



Trumbull County Combined Health District

176 Chestnut Ave NE

Warren, OH 44483

www.tcchd.org

Frank J. Migliozi, MPH, REHS, Health Commissioner



PAVE Extension Vaccine Tool Executive Summary

With the PAVE extension, TCCHD chose to begin implementing a gift card incentive program to encourage individuals to receive their COVID-19 vaccine and boosters. During 2022 fourth quarter, TCCHD noticed a drop in individuals receiving their COVID-19 vaccines, especially in our targeted areas of low SVI where public transportation is not available. Due to offering a gift card incentive program in 2021 with Ohio Department of Health funds and tripling our vaccine numbers it was decided to use the funds to implement another program in 2023. Additionally, one of our sites for vaccine clinics in our targeted area began offering gift cards with their own organizations funds and noticed an uptick in individuals receiving their COVID-19 vaccine. Therefore, a gift card incentive program will be implemented in February 2023 – July 2023 to offer \$25 Giant Eagle gift cards to the first 20 individuals at a clinic receiving their COVID-19 monovalent 1st or 2nd dose, single dose of Johnson & Johnson, or bivalent COVID-19 booster. By offering gift card incentives for receiving the COVID-19 vaccine TCCHD hopes to increase vaccination rates within our communities that have low vaccination rates. COVID-19 vaccine data shows low vaccination rates in our low SVI areas without public transportation. By offering \$25 Giant Eagle gift cards there are many chain stores in these locations where individuals can walk to the store and help defray societal costs for many individuals and households. TCCHD has budgeted for 520 Giant Eagle gift cards to be distributed and is preparing to have 60 vaccine clinics with roughly 20 participants per clinic to be able to distribute all gift cards. TCCHD will be tracking gift card distribution at all vaccine clinics and comparing to vaccine clinic numbers and overall vaccination rate of our targeted census tracts to evaluate the effectiveness of the gift card incentive program. Copies of all tracking documents have been attached for reference.



Public Health
Prevent. Promote. Protect.
Trumbull County

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COVID-19 VACCINE GIFT CARD INCENTIVE

This record will be kept on file at the Trumbull County Combined Health District. It acknowledges that the patient/guardian has read and/or understands information about the COVID-19 Vaccine Gift Card Incentive Program

AUDIT # GE-100

VACCINATION DATE: _____

Please Print Clearly:

PATIENT FIRST NAME: _____ **PATIENT LAST NAME:** _____

PATIENT ADDRESS: _____
(Address * City * State * Zip Code)

PATIENT DATE OF BIRTH: _____

PATIENT/PARENT/GUARDIAN PHONE NUMBER: _____

In order to receive my \$25.00 Giant Eagle Gift Card, I have read or have had read to me and understand, acknowledge & agree to the following:

1. *I am eligible for only one \$25.00 Giant Eagle Gift Card per visit of receiving the first or second dose of the Pfizer or Moderna monovalent vaccine, the single dose of the Johnson & Johnson Vaccine, or the single dose of the Pfizer or Moderna bivalent booster vaccine.*
2. *This gift card incentive is non-transferrable, and the Trumbull County Combined Health District will not bear any responsibility/liability for lost, stolen or misplaced cards.*

PATIENT/PARENT/GUARDIAN SIGNATURE: _____

BELOW TO BE FILLED OUT BY TRUMBULL COUNTY HEALTH DISTRICT REPRESENTATIVES ONLY

TCCHD AUTHORIZATION SIGNATURE: _____ **DATE:** _____

GIFT CARD #: _____

Vaccination Incentive Distribution Form

Subrecipient Name						
GMIS Program Name						
GMIS Project Key						
Agency Program Representative						
Grant Period						
Patient Identifier	Recipient Signature	Vaccination Date	Gift Card Issue Date	Gift Card No.	Type of Gift Card Giant Eagle Gift Card	Amount - \$25.00

Week	Date of Purchase	No. Gift Cards purchased	Price	No. Gift Cards Distributed	Price	No. Gift Cards Remaining	Budgeted Amount	
							Amount Remaining	
	6-Feb		\$ -		\$ -			\$ 13,000.00
	13-Feb							
	20-Feb							
	27-Feb							
	6-Mar							
	13-Mar							
	20-Mar							
	27-Mar							
	3-Apr							
	10-Apr							
	17-Apr							
	24-Apr							
	1-May							
	8-May							
	15-May							
	22-May							
	29-May							
	5-Jun							
	12-Jun							
	19-Jun							
	26-Jun							
	3-Jul							
	10-Jul							
	17-Jul							
	24-Jul							
TOTAL			0 \$ -		0 \$ -	0		