Vermont Tobacco Control Program
2014 Counter Tools Store Audit Report

Division of Health Promotion and Disease Prevention
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Executive Summary

This report details store audit results from the Vermont Department of Health’s Counter Balance campaign. Counter Balance is one part of the Health Department’s work to reduce the toll of tobacco on Vermont’s youth. A critical part of this initiative is measuring and reporting the extent of industry point-of-sale marketing.

The Vermont Department of Health Tobacco Control program worked with community partners statewide and the nonprofit organization Counter Tools to audit Vermont’s tobacco retail outlets. From October through December 2014, store audit teams visited 885 tobacco licensees and completed 767 audits.

Audit Results: Tobacco Retailer Type and Location:

The majority of Vermont’s tobacco retailers are convenience stores (57%), followed by small grocery stores, supermarkets, and pharmacies. Overall, 12% of Vermont’s tobacco retailers have a pharmacy counter.

Low-income neighborhoods have nearly twice as many tobacco retailers per 1,000 residents (1.9 retailers) as higher-income neighborhoods (1.1 retailers). In the lowest-income neighborhoods, twice as many tobacco retailers are located near a school or park as in the highest-income neighborhoods (17% versus 8%).

Audit Results: Tobacco Product Availability and Marketing

A wide variety of tobacco products are available in most of Vermont’s tobacco retailers. Cigarettes were the most commonly available product, for sale in 98% of tobacco retailers. E-cigarettes were the least commonly available but were still for sale in 63% of retailers. Tobacco retailers in rural areas were more likely to sell smokeless tobacco than those in urban areas. Urban retailers were more likely to sell e-cigarettes and cigars.
Executive Summary

Audit Results: Tobacco Product Availability and Marketing (continued)

Forty-one percent of all tobacco retailers had some exterior tobacco advertising. Fifty-one percent of retailers near schools had exterior advertising, compared with 39% of stores far from schools. The average total square footage of interior tobacco displays was 37 square feet. Tobacco shops (96 square feet) and pharmacies (66 square feet) had the largest tobacco displays. E-cigarettes were the most likely product to be displayed on the counter.

Eight-five percent of tobacco retailers sold at least one kind of flavored tobacco product. Smokeless products were most likely to have flavored varieties (77%), followed by cigarillos (72%). E-cigarette shops, tobacco shops, and pharmacies were the tobacco retailers most likely to offer flavored products.

Audit Results: Tobacco Product Pricing

More than half of all tobacco retailers (54%) offered price promotions for tobacco products. Two-thirds of tobacco retailers sold single cigarillos or small cigars, and 39% of those retailers advertised them for less than $1. Pharmacies (83%) and mass merchandisers (80%) were the most likely retailers to offer discounts on any tobacco product.

Tobacco retailers near schools were more likely to offer price discounts in nearly all product categories than retailers farther away from schools. The biggest difference was for cigarillos (37% versus 24%) and smokeless tobacco (28% versus 18%).
Counter Balance Background
Since creation of the Tobacco Control Program at the Vermont Department of Health, the state has made significant progress in reducing the negative impact of tobacco.
Tobacco’s Impact in Vermont

- Tobacco continues to take a heavy toll on the health and wellbeing of Vermonters. An estimated 1,000 Vermont adults die every year from their own cigarette smoking. This does not count other tobacco use or exposure to secondhand smoke.¹

- Tobacco results in $348 million each year in health care expenditures, of which $87.2 million is covered by Vermont Medicaid.¹

- Low-income populations and those affected by other addictions and mental illness continue to smoke at higher rates than the general population. Nearly one in three Vermonters receiving Medicaid or suffering from depressive disorder is a current smoker, compared to one in five in the general population.²

- The next generation of tobacco interventions must focus on new areas for prevention and limit the tobacco industry’s influence on current users, especially among vulnerable groups disproportionately affected by tobacco.

