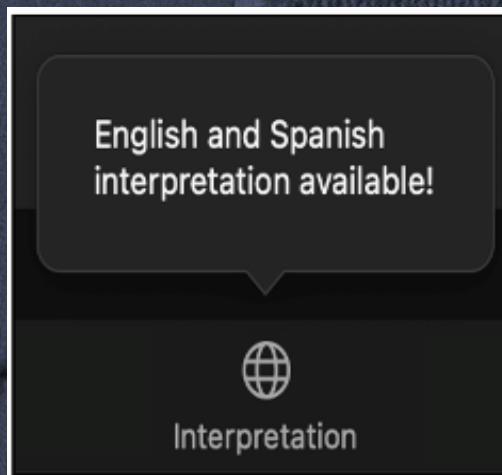
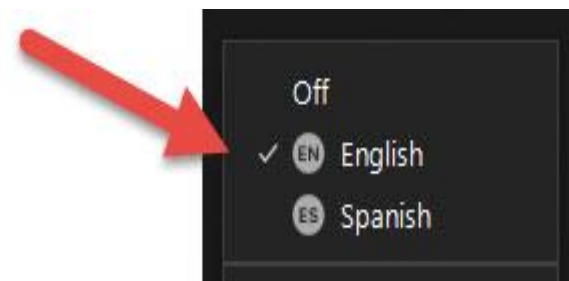


SIMULTANEOUS “INTERPRETATION” ZOOM

From your computer’s Zoom toolbar, click on the **Interpretation icon (globe icon)**. Select your desired language in the pop-up menu. This will be the language you hear during the presentation.

From your **Cellphone**, click the “more options” and select Interpretation to select your desired language. Simultaneous

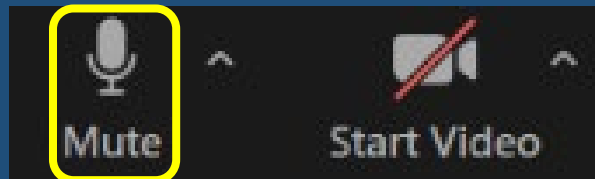


FUNCION DE “INTERPRETACION SIMULTANEA”

Desde tu pantalla por computadora en la barra de herramientas, hacer clic en el icono de Interpretación/que se ve como un mundo, un menú aparecerá, selecciona el lenguaje en que quiere escuchar. Desde su teléfono hacer clic en mas opciones y seleccionar interpretación y elegir el lenguaje que guste escuchar.

Reminders / Recordatorios

- Please mute your microphone
- Use the chat feature to ask questions
- Ponga en silencio su micrófono
- Escriba sus preguntas en el chat



Lista de Asistencia / List of Attendance

- ✓ Organización
- ✓ Nombre
- ✓ Apellido
- ✓ Correo Electrónico
- ✓ Número de teléfono
- ✓ Posición en la organización

https://mcn.iad1.qualtrics.com/jfe/form/SV_6RkPSe7a3pLLTFQ

- ✓ Name of Organization
- ✓ First Name
- ✓ Last Name
- ✓ Email Address
- ✓ Phone number
- ✓ Title

https://mcn.iad1.qualtrics.com/jfe/form/SV_6RkPSe7a3pLLTFQ



The COVID-19 Community Health Worker Vaccine Learning Collaborative

Comunidad de aprendizaje de promotor@s de
salud comunitari@s sobre vacunación contra COVID-19



Alianza's HRSA 2021 Project Disclaimer:

This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,105,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Exclusión de responsabilidad del proyecto HRSA 2021 de Alianza:

Este proyecto es apoyado por la Administración de Recursos y Servicios de Salud (HRSA) del Departamento de Salud y Servicios Humanos (HHS) de los EE. UU. Como parte de una subvención por un total de \$8,105,547 con un porcentaje del 0% financiado con fuentes no gubernamentales. Los contenidos pertenecen a los autores y no representan necesariamente las opiniones oficiales ni el respaldo de HRSA, HHS o el gobierno de los EE. UU. Para obtener más información, visite [HRSA.gov](https://www.hrsa.gov).

Opening & Reflection/ Apertura y reflexión



Yesica Ramirez

The Farmworker Association of Florida

ALIANZA NACIONAL DE CAMPESINAS (National Alliance of Farmworker Women) mission is to unify the struggle to promote women farmworker's leadership in a national movement to create broader visibility and advocate for changes that ensure their human rights.

La Misión de la ALIANZA NACIONAL DE CAMPESINAS es unificar la lucha y promover el liderazgo de campesinas en un movimiento nacional para crear una mayor visibilidad y abogar por cambios que aseguren sus derechos humanos.

MCN Team / Equipo de MCN

Amy Liebman, MPA, MA
Director, Eastern Region Office/
Environmental and Occupational Health

Alma R Galván, MHC
Senior Program Manager

Moises Arjona Jr., MS
Contractor/Program Manager

Marysel Pagán Santana, MS, DrPH
Senior Program Manager, Puerto Rico

Laszlo Madaras, MD, MPH, SFHM
Chief Medical Officer

Giovanni Lopez-Quezada
Communications and Graphic Designer

Salvador Saenz
Graphic Designer

Esther Rojas
Project Associate

Wilmarí de Jesús Álvarez, MS
Data Analyst

Aníbal Yariel López Correa, M.Ed
Evaluator

AGENDA

Pregunta sobre la encuesta de la semana pasada / Survey Question from last week

- Moises Arjona Jr.

Cottage House Inc.

- Barbara Shipman

American Indian Mothers, Inc.

- Kara Boyd

Combatiendo contra los mitos y la desinformación / Combatting Myths and Misinformation

- Alma Galvan & Moises Arjona Jr.

Evaluación / Evaluation Survey

- Aníbal Yariel López Correa

Evaluación de la Comunidad de Aprendizaje/ Learning Collaborative Evaluation Form

- 60% tasa de respuesta
- Preguntas sobre:
 - ✓ Medios sociales y campaña
 - ✓ Seguridad en el trabajo
 - ✓ Situaciones intrafamiliares y comunitarias
 - ✓ Próximos pasos en la vacunación y efectos secundarios
 - ✓ Reporte
- 60% response rate
- Questions about:
 - ✓ Social Media and Campaign
 - ✓ Occupational safety
 - ✓ Intrafamily and community situations
 - ✓ Next steps in vaccination and side effects
 - ✓ Reporting



Survey Question from last week!

- Question from the “Community Based Vaccine Outreach Program Reporting Module – Community Member Profile Form – General Outreach/Education”.
 - Link: <https://www.surveymonkey.com/r/ZTQDVBZ>

The question is a two-part question on how to answer two questions on the survey.

Question #2 ask’s “How many community members are attending/receiving the specific intervention that you're reporting on here?” and

Question #10 asks “Which of the following methods are being used for this outreach effort...”.

Because you are reporting an activity on social media (Facebook, Instagram, Twitter, Tik Tok) and you will most likely not have numbers to report on at that moment you are completing the survey.

We must wait for people to view your social media post. We suggest that you report those social medial posts monthly but ensure that you have a tracking sheet and follow up once you are ready to submit the survey at the end of the month.

- 1- DO NOT complete the “Community Based Vaccine Outreach Program Reporting Module – Community Member Profile Form – General Outreach/Education” (from here out referred to as the Survey Monkey Form) at the time of posting on social media
- 2- Have a system in place to track social media work and to use as a reference
- 3- At the end of the month complete the Survey Monkey Form
 - a- for each individual post (using the system from step #2 above as reference)
 - b- using the date that the social media outreach actually took place (not the date of reporting)
 - c- answering question #2 in the Survey Monkey Form using the viewer numbers' analytics on the social media platforms at the time of reporting

Presentaciones de las organizaciones

Escuche activamente

Proporcionar comentarios:

- Respetuosos
- Cortos
- Concretos
- Positivos

Escriban en el chat



Organization Presentations

Listen actively

Provide feedback:

