

Chronic Disease GIS Exchange Map Gallery Submission Form

Please complete this form and return it, along with a .PDF of the map.
All submissions are subject to review by CDC prior to posting on the Map Gallery
(For instructions, please see page 3)

Attach the submission form and map to an email and send to: GISXmoderator@cdc.gov

Contact Information

Contact Person

Date of Submission

Institutional Affiliation

Position

Email

Phone

Map Description Information

Map Title

List all Authors and Institutional Affiliations (Separate authors with semicolon)

Impact Areas

Check all areas that apply – See category descriptions on page 3

Document Burden

Inform Policy/Programs

Enhance Partnerships

Facilitate Collaboration

Health Topics [Click here to choose topic.](#) *If 'Other', please describe*

State [Choose state](#)

Software Used

Data Used Please indicate the key data sources used to create the map.

Methods Please list key methodologies (statistical, cartographic, etc.) used to produce this map.

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Description

Provide a brief description of the map for use as [Alternative Text](#) for viewers who require assistive reading devices. This description fulfills the Section 508 requirements.

Example text: This map displays county-level heart disease mortality rates for the state of Kentucky, ages 35-74, for the years 2013-2015. The highest rates (xxx.x - xxx.x) are located primarily in the ___ region of the state and lowest rates (xxx.x.- xxx.x) are located primarily in the ___ region of the state.

Major Findings

Please indicate the main message or key take-aways that you want the reader to understand from your map.

How the map will be used, or has been used

Provide a brief description of the ways in which the map has been used or will be used. Whenever possible, please provide specifics about the names of partner organizations, presentations, types of reports, etc.

Impact Statement

Please provide a 1-2 sentence summary statement about the impact or importance of the map. This statement will appear above the map.

Map Requirements

The following map specifications are needed

- Map Format: PDF
- Resolution: 300 dpi Size: Letter size (8.5 X 11)
- Map Orientation: Can be either portrait or landscape
- Required graphical elements: Title, organizational logo and/or authorship citation, legend, and a scale bar and north arrow as needed.

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Instructions for the Map Submission Form

Format guidelines for listing authors and institutions (separate authors with semicolon): Last name, First name, Affiliation; Last name2, First name2, Affiliation2

Impact Area Descriptions

- **Document burden** - Maps that document mortality, morbidity, hospitalizations, prevalence, and other aspects of disease burden for heart disease, stroke or other chronic diseases.
- **Inform policy** - Maps that have been used (or can be used in the future) to inform decisions regarding policies and/or programs focused on reducing the burden of heart disease, stroke and other chronic diseases.
- **Enhance partnerships** - Maps that have been used (or can be used in the future) to enhance partnerships between organizations working toward the prevention of heart disease, stroke and other chronic diseases (e.g. community organizations, non-profit organizations, medical organizations, advocacy groups, government agencies).
- **Facilitate Collaboration** - Maps that have been used (or can be used in the future) to demonstrate efficiencies of two or more chronic disease units within an agency working together to address the burden of heart disease, stroke and other chronic diseases.
- **Other** - Please explain in the purpose section