² 2013 Behavioral Risk Factor Surveillance System
Tobacco Retail Environment Impact on Vermont

- Youth exposed to tobacco advertising at the retail point of sale are more likely to use tobacco.\(^1\) For those trying to quit, exposure to marketing makes it harder to be successful.\(^2\)

- Every year, the tobacco industry spends billions of dollars on promotions to reduce tobacco prices and keep tobacco visible. Point-of-sale expenditures accounted for 91% of the industry’s marketing budget in 2012.\(^3\) In Vermont, the industry spends $19 million per year on marketing – approximately $19,000 for every retailer.\(^4\)

- 90% of smokers begin using before age 18.\(^1\) The tobacco industry recruits new users through store location, product displays and packaging, flavored products, and promotions that keep prices low. The U.S. Surgeon General reports strong and consistent evidence that this marketing causes initiation and continuation of youth smoking.

- Point-of-sale policies can address tobacco marketing to youth and young adults. Across the country, states and localities are taking action by keeping tobacco away from schools, banning industry tactics to keep tobacco cheap, increasing the purchase age for tobacco, and more.

\(^1\) Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012
\(^2\) Reitzel et al. 2011
\(^3\) Federal Trade Commission, via www.CounterTobacco.org
\(^4\) Federal Trade Commission, via Campaign for Tobacco-Free Kids
Cigarette consumption has been declining for decades nationwide, and tobacco sales are decreasing as a percentage of total sales in most store types.\(^1\) Vermonters are requesting more healthy products and less unhealthy advertising.\(^2\) Even as the tobacco industry promotes its products, sustainable retail stores will shift away from tobacco.

In fall 2014, the Health Department launched the Counter Balance campaign to address youth exposure to tobacco promotions at the point of sale. Campaign goals are to:

- Raise public awareness among parents about the impact of point-of-sale advertising on youth initiation.
- Enable communities and coalitions to create healthier retail environments through community design and policy change.
- Increase knowledge of tobacco as a health equity issue and possible interventions.

Counter Balance is one part of our work to reduce the toll of tobacco on youth. A critical part of this initiative is measuring and reporting the extent of industry point-of-sale marketing on Vermont’s youth, especially near schools and in low-income communities.

\(^1\) D’Angelo et al., 2015
\(^2\) Vermont Healthy Retailer Report, 2012
Counter Tools Audits – Goals

- We worked with the nonprofit organization Counter Tools to conduct a comprehensive assessment of Vermont’s tobacco retail environment. Our goals:
  - Use in-depth data to increase understanding of how the tobacco industry markets in Vermont.
  - Engage community groups and youth in retail assessments and development of potential interventions.
  - Establish a baseline to evaluate the impact of the Counter Balance initiative.
- In August 2013, we piloted Counter Tools in Chittenden County with the Health Department Burlington district office and five local community coalitions. Based on this pilot, we initiated statewide audits in fall 2014.
Counter Tools Audits – Methods

- Store audit teams consisted of community coalitions, Health Department district office staff, and tobacco youth coalitions (OVX & VKAT).
- Coalition staff led the audit teams. Counter Tools, in partnership with the Health Department, trained team leads to conduct audits in a consistent manner. (See Appendices A and B for detailed methodology and survey development and testing.)
- Store audit teams conducted audits by directly observing the retail environment. The Health Department provided a letter detailing its support for the project.
- Store audit teams audited stores for tobacco, alcohol, and food availability and marketing. Food and alcohol results are described elsewhere. The tobacco audit was an adapted version of the Standardized Tobacco Assessment for Retail Settings (STARS) Survey. For a copy of the audit form, see Appendix D.
Counter Tools and Health Department staff divided Vermont into 18 audit districts.

