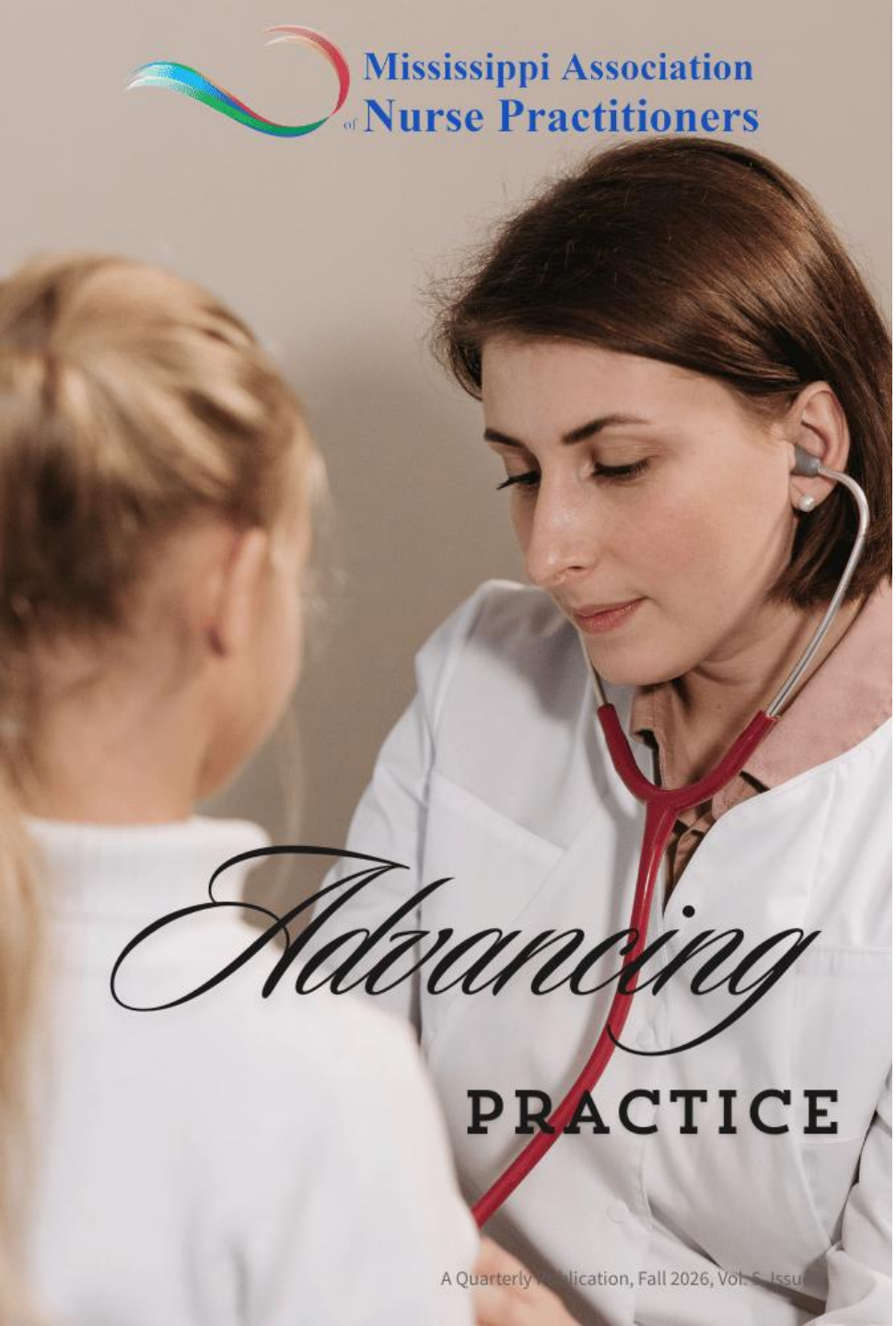

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Our low membership dues have NOT increased since 2014!

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MISSISSIPPI ASSOCIATION OF NURSE PRACTITIONERS

MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently to provide advocacy, education, and networking to nurse practitioners throughout the state. Our Board is comprised of volunteer nurse practitioners elected by the organization's members. We recognize the importance of NPs in the provision of healthcare, the need for enhanced visibility, and legislative influence at local, state, and federal levels. We provide you with the highest continuing educational opportunities. Our members participate in key NP decision-making roles across the state. Mississippi Association of Nurse Practitioners is *your* specialty association devoted entirely to Nurse Practitioners. Join us today and make a difference in Mississippi.

Contents

(Click to Jump to Page)

MEMBER SPOTLIGHT

Jennifer Bass, FNP-BC

Jennifer is an NP at Brookhaven Health & Wellness in Brookhaven, MS. Jennifer has been an active MANP member since 2023. Jennifer is committed to providing compassionate, patient-centered care for individuals of all ages. She takes the time and understands that each patient is unique. Her background is in primary care and neurology. Jennifer is a 2010 graduate of Copiah-Lincoln Community College and received a Master of Science in Nursing (MSN)/Family Nurse Practitioner (FNP) at University of Mississippi Medical Center in 2021.

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High-Overview of Trump's Vaccine Executive Order

Tina Highfill, DNP, FNP-BC, CCM, CRHCP

President Donald Trump signed an Executive Order to distinguish Gold Standard Childhood Vaccine Recommendations, maximizing parental choice (White House, 2026). This comes after Executive Order 14407 of May 29, 2026, Realigning United States Core Childhood Vaccine Recommendations With Best Practices From Peer, Developed Countries, protecting religious liberty and parental authority, which was delayed in litigation regarding Advisory Committee composition, and the August 10th order is on appeal (White House, 2026). The most recent order has three distinct categories of recommendations for childhood immunizations.

(i) **immunizations recommended for all children**: measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B, pneumococcal disease, human papillomavirus, and varicella;

(ii)**immunizations recommended for certain high-risk groups or populations:** respiratory syncytial virus monoclonal antibodies, hepatitis A, hepatitis B, meningococcal B, meningococcal ACWY, and dengue; and

(iii)**immunizations based on shared clinical decision-making**: hepatitis A, hepatitis B, rotavirus, meningococcal disease, influenza, and COVID-19.

The contention stems from Section 2 (b) of the order recommending that the combined measles (rubeola), mumps, rubella (MMR) vaccine should be administered in three separate single-disease shots once such products are domestically available and that, to the maximum extent feasible, all childhood immunizations should be administered at separate medical visits (White House, 2026). The Order advises that states and territories consider updating their laws and regulations regarding immunization requirements for school enrollment and attendance. While the Order recommends changes to MMR administration schedules, it also preserves access to currently available vaccines (Littrell, 2026). Influenza and COVID-19 vaccinations will move to the shared decision-making category.

