

# Chronic Disease Map Gallery

## Submission Form

We look forward to adding your map to the Chronic Disease Map Gallery!

Please complete this form and send it to [GISXmoderator@cdc.gov](mailto:GISXmoderator@cdc.gov) along with a .jpg of your map. **Before submitting your map, please make sure to obtain the appropriate approval from your agency or educational institution.**

### Map Requirements

- Map Format: .jpg
- Resolution: 300 dpi Size: Letter size (8.5 X 11)
- Map Orientation: Portrait or landscape
- Required elements:
  - Title
  - Legend
  - Scale bar
  - North Arrow
  - Organizational logo and/or authorship citation

All maps will be reviewed by CDC staff prior to publication.  
If you have any questions, please email us at [GISXmoderator@cdc.gov](mailto:GISXmoderator@cdc.gov).

## Contact Information

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### 1. Contact Person

*First and Last Name*

### 2. Date of Submission

*MM/DD/YYYY*

### 3. Institutional Affiliation

### 4. Position

## 5. Email Address

## 6. Phone Number

XXX-XXX-XXXX

# Map Information

## 7. Map Title

## 8. Authors and Institutional Affiliations

*Please list all authors and separate them with a semicolon.*

*Example: Jane Doe (NH Department of Health); John Doe (NH Department of Health)*

## 9. How the Map Can be Used

*Please check all of the ways the map can be used.*

Enhance Partnerships and/or Collaborations

Inform Policy and/or Programs

## 10. Topic

*Please check all of the topics addressed in the map.*

### Diseases and Conditions

Cancer

Stroke

Heart disease

Diabetes

High blood pressure

Overweight and obesity

## Epidemiology and health indicators

Health system use rates

Hospitalization rates

Surveillance

Health policy, law, and regulations

Medicaid

Public health infrastructure and capacity

Health programs

Program management

Social determinants of health

Health care access and quality

## Health behavior and risks

Adherence to treatment

Smoking and tobacco use

## **11. Location**

*Please indicate the state/region/territory/county/city displayed on the map.*

## **12. Software Used**

## **13. Type of Data Used**

*Please check all the key data sources used to create the map.*

BRFSS/PLACES

CDC's Atlas of Heart Disease and Stroke

Health Care Locations

Hospitalization Data

Medicaid Data

Vital Statistics

Policy

Program Services

Disease Registry

Survey

U.S. Census

Other

#### **14. Methods**

*Please list the key methodologies (e.g., statistical, cartographic) used to produce this map.  
(Suggested maximum word count: 75 words)*

*Example: Blood Pressure medication non-adherence and poverty data were displayed using tertiles. FQHC count data were summarized by county and displayed using proportional symbols.*

## 15. Key Points

*Please provide a 1-2 sentence summary statement about the impact or importance of the map. The statement will appear above the map in the Map Gallery.*

*Example: This map highlights the regions of Georgia with the highest diabetes prevalence and shows the gaps in National Diabetes Prevention Program (DPP) sites in these areas. The map also identifies pharmacy locations across the state, which the Georgia Department of Public Health may prioritize for potential partnerships.*

## 16. **Description**

*Please provide a brief description of the map. The text will be used as Alt Text for viewers using assistive reading devices.*

*Example: This map displays county-level death rates for (cause of death) in (state or other jurisdiction), ages (age-range), for (year or the years). The highest rates (xxx.x - xxx.x) are located primarily in the (Northeast) region of the state and the lowest rates (xxx.x - xxx.x) are located primarily in the (Southwest) region of the state.*

### **17. How the Map Will be Used**

*Please provide a brief description of how the map can be used and/or has already been used.*

*(Response may include information such as: using the map to enhance partnerships or collaborations, using the map to inform policies or programs, or other ways to use the map).*

### **18. Approval to Submit Map to the Chronic Disease Map Gallery**

I certify that I have received the required approvals from my agency or educational institution to submit this map to CDC's Chronic Disease Map Gallery.

*Please type your full name.*