional Health Center's (FCRHC)** ongoing community projects focus on increasing collaboration and improving health outcomes. At FCRHC, the health and safety of children are consistently regarded as a primary concern. The behavioral health team collaborates with local educational institutions to foster healthy lifestyles and facilitates educational sessions on issues such as school bullying and suicide prevention. Implementing school-based prevention initiatives enhances awareness of both physical and mental health among the youth. FCRHC sponsored summer youth physical activities, which have contributed to a decline in childhood obesity rates. In Fall 2024, the childhood obesity rate was 51%. Recent measurements in 2025 show a decrease from 51% to 36%. These figures demonstrate that reducing childhood obesity is achievable through organized programs that promote healthy eating and physical activity.

FCRHC maintains a robust partnership with the Navajo Nation Community Health Representatives (CHR) to facilitate essential connections and support for high-risk patients within the community. The CHR Program is integral to FCRHC, as CHRs conduct home visits, monitor health status, make appropriate referrals, and provide assistance with health and nutrition education. Trained comprehensively in the Navajo language and cultural practices, CHRs foster trusting relationships with patients.

Objective 4.2: Respect Self-Determination.

- **The Division of Occupational Health & Safety Management (DOHSM)** maintains robust collaborations were established with Navajo Nation Tribal entities and Tribal Health Organizations (638) facilities, including Tuba City Regional Health Care Corporation, Winslow Indian Health Care Center (WIHCC), and the Fort Defiance Indian Health Board (FDIHB), to ensure the safety of healthcare environments.



The Department of Health and Safety Management (DOHSM) facilitated water management training for the Tuba City Regional Health Care Corporation and the Winslow Indian Health Care Center, providing interpretation of results and recommendations for corrective measures. Additionally, DOHSM supported the Navajo Nation Department of Public Safety, the Window Rock District Corrections, the Navajo Office of Environmental Health and Protection Program (NOEH&PP), and the Navajo Area Indian Health Service (IHS), Office of Environmental Health & Engineering (OEH&E), in evaluating the new Window Rock District Corrections Facility kitchen.

The primary objective was to assess kitchen and food service issues previously identified during a project plan review conducted by IHS OEH&E staff. Since the facility has been operational for several months, the meeting aimed to determine appropriate steps to ensure its continued operation. In the interest of public safety, staff recommended developing a Corrective Action Plan to address identified issues and sustain the facility's operation. All parties concurred, and the Navajo Area OEH&E staff expressed full support for the ongoing use of the facility while rectifying the deficiencies.

CONCLUSION

The Navajo Area Indian Health Service (NAIHS) remains steadfast in its mission to advance the health and well-being of the Navajo Nation and San Juan Southern Paiute communities through quality, accessible, and culturally responsive care. The accomplishments outlined in this report demonstrate the dedication of our staff, leadership, and partners to improving healthcare delivery, strengthening infrastructure, and fostering innovation across all service units.

As we move forward into the next fiscal year, NAIHS will continue to emphasize accountability, continuous quality improvement, and collaboration with tribal, federal, and local partners. Our commitment extends beyond clinical care to include public health initiatives, workforce development, and the integration of traditional and modern healing practices that honor the values and strengths of the Diné people.

We recognize that the health of our communities depends on collective effort, mutual respect, and shared responsibility. Through continued partnership with the Navajo Nation Council, local chapters, and community organizations, NAIHS will persist in addressing healthcare disparities, advancing infrastructure projects, and expanding preventive and behavioral health programs.

Together, we will build upon the progress achieved in Fiscal Year 2025 and strive toward a future where every individual within the Navajo Nation and San Juan Southern Paiute communities has equitable access to safe, compassionate, and high-quality healthcare.

JUST MOVE IT (JMI) Initiative: JMI is a campaign initiative across the Navajo Area, dating back to 1993, aimed at promoting physical activity among indigenous people. The initiative focuses on engaging communities to combat health disparities, such as diabetes and heart disease, by encouraging regular physical activity. JMI has grown significantly, now involving almost all of the 110 chapters, and organizing year-round events that foster a culture of movement and wellness among participants.

