WIHCC
DILKON
MEDICAL CENTER

WINSLOW INDIAN HEALTH CARE CENTER, INC.

Our Mission, Vision & Values

Our Mission

Accessibility, Quality and Cost Effective Health Care.

Our Vision

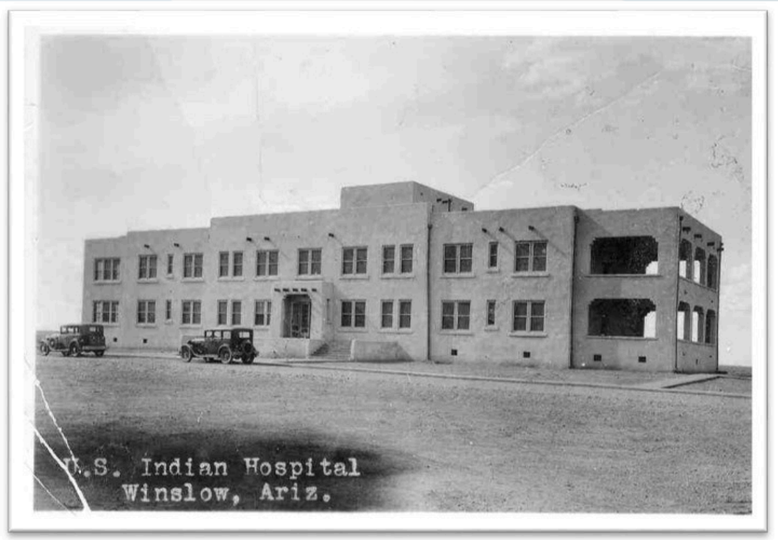
A healing and harmonious environment in partnership with communities.

Our Values

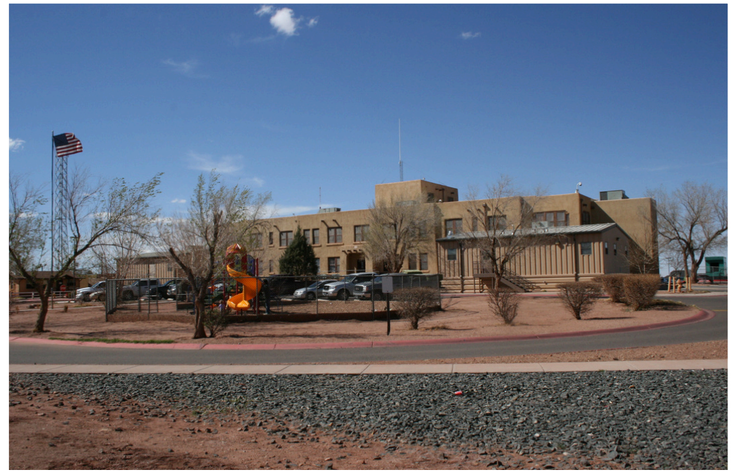
Hózhǫ́ǫ́jíi dóó K'é (Harmonious Relationships)

Winslow Service Unit

The Winslow Indian Health Care Center (WIHCC) original building was built in 1931. Now 95 years old, it is listed as a historical building with Arizona State Historic Preservation. It was built to provide inpatient care to patients with Tuberculosis (TB) and then converted to a hospital in 1948. In 1977, the inpatient wing was closed, and it became an ambulatory health center. The patients were then referred to Gallup and Tuba City hospitals for inpatient services.



Winslow Service Unit being operated by IHS through September 30, 2002.



Board of Directors

Alberto Peshlakai, President
Indian Wells Chapter

John Nells, Vice-President
Teesto Chapter

Jerry Freddie, Secretary
Dilkon Chapter

Charles Jim Store, Member
Leupp Chapter

Anna Begay, Member
Tolani Lake Chapter

Ray Curley, Member
Birdsprings Chapter

Robert Salabye, Member
White Cone Chapter

Leroy Willie, Member
Jeddito Chapter

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Executive Team Members

Virgil L. Davis, Chief Executive Officer

Dr. Sage White, Chief Medical Officer

Dr. Rebecca Robarge, Chief of Staff

Norria Brice, Chief Nursing Officer

Karen Leuppe, Chief Financial Officer

Lita Scott, Chief Community Health Services Officer

Ashley DeMaria, Chief Quality Officer

Shawn Shirley, Chief Facilities Management Officer

Jaynel Graymountain, Chief Human Resources Officer

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Dilkon Medical Center

DMC’s celebrated it’s grand opening on August 4, 2023 and officially opened it’s doors to it’s first patients on August 7, 2023

- 107 exam rooms
- 24-hour Emergency Room
- 14 short stay beds:12 at DMC & 2 at Little Colorado Medical Center
  - Pending in-patient services - projected opening in 2026.
- 109 staff quarters

