

## Michele Griffith & Pirkko Kouri

### WOMEN AROUND THE WORLD IN HEALTH CARE DIGITALISATION

**Titta** Welcome and thank you for tuning into this episode of our podcast. This podcast series is broadcasted during the thirtieth anniversary conference of Finnish Society of Telemedicine and e-Health, which is a part of International Society for telemedicine and e-Health. And today we'll be discussing the theme Women Around the World Gender and Global Perspectives on Digital Health Care through the lens of two internationally influential experts. Digitalization is transforming healthcare globally. But how does gender affect the way services are developed, used and led? What is it like for women to work in a technology driven field where men often form the majority? My guest today are Michelle Griffith, president of ISfTeH, is Ph.D. and Pirkko Kouri a vice president of ISfTeH. We'll be discussing Pirkko's and Michelle's experiences and insights on how gender influences the development, leadership, and international collaboration in digital healthcare and how women can make an impact and succeed in this field. Let's get started with a question for both of you. Could you tell us a bit about yourself and your background? How did you end up working in digital healthcare and what is your current role?

**Michelle** So I am Michelle Griffith. I am actually based in the United States in Las Vegas, Nevada. I am a physician, certified in internal medicine, lifestyle medicine, and also specializing in integrative medicine senior primary care. I've been practicing medicine for over thirty years. I got into the digital health space back in two thousand and eight, so I would be considered a physician early adopter, if you will. And since then, I've been quite active integrating digital health into my clinical practice. In twenty twelve, I joined the International Society for telemedicine and e-Health, and in twenty eighteen I became a board member. And since twenty twenty two, I've been president of the international society. The very first one. Yes, actually, the first woman president. And it's, uh. Yeah, it is important. You're right. It is. And it's twenty seven year history. So yes, uh, yes, it is important actually twenty eight year history. Let me clarify that.

**Pirkko** Well, as you said I am from Finland. And if I think about I had three children in my time and I was qualified nurse and I went to work, and the first day I sat on a computer and I said, is this the nurses book? So they were educating me to use a kind of hospital systems, and it kind of hit me, this is thing which I'm interested to develop and the viewpoint of end users. And then gradually I studied more and and I was interested how pregnant families utilize technology when they want to best for time of pregnancy and best for the fetus, the children they are expecting. And then we had a project year two thousand maternity and infant clinic unit. And we were building actually the very first in Finland in a pioneering work. And now we have net clinic systems everywhere. Uh, but it was the very first funded by the Ministry of Health and National Technology Agency. And I did my PhD there and I have been also teach. But then I felt teacher is too narrowing me. I need to have challenges and end up the projects where we develop how to use technology as part of healthcare, either in the patient side or the healthcare staff. And that's I think that is, and then I thought that there's a lack of what you need to know. So I built the education as well. The very first master in digital health online course in Finland. It was a very first. And it was anticipated can it be online. You should have like this touch and and but we built it so and it was the very first twenty seventeen. And so I have been thirty eight years using technology. So a long time actually. Yeah. Still doing something.

**Titta** Okay. So tell me, what has it been like for you as a women to participate in the development of digital health services in projects where most participants have been men.

**Michelle** Oh, yeah. Yeah. I'll start. No worries at all. I think, uh, actually, it's a critical role, uh, a vital role, because women, as you know, we are globally the center of the family. We don't think individually, we think community. So our solutions tend to be more holistic in our approach when we're looking at improving healthcare outcomes and how this impacts not just us, but the population as a whole. So for me, digital health has been, um, actually quite an exciting pathway. Uh, although I understand, yes, being in the minority, there are challenges with, um, bias. Um, certainly. Um, historically, we know that's the case when we look at the data. The data supports it. So does history in terms of women fighting for equality in all different fields. But for me, yes, I understand there definitely have been challenges and sometimes it can be quite frustrating. But I

think about why I'm doing it. I think about being a role model for other women because representation matters. As a mother of five children, I think about what this means. The path that I'm taking for my children, my grandchildren, for children around the world. So again, um, it's an exciting pathway for me. And I think, uh, as always, we must be at the table when it comes to decision making. We are the primary, um, healthcare workers globally. But yet, although we are the primary health workers, when you look at leadership in terms of digital health solutions, our representation is ten percent or less. So, you know, I think, you know, women like me, we understand. Yes, anytime you are breaking barriers, they're going to be challenges. But, uh, you think of the whole and the good and it's really worth it for me because we belong in those spaces. We belong there.

