



TRUCKER HEALTH PROJECT



The health of truckers is of critical importance to our nation's transportation dependent communities and economy. Nationally, 1 in 16 jobs are directly tied to trucking and the industry represents 10% of GNP. There are 3.2 million over the road (OTR) truck drivers in the U.S., over a half million Canadian drivers, and an undetermined number of drivers from Mexico and Latin America who operate OTR tractor trailers on U.S. highways. In Washington State in 2004, there were 43,770 registered truck drivers (tractor trailer and industrial) according to the Bureau of Labor Statistics. Spokane is located on Interstate 90, the longest U.S. interstate highway as well as on major north/south international trade routes U.S. 195, 395, 95 and 2. An estimated 2,500 OTR truckers pass through Spokane County each day, resulting in approximately 1,600 stops for services in the county.

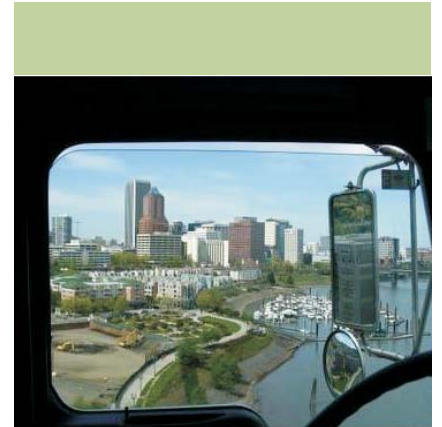
While keeping the U.S. and North American economies flowing, truckers sustain more non-fatal occupational injuries and illnesses than any other occupation. Trucking lifestyle factors reveal increased risks of pre-morbid and morbid conditions including elevated blood pressure, obesity, musculoskeletal disorders, cardiovascular disease, tobacco addiction, substance abuse, sexually transmitted infections (including HIV), eating disorders, ulcers, diabetes, and sleep disorders. Peer reviewed studies have documented that truckers face a reduced life expectancy of 15 years.

The public safety challenge posed by drivers who may have any of these undiagnosed, potentially fatal conditions affects everyone with whom they share the road. Recent changes in basic Department of Transportation (DOT) required trucker fitness levels (specific to blood pressure, diabetes, obesity, etc. outlined in the Federal Motor Carrier Safety Administration regulation 391.43), coupled with chronic trucker health issues, create economic distress for career drivers as well as the national supply network. The strained trucker labor market finds far fewer qualified candidates as a result of these new regulations, and seasoned truckers are losing their jobs. These factors, when linked to communicable disease screening and surveillance, are of public health interest. Truckers often travel coast to coast in as little as 3 days. With each stop, their ability to unwittingly spread or be exposed to highly communicable health conditions is a glaring gap in current public health strategies.

Project Overview

The Spokane Regional Health District (SRHD), in collaboration with many community partners, is interested in the health and well-being of this underserved population. The SRHD HIV/AIDS Program is working to address the many health monitoring needs of truckers, including the prevention of HIV and Sexually Transmitted Infection (STI) transmission.

The project's goal is to offer public health screening, education and advocacy services tailored to the specific needs of North American professional truck drivers. To help



What's Inside:

- General Overview & Driver Responses 2
- Getting Specific 3
- Working Conditions OTR 4
- Healthcare Access OTR 5
- Initial Truckers Responses to Rapid HIV Screening 6
- Communicating with Truckers 7
- Previous HIV Testing 8
- Would They Participate in a Rapid Test? 8
- Time Constraints 9
- Hours of Operation 9
- Location, Location, Location 9
- The Check (up) is in the mail 10
- How Did Drivers Feel About Learning Someone They Knew Had HIV/AIDS? 12
- Drivers Perception of HIV Prevention Strategies 12
- Next Steps 13

assess the knowledge and awareness of risk for HIV/AIDS, SRHD developed an interview questionnaire for drivers. Another purpose of the interview was to gauge the interest from drivers in testing for HIV/AIDS and other health screening services.

This project is unique because it is designed by and for drivers. The project is sensitive to drivers, their social networks, and the extreme challenges of the working environment they encounter on a daily basis.