Dilkon Hospital Steering Committee

Dilkon Medical Center Ribbon Cutting August 4th, 2023

Health Care Providers

FY 2002

20

111

FY 2026

User Population

FY 2002

16,700

16,000

FY 2026

Employees

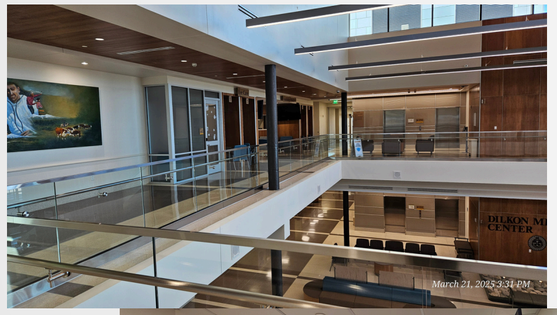
FY 2002

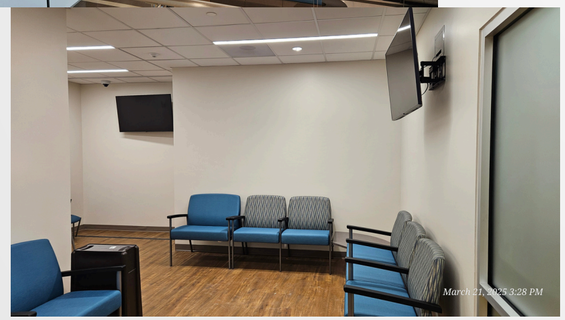
180

638

FY 2026

Programs & Services





Advanced organizational planning continues through the WIHCC, Inc. Land Use Planning (LUP) process, which defines long-term space and service needs for executive operations, specialty services, EMS, Traditional Medicine, housing, facilities, and campus infrastructure.

Clinical service expansion is supported through Medical Executive Committee actions that advance new and enhanced services, including Podiatry Surgery, Optometry minor procedures, Urgent Care, PCMH initiatives, and improvements inprovider credentialing.

Community Engagement & Visibility

- Represented WIHCC, Inc. at national, state, and Tribal forums, including the Tribal Self-Governance Conference, American Hospital Association Conference, Arizona Rural Health Conference, Senator Ruben Gallego Tribal Healthcare Roundtable, AHCCCS Tribal Consultation, and Southwest Arizona Tribal Advisory Group meetings.

- Hosted numerous external partners, including Tohono O'odham Nation Health Care, National Indian Health Board (NIHB), IHS Headquarters, Forvis Mazars Professional Services- strengthening intergovernmental collaboration and knowledge sharing.

- Supported community recognition and workforce appreciation through National Nurses Week activities, employee wellness initiatives, and the annual 2026 Wellness Conference promoting culturally grounded health and resilience.

- Expanded partnerships with regional organizations, including the Hopi Tribe Behavioral Health Program, Navajo County Community Network, Navajo Nation Department of Health, and rural healthcare stakeholders to improve care coordination and access.

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Joint Commission

- Successfully completed the May 2026 unannounced Joint Commission survey, resulting in preliminary notification that WIHCC will receive Deemed Status, affirming compliance with CMS Conditions of Participation and Joint Commission standards.

- Initiated corrective action plans (CAPs) and organization-wide follow-up activities to address survey recommendations and ensure timely submission through the Joint Commission portal.

- Strengthened Emergency Management compliance by completing annual emergency preparedness exercises, Hazard Vulnerability Assessment (HVA), Emergency Operations Plan updates, and organizational preparedness planning.

Healthcare Infrastructure

- Advanced planning efforts through the Navajo Area Master Plan, ensuring future healthcare facility needs, staffing requirements, and community growth projections are reflected in regional planning.

- Continued coordination with Navajo Nation and IHS partners on critical infrastructure projects, including the Leupp-Dilkon Water System, water supply improvements, and utility infrastructure.

- Participated in IHS discussions regarding Section 105(l) leasing and approval of funding for FY2026 as of July 2026 under ISDEAA

Self-Determination through Federal, State & Health Policy

- Continued active leadership in advancing Tribal self-determination through participation in the 2026 Tribal Self-Governance Conference.
- Engaged in federal and state policy discussions involving AHCCCS 1115 CMS waivers, Rural Health Transformation Planning (RHTP), Medicaid funding strategies, Tribal consultation activities, and Arizona 638 Association initiatives.

- Collaborated with Tribal, federal, and state partners to assess proposed Medicaid policy impacts, support PRC modernization efforts, identify healthcare funding opportunities, and long-term healthcare system planning.

- Hosted IHS Headquarters leadership for a PRC site visit, highlighting rural healthcare delivery challenges, specialty care access, and opportunities to enhance Purchased/Referred Care services.

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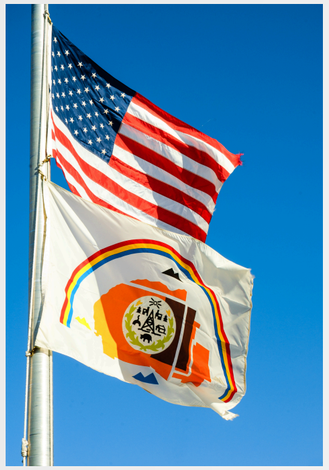
Navajo Nation 2026



- IHCIA Section 808: AZ as a CHS Delivery Area that designates the State of Arizona as an IHS CHSDA for the members of Indian Tribes in Arizona; Amended to include North and South Dakota
  - 2019 and 2021 Feasibility Study: 3 options
  - No additional appropriations

- NN Self-Insurance: Hold meeting with Navajo Nation and SME's to discuss Tribal Self-Insurance Clause and Exception to Payor of Last Resort
  - NN Designated THO's to enter into 638 Titles I and V with Indian Health Service
  - NN Enterprises, Public Schools, Tribal Affiliations claiming "Self-Insurance"; lack authorized NN legislation

Thank you.

Questions?