

Acknowledgments

The need to systematically evaluate CDC's HIV prevention efforts in the United States has been long recognized. Over the years, various evaluation studies and "lessons-learned" documents have made contributions to the understanding of the activities set in motion by the disbursement and application of governmental resources. Many studies and documents have served to illuminate the effects of programs and policies. Until now, however, there have been no systematic, standardized approaches to documenting and assessing the effects of HIV prevention funding. Evaluation findings are not comparable among health departments and not generalizable to the national level. Consequently, the application of findings from past work has been limited. With the issuance of this document that changes. Health departments and CDC can now employ common strategies and measures to document and understand the varied and numerous programs they have funded and implemented.

This document has been two years in the making. Over that time many people have given of their time and talent to its creation. First, my thanks to Dr. David Holtgrave, Director of the Division of HIV/AIDS Prevention – Intervention, Research, and Support in the National Center for HIV, STD, and TB Prevention at the Centers for Disease Control and Prevention. His support for this project and his insistence on a practical, useful, comprehensive guidance were unwavering throughout the long developmental process. Without his personal intervention at critical junctures and his continuous advocacy, this document would not exist.

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In the course of developing the evaluation guidance and data system, several groups of stakeholders and experts were assembled to advise on all aspects of the endeavor. Programmatic experts from state and local health departments as well as from community-based organizations reviewed drafts of the document in great detail. Experts in evaluation and other scientific disciplines did the same. They provided insights, comments, suggestions, and alternatives on numerous occasions.

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Lastly, I want to thank my colleagues at the Centers for Disease Control and Prevention. Fellow staff in the Program Evaluation Research Branch have provided strong support and assistance in the accomplishment of this task. Dr. Samuel Dooley, Chief of the Community Assistance, Planning, and National Partnership Branch, and his colleagues have steadfastly endured many rounds of revision and have consistently provided important consultation. In addition, the following branches in the Division of HIV/AIDS Prevention participated in the development of this document: the Behavioral Intervention Research Branch; the Training and Technical Support System Branch; the Technical Information and Communication Branch; the Prevention Services Research Branch; and the Surveillance Branch. Their contributions throughout a long and sometimes contentious process are deeply appreciated.

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