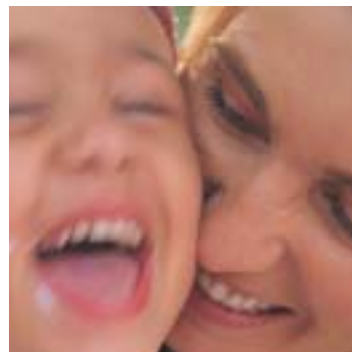
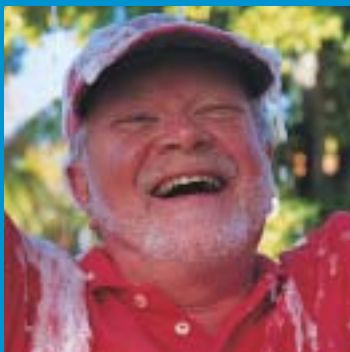




Healthy People 2010

A Provider Guide:
Leading the Way to Health




Dear Physician:

The Agency for Healthcare Administration, the Florida Medical Association and the National Medical Association applaud Blue Cross and Blue Shield of Florida, Inc. (BCBSF) for its commitment to excellence in health care demonstrated by this Healthy People 2010 Provider Guide.

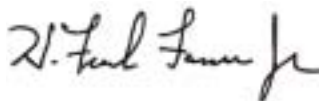
Florida enjoys tremendous diversity. Our residents come from all walks of life and represent a wide variety of cultures. Therefore, this guide can be an important tool in reducing health disparities across Florida's diverse population. Our goal is to provide physicians with tips and resources to help improve patient health and reduce health disparities.

Together we are trying to assist physicians in recognizing potential disparities and consider modifications in their practice that will help Floridians live healthier, more productive lives. It is our hope that this Healthy People 2010 Guide will be a useful tool in increasing awareness and enhancing sensitivity toward meeting the needs of our culturally rich and diverse communities from Pensacola to the Florida Keys.

Sincerely,



Rhonda M. Medows, MD,
FAAFP
Secretary
Agency for Health Care
Administration



H. Frank Farmer, Jr., MD, PhD
President
Florida Medical Association



Ronald T. Brookins
Executive Director - Region III
National Medical Association

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Leading the Way to Health

Florida Physicians and Healthy People 2010



Join us in a partnership for better health

Our members and our Florida communities are constantly changing. To continue to lead the way to better health and affordable health care choices, the practice of medicine must be constantly evolving to meet the diverse needs of the 6 million Floridians we serve.

Blue Cross and Blue Shield of Florida is unwavering in our commitment to support Florida physicians and Florida communities in achieving two important goals for this decade: 1.) to help all Americans live longer, healthier lives and 2.) to reduce health disparities that persist among Floridians.

Not only are these goals central to our mission, but they are also the goals of the national initiative, Healthy People 2010*. We ask you, as a Blue Cross and Blue Shield of Florida physician, to join us in meeting this challenge.

"Healthy People 2010" is our benchmark for prevention

Healthy People 2010 is the nation's prevention agenda, a set of national objectives set forth by the U.S. Surgeon General to improve health. For the past two decades, Healthy People has been used as a strategic management and benchmarking tool for health status by private organizations, communities, states, the federal

government, businesses, and hundreds of initiative partners like Blue Cross and Blue Shield of Florida.

Physicians and other health care providers have a vital role in achieving more than 60 percent of the 467 objectives in Healthy People 2010 – helping to improve patient outcomes related to diabetes management, obesity, prostate cancer screening, access to quality care, smoking cessation, immunizations, and many other vital areas.