Chinle Service Unit

JUST MOVE IT Three-Year Comparison			
	Participant Data		
Location	2023	2024	2025
JES/Low Mountain Chapter		199	328
Black Mesa Chapter		106	84
Hard Rock Chapter		195	107
Pinon Chapter	494	481	268
Forest Lake Chapter		199	105
Blue Gap Chapter		169	122
Whippoorwill Chapter		197	309
Tsaile/Wheatfields Chapter		370	393
Round Rock Chapter		276	138
Lukachukai Chapter		340	271
Rock Point Chapter		194	135
Dine College	840	623	441
Cottonwood/Tselani Chapter		170	164
Many Farms Chapter		445	173
Chinle Chapter	1102	877	339
Nazlini Chapter		217	137
Rough Rock Chapter		234	149
TOTAL	2436	5292	3514

Crownpoint Service Unit

JUST MOVE IT Three-Year Comparison			
	Participant Data		
Location	2023	2024	2025
Counselor Chapter	38	53	63
Becenti Chapter	113	144	255
Standing Rock Chapter	148	199	348
Thoreau Chapter	198	311	207
Baca Chapter	58	138	163
Lake Valley Chapter	52	99	112
Smith Lake Chapter	88	104	186
Crownpoint Chapter	363	346	508
CPSU Employee Health	81	81	86
Mariano Lake Chapter	123	234	138
Whiterock Chapter	49	82	151
Torreon Chapter	59	139	79
Nahodishgish Chapter	184	288	283
Littlewater Chapter	0	143	249
Whitehorse Lake	73	53	99
Casamero Lake Chapter	111	156	273
Elderfest (ENA Fair)	0	96	315
Ojo Encino Chapter	65	204	221
Pueblo Pintado Chapter	43	85	211
Diné College - Crownpoint	0	0	337
Crownpoint Office of Diné Youth	202	220	216
TOTAL	2048	3175	4500

Kayenta Service Unit

JUST MOVE IT Three-Year Comparison			
	Participant Data		
Location	2023	2024	2025
Kayenta	327	627	232
Shonto	151	155	173
Inscription House	141	90	148
Chilchinbito	116	126	97
Dennehotso	76	88	129
Navajo Mtn.	101		
Virtual	79		
Employees			218
TOTAL	991	1086	943

Gallup Service Unit

JUST MOVE IT - Three-Year Comparison			
	Participant Data		
Location	2023	2024	2025
Baahaali	211		
Houck	258	329	306
Inter-Tribal Ceremonial	521	651	734
Lupton		345	461
Manuelito		0	273
Mexican Springs	255	348	382
Naschitti	263	318	352
Red Rock	635		
Rocksprings	376	365	418
Tsayatoh		298	
Twin Lakes			492
TOTAL	2519	2654	3418

Shiprock Service Unit

JUST MOVE IT Three-Year Comparison			
	Participant Data		
Location	2023	2024	2025
Hogback	415	275	230
San Juan	221	218	294
Nenahnezad	359	235	417
Kirtland Middle School			545
Upper Fruitland		254	291
Farmington-Berg Park	1494	1402	1317
Bloomfield		181	270
Huerfano	131	106	101
DZ Health Center	152	95	93
Nageezi	164	101	127
Burnham	125	84	131
Sheepsprings	230	176	240
Newcomb	282	195	243

Toadlena/Two Grey Hills	188	145	247
Sanostee	233	245	229
Red Valley	175	117	149
Cove		131	195
Sweetwater	95	102	94
Mexican Water	82	105	117
Red Mesa	116	154	209
FCRHC	188	222	271
TeecNosPos	173	166	238
Beclabito	127	146	151
Gadi'i'ahi		139	145
Shiprock	411	380	376
Virtual	466	175	226
TOTAL	5827	5549	6946