



NAVAJO AREA INDIAN HEALTH SERVICE

Navajo Nation Council

2nd Quarter Report

April 20, 2026



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Navajo Area IHS Leadership Messages

Area Director Message – Navajo Area IHS 2nd Quarter Report

It is my honor to present the Navajo Area Indian Health Service (NAIHS) 2nd Quarter Report, reflecting the continued dedication, resilience, and collaboration of our staff, Tribal partners, and communities across the Navajo Nation.

This quarter highlights meaningful progress in advancing culturally grounded, high-quality healthcare. A significant achievement includes the translation of the *Dietary Guidelines for Americans, 2025–2030* into the Diné language—an effort that not only promotes health and wellness but also strengthens cultural preservation and health equity. This work exemplifies our commitment to delivering care that is both clinically sound and culturally relevant.

We continue to expand access to care through major infrastructure investments. The groundbreaking of the Pueblo Pintado Health Center and ongoing progress on projects such as the Gallup Indian Medical Center expansion and the Echo Cliffs Health Facility demonstrate our strategic focus on modernizing facilities and meeting growing community needs. These efforts are complemented by the launch of the Navajo Area Health Services Master Plan, which will guide long-term planning and ensure alignment with future healthcare demands.

Our workforce remains central to our success. This quarter, we strengthened capacity through initiatives such as Mental Health First Aid instructor training, workforce development programs, and system-wide performance improvement efforts. Across service units, staff continue to demonstrate excellence in patient safety, quality improvement, and clinical care.

Public health and community engagement efforts also remain strong. Campaigns like “45 & Forward” are increasing awareness and preventive screening, while partnerships with Tribal leaders and organizations continue to enhance program delivery, including diabetes prevention and environmental health initiatives. These collaborations reinforce our commitment to self-determination and community-driven solutions.

Across all service units, innovative programs—from mobile dental services and school-based care to advanced safety systems and culturally informed wellness initiatives—reflect a shared mission: to provide accessible, high-quality, and respectful healthcare to the people we serve.

As we move forward, we remain committed to strengthening partnerships, investing in our workforce, and advancing infrastructure to ensure sustainable, equitable healthcare delivery across the Navajo Nation. I extend my gratitude to our staff, Tribal leaders, and community partners for their continued dedication and collaboration.

Together, we are building a stronger, healthier future for our communities.

Navajo Area IHS - Highlights

Ch'iyáán bee As'ah Na'adáhígíí ła' Ajínígo Choo'í



Atsj', naa'olí, na'ahóohai biyęęzhii,
neeshch'íí' & ak'ah yá'át'ééhígíí



realfood.gov

2025-2030

The Navajo Area has translated the newly released **Dietary Guidelines for Americans, 2025–2030** into the Diné language to promote health and wellness while preserving cultural and linguistic heritage. The effort was led by language and health experts from the Shiprock Service Unit, including Martha Austin-Garrison and Ida Bradley, with design support from Shondiin Cardenas and contributions from educators and community health representatives to ensure cultural accuracy and clarity.

Navajo Area Director DuWayne R. Begay, Ph.D., and IHS Chief of Staff Clayton Fulton praised the collaboration and dedication behind the project, highlighting its impact on health equity and language preservation. Other tribes interested in translating the guidelines into their Native languages are encouraged to contact IHSPublicAffairsStaff@ihs.gov.

Pueblo Pintado Health Center

On February 6, 2026, the Crownpoint Service Unit held a groundbreaking ceremony to mark the official start of construction for the Pueblo Pintado Health Center. Developed in partnership with the Pueblo Pintado Chapter Steering Committee and community members, the project represents a major step forward in expanding access to ambulatory care on the eastern side of the Navajo Nation. The service unit expressed appreciation to all who contributed their time, expertise, and dedication to bringing the project to life.



Navajo Area IHS Highlights



Tohatchi Health Care Center helped celebrate Dental Assistant Recognition Week. We truly appreciate everything you all do to keep Tohatchi Dental afloat. You continue to hang on as we pass through storms and climb up hills together. We see all that you do and know how well each of you are improving in your own unique way as professional dental assistants. Each of you takes the initiative to enhance your four-handed dentistry and utilize it with precision in providing patient care. Your skills in multitasking, flexibility, and willingness to complete tasks in a timely manner are greatly appreciated. Thank you all for your time and kind service for direct patient care needs. You are greatly appreciated!

Twelve individuals from **Navajo Area Indian Health Service** facilities, tribally operated health care facilities, state health departments, and local non-profit took part in a four-day Adult Mental Health First Aid Instructor (AMHFA) Training in Gallup, New Mexico. The individuals were certified by the National Council for Mental Wellbeing as instructors to deliver the evidence-based AMHFA training to their communities. AMHFA teaches individuals how to assist and support others who may be experiencing a mental health or substance use challenge. Topics covered in AMHFA are: 1) common signs and symptoms of mental health challenges, 2) common signs and symptoms of substance use challenges, 3) how to interact with a person in crisis, 4) how to connect a person with help, 5) expanded content on trauma, substance use, and self-care. The newly certified instructors will be providing AMHFA training to their communities this year.



(Left to right) Tohatchi Dental Assistants Leandrew Martine, Deja Nez, Jeanene Jones, Jennifer Kercheva and William Kanteena (not pictured)

Navajo Area IHS Highlights

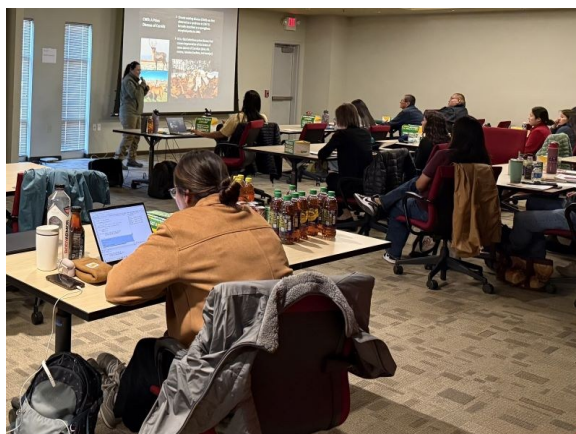


Capt. C. Kyle Gropp, Pharm. D., made several site visits to IHS facilities throughout the Navajo Area. He serves as the Southern Hospital Tier's point of contact. On March 18, Capt. Gropp attended the Chinle Service Unit Executive Committee meeting and was provided a tour of the hospital, including numerous outpatient and inpatient departments, a future site visit of upcoming expansions and upgrades, and the ongoing renovation of the Chinle Central Sterile Reprocessing and Inpatient Pharmacy remodel is nearly complete. Through consistent diligence and perseverance, we are proud to be approaching the finish line.

Navajo Area Health Service Master Plan

The Navajo Area Indian Health Service formally recognizes the launch of the Navajo Area Health Services Master Plan (NAHSMP) and expresses eagerness to initiate this significant endeavor. This initiative signifies a crucial step in evaluating and strategizing for future healthcare services and staff accommodations across all Tribal and Federal facilities within the Navajo Area. The Navajo Area values the ongoing engagement and leadership of 638 partners, the Navajo Nation, and Urban Indian organizations, whose collaboration will be indispensable to the success of this project. We anticipate working closely with Tribal Health Organizations, Service Units, and planning collaborators, Bodwé Professional Services Group and Forvis Mazars, to ensure a thorough and coordinated strategy. Leadership encourages active participation in the forthcoming virtual Town Hall on April 15, 2026, and the in-person meeting on April 28, 2026, as input from community leaders will be vital in developing a plan that embodies the long-term vision and healthcare needs of the Navajo Area.

The [Navajo Area Office](#) of Public Health recently partnered with the Navajo Nation Epidemiology Center to host the third quarter One Health meeting. The meeting provided an opportunity for stakeholders to provide updates, share current surveillance, highlight control activities, and strengthen interagency collaboration using the CDC's One Health model to enhance preparedness, early detection, and rapid response for vector and zoonotic diseases and outbreaks. Participants included the Utah Department of Health and Human Services, New Mexico Department of Health, Navajo Nation Wildlife Biologists, local veterinarians, Office of Environmental Health, and public health teams. The meeting focused on climate health, including water infrastructure, climate change, and livestock management on the Navajo Nation.



Navajo Area IHS Highlights

Gallup Indian Medical Center: On Thursday, March 13, 2026, IHS Chief of Staff Clayton Fulton and Deputy Director for Management Operations Darrell LaRoche joined HHS leadership for a visit with Navajo Nation leadership in Gallup, New Mexico. The group toured the [Gallup Indian Medical Center](#) (GIMC) and visited proposed sites for the new GIMC replacement facility. At GIMC, several members of the facility's leadership team welcomed the group. Capt. Brian Campbell led a guided tour of the new Emergency Department expansion, which is currently under construction. The group also toured the existing Emergency Department, where a newly installed CT machine is now enhancing diagnostic capabilities and patient care.

The visit also included a stop at Hozho Academy, where Patrick Mason provided a tour of both the high school and elementary campuses. The academy serves more than 900 students in kindergarten through Grade 12. During the visit, the group met with the school's chef, who prepares authentic, home-cooked meals for students. Despite having a limited staff, the team provides three meals each day to support student health and well-being. Hozho Academy is planning for future growth, including the development of a dedicated sports area to better serve its students and expand extracurricular opportunities.

