

# GLITEC GAZETTE

## News from the Great Lakes Inter-Tribal Epidemiology Center Winter 2021

**Boozhoo!** Happy New Year from the Epidemiology Center! We wish you all a healthy, rejuvenating start to the year, and we look forward to working with each of you in 2021 and beyond.

Each of our quarterly newsletters will be posted on our [website](#) and emailed to our subscriber list. [Sign up](#) to join this email list and stay up to date with what is happening at the Great Lakes Inter-Tribal Epidemiology Center (GLITEC).



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The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) has the great privilege of serving the 34 federally recognized Tribes, four urban Indian areas, and three Indian Health Service Units (I/T/U) in Michigan, Minnesota, Wisconsin, and Chicago. GLITEC received a record number of requests for technical assistance, over 100 this past year related to COVID-19 and our other programs. In these uncertain times, GLITEC continues to support Tribes and urban Indian communities in their health-related efforts. Indeed 2020 was a year with great challenges for humanity and incredible sadness brought by the passing of friends and family members; however, we are hopeful for the new opportunities that 2021 will bring. The GLITEC team is available to assist communities during 2021 and beyond; we would like to hear from you as your needs will guide our efforts. Please contact German Gonzalez, MD, MPH, FACE, Epidemiology Center Director at 715-588-1093 or [ggonzalez@glitc.org](mailto:ggonzalez@glitc.org) with your comments, suggestions, or requests for assistance. We are committed to continuing working to enhance the quality of life for all Native people.

# COVID-19 Update From GLITEC

Written by Samantha Lucas-Pipkorn, MPH

With cases of COVID-19 on the rise in the Bemidji Area and all over the country, GLITEC is hard at work responding to the COVID-19 pandemic. We continue to provide direct services to Tribes and urban Indian communities in the Bemidji Area during this challenging time. Since our last update, we have responded to technical assistance requests such as needs assessments, community and/or business mitigation plans, infection prevention and control plans, reports on local cases, etc. We continue to offer the Sara Alert system to Tribes that wish to efficiently monitor employee symptoms and COVID-19 cases.

GLITEC continues to build out its COVID-19 communication by assessing and connecting with Incident Command regarding their communication needs, opportunities, and identifying optimal interfaces. Under the Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement grant, GLITEC is supporting communities' efforts to implement culturally-based initiatives that increase the capacity to assess and respond to suicide, adverse childhood experiences (ACEs), intimate partner violence (IPV), and protective factors. Additionally, it will support knowledge through participation and create customizable suicide, ACEs, IPV, and protective factors materials to support injury and violence prevention efforts.

We are now pleased to offer Tribal COVID-19 data dashboards available for each Tribe. If you are interested in learning more about these dashboards and how a dashboard can be personalized to help you understand how COVID-19 is impacting your community, please reach out to us. Do you have questions or need assistance related to COVID-19?

Beyond grant writing, GLITEC has also been disseminating [weekly summaries of COVID-19 cases](#), deaths, and other relevant information; meeting with state and federal partners; conducting needs assessments related to COVID-19, and working with communities on technical assistance requests. Some of the technical assistance requests GLITEC has been fielding related to COVID-19 include helping create community and/or business mitigation plans and infection control plans, as well as reviewing and providing feedback on existing plans. We have also been helping to analyze and report local cases. Additionally, we have been providing advice and input for testing strategies.

Currently, GLITEC has one non-competitive funding opportunity related to COVID-19 that are available for Tribes and urban Indian communities, and we can assist Tribes and urban Indian communities with technical assistance such as:

- Testing strategy/advice
- Employee symptom monitoring
- Case/contact monitoring assistance
- Infection control plans
- Analysis of local cases
- Regional ICU/hospital capacity
- Projections
- Teledentistry implementation

For questions about funding opportunities, data dashboards, services, or other GLITEC support, please visit our website or contact [ggonzalez@glitc.org](mailto:ggonzalez@glitc.org) or [slucas-pipkorn@glitc.org](mailto:slucas-pipkorn@glitc.org).

# Symptoms of COVID-19, Influenza (Flu), and the Common Cold

Written by Valerie Poole, MPH

COVID-19, influenza (flu), and the common cold are contagious respiratory illnesses caused by different viruses. While these three illnesses share many characteristics, there are some key differences between each of them. Some of the symptoms of COVID-19, flu, and colds are similar, so it may be hard to tell the difference between them based on symptoms alone. Testing may be needed to help confirm a diagnosis. While more is learned every day, much remains unknown about COVID-19 and the virus that causes it. Below is a table that compares the symptoms of COVID-19, flu, and the common cold using the best available information at the time of publication.

