

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

QUESTIONS AND ANSWERS

The questions and answers listed below are from discussions during the scheduled informational conference calls or are responses to inquiries received via e-mail.

We will continue to update this list of questions and answers as additional questions are received.

The questions and answers are organized as follows:

Questions and Answers from the 11-22-2013 call

Questions and Answers from the 11-27-2012 call that are still applicable

Questions and Answers from the 11-19-2012 call that are still applicable

Questions and Answers and E-mail inquiries from 2011 that are still applicable

Questions and Answers from 2010 that are still applicable

Information Conference Call November 22, 2013

How many states are typically funded per round?

We are usually able to select 5 Health Departments to participate in this GIS Capacity Building Project

What is the skill level of that the training is targeted to?

The training curriculum is geared towards introductory and intermediate level GIS content, although expansion of existing GIS capacity is supported and encouraged within the training program.

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

No, it is not possible to transfer the funds for other GIS related resources. ESRI has generously made the software grant available to make sure that all participating states will be able to perform the procedures /techniques that are included in this GIS Capacity Building Project. The needs assessment, performed after the state health departments are selected, will identify all software needs for participation in the project.

What version of ArcGIS will be used in the training?

The training will use the most current version of ArcGIS Desktop (version 10.2).

In the context of 1305, we do not have a Heart Disease and Stroke Program Manager. Therefore, who in the agency should fill the role identified for the program manager in the RFA?

We recommend that you identify someone in a program manager role for chronic diseases – someone that a) will be able to provide input regarding how the maps could best support the program activities included in 1305, b) could advocate for the integration of maps into decision making processes within the agency, and c) would benefit from having a deeper understanding of the GIS training that the core team will receive.

If it is not possible for the Program Manager to travel to the 1st training for just one day, are there other options?

Yes, Program Managers can call in if it is not possible for them to travel for the one day meeting. However, whenever possible we encourage program managers to participate in person.

Do all people on the core team need to be state health department employees?

As long as the person is in an established and on-going working relationship with the state health department, and has specific roles and responsibilities that support the work of the state health department, he /she can participate in this project.

Do members of the extended team need to attend all monthly calls?

Members of the extended team are welcome to attend the monthly calls when there is a topic of interest to them. However, only the core members are required to attend the monthly conference calls.

Please distinguish the roles of people on the core team vs. the extended team.

The 4 members of the core team are required to attend all of the trainings and conference calls, and to complete the map assignments that are included in the training. Members of the extended team provide input, 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.

Information Conference Call November 27, 2012

-Will money be provided to State Health Departments (SHDs) to purchase the software licenses?

No. ESRI will provide the license through a grant program; no money will be transferred to health departments. Additionally, all travel and lodging costs will be covered by CEHI, and this will not involve any money transferred to the health department.

-How many licenses will each SHD receive?

The number will depend on the needs assessment and the existing software at each SHD.

-Will SHDs still receive licenses if they already have some? Can SHDs opt to have the grant cover a second year of maintenance if they already have licenses?

In most cases, SHDs opt to receive additional or newer version licenses to provide capacity for staff, even if they already have some licenses. Unfortunately, the grant cannot be used to cover any second year or ongoing maintenance costs, only original licensing costs are covered.

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

We do not require that any SHD continue to pay for the licenses after one year. However, the cost of ongoing license maintenance is only a fraction of the cost of initial licensing and we will help you brainstorm and plan for identifying sources of funding within your agency so that each SHD can continue the GIS work. This could involve sharing maintenance costs among several units/departments.

-Is the expanded GIS team limited to 6 people? If not, where in the application can applicants indicate additional team members?

The expanded team is NOT limited to 6 people. Please use the "Additional Text" box at the end of the application to clearly indicate additional team members.

-On question 2.4 of the form, do the "projects" refer specifically to heart disease and stroke projects?

Yes. In question 3, you may indicate projects that may be related to other chronic diseases.

Information Conference Call November 19, 2012

-Our state does not have a funded Heart Disease and Stroke Program, but we do have a WISEWOMAN program and we focus on hypertension. Who should travel to the 1st day of the 1st training in place of the Heart Disease and Stroke Program Manager?

The person who travels to the 1st day of the 1st training should have responsibility for developing, implementing and/or overseeing programs within the state health department that address heart disease and stroke. During the day this person will obtain a deeper understanding of the scope of the GIS Capacity Building Project and will have the opportunity to share ideas with colleagues from other state health departments about how to support the integration of GIS into their existing priorities and projects.

-Is there a hardware component to the needs assessment?

Yes core training team hardware is evaluated for compatibility with project required software and to identify potential hardware issues early in the project. There are no funds for the purchase of hardware associated with this project.

-What if we already have GIS software?

Our team will engage in a conversation with your IT liaison to determine whether or not additional licenses will be required. The four staff members on the core training team will need unlimited access to the software. If this access is not covered by your existing software agreements you may request additional concurrent or single seat licenses.

-What GIS skill-level is the training content designed for?