- Respectfully
- Brief
- Concrete
- Positive

Write your comments in the chat



COTAGE HOUSE INC.,

- 501C(3)
- ALIANZA LEARNING
- COLLABORATIVE
- AUGUST 30, 2021

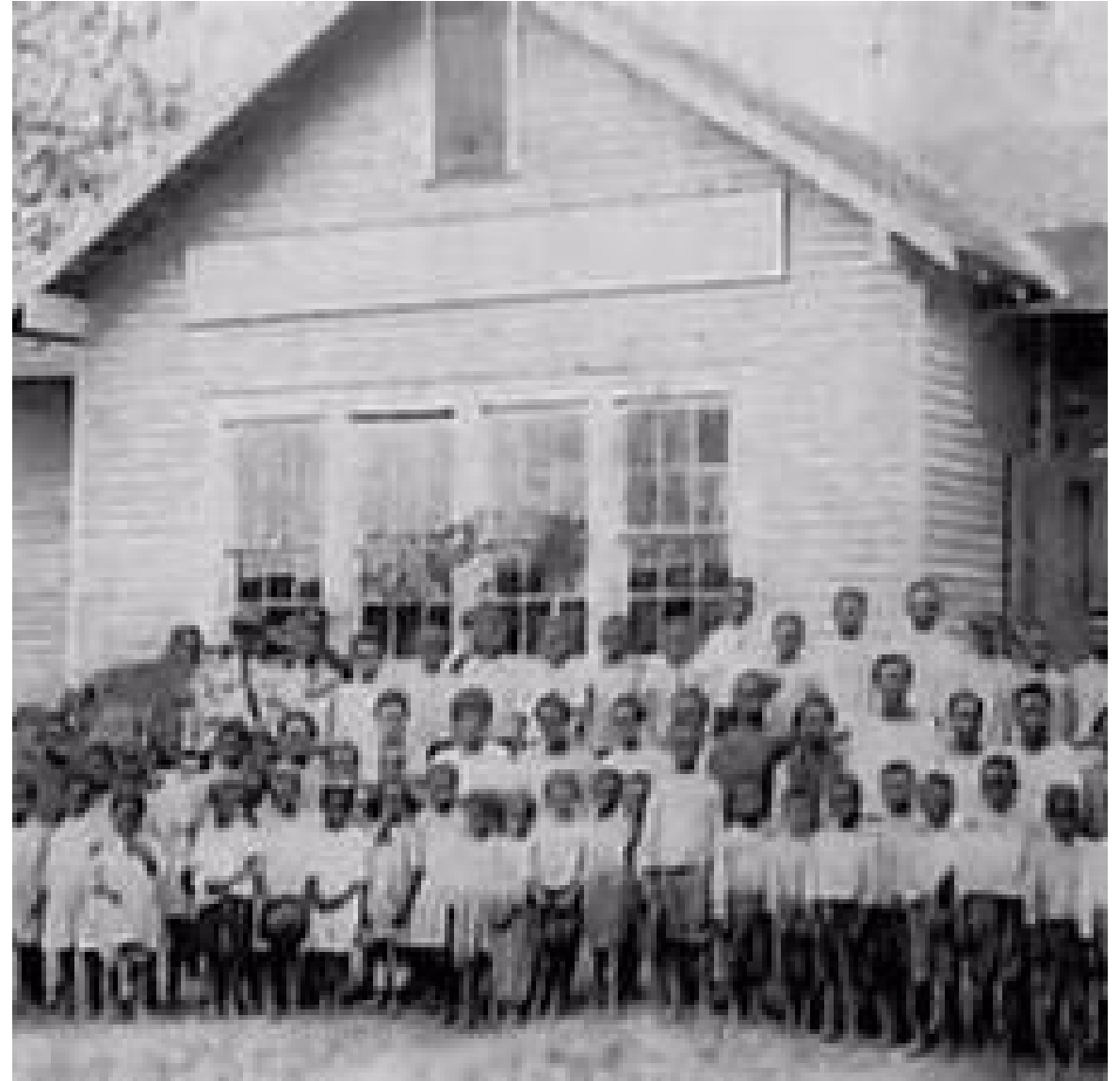


coalición
RURAL
coalition

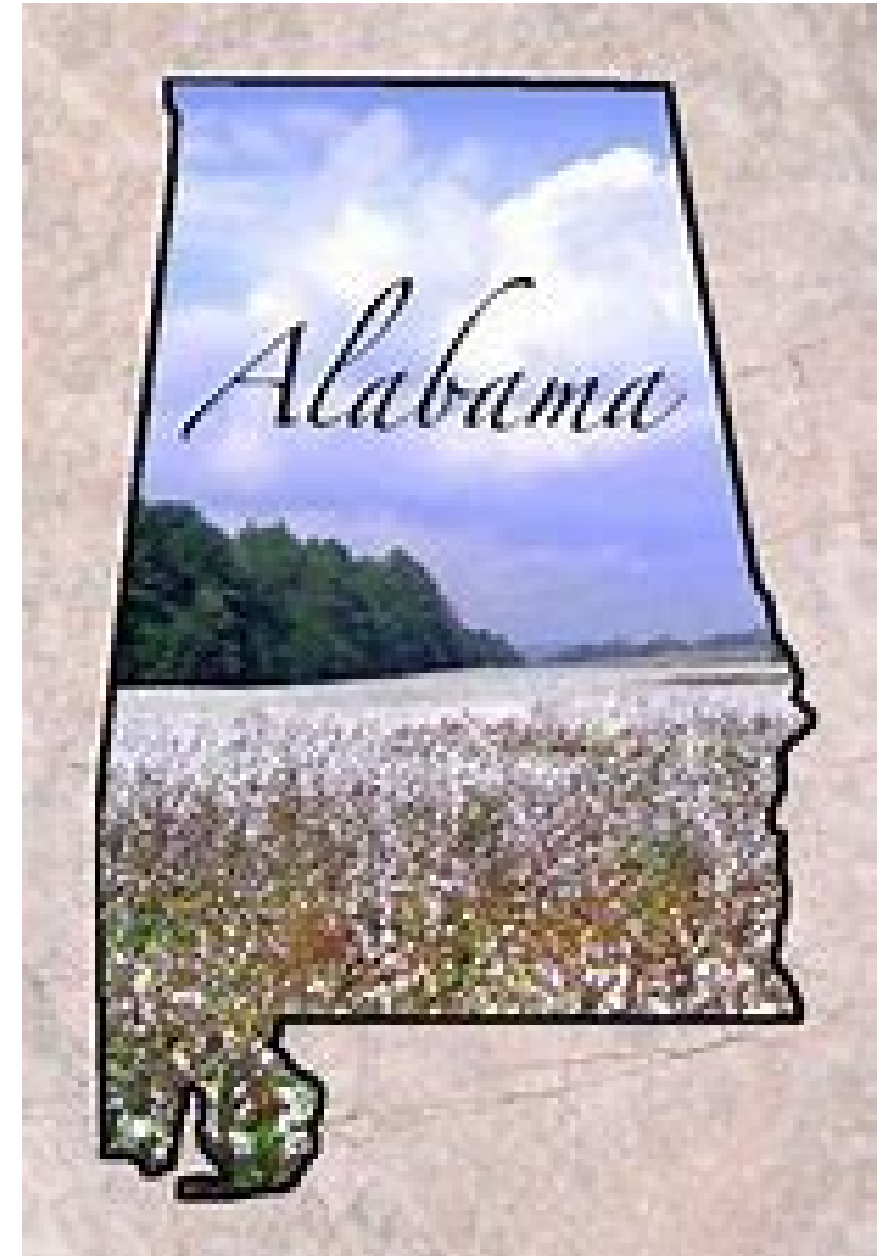


MISSION STATEMENT

PROVIDE THE NECESSARY
TOOLS , AND LEADERSHIP
TRAINING THAT WILL
EMPOWER RURAL WOMEN
AND THEIR FAMILIES TO MOVE
BEYOND ECONOMIC CULTURAL
BOUNDARIES.



GEOGRAPHIC AREA



COTTAGE HOUSE INC.,

IS LOCATED IN THE
SOUTHEASTERN PART
OF THE STATE OF
ALABAMA

IN BARBOUR COUNTY





MAIN ACTIVITIES

TEACHING NEW AND
BEGINNING FARMERS HOW TO
GROW PRODUCE FOR SELL
AND HARVEST IT, CLEAN IT
AND PACKAGE IT.

PREPARE FARMERS TO PASS
THEIR GAP
CERTIFICATIONS AND GET
ORGANIC CERTIFIED

STRATEGIES AND RESOURCES

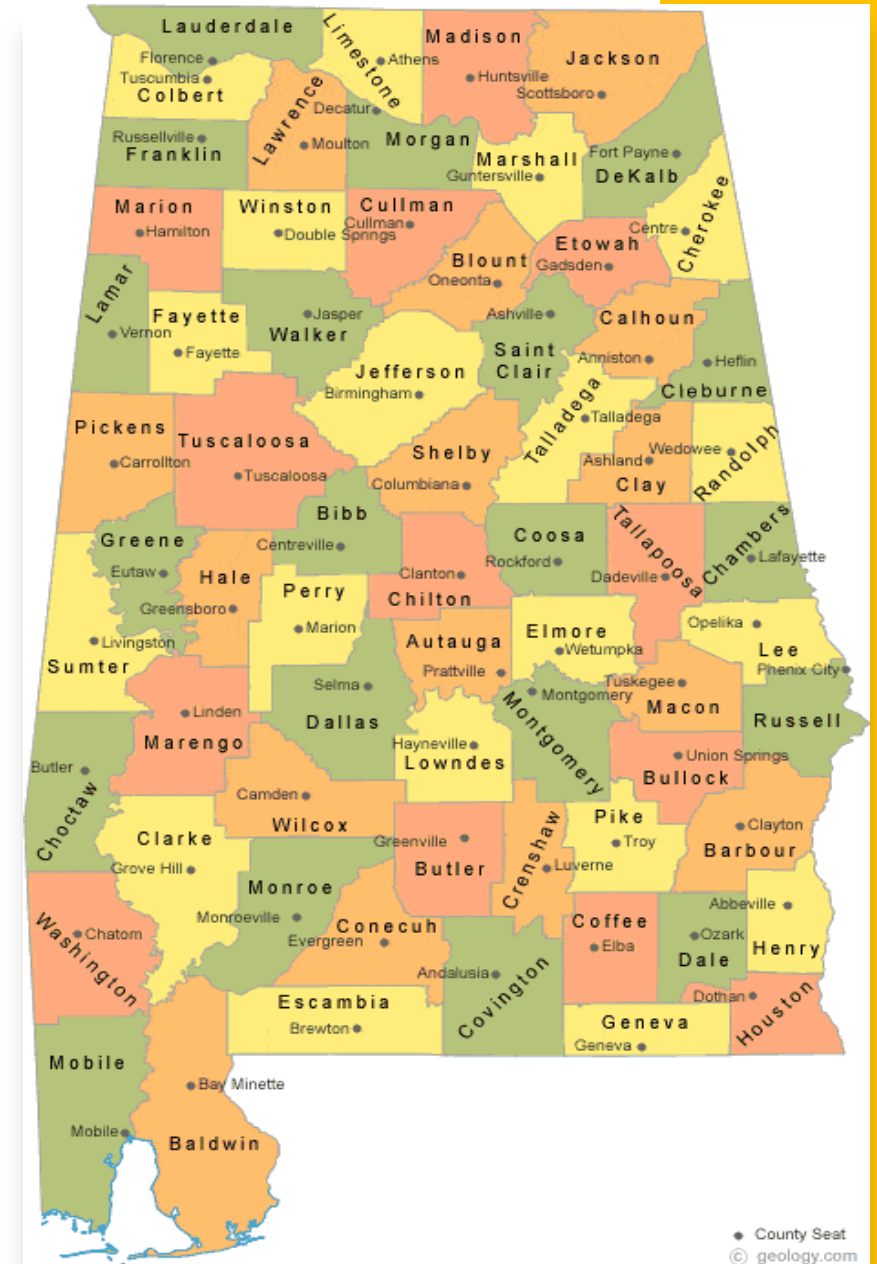
WE ARE UTILIZING OUR
MOBILE MEDICAL
HOSPITAL UNIT TO GIVE
PHYSICALS, X-RAYS,
FILLING PERSCRIPTIONS AND
DURING HOME VISITS TO
GIVE INBOUND PEOPLE
THEIR
COVID-19 SHOTS.
CONTINUE DOING THE
NEWSPAPER AIDS.



