**IRHA Policy Development/Resolution Form**

**Date of Submission: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Author(s) of Policy/Resolution:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_\_

**Policy Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate which of the following reason(s) best describes why this policy/resolution should be reviewed and adopted by IRHA: (Check all that apply)**

□ Influence changes to the external operating environment

□ Influence changes to government policy or legislation

□ Support the strategic directions of IRHA

□ Support the strategic directions of NRHA

□ Recommend new initiatives within or across the state or local areas

□ Support the consistent use of best or promising practices across areas of service delivery

□ Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Background: In general, describe the current health issue(s) that residents in rural Indiana is or may experience that is directly or indirectly associated with this proposed policy/resolution. Also, identify specific targets, as applicable. In addition, identify any policy, administrative or legislative, that exists at the local, state, or national level that assists in providing contexts to the proposed policy/resolution.**

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**Policy Implication: Present specific arguments using evidenced-based literature, governmental documents, and administrative reports that highlights proponent perspectives and opponent perspectives related to the proposed policy/resolution. An abbreviated explanation of the process associated with data presented in administrative reports should be included.**

*Section 1: Proponent Arguments*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 2: Opponent Arguments*

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**Policy/Resolution Recommendation: Formally state the position/recommendation of IRHA presenting a brief rationale of support. Present specific actions that IRHA recommends.**

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**Please submit this form to:**

**Indiana Rural Health Association**

**2901 Ohio Blvd., Suite 240**

**Terre Haute, IN 47803**

**Fax: 812-232-8602**

**or email to** [**info@indianarha.org**](mailto:info@indianarha.org)