A smaller set of objectives, the ten Leading Health Indicators (*see p. 3*), serve as a focus for prevention and performance. Among these indicators are behavioral and lifestyle factors, like tobacco use and obesity, that together cause almost half of premature deaths in America.¹

*Healthy People 2010: Understanding and Improving Health, 2nd ed. Washington, DC: U.S. Government Printing Office, Nov. 2000. www.health.gov/healthypeople/

A decade of progress and challenges

Through concerted efforts and tracking of Healthy People 2000 goals, the Nation achieved great gains in health during the last decade. For example, infant mortality and death rates for coronary heart disease and stroke declined. Childhood vaccinations are at the highest levels ever. The rate of teenage pregnancy has decreased. Significant advances have also been made in the diagnosis and treatment of cancer and in reducing unintentional injuries.²

Together, we have accomplished a great deal, yet we still have a long way to go. Diabetes and HIV/AIDS remain serious health problems, and many mental disorders and conditions continue to go undiagnosed. Increases in teen smoking, adult obesity, and rates of physical inactivity threaten to turn back the clock on many gains from the previous decade.

Florida, like other states, has set its own Healthy People objectives through the Healthy Floridians 2010 initiative (*see page 15*). As the fourth most populous state, Florida's achievement of its objectives is important to both our communities and the nation's progress.

Guided by Healthy People 2010, physicians can greatly impact the health and well being of our communities. You can make simple changes in your medical practice to focus on prevention and eliminate disparities. Work with your medical society to promote evidence-based medicine and serve as a mentor for under-represented minorities in the field. Contribute your expertise and leadership to a Healthy Floridians community effort. This guide will show you how.

Blue Cross and Blue Shield of Florida will be there helping to lead the way. Together, we can strive to make Florida communities healthier.

We support the efforts of physicians and other community leaders who work to reduce health disparities and support Healthy People 2010 objectives.

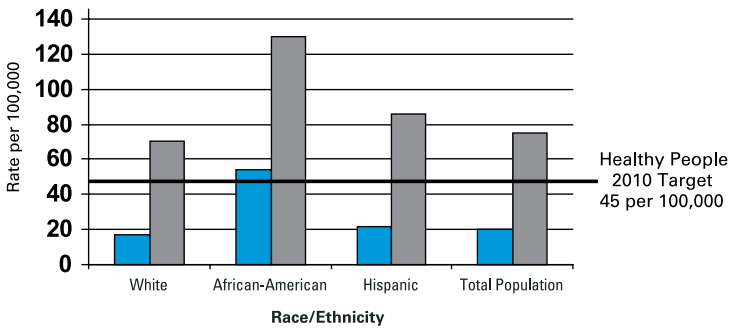
Leading Health Indicators

Healthy People 2010 Identifies Ten Leading Health Indicators

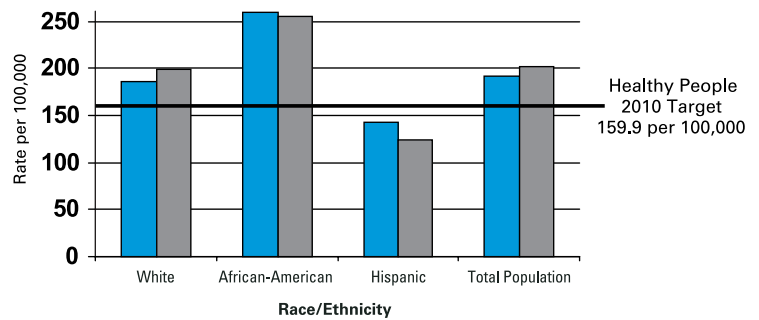
- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization
- Access to health care

The following graphs depict the great disparities that continue to exist for diabetes, cancer, HIV and heart disease. Please see pp. 12 and 13 for more information.

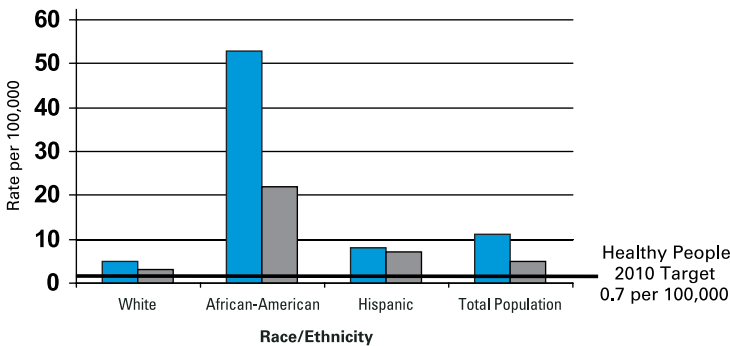
**Age-Adjusted Diabetes Death Rate – 1997
Florida vs. United States**



