

Thank you for your interest in becoming a *Better Choice Retailer*!

Better Choice Retailer is a free, voluntary program facilitated through the Clinton County Health Department's (CCHD) Healthy Neighborhoods Fund Initiative in collaboration with the Creating Healthy Schools and Communities (CHSC) grant in Clinton and Essex Counties. The overall goal of this project is to increase the access, availability and marketing of healthy food choices in Clinton, Essex, and Franklin County.

Joining the movement is easy, and with incentives available for your store it will be hard to say no! To get involved there are only three steps required, and we are going to do the first one for you!

1. A CCHD representative will complete an observational survey of the food products that are currently available to your customers.
2. Complete the application packet, including the Mutual Agreement.
3. Agree to meet all specified program standards.

By participating with the *Better Choice Retailer* program your store will not only increase access to high quality foods but it will also impact some of the health behaviors of your customers. Other benefits of becoming a *Better Choice Retailer* Partner include:

1. Official *Better Choice Retailer* decal for display in your store.
2. Free promotional materials.
3. Incentive items that support the implementation of sustainable changes consistent with program objectives.
4. Community recognition for offering and promoting foods that support a healthy lifestyle.
5. Promotion as a participating partner on the CCHD webpage, program pamphlet, social media and various other media outlets used by the CCHD.

Are you ready to join the Better Choice Retailer movement? If your answer is yes, complete the attached application packet and return it via e-mail, fax or mail. If your answer is no, or if you have more questions, give us a call or send us an e-mail, we are happy to help!



For more information contact:

Karissa LaBonte

Public Health Educator

Clinton County Health Department

Karissa.LaBonte@ClintonCountyGov.com

Phone: 518-565-4993

Fax: 518-565-4472



Step One

Observational Survey

A Clinton County Health Department representative will arrange a day to come into your store to complete the observational survey. The survey will be a snapshot of your store, capturing information on marketing materials, availability and price of healthy food and beverage items and your general store layout. A copy of the observational survey is available upon request.

Step Two

Agree to meet all specified program standards

Depicted below are eight different categories which support a healthy lifestyle. Each category has specific criteria that must be met before your store becomes recognized as a *Better Choice Retailer*. Don't worry if your store isn't quite there yet, we are here to help!



Low-Fat Dairy

Choose one of the following

- Stock at least 1 type of 1% or fat-free cows milk with no added sugar
- Stock at least 1 type of fortified soy or almond milk with no added sugar
- Stock at least 1 type of low-fat or no-fat cheese or yogurt. Yogurt can have no more than 15 grams of sugar per serving

Lean Protein

Choose one of the following

- Stock at least 1 variety of canned or dried beans with no added salt or fat
- Stock at least 1 variety of nut butter (peanut butter, almond butter) with no added sugar
- Stock eggs

100% Whole Grains

Both products must be stocked

- Stock at least 1 variety of whole grain bread
- Stock at least 1 additional whole grain product (brown rice, 100% whole wheat pasta, oats, quinoa, popcorn with no butter or salt)

Produce

Choose one form of fruit and choose one form of vegetable

- Stock at least 1 variety of fresh fruit (not counting limes and lemons) **OR**
- Stock at least 1 variety of canned and/or frozen fruit. Canned fruit must be packed in its own juice or water with no added sugar. Frozen fruit cannot contain any added sugar **AND**
- Stock at least 1 variety of fresh vegetables **OR**
- Stock at least 1 variety of canned and/or frozen vegetables with no added fat or salt

Beverages

Must meet all requirements

- Stock at least 4 varieties of zero-calorie, non-alcoholic cold beverage options (such as diet beverages), including water

Snacks

Must meet all requirements

- Stock at least 2 'healthier snack' options. Healthier options must meet the following criteria:
 - Less than or equal to 200 calories per serving
 - Less than or equal to: 7 grams of fat, 2 grams of saturated fat, 15 grams of sugar and 200mg of sodium per serving
 - High-fructose corn syrup cannot be listed as the first ingredient

General Store Requirements

Must meet all requirements

- Display the Better Choice Retailer certificate decal in a prominent location
- Do not have any major violations of tobacco, alcohol, signage, health or labor laws in the past year
- Provide a visible price on the product or shelf for all products required by this program
- Post at least 1 sign or shelf tag promoting each of the following: low-fat dairy, lean protein, 100% whole grains, produce, zero-calorie beverages and healthier snacks