On Friday, the group continued their engagement with tribal leaders by meeting with the Governor and Council of Santa Ana Pueblo. During the visit, they toured the construction site for the Albuquerque West Health Center project, highlighting ongoing efforts to expand access to quality health care services for tribal communities.



*Gallup Indian Medical Center
Health & Human Services Visit*



Navajo Area IHS Divisions

Division of Financial Management

Implementation to the Executive Order 14247

Modernizing Payments to and from America’s Bank Account, Navajo Area Finance in collaboration with each Service Unit have successfully supplied a new electronic payment system called Pay.gov. This system allows our internal and external customers an opportunity to pay online for services rendered within the Navajo Area region. The Service Units began receiving Pay.gov collections in October and has been increasing each month. Navajo Area Finance monitors the collections received on a weekly basis to ensure timely posting is completed.

Oct. 2025	Nov. 2025	Dec. 2025	Jan. 2026	Feb. 2026	Mar. 2026	TOTAL
\$12,134.23	\$35,999.96	\$ 49,848.48	\$ 40,165.37	\$ 48,006.78	\$ 62,549.10	\$ 248,703.92

Go. Gov

The Indian Health Service will be transitioning to a new travel system in August 2026. The new travel system is called Go.Gov. The Navajo Area Office is preparing for the transition by updating traveler profiles and also cleaning up the old open documents. The Headquarters Travel Team will conduct monthly work sessions with each Area and provide ongoing support to address any errors and assist with the transition process.

Vendor Payment Certification

During the 2nd quarter the Navajo Area Certifying Officer approved 8,282 invoices for payment. Total invoices approved for payment as of March 2026 is 15,986. These payments include vendor payments, Travel reimbursements, and 638 payments.

Quarter 1 (October 2025 – December 2025)	7,704
Quarter 2 (January 2026 – March 2026)	8,282
Total	15,986

Undelivered Orders

Undelivered orders are the value of goods and services ordered and obligated that have not been received. A majority of the documents are old and are tying up funds. The Navajo Area is working on closing out these documents so the funds can be reverted back for other uses. As of March 31, 2026, the Navajo Area has canceled 36,360 old documents and freed up \$189,352,663 in funds. These funds can be used by the service units for additional need.

Navajo Area Divisions

Division of Financial Management

Third Party Collections

The Navajo Area federal facilities have collected \$293,321,877 in third party collection at the end of March 2026. Below is the breakdown by service unit.

	1st Quarter	2nd Quarter	Total
Chinle	\$ 35,829,350	\$ 37,606,590	\$ 73,435,940
Crownpoint	\$ 10,774,385	\$ 11,589,169	\$ 22,363,554
Gallup	\$ 47,290,536	\$ 48,863,365	\$ 96,153,901
Kayenta	\$ 7,983,505	\$ 10,407,157	\$ 18,390,662
Shiprock	\$ 39,636,953	\$ 43,340,867	\$ 82,977,820
Total:	\$ 141,514,729	\$ 151,807,148	\$ 293,321,877

638 Payments

Below table showing all payments to our 638 and Urban partners for the first and second quarters.

	1 st Quarter	2 nd Quarter	Total
Title I	73,359,565.00	49,126,893.00	122,486,458.00
Title V	120,481,668.00	0.00	120,481,668.00
Urban	0.00	2,031,243.00	2,031,243.00
105(L) Leases	0.00	28,937,787.00	28,937,787.00
Total	193,841,233.00	80,095,923.00	273,937,156.00

Navajo Area IHS Divisions

Office of Quality & Patient Safety

Improve Patient Safety Reporting

The Navajo Area Quality team attended Patient Safety Hours focused on Root Cause Analysis (RCA) documentation within the upgraded IHS Safety Tracking and Response (I-STAR) platform, which aims to build confidence in standardized RCA practices and enhance the reliability of event reporting, reflecting our ongoing progress.

Performance Improvement Training

The Navajo Area Performance Improvement coordinator conducted Performance Improvement training (2 hours) for the Crownpoint Supervisors on March 11, 2026. The training included the purpose of test of change, importance of Plan-Do-Study-Act (PSDA), and how to utilize the tool format.

New Incident Reporting System

The Navajo Area Risk Management Coordinator has been assisting the tribal 638 facilities by establishing their [IHS Safety Tracking and Response \(I-STAR\)](#) accounts, providing training materials and videos, and communicating with tribal facilities and other Service Units regarding the new processes. Additionally, attending any I-Star training sessions to become more acquainted with the new I-Star platform.

Quality Assurance & Risk Management

On March 9, 2026, the Navajo Area Risk Management Coordinator coordinated a special session with the Headquarters Quality Assurance Risk Management Committee (HQ QARMC). During this meeting, the Navajo Area Quality Assurance Risk Management (QARM) team presented a total of seven cases, all of which were successfully resolved. The cases addressed a range of issues, including both clinical and non-clinical matters.

Patient Experience of Care Survey

The Navajo Area Performance Improvement Coordinator supported each service unit in uploading Patient Experience of Care Survey data to the survey platform, ensuring accurate, standardized data collection for monitoring, analysis, and performance improvement.

Navajo Area IHS Divisions

Office of Quality & Patient Safety

Quality & Patient Safety Newsletter

The Navajo Area Quality Team sent the Navajo Area IHS Quality & Patient Safety Newsletter for January, February, and March 2026, showcasing our collective efforts. The newsletter provides updates on quality initiatives, patient safety priorities, and performance improvement topics to support awareness and engagement across service units.

Governance

The Navajo Area Chief Quality Manager assisted the HQ Office of Quality (HQ OQ) Governing Body Lead in coordinating Informal Validation A-123 reviews with the Service Units. Since the implementation of the HQ Governing Body Standardization, HQ OQ is requesting the following reviews to ensure compliance: annual reports, core measures, and informal audits. The feedback from the reviews and audits is to prepare the Service Units for a formal review by Compliance A-123 in May 2026.

Accreditation Readiness

The Chief Quality Manager of the Navajo Area participated in the impactful Accreditation 360 course focused on Safety and Facility Management, which took place in the vibrant community of Gallup. This comprehensive training aimed to enhance expertise in ensuring safety standards and effective facility management practices.

National Data Warehouse

The Navajo Area Clinical Application Coordinator this week focused on providing National Data Warehouse (NDW) reports to non-IHS sites (tribal, urban, and contract) to improve data accuracy. Non-RPMS sites are encouraged to resend data from October 1 to the present to update records with completed coding. Reporting is now advised at least quarterly, if not monthly, to identify and correct issues sooner, avoiding end-of-year reporting problems.

Navajo Area IHS Divisions

Office of Public Health

“45 & FORWARD CAMPAIGN”

The goal is to increase screening rates, support patients, and promote prevention for the second leading cause of cancer death in the U.S.

March is National Colorectal Cancer Awareness Month. Colorectal cancer is the second leading cause of cancer deaths in the United States, even though it can often be prevented with screening starting at age 45. To raise awareness, the “45 & Forward” campaign was launched as a four-week virtual program for Navajo Area IHS employees.

The campaign focused on educating participants about risks, symptoms, and prevention, while encouraging regular screening and reducing fear or stigma. A total of 44 participants completed short weekly activities, including emails, quick quizzes, and simple action steps. Surveys before and after the campaign measured knowledge, confidence, and intent to take action.

Results showed overall improvement in awareness and confidence. By the end of the campaign, all participants understood that screening is important even without symptoms. Confidence increased significantly, and more participants reported they were very likely to get screened.

The campaign helped build awareness and motivate action. Participation continues through April 10, 2026, and final results will provide additional insights. Ongoing education and clear messaging will help support lasting healthy habits and better health outcomes.

TLDC Meeting Highlights Diabetes Program Updates and Funding

Representatives from Tribal Leaders Diabetes Committee (TLDC) regions nationwide met to discuss diabetes program priorities and funding. Participants included Tribal and federal leaders from multiple Indian Health Service (IHS) Areas, including Vice President Richelle Montoya, Navajo Area TLDC Alternate.

Attendees received updates on the Special Diabetes Program for Indians (SDPI), focusing on funding and future planning. Discussions highlighted using resources to strengthen diabetes prevention and care in Tribal communities. For Fiscal Year 2026, SDPI funding increased to \$200 million, a \$41 million increase, with an additional \$70 million available from prior-year carryover. The program is in year four of its five-year grant cycle, with funding recommendations still under review.

Federal partners reaffirmed support for SDPI and Indian health programs. IHS funding increased to \$8.05 billion, with short-term funding through 2026. Leaders also discussed legislation to expand Tribal self-governance, improve access to care, and support long-term diabetes efforts.