OUR TARGET AUDIENCES

WE WILL CONTINUE TO SERVE ALL OF THE COUNTIES LOCATED IN THE BLACK BELT AREA OF ALABAMA. BARBOUR, BULLOCK, DALE, DALLAS, HOUSTON, GENEVA, LEE, HENRY, MONTGOMERY COUNTIES AND OTHER COUNTIES THAT NEED HELP. WE SERVED EVERYONE: FEMALE, MALE, TRANS GENDER, YOUNG AND OLD. NO AGE LIMIT.

WE SERVED EVERYONE.



STRATEGIES AND CHANNELS

- WORD OF MOUTH
- NEWSPAPERS
- MAGAZINES
- TV ADS
- SOCIAL MEDIA
- PRINTED MATERIALS
- FLYERS
- GROUP DISCUSSIONS



DOCUMENTING OUR WORK!!

PICTURES - PICTURES

STORIES

VIDEOS

CHALLENGES

- No Solicitations were allowed.
- Power Outages.



PICTURES





American Indian Mothers AIMI ITTCH

Intertribal Talking Circle Healing of COVID-19



coalición
RURAL
coalition



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,105,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Mission:

We are an educational experience for indigenous communities.

We offer transportation to health departments, drug stores, or vaccine clinics for your vaccination and a \$20 gift card.



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

ITTCH 4 State Geographic Area And Population:

- NC 81,932
- SC 1,650
- VA 30,970
- ME 1,650



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

North Carolina

- Coharie
- Meherrin
- Haliwa-Saponi
- Cherokee Indians
- Lumbee
- Occaneechi
- Waccamaw
- Eastern Band

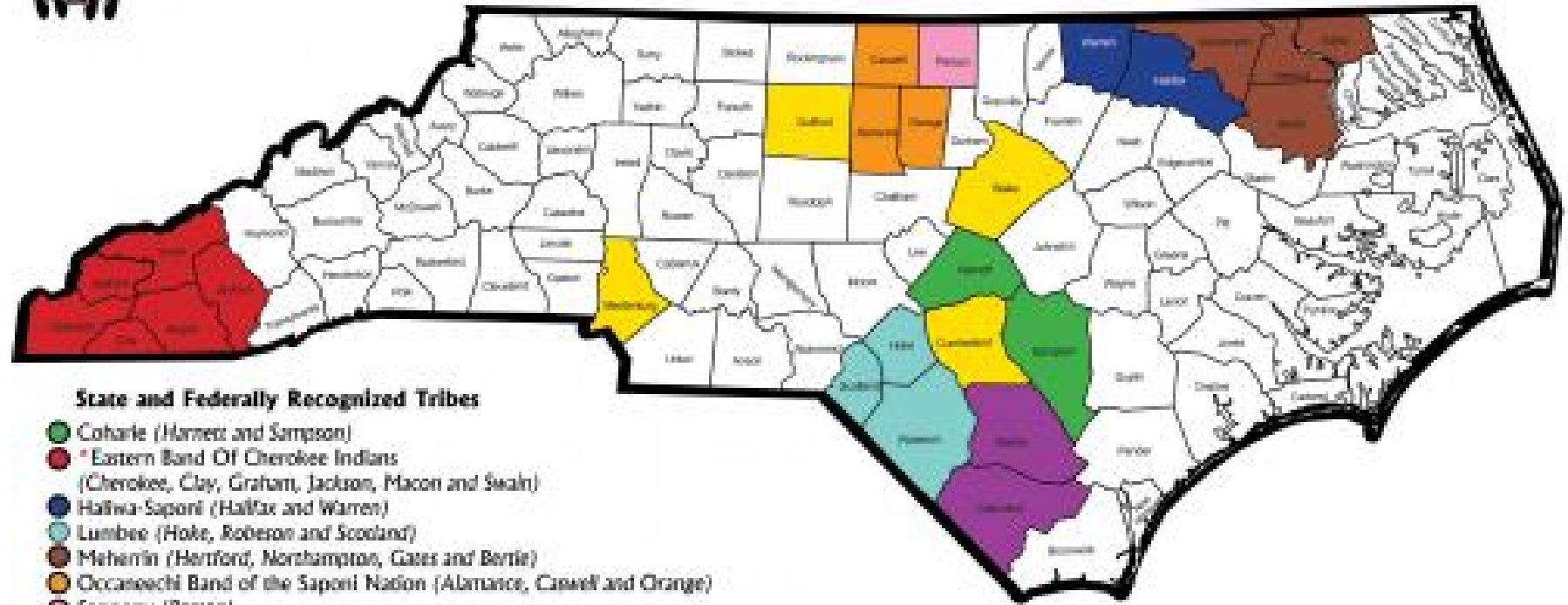


This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



N.C. TRIBAL AND URBAN COMMUNITIES

NC Tribes



State and Federally Recognized Tribes

- Coharie (Harnett and Sampson)
- * Eastern Band Of Cherokee Indians (Cherokee, Clay, Graham, Jackson, Macon and Swain)
- Haliwa-Saponi (Hatteras and Warren)
- Lumbee (Hoke, Robeson and Scotland)
- Meherrin (Hertford, Northampton, Gates and Bertie)
- Occaneechi Band of the Saponi Nation (Alamance, Caswell and Orange)
- Sappory (Person)
- Waccamaw Siouan (Bladen and Columbus)
- * Federally Recognized

Urban Indian Organizations

(Holding membership on the NC Commission of Indian Affairs):
Cumberland County Association for Indian People
Guilford Native American Association
Metrolina Native American Association
Triangle Native American Society

Areas in Color indicate counties where the eight Recognized Tribes of North Carolina reside.

Counties in yellow (Mecklenburg, Guilford, Cumberland and Wake)
Location of American Indian Associations

Map published by the North Carolina Commission of Indian Affairs.

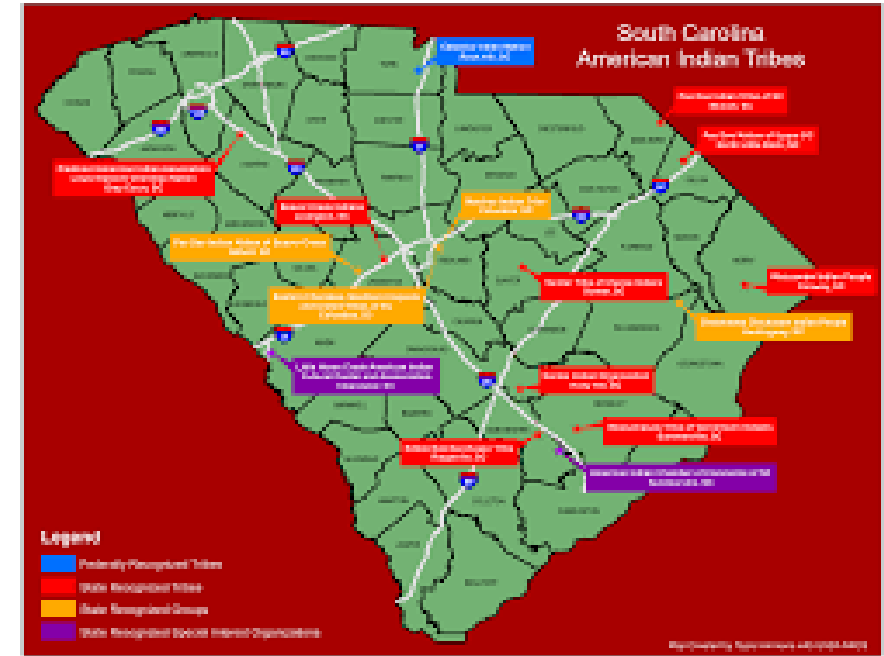
2020



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

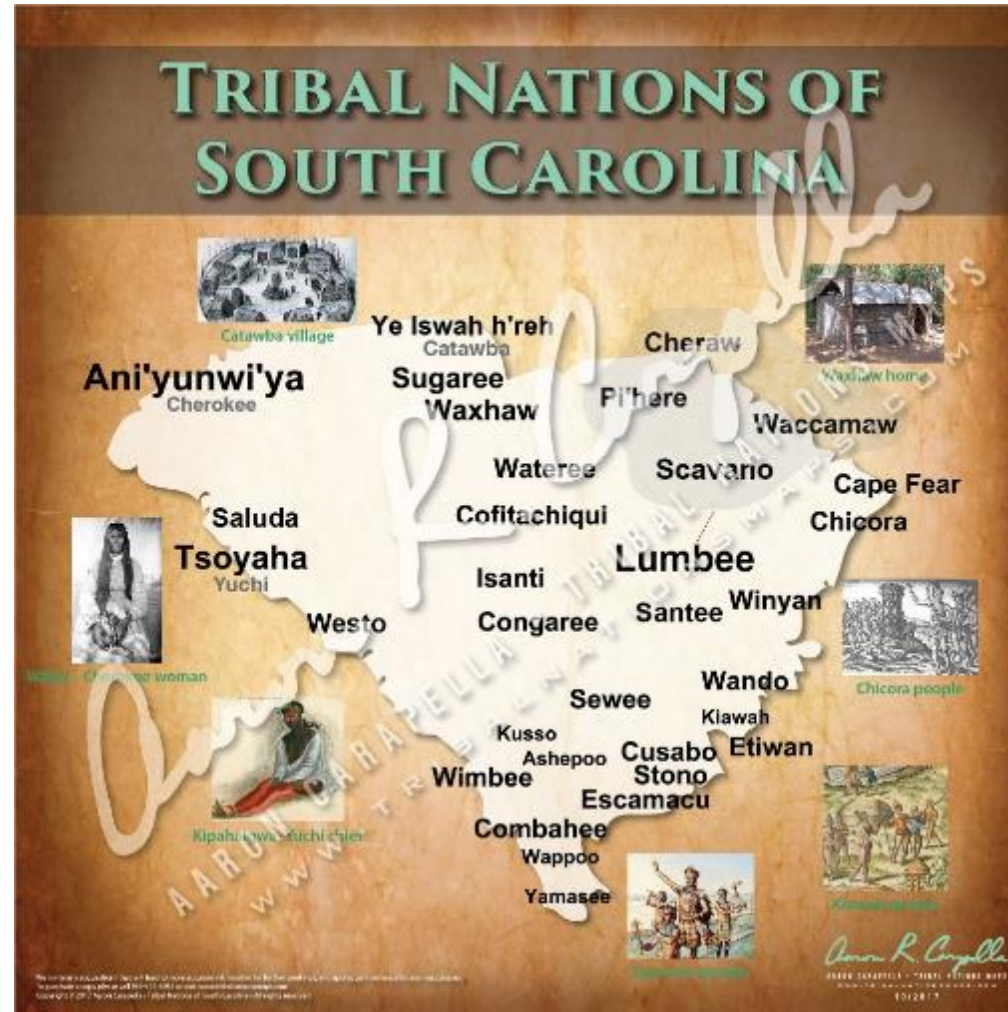
South Carolina

- Waccamaw Indian People
- Pee Dee Tribe
- Sumter Tribe of Cheraw Indians



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

SC Tribes



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,105,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

