



Thank you for your interest in becoming a

Better Choice Retailer!

Better Choice Retailer (BCR) is a free, voluntary program aimed at making it easier for customers to find healthy foods and make healthy choices. The program is offered by the Clinton County Health Department (CCHD) to retailers in Clinton 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 and we will do the first one for you!

1. We complete an observational survey of the food products that are currently available to your customers.
2. You agree to meet specified *Healthy Food Retailer Standards* (attached).
3. You complete the application packet, including the *Mutual Agreement* (attached).

As a *Better Choice Retailer*, your store will increase access to high quality foods and help customers make healthier choices. Other benefits of becoming a *Better Choice Retailer* include:

- *Better Choice Retailer* recognition certificate for display in your store;
- free promotional materials;
- incentive items that support your store in making sustainable changes consistent with program objectives;
- community recognition for offering and promoting foods that support a healthy lifestyle; and
- 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? Complete the attached application packet and return it via e-mail to MollyM.Flynn@clintoncountygov.com or by faxing to 518-565-4472 or by mail to Clinton County Health Department, 133 Margaret St., Plattsburgh, NY, 12901. For questions, call Molly at 518-565-4983.

Step One

Observational Survey

A Clinton County Health Department representative will contact you to arrange a day to come to 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 survey template is available upon request.

Step Two

Agree to meet all specified *HEALTHY FOOD RETAILER STANDARDS*

The sections below identify healthy food choices. Each category has minimum 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

Stock at least 1 of the following:

- 1% or fat-free cow's milk with no added sugar, **or**
- fortified soy or almond milk with no added sugar, **or**
- low-fat or no-fat cheese or yogurt. Yogurt can have no more than 15 grams of sugar per serving.

Lean Protein

Stock at least 1 of the following:

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

100% Whole Grains

Stock both of the following:

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

Produce

Stock at least 1 variety of fruit & one variety of vegetable such as:

- 1 variety of fresh fruit (not counting limes and lemons), **or**
- 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**
- 1 variety of fresh vegetables, **or**
- 1 variety of canned and/or frozen vegetables with no added fat or salt.

Zero Calorie Beverages

Stock at least:

- 4 varieties of zero-calorie, nonalcoholic cold beverage options (such as diet beverages, unsweetened iced tea and water).

Healthy Snacks

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.

General Store Requirements

Must meet all requirements:

- display the *Better Choice Retailer* certificate and decal in a prominent location,
- have no major violations of tobacco, alcohol, 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 (tags provided by CCHD), and
- agree to allow CCHD representatives to conduct a *Better Choice Retailer* survey with customers.

Additional Supports for Healthy Behaviors

Choose at least two of the following for initial certification.

- 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 healthy snack options (including fresh produce) at the front of the store, and visible from the door.
- Place 1 or more healthy snack product at the checkout counter (see criteria above).
- Display art work/murals depicting healthy foods such as fruits and vegetables (CCHD can provide).
- Provide pre-cut fruits and/or vegetables in 'grab-n-go' containers.
- Provide adequate trash and recycling receptacles.
- Remove all advertising for alcohol, tobacco, sugar-sweetened beverages, and junk food from one of the following areas of the store: checkout counter, a single window or the front door.
- Create and promote a "Healthy Corner" in your store housing *Better Choice Retailer* approved products.
- Utilize social media to promote healthy eating habits.
- Allow in store events to be hosted by CCHD that recognize and allow healthy eating habits.
- Partner with a local farmer to provide a healthy option to your customers.
- Highlight a *Better Choice Retailer* approved "Item of the Month".
- Lower the price of one *Better Choice Retailer* item for one month.
- Other, feel free to pitch your own suggestions to your CCHD *Better Choice Retailer* contact.

Step Three

Complete the application packet, including the *Mutual Agreement*

After filling out the attached *Better Choice Retailer* application and *Mutual Agreement*, please submit by any of the methods below:

E-mail: MollyM.Flynn@clintoncountygov.com

Fax: 518-565-4472 Attn: Molly Flynn

Mail:

Molly Flynn
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 continues to meet 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 standards are maintained.



Application 2022

Store name _____

Store address _____

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 that a program representative can schedule an observational survey?

☐☐

Does your business meet the *Healthy Retailer Standards*, general store requirements and at least two supports for healthy behaviors?

☐☐

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

☐☐

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

☐☐

Is your business free from major violations of tobacco, alcohol, 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 2022

I understand that *Better Choice Retailer* is a voluntary program which aims to actively promote healthy foods and healthy lifestyle habits. By signing this agreement, I agree that this store will adhere to the program guidelines defined in this packet.

If this store is recognized as a *Better Choice Retailer*, I understand that:

- promotional materials may be provided and I agree to utilize and display these items so they are easily visible to patrons;
- this store's participation will be listed on CCHD's web page and may also be recognized on various media such as, but not limited to, print, radio, and social media, for as long as participation is verified;
- a change in ownership, physical facility or products promoted by this program must be communicated to CCHD and may impact this establishment's participation in the Better Choice Retailer program;
- to maintain participation in this program, I must resubmit an application on an annual basis and work with CCHD to implement at least two additional supports for healthy behaviors each year;
- to maintain participation in this program a CCHD representative will conduct a minimum of four site visits annually to ensure compliance with program standards;
- if this store fails to meet any of the criteria outlined in this packet, the store will no longer be recognized as a *Better Choice Retailer* and will be asked to forfeit **all** materials provided by CCHD (including, signs, banners, refrigeration units, display stands/ cases. etc.).

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

Store Name _____

Responsible Party _____

Signature _____ Date _____