The Measles vaccine was licensed in 1963 as the first live-attenuated measles vaccine in the US. Individual Mumps and Rubella vaccines were licensed in 1967 and 1969, respectively. In 1971, MMR vaccines were consolidated into a single injection, becoming the US standard for pediatrics (Vaccination Facts, 2026). The purpose of the consolidated vaccines was part of an effort to reduce the number of required injections, decrease the number of clinic visits, and improve vaccination rates. Separating the MMR vaccine is contingent on the products being commercially available in the US, which they currently are not. Merck and GSK currently manufacture the combined MMR vaccine. Multiple reports indicate that Merck estimates it will be 10+ years before it could receive FDA approval for monovalent vaccines for Measles, Mumps, and Rubella. (Politifact, 2026). Monovalent measles, mumps, or rubella vaccines haven't been manufactured separately since 2008, and making them commercially available again would require additional research, new trials, updated manufacturing processes, and several Food and Drug Administration (FDA) approvals.

Executive Order 14118 would also reduce the recommended vaccination schedule from 18 to 11, including measles, mumps, and rubella. The Order also recommends exploring alternative additives and removing aluminum (White House, 2026).

Section 3 of the Order is directed to the Secretary of HHS, through the HHS Task Force on Safer Childhood Vaccines, to present plans within 90 days to address

several items. The task is to offer options for administering core vaccines as single doses, beginning with MMR. They must also guarantee the continued availability of combination vaccines and those recommended for shared clinic decision-making.

Secondly, they are tasked with determining the ideal timing and sequencing of all core childhood vaccines. Then they will need to adjust the Federal vaccine schedule. They will need to adopt alternative adjuvants to aluminum while conducting safety and efficiency studies, ensure continuous evaluation of risks and benefits, and improve monitoring, transparency, and research (White House, 2026). Section 4 aims to maximize parental choice over vaccinations received in childhood (White House, 2026).

As of August 6, 2026, 2,465 confirmed measles cases were reported in the US by 47 jurisdictions for the 2026 reporting period. As of this publication, Mississippi is not included in this reporting. (CDC, 2026). Twenty percent (20%) of the cases were confirmed in children under the age of 5 years, 48% in ages 5-19 years, and 32% in individuals over 20 years of age. Of these, 93% were unvaccinated individuals, 3% had only 1 dose of MMR, and 4% were fully vaccinated, having previously received 2 MMR doses (CDC, 2026).

MS Association of Nurse Practitioners will continue to tightly monitor the topic over the coming weeks to see what guidance and decisions are made at the state level. We expect the MSDH to issue information and directives for our providers to follow. While we agree that vaccine policy should be based on science, research, and established state health processes, we are confident that our nurse practitioners, as well as other providers, will continue to promote preventive healthcare measures and issue guidance to parents in selecting the most appropriate vaccination plan for their children within the regulations as they customarily do.

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Tina Highfill

DNP, FNP-BC, CCM, CRHCP

Dr. Highfill is the Executive Director for MS Association of Nurse Practitioners.

Caring for Mississippi Mothers: Nurse Practitioners and CHAMP for Moms in Partnership

By Kimberly Rickard, DNP, CNM, WHNP-BC, PMH-C & Emily C. Dossett, MD, MTS, DFAPA

The new mother, barely 20 years old, walks into her nurse practitioner's office for her six-week postpartum check. She had been so excited about this pregnancy; she and her husband wanted to start a family, and they carefully planned for the nursery, the car seat, the childcare options. Yet at this visit, she looks haggard and unkempt. Her eyes are wide and unblinking, her expression flat and emotionless. She clutches the infant to her, refusing to let her husband or any of the nursing staff take her so the mother can be weighed.

Once in the privacy of the nurse's office, she begins crying, saying that she never thought it would be like this. She worries every moment that the infant will die of SIDS; she is so anxious that she can't eat, sleep, or allow anyone else to hold the baby; she is starting to worry that she is "going crazy." She says that she can't keep living like this; while her husband and mother want to help, she doesn't know how to let them and is too overwhelmed to try.

As nurse practitioners and frontline providers, this is the moment when our response matters. This patient does not simply need reassurance that the postpartum period is difficult. She needs us to stop, listen, assess her safety, understand what she is experiencing, and help her recognize that this is a medical condition, not a failure as a mother. She also needs us to take real clinical action to address her symptoms.

Unfortunately, situations like this are all too common. Perinatal mental health and substance use disorders (PMHSUD) affect up to 20% of women during pregnancy and the first year postpartum. The perinatal period includes postpartum depression – the most commonly recognized maternal mental health diagnosis – but really extends from preconception through pregnancy and the first year after delivery. During pregnancy, patients may experience a spectrum of emotional health challenges, ranging from mild depression to severe psychiatric illness. After delivery, many individuals experience normal and transient "Baby Blues," but worsening or persistent symptoms warrant evaluation for more serious conditions, including depression, anxiety disorders, obsessive-compulsive disorder, bipolar disorder, post-traumatic stress disorder, and postpartum psychosis. Each condition presents differently, but all have the potential to impair maternal functioning, infant bonding, family well-being, and long-term health outcomes. PMHSUDs are associated with increased maternal morbidity, adverse birth outcomes, higher health care utilization, and preventable maternal deaths. As frontline clinicians providing obstetric, primary care, family medicine, pediatric, psychiatric, and women's health services, nurse practitioners are uniquely positioned to identify patients at risk and intervene before maternal mental health crises become life-threatening.

As providers, we often see patients repeatedly throughout pregnancy and the postpartum period. That continuity gives us an important opportunity to recognize changes that may not be captured by a screening instrument alone. Screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) and PHQ-9 are valuable components of perinatal care, but they are only part of the assessment. A positive screen should prompt a conversation, not simply a referral. Likewise, a negative screening score should not override clinical concern when a patient's behavior, presentation, or story tells us something is wrong. Our patients may not present by saying, "I think I have postpartum depression." They

may come in because they cannot sleep, are overwhelmed by breastfeeding, are having panic attacks, are struggling to bond with their infant, or are convinced something terrible is going to happen to their baby. Sometimes the most important clinical finding is simply that the patient does not seem like herself. A patient who suddenly stops making eye contact, appears unable to engage with her infant, repeatedly seeks reassurance, becomes increasingly isolated, or says, “I don’t know why I can’t do this,” may be communicating significant distress even if she does not initially identify herself as depressed or anxious. This is why creating an environment where patients feel safe telling us what is really happening is so important.