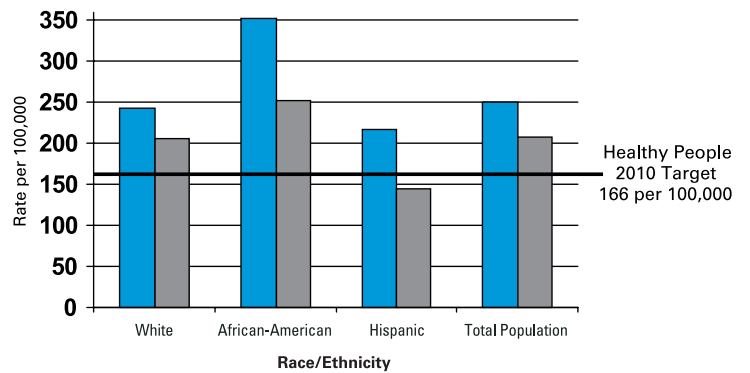
**Age-Adjusted Cancer Death Rate – 1998
Florida vs. United States**



**Age-Adjusted HIV Infection Death Rate – 1998
Florida vs. United States**



**Age-Adjusted Heart Disease Death Rate – 1998
Florida vs. United States**



■ Florida ■ US

Sources: Florida Department of Health, Office of Planning, Evaluation and Data Analysis and Healthy People 2010.

Please note – FL rates are for heart disease and US rates are for coronary heart disease

Reducing Health Disparities

In Florida



The U.S. population is becoming more diverse. Minority (African American, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native) representation in the U.S. population is expected to exceed 30 percent within the decade and climb to nearly 40 percent by 2030.³

Florida communities are among the most racially and ethnically diverse in America. Hispanics of many national

backgrounds constitute the largest ethnic minority in our state.⁴ African Americans and Blacks of other national origins constitute the second largest ethnic minority in Florida.⁴ There are also significant numbers of Native Americans and a growing population of Asians and Pacific Islanders.⁴ Fifty six of Florida's 67 counties rank in the top 25 percent nationwide for their percentages of either Hispanic ethnicity or non-White race (African American, Native American, Asian/Pacific Islander) populations.⁶

Social and economic disadvantages have caused health disparities in the U.S. population. The National Institutes of Health defines health disparities as, "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."

Health disparities can present themselves in a variety of dimensions. Differences in culture may result in a different perspective or

decision-making process or different needs and behaviors related to health. These dimensions include but are not limited to:

- Race
- Geographic location
- Country of origin
- Age
- Native language
- Sexual orientation
- Social class
- Gender
- Religion
- Mental or physical abilities
- Heritage

Blue Cross and Blue Shield of Florida is dedicated to helping Florida reduce health disparities and increase cultural competence by achieving Healthy People 2010 objectives. For example, through our Blueprint for Health® initiative, we have established wellness programs (Diabetes Program, Congestive Heart Failure Program, and Healthy Addition Program) that address specific health conditions that are persistently worse in minority and disadvantaged populations.

Reducing Health Disparities by 2010

As a Physician

Healthy People 2010 objectives

One of the overarching goals of Healthy People 2010 is, “to reduce health disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.” Here are a few examples of Healthy People 2010 objectives that you can impact (the numbers correspond with the chapter and objective where each can be found in the Healthy People 2010 document):

Goal: Improve the health and well-being of women, infants, children, and families.

16-1. Reduce fetal and infant deaths.

Goal: Reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.

3-1. Reduce the overall cancer death rate.

3-10. Increase the proportion of physicians and dentists who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.

Goal: Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

12-1. Reduce coronary heart disease deaths.

Goal: Prevent HIV infection and its related illness and death.

13-1. Reduce AIDS among adolescents and adults.

13-13. Increase the proportion of HIV-infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health Service treatment guidelines.

Goal: Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

5-3. Reduce the overall rate of diabetes that is clinically diagnosed.

