Updated 9-23-19

2019-2020 Geographic Information Systems (GIS) Training for Surveillance of Heart Disease, Stroke and Other Chronic Diseases in State Health Departments

Frequently Asked Questions
We will continue to update this list of questions and answers as additional questions are received and processed. Please consult this document regularly.

ELIGIBILITY

Can local health departments apply for this opportunity?
Eligibility for this RFA is limited to state health departments. However, if there are LHD staff in an established and ongoing working relationship with the state health department then they are eligible to be considered as members of the core or extended GIS teams. Composition of the team is determined by the state health department. While this RFA is specifically for state health departments, we will be providing other opportunities for local health departments this fall.

Are Tribal organizations eligible for this Chronic Disease GIS Capacity Building Project?
Eligibility for this RFA is limited to state health departments. However, if there are representatives of Tribal Nations or American Indian/Alaska Native communities that are in an established and ongoing working relationship with the state health department then they are eligible to be considered as members of the core or extended GIS teams. Composition of the teams is determined by the applicant organization (state health department). In the future, we hope to make this training available to Tribal Nations.

Which state health departments are eligible to apply?
As noted in the RFA, State Health Departments are eligible to apply if they have participated in fewer than two in-person GIS trainings provided by the Centers for Disease Control and Prevention, National Association of Chronic Disease Directors, and Children's Environmental Health Initiative. Eligible state health departments include: Alabama, Alaska, Arizona, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, West Virginia, and Wyoming.

Our Department of Health has a GIS/health geographics team but it is separate from the Division of Chronic Disease and fairly siloed. Would we still be eligible to apply?
All state health departments that have participated in fewer than two in-person GIS trainings are eligible to apply for this opportunity.
**FUNDING**

The RFA indicates that all Core Team travel costs will be paid by Rice University. Are attendees expected to purchase airline tickets, reserve hotels, and pay for meals on their own and get reimbursed, or will you make the arrangements for attendees?

Arrangements for all Core Team travel (air and ground), lodging and meals during the training events will be made and paid for upfront by CEHI at Rice University. Allowable miscellaneous charges associated with travel (parking, transport to and from home airport, meals during travel) will be reimbursed by CEHI at Rice University. No funds will be provided directly to state health departments.

**How much funding is available for a state health department?**

No funds will be provided directly to State Health Departments (SHDs) that are selected to participate. One-year ESRI software licenses will be provided, and all travel and lodging costs will be covered directly by CEHI.

**CORE GIS TEAM**

Please distinguish the roles of people on the Core GIS Team vs. the Extended GIS Team.

The four members of the Core GIS Team are required to attend all trainings and conference calls and to complete the map assignments that are included in the training. Members of the Extended GIS Team provide feedback, support and guidance to the Core Team members on a wide array of topics including which maps to create, the display of the data on the maps, which partners to share the maps with, and overall how to enhance the integration of maps into the decision-making processes of the health department.

**Will all four staff members in the Core GIS Team need to participate in all of the trainings?**

Yes. The trainings are designed for all four members to participate in all of the trainings.

**Regarding the composition of the Core GIS Team, what is the appropriate mix of staff?**

There is no pre-determined optimal mix of staff roles. It really depends upon the priorities and needs within each state health department, along with the vision for how GIS will be used to address the existing priorities within each state health department.

**Can the Core GIS Team include staff from outside the chronic disease unit (e.g., rural health, health equity, maternal and child health, vital records)?**

Yes, staff from other units within the health department can be part of the Core GIS Team, as long as their work relates to chronic disease.

**Can the Core GIS Team include staff from a local health department that is a sub-awardees or contractor of the state health department?**

Yes, the Core GIS Team can include sub-awardees and/or contractors as long as they are working closely with the state health department on chronic disease prevention and management.
Do members of the Core GIS Team need to have any specific level of GIS experience?
No specific level of GIS experience is required; however, the training is designed for individuals with moderate, little or no previous GIS training. Staff members with extensive GIS experience could serve well as members of the Extended GIS team.

Are Core GIS Team members expected to collaborate on creating maps as part of the training and homework assignments?
Yes. Members of the Core Team are expected to collaborate in creating maps for homework assignments and for program use. Participants are encouraged to create maps in addition to the homework assignments (at least 2 maps should address heart disease or stroke) that support health department chronic disease priorities.