Mississippi consistently ranks highest in maternal mortality rates nationwide, and suicide has emerged as a preventable contributor to maternal mortality. According to the latest Mississippi Mortality Review Committee report, mental health was in the top five reasons for maternal mortality, with suicide and overdose together contributing to another 20% of deaths. Women with untreated depression, prior suicide attempts, bipolar disorder, psychosis, trauma histories, intimate partner violence, substance use disorders, and previous psychiatric hospitalization are at particularly high risk. Sleep deprivation, social isolation, difficult pregnancies, neonatal intensive care unit admissions, and feelings of shame or failure may further increase vulnerability during the postpartum period. Equally important is recognizing clinical warning signs that may precede suicidal behavior. Expressions such as “My family would be better off without me,” persistent guilt, hopelessness, inability to sleep even when the infant is sleeping, intrusive thoughts, increasing isolation, or escalating anxiety warrant immediate assessment. Open-ended, nonjudgmental communication helps establish trust and encourages disclosure. Nurse practitioners should recognize that many patients do not volunteer suicidal thoughts because of stigma or fear of judgment. Asking directly about suicide does not increase suicide risk; instead, it communicates concern and creates an opportunity for intervention. For the nurse practitioner sitting across from a patient, this conversation can feel uncomfortable. We may worry about what we will uncover or whether we will know what to do next. But discomfort cannot become a reason not to ask. We do not have to know the answer to every mental health question before we ask it. We do need to know how to recognize risk and what resources are available when we do. When imminent safety concerns are identified, prompt psychiatric evaluation and emergency referral are essential.

One of the greatest challenges for frontline providers is knowing what to do after identifying a problem. Mississippi has large rural areas and significant gaps in access to behavioral health services. Patients may face long wait times for psychiatric appointments, transportation challenges, financial barriers, limited availability of clinicians with perinatal expertise, and difficulty finding providers who are comfortable treating mental health conditions during pregnancy and lactation. This can leave nurse practitioners in an uncomfortable position. We recognize that a patient needs help, but we may be uncertain about medication management during pregnancy or breastfeeding, unsure whether symptoms represent anxiety, OCD, bipolar disorder, or something more serious, or uncertain about when a patient needs a psychiatric evaluation. This is precisely where collaboration becomes essential.

Fortunately, Mississippi continues to expand statewide resources supporting clinicians caring for perinatal patients. CHAMP for Moms is a free, evidence-based, statewide program designed to support nurse practitioners and other frontline providers caring for perinatal patients who have PMHSUD concerns. At the heart of CHAMP for Moms is the provider-to-provider consultation line. Any provider working with a pregnant or postpartum patient can call CHAMP for Moms to receive real-time expert advice on how to screen, assess, diagnose, or treat mental health or substance use symptoms. The frontline provider uses the information learned from consultation with CHAMP for Moms to decide how to apply it to their patient. This model is particularly valuable because CHAMP for Moms does not replace the provider-patient relationship. It does not function as a clinic or take over the patient’s care. Instead, it provides the additional expertise that allows nurse practitioners and other frontline clinicians to continue caring for patients in the medical home. CHAMP for Moms can also share vetted, specifically trained PMHSUD resources and referrals with providers to give to their patients. For a provider who is thinking, “I know something isn’t right, but I’m not sure what to do next,” having access to a reproductive psychiatry expert can be transformative. Consultation can provide the confidence to assess more thoroughly, initiate appropriate treatment when indicated, and recognize when a higher level of care is necessary. The final key element of CHAMP for Moms is PMHSUD education, and the program offers curated training to any clinical setting interested in learning more about taking care of their perinatal patients’ behavioral health needs.

September is Suicide Prevention Awareness Month, and improving

maternal mental health in Mississippi could go a long way toward reducing suicide rates. Nurse practitioners should routinely educate families about PMHSUD, normalize conversations about emotional health, screen consistently throughout pregnancy and the postpartum year, assess suicide risk directly, identify substance use disorders, and connect patients with appropriate behavioral health resources early. Through early recognition, compassionate communication, trauma-informed care, and effective collaboration with psychiatric consultation services, nurse practitioners can play a pivotal role in reducing preventable maternal deaths and improving outcomes for Mississippi mothers, infants, and families, and CHAMP for Moms can be a key partner in accomplishing this goal. As nurse practitioners, we do not have to become psychiatric specialists to provide better perinatal mental health care. The goal is not for every nurse practitioner to manage every psychiatric condition independently. The goal is to ensure that no patient falls through the gaps in care, so that she can be the happiest, healthiest mother she can be.

Photo Credit: submitted by author

Kimberly Rickard, DNP, CNM, WHNP-BC, PMH-C

Dr. Rickard is a Certified Nurse Midwife, Women's Health Nurse Practitioner, and Perinatal Mental Health Certified (PMH-C) provider. She practices at the University of Mississippi Medical Center, where she cares for women and families across the lifespan. Her passion for maternal mental health began during her doctoral work, which focused on improving screening and support for perinatal mood and anxiety disorders. Kimberly is dedicated to helping parents feel seen, heard, and supported through every stage of pregnancy and postpartum. She is honored to advocate for better access to compassionate, comprehensive care for families in her community.

Photo Credit: submitted by author

Emily C. Dossett MD, MTS, DFAPA

Dr. Dossett is a reproductive psychiatrist and Affiliate Clinical Faculty in the University of Mississippi Medical Center's Department of Psychiatry and Behavioral Sciences. Dr. Dossett serves as the medical director for CHAMP for Moms, Mississippi's federally funded Perinatal Psychiatry Access Programs, dedicated to improving access to high-quality perinatal mental health and substance use disorder care across the state. She is currently on the editorial board of the Archives of Women's Health and serves as a reviewer for multiple publications. In 2023, she was certified as a Menopause Society Perimenopause Provider and is passionate about health education for women across the lifespan.