Navajo Area IHS Divisions

Office of Tribal Partnership

Contract Support Costs (CSC) and Compliance

The Office of Tribal Partnership continues to collaborate with Navajo Area Tribes and Tribal Organizations on Contract Support Costs (CSC) calculations, focusing on closing out Fiscal Year 2021 within the six-year statute of limitations by September 30, 2026, and ensuring CSC is properly allocated to Lost Reimbursement under the American Rescue Plan Act. Efforts also include estimating indirect CSC on program income and third-party revenue expenditures. Following the June 6, 2024, U.S. Supreme Court decision in *Becerra v. San Carlos Apache and Northern Arapahoe Tribes*, Tribes are eligible to receive CSC funding tied to program revenue used to support ISDEAA contracts. The Indian Health Service (IHS) is legally required to pay 100 percent of CSC, including reconciling any underpayments or overpayments.

Tribal Engagement and ISDEAA Program Development

The Office of Tribal Partnership continues to strengthen relationships with Tribes, Tribal Organizations, and local Chapter leaders to support the development of health programs under the Indian Self-Determination and Education Assistance Act (ISDEAA). This includes providing training on Title I, Title V, Contract Support Costs, and Section 105(I). Upcoming efforts include initiating Fiscal Year 2027 pre-negotiation discussions in advance of annual funding agreements. Current engagements include the Ts'ah Bii Kin Chapter and Chilchinbeto Chapter/Canyonland Health Center, with additional meetings planned with Delegates Tolth and Simonson to expand understanding of ISDEAA and explore future contracting opportunities for programs, functions, services, and activities.

Navajo Area IHS Divisions

Division of Facilities Planning and Engineering

Tsaile Health Center

The Helipad Construction Project is one of three key projects within the Chinle Service Unit and is scheduled for completion by September 7, 2026.

Photos Taken: March 2026



New Connex Storage Location



New Location for Helipad

Navajo Area IHS Divisions

Division of Facilities Planning and Engineering

Echo Cliffs Health Care Facility

As of March 23, 2026, the Bodaway/Gap Health Facility project is advancing on schedule toward its May 2026 substantial completion target. Overall construction progress is estimated at 70–75% complete, with key interior work—including flooring, millwork, and HVAC commissioning—currently underway.

All modular units for the staff quarters have been delivered to the site, and assembly is scheduled to begin in April following completion of foundation and utility work. A critical risk has been identified at the Echo Cliffs Pumphouse: failure to install the required steel sleeves by May 1, 2026, would result in a complete water shutoff to the health center. A mitigation plan is in place, with the project team self-performing the installation and on track to meet the deadline.

Another key dependency is completion of the substation transformer needed to power the staff quarters. The schedule is being confirmed with NTUA, with a target for power availability by June 2026. Administrative tasks are also progressing. Although 2025 financial reports remain pending due to formatting confusion, a resolution has been identified and submission is expected this week. Recruitment and pre-award activities are underway and will be finalized following beneficial occupancy in June.

Key upcoming milestones include an onsite construction visit on April 21, 2026, and the next Project Leadership Team meeting on April 20, 2026.



Pharmacy Equipment Installation

Navajo Area IHS Divisions

Division of Facilities Planning and Engineering

Echo Cliffs Health Care Facility



Mammography Equipment Installation



Staff Housing Modular Unit Kitchen

Navajo Area IHS Divisions

Division of Facilities Planning and Engineering

Chinle Expansion Project

The current boiler design in the Master Plan includes six new boilers and associated pumps, reflecting the load requirements of a new boiler and pumping system. However, the current expansion design will exclude the boilers and new generator in order to help the Chinle Service Unit address its immediate upgrade needs more quickly.

Crownpoint South Quarters Repair-by-Replacement

The Crownpoint Service Unit project involves replacing existing quarters on the south campus through the demolition and abatement of twenty-five (25) units. The project will construct thirty-three (33) new units, including three (3) single-family homes (1- and 2-bedroom, including one ADA unit), six (6) quadplex multifamily buildings (1- and 2-bedroom units), and three (3) duplex multifamily buildings (2-bedroom units). The scope also includes replacement of sidewalks, ramps, curbs and gutters, pavement sections, and installation of all necessary utility improvements to enhance services and meet current code requirements.

Construction will be executed in two phases, with a total contract duration of 730 days. As of April 2, 2026, LAM Corp has made the following progress since the previous report: completion of fire sprinkler piping installation and testing; completion of fascias and soffits; continued interior drywall installation and texturing in Phase 1; and completion of mechanical and electrical inspections prior to concealment.



Staff Housing Unit Before Exterior EFIS Installation

Navajo Area IHS Divisions

Division of Facilities Planning and Engineering

Gallup Indian Medical Center Replacement Facility

The Navajo Area Indian Health Service (NAIHS) continues to collaborate with the Executive Director of the Navajo Nation Department of Health (NNDOH) on the site selection for the future Gallup Indian Medical Center (GIMC) Replacement Facility. The Navajo Nation is leading the feasibility evaluation of the proposed Gamerco site in Gamerco, New Mexico.



This evaluation includes a range of technical studies to determine the suitability of the site for construction. These studies include, but are not limited to, land title reports; topographic and utility surveys; floodplain assessments; traffic impact and site access analyses; civil engineering evaluations; cultural and biological studies; and geotechnical investigations.

The Navajo Nation and NAIHS have established June 30, 2026, as the target date to complete the Gamerco site feasibility evaluation and submit the findings to IHS Headquarters in Rockville, Maryland. Upon submission, the technical study results will be reviewed to support a final determination on the feasibility of constructing the GIMC Replacement Facility and associated staff quarters at the proposed site.

In parallel with the site feasibility effort, NAIHS is implementing an Area-wide Health Services Master Plan (HSMP). This initiative includes participation from 34 federally and tribally managed health facilities across 10 patient service areas on and near the Navajo Nation. The HSMP will assess patient workloads and referral patterns and will play a critical role in defining the future GIMC Replacement Facility's service scope, space requirements, and staffing needs.

HSMP activities are currently underway and are expected to continue through July 31, 2027. The HSMP contractor anticipates beginning preparation of GIMC Replacement Facility planning documents in July 2026, with completion targeted for July 2027. These planning documents are essential for identifying the services to be provided and guiding the overall development of the facility.

Navajo Area IHS Divisions

Division of Facilities Planning and Engineering

Gallup Indian Medical Center Emergency Department

The existing Emergency Department (ED), approximately 3,434 Building Gross Square Feet (BGSF), will be renovated as part of the new ED project and will include 16 patient care spaces. This project is intended to address current space deficiencies within the ED and Observation Unit, increasing patient capacity and enhancing patient care services. The scope includes full renovation of the first floor, incorporating the vacated Urgent Care space, and an ED expansion of approximately 2,283 square feet. Upon completion, the total Emergency Department is projected to be approximately 10,600 BGSF.

Recent construction progress includes continued electrical work, with electricians pulling wire to panels, installing conduits and boxes in exam rooms and support areas, and providing power to exterior signage. HVAC crews extended ductwork above the north corridor and made necessary adjustments to duct sections. Plumbing work included installation of a hand hygiene sink, relocation of sprinkler heads, and preparation for boiler placement. LAM Corp completed door installation, tile and shower finishes, interior and exterior signage, and general cleanup. Exterior work included major mechanical equipment placement and site coordination. A crane was used to set boilers in the annex pit and lift humidifiers and fans onto the roof, while roofing crews installed pipe jacks and integrated new curbs into the existing roofing system. Electrical crews continued trenching and conduit installation between the generator building and the hospital.



Dedicated Emergency Department Waiting Room

Navajo Area IHS Divisions

Division of Facilities Planning and Engineering

Pueblo Pintado Healthcare Facility

The Pueblo Pintado project involves the construction of a comprehensive health care facility and 82 staff quarters to serve the Navajo Nation in Pueblo Pintado, NM, with a projected user population of 5,991 through 2028. The facility is designed to support a staffing level of 255 IHS employees, in addition to Navajo Nation personnel for tribally operated departments.

The preliminary gross building size of the health care facility is approximately 125,884 square feet. Construction began on January 1, 2026, with substantial completion anticipated in July 2028. Current activities include ongoing earthwork and foundation construction for the health center.



Site Drone Photo of the Civil Work at Pueblo Pintado Healthcare Facility

Navajo Area IHS Divisions

Division of Occupational Health & Safety Management

Service Unit Services

Comprehensive environmental health and safety services were provided across multiple Service Units to support safe healthcare environments and regulatory compliance. Indoor air quality (IAQ) investigations were conducted, with consultation provided for healthcare facilities in the Shiprock and Chinle Service Units (SU). These efforts focused on identifying air quality concerns, evaluating ventilation systems, and recommending corrective actions to protect patient and staff health.

In addition, consultation was provided in response to a mold complaint in the Gallup Service Unit, along with a dental mercury vapor survey to assess and prevent potential employee exposures. These targeted assessments ensured that environmental hazards were identified and mitigated in accordance with safety standards and best practices.

Training and Accreditation Support

In-person training was delivered to Facility Maintenance and Safety Officers on the use of The Joint Commission Resources (JCR) Accreditation Management Platform (AMP). This training supported completion of IHS Headquarters and Navajo Area Physical Environment (PE) Tracers for the Chinle and Kayenta Service Units. The sessions enhanced staff capacity to effectively conduct tracer activities, document findings, and maintain readiness for accreditation surveys.