	COVID-19	Influenza (flu)	Cold
<b>Symptom onset</b>	It varies; some people may not have any symptoms	Abrupt	Gradual
<b>Fever or chills</b>	Common	Common	Rare
<b>Cough</b>	Common	Common	Common
<b>Shortness of breath</b>	Sometimes	No	No
<b>Fatigue (tiredness)</b>	Common	Common	Sometimes
<b>Sneezing</b>	No	No	Common
<b>Sore throat</b>	Sometimes	Sometimes	Common
<b>Runny or stuffy nose</b>	Rare	Sometimes	Common
<b>Muscle aches and pains</b>	Sometimes	Common	Common
<b>Headache</b>	Sometimes	Common	Rare
<b>Diarrhea</b>	Rare	Sometimes	No
<b>Nausea or vomiting</b>	Sometimes	Sometimes	No
<b>Change in/loss of taste or smell</b>	Sometimes (generally sudden)	Rare	Sometimes
<b>Rash</b>	Sometimes (COVID toes)	No	No

GLITEC has produced a variety of materials related to flu and immunization. These materials include videos, posters, flyers, fact sheets, reminder-recall postcards, and reports. Bemidji Area Indian Health Service (IHS), Tribal, and urban Indian clinics can order select materials at no cost. You can download this table and other COVID-19, flu, and immunization materials from GLITEC at

[glitec.org/programs/epidemiology-and-education/great-lakes-inter-tribal-epidemiology-center/ihs-epidemiology-program-cooperative/resources](https://glitec.org/programs/epidemiology-and-education/great-lakes-inter-tribal-epidemiology-center/ihs-epidemiology-program-cooperative/resources).



**Sources:** Centers for Disease Control and Prevention, World Health Organization, and Johns Hopkins Medicine

# Grant Focuses on Communication Around COVID-19 and Other Emergency-Related Topics in the Bemidji Area

Written by Meghan Porter, MPH, and Julie Nystrom, BS

GLITEC received funding from the Centers for Disease Control and Prevention (CDC) for the Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (CPAR) project.

This project is working to address the public health problem of COVID-19 specifically, as well as other emergency-related topics. It is doing this by conducting public health activities related to communications that will support Tribal health departments and other components of the Tribal public health system in their response to emergencies such as COVID-19.

## **Purpose of the project**

The main purpose of CPAR is to prevent, prepare for, and respond to COVID-19. The focus of this project is communications in the Bemidji Area (Michigan, Minnesota, Wisconsin, and Chicago).

## **Project goals and objectives**

Through CPAR, GLITEC will build a robust digital communication platform that includes an information delivery system and emergency response website. Through this platform, information from GLITEC and state, federal, and other partners can be shared rapidly and efficiently, allowing community members and decision-makers to access the information they need to respond to emerging crises on community and individual levels. Specifically, the emergency response website will serve as an information hub and delivery system. It will function as a single, centralized location where American Indian/Alaska Native community leaders and health professionals can go to find information related to COVID-19 and other emergencies in the Bemidji Area and get targeted communications for the general American Indian/Alaska Native public in the region.

In addition, CPAR is working to develop risk communication materials, disseminate regular epidemiology situation reports, assess communication emergency response needs of communities, identify effective communication interfaces, and host calls with Bemidji Area communities. The planned strategies and activities to be conducted by the CPAR project are designed to facilitate communication with American Indian/Alaska Native communities in the Bemidji Area during emergency response efforts and empower the communities in responding to COVID-19 and other emergencies. Overall, these activities are intended to provide new and better ways to connect with communities, facilitate partnerships, improve communication, and provide and receive information.

## **A benefit to individual Tribes**

The CPAR project will help strengthen Tribal preparedness and response to COVID-19 and other emergencies through building a robust communication platform and increasing the quantity, quality, and types of messaging delivered.

