

TWO KINDS OF INTELLIGENCE



RUMI 1207 - 1273

There are two kinds of intelligence: one acquired, as a child in school memorizes facts and concepts from books and from what the teacher says, collecting information from the traditional sciences as well as from the new sciences. With such intelligence you rise in the world. You get ranked ahead or behind others in regard to your competence in retaining information You stroll with this intelligence in and out of fields of knowledge, getting always more marks on your preserving tablets. There is another kind of tablet, one already completed and preserved inside you. A spring overflowing its springbox. A freshness in the center of the chest. This other intelligence does not turn yellow or stagnate. It's fluid, and it doesn't move from outside to inside through conduits of plumbing-learning. This second knowing is a fountainhead from within you, moving out.

BREATHING EXERCISE



Systems Thinking

Psychologist and Nobel prize-winner Daniel

Kahneman

System 1

fast, automatic, effortless, and occurs with no conscious sense of voluntary control.

$$2 + 2 = ?$$

Our brains



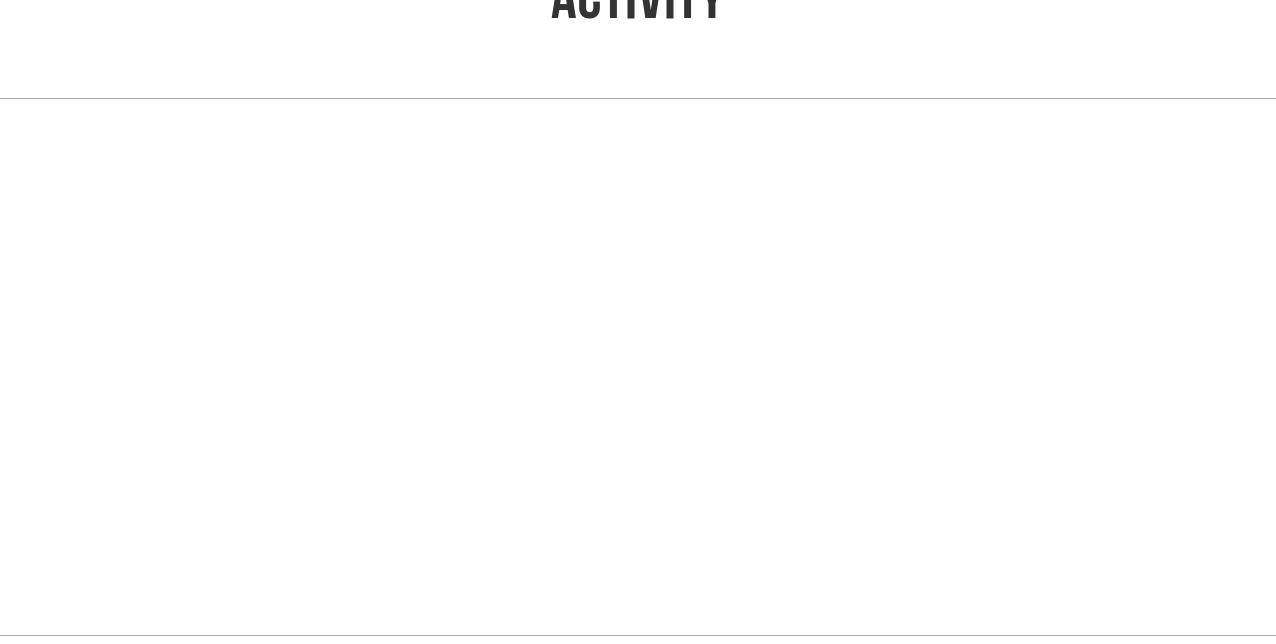
System 2

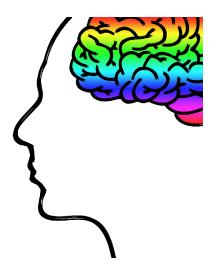
slow, conscious, explicit, and deliberate

Our brains



ACTIVITY





WHATISIMPLICIT BIAS?

HOW FAMILIAR ARE YOU WITH THE TERM?

Implicit bias definition

 Implicit Bias refers to the attitudes, stereotypes and beliefs that affect our understanding, actions and decisions in an unconscious manner. It can impact how we judge people and how we treat people.