Child Access to Mental Health and Psychiatry

University of Mississippi Medical Center

CHAMP for Moms

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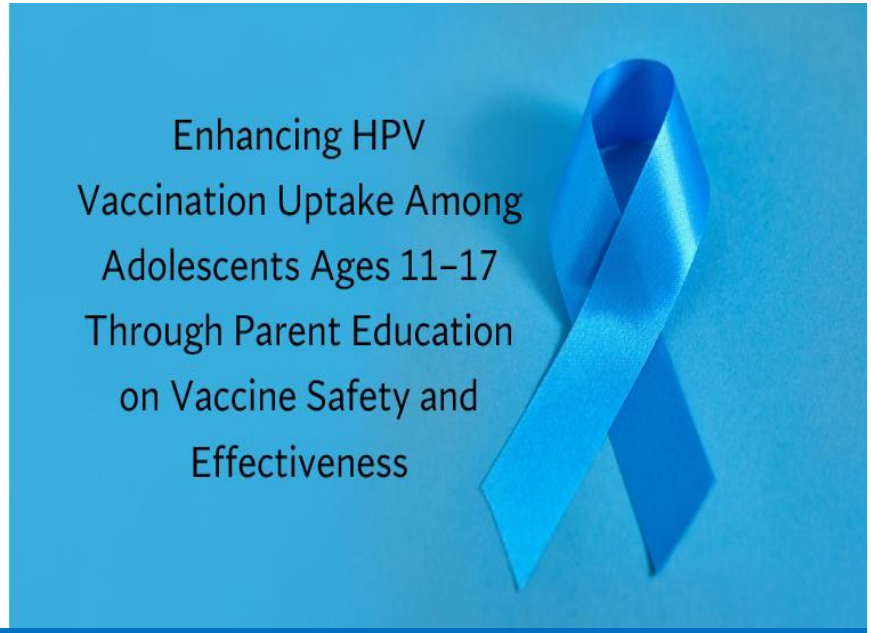
ChampMS.org

The goal of the **CH**ild **A**ccess to **M**ental Health and **P**sychiatry service, or **CHAMP**, is to improve access to care for at-risk populations with mental health concerns and behavioral challenges by assisting the medical providers who treat them throughout MS. CHAMP provides quick access to free peer-to-peer psychiatric consultation and resource referrals to medical providers seeing patients right where they are… in the medical home.



Kendra Hobson, RN, BSN, DNP-FNP (student)
Faculty Project Advisor:
Margaret Galvez, DNP, MBA, MPH, APRN, FNP-C, PHNA-BC
Biostatistician: Dr. Ke, PhD

Background

Human papillomavirus (HPV) infection is widespread among adolescents and young adults (Escoffery et al., 2023). The HPV vaccine protects against roughly 90% of six types of cancers: cervical, anal, oropharyngeal, vaginal, vulvar, and penile, highlighting the importance of early vaccination during adolescence (CDC, 2024a). Mississippi is reported to have the lowest HPV vaccination completion rate in the nation. Rural-urban disparities in human papillomavirus vaccination are a significant problem, with lower rates of HPV vaccination in rural regions for initiation and completion of vaccination (Vasuvedan et al., 2025).

Literature Review

Gaps in parents' decision-making regarding HPV vaccinations could be due to low health literacy or knowledge deficiencies regarding HPV and information regarding the vaccine's safety and efficacy. Barriers, such as low compliance rates due to living in states without HPV vaccine mandates, inadequate patient education, and a lack of provider recommendation, continue to impede compliance. In a review of literature, the use of providers' guidance and recommendations alone is a determinant of parental acceptance of the HPV vaccine.

Purpose of the Quality Improvement (QI) Project

This QI project sought out to improve HPV vaccine uptake and address parental concerns, attitudes, and beliefs at Kidz 1st Clinic, Yazoo City, Mississippi, an underserved rural pediatric primary clinic. During 2025, 100 children aged 11 to 17 years were treated at the clinic for a variety of reasons. Records indicated that only 35 (35%) received the HPV9 vaccine during 2025.

For the purpose of this project, implementation of several tools by the providers were utilized including the Carolina HPV Immunization Attitudes and Beliefs Scale (CHIAS) scale pre- and post-survey, the American Cancer Society (ACS) HPV Vaccination Communications Toolkit, and the Educational resources from the Centers for Disease Control and Prevention in an effort to improve HPV vaccine uptake and address parental concerns, attitudes, and beliefs. With approval from Baylor University's IRB and the clinic owner, the QI project was implemented in 2026.

A vaccination period was selected for 2025. The same period was chosen in 2026 to implement the study. During this 2025 vaccination period, only 4 HPV9 vaccinations were administered at the clinic.

Method

Plan-Do-Study Act (PDSA) supports small, low-risk tests of change and promotes ongoing evaluation and refinement of interventions in healthcare settings.
Plan: Barriers to HPV vaccination were identified, and evidence-based intervention tools were selected for use during this project.
Do: Implemented standardized provider recommendations for provider delivered caregiver education
Study: Review pre- and post survey outcomes, evaluate caregiver attitudes and beliefs toward HPV vaccination, and track vaccinations administered
Act: Intervention to be implemented into the clinical workflow, recommend ongoing provider education and routine monitoring HPV vaccination rates
Data analysis: Excel Descriptive statistics using frequency and percentage was used to summarize the outcomes.

Limitations

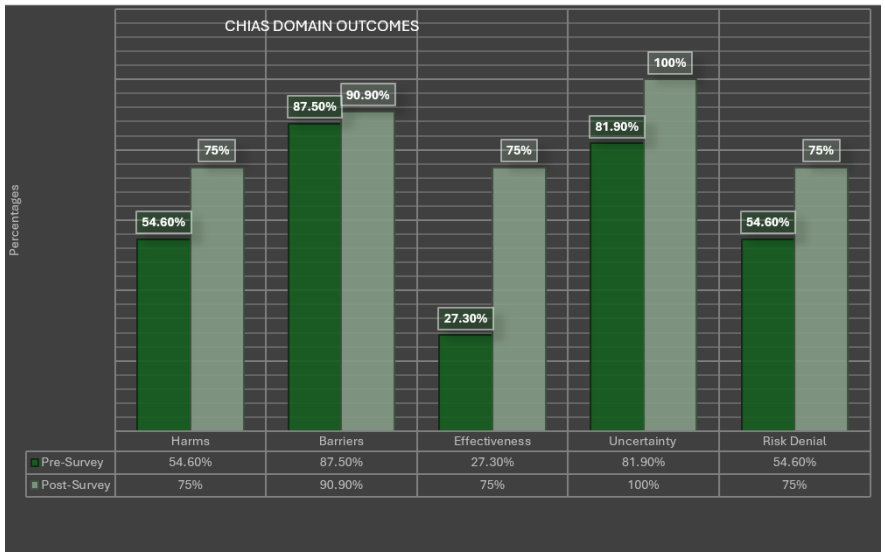
- Short implementation period. (outside peak area)
- A small sample size
- Incentive for completion of both Pre-surveys and Post-surveys
- Inadequate staffing may have led to missed opportunities
- Pause on sending mass outreach on HPV information

Outcome

There were 4 HPV vaccinations administered during the 2026 project implementation period, which was comparable to 2025, which also had 4 vaccinations administered. Results of the study are shown in Figure 1.

Harms: Parental perceptions of HPV vaccine safety increased by 20.4%.

Figure 1. Chias domain outcomes



Barriers: Vaccine affordability and accessibility remained relatively unchanged, with caregivers continuing to report minimal barriers to receiving the HPV vaccine.