# New Project Addresses Mental Health and Interpersonal Violence Amid the COVID-19 Pandemic

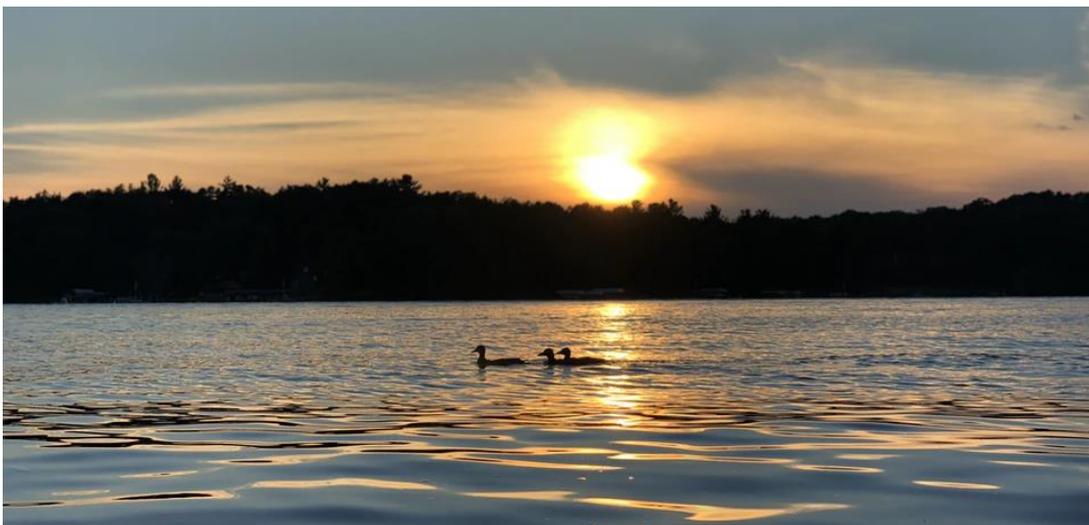
Written by Valerie Poole, MPH

Beyond physical health, pandemics can have significant impacts on the emotional and mental health of individuals and communities as a whole.<sup>1</sup> A major event like a pandemic can amplify stressors that previously existed and create new stressors as well. Since the beginning of the COVID-19 pandemic, there has been concern about the effect that increased social isolation and other stressors resulting from the pandemic would have on different aspects of emotional and mental health. Professionals have also worried that the increased amount of time spent at home, due to stay-at-home orders, could lead to an increase in violence at home.

In 2020, GLITEC was awarded funding for the COVID-19: Prevention of suicide, intimate partner violence (IPV), and adverse childhood experiences (ACEs) in Indian Country project from the CDC. The purpose of this funding overall is to build public health capacity in the COVID-19 response and aftermath and to prevent injuries and violence, focusing on suicide, IPV, and ACEs. Through this project, GLITEC will perform a variety of activities that include awarding funding to Tribes and urban Indian organizations that work to prevent and address IPV, forming a resource guide for IPV in the Bemidji Area, providing trainings on different topics, and creating communication campaigns related to suicide, IPV, and/or ACEs.

If you work for a Tribal or urban Indian organization in any capacity related to suicide, IPV, or ACEs and would like to receive communication from GLITEC about the ongoing activities under this grant, contact Meghan Porter, Senior Epidemiologist/Epidemiology Program for AI/AN Tribes and Urban Indian Communities (EPA) Program Manager, at [mporter@glitc.org](mailto:mporter@glitc.org) or go to [glitc.iad1.qualtrics.com/jfe/form/SV\\_7VyNmMxAS5nLle9](https://glitc.iad1.qualtrics.com/jfe/form/SV_7VyNmMxAS5nLle9).

1. Pfefferbaum B, North CS. Mental health and the COVID-19 pandemic. *N Engl J Med.* 2020;383(6):510-512. doi:10.1056/NEJMp2008017.



# GLITEC's Saving Lives Project Continues Regional Strategic Planning Addressing Substance Use and Misuse

Written by Christina Denslinger, PhD

In 2018, GLITEC was awarded a Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement (Umbrella Project) from the CDC. The project's long-term goal is to reduce and prevent chronic substance abuse in the Great Lakes Area. One component of the project is an ongoing regional convening of Tribes to engage in strategic planning to address the impact of substance use and misuse as expressed in the March 27, 2018, Midwest Alliance of Sovereign Tribes (MAST) emergency declaration due to the opioid crisis.

In July 2019, GLITEC hosted the Region V Opioid Strategic Planning Summit in Bloomington, Minnesota. Based on discussions from the previous summits, a summary document was developed. This document outlines four strategic directions that emerged from these meetings, along with objectives and activities. The strategic directions represent a preliminary step in the process of developing a regional strategic plan, and we welcome feedback on this document.