Goal: Prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

14-1. Reduce or eliminate indigenous cases of vaccine-preventable diseases.

14-22. Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

You can play an integral role in reducing health disparities that exist in Florida. Health disparities exist for many reasons. For example, patients of different cultural backgrounds often receive varying levels of care. Access to care for minority populations is a persistent problem. Language barriers cause confusion and are a

source of misinformation.

To compound this, your patient’s view of you and perspective about illness can vary greatly. Your patient may see you as a miracle worker or as someone who inflicts pain. Your patient may see their illness as an invasion by a microorganism or punishment from an offended ancestor. You can overcome many of these barriers by improving your knowledge about health disparities, providing appropriate training to your staff, and by making other simple modifications to your practice.

You can also help patients draw on cultural strengths that can protect health (such as respect for elders, a legume-rich diet, or value of monogamy), as well as address cultural practices that can threaten health (such as lead-based pottery or valuing self-reliance over using mental health services).

For additional information on Healthy People 2010 objectives, go to www.health.gov/healthypeople.

Disparities and Cultural Competence

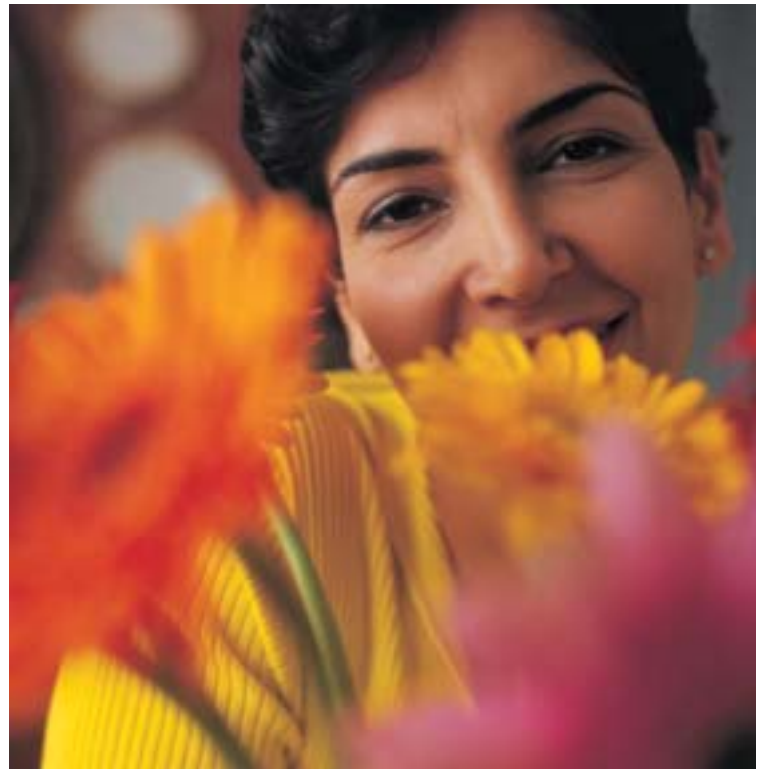
Why is there a need for cultural competence in the battle against health disparities? The National Center for Cultural Competence identified six reasons:

1. To respond to current and projected demographic changes in the United States.
2. To eliminate long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds.
3. To improve the quality of services and health outcomes. Cultural and linguistic competence can help shorten patient visits, increase compliance with treatment plans, and reduce tensions between providers and patients.
4. To meet legislative, regulatory and accreditation mandates.

The discriminatory effect of culturally or linguistically inappropriate services may violate *Title VI of the Civil Rights Act*

of 1964, the Hill-Burton Act, the Emergency Medical Treatment and Active Labor Act, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards, and the Culturally and Linguistically Appropriate Services (CLAS) standards set by the Office of Minority Health, U.S. Department of Human Services. Check with your attorney to determine which apply to your practice.

5. To gain a competitive edge in the market place.
6. To decrease the likelihood of liability/malpractice claims. Linguistic barriers particularly introduce the potential for many errors, including inaccurate or delayed diagnosis, unnecessary or wrong tests, improper patient preparation for tests or examinations, and failure to gain informed consent.¹⁰



Cultural Competence

Self-Assessment Checklists

What you can do ...