- Counter Tools staff used the Vermont Department of Liquor Control tobacco licensee list to make the store audit list.
- Store audit teams visited 885 stores between October 27, 2014 and January 1, 2015.
- Teams completed 767 audits for a completion rate of 87%.
- Each team audited between 19 and 116 tobacco retailers.
Counter Tools Audits – Partners

Community Prevention Grantees
- Alliance for Community Transformation (Bennington)
- Boys & Girls Club of Greater Vergennes
- Brattleboro Area Prevention Coalition
- Burlington Partnership for a Healthy Community
- The Collaborative
- Community Connections/Central Vermont New Directions
- Deerfield Valley Community Partnership
- Essex CHIPS
- Franklin County Caring Communities/Franklin-Grand Isle Tobacco Prevention Coalition
- Greater Falls Prevention Coalition
- Community Prevention of Orange and Windsor
- Milton Community Youth Coalition
- Mt. Ascutney Prevention Partnership
- Northeast Kingdom Learning Services (Healthworks ONE)
- Northeastern Vermont Regional Hospital Alcohol, Tobacco, & Other Drugs Task Force
- Rutland Area Prevention Coalition
- Winooski Coalition for a Safe & Peaceful Community

Health Department District Offices
- Barre
- Bennington
- Brattleboro
- Burlington
- Middlebury
- Morrisville
- Newport
- Rutland
- St. Albans
- St. Johnsbury
- Springfield
- White River Junction
Counter Tools Audits – Partners

Our Voices Xposed
(High School Youth Coalitions)

- Boys & Girls Club – Rutland
- Burlington High School
- The Collaborative – Burr & Burton Academy
- Concord High School
- Connecting Youth – Champlain Valley Union High School
- Enosburg Falls High School
- Milton Community Youth Coalition – Milton High School
- Richford Junior Senior High School
- Mt. Ascutney Prevention Partnership – Springfield High School
- Mt. Ascutney Prevention Partnership – Windsor High School
- Winooski High School
- Mt. Ascutney Prevention Partnership – Woodstock Union High School

Vermont Kids Against Tobacco
(Middle School Youth Coalitions)

- Albert D. Lawton Intermediate School
- Brattleboro Area Middle School
- The Collaborative – Flood Brook Union and Dorset Schools
- Concord School
- Edmunds Middle School
- Enosburg Falls Middle School
- Essex Middle School
- Gilman Middle School
- Hartland Elementary School
- Connecting Youth – Hinesburg Community School
- Hunt Middle School
- Middletown Springs Elementary School

- Milton Middle School
- Richford Elementary School
- Richford Junior Senior High School
- Riverside Middle School
- St. Albans City School
- St. Albans Town Educational Center
- Waterford Elementary School
- Waterford Elementary School
- Weathersfield Middle School
- Wells Village School
- Williston Central School
- Windsor State Street School
- Winooski Middle School
- Woodstock Middle School
Disclaimer

The information in this report is summary analysis of store audits collected by community prevention coalitions, local Health Department staff, and youth groups. This was not a controlled research project and is therefore subject to some limitations.

Counter Tools led the store audit training, which consisted of one full-day in-person training, followed by two Webinars, and subsequent technical assistance as needed. This is similar to training of professional data collectors in university-based research studies. While the large number of data collectors helps reduce the potential for systematic error, not all team members were trained directly by Counter Tools staff.

Counter Tools used the Vermont Department of Liquor Control tobacco licensee list to create the store audit list and assign retailers to audit teams. The discrepancy between the number of assigned stores (n=952) and visited stores (n=885) stems from errors in the store audit list coupled with auditors not noting the store audit list error. For example, CVS Pharmacy stopped selling tobacco one month before audits began, so auditors may have skipped visiting CVS stores without noting the reason they did not visit CVS. For a full list of reasons store audit teams could not complete audits of stores they visited, see Appendix C. Our analyses included only stores that could be audited and sold tobacco.

Despite limitations, the audit results are a snapshot of nearly all of Vermont’s tobacco retailers collected in a two-month period in 2014. The large sample in a short timeframe is a strength and can be used to inform programmatic decision making.
Audit Results: Tobacco Retailer Type & Location

The location and density of tobacco retailers negatively impacts youth smoking initiation and current smokers’ ability to quit.