COMMON ASSUMPTIONS

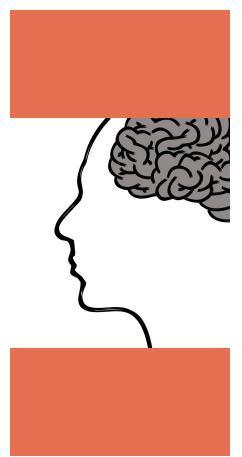


- Good people are not biased. Bad people are biased- I'm a good person
- I know what my unconscious bias were and I got rid of them
- Everyone is biased so we don't need to worry about them
- If my bias is unconscious, there's nothing I can do about it

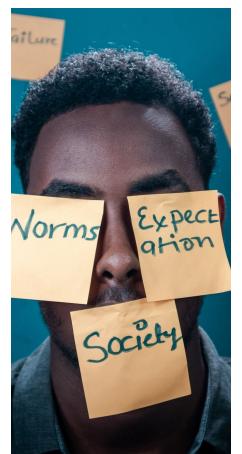
Video

WHY DO WE ALL HAVE BIASES?

based on research from the Kirwin Institute at Ohio State University











Brain Unconscious Systemic Awareness Memory

EXERCISE #1

If you can raed tihs praapragh, it's bcsecuae our mnids are vrey good at ptuting tgoehter peiecs of ifnroamtoin in a way taht is esay for us to make snese of.Our mnids do tihs atoumtaicllay, whituot our cosncoius cotnrol.

EXERCISE #2

Red Blue
Blue Orange
Orange Red
Brown Brown
Green Red

EXERCISE #3

Brown Red
Green Brown
Red Orange
Orange Red
Blue
Blue

BREAKOUT ROOM DISCUSSION



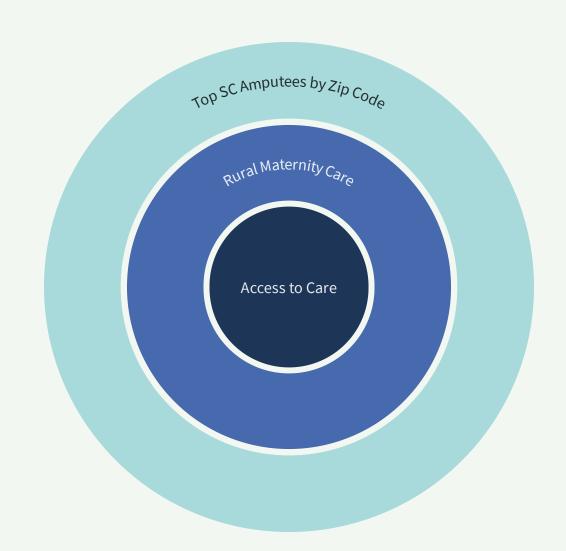
NAME ONE BIAS INCIDENT YOU MAY HAVE SEEN OR **EXPERIENCED IN** YOUR WORKPLACE.

Can be recent or in the past



HEALTH CARE DISPARITIES

- 1 Amputees by Zip Codes
- Maternal MortalityRates
- 3 Access to Health Care

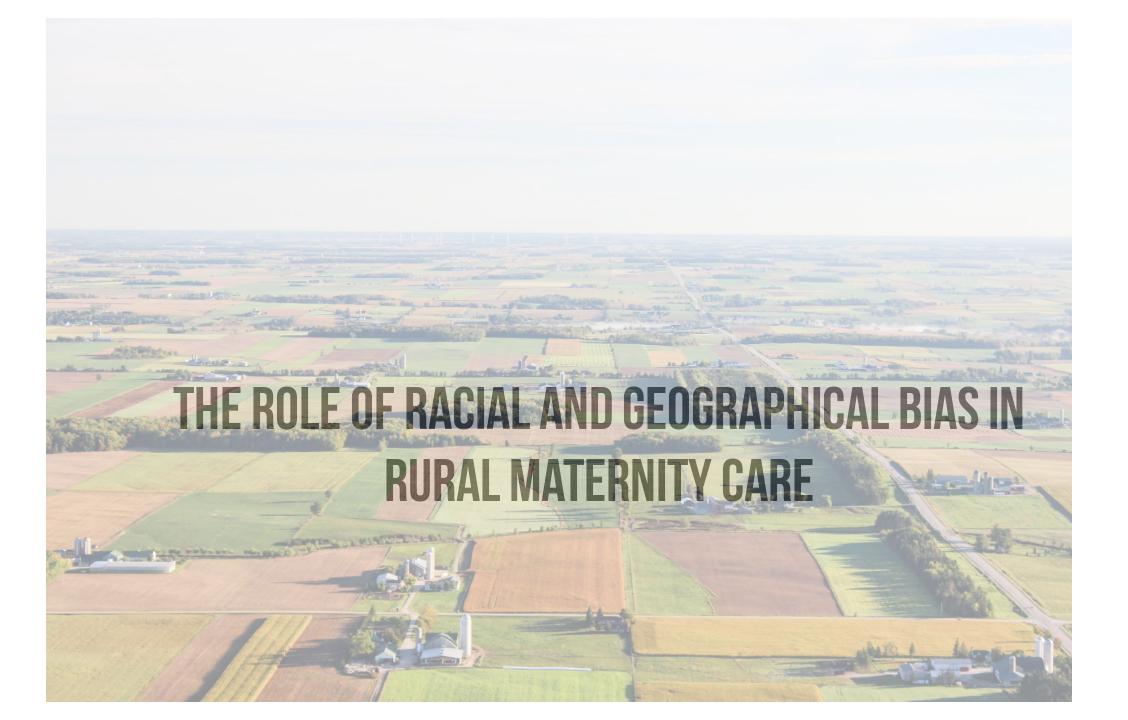




THE PROBLEM OF THE COLOR LINE: SPATIAL ACCESS TO HOSPITAL SERVICES FOR MINORITIZED RACIAL AND ETHNIC GROUPS

 "Changing a health care infrastructure that has been built within the context of discrimination against minoritized racial and ethnic populations is not a one-and-done effort. Dedicated policy and advocacy, coupled with geographically informed research, are needed to isolate and remedy current service shortfalls."