**Pirkko** When I told you about the year two thousand, we got the project of the Year International award, and the former was railway system, the ticket system. And the other one was we're before motorways. We were the only soft project this project. And one criteria was that this kind of technological approaches was led by a woman. It was one criteria for the giving, the recognition, you know, and I remember when we negotiated money from the technology agency. And they were like doing like, I'm a blonde, like I'm a bimbo. So. And one of our colleague from the university said that why they are treating you like this, you are not an idiot. But because of my looks, they thought that I don't have my own brains. And then I said that, okay, I'm representing the end user and I can give this view, but I don't know how to program. But I know what is the need. And then your job in multidisciplinary team is to create what we want. So I was there leading and here are quite many actually, who have been in our process or doing the scientific research there. But you have to be a little bit tough in that sense. And, and you must think that the cause or the aim you are doing is more work, that you are thinking that you are a bimbo. So you have to I can believe what you are doing and find the right persons around you. Yeah. Yeah, yeah. And actually, I have been estimated as a project manager one day. The master's thesis. What kind of project manager? I interviewed all the. And I was a project manager. It was, you know, tested. It was, you know, in in that time, I was so. Okay. You have to believe in that. You are doing. Yes, yes. And also kind of be is it fluent or cooperative. And though you have to at first like this and then forward and do like this. Yes, yes. And when you go to bed strategic the. Yes. Yes. Those things. Yeah, yeah.

**Titta** Pirkko, you said you have to be tough. Yeah. Has it been hard to be tough in this field?

**Pirkko** Well, of course, sometimes I have been very naughty after a meeting. So that. Why are they doing like that? But then I have read the aims of the project and thinking I have to maybe do it another way and, and kind of it's you have to how to say it in English, be creative in a way, and touch those persons who you think you can benefit. The project benefits and if somebody is rude, okay, but if he does, he or she maybe is he sometimes does his work properly. I think it's okay and I can handle if somebody is not so nice. Yeah. So you know that you have to, you can't, she can.

**Michelle / Pirkko** Yeah. Yeah. I must say I am so thankful for her when I talk about representation matters. So she's the first vice president of the International Society for telemedicine e-Health, second woman, first vice president of the board of the organization. So when I came to the board in twenty eighteen, she had already been there. Okay. Right. So when I was there. Yeah. So when I talk about representation matters and the support that we have given each other through some, you know, yes, we have, we've had some we've had some difficult situations honestly. Yeah. And questioning Michelle's quality, being a president straight questioning you know, because she's a woman. Yeah. Right. Exactly. Because we don't want to obey a woman when he or she says something. Yeah. So it it's it's definitely been. Yeah. There've been some difficult moments. Yeah. For sure. But we have been supporting each other and. Yeah. Yeah. Yeah. That's important. Support each other. Yeah. Yes. Yes. Because we are there. Yeah. This is not about, you know, we don't talk about equal opportunity for just for the sake of being a woman and fifty fifty. No, we are qualified. We are intellectually qualified as many women are. We just don't get the opportunity because of all of these, uh, I would say systemic barriers that have existed historically for decades and centuries, actually. So, yeah, because ISfTeH is multicultural and multinational. Yeah. They are from, for example, example India. They have a different culture how to how men and female, how the men and women, how they treat each other and, and and sometimes men don't want to be under a woman, but they actually mean it is just we are in the same level discussing from different angle. Oh well, not just India in every country in the United States, I mean worldwide. That's what unites us as women. Yeah, we have the same issues, the same barriers. Yes. That's so true. Yeah.

**Titta** So is there, uh, you said that, uh, some places men don't want to be under women. Are there any other gender issues appearing in, uh, different cultures and countries where you have worked.

**Pirkko** I when I was working with in African projects, there were so that the male answered, when you ask for a woman, for example, about the pregnancy, the male answered. And it was a kind of of course, the woman is there. But after outside the door, the home door, there were the male who said what to do, and it was a little bit challenging to. But it's their culture I don't want to change. It's not my job to change that. It is my job that if they can benefit technological solutions, that is. And I think you also have it also so that the male dominates the outside.