Are the four members of the Core GIS Team required to train the Extended GIS Team when they return from training events?
No. The intent of the Extended GIS Team is to provide feedback, support and ideas for integrating the use of GIS into meeting the priorities and objectives for surveillance and prevention of heart disease, stroke and other chronic diseases. It is up to each health department to determine how Core Team members can share what they have learned with others in the health department.

EXTENDED GIS TEAM

Is there a limit to the number of people that can serve on the Extended GIS Team?
The Extended Team is not limited in size. If you need additional space on the application to add more members, please use the “Additional Text” section at the end of the application.

Do members of the Extended GIS Team need to attend all monthly calls?
Members of the Extended GIS Team are welcome to attend the monthly calls when there is a topic of interest to them. However, only Core GIS Team members are required to attend the monthly conference calls.

TRAINING

What GIS skill-level is the training content designed for?
The training curriculum contains introductory to intermediate level GIS content.

Can we get a copy of the training curriculum to review?
Yes. The training curriculum from past trainings may be found on the GIS Exchange website under “GIS Training” at: http://www.cdc.gov/DHDSP/maps/GISX/training/index.html
Joshua Tootoo may also be contacted with specific questions regarding the training curriculum (jtootoo@rice.edu).

What version of ArcGIS will be used in the training?
The training will use ArcGIS Pro.

HEART DISEASE AND STROKE FOCUS
Does the GIS Team Lead need to be from a chronic disease unit that is directly responsible for Heart Disease and Stroke prevention?

Ideally the GIS Team Lead should be someone that works with heart disease and stroke. We recognize that this is not always possible. Therefore, if the GIS Team Lead does not work with heart disease and stroke, then a justification must be included and at least one person on the Core GIS Team should work with heart disease and stroke.

The RFA asks about the “unit” that addresses heart disease, stroke, and other chronic diseases. We don’t have a unit that specifically addresses that. Should we answer this for 1815?

We recognize that given the different organizational structures among state health departments there is variation in where the heart disease and stroke activities are located. Just be sure to indicate whichever unit within your health department has the primary responsibility for heart disease and stroke activities.

INFORMATION TECHNOLOGY AND SOFTWARE

If needed, how many ArcGIS licenses will each state health department receive?

The number of licenses will depend on the needs assessment and the existing software at each SHD. At minimum each member of the Core GIS Team will have access to an ArcGIS license.

What if the state health department already has GIS software?

Staff from Rice University will engage in a conversation with your IT liaison to determine whether additional licenses will be required. The four staff members on the Core GIS Team will need unlimited access to the software. If this access is not covered by your existing software agreements you may receive educational licenses via this training.

Can SHDs opt to have the grant cover a second year of maintenance if they already have licenses?

Unfortunately, the grant cannot be used to cover any second year or ongoing maintenance costs, only original licensing costs are covered.

If a state health department already has the basic software, can those funds be used for other GIS-related resources?

No. No funds are provided directly to the State Health Department.

Are SHDs obligated to continue paying for the licenses after the one year of free service?

CEHI will not be able to provide licenses beyond one year. It is up to the state health department to decide whether to continue the licenses after one year. We will help you brainstorm and plan for identifying sources of funding within your agency so that each SHD can continue the GIS work.

Is there a hardware component to the needs assessment?

Yes. The needs assessment will be used to evaluate the hardware needs for each member of the Core GIS Team. There are no funds for the purchase of hardware included in this project.
What will the computer lab facilities be needed for? We have ArcGIS installed on our desktop workstations but wanted to know if we needed to reserve an available lab for our group in our government building.

You do not need to reserve the lab at this point. The purpose of this questions is to provide us with more information about the local resources your group may have available for additional group training/work sessions.

Who should be considered the appropriate contact person for the technology staff? Should this just be a general IT contact from our Office of Technology?

Ideally this IT contact person will be able to answer questions related to installed software (ArcGIS products) and existing licenses for your organization. This person should also be able to coordinate the installation of educational licenses for ArcGIS Desktop if they are necessary for your Core Team members.

**EVALUATION/SELECTION**

How many state health departments will be selected to participate?

We expect to fund 4 State Health Departments to participate in this GIS Capacity Building Project.

Do selection criteria exist for the RFA?

Yes, “Evaluation Criteria” are listed in the RFA.

Will states that are not past participants receive any priority or preference?

Applications from states that have not previously participated are encouraged to apply and will be evaluated separately from applications from states that did participate in the past. The top scores from each group will be compared before final decisions are made.