

Navajo Area Indian Health Service



**Happy New Year!
Happy New Year!**



2026

*Wishing You
A
Bright New
Year*



*From the
IHS
Navajo
Area Office*

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AREA DIRECTOR'S MESSAGE TO THE NAVAJO NATION COUNCIL

On behalf of the Navajo Area Indian Health Service, I extend warm New Year greetings to the Navajo Nation Council as we begin 2026 together.

As reflected in this Winter Session Report, Fiscal Year 2025 marked meaningful progress in strengthening health care quality, expanding access to culturally respectful services, modernizing facilities, and reinforcing partnerships across the Navajo Nation. These accomplishments were made possible through the continued guidance of Navajo Nation leadership and the dedication of our healthcare workforce.

As we look ahead to 2026, the Navajo Area remains firmly committed to advancing health equity, honoring Tribal sovereignty, and working in partnership with the Navajo Nation to address emerging needs and long-standing priorities. We value our government-to-government relationship and look forward to continued collaboration in support of the health and well-being of Diné families and communities.

Thank you for your leadership, partnership, and trust. We wish you a healthy, prosperous, and successful New Year.

EXECUTIVE SUMMARY

The Navajo Area Indian Health Service (NAIHS) Winter Session Report provides a comprehensive overview of Fiscal Year 2025 accomplishments and ongoing initiatives aligned with the IHS Strategic Plan. Highlights include quality and patient safety achievements, workforce recruitment and retention efforts, expanded access to culturally respectful healthcare services, infrastructure and facility modernization, financial stewardship, and strengthened partnerships with Tribal, federal, and external stakeholders. Collectively, these efforts demonstrate NAIHS's continued commitment to improving health outcomes, advancing health equity, and honoring Tribal sovereignty across the Navajo Area.

Navajo Area Indian Health Service (NAIHS)

Committed to our Mission

Navajo Area Indian Health Service (NAIHS)

- One of 12 regional administrative units of the Indian Health Service (IHS), U.S. Department of Health and Human Services
- Serving over **244,000 American Indians** in five Federal service units on and near the Navajo Nation

Health Care Facilities and Services

- Provides inpatient, emergency, outpatient, public health, and other services
- **Five Hospitals:**
 - Chinle Comprehensive Health Care Facility
 - Crownpoint Health Care Facility
 - Gallup Indian Medical Center
 - Northern Navajo Medical Center (Shiprock, NM)
 - Kayenta Health Center
- **Full-time Health Centers** offer outpatient, community health, and preventive services.
 - Dzith-Na-O-Dith-Hle Health Center, Four Corners Regional Health Center, Inscription House Health Center, Pinon Health Center, Tohatchi Health Center, Tsaile Health Center
- **Health Clinics:**
 - Pueblo Pintado Clinic, Thoreau Clinic.

Strategic Plan Overview

- Reinforces transformation to **ONE IHS**
- Integrates agency-wide efforts, resources, and expertise for improved outcomes

Four Strategic Goals

- Be a Leading Health Care Organization
- Ensure Comprehensive, Culturally Respectful Health Care Services
- Optimize Operations Through Effective Stewardship
- Promote Proactive Intergovernmental and External Relationships

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.

GOAL ONE - BE A LEADING HEALTHCARE ORGANIZATION

Objective 1.1: Produce workplace learning through practice.

Quality and Patient Safety

- The Navajo Area Quality Team continues to distribute the monthly NAIHS Quality & Patient Safety Newsletter to all employees throughout the Navajo Area. This newsletter serves as a platform to highlight essential updates, best practices, and accomplishments, helping staff feel valued and proud of their contributions while reinforcing our collective commitment to quality, safety, and patient-centered care.

On December 18, 2025, the Navajo Area Performance Improvement Coordinator conducted a 90-minute introductory workshop on Essential PI tools for NAIHS Area staff. This session focused on developing effective AIM statements, building foundational improvement skills, and promoting the consistent application of Performance Improvement methodology across the Area. Designed to foster collaboration, this training aimed to make staff feel supported and included in our shared quality journey, encouraging ongoing engagement and teamwork.

Purchased Referred Care

- The IHS Navajo Area Purchased Referred Care (PRC) program must rely on specific regulations relating to eligibility, notification, residency, and a medical priority rating system. PRC is designated as the payor of last resort, meaning that all other available alternative resources, including IHS facilities, must be used first before payment is expected. The use of primary insurance enhances the IHS's ability to stretch the limited PRC dollars and is designed to extend services to more Navajo patients.

Chinle Service Unit

- **Quality Management Division Joint Commission Accreditation, Medicare Compliance, and Primary Care Medical Home Certification:** From October through December 2025, the Chinle Service Unit completed a significant quality and patient safety achievement by receiving final Joint Commission accreditation and Primary Care Medical Home certification for Chinle Comprehensive Health Care Facility, Pinon Health Center, Tsaile Health Center, and Rock Point Clinic. This followed an unannounced full survey conducted from August 12 to 15, 2025, during which all standards were reviewed and accepted.

All identified findings, including physical environment deficiency, were fully corrected and formally closed. As a result, the Service Unit received an accreditation decision, effective August 16, 2025, and was recommended for continued participation in Medicare hospitals through the Joint Commission's deemed status process. These accreditations and certifications are valid for three years and apply across all surveyed Service Unit locations, including Pinon Health Center and Tsaile Health Center.

This accomplishment confirms that Chinle Service Unit facilities meet nationally recognized standards for safe, high-quality, and patient-centered care, while demonstrating strong stewardship, regulatory compliance, and accountability. It assures Navajo Nation communities that healthcare services are delivered in facilities that meet rigorous safety, quality, and federal oversight standards.

This initiative supports the Indian Health Service's Strategic Goal 1 by strengthening system safety and standardizing quality outcomes across all Chinle Service Unit facilities.

Crownpoint Service Unit

- To enhance access to safe, timely care, our Primary Care Medical Home (PCMH) started a Patient Access Improvement Project to speed up care and ease clinic visits. The team reviewed the entire visit process—from scheduling and check-in to follow-up—gathering feedback on issues like long waits and unclear instructions. Working with clinic leaders, they simplified scheduling and communication. Early results show increased patient satisfaction and fewer missed appointments. The team met cycle-time goals throughout the quarter; for example, in November 2025, 72 patients met the 60-minute cycle-time goal, indicating high efficiency. Moving forward, data from December 2025 will be monitored to sustain these results, with staff sharing data to recognize achievements and gather insights. Some challenges remain.

- Ongoing recruitment of medical and nursing staff
- Limited housing for staff

New housing projects are underway, including the construction of new housing units and renovations, which will support staffing upon completion.

Northern Navajo Medical Center

- Institute for Healthcare Improvement (IHI) Training for Clinicians at Northern Navajo Medical Center (NNMC): The Chief Medical Officer sponsored five Clinical Service Chiefs and the new Deputy Clinical Director to complete the IHI Basic Certification in Quality and Safety. The senior clinical leaders completed the program and earned the certification. This has enabled departments to engage in or continue quality improvement initiatives in areas such as patient flow, sepsis management in the Emergency Department, Diabetes Management, wound care, and patient access.

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

Division of Occupational Health and Safety Management

- Assisted the other Office of Environmental Health & Engineering (OEHE) Divisions in providing workplace safety and assisted Service Units (SUs) with the items in Objective 1.1 and with OSHA compliance, including Noise, Ergonomics, and waste anesthetic gas (nitrous oxide).

- Participated in the Healthcare Infection Control, Environment of Care, and Emergency Management Committees. They serve as subject matter experts, promoting standardized occupational and patient safety initiatives and infrastructure improvements.