Standardized measurement and outcome goals are achieved through the JCR AMP Tracer system, which is used to conduct surveillance and identify, track, and monitor a wide range of Physical Environment (PE) deficiencies and corrective actions. The AMP software aligns with current The Joint Commission (TJC) accreditation standards and provides an efficient method to research, cite, and document deficiencies. It also enables Service Unit, Area, and IHS Headquarters staff to document, view, track, and update corrective actions in real time, improving communication and reducing the resources needed to address identified issues.

Incident Reporting and Performance Monitoring

Routine review of I-STAR Incident Reporting data was conducted for each Service Unit to monitor injuries and incident trends. Findings were shared with Service Units to support data-driven decision-making, reduce incidents, and mitigate unsafe practices and environments. This ongoing monitoring contributes to continuous performance improvement and strengthens overall workplace safety.

Navajo Area IHS Divisions

Division of Occupational Health & Safety Management

Training and Recognition

The DOHSM staff attended The Joint Commission (TJC) Accreditation 360 Training, which provided updates on the new Physical Environment (PE) chapter and National Patient Safety Goals (NPSG) standards. In addition, staff actively participated in various IHS-related sessions, including Safety Officer meetings, ISTAR, Tracer, Infection Control, and NuVolo CMMS office hours. Notably, two DOHSM staff members were selected to receive the IHS Director's Group Award. Congratulations!

Facility Support and Technical Consultation

Participated in the Shiprock SU HVAC meeting and consult on mitigations plans to ensure the healthcare services are available. Consulted with Kayenta ARH regarding AHU ventilation issues so that certain healthcare services remain available while replace/repair is being conducted.

Workforce Development and Collaboration

DOHSM continues to educate healthcare facility safety officers and facility maintenance staff by promoting improvements and sharing best practices to enhance the healthcare environment. Staff also participated in surgical fire drill planning in collaboration with the Gallup Service Unit. To further expand and strengthen environmental health, public health, and facility infrastructure, DOHSM staff engaged in several recurring and specialized activities, including monthly National Code Chat calls, National Safety Officer office hours, AMPs Tracer office hours, NuVolo CMMS office hours, and participation in the National Workplace Violence SPRINT workgroup.

Data Systems and Safety Oversight

DOHSM utilizes multiple systems to support data-driven oversight and improve safety outcomes. The AMPs TRACER, supported by Joint Commission Resources, is used to identify, track, and monitor Environment of Care and Life Safety concerns while aligning with accreditation standards and enabling real-time corrective action tracking. The I-STAR system documents injuries, safety risks, and near-misses, supporting investigation and corrective actions to enhance safety. Additionally, the Department of Labor ECOMP database is used to submit OSHA 301 forms for electrical incidents, ensuring compliance and accurate reporting.

Navajo Area IHS Divisions

Division of Occupational Health & Safety Management

Partnerships and Interagency Collaboration

DOHSM maintains strong working relationships with partners including CDC, NTUA, local emergency response personnel (police and fire), and Tribal/Federal OSHA to ensure compliance in healthcare safety. Staff participated in a proactive security walkthrough with the City of Gallup Police Department at Gallup Indian Medical Center to strengthen partnerships, as well as a full Emergency Management Exercise at Tuba City Regional Health Care Facility.

Self-Determination Support

In support of Objective 4.2: Respect Self-Determination, DOHSM also fosters strong collaboration with 638 facilities (Tuba City, Winslow, and Ft. Defiance hospitals)by providing services upon request and continuing to share best practices and healthcare safety awareness to promote safe healthcare environments.

Navajo Area IHS Divisions

Division of Sanitation Facilities & Construction

Government to Government Relationship

During this quarter, the SFC program continued to strengthen government-to-government relationships and enhance collaboration with Navajo Nation Chapters, Delegates, and community partners. We conducted numerous Chapter visits and meetings to present the SFC program mission, explain homeowner application procedures, medical referral processes, and project initiation steps, and provide consistent updates on active SDS and PDS projects. These engagements included reviewing waterline maps, discussing participant locations, and addressing concerns from Chapters and Legislative Delegates.

A Public Health Analyst was hired to assist and support the effort to work directly with our Tribal partners. ***See the Table on page 26.***

Tribal Advisory Committee Formulation

The Navajo Area Sanitation Facilities Construction (SFC) staff participated in the Navajo Nation Health Education Human Service (HEHSC) discussions with Johns Hopkins University regarding the formation of a Tribal Advisory Committee. Public outreach efforts were to provide community members with program information, application guidance, and answers questions. Additionally, we supported engineers by helping deliver project updates at the Casamero Lake and Hardrock Chapters. Overall, this quarter's engagement efforts emphasized transparency, responsiveness, and collaboration, advancing progress on projects and strengthening relationships with Chapters and Navajo Nation leadership.

Navajo Area IHS Divisions

Division of Occupational Health & Safety Management

Date	Meeting / Event	Purpose
Jan 13	President Nygren State of the Nation address	Set up a booth to provide community members with information about our application and program.
Jan 20	Delegate Germaine Simonson	Met to discuss the Many Mules waterline extension.
Jan 22	Whitecone Chapter Officials	Met with Chapter leadership. Presented on the SFC program and provided updates on current SDS and PDS projects.
Jan 23	Teec Nos Pos Chapter Officials	Met with the chapter manager. Presented on the SFC program and provided updates on current SDS and PDS projects.
Jan 26	Casamero Lake Chapter Officials	Met with Chapter leadership to discuss the well project, as they had concerns about the pump test.
Feb 3	Tsayatoh Chapter Officials	Met with chapter leadership. Presented information on the SFC program and provided PDS project updates.
Feb 4	Hardrock Chapter Officials	Meeting with chapter leadership to discuss current PDS and SDS projects. They expressed the desire to prioritize LX9 for the elderly who live there and currently haul water.
Feb 5	Delegate Brenda Jesus Oak/Pine Springs Chapter Officials	Met with delegate, LDA, and chapter leadership. Presented on the SFC program and provided updates on current SDS and PDS projects.
Feb 6	Navajo Mountain Chapter Officials	Met with chapter leadership. Presented on the SFC program and provided updates on current SDS and PDS projects. The community and Chapter leadership want to prioritize the Arizona projects.
Feb 11	Black Mesa Chapter Officials	Meeting with chapter leadership and community members to discuss current projects
Feb 17	Steamboat Chapter Officials	Met with chapter leadership and community members. Presented information on the SFC program and provided PDS project updates. Also discussed participant lists.
Feb 19	Delegate Vince James	Meeting with Delegate to discuss NECA 638 contractual details and Kin Dah Lichee Summit waterline funding issues.
Feb 24	Greasewood Springs Chapter Officials	Met with Chapter and Chapter leadership to discuss grazing signatures and the current projects in the area
Feb 25	Delegate Helena Nez- Begay; Chapter Officials Coppermine Kaibeto LeChee Tonalea	Met with delegate, LDA, and chapter leadership. Presented on the SFC program and provided updates on current SDS and PDS projects. They requested maps and participant lists for all chapter waterline projects in their areas.
Feb 26	Ganado Chapter Officials	Discussed the steps needed by the finance department to transfer Chapter funding to IHS for the Ganado SW Waterline Extension Project NA25W72
March 5	Shonto Chapter Officials	Met with chapter leadership. Presented on the SFC program and provided updates on current SDS and PDS projects.
March 9	HEHSC Legislative Meeting	Met with the HEHSC committee to discuss the formation of the tribal advisory committee (TAC).

NAIHS Service Units

Chinle Service Unit

PECC program: Pediatric Emergency Care Coordinator for the ED

The initiative focuses on launching the Pediatric Emergency Care Coordinator (PECC) program in the emergency department, led by four lead nurses, two new graduate nurses, and Dr. Reyes. This program is new for staff, many of whom are contract RNs, and aims to strengthen pediatric readiness by aligning care with national standards and improving coordination across providers and partners. The team supports staff education, competency validation, and regular equipment checks, while also ensuring that pediatric supplies are available and ready for use. They help develop and implement pediatric policies, monitor quality and safety practices such as weight-based dosing, and review cases to improve outcomes. Simulations were completed in January 2026, with another scheduled for March 20, 2026, to reinforce training and preparedness, including pediatric considerations in emergency and disaster planning.