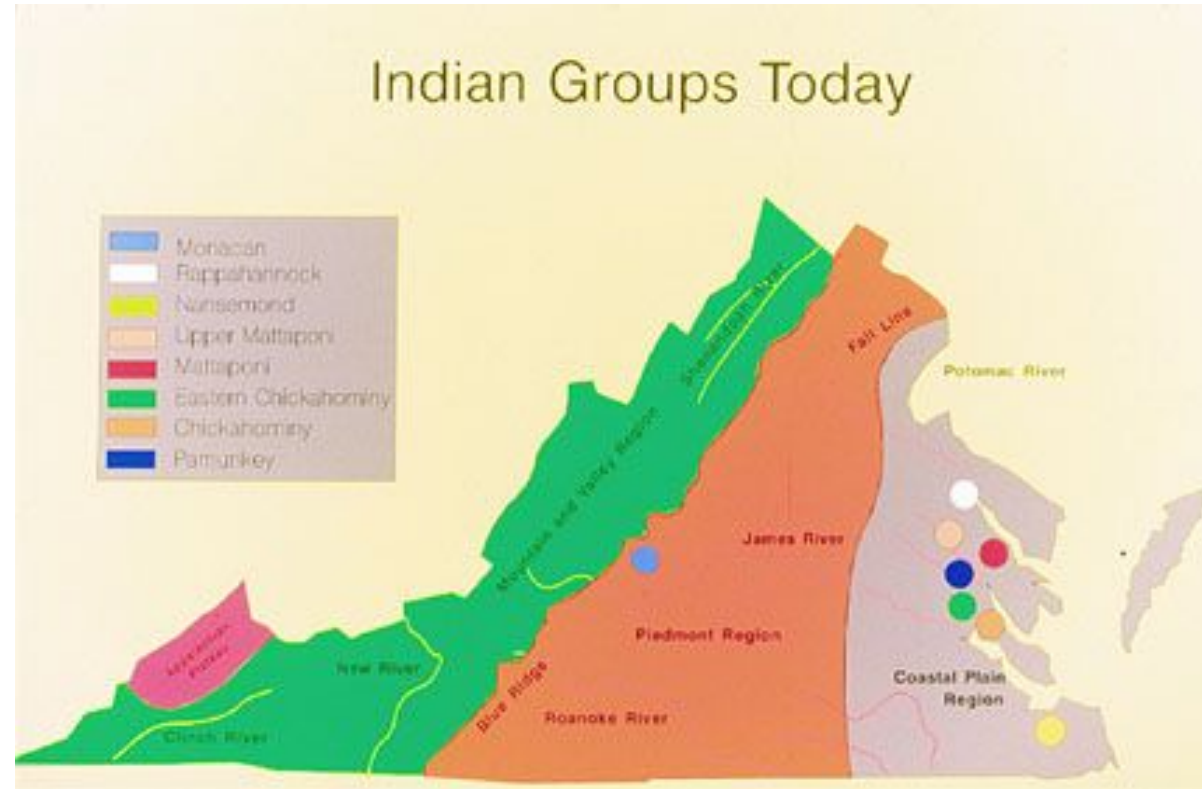
Virginia

- The Pamunkey
- Nansemond
- Chickahominy
Charles City County
- Rappahannock
- Upper Mattaponi
- Nottoway
- Chickahominy
Eastern Division-New Kent



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

VA Tribes



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Maine

- Passamaquoddy Pleasant Point
- Passamaquoddy Indian Town



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

ME Tribes



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Main Activities:

- Face-to-face outreach
- Call Center, dedicated to outbound and inbound calls for transportation to vaccine appointments.
 - *ITTCH National call center 1-833-424-6688*
- Intertribal communications and networking to build events in all 4 targeted states.
- Created network of Intertribal partnerships
- Organized ITTCH events to educate and vaccinate intertribal communities



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Achievements

- Built partnerships with tribal leaders, health depts., churches
- ITTCH partners with similar goals, protect and educate community. (Test & Vaccinate)
- Call Center
- Webpage
- Social Media
- Network



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

ITTCH Campaign

- Marketing via
 - Social Media, Instagram, Twitter, Tic-Toc, Facebook & ITTCH Webpage
- Target audience: Indigenous People, 12+
- Goals: increase awareness of the vaccines, educate, and get more people vaccinated



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Plans: To build a strong foundation of trust and communication between indigenous communities in the four state project area



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Social Media Channels:

- AIMI website
- Twitter
- Instagram
- Facebook



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Outreach methods - Activities

- Face-to-face
- Comm. & Org Events
- Networking
 - Health Depts. & Tribes
- Partnerships
- Indian Education
- Call Center
- High School Sports Events
 - testing and vaccination for students



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

AIMI-ITTCH

- offers free transportation to vaccination
- A \$20 gift card to each family vaccinated



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Strategies and Resources

- Strategies using New channels for our social media to reach our targeted audience. (Tribal Communities)



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Documenting work:

- Pictures
- Videos



Cherokee, NC



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Waccamaw Sioun



Tribal Office



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Waccamaw Siouan STEM Event



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

STEM Event, Waccamaw Siouan



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Carolina Families, Robeson County



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



Cherokee, NC



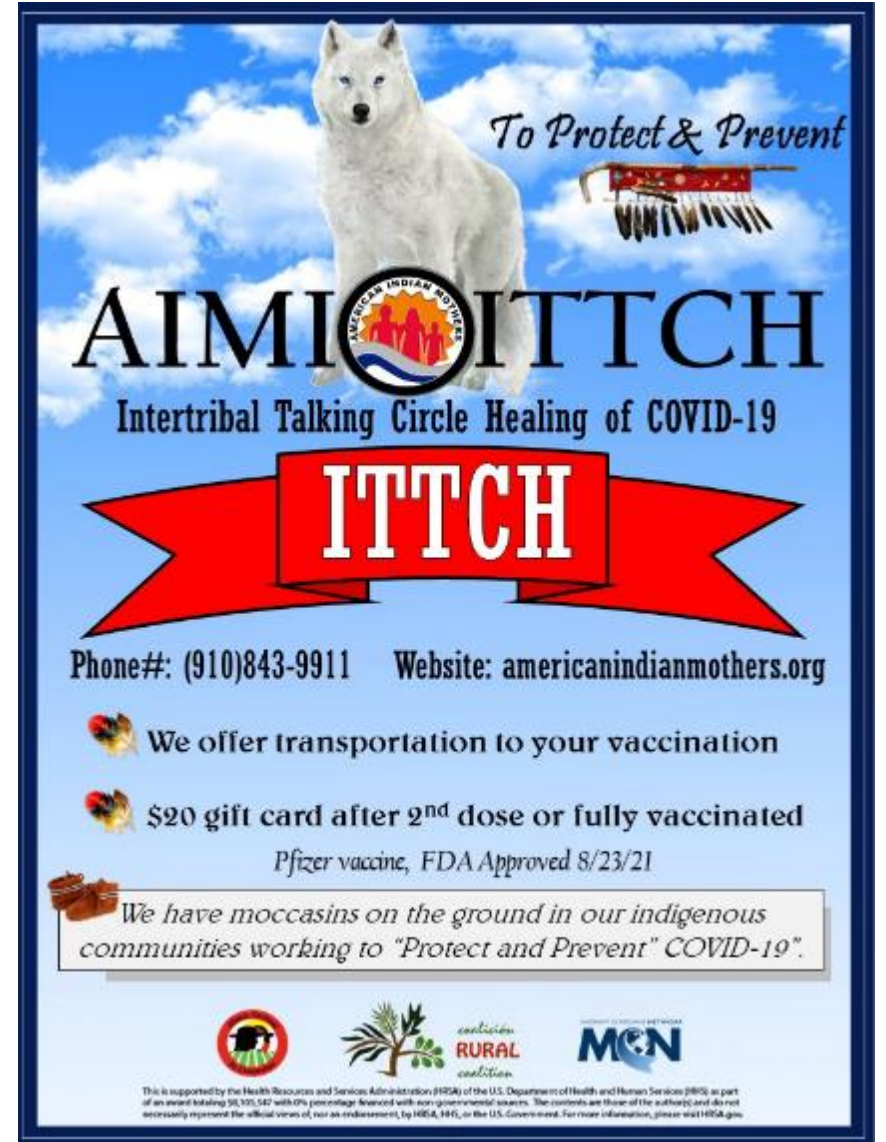
This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Resources & Printed Materials:



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

ITTCH Info. Flyer



The flyer features a white wolf standing on a blue sky with white clouds. In the top right corner, the text "To Protect & Prevent" is written in a cursive font, with a red and white feathered headdress below it. The main title "AIMI-ITTCH" is in large, bold, black letters, with a circular logo containing the text "AMERICAN INDIAN MOTHERS" and a red and white feathered headdress. Below the title, the text "Intertribal Talking Circle Healing of COVID-19" is written in a smaller font. A large red banner with the word "ITTCH" in white letters is centered. Below the banner, the text "Phone#: (910)843-9911 Website: americanindianmothers.org" is displayed. Two small red and white feathered headdresses are placed above the text "We offer transportation to your vaccination" and "\$20 gift card after 2nd dose or fully vaccinated". Below this, the text "Pfizer vaccine, FDA Approved 8/23/21" is written. A small red and white feathered headdress is placed above the text "We have moccasins on the ground in our indigenous communities working to 'Protect and Prevent' COVID-19". At the bottom, there are three logos: a red and white feathered headdress, a green and white leaf logo, and a blue and white logo with the text "MCM".