Get to know your patients.

Yes No

- Do you know the cultural and ethnic make-up of the people you see in your practice?
- Do you know the prevalence of cancer, heart disease, infant mortality, diabetes, HIV/AIDS, and child and adult immunizations among the people you see in your practice?
- Are the people you see in your practice satisfied with the care they receive?

Assess yourself, your staff, and your office.

Yes No

- Are you equipped with the skills to communicate effectively with the people you see in your practice?
- Does your staff represent the people you see in your practice?
- Are you and your staff aware of the differing needs of the people you see in your practice?
- Does your office provide health information aimed at different cultures and races?
- Does your office have access to an interpreter?

Create a plan to improve the cultural competence of your practice.

- Set professional development objectives for yourself and your staff that include cultural competence.
- Create strategies for better information dissemination targeted at the different cultures and races your practice serves.
- Determine ways the office setting can be more welcoming to racially, ethnically, culturally, and linguistically diverse patients.

Find Out More

- Healthy People 2010 – www.health.gov/healthypeople/
- Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems in Primary Health Care Settings – <http://gucdc.georgetown.edu/nccc/nccc8.html>
- Perceptions of How Race and Ethnic Background Affect Medical Care – www.kff.org/content/1999/19991014a/
- Florida Department of Health, Office of Equal Opportunity and Minority Health – www9.myflorida.com/equopp

For more resources, see pp. 16 - 17.

Improving Outcomes and Reducing Disparities

with Prevention and Practice Changes

Emphasize preventive services for all members

- Provide preventive screenings and counseling according to Guidelines for Clinical Preventive Services, 2nd Edition (www.ahrq.gov/clinic/prevnew.htm). Focus attention on cross-cutting behavioral and lifestyle factors, such as those in the Leading Health Indicators, outlined in Healthy People 2010.

Follow clinical quality indicators for patient communities with health and wellness disparities *(see pp. 12-13)*

- Provide supportive, culturally and linguistically appropriate health promotion and health education to assure patients recognize the value of prevention and the importance of their active role.
- Assure staff has training in evidence-based methods to help clients adopt healthy behaviors. Refer patients to a trained nurse, health educator, social worker, or case manager for behavioral counseling.



Examine patient data to identify and address health disparities

- Blue Cross and Blue Shield of Florida supports and encourages the collection of your patient data for race and ethnicity, gender, socio-economic status, English proficiency, sexual orientation and age, for your culturally diverse patients.
- Encourage members to receive preventive health services appropriate for their age and gender. Identify and document patient risk factors associated with your culturally diverse population.

Adopt standards, policies, and practices for cultural and linguistic competence

- Assure organizational communications – policy and procedure manuals, service brochures, advertising, intake forms, etc. – address services for patients from diverse communities and reflect a sensitivity to specific needs.



- Endeavor to recruit staff that reflects the composition of the community and to assure an adequate number of staff members speak the predominate language spoken by patients.
- Incorporate CLAS standards into practice procedures and employee performance reviews (www.omhrc.gov/CLAS/).
- Regularly assess the extent to which the clinical environment, hours, physical accessibility, play areas, flow patterns, and other factors meet the needs of diverse patients. Actively solicit input from patients and staff.

Cultural Competence in Action

Tips

- Recognize the importance of home remedies in some cultures.
- Offer language options for your patients through interpreter services or bi-lingual staff.
- Provide educational brochures in multiple languages.
- Hire staff that represent your patient population.
- Assure that members of your staff are culturally competent.
- Understand patient health needs and local resources.
- Partner with local agencies and organizations that have subject matter expertise in cultural competence and health disparities.

Ideas for Culturally Appropriate Services

- Use open-ended questions to learn cultural beliefs, expectations, and practices that may affect patient health.
- Create an environment that helps patients from diverse, cultural backgrounds feel more comfortable. Reflect patients' cultures and interests through office wall hangings, music, children's toys, resources, and magazines.
- Use a patient advocate, case manager, or ombudsperson who specializes in cross-cultural issues to address health-related patient needs.

