# Indian Health Service (IHS) Realignment

December 2025

**Tribal Consultation/Urban Confer** 





#### **PURPOSE:**

To provide the design for the realignment for review and comment.

# Session Overview

- Why Is IHS Realigning?
- Our Design for Realignment
- Question and Answer Discussion

### **Embracing Transformative Change at IHS**



IHS has not undergone a holistic reorganization in over 20 years. Significant changes and organic growth overtime require a realignment toward efficient, sustainable operations.



65% of the IHS budget is transferred to tribes and tribal organizations through the Indian Self-Determination and Education Assistance Act.



This change will impact **16%** of the IHS workforce.

84% will not be impacted.

# Guiding Principles & Realignment Goals



These principles serve as the foundation to guide our realignment efforts.

**RESPONSIBILITY:** Our duty to uphold the federal trust responsibility and ensure effective governance and oversight.

- Accountability: Ensure clear roles, responsibilities, and transparent governance.
- **Efficiency:** Align systems and operations to support front-line services.
- **Insight:** Use data and proactive decision-making to drive improvement and accountability.
- Relationships: Our government-to-government partnership with Tribes and Urban Indian organizations.

**RELATIONSHIPS:** Strengthen Tribal partnerships and honor self-determination through consultation and collaboration.

• **Integration:** Operate as one IHS system with Tribes and Urban partners to promote unity and shared performance.

**RELATIVES:** The Indian people and communities we serve — our relatives.

- Patient Care: Provide safe, high-quality, and culturally responsive care.
- **Empowerment:** Empower local service units and communities to lead and innovate for better health outcomes.

### What we heard in 2025



In the first round of engagement, 400+ participants from 40+ Tribes/UIOs provided 100+ comments on the proposed three-pillar model. Key themes include: Ensure equitable and flexible funding, preserve regional autonomy, and strengthen consultation

#### **Health equity:**

 Preserve culturally grounded programs and ensure reforms reflect community priorities

#### **Governance concerns:**

- Need for clarity in roles and advisory structures
- Opposition to consolidation

#### **Operational needs:**

- Staffing shortages
- Inconsistent support
- Need for technical assistance & accountability

#### **Funding priorities:**

- Address chronic underfunding
- Outdated formulas
- Unstable grant structures

### IHS Workforce Feedback



- 1,600+ employees provided input across HQ, Areas, and Facilities; majority from Service Units.
- 58.5% report current structure is not meeting needs; concerns strongest at Facilities and HQ.

#### **Top Priorities:**

- Communication
- Accountability
- Standard Processes & Tools

#### **Challenges:**

Strong mission commitment but fragmented, unclear decision-making, and gaps in workflow consistency.

#### **Additional Needs:**

- Clear Roles
- Knowledge Sharing
- Governance Consistency

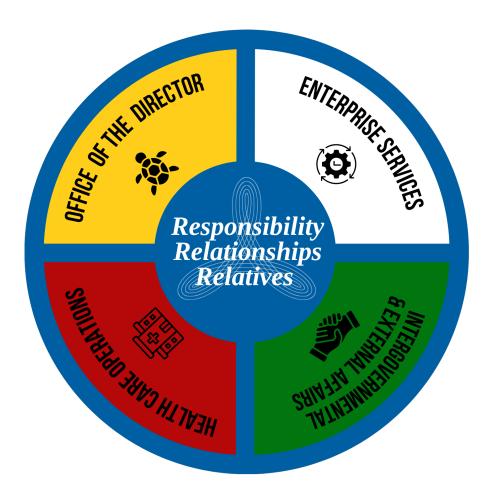
#### **Recommendations:**

Clarified roles, standardized tools, stronger accountability, and enhanced knowledge-sharing mechanisms.