Effectiveness: Parental confidence in preventing cervical cancer was shown to have increased using provider-initiated education, tools, and resources (+47.7%).

Uncertainty: Parents felt they received enough information on HPV/vaccination (+18.1% confidence)

Risk Denial: The study showed a 20.4% increase in better parental understanding and knowledge of the importance of HPV vaccination despite cervical cancer screening.

Implications for practice

- Run routine EHR audits to survey HPV vaccination rates
- Reinforce provider education to the communication protocol
- Normalize standard provider communications
- Evidence-based HPV vaccine recommendations
- Provide continuous provider training to reinforce communication strategies to new and incoming staff
- Enhance preventive health
- Provide routine HPV vaccination screening at every visit for each eligible patient

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Photo Credit: submitted by author

Kendra Hobson, RN, BSN, DNP-FNP Student

About the Author

Kendra Hobson is a Doctor of Nursing Practice–Family Nurse Practitioner student at Baylor University's Louise Herrington School of Nursing and will graduate in August 2026. She has 8 years of experience as a registered nurse, with clinical backgrounds in adult hematology and oncology, adult medical-surgical nursing, and pediatric step-down care for medically complex children.

Kendra currently works full-time at the Alyce G. Clarke Center for Medically Fragile Children. At this pediatric skilled nursing facility, she provides long-term care to children with complex medical needs. She also continues to work as needed in a pediatric step-down unit at the University of Mississippi Medical Center.

Kendra plans to practice as a Family Nurse Practitioner with a special interest in caring for medically complex and developmentally delayed children while also expanding her practice to serve adult and older adult populations. She looks forward to using her multifarious nursing experience and advanced practice education across the lifespan.

Joint Statement Concerning the Prescribing of Non-FDA Approved (Research-Grade) Peptides

Jointly Issued on 8/19/2026 by:
Mississippi Board of Nursing
Mississippi Board of Pharmacy
Mississippi State Board of Medical Licensure

Research-grade peptides are not approved by the FDA and have not been tested, reviewed, or determined to be safe or effective for human use. These substances are not subject to regulation or oversight by the FDA regarding safety, efficacy, manufacturing standards and consistency. As a result, neither the provider nor the patient can fully assess, quantify, or understand the potential risks associated with the use of research-grade peptides, nor can they verify the contents of any vials. Further, any drug provided for human consumption is subject to strict FDA standards.

Under no circumstances is it permissible for a healthcare provider to compound, administer, or dispense a non-FDA approved or research-grade peptide to a patient. A healthcare provider may not circumvent his or her duty of care to patients by permitting or delegating the purchase, administration, or dispensing of these drugs to other providers. This prohibition includes advising, recommending, supplying, prescribing, and administering.

Healthcare providers must purchase all prescription products, drugs, and ingredients from an entity permitted by the Mississippi Board of Pharmacy. Entities selling or shipping prescription products, drugs, and ingredients into Mississippi that are not licensed can be reported to the Mississippi Board of Pharmacy. The license status of an entity selling or shipping prescription products, drugs, and ingredients can be verified through the Board of Pharmacy license verification search. If help is needed verifying the status of an entity, the Mississippi Board of Pharmacy can be contacted at 601-899-8880.

A healthcare provider cannot require or permit a patient to "waive" the provider's duty of care to the patient and the professional's personal obligation to follow the law. Patient consent forms purporting to identify a product as "research-grade" do not mitigate or eliminate a provider's professional or legal liability.

In circumstances where a patient independently acquires and self-administers such substances, the associated risk rests solely with the patient. However, any involvement by a medical professional in recommending, supplying, prescribing, or administering these substances constitutes the practice of medicine and is prohibited.

The Mississippi State Board of Medical Licensure, Mississippi Board of Nursing, and the Mississippi Board of Pharmacy remain committed to protecting the health and safety of all Mississippi residents, and expect all licensees to uphold the highest standards of care.

Kenneth Cleveland, M.D.
Executive Director
Mississippi State Board of Medical Licensure

Phyllis Polk Johnson,
DNP, APRN, FNP-BC, FNAP
Executive Director
Mississippi Board of Nursing

Susan McCoy, R.Ph.
Executive Director
Mississippi Board of Pharmacy

Meet the candidates vying for upcoming Board positions: Elections Oct 1-30, 2026

Online electronic voting will be available from October 1 through 11:59 pm CST on October 30.

Only current members, at the time the election opens, will be eligible to cast votes. One vote per eligible member will be accepted. The ballot link will be emailed to members' email addresses on file with MANP when the election opens. One ballot per member will be issued. No paper voting is accepted.

Open Positions on the MANP Executive Board are for Vice-President and Secretary. The Vice President serves a 2-year Vice President term and a 2-year Presidency term, with prior board experience. The Secretary serves a 2-year term from January 1, 2027, until December 31, 2028. The Secretary position also requires prior board experience. There are three (3) Director positions available. The Directors serve a 2-year term from January 1, 2027, until December 31, 2028, with no prior board service required. Position 1- North Director, Position 2- Central Director, and Position 3- South Director The Board of Directors has approved the candidates listed for inclusion on the election ballot. Nominees have been accepted for the positions of Vice President, Secretary, Director 1 North, Director 2 Central, and Director 3 South for the 2027-2028 term. Candidate names and biographies are posted on MANP's website for review and consideration in accordance with MANP policy.

Meet the 2026 Candidates

PRESIDENT: Dr. Kent Hawkins, DNP, FNP-BC, of Nesbit. Dr. Hawkins, a Senatobia native, is a co-owner and a Family Nurse Practitioner at Family Care Clinic in Hernando, MS. Dr. Hawkins received his AND from Northwest Community College in 2009 and his BSN in 2013 from the Baptist College of Health Sciences in Memphis, TN. He later earned his MSN from the University of Memphis Lowenberg College of Nursing, Memphis, TN, in 2017 and his DNP at Mississippi University for Women in Columbus in 2026. Dr. Hawkins served *Northwest Community* College in 2017. He has served as a MANP Board Director, vice president, MANP PAC committee, and as adjunct faculty for Northwest Community College in 2017. He has served as Board Director, Vice President, MANP PAC committee, and an Area 1 Leader hosting speaker programs in the Northwest MS counties. Kent has been active with MANP since 2016, joining as a student. In recognition of his contribution as an advocate on behalf of nurse practitioners and their patients, Dr. Hawkins was honored by the American Association of Nurse Practitioners® (AANP) as the 2024 recipient of the AANP Advocate State Award for Excellence for MS. In 2023, Kent received the Young Alumni Professional Achievement Award from Northwest Community College for his outstanding accomplishments.