Though an in-person gathering was not feasible in 2020, GLITEC hosted a virtual summit to continue the conversation around the strategic planning process. The 2020 Region V Virtual Opioid Summit occurred on October 8 and focused on reviewing the strategic directions and discussing resources that will help plan to enhance regional progress for the next seven generations.

During this summit, it was suggested that workgroups be created for each strategic direction to help facilitate more action around each of the four areas: Region V Communication Plan; Funding; Recovery and Treatment Services Adult/Youth; and Training.

To register for the **Strategic Directions Workgroups Kick-Off Meeting** on Friday, January 22<sup>nd</sup>, 2021 at 9 AM CT, via Zoom please register [HERE](#). During this kick-off meeting we will discuss the purpose of the workgroups, collectively decide on the structure and logistics of the workgroups and provide an opportunity to begin initial discussions around advancing the strategic directions. We welcome everyone's voices and perspectives during the strategic planning process. We look forward to seeing you at the kick-off meeting!

If you would like a copy of the Strategic Directions Summary document, want to provide feedback, or are interested in participating in a workgroup, contact Dr. Christina Denslinger, Saving Lives Project (Umbrella Cooperative Agreement) Program Manager, at [cdenslinger@glitc.org](mailto:cdenslinger@glitc.org) or 715-588-1067.



# The Effect of COVID-19 on Substance Use and Recovery

Written by Heather Redman, MPH

In 2020, the COVID-19 pandemic shocked us all with its huge impact on the world. As time goes on, we continue to become better informed about the virus, but we are still unsure what to expect when the pandemic is over. As cases subside and we begin to get our lives back to normal, we will be able to observe and reflect on the toll the virus has had on our communities.

The Centers for Disease Control and Prevention (CDC) has noted the disproportional impact of COVID-19 on American Indian/Alaska Natives, highlighting that the incidence of confirmed COVID-19 cases is currently 3.5 times that of non-Hispanic whites.<sup>1</sup> American Indian/Alaska Natives are also at higher risk of severe COVID-19 outcomes due to preexisting health and socioeconomic disparities in Tribal communities.<sup>1</sup> One recently highlighted topic of concern is the apparent rise in substance use and overdose during the COVID-19 pandemic.

American Indian/Alaska Native communities experience high rates of substance use, abuse, and overdose. In 2018, the opioid overdose rate among American Indian/Alaska Natives was 14.2 per 100,000 population, the second-highest in the United States.<sup>2</sup> New data have begun to show spikes in opioid overdoses in some areas of the United States since the COVID-19 pandemic began. An analysis of a nationwide sample of 500,000 urine drug tests showed steep increases following mid-March for cocaine (10%), heroin (13%), methamphetamine (20%), and fentanyl (32%).<sup>3</sup> Additionally, 62% of counties that participate in the Overdose Detection Mapping Application Program (ODMAP) had increases in overdoses and reported that overdoses increased by 18% after stay-at-home orders commenced in mid-March.<sup>4</sup>



Among other factors, reduced access to health care and recovery services, as well as increased social isolation, stress, anxiety, and other secondary impacts from the pandemic may put individuals at higher risk of substance use and relapse.

Although this information is new and data on American Indian/Alaska Native populations are not available, there is still reason to be concerned about large rises in opioid use and overdose in Tribal communities during the COVID-19 pandemic. An analysis of more than 75 million electronic health records in the United States showed that individuals with a substance use disorder (SUD) represented 15.6% of COVID-19 cases, which was approximately 1,880 patients with SUD and COVID-19 diagnoses.<sup>5</sup> Having a SUD makes individuals more susceptible to COVID-19 because they typically have compromised lungs and cardiovascular systems, which are conditions associated with higher risk.<sup>5</sup>

Though the impact of COVID-19 has helped inform response and preparedness for future pandemics  
*[continued page 8]*

and crises, work is being done continually to adapt to the current situation. With traditional in-person recovery and prevention resources being less accessible during the pandemic, COVID-19 may be adding additional stressors on people with SUDs and individuals in recovery.

GLITEC has been assisting Tribal communities with COVID-19 efforts and will continue to provide ongoing support for response activities, including SUD and overdose.

<sup>1</sup> CDC data show disproportionate COVID-19 impact in American Indian/Alaska Native populations. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/media/releases/2020/p0819-covid-19-impact-american-indian-alaska-native.html>. Published August 19, 2020. Accessed November 30, 2020.