### Organizational Model

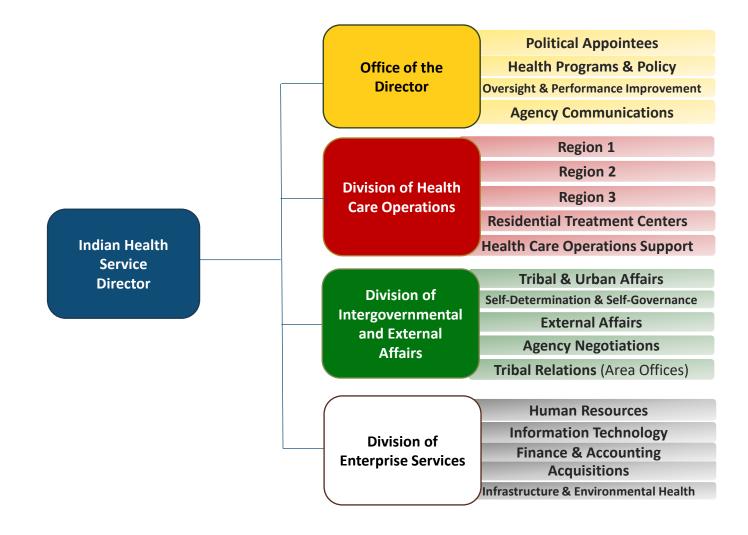


To support changing priorities, strengthen oversight and accountability, and improve effectiveness and efficiency, the agency is organizing around critical operations for Healthcare Operations, Enterprise Services and Intergovernmental and External Affairs.



## Indian Health Service Organizational Design

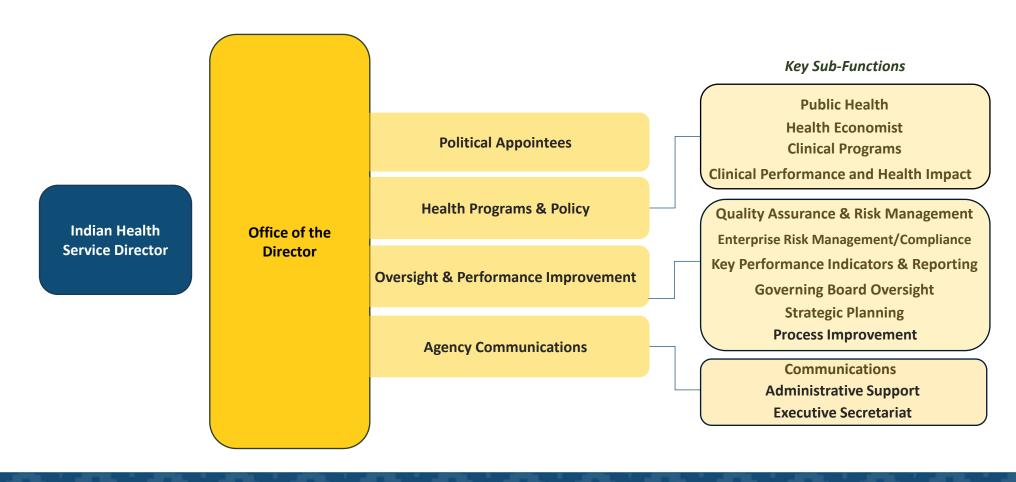




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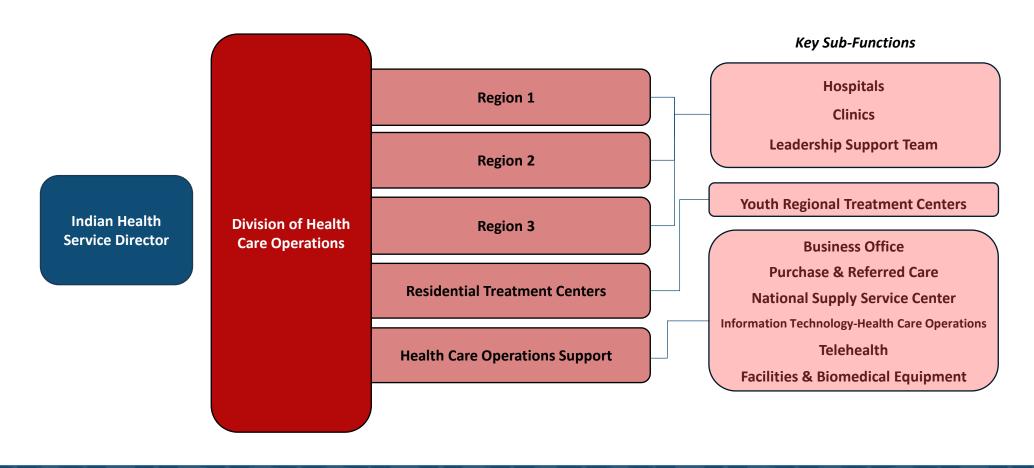
Provides executive leadership and strategic direction to ensure accountability, and innovation across programs to advance health outcomes; Leads clinical policy development, medical education, telehealth, and public health initiatives, using data-driven approaches; and aligns agency operations and governance to align with agency goals, metrics, data analysis, and risk management for system improvements.







