Breaking the cycle of gender based violence against women
with Anita Ravi, MD

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Featured topic and speakers

In today’s COVID-19 Update, Anita Ravi, MD, a family physician, and CEO and co-founder of the PurpLE Health Foundation in New York, is working to break the cycle of gender-based violence against women—join us to kick off Women in Medicine Month this September. Dr. Ravi is one of this year’s #WIMMonth AMA Inspiration Award honorees and the immediate past chair of the AMA Women Physicians Section. AMA Chief Experience Officer Todd Unger hosts.

For more information, visit PurpLE Health Foundation.

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Learn more at the AMA COVID-19 resource center.

Speaker

- Anita Ravi, MD, family physician; CEO and co-founder, PurpLE Health Foundation

Transcript

Unger: Hello, this is the AMA’s COVID-19 Update video and podcast. Today we have a special episode marking the first day of Women in Medicine month. And I'm joined by a remarkable physician leader, who's also working to break the cycle of gender-based violence against women and really
embodies this year's theme, "Leading With Purpose."

I'd like to welcome Dr. Anita Ravi, a family physician and CEO and co-founder of the PurpLE Health Foundation in New York. Dr. Ravi is also the immediate past chair of the AMA's Women Physicians Section.

I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Ravi, it's a pleasure to have you back.

Dr. Ravi: Well, it's a pleasure to be here again, Todd. Thank you.

Unger: When we last spoke, believe it or not, more than two years ago, about the unique challenges that women physicians face during the pandemic, since then, multiple congratulations are in order. PurpLE Health recently celebrated its seven-year anniversary, which is great.

And you're also one of this year's AMA Inspiration Award honorees. And it's an award that acknowledges physicians who have offered their time and support to fellow physicians, residents, and students. Congratulations.

Dr. Ravi: Thank you so much. I have an amazing team of Women Physicians Section governing council members who really made the last two years amazing in so many different ways that I'm excited to talk about.

Unger: And that's a tough challenge because these were quite a couple of years we've been through. So you're undoubtedly an inspiration to other physicians, but today, I want to talk to you about how you support your patients, most of whom are dealing with very unique and devastating challenges.

And you've made it your mission to design care to treat a patient population that was slipping through the cracks of our current health system. Let's start by talking about how you first came to discover that these individuals' needs weren't being met.

Dr. Ravi: Yeah. So you mentioned before it's PurpLE's seven-year anniversary, and about seven years ago, I had just finished my residency in family medicine and I used to be a volunteer on Rikers Island in the women's jail there.

And a lot of the work that I did was with survivors of gender-based violence—so women who'd experienced human trafficking or domestic violence or sexual assault, who are also experiencing incarceration, homelessness, a lot of other—maybe sometimes they were undocumented—a lot of other things that made their access to any system difficult but especially health care.

And so it started there. I started as a volunteer, understanding people's stories, and then understanding people's medical needs and fears of connecting with health care. And then, it all kind of grew from there.
And people always ask why the name of our organization is spelled how it is, and it stands for Purpose, Listen, and Engage, and that's really how I think about working with our patients. We listen, and then we build systems that reflect what they're saying.

**Unger:** So that's the capital L and E in there and the purple. That makes a lot of sense. In founding the clinic, you said that, quote, "normal" was not normal anymore and that you had to unlearn the traditional ways that we deliver health care in order to do better. What do you mean by that?

**Dr. Ravi:** Yeah, so I think so often in medicine, especially when you come just out of residency, we're taught protocols and the best way to do things. First, you do the physical—or first, you take a history, then you do a physical. Patients check in at the front door.

But it's really important to think about, how can we design this from a patient experience? What do patients need in order for them to actually get through the door to see us? And when you start thinking of it that way, you start to see all of these ways in which I need to twist around what normal is in order to make sure that someone gets in through the front door but stays engaged in care.

So I might see a patient and say, "I know you're really nervous about your pap smear. Do you want to get that out of the way and then we can go through all these other questions?" They're really asking people's preference on how they want to engage in care, instead of just being like, this is how we do it, this is what you need to do—to make sure that it's more collaborative and a conversation.

**Unger:** Well, one of the ways that you've also kind of changed it up here is in your communication with patients. And something very interesting about how you communicate is with stick figures and cartoons. Why that? How does that work?

**Dr. Ravi:** Yeah, so when I first started doing this work, I was so nervous all the time because I was like, "Oh, my god, I'm hearing situations that I didn't learn in medical school or residency." Someone is telling me they haven't eaten in three days and I'm asking about the last time they ate to make sure they're fasting for their blood test.

When people answer questions that I don't expect answers to, I don't know what to do and I used to scramble to look up evidence-based guidelines. And then, you start to realize that you might be in a place in health care where you're the one that's helping to build the evidence.

And so I just started making these drawings, the stick figures of these experiences that I was having, where I didn't know how to communicate or how to share what was happening. Is this normal? Is this not? And so I would just draw them on Post-It notes and share them with my colleagues, share them with other people.
And people would see those scenarios and be like, "That happens to me in clinic, or like, oh my god, I didn't know that was happening to patients." So it became this really accessible way to be able to talk about tough things that we were seeing.