Between February and August of 2006, Spokane Regional Health District researchers interviewed 41 OTR truckers. Investigators used three methods to obtain interviews. Drivers were solicited through their membership in professional associations, already interviewed driver referrals (the snowball method), and mostly live contact made through local truck stops. The interviewer used a standardized questionnaire with interviews lasting a minimum length of 20 minutes and some as long as 1 ½ hours. The level and depth of each driver's feedback varied and was dependent on the interviewee's interest level. Each driver received a \$20 gift card as a thank-you for their participation.

The interview format focused on numerous subject areas. The questions explored general working conditions, driver demographics, and over-the-road lifestyle realities. Drivers shared their perceptions of the availability of health care to highly mobile populations. In some cases, truckers also shared their individual health care experiences encountered while on the road. Furthermore, many truckers provided examples of needed healthcare improvements for mobile populations.

Finally, drivers also responded to targeted questions surrounding sensitive issues, such as their willingness to participate in HIV testing and STI screenings. Throughout this project, drivers voiced common themes with a few notable or minor variations—especially when the highly stigmatized and sensitive issue of HIV and HIV Rapid Testing promotion was broached.

General Overview of Driver Responses

The dominant theme expressed by this group surrounding trucking related health concerns, HIV Testing, and HIV in general revolved around peer perceptions, privacy, and some drivers' fears of being associated with a high risk group if they sought out testing or information. Drivers also repeatedly expressed stigmatization concerns—that if industry members are targeted for a media campaign, they should be targeted separately from the motoring or general public.



The U.S. Department of Labor estimates that currently **1.4 million drivers** are long haul drivers covering both the 48 states and Canada. This is a subset of the 3.2 million registered commercial drivers in the U.S.

Because of hyper-stigma surrounding HIV among truckers, most drivers preferred to hear about the project in a passive way (e.g., on the radio or reading about it in a trade magazine, poster, or flyer). Drivers expressed discomfort participating in any sort of message delivery that involved actively seeking out information where a fellow driver might be able to observe them doing so.

TRUCKER DEMOGRAPHICS

AGE	Number of Truckers	SEX	Number of Truckers	RACE	Number of Truckers	RELATIONSHIP STATUS*	
Under 25	1	Male	37	Caucasian	33	Divorced	19
25-30	3	Female	4	African American	4	Married	17
31-40	13			Other	2	Single	11
41-49	11			Native American	1	Separated	3
50-59	10			Asian/Pacific		Open relationship	2
60-70	2			Islander	1	Other	2
71+	1					Engaged	1

*Includes current and previous relationship status.

Respondents said they would be uncomfortable with:

- Being seen picking up a brochure.
- Tearing off an attachment to a poster.
- Being approached by someone in a truck stop. The fear being that if approached, others in their peer group would assume they were participating in high-risk behavior or had AIDS.

The preferred method of finding out about the project was via satellite radio. Drivers also noted their preferences for passively reading about the project either in an article or an advertisement in a trucking trade publication. Additional examples of passive advertising included commercials placed in closed-circuit advertisement loops in the trucker's lounge at truck stops or advertisements placed in obvious places throughout the truck stops, such as on convenience store coolers or on placards located on the fuel islands.



In 2003, women made up 4.6% of truck drivers – industry officials say the goal is to recruit more women ultimately reaching 25% of the workforce.

Numerous drivers cited specific programs on satellite radio stations that they believed would be interested in carrying information related to the project. Industry associations and publications (especially, the Owner Operators and Independent Drivers Association publication *Landline*) were

Reliable sources of trucking industry information (cited by drivers):

- Trucking Bozo
- Dave Nemo
- XM Radio
- Sirius Radio
- Sirius OUTQ Radio
- Landline Magazine
- Overdrive Magazine
- Truckers News
- Road Star



cited as trusted sources of information.

Two methods that a person might assume would be effective in reaching drivers were not universally embraced by the drivers we surveyed. Internet/email and CB radio outreach were both considered problematic by many of the drivers interviewed.

computer access while on the road, although this is rapidly changing. Of those drivers who acknowledged having a notebook computer on the truck, several said that it had changed the way they operate and how they get their travel-related information. The CB radio was seen as a difficult option

because it is subject to interference; in addition, many drivers claim they no longer listen to the CB radio.