<sup>2</sup> Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and opioid-involved overdose deaths — United States, 2017-2018. *MMWR Morb Mortal Wkly Rep.* 2020;69(11):290-297. doi:10.15585/mmwr.mm6911a4.

<sup>3</sup> Volkow N. Addressing the unique challenges of COVID-19 for people in recovery. National Institute on Drug Abuse Web site. <https://www.drugabuse.gov/about-nida/noras-blog/2020/09/addressing-unique-challenges-covid-19-people-in-recovery>. Published September 14, 2020. Accessed November 30, 2020.

<sup>4</sup> Alter A, Yeager C. COVID-19 impact on US national overdose crisis. Overdose Detection Mapping Application Program Web site. <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>. Accessed November 30, 2020.

<sup>5</sup> Substance use disorders linked to COVID-19 susceptibility. National Institutes of Health Web site. <https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility>. Published September 14, 2020. Accessed November 30, 2020.

## Upcoming Event: Elder Wisdom Teaching During COVID-19

### Presenter

Linda Eagle Speaker, BSW, is a certified faculty member at The Center for Mind-Body Medicine located in Washington, D.C.

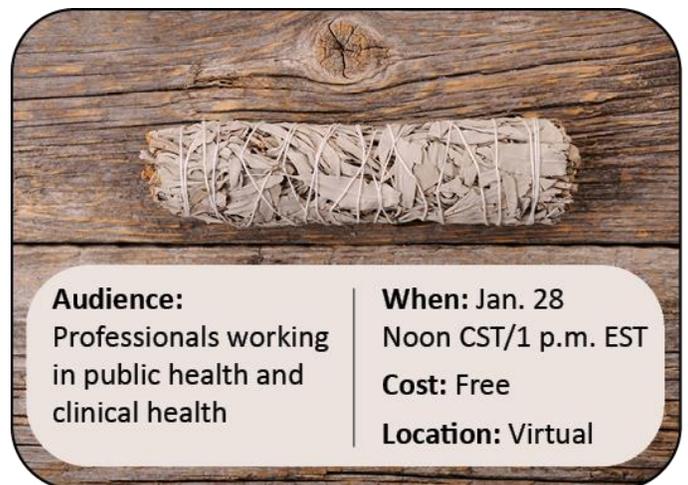
### Summary

Professionals working in public health and clinical health are facing heightened stress and mental health strain from the COVID-19 pandemic. Several factors, including long work hours, the winter season, continued social distancing, and high COVID-19 cases, are making this time of year particularly challenging. Join Linda Eagle Speaker as she offers traditional teachings on self-care during the COVID-19 pandemic.

This event is part of GLITEC's Coronavirus Prevention and Response (CPAR) grant, which aims to help prevent, prepare for, and respond to COVID-19.

### Registration Link

[us02web.zoom.us/webinar/register/WN\\_tUGzTI5QRt2UTWed4uJEbQ](https://us02web.zoom.us/webinar/register/WN_tUGzTI5QRt2UTWed4uJEbQ)



## Say *Hello* to Our New Staff Members!

This fall, the Epidemiology Center welcomed two new staff members to our team. Please welcome Will Funmaker, GHWIC Program Manager/GLATHB Executive Director and Julie Nystrom, Communication Design Specialist, to the Epidemiology Center!

### **Will Funmaker, MBA, MLT (ASCP)<sup>CM</sup> – GHWIC Program Manager/GLATHB Executive Director**



Hello. I am happy to join the Great Lakes Inter-Tribal Council Epidemiology Center (GLITEC), where I will be working as the Program Manager for the Good Health & Wellness in Indian Country (GHWIC) grant and serve as the Executive Director for the Great Lakes Area Tribal Health Board (GLATHB). I will bring a passion for working with our different communities in our area to meet Natives' needs.

I began my health career in the U.S. Navy as a hospital corpsman where I worked with Marines and Navy recruits. Once I ended my service, I worked until I decided that I needed to get more education. I received my associate degree as a medical lab technician at Northeast Wisconsin Technical College in Green Bay, Wisconsin. Upon completion, I worked in hospitals, clinics, and nursing homes, drawing blood, and doing various blood testing. I then pursued my bachelor's in integrative leadership with an emphasis in nonprofit management at the University of Wisconsin–Green Bay. By this point, I was rolling and continued to my master's in business administration with an emphasis in management at the University of Wisconsin–Whitewater. Over the last few years, I have worked managing medical clinics in the underserved communities in Green Bay. I also worked with many different programs such as WIC, dental, Medicaid, Medicare, mental health, and grant writing.

