The IHS Facilities List, June 2023

What the Official Count Shows

An Analysis of the Most Recent IHS, Tribal, and Urban Indian Health Facilities List

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Indian Health Finance Working Paper
October 2026



Carved mask, gift to the author from the Port Gamble S'Klallam Tribe

Summary

The most recent facilities list IHS has released, dated June 2023, names 1,008 sites. Only 695 of the 932 IHS and Tribal sites are the five standard facility types, and only about half of all IHS and Tribal sites report patient workload to IHS.

- **Tribes operate the system.** Tribes run 792 of the 932 IHS and Tribal sites (85%); IHS runs 140. Urban Indian organizations add 76 more.
- **Most sites are outpatient.** There are 44 hospitals with 1,583 beds between them. The other 964 sites are health centers, health stations, Alaska village clinics, and specialized programs.
- **A quarter of the list is not a standard facility.** 237 IHS and Tribal entries are substance abuse programs, behavioral health sites, "health locations," dental clinics, and other program sites.
- **Reporting is incomplete.** 500 IHS and Tribal sites report workload to IHS, 355 do not, and 77 are blank.
- **The list has grown mainly by listing.** Compared with the 2019 list, the total rose 22% (825 to 1,008), but the standard facility types rose only 9%. Site matching shows about 248 entries added and 65 removed, and about 119 continuing sites relabeled.

The argument of this paper is that a facility count measures how many places are listed, not how much care the system can deliver. It should not be read as a measure of capacity, and growth in the count should not be read as growth in access.

1. Introduction

Facility counts are often cited as evidence of access, but no one has tested what the official list actually counts. This paper does that with the most recent list IHS has released.

The question matters for financing. Facilities are where Medicaid, Medicare and private insurance are billed, so the number and type of sites shape how much third-party revenue reaches the Indian health system. Facility counts also appear in budget justifications and advocacy as shorthand for system size.

This paper replaces earlier work in the series. Paper IV-D (2026) described facility growth of 65 to 150 percent across 15 states between 2000 and 2025, but its counts were approximate author estimates, not figures from an IHS list. The table on the edfoxphd.com Graphics page (Graphic 6) first compared two official lists. This paper builds on that table, analyzes the 2023 list in full, and matches it site by site against the 2019 list.

IHS's Offices page labels its download "Date Updated: October 10, 2025," but the file downloaded for this paper in October 2026 is the list released in June 2023. The October 2024 IHS Profile also reports facility counts "as of June 2023." The June 2023 list is therefore treated here as the most recent published list.

2. Data and methods

The source is the IHS, Tribal, and Urban Indian Health Facilities List released June 2023 (one sheet, dated 06-08-2023). It has 1,008 entries, each with a facility type, operator code (IHS, Tribal or Urban), IHS Area, state, bed count, ownership, and a workload flag.

The list's 23 facility type labels were grouped into ten categories for this paper:

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- **Five standard types**, used in the IHS Profile: hospitals, health centers, health stations, Alaska village clinics, and school health centers.
- **Five other categories:** substance abuse treatment, behavioral health (including one psychiatric inpatient unit), health locations, dental clinics, and other (referral-care-only sites, an elder care site, a rehabilitation center, urgent care, and similar entries).

Most tables cover the 932 IHS and Tribal sites, since IHS's own fact sheet counts those. The 76 urban sites are reported separately. Two entries are marked inactive (Santa Fe Indian School and Chemawa Indian School); they are kept in the counts because the list includes them.

The workload flag records whether a site reports patient workload to IHS's data system. It was read as reported: 1 = reports, 0 = does not, blank = not stated. The comparison list is the IHS facilities file downloaded June 20, 2019 (825 entries), the list behind the author's Tableau Public map. It has facility type, affiliation, address, phone and three service flags, but no IHS Area, bed count or workload flag.

3. Facility type and operator

Tribes operate 85% of IHS and Tribal sites, and an even larger share outside the hospital tier. IHS still runs 21 of the 44 hospitals and 12 of the 19 school health centers.

Table 1. Sites by facility type and operator, June 2023

Facility type	IHS	Tribal	IHS + Tribal	Urban	All sites
Health centers	53	332	385	38	423
Alaska village clinics	0	147	147	0	147
Health stations	25	75	100	8	108
Hospitals	21	23	44	0	44
School health centers	12	7	19	0	19
Standard types	**111**	**584**	**695**	**46**	**741**
Substance abuse treatment	10	60	70	8	78
Behavioral health	1	59	60	10	70
Health locations	13	43	56	5	61
Dental clinics	4	19	23	3	26
Other	1	27	28	4	32
Other categories	**29**	**208**	**237**	**30**	**267**
Total	**140**	**792**	**932**	**76**	**1,008**

The 695 standard IHS and Tribal facilities are close to the IHS Profile's June 2023 counts, which differ by one or two sites in some rows (for example, 52 IHS health centers rather than 53).