When developing trucking health outreach efforts, media campaigns, and mobile health screening units, privacy, discretion, and sensitivity toward trucking culture are important. Again, drivers preferred that information about potential health outreach efforts, especially surrounding HIV, not be available for mass consumption. Rather, these messages should be limited to media that is specifically tailored to the trucking community.

Getting Specific

Drivers responded to both qualitative and quantitative questions. In order to discern repetitive themes surrounding qualitative, open-ended questions and non-standardized follow-up or probing responses, each word choice was tallied. In addition, drivers often dedicated thoughtful consideration to various queries and provided insight into potential design blindspots and unique real-world considerations that could affect the target population's reception of the entire project. While these responses might not have enjoyed majority status, they were valuable none the less.

In the following section, these word choices and unique observations are summarized with attention paid to the number of times certain word choices were used by drivers.



WORKING CONDITIONS

WHAT WORD BEST DESCRIBES YOUR DAY?

Strenuous & run-hard . . .	16
Long	8
Stressful	5
Lonely	4
Hard	3
Busy	3
Hectic	3
Boring	3

HOW OFTEN ARE YOU USUALLY HOME?

Home monthly	12
Home 2 times/month	9
Home weekly	8
Home less than monthly . .	7
Home 2 times/week	2
Other	2
On the road permanently .	1
Home nightly	0

WHO DECIDES WHERE YOU WILL RUN?

I work with a dispatcher to decide where I will go . . .	16
I request where I'd like to go and sometimes they fulfill my requests	16
I dispatch myself	5
I have little control of where I am dispatched . . .	4



DO YOU RUN SOLO OR WITH A TEAM?

I run solo	35
I run team	6

WHICH OF THE FOLLOWING ARE YOU?

Company Driver	26
Owner Operator	15

WHEN HOME, HOW LONG IS YOUR NORMAL STAY?

As many days as I need . .	14
3 days max at a time	9
1 week on road = 1 day . .	7
At least 1 full day at a time	6
1 day or less	3
Other	2

WHO DETERMINES YOUR HOME TIME?

Me	25
My Company	15
Both	1

WHERE DO YOU TYPICALLY OPERATE?

OTR (U.S. only)	21
OTR (U.S. & Canada)	11
Regionally	8
OTR (U.S., Canada & Mexico)	2
Locally	1

HOW OFTEN DO YOU GO THROUGH SPOKANE?

Yearly	15
2 times/quarter	10
2 times/month	9
Less than yearly	4
2 times/week	3
Other	1
Daily	0

Within the first few interviews, universal themes usually emerged from truckers with varying demographics demonstrating surprising agreement.

Working Conditions OTR

Many stated they worked over 100 hours a week and adhered to forced 24/7 operations.



In a recent trucker survey, **nearly 80%** of drivers admitted **cheating** on their log books and **working longer** than legally allowed to meet the demands of the job. Additionally studies have shown that **chronic sleep deprivation** has a measurable effect on driver's perception of risk taking behaviors.

Healthcare Access OTR

Access to healthcare for OTR drivers can be especially challenging. When a healthcare need arises for a driver who is thousands of miles from home, responsible for valuable commodities, and operating an expensive and cumbersome tractor-trailer rig, the barriers to seeking healthcare in a timely manner may be overwhelming.

Truckers reported they would deal with a potential medical situation (or had dealt with such a situation) in a number of ways as listed in the table below.

Challenges cited to accessing healthcare included the limited access for trucks at most healthcare facilities, payment limitations, lack of insurance coverage away from their home state (as with an HMO), health insurance exclusion for emergency room treatment (or the need to obtain pre-authorization prior to seeking care), and the lack of time in their schedules to access medical care.