To Protect & Prevent

AIMI-ITTCH

Intertribal Talking Circle Healing of COVID-19

ITTCH

Phone#: (910)843-9911 Website: americanindianmothers.org

We offer transportation to your vaccination

\$20 gift card after 2nd dose or fully vaccinated

Pfizer vaccine, FDA Approved 8/23/21

We have moccasins on the ground in our indigenous communities working to "Protect and Prevent" COVID-19.

AMERICAN INDIAN MOTHERS

coalición RURAL

MCM

This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

ITTCH Brochure

Don't Wait to Vaccinate

Nearly all new COVID-19 cases are in younger people and those not fully vaccinated. The new Delta variant of COVID-19 that is spreading is more contagious and dangerous. Getting vaccinated is the best way to protect you, your teen and your community.

When you get the vaccine you protect yourself, your loved ones, and others from severe illness, hospitalization and death.

Protect Your Family

- Get Vaccinated
- Wear a Mask
- Social Distancer
- Wash Your Hands Often
- Clean & Disinfect
- Cover coughs & sneezes
- Avoid Crowds
- Monitor Your Health daily

This program is funded by:
(HRSA)
Health Resources and Services Admin.
<https://www.hrsa.gov/>

American Indian Mothers Intertribal Talking Circle Healing of COVID-19

ITTCH

Beverly Collins-Hall
Cell: (910) 734-4185

120 South Main Street
Red Springs, NC 28377

Phone: (910) 843-9911
Fax: (910) 843-9921

E-mail:
beverlycollinshall@gmail.com

Website:
AmericanIndianmothers.org

Please see our website for future events listings.

Intertribal Talking Circle Healing of COVID-19

ITTCH

To Protect & Prevent



AIMI-ITTCH

We have successes on the ground in our indigenous communities working to "Protect and Prevent" COVID-19.

Pregnant Women & Vaccines

The overall risk of severe illness is low, however, pregnant women are at a higher risk for severe illness from COVID-19 when compared to non-pregnant women.

Symptoms

- Fever or Chills
- Cough
- Fatigue
- Muscle or body aches
- Headache
- Sore throat

Please discuss the vaccine with your Doctor.

Partners

- Tribes in various states
- Health Departments, Schools, programs, Indian Education and other organizations

The COVID-19 Vaccine is available for everyone 12 and older.

The vaccine has been proven safe and effective against severe COVID disease, hospitalization and death.

The Vaccine is Free!

If you need Vaccine site locations or transportation, please contact us at American Indian Mothers Outreach.

1-833-424-6688

AIMI-ITTCH, Intertribal Alliance

The Intertribal partnership has been created to protect throughout indigenous communities.

Maine:

- Passamaquoddy Pleasant Point
- Passamaquoddy Indian Town

Virginia:

- The Pamunkey
- Narragansett
- Norwaway
- Chickahominy
- Upper Montopout
- Rappahannock
- Chickahominy

North Carolina:

- Coharie
- Meheran
- Haliwa-Saponi
- Cherokee Indians
- Lumbee
- Occaneechi
- Waccamaw
- Eastern Band

South Carolina:

- Waccamaw Indian People
- Bea Dee Tribe
- Sumter Tribe of Cherokee Indians

Our Mission:

We are an educational experience for indigenous communities. We offer transportation to health departments, drug stores, or vaccine clinics for your vaccination and a \$25 gift card.

Vaccines

ITTCH, Who We Are:

HRSA, Rural Coalition & American Indian Mothers, Inc. - ITTCH successes on the ground are working in partnership to help stop COVID-19 in indigenous communities.

We are hosting and participating in different events in NC, SC, VA, and ME. We have partnered with Health Departments, clinics, and other organizations in this endeavor.

Pfizer	• 2 shots required • 12 yrs. & older
Moderna	• 2 shots required • 18 yrs. & older
Johnson & Johnson	• 1 shot required • 18 yrs. & older

Find a Vaccine:

Search [here](#)

Call our IF only 1-833-424-6688

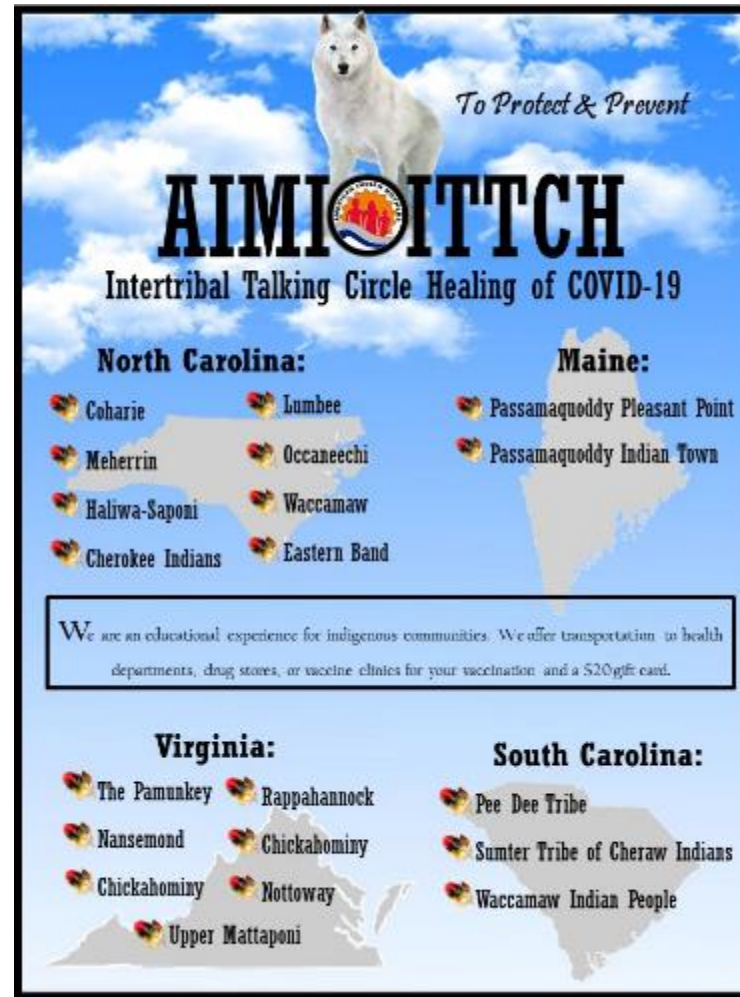
Call 1-800-232-4239 to find locations near you at the IF.

Successes on the ground!



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

ITTCH 4 State Flyer



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

ITTCH Media Release



CONSENT TO USE PHOTOGRAPHS AND VIDEOS

I _____ (name) give permission for photos/videos of me (or my child) taken at _____ (location) to be used by [AIMI-ITTCH] for educational materials, exhibits, websites and publications. I waive any rights of compensation or ownership.

Do you agree to participate? Yes: _____ No: _____

Name of Participant (please print): _____

Signature of Participant: _____

Name of Parent/Guardian if a minor (please Print): _____

Parent/Guardian's Signature: _____

(Parent/guardian if minor)

Signature of person that is testifying (AIMI – ITTCH Staff):

Date: _____



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Vaccination is...

Goals:

- get people in the communities educated
- Help assist # of people vaccinated

Objectives:

- Visit tribe, churches, door-to-door



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Challenges in the community

- Misinformation in the community
- Misconceptions about COVID
- Fear of the vaccine
- Government distrust

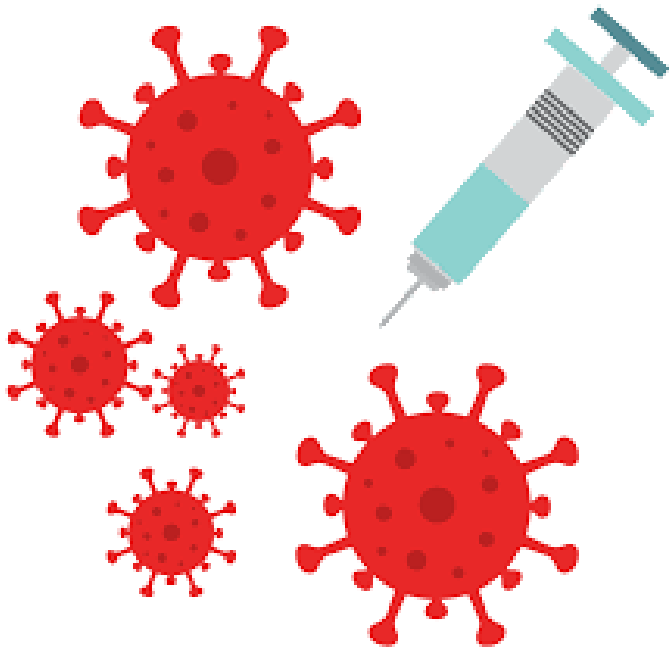


This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Funded by: HRSA



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



This is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,103,547 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Organization - Organización

Alianza Learning Collaborative - Comunidad de aprendizaje de Alianza

Date - Fecha

Descripción breve de lo que su organización ha estado realizando con relación al COVID-19 y la vacunación antes de unirse a este proyecto con Alianza

Misión

Área geográfica

Actividades principales

Logros

Brief description of the work your organization has been doing related to COVID-19 and vaccination before engaging with this Alianza collaborative

Mission

Geographic area

Main activities

Achievements

Estrategias y recursos

¿Qué está usando o planea usar en las actividades de su organización, de las herramientas presentadas en la comunidad de aprendizaje?

Strategies and resources

What are you using or are you planning to use in your organizational activities from the tools shared in the collaborative?

¿Cómo está usando o planea utilizar la campaña *Vacunación es...*?

How are you using or planning to use the *Vaccination is....* campaign?

¿Quién es/son su/s público/s objetivo?

Who is/are your target audience/s?

Incluya ubicación, género, edades, origen étnico, etc. (perfil).

Please include location, gender, age, ethnicity, etc. (profile).

¿Cuáles son sus metas y objetivos de su campaña *Vacunación es...*?

What are your *Vaccination is...* goals and objectives?

¿Cómo está usando o planea utilizar la campaña *Vacunación es...*?