In my free time, I love to read, work out when the gyms are open, and run. I'm always willing to help when needed. Please don't hesitate to reach out to me at [wfunmaker@glitc.org](mailto:wfunmaker@glitc.org).

### **Julie Nystrom, BS – Communication Design Specialist**

Hello everyone! I'm excited and blessed to be joining the GLITEC team. My current, core job responsibilities are centered around a project titled Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (CPAR), which focuses on communication-related to COVID-19 and other emergency-related topics.

My passion for the communication field began in Kenosha, Wisconsin, where I was born and raised. As a child, I developed a strong love for reading and writing and used these hobbies as one way to learn from other people's stories and cultures. I turned my interests into a career by graduating from the University of Wisconsin–Stout in 2014 with a bachelor's degree in Professional Communication and Emerging Media, a concentration in Technical Communication, and a minor in Human Development and Family Studies. While in college, I did a year-long internship with Mayo Clinic's Public Affairs department. This position solidified my decision to pursue a career in health communication to help individuals and communities improve their health and quality of life. For more than six years, my professional work experiences have continuously enhanced my skill set and allowed me to write, edit, and format numerous communication deliverables for a variety of audiences.

Having lived in the Northwoods for the last three years, I am fortunate to call this area home and have embraced the diverse weather that accompanies all four seasons. I spend most of my free time outside, whether it's cross-country skiing in the winter or canoeing and hiking in the summer. I'm thrilled about this new job opportunity and am looking forward to learning from Tribal community members about the Indigenous cultures in the Bemidji Area.



# Fielding COVID-19: One Tribal Community's Solution to Increase Health Care Access in Rural Wisconsin

Written by Maddie Woodruff, MS

Despite the burdens caused by COVID-19, the pandemic has simultaneously given rise to necessary innovation, sparked by the urgent need to respond to public health crises in big cities and rural towns worldwide. The St. Croix Chippewa Indians of Wisconsin exemplify this innovation, working with local, regional, and federal partners to develop solutions to address the virus in their community. Located in rural northwestern Wisconsin, the Tribe's lands are spread throughout Barron, Polk, Washburn, and Burnett counties, with some of the land parcels situated as far as 40 miles from the Tribal health clinic. This geographic spread presents unique challenges in delivering medical care to the 3,500 community members, including 1,054 enrolled Tribal members in addition to Tribal descendants and American Indian community members enrolled in other Tribes.

Early in the pandemic, St. Croix's Tribal Clinic staff recognized the need to identify a way to increase their health clinic's capacity to treat and test COVID-19 patients while maintaining the safety of the medical team and non-COVID patients. The clinic did not have an area where isolating patients with respiratory symptoms from the rest of the building would be possible, including limitations on the HVAC system currently in place. To meet the need for infection control while maintaining normal clinical operations, the St. Croix Tribal Council and the St. Croix Tribal Clinic Administration worked to develop a drive-up testing strategy in collaboration with the Centers for Disease Control and Prevention (CDC), the Indian Health Service (IHS), and the Federal Emergency Management Agency (FEMA). Initially, they used a utility trailer provided by FEMA for these efforts, but the trailer's construction and plywood walls did not allow clinic staff to easily perform patient assessments due to a lack of ventilation, lighting, or climate control. Additionally, the trailer was not handicapped or elder accessible, and the surfaces in the trailer could not be easily sanitized between patients. Drive-up testing for COVID-19 was thus conducted in pop-up tents erected in the clinic parking lot. Patients with respiratory symptoms were either treated in the tents or referred to care outside of the Tribal health clinic.

These challenges inspired the Mobile Medical Unit, a Mobile Medical trailer that allows for COVID-19 testing in an area separate from the Tribal clinic and brings the clinic to the community. Isolated testing would help better protect clinic staff and enable community members to continue receiving routine medical care in the clinic safely. Another goal of the Mobile Medical Unit was to bring testing to the field, increasing community members' access to quality medical care in the farther-reaching areas of St. Croix lands.