Additional Supports for Healthy Behaviors

Choose at least two of the following

- Offer an additional 100% whole grain product other than bread or snacks (examples: brown rice, oats, pasta, quinoa)
- Offer at least 1 whole grain-rich product (product must be made from 50% or more whole grains, with all remaining grains being enriched)
- Offer 1 additional produce variety
- Display zero-calorie cold beverages at eye level in refrigerators
- Place all healthy snack options (including fresh produce) at the front of the store, such that they are visible from the door
- Place 1 healthy product at the checkout counter (healthy products are those that fit into the criteria for a healthier snack)
- Display art work/murals depicting healthy foods such as fruits and vegetables
- Provide pre-cut fruits and/or vegetables in a 'grab-n-go' container
- Provide adequate trash and recycling receptacles
- Remove **all** advertising for alcohol, tobacco, sugar-sweetened beverages, and junk food from **one area** of the store: checkout counter, a single window or the front door
- Create and promote a "Healthy Corner" in your store housing BCR approved items
- Make BCR approved 'grab-n-go' snacks for customers to purchase for example pre-peeled hard boiled eggs, pre-cut fruits and vegetables, low-fat yogurt with fresh or frozen fruit, 3 bean salad with light balsamic dressing or nut butter with 100% whole grain crackers
- Utilize social media to promote the BCR program and approved items
- Host in-store events that recognize and promote healthy lifestyle habits
- Promote and encourage breastfeeding as the norm in accordance with the *New York Civil Rights Law 79-e* and the *New York State Labor Law Section 206-c* (if applicable)

Step Three

Complete the application packet, including the Mutual Agreement

All that is left is crossing the T's and dotting the I's! After filling out our short application and signing the mutual agreement please submit via e-mail, fax or mail to:

E-mail: Karissa.LaBonte@ClintonCountyGov.com

Fax: 518-565-4472 Attn: Karissa LaBonte

Mailing Address:

Clinton County Health Department
Division of Health Planning and Promotion
133 Margaret Street
Plattsburgh, NY 12901

Please note: Approved applications will allow businesses to participate with the *Better Choice Retailer* program for one year. An annual recertification will be completed to ensure your business is still meeting the program standards. Once your business is certified as a *Better Choice Retailer*, a Clinton County Health Department representative will conduct a minimum of four site visits annually to ensure all program criteria are in place.



Application 2017-2018

Name of Food Retailer _____

Address of Food Retailer _____

Contact Name _____ Contact Phone Number _____

Contact Email _____ Contact Fax Number _____

Website Address _____ Best Time to be Contacted _____

Initial Certification Recertification

Better Choice Retailer Partner Checklist

Yes **No**

Have you provided contact information so a program representative can schedule an observational survey?

Does your business meet all specified program criteria?

→ If no, do you agree to implement changes so that your business meets all specified program criteria?

Are you willing to post all *Better Choice Retailer* materials (decal, shelf tags, promotional material etc.) and visible prices for all eligible products?

Is your business free from all major violations of tobacco, alcohol, signage, health and labor laws for this past year?

→ If no, which violation(s) do(es) your business have?

Have you signed the *Better Choice Retailer* Mutual Agreement?

For Office Use Only

Date Application Received: _____

Initial Certification

Recertification

For Year: _____

Scheduled an observational store survey

Verified _____

All criteria are met or owner agrees to meet all criteria

Verified _____

Free from all major violations

Verified _____

Mutual Agreement signed

Verified _____

Better Choice Retailer Mutual Agreement



2017-2018

By signing this agreement, I understand that the *Better Choice Retailer* is a voluntary program which aims to proactively endorse healthy foods and healthy lifestyle habits and this establishment has agreed to adhere to the program guidelines aforementioned in this packet.

If this establishment is recognized as a *Better Choice Retailer*, I understand we will receive promotional materials and we agree to utilize and display these items so they are easily visible to patrons. In addition, I understand that this establishment's participation will be listed on the Clinton County Health Department's web page and may also be recognized on various media outlets such as, but not limited to, Facebook, for as long as participation is verified.

If the ownership, physical facility or products promoted by this program changes in any way I will notify Clinton County Health Department. I understand that a change in ownership, the addition or deletion of any part of the facility and/or the addition, deletion or substitution of any program promoted product may impact the establishment's participation in the *Better Choice Retailer* program. I understand that a change in any of the aforementioned may warrant an additional site visit by Clinton County Health Department staff.

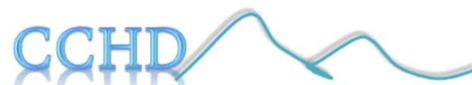
I understand to maintain participation in this program a Clinton County Health Department representative will conduct a minimum of four site visits annually to ensure compliance with program standards. Lastly, I understand to maintain participation in this program, the establishment must resubmit an application on an annual basis. If this establishment fails to meet any of the criteria outlined in this packet, the establishment will no longer be recognized as a *Better Choice Retailer* and will be asked to forfeit all promotional materials.

I confirm that all information in this application is complete and accurate.

Establishment Name _____

Responsible Party _____

Signature _____ Date _____



Clinton County **HEALTH** Department www.ClintonHealth.org