Quality and Patient Safety

- The Navajo Area Quality team is committed to supporting Service Unit Quality teams. Their goal is to build confidence in these teams' preparedness for the implementation date set for January 1, 2026, while ensuring they feel fully supported throughout the process.
- On November 13, 2025, the Navajo Area Chief Quality Manager participated in the Ligature Tracer Review at Northern Navajo Medical Center alongside the Navajo Area Institutional Environmental Control Officer. This review focused on the behavioral health clinic, inpatient units, and emergency departments. During this review, the team identified areas for improvement, reinforcing their shared commitment to safety and compliance standards.
- Additionally, on November 14, 2025, the Navajo Area Chief Quality Manager assisted in reviewing the sterilization process at the dental clinics of the Crownpoint Service Unit, in collaboration with the Navajo Area Nurse Consultant. Together, they provided an overview of infection control and patient safety concerns, highlighting the importance of conducting risk assessments and developing corrective action plans to promote safety and maintain accreditation standards.

Crownpoint Service Unit

- Patient Safety Reporting: The Quality Management team continues to enhance patient safety by promoting open communication and prompt reporting of safety concerns. Staff are supported and encouraged to speak up about potential issues or near misses in a respectful, blame-free environment. Ongoing education helps staff understand how sharing concerns can prevent harm and improve care for everyone. Safety reports are reviewed regularly, and lessons learned are shared across departments. As a result, staff participation has increased, leading to earlier identification of issues, safer care practices, and a stronger safety culture throughout the facility.

Northern Navajo Medical Center

- Four Corners Regional Health Center (FCRHC) Optometry Data Tracking Program: The FCRHC Optometry Department implemented a system to monitor progress, identify problems, make decisions, adjust operations, and measure success. They tracked eye exams, which increased from 361 to 394, and appointment meeting rates, which rose from 68% to 73%, while no-shows increased from 11% to 17%. Data analysis helps identify access issues and unmet community needs. The optical ordering process was simplified by two-thirds. Other departments also utilize data tracking: Behavioral Health services increased by 282%, and the Quality Management Department met 22 of 25 GPRA measures.

Objective 1.3: Standardize measurements and outcome goals.

Division of Occupational Health and Safety Management

- Participated in Environmental of Care (EOC) and Life Safety (LS) dashboard pilot sites to ensure all Joint Commission (TJC) and National Fire Protection Association (NFPA) system testing is completed.
- The I-STAR Incident Reporting review was completed to track injury and incident trends. The data was shared with Service Units to raise awareness, help reduce injuries and incidents, and mitigate unsafe practices and environments.

Quality and Patient Safety

- The completion of the Patient-Centered Medical Home review by the Navajo Area Chief Quality Manager and Performance Improvement Coordinator on December 17, 2025, utilized the Joint Commission Resources Tracer methodology. This achievement highlights our commitment to enhancing care coordination and preparing for accreditation, fostering pride among our stakeholders.
- The Navajo Area Performance Improvement Coordinator announced the launch of the Standardized IHS-OMB-Approved Electronic Patient Experience of Care Survey. This important initiative enables facilities to consistently collect patient feedback, reinforcing our shared commitment to improving the patient experience.

Chinle Service Unit

- In November 2025, the Navajo Area Office completed its annual review of the Pinon Health Center Pharmacy program. This includes ensuring the department is compliant with local, area, and national policies. The review was a success with minimal deficiency findings, and the pharmacy is currently seeking clarification from Chinle. There was an increase in compliance with newly approved policies for quality assurance, medication disposals, and pharmacy security.

Crownpoint Service Unit

- Build a Skilled and Knowledgeable Workforce - Environmental Services (EVS) Training:** On November 14, 2025, 19 EVS staff completed their Certified Healthcare Environmental Technician (CHEST) renewal training. This training strengthens infection prevention practices and supports a clean, safe care environment for patients, visitors, and staff. By following healthcare safety standards and best practices, EVS staff play a vital role in protecting patient health and supporting positive care outcomes.

GOAL 2 - ENSURE ACCESS TO COMPREHENSIVE, CULTURALLY RESPECTFUL HEALTH CARE SERVICES

Objective 2.1: Recruit and retain a highly skilled workforce.

Division of Environmental Health Services

- The DEHS submitted the Director for the Division of Environmental Health Services (DEHS) position for recommendations for advertisement via the Commissioned Corps Personnel Management.

Sanitation Facility Construction

- The Office of Environmental Health and Engineering (OEHE) evaluated and interviewed 46 candidates as potential interns for the USPHS Commissioned Corps Jr. Co-Step program; six were selected for the Summer 2026 internship. These internships provide an excellent opportunity to recruit individuals with prior experience working with the Indian Health Service. The Co-Step internships serve as a learning experience for both interns and current IHS staff, who benefit from the fresh and often unique perspectives interns bring. Most internships take place during the summer months, and we look forward to hosting multiple interns at our OEH&E offices, with hopes that they will join our team in the future. Attracting and retaining a highly skilled workforce remains a priority for OEH&E. Additionally, more interns are expected through the Oak Ridge Institute for Science and Education (ORISE) Intern Program in the second quarter of FY 2026.
- The DSFC Navajo Program employs approximately 99 staff members. A new hiring request has been issued for two District Engineers (Tuba City/Kayenta and Gallup), and we are considering one candidate. The Navajo Area SFC Program is short-staffed, with approximately 20 licensed engineers needed to be fully staffed.

Northern Navajo Medical Center

- Post-Graduate Clinical Programs at Northern Navajo Medical Center (NNMC): To increase the number of clinical medical professionals at NNMC, the NNMC has invested in several post-graduate clinical programs. NNMC currently has accredited residencies in Family Medicine, Optometry, and Pharmacy. Additionally, NNMC has the only accredited Psychology Internship in the Indian Health Service. As a result of these programs, NNMC has hired graduates from its residency programs and extended a tentative offer to one Psychology Intern.

Objective 2.2: Promote employee engagement and IHS mission alignment.

Division of Environmental Health Services (DEHS)

- The Navajo Area DEHS Injury Prevention team hosted an Injury Prevention Symposium for the Navajo Nation Community on November 18, 2025. They presented safety and environmental health initiatives on the reservation, including data collected and how it was used to make public health decisions.

Sanitation Facility Construction

- NAIHS DSFC held an “All Hands” meeting from October 27 – 30, 2025, in Farmington, NM. The meeting was organized to engage DSFC employees on current policy, present changes, provide training, and recognize employees who have been performing above and beyond their current duties.

Purchased Referred Care

- The IHS mission is supported when all employees find meaningful purpose in their work. The Navajo Area promotes employee well-being practices to cultivate a safe and respectful work environment that fosters a positive employment experience and encourages employee engagement.

Quality and Patient Safety

- The Chief Quality Manager of the Navajo Area attended the Institute for Healthcare Improvement Forum from December 8 to 10, 2025. The forum provided practical strategies, including patient safety protocols and innovative care models. It also provided new insights into leadership engagement and renewed enthusiasm for supporting the Service Unit Quality teams. These learnings will be integrated into our ongoing quality initiatives.
- The Navajo Area Performance Improvement (PI) Coordinator introduced a new Performance Improvement Tool to the Service Unit PI Coordinators. A training and education plan was shared to help staff feel valued and essential to our area-wide quality initiatives, while also strengthening skills and consistency across departments.
- The Navajo Area Quality Team hosted a meet-and-greet with the CMS American Indian/Alaskan Native Quality Improvement Organization program to explore collaboration opportunities. This emphasizes our mutual commitment to improving quality and fostering a sense of partnership for future joint initiatives for our Service Units.