Estrategias

Canales o medios de comunicación

Recursos (materiales imprimibles, redes sociales, videos, etc.)

¿Está utilizando canales de comunicación nuevos o que no había usado antes para llegar a su público objetivo?

How are you using or planning to use the *Vaccination is....* campaign?

Strategies

Channels

Resources (printing materials, social media, videos, etc.)

Are you using new channels, or ones you have not used before, to reach your target audiences?

¿Cómo esta documentando su trabajo en la comunidad de la campaña *Vacunación es...?*

How are you documenting your work in the *Vaccination is...* campaign?

Retos

¿Dónde necesita
ayuda, ideas,
retroalimentación?

Challenges

Where do you
need help, ideas,
feedback?



Ideas, sugerencias, comentarios de los
miembros de la comunidad de
aprendizaje

Ideas, suggestions, or comments
from the collaborative partners



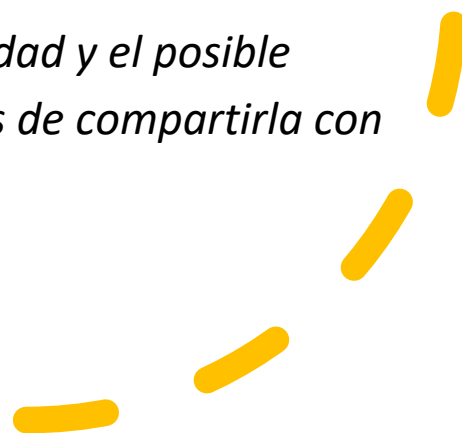
Información errónea en salud y medios de comunicación social

Health misinformation
and social media

Agosto 31 del 2021/ August 31, 2021

Objectives

Objetivos

- Review concepts of misinformation and infodemic.
 - Understand how misinformation can spread on social media and negatively impact on health results.
 - Identify tools for determining reliability and potential harm of health-related social media messages.
-
- *Revisar conceptos de información errónea, desinformación e infodemia.*
 - *Entender como la información errónea impacta el acceso y los resultados en salud.*
 - *Identificar herramientas para determinar la confiabilidad y el posible impacto de la información en salud que reciben, antes de compartirla con otras personas.*
- 



Se refiere a un gran aumento del volumen de información relacionada con un tema particular, que puede volverse exponencial en un período corto debido a un incidente concreto como la pandemia actual.

Refers to a large increase in the volume of information associated with a specific topic and whose growth can occur exponentially in a short period of time due to a specific incident, such as the current pandemic.

Información errónea

La información errónea es incorrecta o engañosa. No se divulga con intención de hacer daño. La información errónea puede divulgarse por error involuntario, pero es igualmente peligrosa.

Misinformation

Misinformation is incorrect or misleading. It is not disclosed with intent to do harm. Misinformation can be disclosed by unintentional mistake, but it is equally dangerous.



Desinformación:

Es la información falsa o incorrecta con el propósito deliberado de engañar.

Misinformation

Is false or inaccurate information deliberately intended to deceive.



La desinformación es una información intencionalmente errónea.

Se divulga con intención de confundir o engañar.

@SIOUXSIEW @XTOTL thespinoff.co.nz

CC-BY-SA 4.0

Imagen superior cortesía de Shutterstock



Misinformation can be an innocent mistake, but it's still dangerous.

@SIOUXSIEW @XTOTL thespinoff.co.nz



Disinformation is dangerous, plus it serves someone else's agenda.

CC-BY-SA 4.0



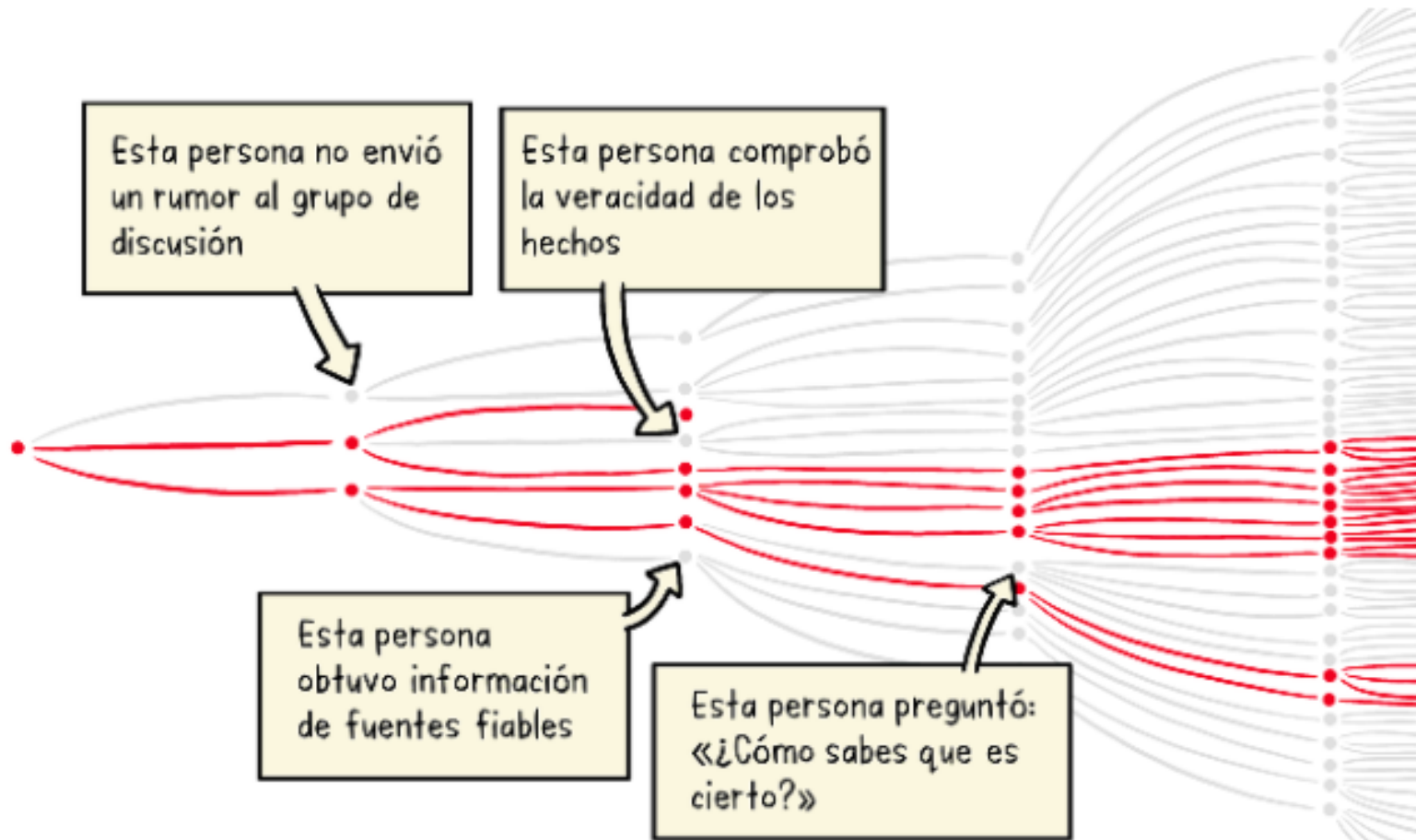
La información errónea puede divulgarse por un error involuntario, pero es igualmente peligrosa.

IOUXSIEW @XTOTL thespinoff.co.nz



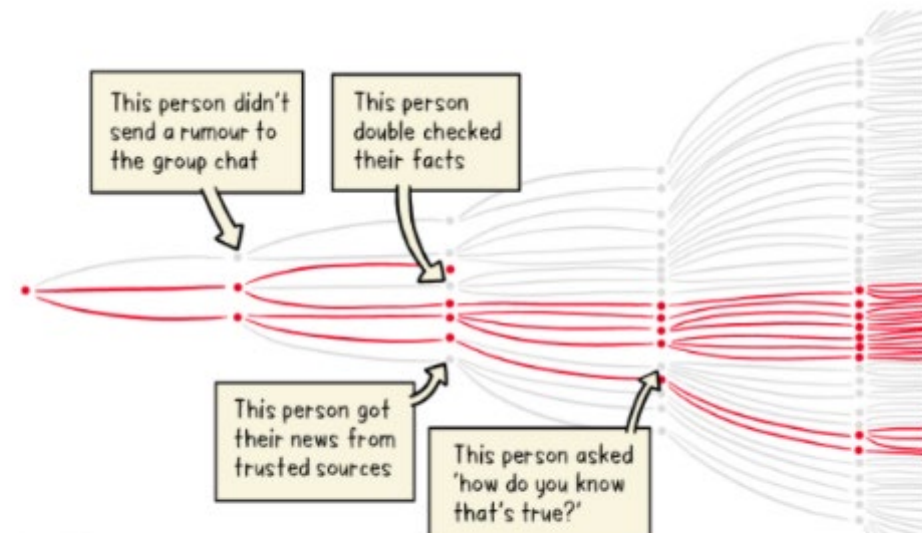
La desinformación es peligrosa y sirve a los intereses de alguien.