Diabetic Eye Care

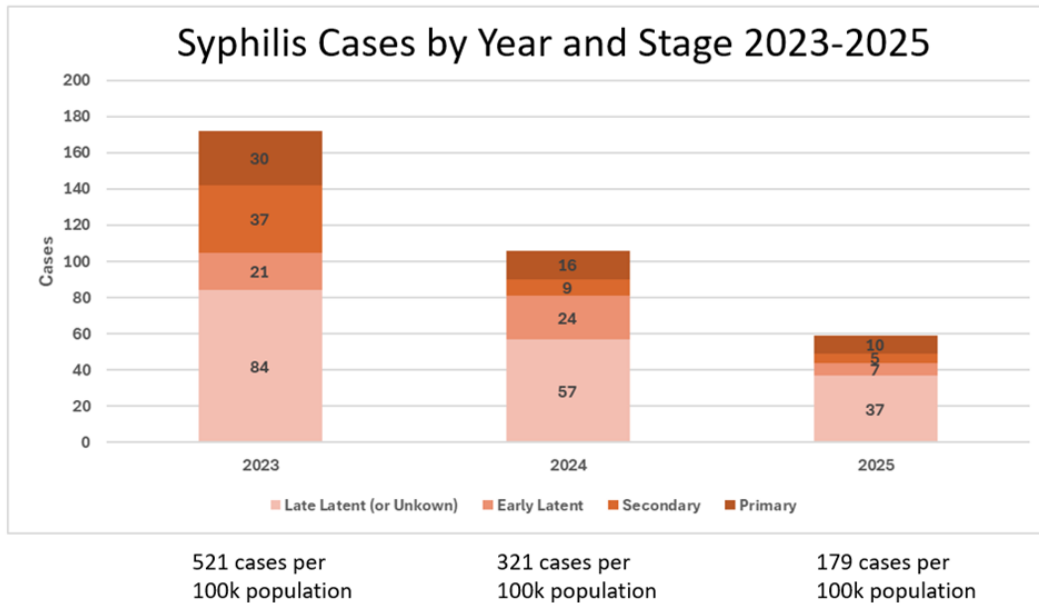
To improve access to diabetic eye care, Chinle Service Unit follows American Diabetes Association guidelines by offering two screening options: a comprehensive dilated eye exam through the Optometry Department or retinal photography through the JVN program. To address staffing shortages, Optometry and Population Health have restructured services so patients with diabetes can choose the option that best meets their needs. Patients who use the JVN program are contacted with results and follow-up instructions, including scheduling appointments for glasses or further evaluation. Urgent findings are addressed promptly through referral to eye services or specialists. This approach expands access to care while maintaining quality, with a long-term goal of alternating yearly screenings between JVN and dilated exams for patients at low risk of retinal disease.

Stop Syphilis Campaign

The Stop Syphilis Campaign at Chinle Service Unit was launched in response to rising infections during and after the COVID-19 pandemic, following a national initiative by the Indian Health Service in 2023. A multidisciplinary team, including providers, nurses, pharmacists, health technicians, and public health officials, worked together with the Navajo Nation Social Hygiene Program to expand screening, testing, and treatment efforts. As a result, syphilis cases decreased by 66% from 2023 to 2025. This success is linked to coordinated strategies such as routine screening for patients ages 13–64, expanded testing in the Emergency Department, the creation of an Express STI Clinic, use of incentive cards, and strong case management by Public Health Nursing to ensure timely follow-up and treatment.

NAIHS Service Units

Chinle Service Unit



PRC Coordination and Billing Process Improvements

The PRC Meeting held on January 9, 2026, with San Juan Regional Medical Center focused on strengthening coordination between PRC and external partners, including improving referral designation, authorization processes, and billing communication to support timely patient care and payment processing. In parallel, Juan Health Partners billing staff worked on follow-up and tracking of prior requests, including a recent project to update pending purchase orders with the Fiscal Intermediary (Blue Cross/Blue Shield), addressing requests for Explanation of Benefits (EOBs) and IHS/PRC payment releases. This effort, completed the quarter, included ongoing monitoring through spreadsheets to track pending actions. Additionally, the PRC 2nd Annual Provider Meeting on March 31, 2026, with the Farmington PRC Billing Office highlighted process changes, improved care coordination across disciplines, review of patient collection notices, and updates on claims and pending items through online access.

Automated Weather Observation Station

Working in collaboration with the Chinle Chapter to support the installation of an Automated Weather Observation Station (AWOS) at the Chinle Airport. This effort focuses on improving access to real-time, accurate weather data to enhance aviation safety, support emergency medical transport operations, and strengthen overall airport capabilities. Coordination includes engaging local leadership, identifying funding opportunities, and working with relevant agencies to move the project toward implementation.

Navajo Area HIS Service Units

Crownpoint Service Unit

IT Modernization and Patient Safety

Significant progress has been made at the Crownpoint health care facility as multiple information technology initiatives strengthen patient safety, improve system reliability, and support the transition to a modernized electronic health record (EHR) system.

EHR Readiness and Transition Planning

From January through March 2026, IT teams led comprehensive readiness efforts under the Path EHR Health Record Readiness Planning project. Staff assessed infrastructure, reviewed clinical workflows, and identified system gaps while developing mitigation strategies to ensure a safe and seamless transition to the new EHR system. These activities spanned clinical, administrative, and support areas, prioritizing patient safety during modernization

Wireless Network Infrastructure Upgrades

The Wireless Network Refresh project delivered upgraded wireless infrastructure across the facility. Enhancements improved secure connectivity, increased clinician mobility, and enabled more efficient bedside documentation. The strengthened network supports more reliable communication and timely access to patient information, contributing to higher-quality care delivery.

Total System Safety and Network Resiliency

Advancing Objective 1.2: Enhance Total System Safety Strategy, the Network Resiliency Design project introduced redundant network pathways and failover strategies to reduce downtime risks. These upgrades ensure continued access to electronic health records and communication systems, even during emergencies or unexpected disruptions—an essential capability for rural health operations.

Cybersecurity and Vulnerability Management

The Patch and Vulnerability Management project reinforced cybersecurity defenses by enhancing system update cycles, actively tracking vulnerabilities, and prioritizing remediation across servers, workstations, and network infrastructure. These actions safeguard sensitive patient information and strengthen public trust in the health care system.

Performance Measurement and Reporting

Supporting Objective 1.3: Standardize Measurements and Outcomes, the Executive Information Technology Reporting initiative introduced monthly standardized reporting. These reports provide leadership with clear insights into service levels, system uptime, and cybersecurity performance, enabling improved resource allocation, accountability, and proactive risk identification.

Navajo Area IHS Service Units

Crownpoint Service Unit

Social Drivers of Health – Transportation Focus

The Crownpoint Service Unit can strengthen its role as a leading health care organization by addressing factors that impact access to care, treatment adherence, and health outcomes. Transportation is the most significant Social Driver of Health (SDoH)/Health-Related Social Need (HRSN) identified in 2025, followed by food insecurity, utilities, housing, and safety. Current data reflects inpatient screening; however, expanded screening across all departments is planned, with staff trained to conduct SDoH/HRSN assessments.

Strategic Objective (FY 2026)

CPSU will screen 85% of patients across its three sites: Crownpoint Healthcare Facility, Pueblo Pintado Health Center, and Thoreau Health Center.

Action Plan

Transportation barriers often prevent patients from attending appointments, obtaining medications, and receiving follow-up care. To address this, CPSU will partner with community transportation services, explore hospital shuttle options for remote areas, collaborate with tribal and local organizations, develop mobile clinics, and expand telehealth services for follow-up and chronic disease management. These efforts aim to reduce missed appointments, delayed diagnoses, and preventable complications. These efforts will help reduce missed appointments, delayed diagnoses, and preventable complications.

Social Drivers of Health/Health Related Social Needs - Positive Cases
FY 2025

	Housing & Living Situation	Food Insecurity	Transportation	Utilities	Safety	Total # Patients
January	0	0	3	3	0	5
February	1	6	9	3	1	10
March	0	1	4	0	0	5
April	5	5	6	1	1	9
May	7	7	4	4	2	12
June	0	1	2	1	0	3
July	0	0	3	3	1	4
August	1	1	3	1	1	3
September	4	2	4	2	3	7
October	0	1	0	1	1	3
November	0	2	1	1	0	2
December	2	2	2	1	1	3
TOTALS	20	28	41	21	11	66

NAIHS Service Units

Crownpoint Service Unit

Workforce Development Training

Delivered targeted training in networking, cybersecurity, and service management to strengthen internal expertise and improve operational resilience within the Service Unit. Enhanced workforce capabilities reduce reliance on external contractors and improve response times for patient care support services.

Artificial Intelligence Learning Initiative

Launched foundational training on the responsible, practical use of emerging technologies to prepare staff for future health care innovation. The initiative aligns workforce development with long-term modernization and digital transformation goals.

Clinical Mobility Enablement

Expanded secure wireless capacity to support bedside documentation, faster clinical workflows, and improved communication between care teams and patients. Improved mobility enhances timely decision-making and strengthens the overall patient care experience.

Five Year Technology Cost Planning

Developed multi-year budget projections outlining capital investments and operational expenses to strengthen financial transparency and strategic planning. Long-term fiscal planning supports responsible stewardship of public funds and informed legislative oversight.

Service Metrics Dashboard

Established measurable service indicators, including ticket volume, response times, and repeat issue trends, to guide continuous performance improvement. Data-driven reporting enables leadership to prioritize investments and monitor outcomes across technology initiatives.

National Health Collaboration

Coordinated planning with national health technology leaders to align local systems with enterprise standards and modernization efforts. This collaboration ensures Crownpoint representation in broader strategic planning and supports consistent system implementation across facilities.

NAIHS Service Units

Crownpoint Service Unit

Privacy and Security Stewardship

Maintained strong data protection practices and enhanced system safeguards to ensure patient privacy, confidentiality, and regulatory compliance. Ongoing stewardship reinforces community trust and supports the delivery of safe, respectful health care services.