Navajo Area Health Promotion Disease Prevention

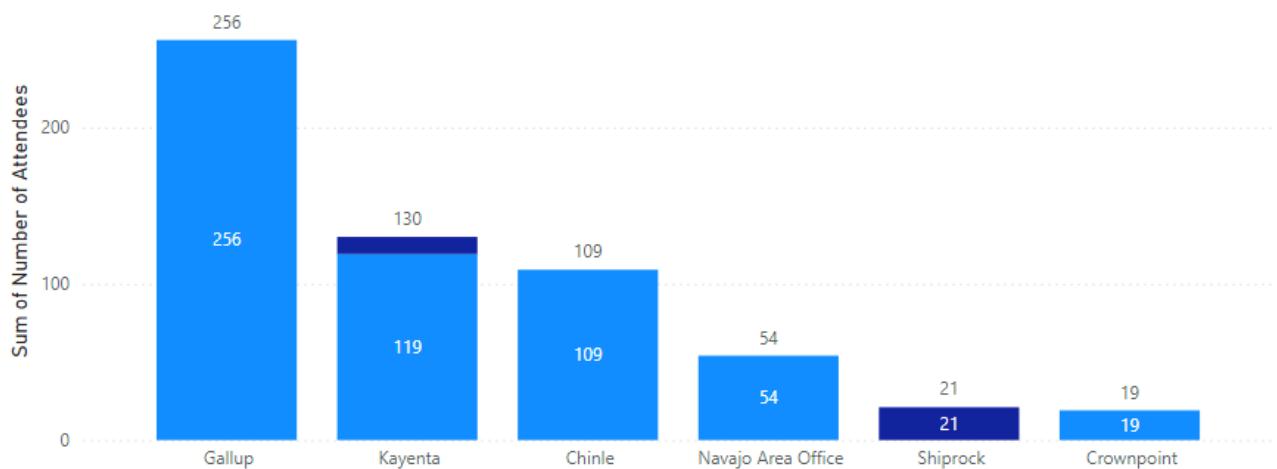
- **Navajo Wellness Model:** The Navajo Area Health Promotion Disease Prevention (HPDP) programs provide training and educational opportunities centered around the Navajo Wellness Model (NWM) during the winter months.

The NWM curriculum teaches lifelong wellness concepts that have developed from the Diné emergence, focusing on mental, physical, emotional, and social well-being. This curriculum empowers participants to develop self-management tools and strategies to address challenges related to themselves, their families, communities, and the environment. By blending Navajo philosophy with public health principles.

The Navajo Wellness Model promotes culturally relevant ideas and teachings that foster overall wellness. In the 2025 calendar year, the Navajo Area HPDP programs offered 9 Basic Trainings in the Navajo Wellness Model across several communities, including Gallup, Window Rock, Dilkon, Montezuma Creek, Kayenta, Crownpoint, and Lukachukai, with a total of 589 participants. Additionally, the HPDP programs conducted two Train-the-Trainer courses in Kayenta and Montezuma Creek, resulting in 32 individuals receiving Instructor Certification to teach the NWM basic training. A graph illustrates the number of participants by Coordinating Service Unit and training type.

2025 Calendar Year Number of Attendees

Event Type ● Basic Training ● Train the Trainer



Navajo Wellness Model Instructor Training, Montezuma Creek Utah – 2/21/2025

For the remainder of the current winter season, the HPDP programs have three training opportunities scheduled in Crownpoint, NM, Montezuma Creek, Utah, and Shiprock, NM. Additionally, a group of experienced NWM facilitators and Native practitioners has formed a workgroup to develop a toolkit to assist instructors in planning, advertising, implementing, and evaluating the teachings and instructor training. This toolkit will include a standardized evaluation process to assess its impact and is currently being tested during the 2025-2026 winter season.

Mental Health First Aid – Question, Persuade and Refer

- The Navajo Area Office collaborated with IHS Headquarters to ensure that Question, Persuade, and Refer (QPR) Instructor opportunities were provided to Navajo Area professionals. QPR is a suicide prevention training that teaches individuals how to identify individuals who are exhibiting warning signs and how to help them receive help.

The instructor training teaches individuals how to complete QPR Gatekeeper training for others, enabling them to administer the QPR program. Individuals who attended the Instructor Training came from educational, tribal, non-profit, and healthcare organizations. In 2025, a total of 27 individuals attended Instructor training opportunities held in Crownpoint, Gallup, and Tuba City.

The graph provides the number of participants by their organization type.



Question Persuade and Refer Instructor Training Crownpoint, New Mexico, 4/24/2025

Number of Participants by Organization Type



Individuals who were trained as instructors have begun reporting their approximate participant numbers for the QPR Gatekeeper training they provided. A total of 292 individuals received QPR Gatekeeper training from a newly certified instructor in 2025 at one of 28 Gatekeeper Trainings. The graph illustrates the number of training sessions reported by the Instructor Training Organization type for Calendar Year 2025.

Number of Trainings by Instructors Training Organization



Objective 2.3: Increase access to health care services

Division of Environmental Health Services

- The Navajo Area DEHS Many Farms Field Office completed a home assessment for a confirmed hantavirus case. The family involved in the case was provided with educational materials and guidance on preventing hantavirus. The investigation was completed, and the case was closed.

Purchased Referred Care

- Improving the health of Navajo people depends on delivering comprehensive health care services that respect and honor Tribal culture and practices. The Navajo IHS collaborates with Arizona and New Mexico Medicaid programs to advance efforts to secure state reimbursement for Traditional Health Care Practices at participating healthcare facilities. This includes partnerships with Tribes and UIOs to ensure the delivery of high-quality health care services across the Navajo Nation.

Chinle Service Unit

- **Staff in the Nursing Outpatient Department** have developed an Improving Patient Care (IPC) project. Pinon Health Center is striving to improve patient care accessibility and promote quality customer service by conducting surveys, tracking patient satisfaction, and providing staff education. The method employed involves nursing staff regularly quizzing each other to assess their ability to handle difficult and stressful situations, with a focus on patient needs. This is achieved through regular meetings to discuss patients' responses and work on improving those areas for improvement.

- **Population Health Screening Clinic**

The Chinle Service Unit (CSU) meets or exceeds national Government Performance and Results Act (GPRA) measure targets in most categories; however, many patients still do not receive the routine health screening tests they need. In response, the Population Health Department developed a clinic to increase rates of recommended health screenings across CSU.

Research shows early, intensive lifestyle changes can induce remission of Type 2 diabetes. The Population Health Screening Clinic aims to promote remission and increase screening rates by initially enrolling patients diagnosed within the past 2 years who need routine tests. The clinic will offer screenings and link patients to

CSU's diabetes program, nutrition counseling, and fitness activities. Later, all adults due for routine screenings will be recruited.

The clinic will start twice a month at Chinle Health Care, increasing as needed. Its goal is to expand services across CSU, including Pinon, Tsáile, and the Mobile Health Unit. Besides screenings, it reconnects patients with their Primary Care providers. Presented to the Service Unit Executive Committee in November, it was approved. The first session is in January 2026.

- **Clinical Division Primary Care Walk-in Clinic**

According to the US Department of Health and Human Services, “social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Health Care Access and Quality is one of the five SDOH domains. To increase access to healthcare, the CCHCF Primary Care department introduced a walk-in clinic for patients to schedule medical visits. The Primary Care walk-in clinic is in addition to the current continuity of care model and aims to simplify access to care by eliminating the need for an appointment for acute, rather than chronic illnesses/issues. In the first three walk-in clinic sessions, 32 patients received timely medical care without needing to visit the Emergency Department for minor issues. Multiple patients reported satisfaction with their visits.

Crownpoint Service Unit

- The Crownpoint Healthcare facility staff-initiated planning and coordination for a new community-centered wellness initiative, “**Navajo Wellness Model Sharing: Born in the East, Sustaining Our Culture.**” The initiative is led by the Traditional Native Medicine Program and the Health Promotion program, working in partnership with traditional healers, elders, educators, and community health professionals. Planning focused on developing a three-day public event for February 3rd – 5th, 2026, at Navajo Technical University in Crownpoint, New Mexico. The event is open to the community to promote broad access to traditional wellness teachings. The selected theme, born in the East, reflects Navajo creation teachings while incorporating cultural timing considerations. These elements ensure that health education is delivered in a manner that honors Navajo beliefs and practices.