- U.S. Surgeon General, 2012
- Reitzel et al. 2011
# Tobacco Retailer Types

<table>
<thead>
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<th>Retailer Type</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Convenience store, with or without gas</td>
<td>Sells limited line of goods that generally includes milk, bread, soda, and snacks. Some sell gas and others don’t. Examples: Maplefields, Cumberland Farms, Stewart’s</td>
</tr>
<tr>
<td>Drug store or pharmacy</td>
<td>Known primarily for selling prescription drugs, as well as over-the-counter medicines. Examples: Rite Aid, Walgreens, Kinney Drugs</td>
</tr>
<tr>
<td>Beer, wine, or liquor store</td>
<td>Mostly sells beer, wine, or liquor and may sell limited snack foods. Example: Vermont Liquor Store</td>
</tr>
<tr>
<td>Grocery store (small market, deli, produce market)</td>
<td>Small markets with a limited selection of fresh fruits, vegetables, and raw meats intended to be cooked at home. Example: country stores</td>
</tr>
<tr>
<td>Supermarket</td>
<td>Primarily engaged in selling a general line of food, such as canned and frozen foods; fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Examples: Hannaford, Shaw’s, Price Chopper</td>
</tr>
<tr>
<td>Mass merchandiser or discount store</td>
<td>Primarily retails a general line of groceries in combination with general lines of new merchandise. Examples: WalMart, Costco, BJ’s</td>
</tr>
<tr>
<td>Tobacco shop</td>
<td>Smoke shop or other retailer that primarily sells tobacco products. Examples: cigar shop, hookah bar</td>
</tr>
<tr>
<td>E-cigarette or vape shop</td>
<td>Retailers that sell electronic vaporizers and paraphernalia (e-liquid, batteries, etc.). Often called “vape shops”</td>
</tr>
</tbody>
</table>
Retailer Type – All Audited Tobacco Retailers

- Convenience store: 57% (418)
- Grocery store: 18% (130)
- Supermarket: 8% (55)
- Pharmacy: 7% (78)
- Beer, wine or liquor store: 3% (25)
- Mass merchandiser: 3% (20)
- Tobacco shop: 1% (7)
- E-cigarette shop: <1% (2)
- Other *: 4% (28)

More than half of audited tobacco retailers were convenience stores. The 10 most common tobacco retailer names in our sample were:
- Rite Aid
- Champlain Farms
- Cumberland Farms
- Dollar General
- Kinney Drugs
- Maplefields
- Shaw’s
- Hannaford
- Family Dollar
- Simon’s

93% of Vermont’s tobacco retailers also sell alcohol. A tobacco retail license is free with the purchase of an alcohol retail license.

*Examples of “other” stores include ski areas, golf clubs, restaurants, and breweries.
The mix of tobacco retailer types varied between Vermont’s rural and urban areas. Rural areas were more likely to have small grocery stores selling tobacco, while urban areas were more likely to have pharmacies and “other” retailers.

Note: We defined urban areas as census tracts with the highest percentage of residents living in urban clusters or urbanized areas. See Appendix A for a detailed methodology.
Mapping Retailer Location and Density

- The Counter Tools Vermont Tobacco Store Mapper is a publicly available, interactive map that visualizes tobacco’s impact on Vermont’s communities.

- The store mapper includes information on:
  - Tobacco retailer location as licensed by the Vermont Department of Liquor Control, including e-cigarette retailers
  - Retailers located near schools, parks, and child care centers
  - Demographics such as race or ethnicity, population density, and household income
  - Youth tobacco use prevalence from the 2013 Vermont Youth Risk Behavior Survey
  - Rates of illegal tobacco sales to underage youth
  - Pharmacies that sell tobacco
  - Information on Food & Drug Administration tobacco compliance checks
  - Option to visualize data by school district, city, or county

- Pages 21-29 of this report use Washington County, Vermont to illustrate the tool.
Mapping Retailer Location – Washington County

This map shows the location of all tobacco retailers in Washington County, Vermont as listed in the Vermont Department of Liquor Control tobacco licensee database.