CC-BY-SA 4.0



SIUXSIEW @XTOTL thespinoff.co.nz

CC-BY-SA 4.0



@SIUXSIEW @XTOTL thespinoff.co.nz

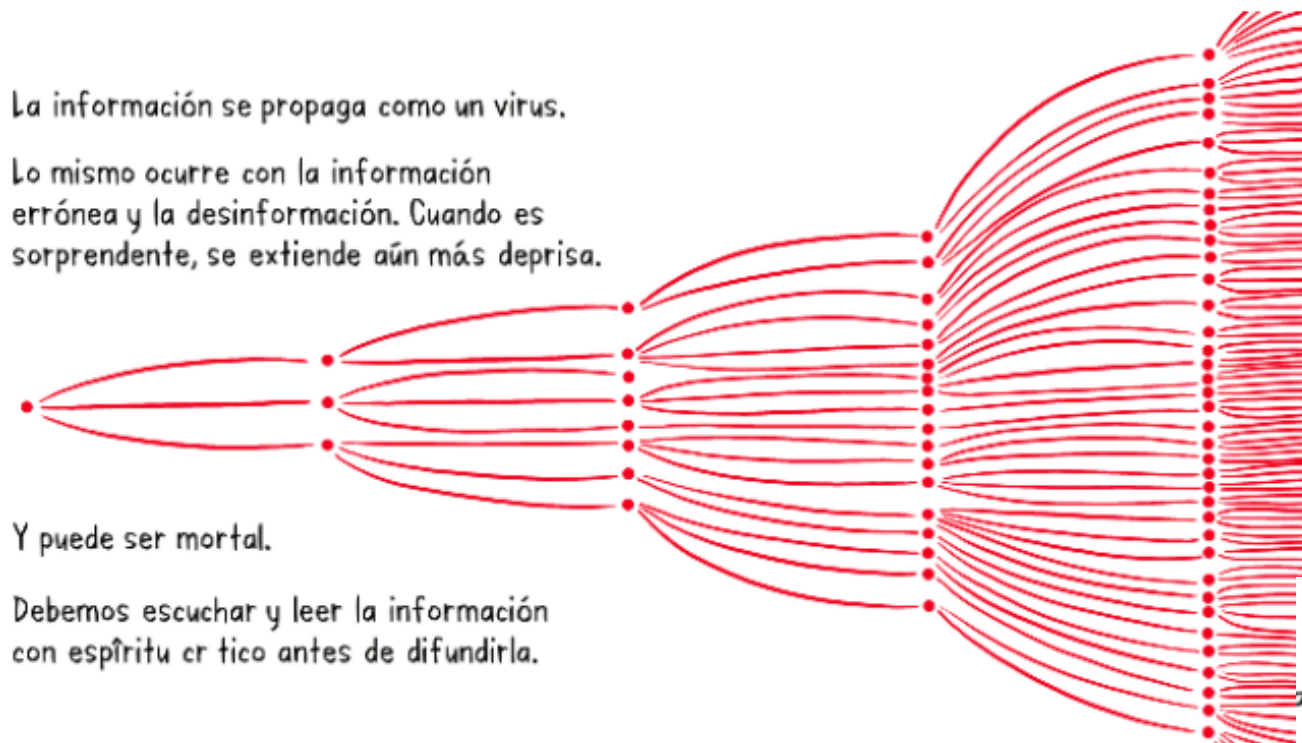
CC-BY-SA 4.0

La información se propaga como un virus.

Lo mismo ocurre con la información errónea y la desinformación. Cuando es sorprendente, se extiende aún más deprisa.

Y puede ser mortal.

Debemos escuchar y leer la información con espíritu crítico antes de difundirla.

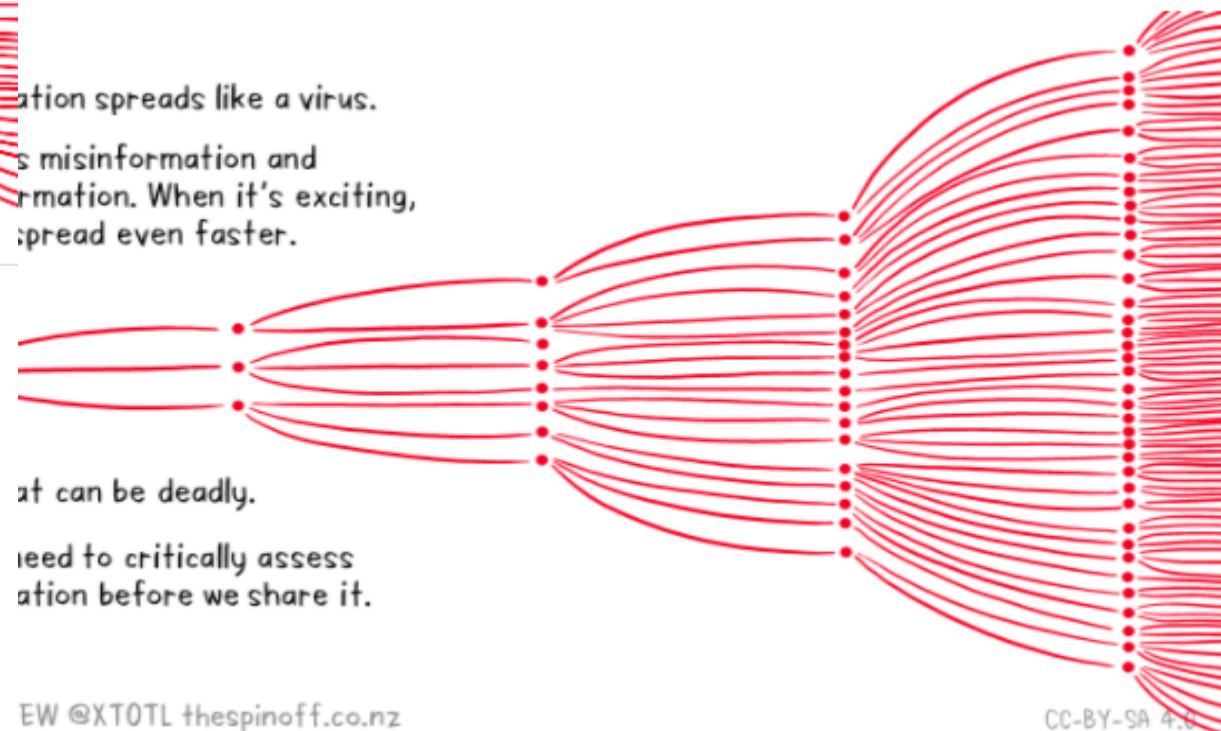


CC-BY-SA 4.0

Information spreads like a virus.
Misinformation and
disinformation spread even faster.

It can be deadly.

We need to critically assess
information before we share it.

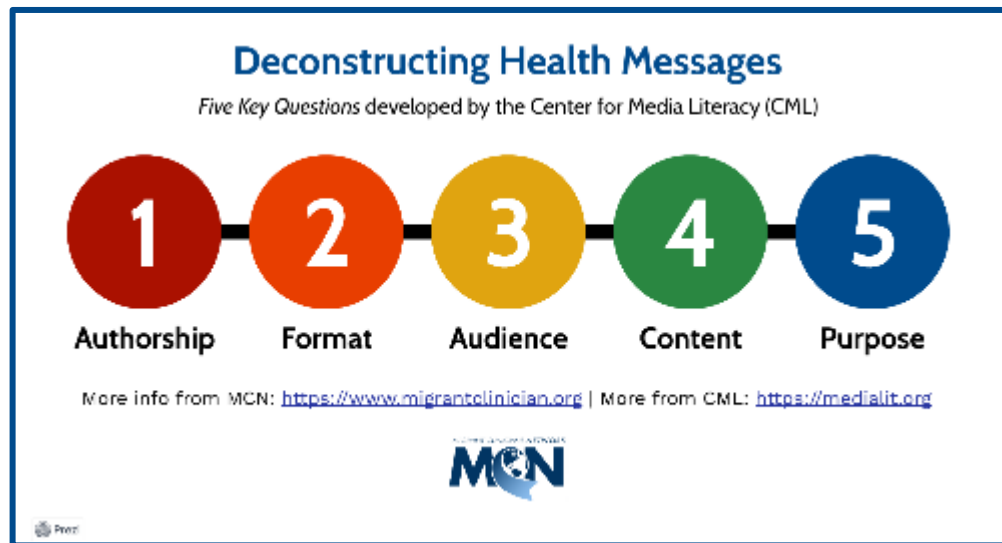


EW @XTOTL thespinoff.co.nz

CC-BY-SA 4.0

Health Literacy Resources

Deconstructing Health Messages Prezi Presentation with Resource Links



Deconstructing Health Messages - Handout

Deconstructing Health Messages

The analysis encouraged by these Five Key Questions, developed by the Center for Media Literacy (CML), can inform the decision-making or actions the Cwe may take in a media-driven world.

- 1 AUTHORSHIP**
Who created this message?
 - What are the various elements that make up the message?
 - How would it be different in a different medium?
 - What choices were made that might have been made differently?
- 2 FORMAT**
What techniques are used to attract my attention?
 - What is the viewpoint? How is the story told?
 - Are there any visual symbols or metaphors?
 - What's the emotional appeal? How is it persuasive?
- 3 AUDIENCE**
How might other people understand this message differently?
 - How does this message fit with your lived experience of the world?
 - What reasons might a person have for being interested in the message?
 - How do different people respond emotionally to this message?
- 4 CONTENT**
What lifestyles, values or points of view are represented in, or omitted from, this message?
 - What type of person is the reader / listener invited to identify with?
 - What questions come to mind as you watch / read / listen?
 - Are any ideas or perspectives left out?
- 5 PURPOSE**
Why was this message sent?
 - What is in control of the creation and transmission of this message?
 - Who are they sending it to? Why are they sending it?
 - Who is served by or benefits from the message?

MCN More from MCN: www.migrantclinician.org | More from CML: medialit.org

WHO Misinformation Resources

Have questions about COVID-19?
We have answers



Click this link and
text hi to
the whatsapp number



World Health Organization

World Health Organization

Recursos

Analizando mensajes sobre salud Presentación Prezi con enlaces a recursos



Se encuentra en el sitio web de
MCN: <https://www.migrantclinician.org/es/toolsource/resource/analizando-mensajes-sobre-salud-cinco-preguntas-clave.html>

Analizando mensajes sobre salud Material de apoyo

Analizando los mensajes sobre salud

Hacer un análisis de los mensajes de salud usando estas Cinco Preguntas Clave, desarrollado por el Centro para la Alfabetización en Medios de Comunicación (CML) por su sigla en inglés, puede informar en la toma de decisiones o las acciones a realizar en este mundo impulsado por los medios de comunicación.

