

Inspiring Women

Episode 53: Fran Ayalasomayajula

Laurie McGraw:

Welcome to Inspiring Women with Laurie McGraw. I am your host, Laurie McGraw. I have spent the past 30 years in leadership and over the years I've come to learn one thing. Women need women and not just any women, but inspiring women. Tune in every week to hear from women at the pinnacle of their careers and from others who are just starting out. Episodes can be found at inspiringwomen.show or subscribe on your favorite podcast app. Thanks for listening, and I hope you will be inspired.

Welcome to this episode of Inspiring Women, and I am so excited today. We're speaking with Fran Ayalasomayajula, and she is the head of Digital Health Strategy, Worldwide at HP. And she's been in that position, that leadership position, pre-pandemic. So we're going to learn a lot today from Fran.

For over 20 years, she's been an executive and healthcare strategist, and technologist. She's interested and serves the interests of populations around the world to improve the quality of healthcare, increase access to healthcare, and to obtain higher rates of health literacy and patient engagement. Now, Fran is the recipient of many national awards, including being on the National Campaign for Tolerance. She's a renowned international public speaker and writer. And Fran, I am so excited to be speaking to you today.

Fran Ayalasomay...:

Thank you. I'm thrilled to be here.

Laurie McGraw:

Well, great. Well Fran, why don't we get started? I always like to start Inspiring Women with, what are you doing right now? So you have a very, very big job. What is it like to be the head of Digital Health Strategy at HP?

Fran Ayalasomay...:

Well, I tell you, it's a lot of fun and at the same time, there's a lot to be done. So it requires being focused. I'm really excited about the company's position on its mission in terms of helping improve the lives of all people everywhere. And having that also reflected in the goals and objectives of our corporate social responsibility and sustainability area as well. And so that really keeps me very busy as we look to ensure digital health equity and digital equity in general, making sure that people have access to technology, and then the light of its opportunity to help in

terms of improving their overall care. How can we make that easier? Make it easier for people to have access, to make their experiences better with the technology, both for those who are the recipients of care, as well as those who are the deliverers of care.

Laurie McGraw:

Well, there's so much opportunity there that only has been accelerated like we have never seen in our lifetime because of this pandemic, which creates all kinds of opportunity challenge. And you're also dealing with this on a global scale. So I'm so interested in terms of the opportunity that you have to really lead transformation around the globe. But Fran, before you started doing this seven years ago, leading this strategy globally, you didn't start out in public health or healthcare, your background, as I understand it is in international studies. So always a global interest, languages, things of that. How did you transition into public health as something that was really important to you becoming an expert and, and also technology and leading that strategic like?

Fran Ayalasomay...:

Yeah, I guess... I want to make it a little bit of a course correction on that because my background is public health, epidemiology in public health is my background. I have over 30 years in the healthcare industry. Now, when I started in school, I actually was Pre-Dentistry in my undergraduate work. And then I decided that wasn't really the way that I wanted to go in terms of participating and being involved in the healthcare sector. And I realized that I actually liked the policy side and I liked international developments. I like doing things that were community-based. And so that's when I, in fact, decided to, as an undergraduate, do a double major in International Relations and Spanish Literature. And I spent a good portion, half of my time actually, in [foreign language] in Japan. I went there to study just after the Ko... Actually one day after the Kobe earthquake.

And spent time studying what are known as [Nikkei]. These are individuals who are second and third generation Japanese, mainly from Brazil. Who were immigrants in Japan, but sort of lived sort of under the radar. Many Latin Americans who were undocumented were not really being supported after the big earthquake. And really came to understand and study those types of communities and a culture and a country for which most of your audience is probably listening to this and saying, "What is she talking about?"

And then I did another portion, large portion of my work at UdeG, Universidad de Guadalajara in Guadalajara, Mexico, where I studied. And I minored in Asian studies. It probably would have been my major as I ha... At that time in my life, I had studied Japanese for many, many years, but between the two languages, Japanese and Spanish, that was sort of what I did.

And I did that deliberately because I knew that, or at least I understood that, if you want to be good in being able to make policy changes and to be able to make changes within community needs centered around healthcare, then it would make for a really good balance to have that understanding of what are the dynamics that are going on, politically focusing in on comparative studies. And then adding to that, my graduate work in public health. And so that allowed me to

have that really strong discipline and background and knowledge on the international development side and the policy side, but then also to be able to have that foundation in epidemiology and in community health.