Navajo Wellness Model Sharing – “Born in the East, Sustaining Our Culture”

From February 3–5, 2026, the Crownpoint Service Unit Traditional Native Medicine Program and Division of Public Health partnered with Navajo Technical University to host a free community event in Crownpoint, NM. The gathering brought together community knowledge holders and partners, including representatives from IHS, the Office of Environmental Health (Winslow), Winslow Indian Health Care Center, and the Navajo Nation Division of Behavioral and Mental Health Services, to strengthen culturally based health practices. Activities included presentations, cultural teachings, and interactive sessions such as sound bowl therapy, Reiki, yoga, and Mountain Way song instruction. Attendance grew from 40 to 50 participants, with strong representation from adults across multiple Navajo Nation communities.

Participant feedback showed high satisfaction, with 100 percent reporting the event was well organized and over 93 percent noting stronger connections to community and traditional practices. Key teachings included the Navajo Wellness Model, self-identity, and ceremonies. Participants expressed intent to apply what they learned through teaching others, supporting family wellness, and incorporating traditional practices into daily life. This initiative supports the IHS mission by improving behavioral health, strengthening cultural identity, and increasing community engagement, with growing interest in expanded and youth-focused programming.



Facilitators (Left to Right): L. Tan, W. DeVore Jr., J. Guinee, P. Sundarsanam, L. Clelland, A. Curley, L. Scott, and K. Arviso. Not pictured: K. Gore and T. Anderson Jr.



02/04/2026: Day 2 Yoga session "Resting, restoring & thriving in silence"

NAIHS SERVICE UNITS

Gallup Service Unit

Joint Commission Accreditation and Continuous Improvement

The Gallup Service Unit remains fully accredited and in good standing across all programs, including Hospital, Patient-Centered Medical Home, and Laboratory services. A 2025 Joint Commission survey identified 70 findings. In response, the Service Unit took targeted corrective actions with support from Navajo Area IHS, IHS Headquarters, and external consultants. These efforts strengthened staff training, improved compliance, and enhanced operations.

The laboratory survey identified 15 findings, all of which have been resolved and accepted. Additional unannounced surveys, including Medicare reviews, were also completed with full compliance. Follow-up surveys on March 17 and March 19, 2026 confirmed that all prior findings have been cleared. These results reflect a strong commitment to continuous improvement. Ongoing efforts focus on maintaining consistency, strengthening documentation, and reinforcing standard practice across all departments.

Service Unit–Wide Performance Improvement Expansion

From January to March 2026, the Quality Department launched standardized performance improvement projects across all clinical and support departments. Each department set measurable goals focused on patient safety, quality of care, efficiency, and service excellence.

Leaders created clear aim statements, performance measures, and action plans, with monthly reporting to support accountability and leadership oversight. This marks the first coordinated, service unit–wide approach to performance improvement. The effort strengthens staff learning through practice, reinforces accountability, and creates a sustainable framework for continuous improvement that benefits patients and the Navajo Nation community.

Strengthening Workforce Capacity and Patient Safety – Gallup Service Unit

The Gallup Service Unit Division of Nursing hosted a three-day nursing skills fair with more than 300 staff participating. The event provided hands-on training and competency validation in key areas such as infection control, sterile compounding, equipment cleaning, and fall prevention.

This initiative supports ongoing professional development, strengthens workforce skills, and promotes a culture of safety across the service unit. By investing in staff training and clinical excellence, the Gallup Service Unit continues to improve the quality and reliability of patient care.



NAIHS SERVICE UNIT

Gallup Service Unit

Falls Prevention Committee Implementation

The Service Unit established a multidisciplinary Falls Prevention Committee to improve patient safety in both inpatient and outpatient settings. The committee includes representatives from nursing, medical staff, quality, environmental services, and rehabilitation.

The group meets regularly to review fall events, identify causes, assess risks, and put prevention strategies in place. Early efforts have focused on standardizing fall risk assessments, improving environmental safety, and reinforcing safe mobility practices. This structured approach supports ongoing monitoring, helps reduce preventable injuries, and strengthens system-wide safety efforts, especially for elders and vulnerable patients.

FY2026 Budget and Financial Performance

The Gallup Service Unit's FY 2026 operating budget supports consistent financial management and performance tracking. Funding includes \$23.3 million in appropriations, \$38.9 million in reimbursable funds, \$1.2 million for Facilities, \$6.5 million for first-quarter non-year activities, and \$164.3 million in carryover funds. These resources support hospital operations and ensure stable coverage of fixed costs.

Revenue targets and monitoring processes are in place to track performance. First-quarter collections reached \$47.2 million, a 9.5% increase from the prior year. The FY 2026 total target is \$188 million, including \$180 million for Gallup Indian Medical Center and \$8 million for Tohatchi Health Center. Ongoing fund control efforts strengthen accountability, support consistent financial tracking, and align resource decisions with organizational priorities.

Clinical Quality, Training, and Workforce Development Overview

Transfusion, Pain Assessment/Reassessment, and ASQ. Critical Lab Values Reporting and documentation reached approximately 89%, with follow-up in progress. Mock emergency response drills (e.g., Code Blue, rapid response) were conducted to strengthen clinical readiness.

Basic Life Support (BLS) training demonstrated strong participation and completion during the first quarter, contributing to workforce preparedness. Continued expansion of training opportunities will further improve certification coverage.

The Division of Nursing continues to strengthen and sustain a highly skilled and competent workforce. Ongoing focus on recruitment, retention, and professional development supports the IHS mission and enhances the quality of healthcare delivery across the Service Unit.

NAIHS SERVICE UNITS

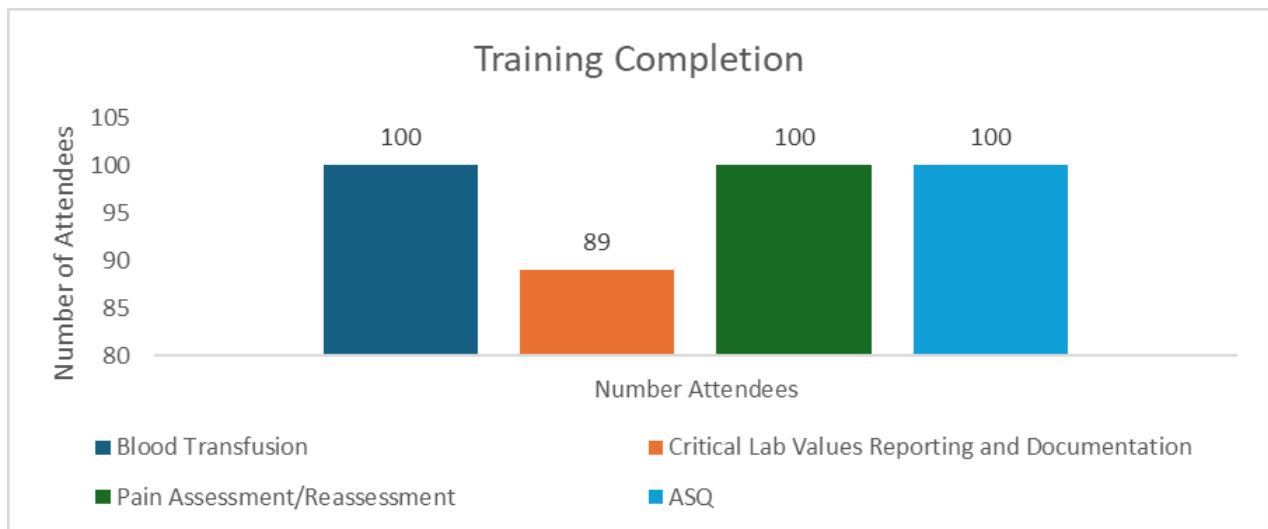
Gallup Service Unit

Workforce Development and Clinical Competency

The Division of Nursing supports the IHS mission by strengthening workforce stability and clinical competency to ensure safe, high-quality care in rural and underserved communities. Efforts focus on maintaining staffing levels, enhancing retention, and advancing workforce skills through targeted training and professional development. In collaboration with the Nursing Education Department, unit-specific education was implemented in key areas, including fall prevention, infection control, and emergency response.

