A Nurse’s Voice for Consumer Advocacy

Bobbie Maniece-Harrison, EdD, RN, served on the Board of Directors of the William F. Ryan Community Health Center (now called Ryan Health) in New York City for 28 years — 20 of which as the health center’s board Chair. She feels her professional background in health care as a nurse and educator, as well as her experience as a health care consumer, helped to prepare her in her board leadership role in representing the needs of patients.

As a Federally Qualified Health Center (FQHC), Ryan Health, as with all other FQHCS, must meet myriad local, state and federal laws and regulations and it must comply with strict financial, clinical and administrative standards. In a changing health care environment, there are a host of factors to weigh to ensure that the care delivered is responsive to patient needs. And that responsibility falls on the shoulders of the health center board.

Even with her nursing and health care education background, Maniece-Harrison says when she first joined the Ryan Board there was quite a lot to learn in terms of the unique aspects of a community health center.

Fortunately, the health center’s administration provided information and ongoing training opportunities for her and the other board members to help make informed decisions on matters affecting the health center and its ability to deliver high-quality care to its patients. The health center’s board members were also encouraged to participate in training programs and patient advocacy activities at the state and national levels.

Maniece-Harrison notes that nursing requires natural leadership and teamwork skills because nurses work with many other medical professionals in a health care setting. These skills are valuable in many different settings and she credits them for greatly enhancing her effectiveness in her leadership role in consumer advocacy.

In addition to serving on the health center board, Maniece-Harrison served for four years as Consumer Representative on the Board of the National Association of Community Health Centers. In this capacity, she brought both a nursing, as well as a patient’s, perspective on issues that affected health center consumers.

The limited amount of time a patient spends in the acute care setting today — often only a day or two — makes it difficult to form a relationship between the patient and health service provider, says Maniece-Harrison. Today, nursing care may involve more paperwork than hands-on care. In contrast, the community health center setting allows more opportunity for establishing a nurse-patient relationship, which can greatly bring about a more positive health outcome for the patient.

“The nurse is at the front, center and back of the patient’s primary care plan, and therefore plays a major role or an equal role as a team member in contributing to the care over time and the outcomes of that care,” she says. “In value-based transformation, it is the nurse who is trained to provide patient education, advocacy and evaluation of patient care.”

While she is now retired from teaching and her board service on the Ryan Board, Maniece-Harrison is still a patient at the health center. From her unique perspective, she has seen many changes in nursing care.

“Nursing care now is nothing like what I was taught, nor is it what I taught my students,” she says. “I expect things to change over the years and embrace positive changes, but, as a patient, I also want to know who is caring for me.”

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