Who are the key contacts in your community?

Your ECC Initiative Contacts:

In your community
Head Start ECC Contact Person: ____________________________ Phone: ________
WIC ECC Contact Person: ________________________________ Phone: ________

In your medical clinic
Public Health Nurse Contact: ____________________________ Phone: ________
CHR ECC Contact Person: _______________________________ Phone: ________
Medical Provider ECC Contact: __________________________ Phone: ________

In your dental clinic
Dental ECC Case Manager: ______________________________ Phone: ________

Who provides fluoride varnish in the dental clinic?
__________________________________________

Who provides ECC prevention education/oral health messages to parents?
__________________________________________

Collaborate with your medical and community partners to fill out this form. Then post this flyer in the medical clinic, reception area of the clinic, dental clinic, at the Head Start, and in your tribal newsletter to show everyone in your clinic and in your community who to contact about the ECC Initiative.

Together, we can make a difference!

IHS Division of Oral Health, 2010—www.doh.ihs.gov/ecc