

Indian Health Service (IHS)

Realignment

January 2026

Tribal Consultation



Session Overview

PURPOSE:

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

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



Speaker Protocol

IHS Tribal Consultation Policy establishes a speaker protocol. The order we will follow is:

- 1) Tribal President/Chairperson/Governor/Chief
- 2) Tribal Vice-President/Vice-Chairperson/
Lt. Governor/Second Chief
- 3) Elected or Appointed Tribal Official
- 4) Designated Tribal Official*

*Official letter needed

Topics for Discussion

- I. Transformative Change at IHS
- II. Guiding Principles & Realignment Goals
- III. What We Heard
- IV. Organizational Model
- V. Proposed Organizational Design
- VI. The Path Forward
- VII. Share Your Feedback

Transformative Change at IHS

IHS has not undergone a holistic reorganization in more than 20 years.



Designed to strengthen accountability, improve operational support to federal service units, and reduce variation in how we deliver and manage care across the country



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

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 included: Ensure equitable and flexible funding, preserve regional autonomy, and strength consultation.

Health equity:

- Preserve culturally grounded programs and ensure reforms reflect community priorities

Operational needs:

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

Governance concerns:

- Clarify roles and advisory structures
- Opposition to consolidation

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.



Top Priorities:

- Communication
- Accountability
- Standard Processes & Tools

Additional Needs:

- Clear Roles
- Knowledge Sharing
- Governance Consistency

Challenges:

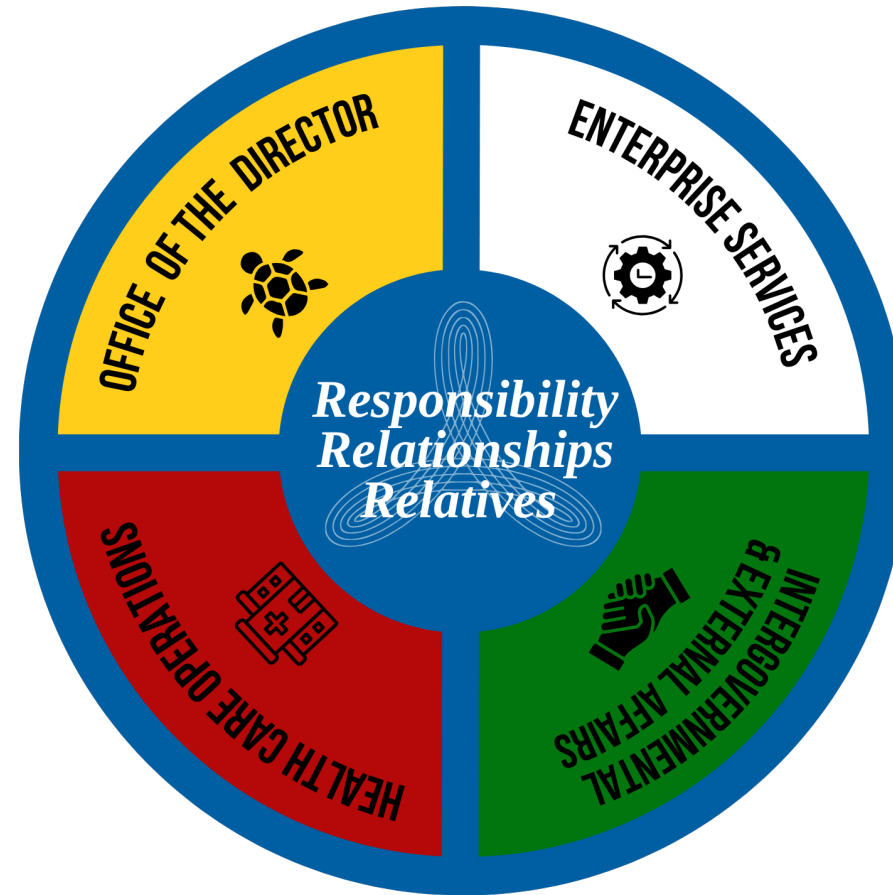
Strong mission commitment but fragmented, unclear decision-making, and gaps in workflow consistency.