Of those drivers who reported having seen a doctor or having needed to see one at the time of the interview, a variety of medical conditions were cited. These included toothaches,

Employees at Broadway Flying J, as well as numerous drivers who participated in this project, provided anecdotal information underscoring these data. Ambulances are regularly called to truck stops for medical emergencies and deceased truckers are often found in their tractors days after they last reported into dispatch.

broken bones, Type II diabetes, complications from HIV/AIDS, and coming down with infectious diseases.



Of those drivers who self-disclosed to the interviewer about having HIV, several reported they had received their diagnosis on the road, felt that dispatch was harder on the unhealthier drivers, or detailed that if the company knew their HIV status the responses to this information had been both good and bad.

HEALTHCARE ACCESS OTR

IN THE LAST 2 YEARS, HAVE YOU SEEN OR NEEDED TO SEE A DOCTOR FOR ANY REASON?*

Yes 30
No 11

*Aside from getting DOT Medical card renewed or done



IF YES, WERE YOU ON THE ROAD WHEN IT HAPPENED?

Yes 18
No 14

DOES YOUR COMPANY PROVIDE YOU WITH HEALTH INSURANCE?

Yes 24
No 16
No response 1

HOW DO YOU DEAL WITH A MEDICAL SITUATION OTR?

Drive truck to hospital . . . 14
Try to get home for treatment 8
Do without help 5
Pre-plan medical appts. . . 4
Tell dispatch 4
Find nearest walk-in clinic . 3
Call healthcare provider . . 3
Just wouldn't go 3
Doctor it myself or call my spouse 3
Go to the ER 2
Hope it goes away 2
Would be difficult to get treatment 2

Initial Trucker Response to Rapid HIV Screening

Part way through the interview with each trucker, the interviewer read a brief description of potential rapid HIV testing services to respondents. Drivers were reminded that their participation was voluntary, they could skip any question that made them uncomfortable, and their responses

Drivers were asked to talk about why they felt HIV testing of truckers might be necessary. Their responses are listed in the green box below.

When asked how they thought their fellow drivers would respond to the project, the responses varied. Some drivers indicated that only extremely sexually active drivers were perceived

Most truckers who engage in high-risk sexual activity are non-gay identified and therefore do not perceive themselves at risk for HIV.

were completely confidential. They were also reassured that regardless of their level of participation they would still receive a gift card.

After hearing a brief description of rapid HIV testing, drivers offered an initial response to the project. Opinions were uniform and the responses indicated the project was a good idea. They liked the idea of same-day results, privacy, and convenience.

as “at risk.” Other drivers worried that HIV could be spread through saliva, handshakes, toilet seats, or other casual means. A few drivers named others whom they thought should get tested and commented that an HIV test was certainly more important than the truck-stop chapels that are common throughout the country.



One of the most significant findings of this study is that those interviewed were more likely to participate in rapid HIV testing if offered in combination with other basic health screening services. This approach would provide anonymity and help reduce stigma.

NEED FOR TESTING

Reasons for testing cited by truckers included:

- Commercial sex workers
- Methamphetamine use
- Perceived high interest among drivers, but not having a way to participate
- Getting tested was “too easy to put off”

Barriers to testing cited by truckers included:

- Embarrassment
- Fear
- Access
- Inconvenience or lack of time
- “Too easy to be put off” due to other demands during their very limited home time





Communication with Truckers

Once again drivers offered diverse responses when queried on the best way truckers could be informed of the Trucker Health Project (“the project”). Details about their specific preferences are shown at right. Other message delivery ideas included marketing through trucking companies, billboards, Art Bell's Coast-to-Coast radio program, friends, sex workers, weigh stations, cell phone text messages, DAT® load boards, truck shows, and the intercom at the truck stop.



Wireless internet connections have facilitated the ease of “hook-ups” for many populations, including truck drivers and industry workers.