Examples

- Dr. Kline found that one of her Latin American patients, a diabetic, had stopped taking her insulin pills, using instead a tea made from a ground root, a remedy from her native country. Rather than insist the patient go back on the prescribed medicine, Dr. Kline told her to keep taking the tea and come back to test her blood sugar. If the level was down, she could continue with the herbal remedy. In the end, the patient went back on insulin. More importantly, she did so with a different attitude. The patient now thinks, "What a good doctor that is, she understands and cares about me." *(Adapted from Cultural Competence:*

- Dr. Vargas has incorporated an annual cultural competence training requirement as part of his employees' yearly review plans. Employees have access to available trainings at the local health department, through professional organizations, or through statewide conferences on health disparities and cultural competence. Employees are reimbursed for their expenses and participate in trainings during the scheduled workday.

Tips for linguistically appropriate services

- Establish procedures for communication with non-English speakers at all hours of operation.
- Maintain lists of telephone and community interpreter services, and notify patients of their availability.
- Post important signs in languages spoken by patients such as welcome, registration, cashier, restroom, interpreter availability, and exit signs.
- Offer intake forms, consent forms, and health promotion materials in patients' most common languages.
- Ask bilingual staff to wear badges or use "I speak __" desk signs.



- Use trained medical interpreters for patients with limited English proficiency. Trained interpreters know medical terminology, can facilitate clear communication, and can be held to ethical and confidentiality standards.
- Don't ask non-clinic (e.g., maintenance) staff or children to interpret during a medical encounter. Avoid the use of family or friends as interpreters unless requested by patients.

Clinical Quality Indicators

Overall, the health status of Americans has improved over the past few decades. However, great disparities continue to exist for certain health status indicators.

Health Conditions

Quality Indicators

Infant Mortality

Infant mortality rates are 2.5 times higher for African Americans and 1.5 times higher for American Indians than Whites.²

Prenatal care in the first trimester, counseling for drug, alcohol, tobacco, safe sex, nutrition, and folic acid.

Cancer

African American men under 65 have prostate cancer at nearly twice the rate of Whites.⁵

Prostate cancer screening for men over age 50 – yearly PSA blood test.

The length of time between an abnormal screening mammogram and the follow-up diagnostic test to determine whether a woman has breast cancer is more than twice as long in Asian American, African American, and Hispanic women as in White women.³

Breast cancer screening for women – monthly self-examination, ages 20 - 39 – clinical breast examination every 3 years, over age 40 – yearly clinical breast examination, yearly mammogram.

Colon cancer screening for men and women over age 50 – FOBT plus flexible sigmoidoscopy every 5 years, colonoscopy every 10 years.

Skin cancer screening for men and women over age 20 – every 3 years and over age 40 – every year.

Cervical cancer screening for women – yearly pelvic examination with Pap test beginning at age 18, or when sexually active, whichever is earlier.

Counseling for lifestyle factors such as physical activity, alcohol, and tobacco.

Health Conditions

Quality Indicators

Heart Disease

African Americans are 13 percent less likely to undergo coronary angioplasty and one-third less likely to undergo bypass surgery than are Whites.³

Counseling on nutrition, physical activity, smoking tobacco, family history, and stress. Cholesterol screening is recommended at five year intervals for those who meet the screening criteria and whose prior screen revealed a total cholesterol < 200 mg/dL and an HDL - cholesterol >35 mg/dL.

HIV/AIDS

African Americans with HIV infection are less likely to be on antiretroviral therapy, less likely to receive prophylaxis for Pneumocystis pneumonia, and less likely to receive protease inhibitors than other persons with HIV.³

Counseling and testing for at-risk populations and counseling for high-risk pregnant women about the potential benefits of early intervention for HIV to their infants. For the latest guidelines for the use of antiretroviral agents – www.hivatis.org/guidelines/adult/Aug13_01/text/AAAUG13S.PDF.