Source: www.countertools.org/vtmapping
Mapping Retailer Location – Washington County

Tobacco retailers in Washington County, Vermont are clustered in census tracts with lower median household income. Low-income Vermonters are more likely to be smokers than the general population but are as likely to try to quit.\(^1\) Living near a retailer decreases the chances of a successful quit.\(^1\)

\(^1\) 2013 Behavioral Risk Factor Surveillance System

Source: www.countertools.org/vtmapping
The number of tobacco retailers per 1,000 residents in Washington County is inversely related to median household income. In areas of the county with lower household income, there are more than twice as many retailers per 1,000 residents (2.4 vs. 1.0). This relationship also exists statewide but is amplified in Washington County.

Source: www.countertools.org/vtmapping
Retailer Density and Income – Vermont

Statewide, neighborhoods with lower household income have more tobacco retailers per 1,000 residents than higher-income areas.

Median household income quintiles

Tobacco retailer density (# retailers per 1,000 people)

- <$43K: 1.9
- $43-$51K: 1.8
- $51-$56K: 1.4
- $56-$64K: 1.5
- >$64K: 1.1

Source: www.countertools.org/vtmapping
In Washington County, neighborhoods with the lowest household income have more than twice as many tobacco retailers per 1,000 residents than the highest-income areas.
Statewide, 12% of Vermont’s tobacco retailers are located within 1,000 feet of a school or park. In Vermont’s lowest-income neighborhoods, tobacco retailers are twice as likely to be located near a school or park than in the highest-income neighborhoods.

Source: www.countertools.org/vtmapping
In some of Vermont’s communities, a large proportion of retailers are located within 1,000 feet of a school or park. 44% of Montpelier’s tobacco retailers are near a school or park versus 12% statewide. Orange dots show tobacco retailers within the pink 1,000 foot buffer zone.

Source: www.countertools.org/vtmapping
Underage Youth Sales of Tobacco

- Vermont prohibits sale of tobacco products and tobacco substitutes (e-cigarettes) to minors. Vermont Department of Liquor Control Investigators work with youth to conduct undercover tobacco buys and test retailer compliance with state law.

- Over the past decade, Vermont has consistently had a relatively low rate of retailer sales to minors. Statewide, the violation rate decreased from 14% in 2002 to 12% in 2014.† Maps on the following page show the improvement in illegal youth sales over the last decade, by county.

- Despite statewide progress, improvements could still be made:
  - 20% of high school smokers in Vermont report that they usually buy cigarettes from a retailer.¹
  - Our audits found that 8% of retailers do not have the Department of Liquor Control’s “no sales to minors” sign clearly posted as required by state law.

* Vermont state law defines e-cigarettes and other electronic nicotine delivery systems as “tobacco substitutes.” However, emerging research shows that these products are usually used concurrently with other tobacco products, and users may have high nicotine-dependence (Pulvers et al., 2014).

† These are unweighted numbers that may not be the same as the official sample reported by federal agencies. For tobacco youth sales violation rates by state, visit www.samhsa.gov/synar.

¹ 2013 Vermont Youth Risk Behavior Survey
Underage Youth Sales of Tobacco

2002-2003: Percent of successful undercover purchases allowed to a minor

2012-2013: Percent of successful undercover purchases allowed to a minor

Note: Areas with crosshatch fill have fewer than 25 attempted purchases in the reporting period.

Source: www.countertools.org/vtmapping
Audit Results: 
Product Availability & Marketing

Tobacco advertising at the point of sale causes youth initiation, cues cravings in current smokers and quitters, and prompts impulse tobacco purchases by smokers and quitters.