Vice President: Dr. Jodi Stubbs, DNP, FNP-BC, ACNP-BC, of Ashland, MS, is running unopposed Dr. Stubbs began her nursing career as an RN in 1989. She completed her MSN in 1994 in the Family Nurse Practitioner track and completed an Acute Care Nurse Practitioner program in 1998. She completed her DNP in 2022 at Chamberlain University. Dr. Stubbs retired from VA Medical Center in Jackson, MS, in primary care and Emergency Department after obtaining her ACNP, until her VA retirement in 2023. Dr. Stubbs currently works PRN at Mississippi Baptist Medical Center as a Hospitalist NP and as an adjunct faculty member in the DNP and

BSN programs at Baptist Health Sciences University in Memphis, TN. Dr. Stubbs also served as a Regional Faculty Member for the AHA ECC ACLS program. Dr. Stubbs, a 2014 founding member of MANP, has served as Director and a member of the MANP education planning committee since 2015. Dr. Stubbs has been active with the MANP PAC and membership for the past 12 years. She served on the VA Annual NP Update planning committee from 2002-2006 and was Co-Chair in 2003 and 2004. She served on the VA National Best Practice Task Force for Advanced Practice Nursing beginning in 1997, as Chair of the VA Nurse Professional Standards Board for 10 years, and as a member for 16 years. Dr. Stubbs is a regional Speaker for various Nurse Practitioner educational programs and conferences. Dr. Stubbs volunteers for emergency/disaster relief through the Department of Veterans Affairs, community organizations, and community churches. She would be honored to serve as your next vice president and president.

October 1-30

Secretary: Dr. Toni Marchionna, DNP, NP-C, of Ridgeland, MS is running unopposed. Dr. Marchionna Is a Nurse Practitioner in Neurology at Mississippi Baptist Medical Center in Jackson, MS. She graduated with honors in 2014 and is a certified Family Nurse Practitioner. She completed her Doctorate in Nursing Practice in 2018 from Chamberlain University in Illinois. She has diverse experience, especially in Hospital Medicine, Family Practice, and Urgent and Emergency Medicine, in collaboration with many medical groups, including Mississippi Baptist Medical Center, the Baptist Medical Group, and the Medical Foundation of Center Mississippi. She works PRN for AFC Urgent Care in Ridgeland, MS. Dr. Marchionna has been a member of MANP since the organization's inception in 2014. She served as an instructor for MANP's skills partner, GTI, from 2015 to 2018. She served as a Board Director from 2018 to 2023 and as Secretary from 2023 to 2024 at MANP Chair of Exhibitor Relations since 2018 and member of the Education and Conference Planning Committee since 2014. Dr. Marchionna has been actively involved in MANP PAC and membership recruitment. She has served as Secretary since 2022. She has also served as MANP's Area 8 Leader, hosting speaker programs in the Jackson area for 8 years. She would be honored to continue to serve as MANP Secretary.

Candidates for Directors North, MS

Kamelia Shumpert, MSN, FNP-BC, of Oxford, MS, earned a Bachelor of Business Administration from MS State University in Starkville in 2002. Kamelia earned an Associate Degree in Nursing from Northwest Community College in Senatobia in 2007, followed by a Bachelor of Science in Nursing from Delta State University in Cleveland in 2009, and a Master of Science in Nursing in 2022. She is board-certified as a Family Nurse Practitioner. She is currently a primary care provider for Communicare, which serves individuals with mental health and substance use disorders across six northern MS counties. Her focus is on identifying individuals who might otherwise go unscreened or untreated. She develops clinical protocols and collaborative quality-improvement initiatives that enhance care delivery and patient outcomes. Kamelia believes NPs are uniquely positioned to address healthcare disparities, expand access to care, and lead meaningful change in communities throughout MS, and to advocate for the continued advancement of Nurse Practitioners across the state. She would be honored to serve as your next North MS Director.

Dr. Wanda Stroupe, DNP, FNP-BC of Ripley, MS, is currently serving as the president of MANP completing her term in December of 2026, and will be running for a Director position for the January term. Dr. Stroupe graduated from the Mississippi University for Women's DNP program in 2013 and from the Master's program in 2003. She is the owner and president of the Family Care Clinic of Ripley, where she also serves as a family nurse practitioner. Since 2017, she has served in various roles on the MANP Board, including president, vice president, and director. Dr. Stroupe will complete her term as president in December 2026 and has demonstrated leadership throughout her years of service to this board. She is a member of the local Rotary Club and volunteers as the Director of Medical Services for My Choices pregnancy testing center. She also serves on the North Mississippi Health Services Clinically Integrated and ACO Board, the CIN Payer Committee, and the Primary Care Collaborative committee. She serves as a preceptor and DNP mentor for multiple universities. She regularly presents at MS University for Women's FNP and DNP programs on the NP Role and Understanding

contracts, billing, and coding. She is a regular presenter for MANP's continuing education program. She received the AANP 2021 Mississippi Nurse Practitioner Advocacy Award for Excellence and the 2022 RISE Award, presented by Empower MS. She served as an Ambassador for Empower MS. She has been a voice of advocacy for several years, appearing on SuperTalk and in local radio and television segments to advance the NP role and to support NPs practicing to the fullest extent of their education and training. She would be honored to serve as the North MS Director following her current presidential term, which ends in December.

DIRECTOR 2, CENTRAL MS

Dr. Carolyn Coleman, DNP, FNP-BC, PMHNP-BC, MPH from Terry, MS will be running unopposed. Dr. Coleman is a dual-certified family nurse practitioner and psychiatric mental health nurse practitioner with over 17 years of clinical experience in advanced practice nursing. She began her nursing career by earning an Associate's Degree in Nursing from Hinds Community College in 1992. She later obtained a Bachelor of Science in Nursing in 2007, a Master of Science in Nursing in 2010, and a Doctorate of Nursing Practice in 2015 from the University of Southern Mississippi. She earned a Master's degree in Public Health in 2022. Dr. Coleman devoted eight years to academic service at The University of Southern Mississippi, where she coordinated both the family and psychiatric mental health nurse practitioner programs, as well as the DNP program. Presently, she practices at an addiction center in MS, serving as the nurse practitioner for the residential care program. Since 2014, she has served in various positions on the MANP Board, including president, vice president, director, and Chair of the MANP-PAC. An accomplished preceptor and mentor, Dr. Coleman has guided numerous students and novice nurse practitioners, facilitating their professional development and integration into the workforce. She remains committed to mentoring individuals, pursuing or considering careers in nursing. Actively engaged with the Springhill Christian Center Health Ministry, she is trained in congregational health nursing and frequently presents on a range of health topics to diverse audiences. She would be honored to continue serving MANP.