HOW TO REACH THE TRUCKERS

BEST WAY TO HEAR ABOUT THE PROJECT

There were a diversity of responses from drivers when questioned about the best and most comfortable way to hear about the project. The top responses were:

- Satellite or AM/FM radio
- Advertising at truck stops – posters, fliers, trucking trade magazines
- Word of mouth

RADIO ADVERTISING

Satellite works great. 36
 Regular radio won't work. . . 4
 Regular radio would work . 2
 Word-of-mouth is best. . . . 1
 CB wouldn't work 1
 Satellite radio wouldn't work 1

RESTROOM FLIERS

Work well. 26
 Not good 13
 Tacky/vandalized. 4

INTERNET/EMAIL

Good/okay 20
 Don't know/don't use. . . . 10
 Not good 8
 Spam/filter concerns 7
 Don't have in truck 5
 Good in the future 1
 Text message/blog 1



FROM A FRIEND

Very good/okay 32
 Not very well. 7
 Stigma 4
 No response 2

TRUCKING PUBLICATIONS

Okay/fair 35
 Wouldn't work. 4
 No response 2
 Radio is better. 1
 Other ways more efficient . 1



Previous HIV Testing

Twenty-nine drivers responded that they had been tested for HIV before. Eight were tested in hospitalization situations, 2 were tested in the military, and 1 was tested by court order. **Four drivers acknowledged they were HIV positive.**** Drivers reported a wide variety of feelings surrounding their experiences.

Willingness to Participate in HIV Rapid Testing

Drivers responded that they would definitely participate or probably participate in HIV Rapid testing. One “no” response was from a Canadian driver who referred to Canada's universal medical system and pointed to the wide availability and access to health care in Canada and that truck stop testing was not appropriate.

88% of drivers interviewed indicated they are likely to participate in HIV rapid testing.



RAPID HIV TESTING

HAVE YOU EVER BEEN TESTED FOR HIV?

- Yes. 29
- No. 11
- No answer 1

WHAT WAS IT LIKE FOR YOU TO TAKE THE TEST?*

- Nothing to it/necessary . . 18
- No response 12
- Anxious/nervous/scared . . 11
- Humiliating. 1



WOULD YOU CONSIDER A RAPID HIV TEST?*

- Yes. 34
- Don't need to be tested . . . 3
- No response 3
- No 2
- Maybe 1

HOW LONG DO YOU THINK RAPID TESTING SHOULD TAKE?*

- 30 minutes or less 15
- 1 hour 14
- 20 minutes 6
- 10-15 minutes 5
- As short as possible. 2
- Other 3

WHAT DAY(S) / TIME OF DAY WOULD WORK BEST TO GET TESTED FOR HIV?*

- 24 hours 16
- 7 days a week 15
- Early evening 9
- Evenings 7
- On weekends 5
- Early morning 5
- Afternoon 5
- Late evening 3
- During the week 2

*Some drivers provided multiple responses for question.

**14 HIV positive drivers were contacted or referred to participate in this survey. Of these original 14 HIV positive contacts, only 4 drivers actually chose to participate. During the course of interviewing, several other drivers suggested knowing additional HIV positive drivers. At the conclusion of each interview, drivers were given three Truckers Health Project Referral cards to pass out to other drivers. None of the eventual referral interviews obtained through this process were HIV positive.

Time Constraints

With North America's distribution system transitioning to JIT (Just-In-Time) delivery, many truckers do not have discretionary control over their demanding schedules. Recent changes to regulations for logbook Hours of Service (HOS) have further impacted driver schedules and limited their options. With this in mind, drivers were asked how long HIV rapid testing should take. Their responses are listed on the bottom of page 8.

Hours of Operation

Because of the wide variety of hours truckers operate, drivers expressed many preferences for hours that a Rapid Testing Project should be open (green box, pg 8).

Location, Location, Location

Drivers held universal agreement when asked the best location to set up this project. **Thirty-six drivers or 88% suggested that it should be conducted in or at a truck stop.** Important factors that would encourage strong driver participation included security, safety, parking and convenience.

A followup question gauged the depth

of support for a truck-stop clinic. Drivers seemed to vary widely in their responses. Twenty-eight thought a truck-stop clinic would work well or thought it would work if done right. Four drivers were adamant that testing not be done in a rest area where the public could see the clinic, three were concerned with stigma or being labeled gay if they participated, and three drivers wanted the testing done in rest areas.