Diabetes

The prevalence of diabetes in African Americans is approximately 70 percent higher than Whites and the prevalence in Hispanics is nearly double that of Whites.⁵

One or more HbA1c tests annually, screen for diabetic retinal disease annually or biennially for patients at lower risk, lipid profile annually or biennially, systolic and diastolic blood pressure control, foot exam annually.

Immunization

While 79 percent of White children have received the full series of vaccinations by age 2, only 74 percent of African American children and 71 percent of Hispanic children are fully vaccinated against childhood diseases.⁵

Childhood immunizations – DTP, DTaP, MMR, Hib, hepatitis B, varicella, IPV vaccinations, and pneumococcal vaccine. Adult immunizations – standing order for adult immunizations, screened for or given influenza vaccine on an annual basis, screened for or given pneumococcal vaccine at least once.

Reducing Health Disparities by 2010

As a Member of a Professional Organization

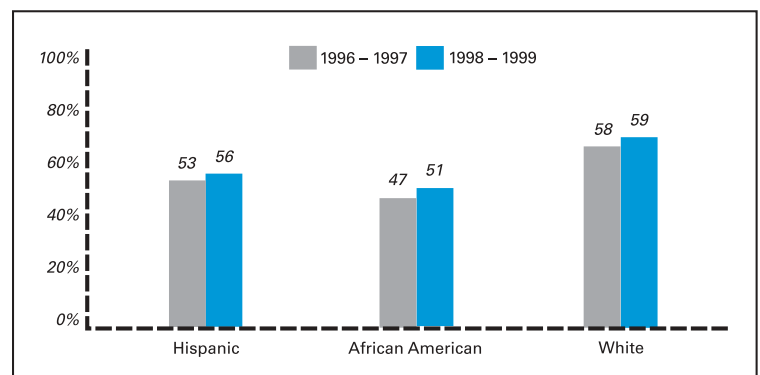


Professional organizations provide a number of opportunities to take a proactive role in eliminating health disparities.

What you can do

- Champion health disparity issues for your community.
- Encourage your membership to incorporate Healthy People 2010 objectives and strategies for reducing health disparities into their practices.
- Encourage your organization to hold a statewide meeting focusing on health disparities and cultural competence.
- Recruit physicians in your organization to serve as mentors for minorities in the health professions.
- Create training programs that incorporate cultural competence for organizational members to attend.
- Work with your professional organizations to disseminate and promote CLAS standards, quality standards, information about prevention, and cultural competency resources.

Adults 65 and Older Who Received a Flu Shot in the Last 12 Months (U.S.)



*Source: Community Tracking Study Household Survey, 1996 - 1997 and 1998 - 1999

As a Community Leader

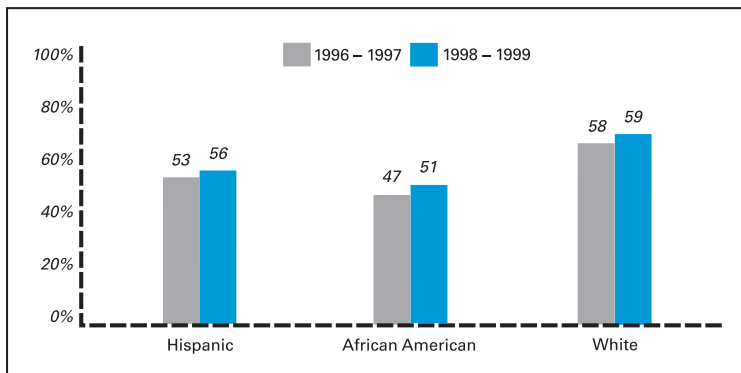


Community leaders can influence the development and implementation of programs to meet the diverse needs of the communities they serve and reduce health disparities.

What you can do

- Serve on a community health planning committee that focuses on reinforcing Healthy People 2010 objectives.
- Advocate through local boards of health, community planning committees, and hospitals for the development of programs that reduce health disparities.
- Encourage community partners such as health departments, hospitals, and local governments to band together to develop more comprehensive and effective health delivery systems.
- Ensure local planning groups are aware of health disparities issues identified through community assessments.
- Recommend to your hospital's administration that they develop programs to address the diverse needs of special populations in your community, i.e., mobile clinics.
- Get in touch with the State Healthy People 2010 action contact for more information on how to be involved, contact: William Alfred – Email: B_Alfred@doh.state.fl.us, phone: 850-245-4005.