**Michelle** Yeah. I would you know, so we're facing the same type of types of challenges. Um, but they are regional specific in terms of solutions and, and where in terms of these barriers for women, where the focus needs to be. For example, in in what you would call higher income countries. It's a question of leadership, right? And not having being at the table when it comes to design, for example, there was a there was an example way back when Apple Health, when they created an app, they had all these parameters, but they did not have anything regarding menstrual cycle. Right. And as a consequence, women did not use that particular technology as much as men did. So again, that was a flaw in design because you didn't have women at the table when you were doing that. So that's that's one area of focus in terms of being at the table when it comes to leadership and design in these high income countries and middle and low income countries, it's primarily issues with access. Yes, because because women roughly have about ten percent less access in terms of utilization of technology than men. Um, and it's even greater when you talk about the utilization of that or access to the internet. Right. And then there are issues of cost, and then there are issues of safety and confidentiality when it comes to utilizing these, these tools. Right. If you can track someone if they're utilizing the technology then that's concerning. I'm not going to use that. If it's not, if someone can track everything I do or if I'm documenting my own reproductive health and that may be utilized, you know, used against me.

**Pirkko** So again, it's kind of ignorance. At the same time, they don't know because it's a it should be a kind of implemented in a way that the person knows what are the benefits instead of obstacles. And I think that that is the and also the digital health literature. Yeah. If you cannot read but you can see but yeah, videos are so expensive in many countries to make. So, uh, that, there are kind of maybe we don't understand even in, like, countries like this, so that there are not the opportunities to reach out the qualified information and, and that's, that's a kind of challenge all the time. It actually it has not vanished. No, no. Yeah. It is so interesting.

**Titta** Okay. So we have been talking about the challenges. Uh, what is empowering being a female in this area? I think I touched on it before. Yeah. Uh. Actually, being in leadership as we are in leadership and making those decisions, uh, that's definitely countering or I think a solution to what we are, what we face historically. Um, I do know when I think about the number of young women that reach out to me and have common, you know, positive comments about my role. And I am very intentional about mentoring, encouraging, recruiting. So being in this position, um, I don't take it for granted. And I really try to utilize the time that I have in this position as much as possible to, um, encourage, to support, to mentor, uh, women globally, honestly, globally. And it really has been quite satisfying, uh, for me to, to be in this role.

**Pirkko** Yeah, yeah. And I think I remember a time when we start year two thousand or it was a little bit earlier, and they said that this is ruining our communication interaction when you have technology. And it was really nurses and public nurses. This ruins everything. We want to see the person and we want to discuss. We want to touch. And even one asked me, do you like computers more than people? I said, what? How does this work like this? And it was really I was so surprised, like a question mark, when my colleague said, well, I was teaching, came to me and said that. Do you like. I said, no, and then I think today she will think differently because the social media, everything, opportunities we have to reach out and kind of fruitful way like this touch is okay, but then you can send a smiley or whatever and you feel that it connected. And here it was so funny as I said, that three times I have here today. Oh, we have met in teams. Oh, so nice to meet you now in person. And I think that's a kind of there are a lot of options to interact and give feedback and that kind of stuff. I think it's amazing actually. But there's of course we understand the dangers and what they are, but how to educate parents and how to educate youngsters and those that the safe use of technology. I think that's a kind of question. But still it can be done, but not in everywhere, right?

**Titta** Yeah, yeah. Okay. So, uh, what kind of advice would you give to a young women who want to influence the development of digital healthcare? What are the first steps they have to take?

**Pirkko** Well, to get to where you are right now, you have to. If, for example, we have the European Union project funding. So if you want to get involved, you have a nice idea. And then you have to look for example, because you need resources, you need money, you need tools, and you need a competent team around you. And of course if you have the idea, then you must kind of think, well, how we can realize this? And if we need extra money, then you have to read carefully what are the requirements in order to get the money? And that's a kind of own world. The project world. It's really a in Finland we have a lot of project money. And in order to get that, it takes that you have to read and you have to do your homework. If you want money for the prevent nicotine use, then you have to read about that. And depending what is the where you where where do you what do you want to do? But I think you have to be curious. Yeah. And you have to read enough so that you know what you are just thinking that this is might be so, but you have to read and then you have a fact based dialogue with those who are funding. I think that is one which I encourage women, young girls especially.

