In 1976, the United States Congress passed The Indian Health Care Improvement Act (IHCIA), which establishes the federal obligation to maintain, improve, and assure, the highest possible health status for American Indians and Alaska Natives. Title V of the IHCIA seeks to make health services more accessible to urban American Indians through federal support of Urban Indian Health Organizations. The Patient Protection and Affordable Care Act was passed in March 2010; as part of this act, the IHCIA was given permanent authorization. Today, urban Indians continue to experience significant health disparities compared with the general population, and chronic diseases are on the rise, creating more challenges for the people and the health care delivery system. There is a lack of research on the outcomes of Title V.

Traditional policy analysis looks to assess whether a policy is working. Utilizing Interpretive Policy Analysis, this dissertation identifies the different communities of meaning about Title V. According to Yanow, different communities of meaning provide alternative views in which there is no single correct formulation of a policy statement. Through interviews, extensive document analysis, and observation, this dissertation fills a void in the research literature on Urban Indian Health. In this era of health care reform, it is imperative to focus attention on a long-lasting urban Indian health crisis. Identifying the cultural understanding of this population’s health inequalities may lead to socially just policy.