DIRECTOR 3, SOUTH MS CANDIDATES

Amanda Landrum McCallum, MSN, FNP-BC of Seminary, MS, is a Family Nurse Practitioner at North Laurel Family Medicine in Laurel, Mississippi. She is a Diplomate of the American College of Lifestyle Medicine, a professional certification recognizing advanced expertise in lifestyle medicine and the application of evidence-based lifestyle interventions to prevent, treat, and often reverse chronic disease. Amanda earned her Master of Science in Nursing, Family Nurse Practitioner degree with honors from the University of South Alabama in Mobile, Alabama. She also holds a Bachelor of Science in Nursing from the University of Southern Mississippi in Hattiesburg, where she received the National Collegiate Nursing Award for academic excellence and leadership. In her clinical practice, Amanda focuses on preventive care and chronic disease management, integrating lifestyle medicine principles to help patients achieve lasting improvements in health and well-being. She is passionate about educating and empowering individuals to make sustainable lifestyle changes that support long-term health. She would be honored to serve as Director representing the South MS Area.

Dr. Lisa Morgan, DNP, FNP-BC, MHNP-BC, of Brooklyn, MS, the incumbent, is seeking re-election.
Dr. Morgan is a dual-certified Family Nurse Practitioner (FNP) and Psychiatric-Mental Health Nurse Practitioner (PMHNP) with over 33 years of experience in healthcare. Currently, she is an Associate Professor and Program Coordinator of the Clinical Doctor of Nursing Practice (DNP) program at the University of Southern Mississippi's School of Leadership and Advanced Nursing Practice. Dr. Morgan is dedicated to educating the next generation of nurses, teaching a variety of courses within the FNP, PMHNP, and DNP programs. She also continues to practice part-time as an FNP and PMHNP with Pioneer Healthcare, ensuring she remains at the forefront of clinical practice. Throughout her career, Dr. Morgan has held numerous leadership roles, including positions within the state nurses association, the local chapter of Sigma Theta Tau, various church-based organizations, and her current role at USM. She serves as a MANP Board Director 2022-2024. Dr. Morgan is the MANP Area 11 Leader hosting speaker programs in the Hattiesburg area. Dr. Morgan would be honored to continue to serve as Director representing the South MS Area.

MANP | Mississippi Association of Nurse Practitioners

DOT FMCSA

Medical Examiner Training Course

AGENDA

COURSE INFO

CHOOSE YOUR DATE

SEPTEMBER 17 -OR- **OCTOBER 22**

8:00 AM - 5:30 PM

LIVE VIRTUAL CLASSROOM

Live Event ● Not Recorded ● Not On-demand

Registration

Members	Non-Members	Join & Go
$225	$325	$425

Includes 1-year membership + Course Registration

https://www.msanp.org/upcoming-events

9 CONTACT HOURS
1 CONTROLLED SUBSTANCES HOUR

No pharmacology credit awarded

REGISTER SEPT 17

REGISTER OCT 22

IMPORTANT INFORMATION

- ✓ Cancellation must be received 7 days prior to the course date
- ✓ Cancellations within 7 days of course date are non-refundable
- ✓ No refunds for no-shows

ACTIVITY ID: 2026-0820-02 (9/17)
2026-0820-03 (10/22)

MS Association of Nurse Practitioners (MANP) is accredited by the American Association of Nurse Practitioners® as an approved provider of nurse practitioner continuing education. Provider number: 1640685. These activities are approved for 9 contact hours. These activities were planned in accordance with AANP Accreditation Standards and Policies.

[Register here using this link]

We are delighted to have this phenomenal skills workshop. You can register for one or both courses. The Joint Injection course will be from 8:30am-11:30am and the Suture Course will be from 12:30pm-3:30pm. For those registering for both courses, we will break from 11:30am-12:30pm for lunch on your own.

COURSE INFORMATION

8:30am-11:30am:Dr. Trevor Pickering, MD, with MS Sports Medicine and Orthopaedic Center will present the lecture portion of the Joint Injection Course. You will have an opportunity for hands-on training and practice time using our simulation models.

12:30pm-3:30pm:Dr. Robert Ware, Acute Care Nurse Practitioner, will present the lecture portion of the Suture Course. As a part of this course, each registrant will receive a personal training suture kit, a variety of sutures, and synthetic skin models to train and practice your skill. These kits are yours to take home following the course.

COURSE FEE

Member Rate: $175 for each course Non-Member Rate: $225 for each course

[REGISTER NOW]

CANCELLATION POLICY

For conference registration cancellation, you must contact MANP in writing at msanp@msanp.org to request cancellation. Cancellations between Aug 1-Sept 19, 2026, will result in a $50 administrative charge. Refund requests will NOT be honored after September 20, 2026. NO SHOWS on the day of the event will not be refunded.

LOCATION

HealthPlex Performance Center, 501 Baptist Drive, 2nd Floor Conference Room, Room 200, Madison, MS 39110

ACCREDITATION INFORMATION

Joint Injection Course: MANP is accredited by the American Association of Nurse Practitioners as an approved provider of nurse practitioner continuing education. Provider number: 1640685. Program ID# 2026-1003SJ-01. This activity is approved for 3 contact hour(s) (which includes 0.25 hour(s) of pharmacology). This activity was planned in accordance with AANP Accreditation Standards and Policies.

Suture Course: MANP is accredited by the American Association of Nurse Practitioners as an approved provider of nurse practitioner continuing education. Provider number: 1640685. Program ID# 2026-1003S-01. This activity is approved for 3 contact hour(s) (which includes 0.25 hour(s) of pharmacology). This activity was planned in accordance with AANP Accreditation Standards and Policies.

AUG 29 - SEP 1 **2027**

Enjoy the new pool areas, cabanas, dining, and more.

2027 MANP ANNUAL CONFERENCE

Join us in 2027 for the MS Association of Nurse Practitioners Annual Conference at The Lodge at Gulf State Park, located at 21196 E. Beach Blvd, Gulf Shores, AL 36542

Registration Opens Jan 3, 2027

Primary Care: The Heart of Health Care

Wanda Strope, DNP, FNP-BC

Upcoming National Primary Care Week will be recognized October 5-10, 2026. This important week offers an excellent opportunity to recognize the health care professionals who serve as the first line and most consistent point of contact for patients across the United States, especially in Mississippi. This is a time to celebrate all providers who deliver care across our nation. At the MS Association of Nurse Practitioners (MANP), we celebrate the nurse practitioners who deliver comprehensive, compassionate, and evidence-based primary care in communities throughout our state.

