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## **Implicit Bias and Cultural and Linguistic Competency Information**

As of January 1, 2022, the California Medical Association's (CMA) continuing medical education (CME) team has updated Cultural and Linguistic Competency (CLC) standards and created standards for Implicit Bias (IB) that reduce health disparities, as well as comply with state law.

CME activities accredited by Promedica International CME (PMI) are designed to include curriculum addressing the topics of CLC and IB in compliance with California Business and Professions (B&P) Code Section 2190. All those involved in the planning and execution of PMI sponsored educational activities have been asked to identify and discuss issues of CLC and IB relevant to the topics being covered in each individual activity.

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### **Definitions:**

#### Cultural and Linguistic Competency (CLC):

Cultural Competency, as defined by CA Assembly Bill No. 1195, is a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. Cultural Competency includes the following:

- a) Applying linguistic skills to communicate effectively with the target population
- b) Utilizing cultural information to establish therapeutic relationships
- c) Eliciting and incorporating pertinent cultural data in diagnosis and treatment
- d) Understanding and applying cultural and ethnic data to the process of clinical care

Linguistic Competency, as defined by CA Assembly Bill No. 1195, is the ability of a physician or surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

Implicit Bias (IB):

Implicit Bias, as defined by CA Assembly Bill No. 241, is the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner. IB often contributes to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. IB can contribute to health disparities by affecting the behavior of health care professionals.

**Helpful Links & Resources:**

[Assembly Bill \(AB\) 1195](#)

[Assembly Bill \(AB\) 241](#)

ACC Cover Story: [Implicit Bias: Recognizing the Unconscious Barriers to Quality Care and Diversity in Medicine](#) (Jan 24, 2020)

JAHA Article: [Implicit Gender Bias and the Use of Cardiovascular Tests Among Cardiologists](#) (Nov 29, 2017)

National Institutes of Health: [Ending Structural Racism](#)

Article: [Racism and Cardiology: A Global Call to Action](#) (Dec 3, 2021)

IOM: [Unequal Health](#)

CDC: [Health Equity Considerations and Racial and Ethnic Minority Groups](#)