**Michelle** I would encourage young women. Um, actually, my advice would be to understand that you deserve to be in this space. Yeah. And you should have no hesitation about creating that space. I always say, number one, follow your passion. Right. That's that's very important. Right? And in following your passion, I say you may not know where that pathway is going to lead, but just take the first step and the universe will open up to you. If you're following your passion and understand, there'll be challenges along the way, but there are also people along the way that will support you, both men and women. I've had men as well that have been mentors for me and have opened doors. I mean, the executive director of this society was one of the instrumental people in getting me. He noted how involved I was in this society, and he was very responsible for me getting involved beyond just attending. So that's why I say follow your passion. Yeah, but I will say we need you. So please, if you are interested in digital health, by all means contact us. We'll be more than happy to answer any questions, to be mentors for you. Uh, you know, data shows. I mean, we're talking about this, but research shows women who are corporations that have women as part of the management board do better. Um, even profits do better when they have women at the at the table. So, you know, we're not just this isn't just, you know, some hype dream of ours. This is backed by data.

**Pirkko / Michelle** So, yeah. And I think that, uh, in Africa, for example, I have been when in my time I was there and they always said that educate the women first, then the whole village will benefit. That's right. Very clever. Educate village. Absolutely. I love that. And it's so true. Yeah. Yeah, yeah. Don't you just love being a woman? We do, we do. I do. I do right now? Yes. Yes, yes. We are so enthusiastic about it. You are?

**Titta** And it really shows. We can see you're very into this. Yeah. So I have one more question. Uh, what would you like policy makers and technology developers to better understand about the importance of gender? That we need women also.

**Pirkko** Well, I think we in Finland, we have it because we have quite equal system here. So we call education opportunities equal getting funding or whatever. I think it's a little bit different in different countries. Yeah, it is, but I think it's a kind of lottery win to be born in Finland because. **Michelle** I agree, the happiest, the happiest country in the world. That's why they're the happiest country in the world, see, because they include women. Yeah. Women are included and considered for leadership. Yeah. Yes, yes. So I was going to say, oh, you're very unique because you're the exception to the rule. Yeah. Because when, you know, if you really look at the stats globally in my country, the United States, um, you have the big boy playing there we are. Yeah, yeah. Woefully underrepresented. And I will tell I would say to policy makers, um, to those in leadership who are making decisions in the digital health space that, um, you know, there's much needed. I mean, if you look at research dollars, the research dollars in terms of the focus on women's health is five percent six. I mean, dismal. Yeah. Right. And think about the percentage of the population that are women. This is woefully underrepresented. And as a consequence, how can you improve health outcomes for women if you're not doing the research or if you're making decisions based upon studies where the subjects were predominantly men or all men? Right? So there's that issue. Um, at one point there was this Femtech revolution, but a lot of that was focused on reproductive health, fertility and other, you know, female issues, so to speak. And yes, that's important, but so is chronic disease management. Women have different symptoms when it comes to cardiac arrest and heart or signs of heart attack. Right. Or cardiac ischemia I should say. And if you're not capturing that, then the apps that the tools that you're producing, even what you're feeding AI, it's going to miss the mark when it comes to picking up these these diagnoses in women. Because cardiac ischemia, that's just one example. Example presents differently in women than men. So just yeah. **Pirkko** I think that if a young girl or woman has a dream, he or she should follow that. And, and and that's important. And for example, we

have had a female president as well. And so I think that it so our citizens know that there are possibilities. And I think that's good. Yeah. It is, it is in in that sense because we need those examples to reach out. And so but as I said that will be shrinking. We have relatively well here. But there are so many countries which don't have like this. And for example, when I was in Saudi they came for persons come here. And those two ladies said that we follow you. I said, please follow us. Yeah. It was because it like in Morocco, in Hassan's countries, it's the same. It's so much different, you know, the work continues. Yeah. Okay. Yeah. That's true. Or continuous.

**Titta** Okay. Michelle, Pirkko, thank you very much. It's been very inspiring and enlightening. Yeah. You will be the leader. Thank you. Thank you for inviting me. It was a pleasure.