Primary care is where health care begins. This care is the hub of all specialties and surgical care. As the heart of patient care, it enables constant, vigilant observation of patients' health and appropriate, timely, and effective referral to specialists or emergent care. Primary care is where the child receives immunizations, developmental screenings, and education. It is where individuals are educated about elevated blood pressure or blood glucose levels that need attention, and where geriatric patients receive assistance and education in managing multiple chronic conditions. Primary care is the hub of patients' health care, and the patient-centered medical home for most patients. This becomes the resource they turn to when they feel uncertain, are concerned, have questions, or need someone they trust to have their best interests at heart. Genuine relationships are usually built over several years or visits with the providers who care for them. This is where they feel someone is interested in all of them, not just part of them. They feel important. For many Mississippians, that trusted health care professional is a nurse practitioner.

Nurse practitioners care for patients across the lifespan, depending on their scope of practice and specialty, from newborns to older adults. Advanced practice registered nurses may diagnose, treat, and manage medical conditions. This includes prescriptive authority as identified by the board. The nurse practitioner can diagnose and treat acute illnesses, manage chronic diseases, prescribe medications, order and interpret diagnostic tests, perform procedures, provide patient education, promote healthy lifestyles, and coordinate specialty care and referrals. Just as importantly, we build lasting relationships with our patients and their families. These relationships are especially essential in Mississippi, where many rural communities face healthcare deserts, provider shortages, transportation difficulties, financial barriers, and limited access to specialty or emergency services.

Nurse practitioners frequently serve in rural and underserved areas where access to timely care might otherwise be unavailable. Many nurse practitioners are residents of these underserved communities. Many nurse practitioners have been a driving force in closing the health care gap since 1965, when Dr. Loretta Ford and Dr. Henry Silver developed the first nurse practitioner (NP) program at the University of Colorado. Nurse practitioners in Mississippi have been essential providers by opening nurse practitioner-owned practices and hospital-owned clinics, community health centers, urgent care settings, educational institutions, such as schools and universities, long-term care facilities, assisted nursing centers, rural health clinics, federally qualified health centers, and multiple other sites.

The unprecedented value of primary care extends far beyond treating illness. Strong primary care emphasizes prevention and

early intervention. A screening performed today may detect cancer earlier and at a more treatable stage. Primary care is attuned to care gaps with each patient visit to close these gaps in screenings and vaccines to promote a healthy Mississippi. A conversation about nutrition, tobacco use, or medication adherence may prevent future hospitalization. Careful monitoring of diabetes and kidney disease may reduce complications and preserve a patient's independence and quality of life.

Primary care clinicians also understand that health care is influenced by more than laboratory values and diagnosis. Our patients may struggle with housing and food insecurity, caregiving responsibilities, transportation issues, medication costs, or a lack of nearby mental health services. Nurse practitioners are trained to consider the whole person and develop realistic, individualized treatment plans that reflect each patient's needs, circumstances, and goals.

The future of primary care in Mississippi will require innovation, a strong commitment to workforce development, and a new style of collaboration. We must also continue working to remove unnecessary barriers that prevent qualified nurse practitioners from practicing to the fullest extent of their education, preparation, and national certification. Supporting nurse practitioners is not about replacing other health care professionals or picking sides. It is about ensuring that every qualified professional can contribute fully to meeting the tremendous health care needs of our state. Mississippi needs all of our providers: physicians, nurse practitioners, physician assistants, pharmacists, nurses, therapists, and many others working together to provide the patient-centered care our patients deserve.

Mississippians are encouraged to recognize the nurse practitioners who quietly and consistently serve their communities. They support families through difficult diagnoses, answer calls after hours, and ensure patients do not fall through the cracks.

To Mississippi's nurse practitioners:

Thank you for your knowledge, resilience, leadership, and dedication. Your work matters. Every patient you educate, every condition you identify early, and every community you serve contributes to a healthier Mississippi. Together, let us build a better, healthier Mississippi.

Primary care is far more than the front door to the health care system. It is the foundation on which healthier patients, stronger families, and more resilient communities are built. Nurse practitioners are, and will continue to be, an essential part of that foundation. As a fellow nurse practitioner and colleague, I am proud to be part of the Mississippi nurse practitioner family.

Photo Credit: submitted by author

Wanda Stroupe, DNP, FNP-BC

Dr. Wanda Stroupe, DNP, FNP-BC, of Ripley, MS, currently serves as president of MANP. Dr. Stroupe graduated from the Mississippi University for Women's DNP program in 2013 and from the Master's program in 2003. She is the owner and president of the Family Care Clinic of Ripley, where she also serves as a Primary Care/ Family Nurse Practitioner. Since 2017, she has served in various leadership roles on the MANP Board. Those positions include president, vice-president, and director. She is a member of the local Rotary Club and volunteers as the Director of Medical Services for My Choices pregnancy testing center. She also serves on the North Mississippi Health Services Clinically Integrated and ACO Board, the CIN Payer Committee, and the Primary Care Collaborative committee. She serves as a preceptor and DNP mentor for multiple universities. She regularly presents at MS University for Women's FNP and DNP programs on the NP Role and Understanding Contracts, billing, and coding. She received the AANP 2021 Mississippi Nurse Practitioner Advocacy Award for Excellence and the 2022 RISE Award, presented by Empower MS. She served as an Ambassador for Empower MS. She has been a voice of advocacy for many years, appearing on SuperTalk and in local radio and television segments to advance the NP role and to support NPs practicing to the fullest extent of their education and training.

Celebrate Primary Care Week October 5-10 2026

DO SOMETHING TODAY THAT YOUR FUTURE SELF WILL THANK YOU FOR.

Join us today & make your voice heard.

Our actions and decisions today will shape the way we will be living in the future.

MANP
MISSISSIPPI ASSOCIATION of NURSE PRACTITIONERS

If you would like to see your article in a future issue, please submit the article, references, bio, & headshot to msanp@msanp.org for consideration.

MS Association of Nurse Practitioners' key initiatives include

- We advocate for NPs with policymakers, and other healthcare entities both in the state and nationally
- Full Practice Authority allows NPs to practice to the fullest extent of their education and training *without* expanding their respective scopes of practice
- Increase access to care for patients across Mississippi
- NP orders for durable medical equipment and devices
- NP signature recognition on legal documents and eliminating co-signatures by physicians
- NP Income tax incentives & exemptions for underserved practice areas & NP owned businesses
- NP reimbursements and inclusion in insurance networks
- Recognize NPs as primary care providers (PCP)
- Increased faculty salaries

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Contact MS Association of Nurse Practitioners, 1888 Main St, Suite C312, Madison, MS 39110 email: msanp@msanp.org