

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 GISmoderator@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
 - Organizational logo and/or authorship citation
 - Legend
 - Scale bar
 - North Arrow

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

Contact Information

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 is Used

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

- Enhance Partnerships and/or Collaborations
- Inform Policy and/or Programs
- Address Health Equity

10. Health Topic

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

- Adherence to treatment
- Cancer
- Death and fatality rates

- Diabetes
- Health behavior and risks
- Health care access and quality
- Health policy, law, and regulations
- Health programs
- Heart disease
- High blood pressure
- Hospitalization rates
- Medicaid
- Overweight and obesity
- Program management
- Smoking and tobacco use
- Social determinants of health
- Stroke

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
- Programs Services
- Disease Registry
- Survey
- U.S. Census
- Other

14. **Methods**

Please list the key methodologies (e.g., statistical, cartographic) used to produce this map. (Approximately 50 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. **Impact Statement**

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 Or Has Been Used

*Please provide a brief description of how the map has been or will be used.
(Approximately 50 words)*

18. Approve 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.