- U.S. Surgeon General, 2012
- Carter et al. 2006
- Wakefield et al. 2008
# Tobacco Product Definitions

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Cigarette</td>
<td>The most widely available tobacco product, typically sold in packs and cartons. Popular brands include Marlboro, Pall Mall, Camel, and Winston.</td>
</tr>
<tr>
<td>Menthol cigarette</td>
<td>Cigarettes that are marketed as containing menthol. Typically sold in green packs but may come in other colors. Popular brands include Kool, Newport, Salem, and Marlboro menthol.</td>
</tr>
<tr>
<td>Cigarillos and little cigars</td>
<td>May be sold individually, in small packs, or in packs of 20 like cigarettes. They are short (3-4 inches) or the size of a cigarette and wrapped in tobacco leaves or brown paper. Popular brands are Swisher Sweets, White Owl, and Prime Time.</td>
</tr>
<tr>
<td>Large cigars</td>
<td>Often sold as singles but can also be found in boxes. Some cigarillos and little cigars have the word “cigar” on the package. However, these are not considered large cigars because they are sold in a pack or are smaller than large cigars.</td>
</tr>
<tr>
<td>Chew, moist or dry snuff, dip, or snus</td>
<td>Packaged in cans or pouches and usually shelved near cigarettes. Popular brands are Copenhagen, Grizzly, Skoal, Redman, Swedish Match, Camel, and Klondike.</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>Battery-powered devices that produce aerosol instead of smoke. May be disposable or refillable. They may be displayed with tobacco products or found next to Nicotine Replacement Therapy. Popular brands include Blu, NJOY, Vuse, Swisher, and Starbuzz.</td>
</tr>
</tbody>
</table>
All tobacco products were widely available in audited tobacco retailers. The most commonly sold products are traditional cigarettes and menthol cigarettes. Large cigars and e-cigarettes were the least common products but were still available at more than 60% of retailers.
Residents of rural areas in the U.S. are more likely to smoke, use smokeless tobacco, and be heavy smokers than urban dwellers.\(^1\)

In Vermont’s rural areas, tobacco retailers were more likely to sell menthol cigarettes and smokeless tobacco than retailers in urban areas. Urban retailers were more likely to sell cigarillos, e-cigarettes, and cigars.

\(^1\) 2010 National Survey on Drug Use and Health, via the American Lung Association
Cigars and cigarettes are equally popular among Vermont high school students (13% current use), and high school students are twice as likely as adults to report cigar use (13% vs. 6%).\(^1\),\(^2\)

Nationally, e-cigarette use among youth tripled from 2013-2014.\(^3\) We found that stores near schools were slightly more likely to sell cigarillos and e-cigarettes.

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**Product Availability – Proximity to Schools**

**Availability of tobacco product type by proximity to school**

- **Cigarette**
  - Within 1000 ft.: 97%
  - > 1000 ft.: 98%
- **Menthol cigarette**
  - Within 1000 ft.: 94%
  - > 1000 ft.: 95%
- **Chew, snuff or snus**
  - Within 1000 ft.: 83%
  - > 1000 ft.: 82%
- **Cigarillo**
  - Within 1000 ft.: 82%
  - > 1000 ft.: 79%
- **E-cigarette**
  - Within 1000 ft.: 66%
  - > 1000 ft.: 62%
- **Cigar**
  - Within 1000 ft.: 64%
  - > 1000 ft.: 64%

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\(^1\) 2013 Vermont Youth Risk Behavior Survey
\(^2\) 2012 Vermont Adult Tobacco Survey
\(^3\) 2014 National Youth Tobacco Survey
Product Availability – Flavored Products

The vast majority (85%) of audited tobacco retailers sold flavored tobacco products. All e-cigarette and tobacco shops carried flavored products, as did nearly all pharmacies and convenience stores. According to the U.S. Surgeon General, youth are the industry’s target consumer for flavored products.\(^1\)

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Product Availability – Flavored Products

The most common flavored products were smokeless tobacco and cigarillos. Comparing where flavored products were available, we found that 82% of tobacco retailers within 1,000 feet of a school sold flavored products, compared with 85% farther from schools. However, 77% of stores near schools offered flavored cigarillos, compared to only 71% farther from schools.
Exterior Marketing – All Audited Tobacco Retailers

The U.S. Surgeon General has reported that tobacco advertising causes youth smoking.\(^1\)

Four in 10 of tobacco retailers had some kind of exterior tobacco advertising. Exterior advertising differed by product type.