When asked how they felt about a project near but not in a truck stop drivers were also divided. Truckers said it would need to be within one block,

Nearly one-third of drivers interviewed know an HIV positive driver.

have truck parking, and be private.

What would be the most important thing about the location?*

Truck parking	11
Good truck access	11
Privacy/discrete	8
Comfort	8
Visibility	7
Location	6
Within walking distance. . . .	4
Low hassle	1
Facility/rooms not too small.	1
Sensitive to trucker's schedules/hours	1
Cleanliness	1
Compassionate staff	1
Safe	1
Trucker positive	1
Employ good-looking nurses.	1
Be reliable	1

*Some drivers provided multiple responses for question.



Drivers offered numerous additional suggestions for the project. These diverse ideas included:

- Offered at Truck show locations
- Offered as part of the World's Largest Truck convoy for Special Olympics
- Positioned near showers in truck stops
- Offered at rest areas
- Offered at truck stops
- Utilize ports of entry and weight stations
- Positioned next to truck stops
- Positioned near major freeway and highway intersections
- Offered in malls & Super Wal*Marts
- Have good parking
- Position near titty bars and adult bookstores
- Have easy access
- Offered through a mobile clinic
- Available for women
- Provide notification through email
- Private
- Located at distribution centers
- Offered at the right hours
- Combine clinics with Driver Appreciation Days
- Make sure the clinic has big rooms
- Combine with DOT physicals
- Offer free wi-fi access
- Provide incentives
- Offer multiple health services



The Check (up) Is in the Mail

Because some drivers will not be able to receive their results in 20 minutes and some tests will be inconclusive, truckers were asked how they would

prefer to get their results at a later time. They provided the following responses: cell phone text or call (17), phone call to them (13), an email (9), they call in (8), through the mail (7), toll free number with personal ID log in (6), and express mail either to their home or a truck stop (2).

If drivers needed to be sent additional information or directed to a referral, they suggested the project contact them by: cell phone call (16), email (13), phone call (9), toll free contact number (5), postal service mail (5), text cell phone message (4), message left at work (3), or brochure (2).

ENCOURAGING PARTICIPATION

WHAT DO YOU THINK IS THE BEST WAY TO ENCOURAGE PARTICIPATION IN HIV TESTING?

Increase awareness	18
Advertise.	8
Provide free offer/incentive	6
Make rapid test available .	6
I don't know	5
Ask directly/talk to them . .	4
Other	3
Stress privacy	2
Stress it's for others' benefit	2
Offer a broader screening program.	1

DO YOU THINK INCENTIVES WOULD ENCOURAGE MORE PEOPLE TO PARTICIPATE?

Good/that would work . . .	27
Might encourage/undecided.	8
Wouldn't/shouldn't work . .	6
Shouldn't bribe/tacky/not a good idea	4
FREE is enough	1

WHAT INCENTIVES DO YOU THINK WOULD WORK?

Gift card	23
Meal coupon	21
Cash	17
Phone card	9
Against incentives	1
No response	1

IS THIS PROJECT SOMETHING YOU OR PEOPLE YOU KNOW WOULD PARTICIPATE IN?

Yes.	33
Probably/think so	5
No/maybe/no already have HIV.	3



How Did Drivers Feel About Learning Someone They Knew Had HIV/AIDS

This was offered as a follow-up question to those who responded in the affirmative that they knew either another driver or someone else with HIV. One team of drivers reported that a close friend passed away from AIDS. Other responses included that the news that someone they knew was HIV positive came as a shock, was sad, provided a reality check, was awkward, and scary. Some respondents also said the HIV-positive person would always be a friend and they were glad they knew.

Drivers Perceptions of HIV Prevention Strategies

The final standardized question of the interview focused on the best way to approach HIV prevention among OTR drivers. The primary responses included the following: create industry tailored “safer sex messages” (12), stress that drivers should not utilize the services of sex workers (10), awareness of HIV in the industry (9), promote condom use (9), promote abstinence (5), offer testimonials from drivers who have contracted HIV (4), promote the unreliability of condoms (4), advertise how many truckers already have it (3), urge drivers to get tested (3), and provide clean syringes (2).