Recommendations:

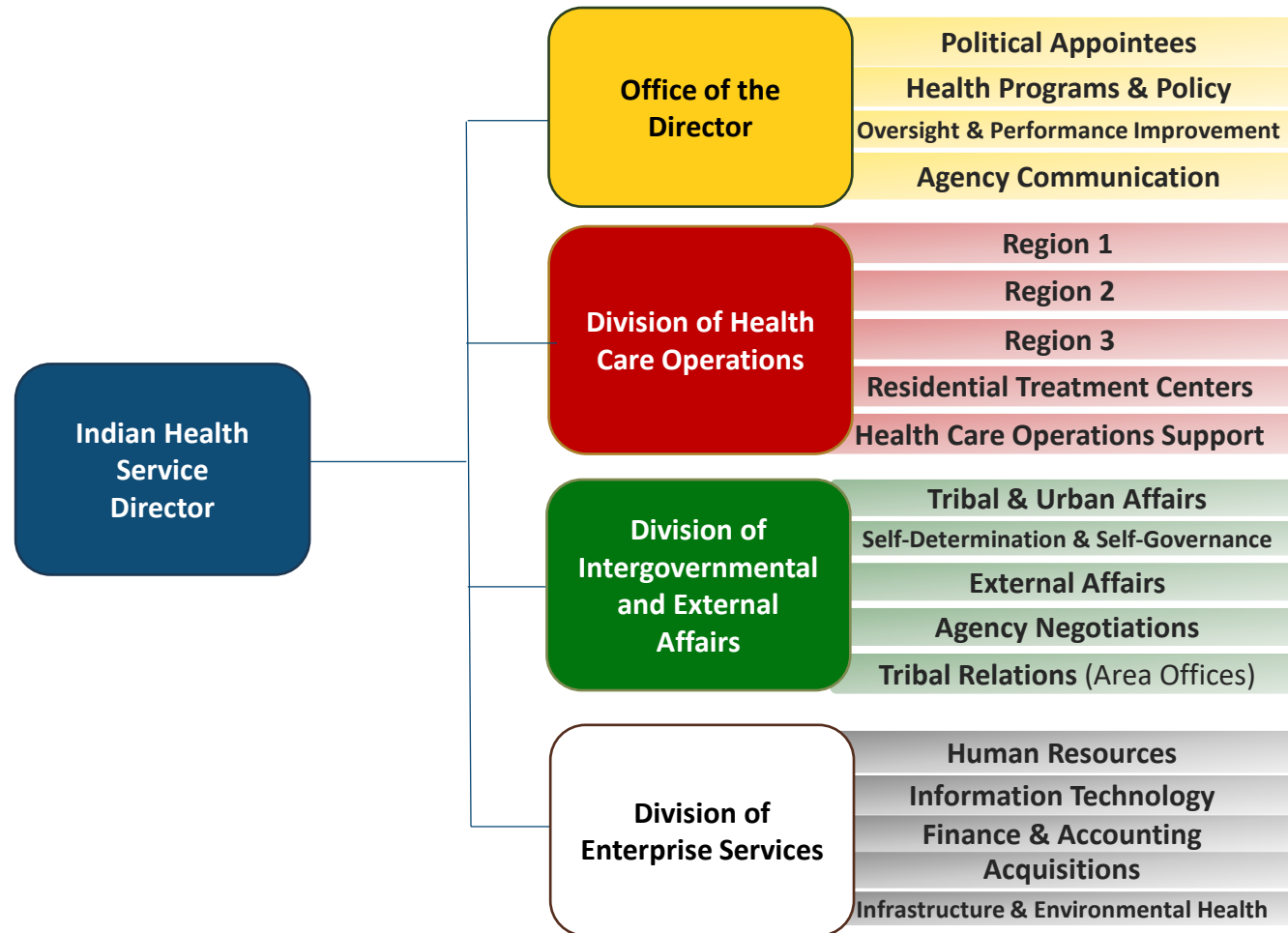
Clarify roles, standardize tools, stronger accountability, and enhance knowledge-sharing mechanisms.