Women Over 50 Who Received a Mammogram in the Last Two Years (U.S.)



*Source: Community Tracking Study Household Survey, 1996 - 1997 and 1998 - 1999

Additional Resources



General resources

1. McGinnis, J.M., & W.H. Foege. "Actual Causes of Death in the United States," *Journal of the American Medical Association*, 1993, Vol. 270, pp. 18.
2. U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, Nov. 2000. www.health.gov/healthypeople
3. Agency for Healthcare Research and Quality, *Addressing Racial and Ethnic Disparities in Health Care*. Fact Sheet, February 2000. AHRQ Publication No. 00-PO41. Rockville, MD. www.ahrq.gov/research/disparit.htm
4. Miranda, L. "Reducing Health Care Disparities in Florida." *Journal of the Florida Medical Association*. August 2000, Vol. 87, No. 1.
5. U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Minority Health, [Health Care Rx: Access for All. The President's Initiative on Race](http://www.hrsa.gov/health_care_rx_access_for_all). Rockville, MD, 1998.
6. U.S. Department of Health and Human Services, Health Resources and Services Administration, *Community Health Status Indicators Website*. 1997. www.communityhealth.hrsa.gov/
7. Florida Health Stat. www.floridahealthstat.com/rg_chd.shtml. March 28, 2002.
8. Florida Department of Health, "Florida Public Health Plan." Tallahassee, FL, 1991. www.doh.state.fl.us/Planning_eval/phealth/outcomes.htm#plan2
9. Florida Department of Health, Office of Equal Opportunity and Minority Health – www9.myflorida.com/equopp

Clinical practice resources

10. Georgetown University Child Development Center – National Center for Cultural Competence, *Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems in Primary Health Care Settings*. Washington, DC, <http://guccdc.georgetown.edu/nccc/nccc8.html>
11. The Kaiser Family Foundation, "Perceptions of How Race and Ethnic Background Affect Medical Care." Washington, DC, October, 1999. www.kff.org/content/1999/19991014a/
12. U.S. Department of Health and Human Services. *Healthy People 2010*. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. www.health.gov/healthypeople/default.htm

Professional association and community leadership resources

13. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, [The Key Ingredient of the National Prevention Agenda: Workforce Development](#). Rockville, MD, 2000. <http://bphr.hrsa.gov/healthworkforce/>
14. U.S. Department of Health and Human Services, Bureau of Primary Health Care (BPHC), *Moving Toward 100% Access and 0 Health Disparities Website*. Rockville, MD, bphc.hrsa.gov/campaign/

15. The Kaiser Family Foundation, [Key Facts: Race, Ethnicity and Medical Care](#). Washington, DC, 1999. www.kff.org/content/1999/1523
16. U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Minority Health, [National Standards for Culturally and Linguistically Appropriate Services in Health Care \(CLAS Standards\)](#). Rockville, MD, 2001. www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf

Cultural competency & health disparities resources

17. Hart, Katherine. [Cultural Competence: A Journey](#). Rockville, MD, 1999. www.bphc.hrsa.gov/culturalcompetence (To order a print copy, call 1-888-ASK-HRSA or visit www.ask.hrsa.gov publication number PC546.)
18. U.S. Department of Health and Human Services, Health Resources and Services Administration, [Cultural Competence Works](#). Rockville, MD, 2001. (To order a print copy, call 1-888-ASK-HRSA or visit www.ask.hrsa.gov, publication number HRS00249).
19. [Cultural Competence Compendium](#). American Medical Association, 2000. www.ama-assn.org/ama/pub/category/4848.html

For an online version of this guide, go to www.bcbsfl.com/ffn_provider/reference_tools.cfm

For more information, contact the Office of Physician Relations of Blue Cross and Blue Shield of Florida at 1-800-477-3736, ext. 55855

www.bcbsfl.com