

**MidAmerica GIS consortium  
Project completion report form**

*Name of project:* "Can GIS cure the Common Cold?"

*Date:* September 29<sup>th</sup>, 2014

*Contact information for report preparer:*

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*Please describe the project as implemented:*

At the beginning of the project (starting in January 2014), we searched for existing GIS surveys that we could model our survey on. We found one for Oklahoma and for Minnesota and used those as guides to help design our questions. We began contacting public health administrators in March and continued contact throughout the summer in order to collect responses.

*Which goals and objectives cited in your grant application were met?*

This proposed project intended to survey the current awareness and use of GIS in Public Health Care departments of the MAGIC region. Based on the result of this, we would then offer a two-day workshop on the many ways to use GIS in Public Health Care.

We have succeeded in surveying the current awareness and use of GIS in the public health care departments within the MAGIC region. We have not been yet able to offer a workshop, due to the meager results of the survey (as well as the late start of the project, which only commenced in January 2014 rather than the anticipated 2013 start date). The result of our survey will be presented at the 2015 IGIC conference, and at the MAGIC conference in 2015.

*What were the results of your project? How did you measure success?*

The results of the project were interesting. The original plan was to contact the state health directors of each MAGIC state. Our initial phone contacts were unsuccessful. State health directors did not want to comment on the actual activities of their GIS divisions with a representative from the mapping division and would refer us to talk to them in order to get any specifics. As a result, we switched to contacting the GIS person within the public health office, where possible. The original intent was also for telephone interviews, but each of the individuals contacted preferred to have the questions sent to them so that they could respond to them on their own time. Accordingly, we created a google survey, which recorded the answers into a spreadsheet as they were entered.

Arkansas, at the present time, does not have a mapping section within their public health department. Two other states were contacted and never responded. Two states have been contacted and requested the survey but have not yet completed the survey. Only four states of the nine states actually ended up submitting answers to the survey. Success thus is partial, as we are still trying to chase down responses from 4 out of the 9 MAGIC states.

*What lessons did you learn from this project?*

The primary lesson learned that designing a project based on contacting top administrators is not very effective. Additionally, very few individuals were willing to take part in a survey over the phone, all of them requesting a written copy.

Part of the original grant was to assess the needs for GIS training in the health sector. The US Center for Disease Control has tried to encourage application of GIS in public health care by offering grants to train staff in public health care departments in its use. In part, the difficulties in locating qualified respondents speaks to the needs of more GIS training in public health. In the words of one of the respondents: "up until 6 years ago, the public health side of the department only dabbled in GIS, publishing maps of influenza cases or positive West Nile cases by county". Half the respondents listed funding, staff expertise, access to software and data as barriers in the current use of GIS in public health. One respondent did not feel the need for additional training, but at the same time reported only two people at the state level as having GIS experience to produce maps.

*How did your results benefit the MAGIC region?*

While we are attempting to contact the remaining states to complete their surveys, we are now moving onto the next stage of determining publicizing the work and determining material for a workshop to be offered in the future. The fact that state health directors only have cursory knowledge of the mapping efforts within their departments speaks to a need for more education overall. Efforts need to be made to help county and local health departments, hospitals, and clinics begin using GIS and further education can help in that endeavor.

*How can other entities use your implementation plan and/or results?*

The survey we developed can be used to query county public health departments to help assess their needs. With county level data, we should be able to get a more in-depth assessment of how maps are being used. At the state level, most maps appear to be used to primarily to plot incidence. In most respondents, analysis was only performed on maps distributed to the analysis team than engaging in geospatial analysis within the software.

*Final budget*

Due to the nature of the work done to date, we have not yet expended the majority of the funds requested from MAGIC. The original request was for

*Survey: phones (\$300); postage (\$100); printing (\$200); surveyor (\$200)*

*Workshop: Presenter(s)—(IGIC/MAGIC or other specialists depending on discovery of needs)--\$400*

*Location, computers/tablets and temporary software licenses for up to 20-25 participants - \$1000*

*Travel/Lodging Assistance for attendees (\$1000)*

We ended up distributing the survey via a google doc, thus saving both printing and postage costs. We spent time the phone, attempting to contact people and invested significant time into the development of the google survey ([Survey - Can GIS Cure the Common Cold](#)). Thus, our final budget only comes to \$200 for the surveying work.

*Final payment requested in the amount of: **\$200***

9/30/2014