KNOW ANYONE WITH HIV/AIDS?



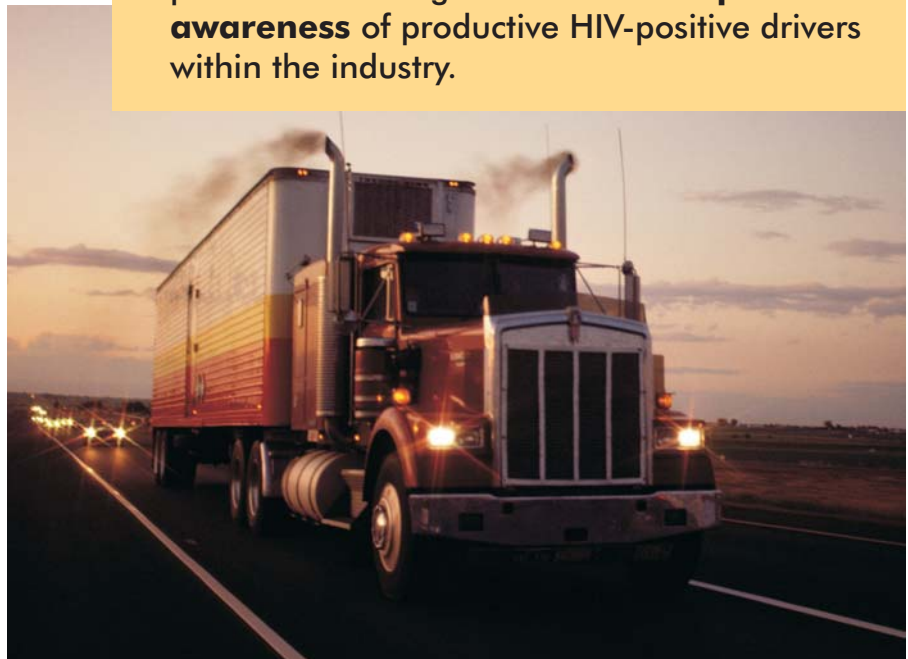
HAVE YOU EVER MET A DRIVER WITH HIV/AIDS?

No/not that I know of. . . . 27
 Yes. 10
 Probably 3

DO YOU KNOW SOMEONE OUTSIDE THE TRUCKING INDUSTRY WITH HIV/AIDS?

Yes. 21
 No/not that I know of. . . . 17
 Don't know 2
 Possibly. 1

25% of drivers interviewed stated that one of the **best ways to approach HIV prevention** among OTR drivers is to **promote awareness** of productive HIV-positive drivers within the industry.



What's Next:

- ➔ **Implementation** of a driver-tested social multimedia marketing campaign. This is designed as an outreach, educational, and visibility tool for the project.
- ➔ **Acquisition** and staffing of a mobile health clinic called *Health to Go*, available **24 hours-a-day, 7 days a week**.
- ➔ **Continued partnership** with academic, industry, governmental, and non-governmental organizations.
- ➔ **Development of a protocol** for HIV CTR (counseling, testing, and referral) in mobile populations using Rapid Testing.
- ➔ **Development** of the Trucker Health Project as replicable throughout the nation.
- ➔ **Implementation** of a behavioral intervention to help truck drivers reduce their individual risk for HIV called “Health to Go” once funding is secured. The format will be used to help drivers address other chronic health conditions.

TRUCKER HEALTH PROJECT PARTNERS

Spokane Regional Health District has built partnerships with a variety of community, academic, and industry stakeholders to create the successful foundation for this project. These partnerships include Broadway Flying J Truckstop Group; Petro Stopping Centers; Leland Trailer; Inland Northwest Community Foundation; MAC AIDS Foundation; Washington State Department of Health; Quinn Group Marketing and Advertising; Bethany Presbyterian Church; Pend Oreille County Department of Emergency Management and Board of Commissioners; Bruce's Transport; Trans-System Incorporated; The Gay Truckers Association; Donna Smith, Research Associate, Division of Infectious Diseases, Emory University; and Dale Stratford, Senior Behavioral Scientist, CDC.



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