In spring 2020, GLITEC's Saving Lives Project received a grant from CDC, originating from CARES Act funding, and released a noncompetitive request for proposals to Tribes in the Great Lakes region. St. Croix Tribal Clinic staff worked with their community grant writer to develop a proposal centered around COVID-19 testing. After extensive research into ways medical trailers were being used at the national and regional levels, in addition to gathering input from St. Croix medical staff, the Mobile Medical Unit was proposed and approved. St. Croix worked with MO Great Dane to design a trailer that is customized to the community's specific needs. The towable, 20-foot-long, fully furnished trailer is handicapped accessible and equipped with many features that will allow St. Croix to continue providing COVID-19 testing through the chill of winter.

These features include two separate interior spaces with multiple access points, a high-grade HVAC system complete with HEPA filters, temperature controls, and much more. With the Mobile Medical Unit, the issues of isolation and practicality are solved, and the community's dedicated nursing staff can continue to provide quality care and COVID-19 testing if the need remains. *[continued page 11]*



*Pictured above: St. Croix Tribal Health Clinic staff with the Mobile Medical Unit*

Current testing efforts are spearheaded by Jean Roedl, N.P., and her team of nurses who provide COVID-19 testing to community members daily. So, what does an average day on the unit look like? Casey Denver, a Community Health Nurse for the Tribe, provided insights into how the Mobile Medical Unit has impacted day-to-day operations thus far:

[An average day looks] busy with COVID testing in the lab and seeing all “respiratory” patients in unit. Since the day we got it [the trailer], they have been able to strictly see respiratory/COVID in unit (infection control) and yet continue to see “regular” appointments in the clinic. We can now provide medical care to all community members and not just COVID-related issues. We have also been able to run COVID drive-through testing with the National Guard using the medical unit. We are now able to provide more services to community members. I am actually working in the trailer right now, and we are swamped.’

Future use for the Mobile Medical Unit includes providing on-site flu and COVID-19 vaccination clinics. Post-pandemic Mobile Medical Unit plans might include supporting public health initiatives in the St. Croix community, such as well-child clinics, diabetes and wellness visits, and other community health activities. The Mobile Medical Unit provides increased infection control capacity, keeping community members safe, and has helped St. Croix expand partnerships and collaborations with local public health agencies, including the Wisconsin National Guard. Overall, the trailer will improve access to health care by bringing the clinic to the community.

*\*Please note: GLITEC has permission from the St. Croix Tribe to use this article in the GLITEC Gazette.*

**Great Lakes Inter-Tribal Epidemiology Center**

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[www.glitc.org/programs/epidemiology-and-education/](http://www.glitc.org/programs/epidemiology-and-education/)

**Our Mission**

To support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community-based research, education, and technical assistance.

**One-Dish Ground Turkey Sweet Potato Skillet****Ingredients:**

- 1 pound of ground turkey or venison
- 1 medium onion, chopped
- 3 garlic cloves, minced
- ¼ cup tomato paste
- 1 medium sweet potato, peeled and cubed
- 1 cup chicken broth
- 2 teaspoons smoked paprika
- ½ teaspoon salt
- Dash of black pepper
- 3 cups chopped kale or spinach
- ½ teaspoon crushed red pepper flakes
- 1 medium ripe avocado, peeled and sliced
- Optional: minced fresh mint
- Optional: additional vegetables if desired (peppers, broccoli, carrots, etc.)

**Cooking Instructions:**

1. In a large skillet, cook meat, onion, and garlic over medium heat until the meat is no longer pink; then drain grease. Add additional vegetables, if desired, and cook until tender (8-10 minutes). Add tomato paste; cook and stir 1 minute longer.
2. Add sweet potato, broth, smoked paprika, salt, and black pepper. Bring to a boil; then reduce heat. Simmer while covered until sweet potatoes are tender (about 10 minutes), stirring occasionally. Add kale or spinach along with the red pepper flakes; cook and stir until kale or spinach is wilted (about 2 minutes). Serve with avocado and, if desired, mint.
3. **Freeze option:** Freeze cooled mixture in freezer containers. To use, partially thaw in refrigerator overnight. Heat through in a saucepan, stirring occasionally; add broth or water if necessary. Serve with avocado and, if desired, mint.
4. Enjoy!

Adapted from *Taste of Home* recipe: [tasteofhome.com/recipes/one-dish-ground-turkey-sweet-potato-skillet](http://tasteofhome.com/recipes/one-dish-ground-turkey-sweet-potato-skillet)