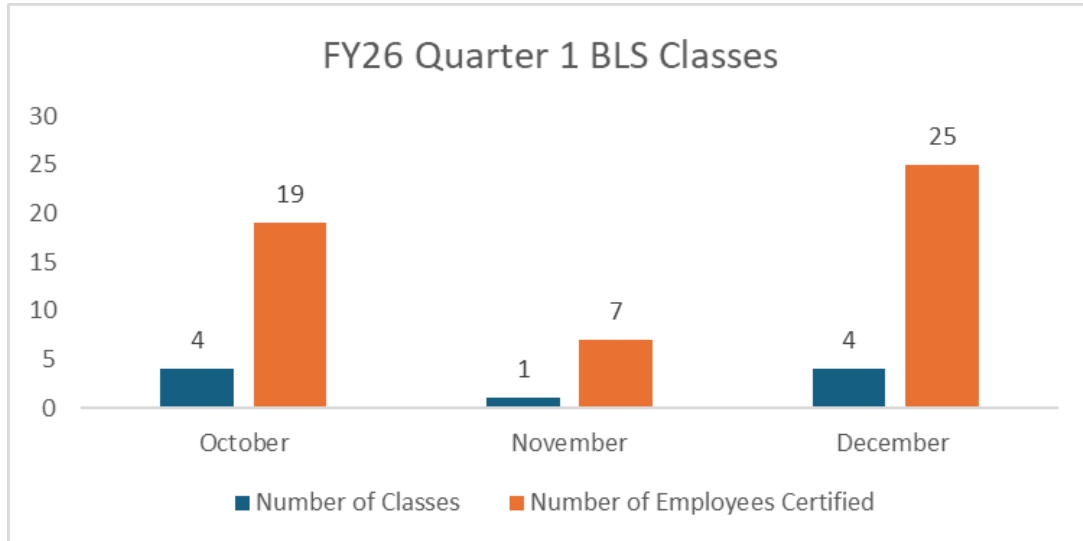
Core competency training achieved high completion rates, with most categories at 100%, including Blood Transfusion, Pain Assessment/Reassessment, and ASQ. Critical Lab Values Reporting and documentation reached approximately 89%, with follow-up in progress. Mock emergency response drills, such as Code Blue and rapid response scenarios, were conducted to strengthen clinical readiness. Basic Life Support (BLS) training also demonstrated strong participation and completion during the first quarter, contributing to workforce preparedness, with continued expansion of training opportunities expected to further improve certification coverage.

The Division of Nursing remains committed to sustaining a highly skilled and competent workforce. Ongoing emphasis on recruitment, retention, and professional development continues to support the IHS mission and enhance the quality of healthcare delivery across the Service Unit.



NAIHS SERVICE UNITS

Gallup Service Unit



Patient Safety Recognition and Culture of Safety Initiative

The Quality Department implemented a patient safety recognition initiative to strengthen staff engagement and reinforce a culture of safety across the Service Unit. Staff were invited to nominate peers who demonstrated a strong commitment to patient safety, with recognized employees acknowledged through leadership forums and internal communications to promote accountability and encourage a speak-up culture.

In addition, a Service Unit-wide patient safety culture survey was conducted to assess communication, teamwork, and event reporting. Increased participation provided actionable feedback to guide ongoing improvements. Together, these efforts enhance employee engagement, build trust and morale, and align staff with the IHS mission of delivering safe, high-quality care.

National Nutrition Month

In recognition of National Nutrition Month, the Gallup Service Unit Health Promotion and Disease Prevention Program partnered with Bureau of Indian Education FACE programs and Tohatchi Community School to deliver an early childhood nutrition initiative for children ages 3 to 5 and their families. Using the “Very Hungry Caterpillar” program, participants learned healthy eating concepts through MyPlate, interactive activities, and a healthy snack. This effort promotes early healthy behaviors, supports chronic disease prevention, and reflects a collaborative, community-driven approach to improving long-term health outcomes.

NAIHS SERVICE UNITS

Gallup Service Unit

Enhancing Patient Engagement and Access to Care – Tohatchi Health Center

Tohatchi Health Center implemented patient-centered outreach through informational booths led by the Patient Benefits and Dental departments, providing real-time assistance with navigating health care benefits and preventive oral health education. By integrating support into the patient experience, this initiative helps reduce barriers to care, improve health literacy, and strengthen patient engagement. These efforts expand access to services and reinforce trust through culturally responsive care.



Support from U.S. Public Health Service Officers

During this reporting period, the Service Unit partnered with temporary U.S. Public Health Service officers to support clinical services and quality improvement efforts. These officers contributed to performance improvement initiatives, staff education, and patient safety activities, helping maintain continuity of care during workforce gaps. This collaboration highlights strong federal partnership and enhances the Service Unit’s ability to deliver high-quality care to the Navajo Nation community.



NAIHS SERVICE UNITS

Kayenta Service Unit

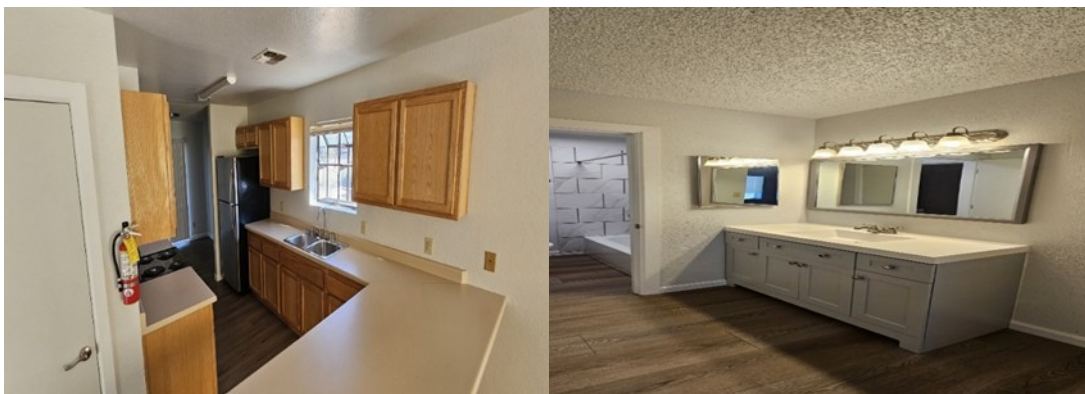
Establishing a Dedicated Central Sterile Room (CSR)

Inscription Health Center has fully supported and implemented improvements to its patient care areas within the facility. As part of these enhancements, local leadership prioritized the establishment of a dedicated Central Sterile Room (CSR) to enable on-site sterilization processes and improve operational efficiency. To support this initiative, two medical technicians received specialized training, and appropriate equipment was installed to ensure the CSR operates safely, efficiently, and in compliance with required standards.



Enhancing Aesthetics and Infrastructure

To support recruitment and retention of a highly skilled workforce, leadership at Inscription House Health Center (IHC) implemented improvements to the aesthetics and infrastructure of staff housing and facility spaces. Due to the facility's remote location, attracting and retaining providers and nursing staff remains a significant challenge. Enhancements included modernizing housing units, improving overall appearance, and ensuring reliable, up-to-date internet access for tenants. These efforts aim to create a more appealing and supportive living environment, strengthening workforce recruitment and retention.



NAIHS SERVICE UNITS

Kayenta Service Unit

Kayenta Service Unit’s Navajo Wellness Model Teachings Event

On December 22–23, 2025, the Kayenta Service Unit Health Promotion and Disease Prevention (HPDP) Program hosted the Navajo Wellness Model Teachings event, providing participants with an opportunity to learn about wellness through Navajo culture and traditions. Rooted in traditional teachings about the Sun and its relationship to life, the Navajo Wellness Model emphasizes balance, harmony, and overall well-being.

A total of 119 participants attended the two-day event, gaining insight into culturally grounded approaches to maintaining health and strength, with practical applications for daily life. Moving forward, the program plans to continue offering these teachings to promote cultural connection, mutual support, and wellness for individuals of all ages.

Equipment Campaign

The 2026 Equipment Campaign at Kayenta Alternative Regional Healthcare (KARH) was launched the week of March 23, 2026, with a focus on ensuring a complete and accurate inventory of all equipment. Key challenges include tracking relocated items and addressing risks such as loss, theft, damage, and equipment reaching the end of its useful life. The campaign is currently underway and scheduled for completion by June 30, 2026. Once finalized, KARH will have a comprehensive, up-to-date inventory that supports improved accountability, operational efficiency, and regulatory compliance, while ensuring equipment is safe, functional, and aligned with current standards.

Implementation of Power BI Dashboards for Health Promotion Disease Prevention (HPDP) Reporting

Navajo Area Health Promotion initiated efforts to standardize data reporting across service units to improve visibility into program performance, service utilization, and population reach. Previous reporting methods were fragmented, limiting the ability to aggregate data, analyze participant demographics, and effectively communicate program impact. The Kayenta Service Unit Health Promotion/Disease Prevention (HPDP) Program partnered with Navajo Area Health Promotion to support this initiative by contributing local data and aligning reporting processes with the Power BI framework developed at the Area level.