Most Tribal sites are under self-governance. The list codes 613 Tribal sites as Title V compacts and 176 as Title I contracts.

Hospitals are small. The 44 hospitals hold 1,583 beds: 755 at IHS hospitals and 828 at Tribal hospitals. The median IHS hospital has 27 beds and the median Tribal hospital 22. Three facilities hold a quarter of all beds: Alaska Native Medical Center (173), Phoenix Indian Medical Center (133) and Gallup Indian Medical Center (99). Eleven hospitals have fewer than 15 beds.

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Ownership differs from operation. Tribes own 400 of the listed buildings and IHS 108; about 100 are leased, and the rest are listed as other or urban-owned.

4. IHS Area and state

Alaska alone accounts for 300 of the 1,008 listed sites, nearly 30%, because each of 147 village clinics is listed separately. Outside Alaska, the list is spread fairly evenly across the larger Areas.

Table 2. Sites by IHS Area, June 2023

IHS Area	IHS	Tribal	Urban	All sites	Standard types	Hospitals
Alaska	0	300	0	300	218	8
California	2	92	21	115	94	0
Phoenix	25	57	7	89	69	6
Bemidji	7	73	8	88	59	2
Portland	12	62	11	85	58	0
Oklahoma City	10	66	8	84	70	7
Nashville	13	55	3	71	37	2
Great Plains	19	33	4	56	40	6
Billings	15	16	7	38	28	3
Navajo	18	18	2	38	34	8
Albuquerque	19	13	4	36	28	1
Tucson	0	7	1	8	6	1
Total	**140**	**792**	**76**	**1,008**	**741**	**44**

Albuquerque includes two sites the list assigns to a separate "Albuquerque Urban" Area.

The Areas differ in how much of their list is made up of non-standard sites. Nashville's 71 sites include 34 outside the standard types (48%), and Bemidji and Portland each have about a third. Navajo is the reverse: 34 of its 38 sites are standard facilities, and it has as many hospitals (8) as Alaska.

IHS operation is concentrated in a few Areas. Phoenix, Great Plains, Albuquerque and Navajo hold 81 of IHS's 140 sites. Alaska, Tucson and California have almost no IHS-operated sites.

The sites are in 37 states. The leading states are Alaska (300), California (120), Arizona (82), Oklahoma (72), Washington (54) and New Mexico (41).

5. Workload reporting

Only 500 of the 932 IHS and Tribal sites (54%) report patient workload to IHS. For 355 the flag is 0, and for 77 it is blank, so IHS's own visit and admission statistics draw on roughly half the sites it lists.

Table 3. Workload reporting by facility category, IHS and Tribal sites, June 2023

Facility category	Sites	Report workload	Do not report	Blank	Share reporting
Hospitals	44	38	2	4	86%
School health centers	19	15	4	0	79%

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Facility category	Sites	Report workload	Do not report	Blank	Share reporting
Health centers	385	264	92	29	69%
Health stations	100	59	38	3	59%
Dental clinics	23	10	6	7	43%
Other	28	11	13	4	39%
Alaska village clinics	147	48	99	0	33%
Health locations	56	18	26	12	32%
Behavioral health	60	19	30	11	32%
Substance abuse treatment	70	18	45	7	26%
All IHS and Tribal sites	**932**	**500**	**355**	**77**	**54%**

Reporting falls with the size and formality of the site. Most hospitals and health centers report; most village clinics, behavioral health sites and substance abuse programs do not.

A site that does not report workload can operate for years without appearing in IHS's service statistics. That has two consequences. First, published visit counts understate the care Tribes deliver, especially in Tribally operated behavioral health and substance abuse programs. Second, a site's presence on the list says nothing about how much care it provides.

The flag does not by itself show why a site does not report. Some Tribal programs may record workload in their own systems rather than reporting it to IHS. The non-reporting share should therefore be read as a gap in IHS's data, not as evidence that the sites are inactive.

Entries added since 2019 are less likely to report. Of the 213 IHS and Tribal entries with no 2019 match, 93 (44%) report workload, compared with 407 of the 719 continuing entries (57%). The added entries also account for 63 of the 77 blank flags, which suggests IHS has listed these sites without settling how they report.