October is recognized as **Domestic Violence Awareness Month**, and the Crownpoint Service Unit led a culturally grounded outreach effort to boost access to domestic violence prevention info and services. Activities included a conference at Crownpoint Chapter with Navajo Practitioners and talks on family violence and teen safety. They also promoted awareness through school and community events, such as the Crownpoint High School Homecoming Parade, a football game, and a Trunk or Treat event at the Flea Market. Media coverage and six radio PSAs further spread prevention messages throughout October. These initiatives increased community access, strengthened interagency cooperation, and supported the delivery of respectful health information via trusted community channels.

Kayenta Service Unit

- Inscription House now has a Patient Advocate. The addition of our new Navajo-speaking patient advocate enhances our service. Located in the lobby, the advocate welcomes patients, assists them in navigating the healthcare system, and helps create a more positive and comfortable care experience. In addition, the advocate represents Inscription House at local Chapter House meetings, strengthening transparency, empathy, and cultural sensitivity within the community. Many residents speak only Navajo or prefer to communicate in Navajo; the advocate serves a critical role as a translator, patient representative, and system guide, effectively bridging communication gaps and improving the overall healthcare experience.

Northern Navajo Medical Center

- **Increase of Doctors at Dzilth-Na-O- Dith-Hle Health Center (DZHC):** The DZHC has increased outpatient medical services by adding contract and permanent medical professionals to its medical team. In October 2025, the clinic hired a contract physician who will provide medical care through June 2026. Also, in October, a contract optometrist was hired in the optometry clinic to provide eye and vision services. In November 2025, a new permanent physician was hired for the medical team. The three doctors will significantly enhance community access to healthcare services. The number of same-day, walk-in, and scheduled appointments for medical and optometry services has increased.
- **Outpatient Nutrition Services at Northern Navajo Medical Center:** The Northern Navajo Medical Center reopened its Outpatient Nutrition Clinic on November 5, 2025, restoring access to nutrition counseling and chronic disease support in the Shiprock community. Supported by a U.S. Public Health Service Registered Dietitian for 120 days, the clinic quickly addressed a backlog of referrals and improved appointment availability. In November, the team held 13 adult and one pediatric visit, with attendance rising due to structured reminder calls. The clinic's reopening expands access, enhances disease management, and promotes long-term wellness for our patients.

GOAL 3: OPTIMIZE OPERATIONS THROUGH EFFECTIVE STEWARDSHIP

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

Chinle Service Unit

- Improving Case Management to follow patients through their medical care needs. Case Managers and Supervisors meet monthly to discuss strategies to improve tracking of patient care during and after medical visits within the Indian Health Service (IHS) and contracting hospitals in the area. Case Managers maintain logs of patients referred outside IHS and follow up on appointments, assist with transportation, complete Purchase Referred Care (PRC) documentation, and provide access to Arizona Health Care Cost Containment Systems (AHCCCS) services. Pinon Health Center Nursing Leadership hosted two meetings with Navajo Area Nursing Leadership Executives to develop area-wide nursing policies that standardize nursing processes and improve patient care across the Navajo Nation, including Case Management policies.

Gallup Service Unit

- Replacing worn instruments, working with a vendor, and planning a sustainable replacement program demonstrate responsible resource management and cost efficiency.



- Service Unit Medical Supply** Completed consolidation, inventory review, and disposal of expired medical supplies to increase facility space, improved recycling efforts, and evaluated inventory management systems, with a vendor scoping scheduled to support future storage and design decisions.

Tsaile Health Center

- The Tsaile Health Center (THC) is facing staffing shortages in various departments. These shortages are attributed to a hiring freeze, prolonged response times from human resources, and insufficient housing options. Currently, our nursing vacancies comprise 33% of Registered Nurses (RNs), 1 Nurse CAM, 2 Nurses, 1 Nurse CAC, 1 HT, and 3 MSAs. Medical Providers- 33% (2 MD), Pharmacist 80% vacancy (1 Chief Pharmacy, 3 Pharmacist).

Recruit and retain a highly skilled workforce. Promote employee engagement and IHS mission alignment.

| Tsaile Health Center | | | | |
|----------------------|-------------------|------------------|-----|--|
| | Total Positions | | 9.0 | |
| | | Filled Positions | 6.0 | |
| | Vacant Positions: | | 3.0 | |
| | Vacancy Rate: | | 33% | |

The CMO, the administrative assistant, and the recruiter are actively involved in the new-hiring process to recruit providers. A lack of COR2 administrators for the Tsaile Health Center hinders us. Most vacant positions, as well as locum positions, only require processing by a COR2 administrator.

We will meet with the medical recruiter to review the status of each position and determine the best course of action to fill those positions. The current medical providers are actively involved in the community, hosting vaccination clinics in Rock Point, Lukachukai, Tsaile, and Round Rock, Arizona. The staff are also operating clinics at the Rock Point, AZ, field clinic. We have one provider that maintains the "walk-in" clinic and two providers with the adult medicine outpatient clinics. I have one part-time Nurse Practitioner for Pediatrics that covers Chinle, Rock Point, and Tsaile, AZ. There is now a full-time permanent Chief Medical Officer at Tsaile Health Center.

Increase access to health services

- The outpatient clinic has initiated the "OMT (Osteopathic Manipulative Treatment) clinic" with Dr. Rowin S. Begay. The providers are referring patients to the OMT clinic for common musculoskeletal issues. The clinic is currently primarily for the Tsaile community, with intentions to expand, dependent on patient demand.

Many departments are collaborating to strengthen preventive health strategies and enhance our internal procedures, delivering improved patient care and accessibility. Our initiatives aimed at enhancing patient care (IPC) encompass boosting immunization rates, providing preventive colon screenings and education, expanding access to mammography, and tracking high blood pressure and fall risk among seniors. Despite challenges, the Tsaile Health Center remains committed to offering exceptional services.

Transport to a higher level of care- Chinle ER.

October 2025- 1

November 2025- 1

December 2025- 0

Tsaile Health Center Projects Update

- **Utility Room** for Rock Point Dental Clinic: The Facilities Department is currently awaiting orders to complete this project.
- **Quarters Design Project:** As of July 11, 2025, JSRA Architects has finalized the design, which is now 100% complete, with an estimated cost of \$25 million.
- **Helipad Project:** Request for Proposal (RFP) was posted on SAM.gov on September 2, 2025. A site visit for the Helipad project took place on September 24, 2025.
- **Staff Quarters Renovation:** Renovations of the staff quarters are ongoing. Each unit is scheduled for completion within three months.

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

Division of BioMedical Engineering

- NAIHS DBME collaborated closely with all Federal Healthcare Facilities to inventory and upload over 10,600 medical devices into the Computerized Medical Equipment Maintenance (CMMS) Software to meet The Joint Commission Accreditation Standards. This facilitates scheduling preventive maintenance as needed and forecasting replacements. The medical equipment replacement projects include Patient Monitoring Systems, Medical Imaging Equipment (such as CT scanners, X-ray machines, and Ultrasound systems), Dental delivery systems, and Dental Imaging equipment. The estimated cost for replacements is \$32 million. Scheduled replacement of medical equipment is essential to prevent obsolescence and continually enhance the quality of patient care.

Division of Occupational Health and Safety

- NAIHS DOHSM participated in the following collaborations to optimize public health and facility infrastructure:
 - National Code Chat
 - Safety Officer office hours
 - Tracers for AMP's office hours
 - Nuvolo Computerized Maintenance Management Systems (CMMS) office hours
 - National Council on Healthcare Safety and Engineering Professional Meeting
 - National Dashboard Workgroup
 - National Water Management Program design SPRINT sessions and calls to develop a change package for service units to implement

Division of Occupational Health and Safety Management

- Engaged with the Crownpoint Service Unit healthcare staff to enhance the instrument sterilization process and equipment. New sterilizers, instrument washers, instruments, and water purification equipment are being installed. With consultation from CDC, IHS Headquarters, and Navajo Area staff, improvements are being implemented to ensure the continued delivery of high-quality health and dental care while reducing resource demands.