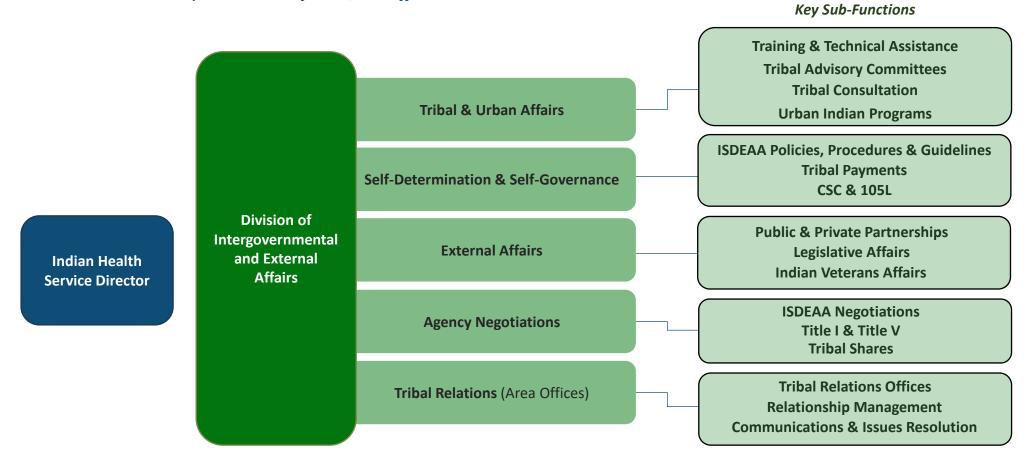
Aligns healthcare operations under a function-based framework to improve efficiency, consistency, and scalability; Advances a system-wide approach that promotes quality care, clinical performance, and patient-focused results; And leads direct healthcare delivery at IHS-operated hospitals, clinics, residential behavioral health facilities to ensure a consistent, safe, and efficient patient experience.



# Division of Intergovernmental & External Affairs

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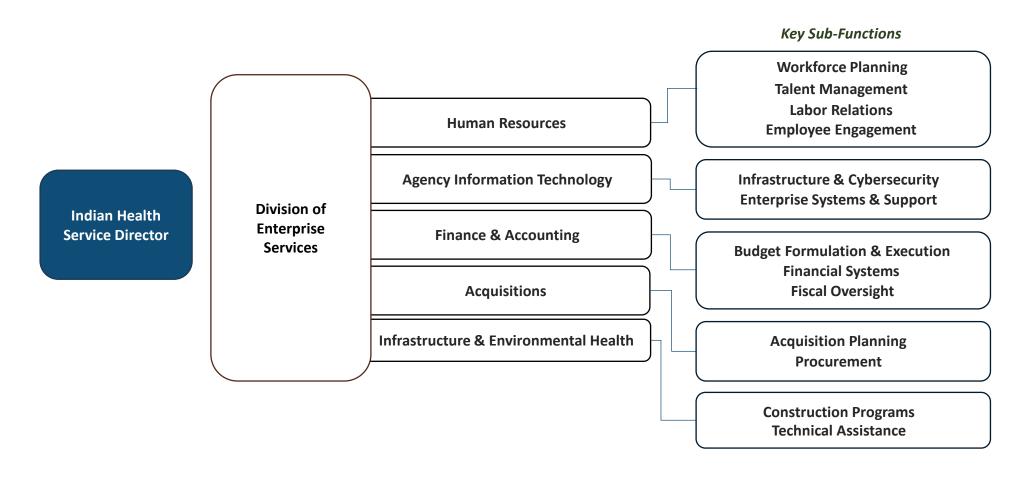
Coordinates government-to-government relations to ensure Tribal priorities and perspectives shape IHS policy and operations; Balances specialized regional approaches with unified systems and standards across HIS; And centralizes oversight of negotiations and agreements to achieve consistency, economies of scale, and effective resource use.