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.



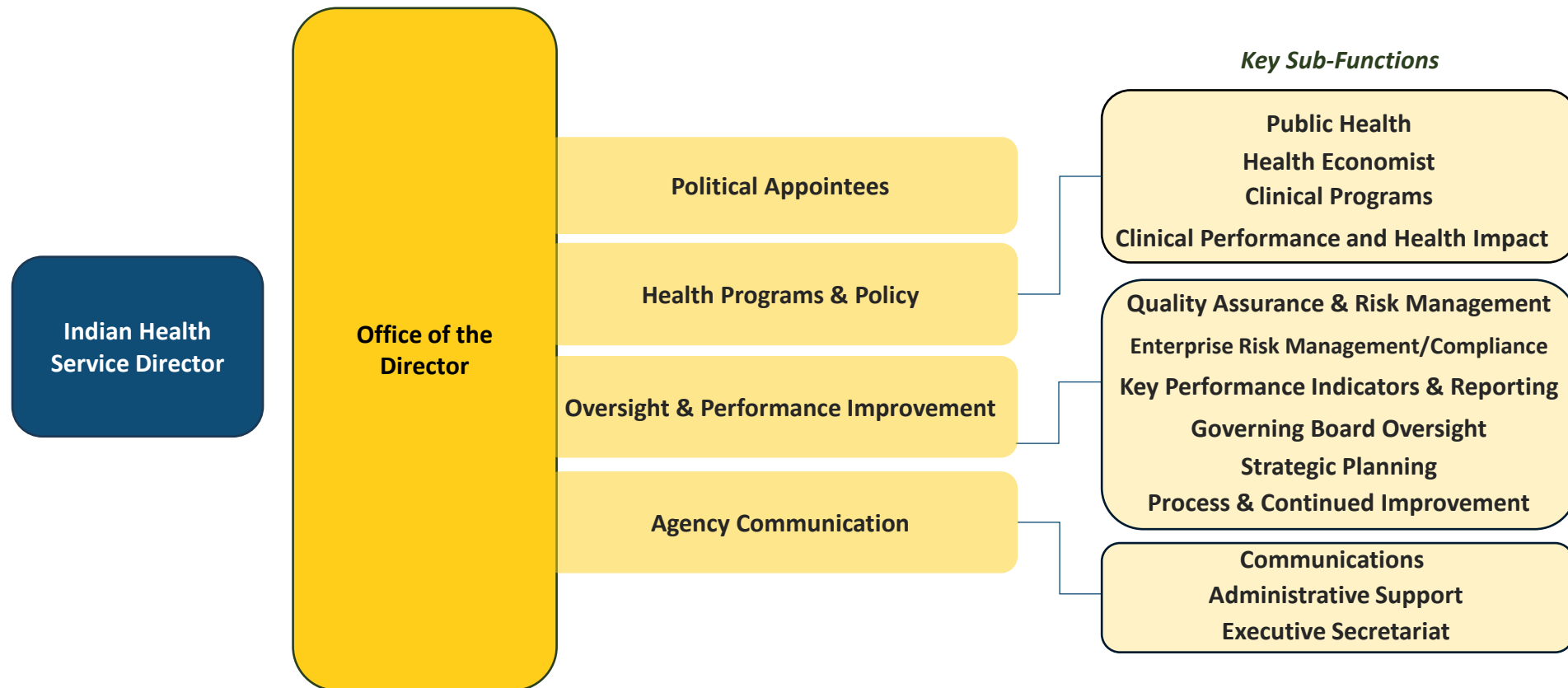
Indian Health Service Organizational Design