Division of Sanitation Facility Construction

- NAIHS DSFC continues to utilize architect and engineering (A/E) firms to support the completion of design and engineering activities. Souder-Miller, Riley, and Wilson are engaged under NECA contracts to perform design engineering services. Additionally, the U.S. Environmental Protection Agency has subcontracted with CADMUS, which has further subcontracted with Jacobs to provide specialized water modeling support. The U.S. Army Corps of Engineers continues to provide direct design assistance for the Wide Ruins Project. Looking ahead, the SFC Program anticipates directing additional contracts to several local engineering firms through the OEH&E Dallas Engineering Services Program to further support project delivery.
- NAIHS DSFC achieved the following construction milestones in CY 2025:
 - Construction was completed for 35 projects, which are now in the close-out phase with final reports pending.
 - Water and sewer facilities were provided for 221 individual homes for the first time.
 - Approximately \$7.5 million in construction funds was expended.
 - In CY 2025, 22 projects, valued at \$15,718,023 and serving 374 homes, completed the review process with the Navajo Nation General Land Development Department (GLDD) and the Indian Health Service's National Environmental Policy Act (NEPA). These projects are expected to enter the design and/or construction phase in calendar year 2026.

Echo Cliffs Health Center

- The new Bodaway Gap Health Center (BGHC) and 92 Staff Quarters project Design Phase was awarded for \$11,042,000.00 to the Tuba City Regional Health Care Corporation (TCRHCC) under a Title V Construction Project Agreement (TV-CPA) dated July 2022 under P.L. 93-638. The architect of record is Dekker Perich Sabatini, based in Phoenix, Arizona. The construction contractor is Arviso-Oakland.

The Tuba City Regional Health Care Corporation (TCRHCC) was approved by Naabik' iyati' resolution, dated September 12, 2024, authorizing the ownership of the Bodaway Gap Health Center and associated facilities, including staff quarters and related infrastructure, and approving changing the health center's name to "Echo Cliffs Health Center" (ECHC). Indian Health Service, Division of Facilities, Planning and Construction, issued a concurrence letter on December 19, 2024.

The Echo Cliffs Health Center (ECHC) is currently 70% complete in the construction phase. The team is finalizing additional infrastructure for all utilities. The ECHC's substantial completion is expected in May 2026. The grand opening is scheduled for October 2, 2026, with the Patient Care Opening on October 5, 2026.

The TCRHCC Title V Construction Project Agreement (TV CPA) for the Echo Cliffs Health Center Staff Quarters for Phase I of the quarters held a groundbreaking ceremony on August 27, 2025. Phase 1 of the Staff Quarters involves building 70 units and is scheduled for completion by the end of August 2026. Phase 2 of the Staff Quarters will finish the remaining 22 units by December 2026. There are 60 hotel-style units and 32 single-family units.

Aerial Photo
Echo Cliff Health Center
Photos taken January 6, 2026.



Chinle Service Unit

- The Chinle Comprehensive Healthcare Facility is progressing with the design of Track 1, which is the Emergency Department/Urgent Care addition of Chinle Service Unit's Health Facilities Master Plan. The professional design is currently 65% complete, with an estimated 100% completion by April 2026. 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 has also modified the contract to review the necessary upgrades to the boiler system for the existing and expansion portion of this project, as well as the installation of an upgraded backup generator. The project is currently in the design phase and is expected to be completed by fall 2026.

Crownpoint Service Unit

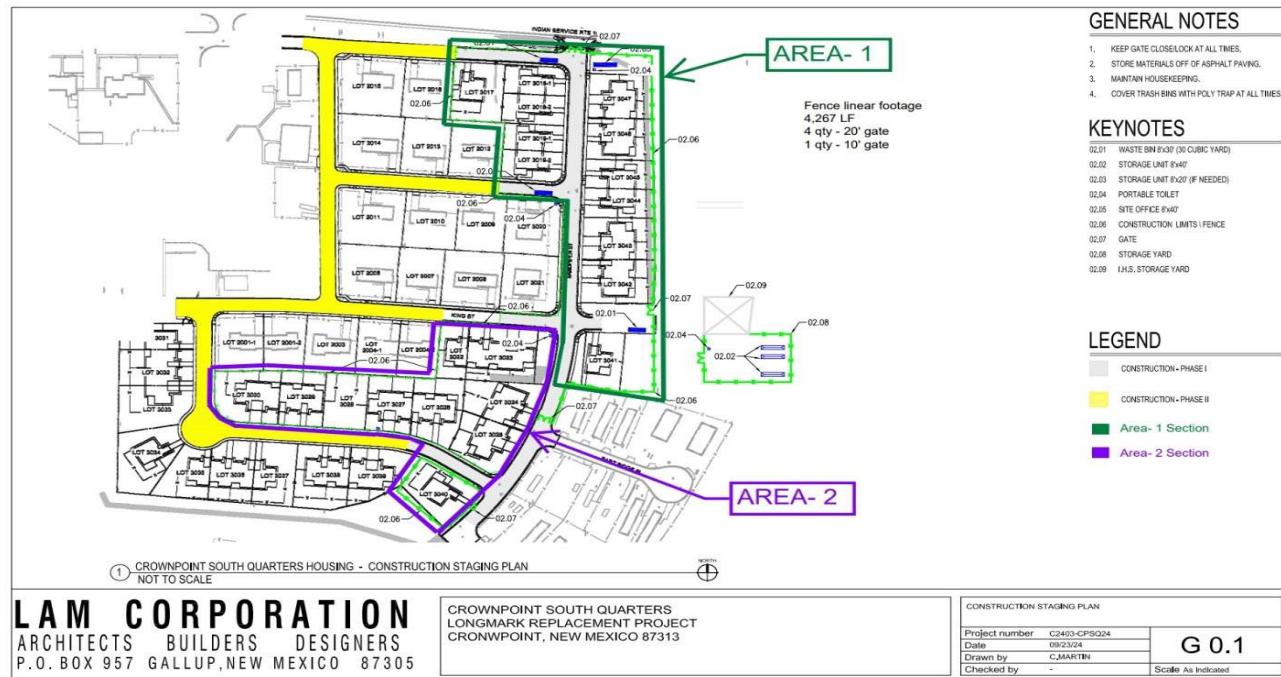
- CPSU South Housing Repair and Replacement Project:** Crownpoint Service Unit is replacing existing quarters on the south campus. This project consists of demolition and abatement of twenty-five (25) existing units. It will replace them with thirty-three (33) units, including three (3) Single-Family homes (1 and 2 bedrooms, 1 ADA), six (6) Quadplex multifamily homes (1 and 2 bedrooms), and three (3) Duplex multifamily homes (2 bedrooms). This includes replacing sidewalks, ramps, curbs/gutters, and pavement sections, and constructing all necessary utility improvements to enhance services and meet current code requirements. The anticipated Notice to Proceed is scheduled for October 15, 2025, and will be executed in two phases, with a contracted completion date of 730 days.

Progress Summary

As of December 15, 2025, LAM Corp has made the following progress since the previous report: metal roofing, windows, and sprayed insulation are now complete for various units. There are a few pending pre-cover-up inspections so that sheetrock can be installed.

Looking Forward: Anticipated tasks to be initiated.

- Water hook-ups and sewer line connections are expected to begin with 3017 once NTUA gives written approval. Anticipated to start in September or October of 2025. Still pending as of 12/15/2025
- Electrical hook-ups are in the process of getting approval from the Electrical Utility provider. They have pole and transformer upgrades that need to be completed first. CDEC has just approved the Requests for Connection for the week of September 15, 2025. Still pending as of 12/15/2025.





Gallup Indian Medical Center (GIMC) Replacement Facility

- Navajo Area Indian Health Service (NAIHS) continues to engage with the Executive Director of the Navajo Nation Department of Health (NNDOH) regarding the GIMC Replacement Facility. The Navajo Nation's site evaluation for the proposed construction site in Gamerco, New Mexico, is near completion. Upon completion of the site evaluation, discussions will be held among NNDOH leadership, Navajo Area Office, and IHS Headquarters concerning cultural and archaeological findings and the feasibility of constructing on the Gamerco, NM site.