Health Affairs, February 2022, Jan Eberth, PhD, et al



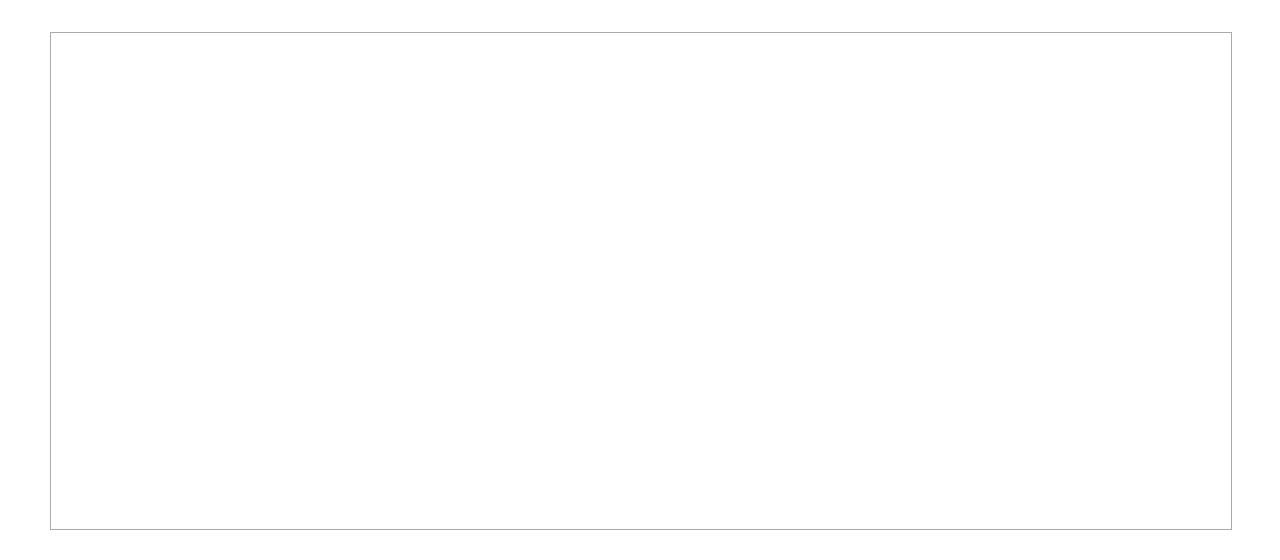
- The percent of all rural counties in the U.S. that lacked hospital obstetric services increased from 45% to 54%, due to hospital and obstetric-unit closures.
- 179 rural counties (9% of all rural counties) lost access to in-county hospital obstetric services.
- Women living in rural noncore counties (areas with less than 10,000 residents) were disproportionately affected by the loss of hospital obstetric services.
- Only 30.2% of rural noncore counties had continual hospital obstetric services compared to 77.9% of micropolitan counties.

BETWEEN 2004 AND 2014



• The percentage of black residents was the strongest predictor of whether a rural county had obstetric services available in 2004, and one of the strongest predictors of whether a rural county that did have obstetric services in 2004 would lose them over the next decade.

CUT OFF



STRATEGIES FOR COMBATTING BIAS IN HEALTH CARE

What actions can we take to affect unconscious bias in the workplace?

- Examining institutional policies with an equity lens
- Reviewing clinical algorithms that erroneously rely on race

Creating real-time reporting initiatives to track and respond to racist or other discriminatory behavior

- Establishing accountability frameworks such as equity scorecards
- for students of color interested in health professions
- Reviewing vendor relationships to support Black and other minority-owned businesses

Auditing medical school curricula for erroneous references to race

Training leadership and staff in diversity, equity, inclusion and anti-racism principles

Creating more equitable workplaces, including efforts to build wealth and opportunities for advancement

Listening to and learning from patients and health care professionals of color

HOW CAN YOU APPLY THE IMPLICIT BIAS INFORMATION IN THE WORKPLACE? WHAT DID YOU LEARN THAT SURPRISED YOU THE MOST?

THOUGHTS? QUESTIONS?





Video

Video

DISCUSSION QUESTION

WHAT ARE THE SOCIAL DETERMINANTS AFFECTING THE COMMUNITIES YOU SERVE?

Video