Percent of tobacco retailers with exterior tobacco advertising by product type

- Any exterior tobacco ad: 41%
- Cigarette: 35%
- Menthol cigarette: 22%
- E-cigarette: 19%
- Chew, snuff, or snus: 15%
- Cigarillo: 12%
- Cigar: 10%

\(^1\) Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012
Exterior Tobacco Marketing – Vermont Examples

Many Vermont towns have regulations that limit the amount of any advertising visible from outside a store.

Our audits found that 41% of all tobacco retailers still had exterior tobacco ads, and the presence of exterior ads differed by store type and distance to schools.
Percent of tobacco retailers with any exterior tobacco advertising by retailer type

- E-cigarette shop*: 100%
- Tobacco shop*: 86%
- Mass merchandiser: 70%
- Beer, wine or liquor store: 52%
- Convenience store: 50%
- All stores: 41%
- Grocery store: 28%
- Pharmacy: 10%
- Supermarket: 9%
- Other: 29%

* Represents fewer than 10 retailers

41% of audited tobacco retailers had exterior advertising for at least one tobacco product. E-cigarette shops, tobacco shops, and mass merchandisers were the most likely to have exterior advertising even though these are the least common types of tobacco retailers. Pharmacies and supermarkets were the least likely to have exterior advertising.
Exterior Marketing – Proximity to Schools

Tobacco retailers located within 1,000 feet of a school were more likely to have exterior tobacco ads than those more than 1,000 feet away. The difference was largest for cigarettes and menthol cigarettes.

Percent of tobacco retailers with exterior advertising by proximity to a school

- Any exterior advertising: 39% within 1,000 ft, 51% > 1,000 ft
- Cigarette: 34% within 1,000 ft, 45% > 1,000 ft
- Menthol cigarette: 21% within 1,000 ft, 29% > 1,000 ft
- Cigarillo: 12% within 1,000 ft, 11% > 1,000 ft
- Cigar: 10% within 1,000 ft, 13% > 1,000 ft
- Chew, snuff, or snus: 15% within 1,000 ft, 15% > 1,000 ft
- E-cigarette: 19% within 1,000 ft, 20% > 1,000 ft

Exterior advertising within 1,000 feet of a Montpelier school.
Interior Marketing – Tobacco Display Size

In many retailers, tobacco product displays are called “power walls” because of their size and impact on customer behavior. Tobacco distributors provide the cases and contract with retailers to require certain product displays. Even as cigarette sales decline nationwide, power walls create the impression that tobacco use is still the norm.
Youth exposed to tobacco displays and advertising are more likely to try to buy tobacco. We used a new measure to estimate the total size of tobacco displays (see Appendix B). Tobacco shops and pharmacies had the largest tobacco displays, even though few pharmacies had exterior advertising for tobacco.

Many retailers have contracts with tobacco distributors that govern display size, product placement, and advertisements. In 2012, tobacco companies spent $8.7 billion nationwide on cigarette and smokeless marketing at the point of sale.

1 Kim et al., 2013
2 2012 Federal Trade Commission Cigarette Report
One in 4 audited retailers had interior tobacco advertising within 3 feet of the floor, which is at eye-level for a small child. E-cigarette or vape shops and tobacco shops were most likely to have advertising close to the floor. Vermont does not require proof of age to enter tobacco shops.