6. Change since 2019

Between the 2019 and 2023 lists, the total grew 22%, but the standard facility types grew only 9%. Matching the two lists site by site shows the net gain of 183 is the result of about 248 entries added and about 65 removed. No newer list has been released, so 2023 is the latest point available.

Table 4. IHS facilities list, 2019 and 2023 (all sites, including urban)

Category	2019	2023	Change
Standard facility types	677	741	+64 (+9%)
— Health centers	339	423	+84 (+25%)
— Health stations	124	108	−16
— Alaska village clinics	163	147	−16
— Hospitals	45	44	−1
— School health centers	6	19	+13
Other listed sites	148	267	+119 (+80%)
Total	**825**	**1,008**	**+183 (+22%)**

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The 2019 list is the IHS facilities file downloaded June 20, 2019. Its totals match the "2018" column in Graphic 6 on edfoxphd.com exactly, so Graphic 6 appears to have been drawn from the same file.

How the lists were matched. Each 2023 entry was matched to a 2019 entry in the same state by facility name, then by phone number and city, then by street address and city, then by a shared distinctive word in the name. About 760 of the 1,008 entries in 2023 match a 2019 entry. Because names and addresses change, the counts of added and removed entries are approximate.

Added entries. The roughly 248 entries with no 2019 match are split evenly between standard and other types. They include 84 health centers, 39 substance abuse programs, 26 behavioral health sites, 25 health locations, 19 dental clinics and 15 school health centers. Alaska (66), California (39), Portland (30) and Oklahoma City (27) account for most of them. Most are Tribal (183); 35 are urban and 30 are IHS-operated.

Removed entries. About 65 entries on the 2019 list do not appear in 2023. Most are health stations (18), health centers (17) and "other" sites (11). Some are closures or consolidations; some may be renamed sites the matching could not link.

Relabeled entries. About 119 sites that appear on both lists changed category. The largest shifts are 20 health stations and 18 Alaska village clinics now listed as health centers, and 13 health stations now listed as health locations. Relabeling therefore explains much of the health-center growth, and the decline in health stations and village clinics.

Operator. IHS-operated sites fell from 151 to 140. About 30 sites listed as IHS-operated in 2019 are listed as Tribal in 2023, including the Sells hospital (Tohono O'odham Nation) and several Great Plains health stations. Some of these may reflect corrected coding rather than transfers.

These counts cannot be reconciled with Paper IV-D, which estimated 65 to 150 percent facility growth across 15 states from 2000 to 2025. Nor do they match the earlier Graphic 7, which showed about 1,851 facilities in 2020 and 2,074 in 2025, roughly twice any reading of the official lists. Paper IV-D's facility figures should be considered superseded by this paper.

7. What the list cannot show

The list counts places. It does not measure capacity, and it cannot answer the questions that matter most for financing.

- **Size and staffing.** A one-room village clinic and a 173-bed medical center each count as one site. The list has no staff, hours or visit figures.
- **Services.** Service flags exist but are coarse: 375 sites are flagged for pharmacy, 510 for dental and 565 for behavioral health, with no measure of volume.
- **New versus newly listed.** Site matching shows which entries are new to the list, but not whether they are new sites. Dating them (for example, by when each site first received an NPI) would be needed to split growth into new construction and new listings.
- **Demand.** The list says nothing about whether capacity has kept pace with the eligible population, or about specialty care, which is bought through Purchased/Referred Care rather than delivered on site.

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8. Implications

Facility counts should not be used as evidence of expanded access. A larger list mostly reflects more complete listing of Tribal programs, especially behavioral health and substance abuse services.

The workload gap is the more important finding for financing. If roughly half of listed sites do not report workload to IHS, then IHS service statistics understate the care Tribes deliver. That weakens the case Tribes can make from IHS data alone, and strengthens the case for Tribally held data and for CMS–IHS data matching of the kind used elsewhere in this series.

Open questions:

- How many of the roughly 248 entries added since 2019 are new sites rather than existing programs listed for the first time?
- How much care do non-reporting sites deliver, and where is it recorded?
- When will IHS release a list newer than June 2023, and will its definitions be comparable?

Sources

- Indian Health Service. IHS, Tribal, & Urban Indian Health Facilities List, released June 2023 (Excel). Downloaded from the IHS Offices page (https://www.ihs.gov/ihsoffices/), which labels the file "Date Updated: October 10, 2025."
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