So I spent a lot of time in my study time in New Mexico, working in fields with migratory farm workers. Oftentimes conducting needs assessment, health needs assessments with populations that are illiterate. They wouldn't be able to take a survey on their own. I'd have to go into the fields and meet with them and talk with them and ask the questions verbally of them to collect data. But in the process of doing that, having the opportunity to be welcomed in their communities and learning a lot more about them and what their needs are.

That just continued for me, even as I went on to work for the World Health Organization. The first big opportunity for me is that I was at PAHO doing research in epidemiology. Doing really the data of it, looking at infectious diseases, sexually transmitted diseases, in those days HIV AIDS was really big. So I was working within that capacity and what are called the Sister Cities along the US Mexico border.

Laurie McGraw:

Fran, I just think that the background that you're describing is astounding actually, in terms of how much experience you are bringing to this global digital health strategy from [inaudible], very large brand HP. So that's incredible. I didn't have all that understanding of your background, but I don't think it sounds like the most unique background that I'm aware of, but talk about the right kinds of experience and global perspective, different populations coming in, a national trauma of an earthquake and what that means and seeing those things firsthand and how that must have been formative in your understanding and how that allows you to bring it to your work right now.

If we move to the types of things that you're focused on today, you're dealing with public health types of issues and technology at a global scale. And the numbers are staggering. I mean, it's just understanding, hypertension. We're now talking about 1.6 billion people that are hypertensive and those numbers are growing, going in the wrong direction. So how do you think about it? How are there ways, possibilities, opportunities to address some of these problems, again at a global scale?

Fran Ayalasomay...:

Sure. I think the first thing is to sort of acknowledge that those data points are just indicators that something else is wrong. So we have to look at quite a few dynamic. Principally, those include obviously behavioral and lifestyle choices, and the need to encourage people to embrace lifestyle modifications, but also the acknowledgement that we are at an aging population. And the reality is while at the same time, we may be living longer, people are living longer with conditions, unfortunately in chronic conditions. And so really trying to figure out what role can technology play in helping individuals to make the modifications, the lifestyle modifications, behavioral changes necessary that can help to improve their conditions. And technology has a place in that.

Great example of this is research that we conducted that looked at the use of multimedia digital technology.

The study came back and showed that when coupled with conventional health education, that patients are actually more likely to retain the information. They actually feel more confident and the regimens that have been prescribed by their clinicians, and they're more inclined to adhere to those. Then we know that use of gamification is very powerful, not only in helping to initiate change, but to create for more longstanding self-sustaining change. Which is really important because a lot of the programs that are created unfortunately, in their novelty when they're introduced people, love them. But over time, the novelty wears off and they're no longer interested. So how do we create for really dynamic and sort of, for lack of a better word, entertaining ways to keep people engaged?

But then equally the thing that's really important and that digital technology has an opportunity to help with is creating personalization. It's an N of one, everybody is unique and different. And their experiences with their care is different. Their experiences with their health conditions are different. Yes, there are similarities and we can group folks together and some forms that are another, but at the end of the day, there are those little intricacies that show up and the individuality of patients that really helped to make the difference in moving a patient along their care journey in ways that promote and result in better outcomes.

Laurie McGraw:

And that also brings technology down to a very, very small level to the person and needs to consider things like cultural context and all of those other things. So that's a lot of work and effort and considerations to make those technologies and programs effective down to a person. Super interesting.

Let's talk about the pandemic, because in the world of technology... First of all, I think that most people have a significantly enhanced appreciation for public health, generally? Why it's so important and also the potential opportunities with technology for healthcare. So, but you are focused on this well before there was a pandemic. So how is the work that you do? How has it changed? Where are the opportunities? What have been some of the things that we've been missing? I'd love your perspective on that.

Fran Ayalasomay...:

Well I think it's rather interesting that while during the pandemic, we saw this increase in adoption of telehealth. And I think that it's kind of sad that it took a pandemic to allow for folks to put aside... I still don't know I've been researching, but still don't know what it is. Is it egos? personalities? people being the stuck... They couldn't step in and embrace digital technology. It was very difficult for them to embrace telehealth even though we've had data showing the efficacy and the effectiveness of telehealth since the eighties. That was really peculiar to me, but I'm glad that it came at some point. I hate that a pandemic had to bring about that change, but it was good to see.