- 1 AUTORÍA**
¿Quién creó el mensaje?
 - ¿Cuáles son los diversos elementos que componen el mensaje completo?
 - ¿Cómo sería diferente el mensaje, si estuviera en un medio de comunicación diferente?
 - ¿Qué decisiones se tomaron que podrían haber sido diferentes?
- 2 FORMATO**
¿Qué técnicas se están usando para llamar mi atención?
 - ¿Cuál es el punto de vista del mensaje? ¿Cómo está contando la historia?
 - ¿Hay algún símbolo visual o comparación en el mensaje?
 - ¿Cuál es el atractivo emocional? ¿Cómo está induciendo?
- 3 AUDIENCIA**
¿Cómo podrían otras personas entender este mensaje de manera diferente?
 - ¿Cómo encaja este mensaje con su experiencia de vida en el mundo?
 - ¿Qué razones podría tener una persona para interesarse en el mensaje?
 - ¿Cómo responden emocionalmente diferentes personas al mensaje?
- 4 CONTENIDO**
¿Qué valores, estilos de vida o puntos de vista están representados en el mensaje, y cuáles no se incluyeron?
 - ¿Con qué tipo de persona se invita al lector/escucha a identificarse?
 - ¿Qué preguntas le vienen a la mente mientras mira / lee / escucha el mensaje?
 - ¿Hay ideas o puntos de vista que no se incluyeron?
- 5 PROPÓSITO**
¿Por qué se envió este mensaje?
 - ¿Quién tiene el control de la creación y transmisión de este mensaje?
 - ¿A quién se lo envían? ¿Por qué lo envían?
 - ¿Quién le sirve o beneficia el mensaje?

MCN Más sobre MCN: www.migrantclinician.org / Más sobre CML: medialit.org

OMS Recursos sobre desinformación

 **Organización Mundial de la Salud**

Bienvenidos a la OMS

Obtenga información y orientación de la OMS sobre el brote de coronavirus COVID-19.

¿Qué le gustaría saber sobre coronavirus?

Escriba el número (o emoji) para acceder a la información sobre estos temas:

1. Últimas cifras 📊
2. Cómo protegerse 👍
3. Preguntas frecuentes ?
4. Rumores 🚫
5. Consejos de viaje 🛩️
6. Noticias 📰
7. Compartir ➡️
8. Donar 🙏
9. Cambiar idioma 🌐

2:57 PM

Health Misinformation and Social Media

Resources from the Panel Discussion



[Deconstructing Health Messages](#)

This resource supports the analysis of health information using the Center for Media Literacy's *Five Key Questions* and links to related resources. It's available as a PDF or Prezi presentation.



[WHO COVID-19 Mythbusters](#)

This page on the World Health Organization website is constantly updated with debunking materials to counter the latest misinformation regarding COVID-19.



[WHO Health Alert on WhatsApp](#)

From government leaders to health workers and family and friends, this messaging service provides the latest news and information on coronavirus including details on symptoms and how people can protect themselves.



[How to Report Misinformation Online](#)

The WHO has compiled the steps necessary to report misinformation on the most popular online platforms in order to encourage individuals to report false or misleading content online.



[Equal Access Language Services](#)

This service specializes in interpretation, training, translation and consultation for organizations that need to communicate in various languages.



[Resources in Indigenous Languages](#)

CIELO has translated COVID-19 related resources into indigenous languages from across Latin America.



[Videos from The Refugee Response](#)

Refugee Response has short videos in many languages on topics including mental health and recognizing misinformation during a pandemic.

[Analizando mensajes sobre salud](#)

Este recurso apoya el análisis de la información de salud utilizando las Cinco Preguntas Clave del Centro de Alfabetización Mediática y enlaces a recursos relacionados. Está disponible como una presentación PDF o Prezi.

[Consejos para la población acerca de los rumores sobre el nuevo coronavirus \(2019-nCoV\)](#)

Esta página en el sitio web de la Organización Mundial de la Salud se actualiza constantemente con materiales de desacreditación para contrarrestar la última información errónea sobre COVID-19

[Cómo señalar la información errónea publicada en línea](#)

La OMS ha recopilado los pasos necesarios para denunciar la desinformación en las plataformas en línea más populares con el fin de alentar a las personas a denunciar contenido falso o engañoso en línea.

[Servicio de alertas sanitarias de la OMS por WhatsApp en español](#)

La OMS ha puesto en marcha un servicio especial de mensajería en español y otros idiomas, con la colaboración de WhatsApp y Facebook, para ayudar a la población a protegerse del coronavirus.

[Acceso igualitario a servicios de lenguaje](#)

Este servicio se especializa en interpretación, capacitación, traducción y consultoría para organizaciones que necesitan comunicarse en varios idiomas..

[Recursos en lenguajes indígenas](#)

CIELO ha traducido recursos relacionados con COVID-19 a lenguas indígenas de toda América Latina





Get vaccinated! ¡Vacúnese!





Technical Assistance | Asistencia técnica

Point of Contact:

Moises Arjona Jr., MS

Migrant Clinicians Network
Consultant/Program Manager
marjona@migrantclinician.org

Giovanni Lopez-Quezada

Migrant Clinicians Network
Communications and Graphic Designer
glopez-quezada@migrantclinician.org

Salvador Sanez

Migrant Clinicians Network
Artist and Graphic Designer
ssaenz@migrantclinician.org



Evaluación de la Comunidad de Aprendizaje/ Learning Collaborative Evaluation Form



Participant Evaluation for the Learning Collaborative

Evaluación de la comunidad de aprendizaje

https://mcn.iad1.qualtrics.com/jfe/form/SV_cTvwZggyD8aort4

**Semana anterior
alcanzamos 60%**



**Nuestra meta esta
semana es 75%**



**Last week we
achieved 60%**



**Our goal this week
is 75%**



MCN Media Technical Assistance Hour

Hora de asistencia técnica en medios
de comunicación



English - September 3, 2021

7:30 am PT / 9:30 am CT / 10:30 am ET

Español - 3 de septiembre de 2021

9:30 am PT / 11:30 am CT / 12:30 pm ET





Alianza / MCN Learning Collaborative Schedule 7AM PT/9AM CT/ 10AM ET

~~July 13, 2021~~

~~July 20, 2021~~

~~July 27, 2021~~

~~August 03, 2021~~

~~August 10, 2021~~

~~August 17, 2021~~

~~August 24, 2021~~

August 31, 2021

September 7, 2021

September 14, 2021

September 21, 2021

September 28, 2021

October 12, 2021

October 26, 2021

November 9, 2021

November 23, 2021

Resources/Recursos

- **Migrant Clinicians Network**

- <https://www.migrantclinician.org/COVID-19-pandemic>
- [Learning Collaborative Recordings](#)
- <https://www.migrantclinician.org/blog/2021/jul/faq-covid-19-vaccine-and-migrant-immigrant-and-food-farm-worker-patients.html>

- **National Resource Center for Refugees, Immigrants and Migrants**

- <https://nrcrim.org/>

- **Centers for Disease Control and Prevention**

- <https://www.cdc.gov/>



**Next Learning
Collaborative/**

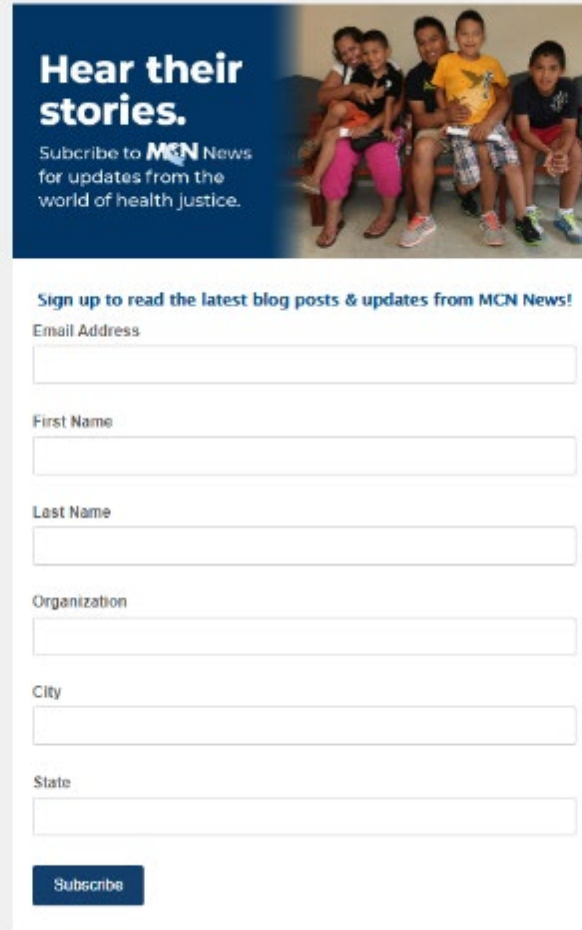
*Próxima sesión de nuestra
comunidad de aprendizaje*



September 7, 2021

7 de septiembre del 2021

MCN Newsletter & Blog / Revista y blog de MCN



Hear their stories.
Subscribe to **MCN** News for updates from the world of health justice.

Sign up to read the latest blog posts & updates from MCN News!

Email Address

First Name

Last Name

Organization

City

State

Regístrese si quiere
recibir nuestros blog y
revista

[Sign up for our Newsletter and Blog](#)

MCN FAQ

Access COVID-19 Resources and Information Here >

About

Explore



Connect

Donate

FAQ: The COVID-19 Vaccine and Migrant, Immigrant, and Food & Farm Worker Patients

Thu, 07/29/2021 | by MCN Admin

Tweet



FAQ: The COVID-19 Vaccine and Migrant, Immigrant, and Food & Farm Worker Patients

Migrant Clinicians Network continues to receive questions from our clinical network on COVID-19 vaccines for their migrant, immigrant, and farmworker communities. While vaccines are available for all in the US, ages 12 and up, in reality, COVID-19 vaccines remain inaccessible for many people, for a variety of reasons, including fear over immigration status and misinformation. The dynamic situation does not belie the underlying mantra: everybody deserves a chance to get vaccinated against COVID-19. We encourage our constituents to continue to strongly and vocally advocate for the most underserved populations, who have frequently found themselves deemed "essential workers" in this pandemic while they remain among the most at risk of illness.

This FAQ was last revised **July 28, 2021**. Information and data are changing rapidly. For more updated information, please visit our [blog](http://www.migrantclinician.org/blog): www.migrantclinician.org/blog.

Related Posts



Migrant Clinicians Network Reveals Ventilation Checklist for Safe Workplaces



MCN Brings Much-Needed Farmworker, Clinician Perspectives to Pesticide Conference



Top 5 Best COVID-19 Vaccine Resources for Migrants & Immigrants

[MCN FAQ](#)

**Closing Reflection/
*Reflexión final***



**Thank you for your
participation!**

**¡Gracias por su
participación!**