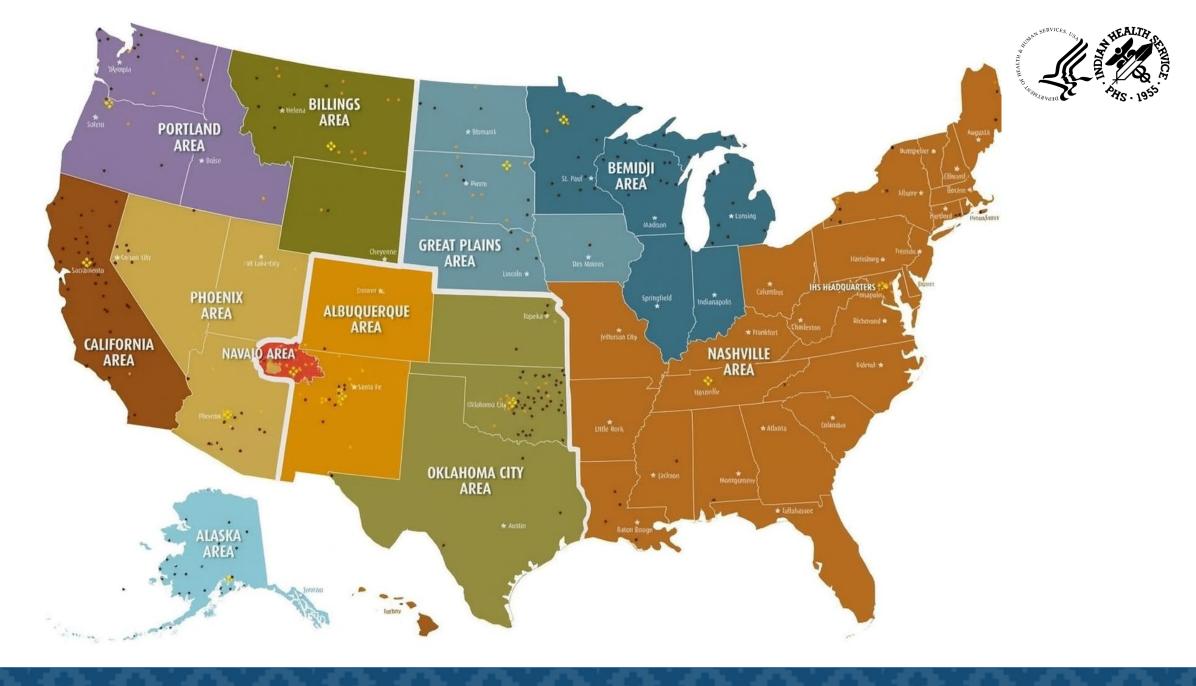


### Division of Enterprise Services



Standardizes a shared services framework to deliver administrative support across all IHS divisions and clinical care sites; Includes human resources, finance, acquisitions, grants management, information technology and environmental health and engineering; And advances technology, interoperability, and facility design, construction, to strengthen care delivery support for long-term sustainability.





### The Path Forward



IHS finalizing the realignment plan

Mar-June Internal Analysis & Benchmarking

**Jul-Aug** Tribal Consultations, Urban Confer, IHS Town Halls

**Sept-Oct** Draft Realignment Design

**Nov-Jan** Additional Tribal Consultations, Urban Confer, IHS Town Halls

**Feb-Mar** Transition to Future State

### Share Your Feedback



We want to hear from you!

The comment submission deadline for both the Tribal Consultations and Urban Confer is **Monday, February 9, 2026**.

Email Tribal Consultation comments to: consultation@ihs.gov

Email Urban Confer comments to: <a href="mailto:urbanconfer@ihs.gov">urbanconfer@ihs.gov</a>

Please use the **SUBJECT LINE: IHS Proposed Realignment** 

Questions may be submitted to <a href="mailto:xavier.yazzie@ihs.gov">xavier.yazzie@ihs.gov</a> or call (301) 945-3755.

# Question and Answer Discussion







# Thank You