In December 2025, the Navajo Area Office entered into a Navajo Area-wide Health Services Master Plan (HSMP) contract with the Navajo Area Indian Health Service. The HSMP initiative will review patient workloads and medical referral patterns for all federal and tribally managed health facilities located on or near the Navajo Nation. The HSMP effort will be beneficial on many fronts; however, it will be particularly helpful in understanding the needs, space requirements, and staffing requirements for the future GIMC Replacement Facility.

The HSMP initiative will include the development of required planning documents for the future GIMC Replacement Facility and will identify health services, space, and staffing needs through 2040. The future GIMC Replacement Facility is estimated to cost \$1.2 billion; however, this cost is expected to increase as more detailed information becomes available during the HSMP and planning document initiative.

Gallup Indian Medical Center Emergency Room Expansion

- LAM Corporation was awarded the construction contract on March 14, 2024. The project is nearing completion of the expansion phase. The overall project is scheduled for completion in July 2026.



Pictures from October 2025 to January 2026.

Kayenta Service Unit

- The Inscription House Health Center (IHHC) is designing 19-unit staff quarters buildings for each site. This project aims to support the recruitment and retention of health professionals for the Kayenta Service Unit. The IHHC design project was completed by Johnson Smitthipong & Rosamond Associates, Inc. in August 2024. The IHHC apartment building secured full construction funding in fiscal year 2025. Pending approval from IHS Headquarters, the project will proceed to the request for contract phase. The Kayenta design project was completed by Johnson Smitthipong & Rosamond Associates, Inc. in April 2025. The Kayenta Alternative Rural Hospital will receive \$2.35 million in construction funds, and the remaining \$8 million will be financed by KARH.

Northern Navajo Medical Center

- The Unwanted Medication Disposal Program at Dzilth-Na-O-Dith-Hle Health Center (DZHC): The DZHC Pharmacy implemented a convenient and secure program for community members to dispose of unwanted medication safely. A disposal bin is located near the pharmacy window, where patients can dispose of their unwanted medications, including narcotics, through a one-way drop door. The pharmacy employees will seal the returned medications and arrange for their proper disposal at a registered incineration plant. To ensure safety, security, and compliance, a security camera is mounted to monitor the drop-off, collection, and removal of unwanted medication. The program gives community members a safe and secure method to dispose of unused medications and prevents drugs from being stolen or abused. The medication disposal program is shared with the Senior Citizen Centers.

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

Division of Occupational and Health Safety

- NAIHS DOHSM utilized the following tools to make data-driven/evidence-based decision-making:
 - Use the Joint Commission Resource (JCR) Tracers with AMP® to conduct surveillance and identify, track, and monitor a broad range of EOC/LS concerns and deficiencies. The Tracers with AMP® software aligns with current The Joint Commission accreditation standards and dramatically reduces the resources required to research, cite, and document deficiencies accurately. The software enables Service Unit, Area, and IHS Headquarters staff to document, view, track, and update corrective actions in real time, thereby reducing the resources required to communicate and address concerns and deficiencies.
 - 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.
 - DOL ECOMP – Department of Labor Employee’s Compensation Operations and Management Portal (ECOMP) OSHA Form 301 for employee injuries. The data is compared and compiled to ensure annual OSHA 300A summaries, which are then sent to all Services Units.

Quality and Patient Safety

- The participation of the Navajo Area Clinical Informaticist/Acting Statistician in the joint call between the Indian Health Service (IHS) and the Department of Veterans Affairs (VA) emphasizes their crucial role in enhancing data exchange initiatives. This involvement helps the audience feel valued and recognized for their contributions. Additionally, the emphasis on Direct Messaging for laboratory results highlights the significance of collaboration in improving care for veteran patients.

Purchased Referred Care

- PRC IT network enhances transparency, integration, and access to clinical, administrative, and financial data essential for supporting patient care, evidence-based decision-making, and advocacy.

Pinon Health Center

- The Quarterly Report for Pinon Health Center (PHC) Collections is from October 2025 to December 2025, with a total of more than \$3,000 000.00. Pinon Health Center's collection average per/month is around \$1,000,000.00. PHC's quarterly report provides an outstanding compilation report to kick off the new fiscal year 2026.

| Months | PHC |
|---------------|------------------------|
| Oct | >\$1,000,000 |
| Nov | > \$1,000,000 |
| Dec | \$1,000,000 |
| Total | >\$3,000,000 |

GOAL FOUR - PROMOTE PROACTIVE INTERGOVERNMENTAL AND EXTERNAL RELATIONSHIPS

Objective 4.1: Foster external partnerships.

Division of Environmental Health Services

- The DEHS partners with the Arizona and New Mexico State Division of Health Services to conduct investigations, train the community, and provide consultation to the Tribe. This past quarter, the following investigations were conducted: one positive Salmonella case, two infectious disease cases, one fatal animal bite, and one instance of high lead level.

Division of Occupational Health and Safety

- NAIHS DOHSM fosters strong working relationships with CDC, IHS HQ, NTUA, local emergency response personnel (PD & Fire), and Tribal/Federal OSHA to ensure compliance with healthcare safety standards.

Division of Sanitation Facility and Construction

- NAIHS DSFC fostered tribal relationships through the following efforts:
 - Facilitated meetings with five Navajo Nation Council Delegates, 11 Navajo Chapters, and multiple OPVP/Chapter Leadership meetings. Discussed unfunded and funded projects for water, sewer, and solid waste. If Delegates want to meet with the SFC Program to discuss the water/sewer projects their Chapters have, please contact the Public Health Information Officer at Alice.Franco@ihs.gov, and she will direct your inquiry.
 - Conducted a Water Access Mission Refresher Training with 27 Chapter Officials. The goal of this meeting was to bring new Chapter Officials up to speed on the Water Access Missions' scope and objectives, and it was well attended.

Purchased Referred Care

- Continuing to engage intergovernmental and external stakeholders is essential to providing comprehensive, high-quality health care services. For the Navajo IHS, these collaborations primarily include Service Units, the Navajo Nation, Tribal Organizations (PL638 Facilities), Referral Medical Providers, Blue Cross Blue Shield's Fiscal Intermediary, and Federal and State agencies. Leveraging these partnerships will enhance the PRC and expand the range of eligibility available to Navajo IHS patients. This initiative addresses the critical need to implement and utilize existing authorities to foster partnerships and build coalitions with external stakeholders, thereby elevating the payment and health status of Navajo patients and increasing access to referred healthcare services.

Navajo Area Finance

- Navajo Area Finance received the FY 2026 Advanced Appropriation funds that were posted and paid to 638 facilities with fiscal year contracts/compacts. Additionally, the first Continuing Resolution (CR1) for Contract Support Cost (CSC) was approved from October 1, 2025, to January 30, 2026. The CR1 amounts were 33.42% of the total CSC. These funds were posted and paid to 638 locations. The Exception Apportionment for the remaining CSC funds is currently pending approval from the Office of Management and Budget. Our goal is to continue a superior relationship with our tribal partners by ensuring funds are distributed and received in a timely manner.

Crownpoint Service Unit

- **Community Gardening Program:** During October through December 2025, the Community Gardening Program advanced community wellness, food sovereignty, and diabetes prevention through coordinated outreach, technical assistance, evaluation, and planning activities across the Crownpoint Service Unit. Program staff conducted site visits to seven (7) community garden locations, providing technical support, gathering outcome updates, and preparing participants for seasonal workshops. Garden close-outs and winterization were completed at employee and community sites, including nine (9) employee garden beds and six (6) community garden beds, with active participation from employees, community members, Community Health Representatives (CHRs), and partner organizations.