And then, I used them with patients, too, because I think sometimes when we talk, speaking is just one form of communication but sometimes patients draw their pain. They're drawing what they're experiencing and it helps me understand and deliver care in a different way because of what they're telling me.

**Unger:** What do you mean? When you say, they draw their pain, what does that mean?

**Dr. Ravi:** So sometimes, as we just said, sometimes patients have different experiences with trauma or violence. And so if they come in with this cut or rash that I don't quite understand, and I say, how did this happen and people sometimes avert their eyes. But you can give them a pen and say, do you want to draw what happened?

And sometimes people give you information in that way. So sometimes they may draw the way that they were hurt or how they're feeling or where their headache is so big, that the head is large and the rest of the stick figure's small.

And then, it helps you understand, like, oh, that's what they're worried about. That's what they're trying to say. And it connects dots in a way that we don't always have words for.

**Unger:** That's so interesting. And lessons like that and many others that you've learned from this clinic and from your patients—you founded PurpLE Health Foundation. Why is it important to include that patient voice and how has survivor-informed care continue to help you address barriers that this particular patient population faces?

**Dr. Ravi:** Yes. Thank you so much for the question and thank you for saying survivor-informed care. Because that should just be a normal part of our lexicon moving forward. So I ran this PurpLE clinic pilot for four years inside of a federally qualified health center.

And I was connecting with, like I said, survivors of different forms of trauma who just hadn't been getting health care before. And then, we started growing a huge waitlist. I think I saw maybe 200 patients. There were maybe 700 referrals over four years.

And I started to realize two key things. One thing is, just like the VA systems are veterans, a lot of our patients had profound PTSD but couldn't access the kind of mental health care that they needed. And also, a lot of patients couldn't afford care, even if they had insurance.
They couldn’t pay $1.99 co-pay, so sometimes they would end up back in an abusive relationship in order to get money in order to pay their medical bill, which didn’t really make sense. So we took a step back and decided, hey, how can we build a health care system that is truly trauma-informed and responsive to what people say?

So at that time, one of my patients, who was one of my first patients in the clinic—but she got her documentation status. She got her work permit and her very first job in the United States was with PurpLE. And so we decided in 2019, we were going to build a health care system that was going to respond to these needs.

And so that’s how we grew the PurpLE Health Foundation. And at the same time, this is in the middle of the pandemic. I opened a private practice called PurpLE Family Health. And the foundation fully funds PurpLE Family Health, so that we do free care for survivors, including providing survivor-informed care navigation.

So Keisha, my former patient, is also one of my colleagues now, and she helps patients go to their appointments, schedules visits with them. We have a therapist—Jessica is my co-founder—and we all work together. I do primary care.

So we’re really looking at patients kind of beyond that first visit but for the rest of their lives, we want people to thrive. And we think the system is the way to do it.

Unger: That’s such a great story and the foundation of your practice there. And I think it really gets to something you’ve said, which is that many of your patients are invisible in our current data.

And you see a lot of things in your particular practice. As we look to create better care in the future, how do we really look at who’s missing and better capture these patients who don’t always have a voice?

Dr. Ravi: That’s been one of the most exciting parts about building a practice from scratch, because you make all the decisions and then you can be very thoughtful about whose voices you’re lifting up and how you’re building a system that’s going to make sure people aren’t invisible.

So I chose an electronic medical record but we get to decide, are we going to also track how often a patient needs transportation assistance or food assistance at the time of their visit? How did we manage that? I mean, so often, when I read a study, I think about, "OK, they said this is based on payer data or insurance claims."

What if your patient doesn’t have insurance? Were they captured in this data? What about the people who don’t have a voice because of the ways in which we kind of filter down studies and evidence-based care?
So we're trying to build a response to that by thinking of all of these other ways that health care and medicine connect with other important aspects of our patients' lives and capturing it either through the EMR or other forms and how we design delivery of care.

Unger: Well, we talked earlier in this about Women in Medicine month and the theme this year, "Leading With Purpose." And you've obviously found your purpose. What's your advice to students and physicians who are just beginning to look for theirs?

Dr. Ravi: I think being kind to yourself and knowing that it's a journey and knowing that you sometimes are the ones who can limit your imagination and how you view yourself. You have to find a community that can see that same vision that you do and help support you in getting there.

I'm only here because there are a lot of women, especially women of AMA, who have really stepped up to help me realize what we think can be possible. And so I think surrounding yourself with people who believe in you, and then really trying and knowing that there's a safety net to support you and your vision, is just so important moving forward.

Unger: Well, your story is really incredible and such a demonstration of what you constantly see, I think, as a calling among physicians from the start that you had at Rikers, all the way through the establishment of the PurpLE Health Foundation. If people want to learn more about PurpLE Health Foundation and support your work, where would they go?

Dr. Ravi: They can come to our website, purplehealthfoundation.org. Yeah, there's so many different ways to support, from your advice, from ways in which, again, you think about sending patients to us. And we also do trainings.

So we have a way in which we're learning directly from our patients, and then sharing them with other health care providers and physician leaders, so that they can do an excellent job being able to care for patients, no matter what kind of practice they're in. So that's how we're going to change the system.

Unger: Dr. Ravi, thank you so much for being here today and for all the work that you're doing to break the cycle of gender-based violence. We'll be back soon with another COVID update episode. And you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today and please take care.

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