But what I would say is that even with that embrace of it, we know that there's so much more work to be done. And that even with telehealth where we're like... There's a lot of bragging about, "Oh, we've seen this increased adoption of telehealth and our institution..." Some of them saying, "600%, increase utilization of it."

Well, that doesn't really tell the full story, because in many instances they weren't actually using telehealth as we define telehealth today, and so much as the use of computer technology. A lot of it was still being phone-based. And so that brings to question like, "Okay, what are the things that are missing that we need to work on?" And these were things that actually we started working on before the pandemic. In terms of how do we create for smarter technology that's really easy, for example, for older adults, to be able to utilize and individuals with accessibility needs to be able to utilize? Some of the studies, it makes total sense when you hear the feedback coming from end-users. When individuals average in age of 74, make the remark, "If I can't see it or I can't hear it, what good is it for me?"

And that makes us think about how we engineer so that the sound quality is good so that the buttons are easily visible. We also have been, and started before the pandemic, really pushing thought leadership on the side of there's no technology for all. In the sense of everybody is different and has a different need. And while for some individuals smart phone technology, smaller form factor devices really work really well. For some larger form factors are optimal, to have touchscreen capability is what they need. And that's what we sort of find. There's a point at which even if you're sort of native to the technology, so that meaning, older adults coming in now and maybe folks who are in their sixties plus are coming in, who've had the exposure to the technology, like the use of a smartphone devices and apps.

That's great that they have that confidence level, but at some point there are other dynamics at play that may make it difficult for them to continue to use the smaller form factor. So for example, an individual with Parkinson's over time as their condition progresses, it may be difficult for them to hold a small form factor device. And in fact, we did focus groups where we had individuals with Parkinson's to share with us their thoughts and their feelings, and several of them in the room held up cracked phones. Because when they have difficulty holding the phone, it drops, it breaks. We see from other studies where it shows that older adults tend to prefer to use larger screen sizes, touchscreen, all in one type of PCs. Because again, it's a bigger display visually. And in terms of the dexterity, they don't... They're not having to use the finer motor skills when they're swiping across a larger screen, which is something that is required when you're using smaller form factors.

Laurie McGraw:

It's encouraging Fran, to just hear about the various angles that you're thinking about. And it also sounds like the pace of innovation is moving at an accelerated pace. Do you expect that to continue? Is it too soon to tell? Are there lessons that you're already learning and things that you think that we should be abandoning or doubling down on, based on where we are or are not in this pandemic? What are your thoughts there?

Fran Ayalasomay...:

Well, the double-down is where maybe I was... Kind of delving a little bit there and that's really in universal design. We have got to double down on that. We've got to make it easily accessible, we also... Hybrid approaches is really important. So when I'm referring to hybrid, I'm referring to asynchronous and synchronous and those working harmoniously together. Bringing edge compute technology and insights, derived from edge compute is really important. And there's a huge opportunity there.

I think in some respects, yes, I think there's a lot that is here to stay. But again, I'm a little concerned that in some places we're seeing sort of this, step back. I think there are many of us who are working really diligently [inaudible], including the American Medical Association and American Telemedicine Association, many others who are really very focused on helping advocate for the continued use of digital technology, but we can't take it for granted. And we also can't pretend as though there isn't still a lot of places where the technology is still not being utilized or is being underutilized. And we need to focus more on those.

We have a study partner, Ipsos MORI. Who's one of the leading market research firms who does, what's called the Digital Doctor survey every year. And the one that they did for this year was quite interesting because it gave that comparison before and during the pandemic. And one of the insights that came out of it was that while clinicians were like, "Yes, they like telehealth and telehealth is here to stay." There were a lot of complaints. There were complaints about the fact that some of them had to train themselves on using the technology and that made it really hard. And for some of them that was a turn off to them. For others it was like, "Well, once I got comfortable with it, it was good. And I'm so surprised. I can't believe I hadn't used it since." And there was a good percentage who were like, "Yeah, we want to continue to use this technology."

But then there was a data point that really concerned me. And it was a data point around data science in general. And it indicated the slight decline. Don't hold me to the number. But I think it was like three or 4% who actually had lost a bit of confidence in data science and AI. And I'm thinking, "Wow, what does that mean? Why is this number going, trending down? What does that reflect? What is it that's missing? Be it in the education, be it in the security, be it in some of the things that we talk about in relation to biases and how can we start to really prioritize those things and address them, so that we do continue to see the upward tick in the adoption of technology and that clinicians do have the confidence they need to continue to apply it within their practices?"