Office of the Director

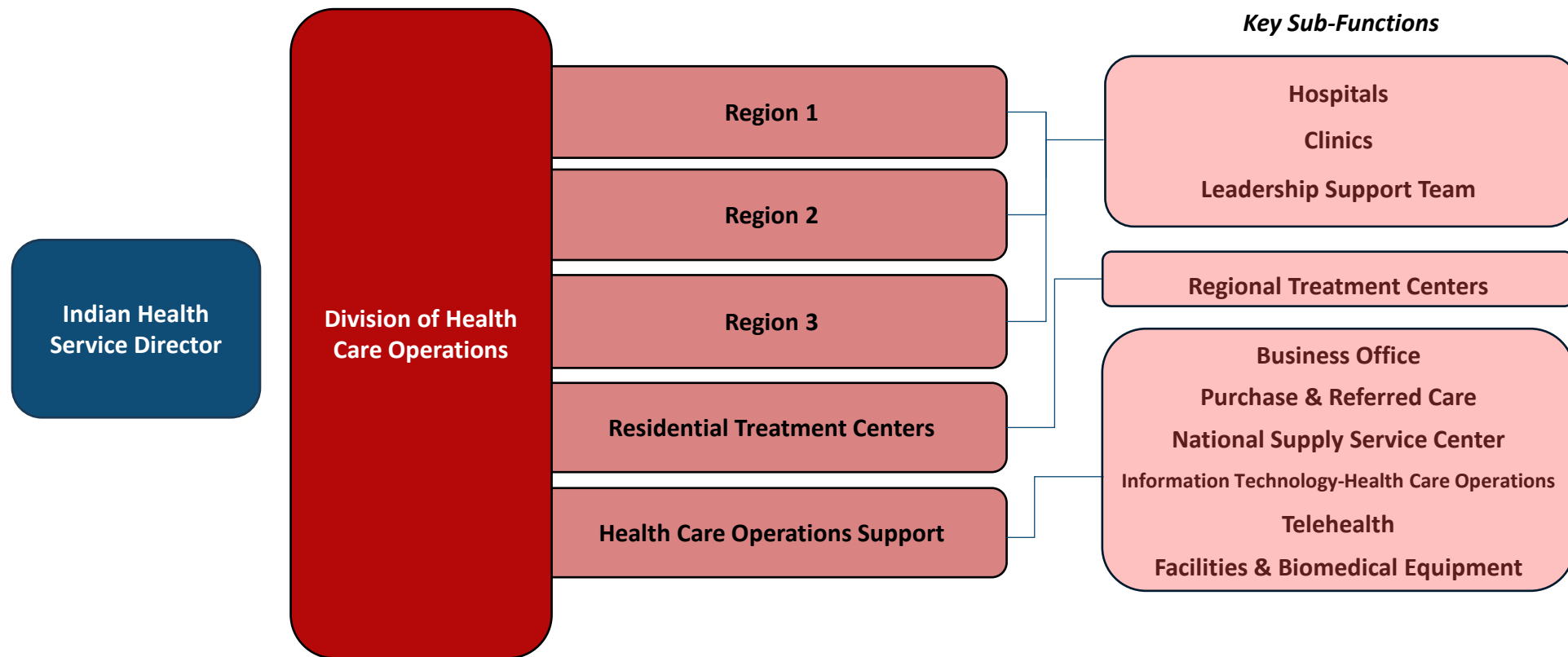


Provides executive leadership and strategic direction to ensure accountability, and innovation across programs to advance health outcomes; Leads clinical policy development, medical education, telehealth, and public health initiatives, using data-driven approaches; and aligns agency operations and governance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