NAIHS SERVICE UNITS

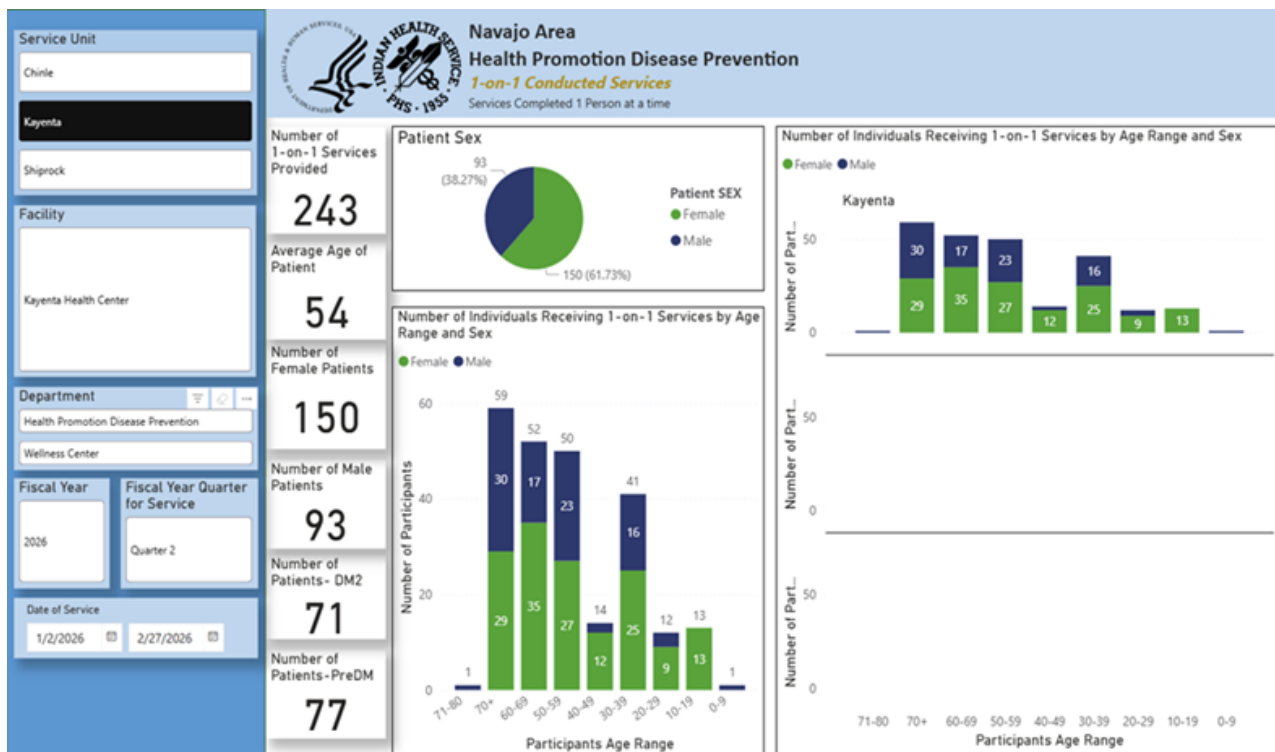
Kayenta Service Unit

Key Activities and Data Reporting Outcomes

Key activities included collaboration with Navajo Area Health Promotion, implementation of standardized data elements, and validation of Power BI dashboard outputs to ensure accurate and consistent reporting.

During the first quarter, the Wellness Center recorded over 1,000 visits, with strong participation across both individual and group services. One-on-one services and group sessions reached a broad population, including individuals with chronic conditions such as diabetes, and engaged multiple communities.

This initiative provides the Kayenta HPDP Program with a standardized, data-driven reporting system that supports informed decision-making, improves program oversight, and enhances transparency in reporting outcomes.



NAIHS SERVICE UNITS

Shiprock Service Unit

Advancing Safety and Community Health

Health facilities across the Navajo Nation are advancing innovative programs to strengthen patient safety, workplace protection, and community wellness, reinforcing their commitment to high-quality healthcare delivery.

Culturally Centered Infection Prevention (NNMC)

At Northern Navajo Medical Center (NNMC), staff launched a culturally centered Hand Hygiene Initiative in February 2026 to promote infection prevention. The Shiprock Service Unit introduced signage featuring the message “Life is Precious” alongside its Navajo translation, “Iina Baa Hasti.” This collaborative effort among Housekeeping, Infection

Prevention, and Health Promotion & Disease Prevention teams encourages consistent handwashing and emphasizes shared responsibility for community health and safety.



Workplace Safety and Violence Prevention (NNMC)

NNMC strengthened workplace safety through the implementation of an Employee Emergency Push-Button Alert System, becoming the first Indian Health Service (IHS) facility to deploy wearable emergency devices for all employees. These devices enable staff to discreetly alert security during emergencies, transmitting precise location data to support rapid response. This initiative is a key component of the facility’s Workplace Violence Prevention strategy.

Facility Safety and Emergency Preparedness (Four Corners Regional Health Center)

At the Four Corners Regional Health Center, leadership is enhancing operational resilience through a comprehensive Safety Readiness Program. Staff routinely inspect and test life safety systems, fire protection equipment, and critical infrastructure to address challenges associated with the facility’s remote location. Additionally, nine lifesaving medical devices have been installed to strengthen response capabilities during cardiac emergencies.



Regional Commitment to Safety and Innovation

Together, these initiatives highlight a coordinated regional effort to integrate cultural values, innovative technology, and proactive safety planning—advancing healthcare quality and reinforcing trust within the communities served.

NAIHS SERVICE UNITS

Shiprock Service Unit

Four Corners Regional Health Center Optical Services to Schools: The Optometry Department at Four Corners Regional Health Center provides on-site optical services to students at Red Mesa Unified School District in Red Mesa, Arizona. Optical services include vision screenings, comprehensive eye examinations and follow-up care. Students who require eyeglasses can select and order them at school with parent or guardian consent. The on-site optical services help the parents/guardians with the following: no-cost eye examinations and glasses and no need to take time off from work and travel a long distance to take their child to an eye clinic. The students benefit with clear vision to improve academic performance and no time away from classes.



Norman Yellowhair, Optician; Dr. Sarah Halimi, Optometrist and Marci Benally, Medical Support

Dzilth-Na-O-Dith-Hle Health Center (DZHC) Mobile Dental Services

From March 9 to March 12, 2026, the DZHC Dental Department collaborated with Dzilth-Na-O-Dith-Hle Community School to deliver dental services to the school students in a mobile dental van. The outreach dental services provided dental screening, exams, sealants, education and topical fluoride treatment to 40 students. This innovative program reduces school absenteeism and lowers financial cost for families.

NAIHS SERVICE UNITS

Shiprock Service Unit

Northern Navajo Medical Center Dietary Guidelines in Diné Language

The Shiprock Service Unit was asked to help translate the new USDA Dietary Guidelines into the Navajo language. The Four Directions Health Communications Office (FDHCO) at Northern Navajo Medical Center (NNMC), in collaboration with Navajo language expert Martha Austin-Garrison and additional language specialists from NNMC, the community, and Diné College, translated the 9-page guidelines into the Navajo language. The FDHCO created an audio recording of the language experts speaking each part of the translated document. An interactive version with embedded MP3 audio files is now available. This interactive tool will be useful for educators and patients who do not read written Navajo, allowing them to hear the guidelines in the Navajo language.



Dinéjí Dietary Guidelines cover page is displayed on stage during the address of HHS Secretary Robert F. Kennedy, Jr at the IHS Tribal Summit and 70th Anniversary Celebration.

NAIHS SERVICE UNITS

Shiprock Service Unit

Dzilth-Na-O-Dith-Hle Health Center PHN collaboration with BIE School

The Public Health Nursing (PHN) at Dzilth-Na-O-Dith-Hle Health Center (DZHC) collaborated with the Dzilth-Na-O-Dith-Hle Community School (DCS) to host the Mindful & Connected Parenting School Initiative for students and families. The focus of the Mindful & Connected Parenting School Initiative is to engage students and families on positive relationship, nutrition, health, internet safety, learning development, health literacy and self-confidence. Twenty-eight families participated in the interactive and learning sessions. The PHN team shared community-based health education, available health services, preventive education, health resources, and community partnership.

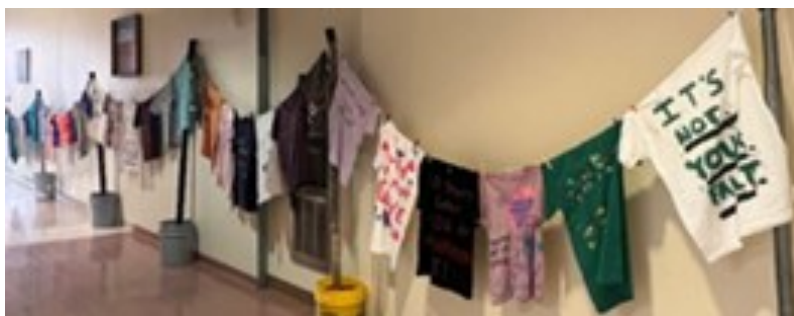
Four Corners Regional Health Center

In January 2026, the Four Corners Regional Health Center partnered with the Navajo Youth Empowerment Services and the Shiprock Chapter House to host the Annual Ride to the Rock event. The event was a success. The event had more than 140 participants ride bikes to the Shiprock Pinnacle. The purpose of the event is to promote physical, mental, social, and spiritual wellness in the community youths.



Four Corners Regional Health Center

The Four Corners Regional Health Center hosted the Clothesline Project during Domestic Violence Awareness Month. The Clothesline Project is a public display of clothes made by victims of domestic violence to show unity against violence, bring awareness, honor victims, etc. The clothes are decorated by victims, family, friends, and other loved ones to express strength and renewal.



CONCLUSION

The Navajo Area Indian Health Service is dedicated to supporting Navajo Nation and San Juan Southern Paiute tribal leaders in addressing Indian health policy priorities, improving the health outcomes of Native American beneficiaries, and strengthening community well-being.

For more information or inquiries, please contact the Office of the Navajo Area IHS Director.

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