A key achievement during this period was the Garden Evaluation Workshop, attended by 24 participants representing community gardeners, volunteers, CHRs, consultants, and partner agencies. The workshop provided a forum for reviewing the impacts of gardens, addressing sustainability challenges, and identifying opportunities for collaboration, funding, and long-term planning. Participant feedback was very high, with strong appreciation for the shared learning, cultural connections, and networking opportunities. Outreach efforts also included presenting a Garden Exhibit at the Diabetes Expo, completing 24 participant evaluations, and collaborating with Navajo Technical University's Center for Innovation to explore the development of a culturally grounded evaluation tool based on the Navajo Wellness Model.

In December 2025, the program further strengthened its sustainability efforts by collaborating with the HDPD team to identify both short-term and long-term goals for the gardening program, ensuring alignment with community priorities and future planning. Overall, the Community Gardening Program demonstrated strong community engagement, measurable outcomes, and meaningful progress toward sustainable, community-led wellness initiatives that align with Navajo Nation priorities for health, resilience, and food sovereignty.

- **Move It (JMI):** As we completed another successful Move It (JMI) season at the Crownpoint Service Unit, our staff with the Division of Public Health partnered with 17 Navajo Nation Chapters, the Crownpoint Office of Diné Youth, Diné College (Crownpoint Campus), and the Navajo Nation Division of Aging & Long-Term Care Support (Eastern Agency). This year's JMI Summer series featured 20 community events, with attendance increasing at each. Our focus and goal this season were to encourage our community members to get out of their homes and "Just Move It" at one of the local chapter houses or nearby host sites. We had an overall total of 4,500 participants in the Crownpoint JMI Summer Series.

Our JMI events are unlike others across the Navajo Nation. JMI Crownpoint encourages our participants to find alternative ways to Stay Physically active. We achieved this by introducing activities such as Tai Chi, Biking, trail walking, and jogging at our events. There was never a set distance for our participants to walk, jog, or bike; instead, we encouraged them to go as far as they could (within their limitations) at their own pace, or to stay at the host site and participate in TaiChi. Participants receive a nicely designed t-shirt when they first attend a JMI event. Another great feature that many of our Chapter administrators requested was a Community Health Fair held at each site. The following educational booths shared information on diabetes prevention and education, Healthy eating, Health Insurance availability, Purchase Referred Care (PRC) education by the Crownpoint Service Unit/IHS, Navajo Technical University (NTU) enrollment, healthy stretching and self-care, Gardening (how-to), and many other interesting topics.

Plans for JMI include a Winter Series, scheduled for implementation in late January 2026 and February 2026. Begin planning for Just Move It 2026 – Summer Series, with implementation set to begin in July 2026 and continue through September 2026.

Gallup Service Unit

- The Gallup Service Unit Health Promotion Department has been coordinating the **Annual Turkey Trot** for over 30 years now, with local businesses, mainly with the Navajo Nation Chapter Houses. We would like to see more of our Gallup Service Unit Chapters get involved with this event to increase physical activity in our community among elders, adults, and youth, especially with the male population. Additionally, we aim to increase community awareness of diabetes prevention by providing resources, including walking events, educational booths, and educational materials, at community events.

The “**2025 Gallup Service Unit Turkey Trot Series**” was held at 8 Navajo Nation Chapter Houses and Wingate Elementary School. There were 632 participants in November 2025, compared to 624 in 2024. Below are the dates and locations of the “Turkey Trot Series”.

| Date | | Location | Number of Participants |
|---|-------------------|----------------------------------|------------------------|
| 1 | 11/05/2025 | Naschitti Chapter | 52 |
| 2 | 11/06/2025 | Red Rock Church of God | 71 |
| 3 | 11/07/2025 | Twin Lakes Chapter | 94 |
| 4 | 11/12/2025 | Wingate Elementary School | 126 |
| 5 | 11/13/2025 | Houck Chapter | 83 |
| 6 | 11/17/2025 | Red Rock Senior Center | 46 |
| 7 | 11/18/2025 | Pinedale Chapter | 43 |
| 8 | 11/19/2025 | Iyanbito Chapter | 60 |
| 9 | 11/20/2025 | Lupton Chapter | 57 |
| Total “Turkey Trot” participants | | | 632 |

1st Annual GIMC Youth Basketball and Wellness Camp





Figure 1-3 Camp was held at the Rehobeth Christian School

The Basketball Camp included dribbling and defensive drills for participants ranging from beginner to advanced basketball players. Participants also engaged in exercises and stretching techniques to promote their health as student athletes.

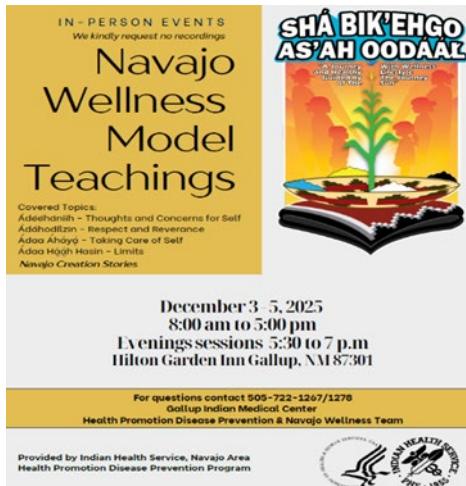
The educational activities featured five presentations by our partners on topics such as hydration, sports injuries, the five senses, nutrition education, bullying, and alcohol and drug prevention. Students and their parents rotated through different classrooms for each session. The event concluded with a motivational speech delivered by the Navajo Nation Athletic Basketball Association. This was the first time the event was hosted, and it was successful, with 39 youth participants and 33 parents attending and staying with their children throughout the day. A total of 25 individuals served as presenters or basketball instructors, with former Gallup Area Basketball players instructing the participants. All camp attendees received a T-shirt, a water bottle, and a choice of either a basketball or a duffel bag.

Partner organizations assisting with this event included Rehoboth Christian School Athletic Director Mr. Adrian Pete; Navajo Nation Early Childhood Collaborative; McKinley County DWI Program/Task Force; New Mexico Department of Health; Navajo Nation Health Education Program; and Navajo Nation Athletic Basketball Association Monster Slayer Team.

Participants came from various areas within the Gallup Service Unit, including Church Rock, Iyanbito, Mentmore, Rocksprings, Lupton, Tsayatoh, and beyond, as well as Sanders, Window Rock, Fort Defiance, St. Michaels, Navajo, Ganado, and Mariano Lake.

2025 Gallup Service Unit Navajo Wellness Model (Sha'bik'ehgo As'ah Oodaal') Conference

Held at Hilton Garden Inn in Gallup, New Mexico, on December 3, 4, and 5, 2025. This event included a variety of Navajo Cultural teaching sessions that emphasized the importance of health and wellness throughout the day and evening, some of the covered topics were A'dee'ha'niih (Thoughts and Concerns of self); A'da'hodilzin (Respect and Reverence); A'daa A'haya (Taking Care of Self); and A'daa Haah Hasin (Limits); Navajo Creation Stories; and evening sessions were held at the Gallup Indian Medical Center Hogan with "Creation of the Horse" and "Traditional Healing Smoke" Sessions.



Trained Navajo Wellness Model instructors and Traditional Practitioners from throughout the Navajo Area Service Units presented on these sessions; individuals came from Chinle Service Unit, Sage Memorial Hospital, Winslow Indian Health Care, and Gallup Service Unit to share their knowledge.

A total of 196 participants attended this event. On Day One, there were 72; on Day Two, 62; and on Day Three, 62. The event was a success, and participants enjoyed it. Planning for the 2026 GIMC NWM Conference will begin in February 2026.

Gallup Indian Medical Center Public Health Nursing Community Immunization efforts

October 2025 through December 2025 – Gallup Service Unit Vaccine Locations

- 13 Chapters Houses=participants and staff
- Coyote Canyon Rehabilitation Center (assisted living facility) = clients and staff
- Gallup Northside Senior Center= clients and staff
- Bonney Family Home (assisted living facility) = clients and staff
- Fire Rock Casino= staff only
- 4 Saturday Mass Vaccine Clinic events held at Gallup Indian Medical Center-Internal Medicine Clinic, participants, and staff. Twenty-one locations were visited.