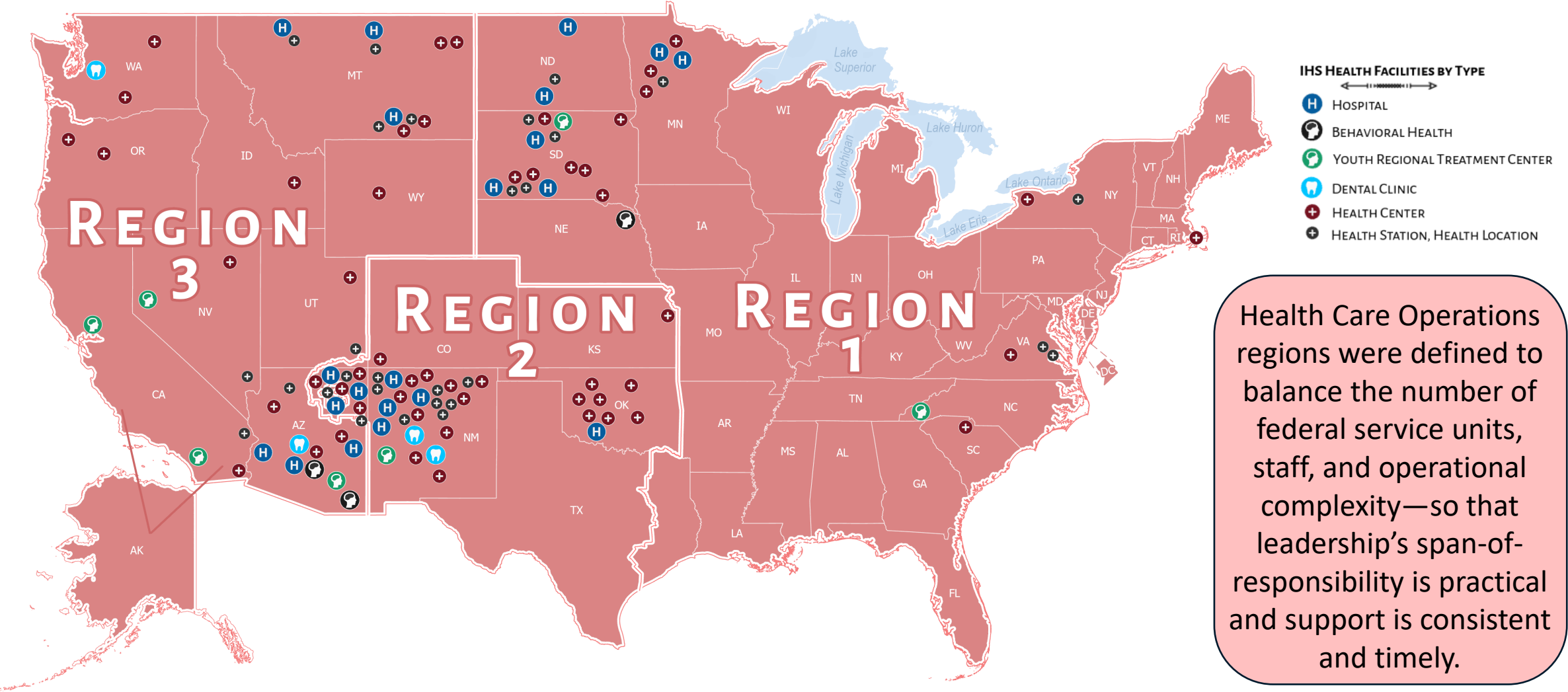


Division of Health Care Operations

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.