The training curriculum should be considered introductory to intermediate level GIS content, although expansion of GIS existing capacity is supported and encouraged within the training program.

-Can we get a copy of the training curriculum to review?

Yes. The examples 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 (his contact info is on the RFA)

Questions and Answers and E-mail inquiries from 2011

-The training curriculum includes 3 training events; do all team members need to attend all trainings?

*Yes-the Core GIS team (4 for SHDs) must attend all three trainings (dates)
Trainings are designed to leverage capacities across team members and create opportunities for inter/intra team collaboration.*

If something comes up, can I just call in?

Emergencies do happen but the expectation is that all participants will schedule and prioritize to attend all 3 trainings

- What is the estimated cost of maintenance for the GIS software?

The ESRI software grant will cover software and maintenance needs for one year. The software needs for each of the selected health agencies will be determined by the staff at the University of Michigan. The licenses and maintenance agreements for project granted can be extended at the end of the one year term. Costs will vary based on the findings of the software needs assessment and software required for the training. Software maintenance costs may be estimated to be around 20% of the initial onetime cost of purchasing the software.

Even with varying software costs we estimate these costs to be well under \$5,000/year. For example, software cost for the last cohort of training teams were within the range of \$1,500-\$3,000/year

Questions and Answers from 2011 conference calls that are still applicable

We will be sending four staff members for the training. Does that mean that we will receive four software licenses or "seats"?

The number of licenses or license agreements depends on the findings of the software needs assessment. The four staff members will have access to the software, but this may take the form of an enterprise license agreement, concurrent licenses, or single seat licenses.

What level of ArcGIS software will be covered in the training and what version will be used?

The training will be based on ArcView version 10.1 software and related extensions .No web-based mapping training will be provided. The training curriculum should be considered introductory to intermediate level GIS content, although expansion of GIS existing capacity is supported and encouraged within the training program.

Will all four staff members in the core GIS team need to travel to all of the trainings?

Yes. The trainings are planned to incorporate in-class exercises and discussions among the groups that are best achieved by having all members present. Offsite training creates opportunities for attending staff to capitalize on synergies across health departments and is an essential requirement.

Are the four members of the core GIS team required to train the larger GIS team when they return from training events?

Not necessarily. The intent of the larger GIS team is to provide support and ideas for integrating the use of GIS to meet the priorities and objectives for surveillance and prevention of heart disease, stroke and other chronic diseases in your health department. Training the larger GIS team may or may not be critical to your goals and priorities, so each health department should discuss and decide what role the members of the larger GIS team will play.

Are you looking for members of the core GIS team to have any specific level of GIS experience?

No specific level is required; however, the training is designed for those individuals with minimal to no previous GIS training. In order to maximize the benefit received from this project, it may be best to have staff with extensive previous GIS experience serve as members of the larger GIS team.

Does the Project Lead need to be from the Heart Disease and Stroke program?

The Project Lead must be working on heart disease and stroke related projects.

Does the Project Lead need to be the State Heart Disease and Stroke Prevention (HDSP) Program Manager or would a senior epidemiologist qualify?

***For state health departments**, the state HDSP program manager does not need to be the Project Lead. Any staff member working on heart disease and stroke projects who is able to provide leadership for the GIS team is eligible to be Project Lead. The Project Lead will have responsibility for managing the training group and coordinating efforts to coordinating efforts to meet CDC's requirements for the project. If the Project Lead is not the state HDSP Program Manager, then the HDSP Program Manager will be expected to attend a portion of the first training. This will enable the HDSP Program Managers to be informed about the goals and objectives of the GIS Training and enhance their ability to support the use of GIS to meet priorities and objectives within their state health department for surveillance and prevention of heart disease, stroke and other chronic disease units.*

Does the RFA cover the costs for traveling the State HDSP Program Manager (if the HDSP Program Manager is not the Project Lead) or a local heart disease/ chronic disease supervisor to a portion of the first training?

Yes.

Can we get a copy of the training curriculum to review?

Yes. The curriculum 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 (his contact info is on the RFA)

Does Section 2.1 of the RFA refer to the Heart Disease and Stroke Prevention Program or the Unit in which it is located if it is not a stand-alone program or if it spans several units?

If there is a State Heart Disease and Stroke Prevention Program in your state, you should identify the administrative unit where the HDSP program is located and answer the questions for that unit. For local health departments, if there is no administrative unit devoted to heart disease and stroke prevention, then provide information on the administrative unit within which heart disease and stroke related activities are located.

Should the projects listed in Section 2.4 of the RFA be current projects or future planned projects? How specific should the listed project descriptions be?

Projects should be currently under way or completed. Future ideas for using GIS to address your program priorities should be listed in Section 4. Provide as much detail as possible to clearly explain the project.

Should the priorities addressed in Section 4 of the RFA be specifically related to heart disease and stroke?

Yes, priorities listed should be related to heart disease and stroke as much as possible. Additional chronic diseases may also be included.

Do selection criteria exist for the RFA?

Yes, "Evaluation Criteria" are listed on page 2 of the RFA