October 2025 - December 2025 Gallup Service Unit Public Health Nursing Department Vaccines provided. **The total number of individuals vaccinated is 1,347.**

- Influenza (6 months to 35 months = 19
- Influenza (6 months to 64 years) = 751
- Influenza (65 years and older) = 424
- COVID-19 Moderna (6 months-11 years) = 7
- COVID-19 Pfizer (5 years-11 years) = 28
- COVID-19 Moderna (12 years and older) = 392
- COVID-19- Pfizer (12 years and older) = 752

Tohatchi Health Center Dental Sterilization Support Team

- This objective addresses the critical need to implement and utilize existing authorities to foster partnerships and build coalitions with external stakeholders to elevate the health status of AI/AN people and increase access to culturally respectful health care services. This objective involves increasing partnerships, enhancing communication, and identifying community and health-specific program needs.



(Left to right)
Leandrew
Martine,
Deja Nez,
Jeanene
Jones, and
DA
Supervisor
Jennifer
Kercheva,
CDIPC, and
not pictured
William
Kanteena.

Tohatchi Health Center has been aiding with the sterilization of instruments for the Crownpoint Dental Department.

Beginning on November 8, 2025, Crownpoint Dental's sterilization processing area has been temporarily unavailable due to pending water testing and the installation of a water softener for their instrument processor. NTUA supplies water, and without a water softener, the hard water has caused challenges that affect the proper functioning and longevity of dental instruments.

In response to this situation, Tohatchi Dental has been fully prepared and committed to supporting Crownpoint Dental since November 13, 2025. Under the Supervision of Certified Dental Prevention and Control Specialist Jennifer Kercheva, along with four dedicated dental assistants, Tohatchi Dental has the capacity to receive and process contaminated instruments from three dental clinics: Crownpoint, Pueblo Pintado, and Thoreau.

The Tohatchi Dental team has demonstrated exceptional dedication by staying late to ensure that all dental instruments are thoroughly sterilized, allowing patient care at the supported dental department to continue uninterrupted. The health and safety of our patients remain our highest priority. All instrument processing is conducted in strict accordance with the established guidelines and regulations of CDC, OSHA, AAMI, and OSAP to ensure the highest standards of infection control and patient safety.

Kayenta Service Unit:

- In collaboration with Navajo Nation Health Promotion, the HPDP Team, alongside Kayenta Alternative Rural Hospital, held a conference to raise awareness about Alzheimer's Disease and its prevention. Many local community members participated, supported by five organizational partners from the Navajo Nation, BIE schools, and district schools. By fostering and strengthening external relationships, our community members have become better informed and have increased their awareness and management of Alzheimer's disease. Educational materials and resources were provided at the event to help participants better understand and manage Alzheimer's. Additionally, various strategies and physical activities manageable for individuals with Alzheimer's were shared, and many elders expressed gratitude to HPDP for sharing this valuable information.

Northern Navajo Medical Center

- **Public Health Nursing (PHN) Community Event at Dzith-Na-O-Dith-Hle Health Center (DZHC):** The DZHC PHN Department collaborated with the Dzilh-Na-O-Dith-Hle Community School and other agencies to host "Boo-Healthy Day" as a health education event. The event was held in conjunction with Red Ribbon Week. The Boo Healthy Day event was held at the community school gymnasium and was attended by students and school employees. Over 150 students and employees participated in preventive health presentations on oral hygiene, nutrition, substance use prevention, community safety, and wellness, as well as demonstrations from the local fire department and the NM State Police. The event was held in October, and it was fitting to incorporate Halloween festivities and costumes to provide enjoyment for the school children.



- **Outreach Programs at Four Corners Regional Health Center (FCRHC):** In a step toward improving the health and wellness of community members, the FCRHC provides outreach programs to its community. Public Health Nursing partnered with the local Chapter governments to support housing, food security, and infrastructure improvements. The clinical teams conduct visits for those who lack access to medical care, utilizing care coordination to monitor high-risk patients. Another team is the high-risk patient team, a multidisciplinary group of healthcare professionals who collaborate with the Shiprock Dialysis, Health Promotion, and Disease Prevention program, as well as the Navajo Epidemiology Center, to provide interventions, follow-up care, and reduce hospitalizations. Optometry and dental staff conduct school-based outreach to increase access to preventive care for children and adolescents. Lastly, the Patient Advocacy Office incorporates the Navajo Wellness Model and other culturally related customer service practices to increase patient engagement.

- **Support from Academic Institutions:** The Clinical Division at Northern Navajo Medical Center has contracted and established collaborative agreements with academic institutions such as the University of Utah and the Western Interstate Commission for Higher Education to support facility accreditation and viability of clinical programs.

Objective 4.2: Respect Self-Determination.

Division of Occupational Health and Safety

- NAIHS DOHSM maintains strong relationships with 638 facilities, including Tuba City, Winslow, and Fort Defiance hospitals, to ensure safe healthcare and community environments. DOHSM will participate in the "Reunification" emergency exercise planning in Tuba City in March 2026. It also consults with DEAP Charter School leadership in Navajo, New Mexico, to develop a school kitchen and cafeteria. Due to limited space and funding, DOHSM will provide guidance on codes and standards to ensure safety, supporting DEAP's goal of promoting Diné culture through education, vocational training, and activities.

Office of Tribal Partnership

- **Contract Support Costs:** The Indian Health Service has completed multiple third-party revenue contract support cost calculations and revised related CSC language. For context, on June 6, 2024, the US Supreme Court ruled in *Becerra v. San Carlos Apache and Northern Arapahoe Tribes* that Tribes contracting under the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, are eligible to receive CSC funding tied to program revenue generated and expended to support services under these federal contracts.
- **Annual Funding Agreement:** The Indian Health Service has approved the Emergency Medical Service and Navajo Treatment Center for Children and Their Families calendar year 2026 annual funding agreement, along with Fort Defiance Indian Hospital Board, Inc., and Navajo Health Foundation/Sage Memorial Hospital, Inc.

CONCLUSION

As we conclude the Navajo Area Indian Health Service Winter Session Report, we reflect with pride on the collective progress achieved across the Navajo Area and with humility regarding the work that remains. Throughout this report, we have highlighted measurable accomplishments that advance the Indian Health Service Strategic Plan while honoring Tribal sovereignty, strengthening government-to-government relationships, and integrating Diné knowledge and values into health care delivery.

Despite ongoing challenges related to workforce shortages, aging infrastructure, and resource constraints, the Navajo Area Indian Health Service has demonstrated resilience, innovation, and accountability. From achieving national accreditation milestones and expanding access to culturally respectful care to modernizing facilities and strengthening environmental and public health systems, our teams have remained steadfast in their commitment to patient safety, quality, and community-centered care. These efforts reflect disciplined stewardship of federal resources and a deep respect for the trust placed in us by the Navajo Nation and the communities we serve.

Equally important are the partnerships reinforced and expanded during this period. Collaboration with the Navajo Nation, Tribal organizations, federal and state agencies, academic institutions, and community partners continues to be essential to improving health outcomes and addressing social and environmental determinants of health. These partnerships are not ancillary to our mission—they are foundational to achieving sustainable, long-term impact.

Looking ahead to Fiscal Year 2026 and beyond, the Navajo Area Indian Health Service remains focused on strengthening its workforce, advancing data-driven decision-making, completing critical facility projects, and expanding access to comprehensive, culturally grounded health services. Guided by our mission to raise the physical, mental, social, and spiritual health of American Indians to the highest level, we remain committed to serving with integrity, transparency, and respect for the Diné people.

We extend our sincere appreciation to the Navajo Nation Council, Tribal leadership, our employees, and our partners for their continued guidance, collaboration, and support. Together, we will continue to build a stronger, more responsive health system that honors tradition, embraces innovation, and supports thriving Navajo communities for generations to come.