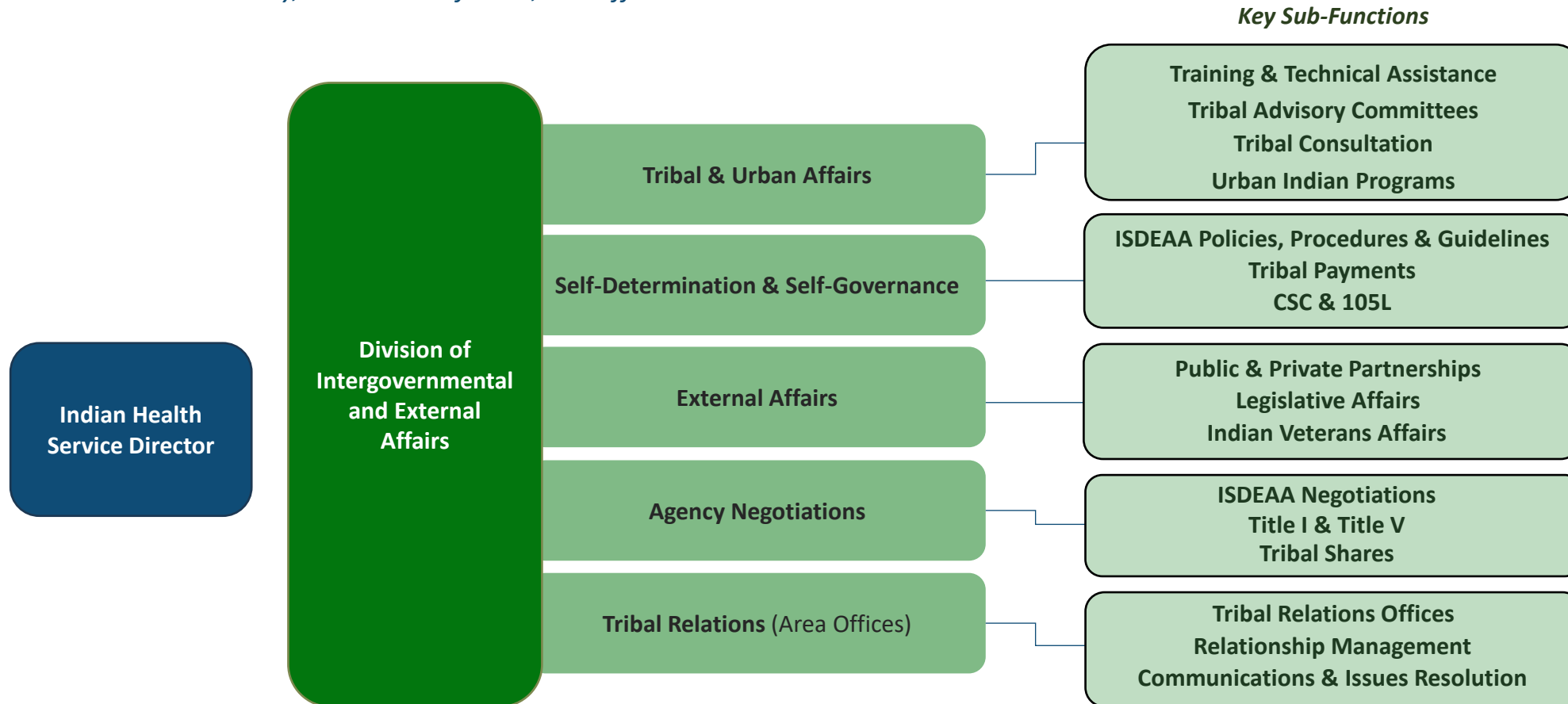
Division of Health Care Operations



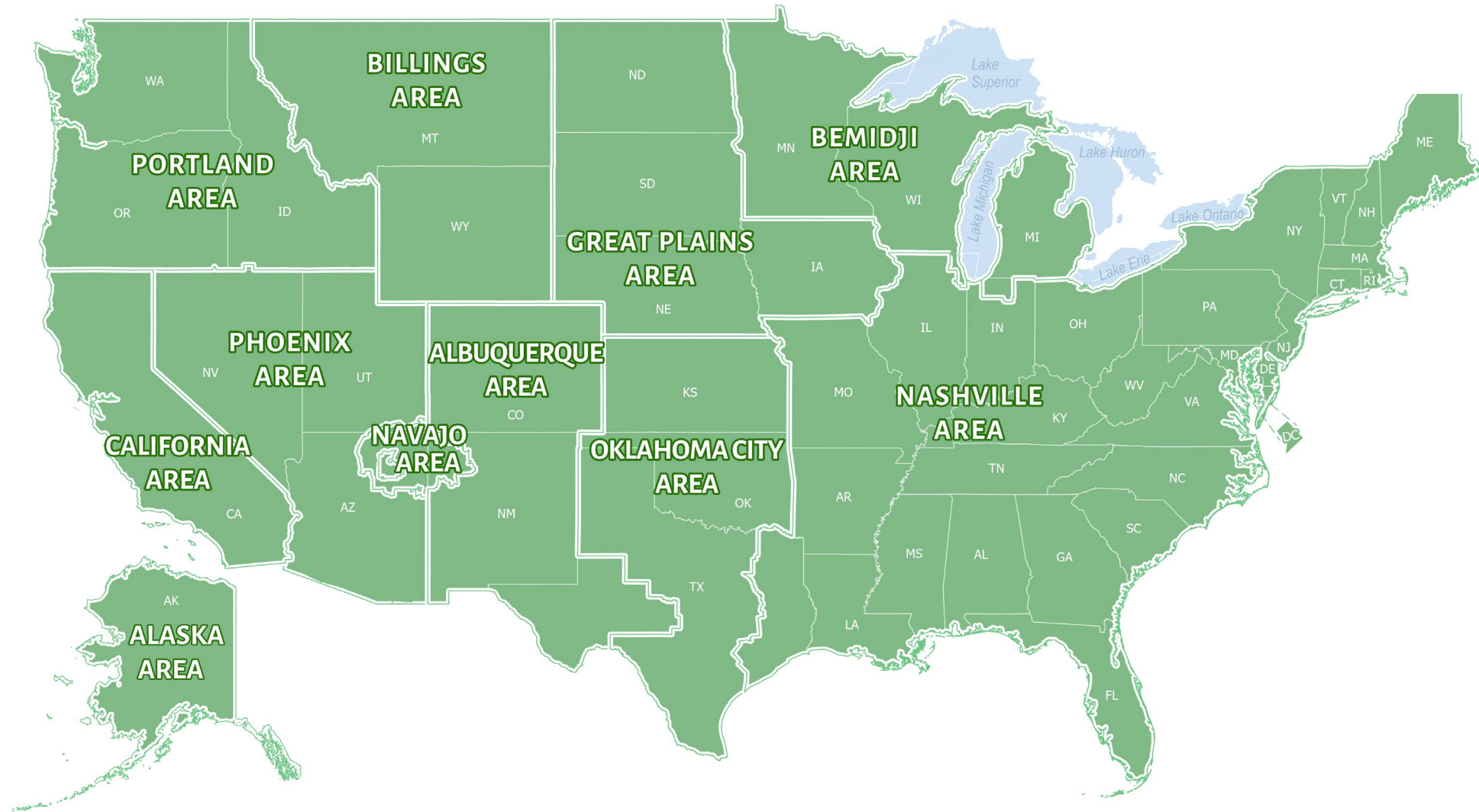
Division of Intergovernmental & External Affairs



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 IHS; and centralizes oversight of negotiations and agreements to achieve consistency, economies of scale, and effective resource use.