Laurie McGraw:

I really like your comments on doubling down on universal design, because in addition to all of those areas that you were talking about. The how does technology become an asset and not a burden in the workflow? To a healthcare workforce that is dealing with so much and digital tools, being something that becomes burdensome to them because they're not well-designed is something that we should avoid at all costs. So I really appreciate your focus there.

Fran, there's so much to talk about and I... I mean, your wealth of knowledge is so impressive here. But maybe we could just turn this a little bit to you specifically. Because in addition to this very large job that you have, and the programs that you are driving, you also have a lot of outside

interests. You're on multiple boards, you lead thought leadership, you publish. So how do you have time for those extras? Why are those important to you professionally?

Fran Ayalasomay...:

That's an amazing question. And it's just who I am. It's like I could... I mean, if you're going to do something... For me personally, I feel like if I'm going to do something, I want it to be significantly meaningful. I want to feel like, even if it's the one-star fish that I'm throwing back into the ocean, that I meant something to that one-star fish. And that makes it easier for me to get up in the morning. I usually start my days very early, like 4:30, and I usually end them pretty late. And it's challenging. Cause this platform is a platform about women. And I'm a mom, I've got small kids. My kids are nine and 10. But when I tell them that the project that I'm working on...

For example, one of the organizations I'm involved with, I'm a volunteer president for REACH, which is a global social impact organization. And they have a program called Save Moms. And when I tell them that I'm working on this extra project that is intended to help make sure that mom's lives, aren't lost during pregnancy. That's something they can be proud of and they get it. And then when I hear that my son listened to some event I was on and he'll likely listen to this podcast. It just warms my heart, that they know that the work that I'm doing is meaningful, and that hopefully that there's some woman out there whose life I have touched and have... And that's been meaningful for her and for her family. I mean, that's huge. And that's why I do what I do. And that's what keeps me going

Laurie McGraw:

Well, it's energizing to me. I mean, to hear how you focus your career and your extras on things that lead with purpose and with impact. And it's really inspiring. Fran, it's really inspiring to hear those things. I'm encouraged. I'm excited to learn more about some of the things that you're working on. I could go on and on about asking you other questions, but just to, if... As we think about other women who are listening, things that you've learned along the way, maybe a best book that you've read that really changed your outlook in terms of how to approach your career. Could you close out with some of those advice or things that maybe you learned that meant something to you along the way as you've pursued and accomplished so much in your career?

Fran Ayalasomay...:

I'm going to keep it really real because it's something I had to very recently remind myself of, and that is don't let it be about the destination don't get so caught up in the destination and the end result to not really appreciate the journey. There's a book many years ago called Finding Yourself in Transition and it talks about change. And I just felt like sometimes in my life, that was a struggle for me, it was a challenge. Because in healthcare... It's hard being in healthcare. It is slow moving. When you want to see changes in an individual and changes at a societal level, that change can take generations and that can be very hard. And so I have to sometimes step back and not be so attached to the outcomes, really that journey. And also being willing to embrace

change... And I know everybody is... Oftentimes, especially when it comes to empowering women, they talk about practicing saying no.

But for me, no means needs options. Like I need options. Maybe it's not a full-on yes, but can we negotiate a little bit here? And why should I be afraid of saying yes? Sometimes I actually, I think that women need to just say... We need to say yes. Be willing and not afraid to take on something. I mean, I remember at one point in my career, I went off to Australia, was a ex-pat. I worked for Bristol Myers Squibb and I was an e-business strategist for the global... For the Asia Pacific markets. And I lived in Australia.

And I had to say yes to taking that on. And taking that on took me into a whole new world of opportunities and experiences with government with aboriginals. And it was so incredible. So I think we need to kind of, be willing to step back and just embrace the journey and stop getting so caught up all the time in the next job or making sure that we reach this particular outcome. I mean, I think make it yes, have goals, make it measurable and all those good stuff. But at the same time, I think it's about really just appreciating the journey and giving as much of yourself as you expect for everything else to give to you. I think that's huge.

Laurie McGraw:

Fran. Those are just amazing comments. They speak to me. I love that you lead with purpose that you are talking about enjoying the journey and not being worried about the destination. And the advice that you give with that is just incredible. This has been an amazing conversation. Inspiring Women conversation with Fran Ayalasomayajula. And Fran, thank you so much.

Fran Ayalasomay...:

Thank you.

Laurie McGraw:

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