

Chronic Disease GIS Exchange map gallery submission form

For best results, use Adobe Acrobat Reader (to download, visit <http://get.adobe.com/reader>)

When complete, submit the form and pdf of map to GISXmoderator@cdc.gov by using the "Submit by Email" button below. Directions for each item on this form are provided on the pages that follow; scroll down to read them.

Map Submitter Information

Contact Person

Institutional affiliation

Position

Choose the statement that best describes your role in the production of this map

Email

Phone Number

Map Information

Title

Please list all authors and Institutional affiliation(s) (separate authors with semicolon)

Impact Areas
(select one or more)

Health Topics
(select one or more)

Geographic Extent

Software used

Data used

Methods used

Description

Purpose and/or findings

Internet link(s) (optional)

Disclosure and clearance statements (all must be answered in the affirmative for map to be submitted)

The submitter declares no personal financial conflicts of interest in data collection, map production, and distribution of map

Yes

Submitted map has no copyright restrictions, contains no confidential or sensitive information

Yes

Submitted map has received the necessary institutional approval for public sharing

Yes

Before submitting the map associated with this form you must certify that the three (3) statements above are true. If you are unsure about any of these points, please contact GISXmoderator@cdc.gov.

You may save your progress on this form by saving to a .pdf. When the form is complete and you are ready to submit, click on the "Submit by Email" button.

Map Submitter Information:

Today's Date Will be auto completed

Contact Person List the person who will serve as the point of contact for all issues related to the submitted map; this information will be displayed along with the map on the website

Institutional affiliation Affiliation of the contact person

Position Job title of the contact person

Choose the statement that best describes your role in the production of this map Producer - You were the sole or primary person generating this map. Supervisor - You directed others to generate the map. User - The map was created by others for my use. Other (write in) - If none of the above selections fit, please write in a new option.

Email Email address for the contact person

Phone Number Phone number for the contact person

Information about the map:

Title Provide the title as it appears on the map.

List all authors and Institutional affiliation(s) (separate authors with semicolon) Format: Last name, First name, Affiliation; Last name2, First name2, Affiliation2

Select one or more impact area(s): *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

Information about the map:

Select one of more health topic(s) Heart Disease, Stroke, Cancer, Diabetes, Hypertension, Tobacco use, Other. These health outcomes have been preselected as a starting point. We realize that over time this list will likely expand. If the health topic(s) present in your map do not appear please add it in the "Other" category and offer some explanatory text in the short description of what your map shows.

Geographic Extent Please select the geographic region covered in the map: State, USA, or Other (write-in). Select only one.

Software used Please note the mapping software and modules used in the generation of mapped values (e.g. ArcGIS9.3 ESRI, SAS V9_2, etc.)

Data used Please note the key data sources used in the generation of mapped values. Include data type, years, and institutional source (e.g. US Census Bureau County Population Estimates for 2000-2004, National Center for Health Statistics Vital Statistics Compressed Mortality Files 1995-1997).

Methods used Please list key methodologies (statistical, cartographic, etc.) used to produce this map. Include information on the statistical tests employed, outcome mapped (rates, ratios, percentages, etc)

Description - Provide a brief narrative summary or abstract for the map. Provide a description of the information displayed in the map, including an overview of key geographic patterns and findings.

Purpose (other impact areas or health topics may be explained here) Provide a brief description of the intent and purpose of the map and how it was used. This information will be linked to your map allowing others to understand its relevance to the impact area selected.

Internet Link (optional) Provide a link(s) to any online document, presentation, poster, or website that provides additional relevant information about the map you submitted or your program.

When form is complete, use "Submit by email" button and attach map (see specifications below) to email. If the "Submit by email" button does not work, then attach the submittal form and map to an email and send to GISXmoderator@cdc.gov.

Map Format: pdf (color or not)

Resolution: 300 dpi

Size: Letter size (8.5 X 11): portrait or landscape

Required graphical elements: title and organizational logo and/or authorship citation