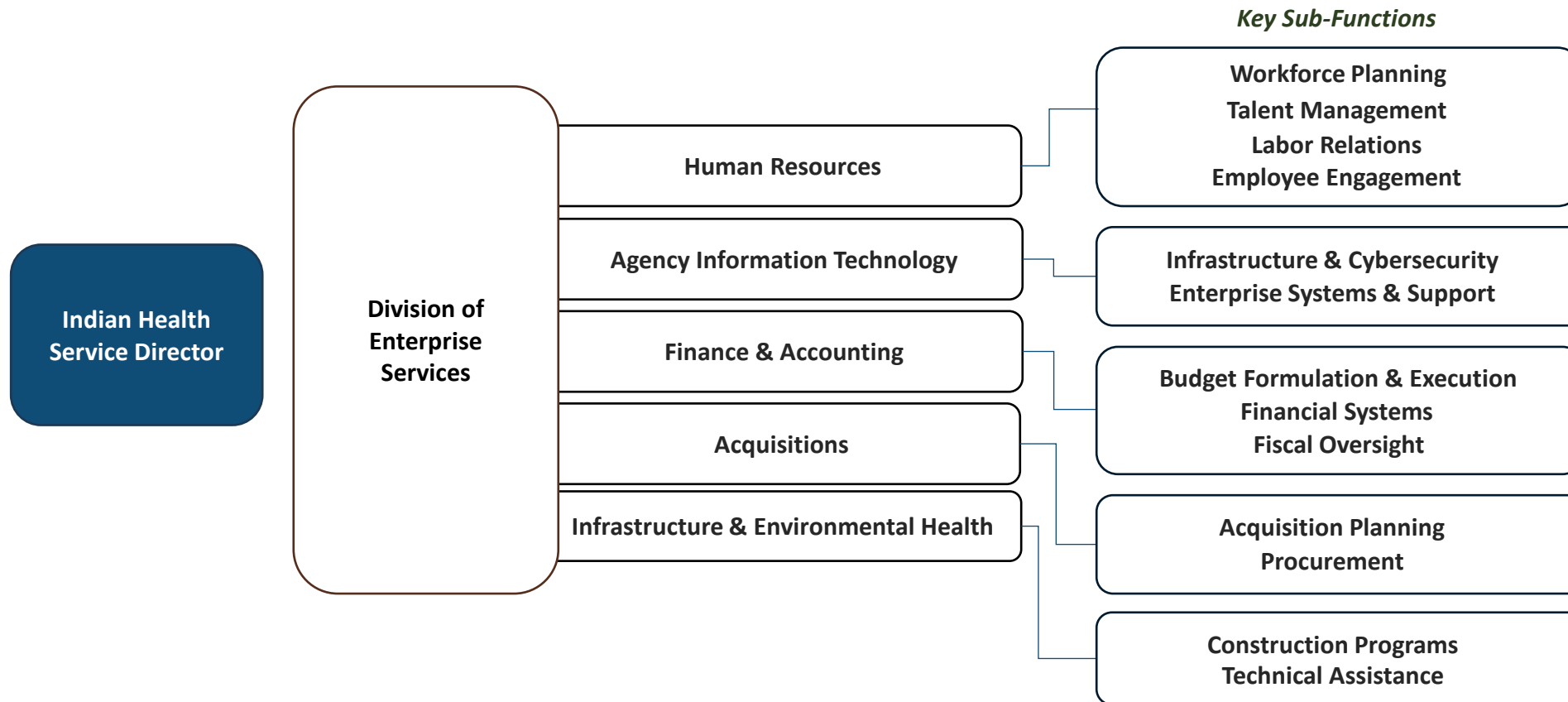


Division of Intergovernmental & External Affairs




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 2025	Internal Analysis & Benchmarking
Jul-Aug 2025	Tribal Consultations, Urban Confer, IHS Town Halls
Sept-Oct 2025	Draft Realignment Design
Nov-Jan 2026	Additional Tribal Consultations, Urban Confer, IHS Town Halls
Feb. 9, 2026	Consultation/Confer Comment Period Closes
April 2, 2026	TBD Federal Register Comment Period (30 days)
May 22, 2026	Federal Register Notice
May-June 2026	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: urbanconfer@ihs.gov

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

Questions may be submitted to xavier.yazzie@ihs.gov or call (301) 945-3755.

Question and Answer Discussion





Thank You