Percent of tobacco retailers with interior tobacco advertisements within 3 ft. of floor by retailer type

- E-cigarette shop*: 100%
- Tobacco shop*: 57%
- Mass merchandiser: 40%
- Pharmacy: 35%
- Convenience store: 29%
- Any store: 26%
- Beer, wine or liquor store: 20%
- Supermarket: 16%
- Grocery store: 14%
- Other: 11%

* Represents fewer than 10 retailers
Placement of tobacco close to products popular with youth is a youth targeting tactic used by the tobacco industry. One in five retailers placed tobacco products near products popular with youth.

Percent of tobacco retailers that display tobacco products within 12 inches of toys, candy, gum, slushy/soda, or ice cream.
Overall, 38% of audited tobacco retailers advertised tobacco within three feet of the floor or close to youth products. This photo shows an e-cigarette brand stand next to Drink Blocks and “Toxic Waste” candy. As one of our youth auditors said, “When I walk into stores and I see cigarette advertisements right next to candy, they’re trying to tell me the cigarettes are delicious too.”
According to internal tobacco industry documents, “eye level is buy level.”[1] Counter displays are not prohibited by Vermont law, and some retailers may have contracts that require counter placement. 23% of audited retailers had e-cigarette displays on the counter.

**Percent of retailers with tobacco products on the counter by type of product**

- **Any product**: 28%
- **E-cigarette**: 23%
- **Cigarette**: 10%
- **Cigar**: 6%
- **Cigarillo**: 6%

[1] Legacy Tobacco Documents Library
Tobacco displays trigger cravings among smokers trying to quit.1,2

28% of stores selling tobacco quit medications placed nicotine replacement therapy within 12 inches of tobacco products. This included 19% of pharmacies selling tobacco.

Percent of audited retailers selling quit smoking medication that placed medication near tobacco products:

- 28% within 12 inches
- 72% > 12 inches

1 Carter et al., 2006
2 Wakefield et al., 2008
Both youth and adult smokers are more likely to buy tobacco when prices are low. The tobacco industry spends most of its marketing dollars to reduce prices at the point of sale.

- U.S. Surgeon General, 2014
- Federal Trade Commission, 2012
Product Pricing – Average Pack Price

- Vermont has a lower average pack price and cigarette tax than Massachusetts and New York despite having the 8th highest cigarette tax rate nationwide.¹ A federal ban on selling single cigarettes has helped to keep cigarette prices high.

- Cigarillos and small cigars, which are as popular with Vermont youth as cigarettes, can still be sold singly.

  - 65% of retailers sold single cigarillos.
  - 39% of stores with single cigarillos advertised them for less than $1.

*Note: We measured the posted pack price. Over 80% of stores excluded sales tax from their posted price.

¹ Campaign for Tobacco-Free Kids
Product Pricing – Discounts and Price Promotions

“Best Bargain”: Discount store promotion next to candy dispensers

“Special Price”: Discounts visible from outside a store

Yellow tickets show discounted products on a floor display

E-cigarettes on sale at a pharmacy

High tobacco prices are an extremely effective strategy to help smokers quit and prevent youth from starting to use tobacco.\(^1\) The tobacco industry uses a variety of discounting and promotional practices to keep tobacco prices low.

Name brand products such as Marlboro are both more expensive and overwhelmingly preferred by youth.\(^2\) An important industry marketing tactic is advertising name brand products and then providing steep discounts.

---

\(^1\) The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General 2014

\(^2\) Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012
Product Pricing – Discounts and Price Promotions

More than half of audited tobacco retailers discounted products. Cigarettes were the most commonly discounted products. Lower-priced tobacco products attract new youth users and make quitting more difficult. Tobacco companies spend over $7 billion per year on promotions to keep prices low.¹

<table>
<thead>
<tr>
<th>Product</th>
<th>Percent of tobacco retailers offering price promotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any product</td>
<td>54%</td>
</tr>
<tr>
<td>Cigarette</td>
<td>47%</td>
</tr>
<tr>
<td>Menthol cigarettes</td>
<td>33%</td>
</tr>
<tr>
<td>Cigarillos</td>
<td>26%</td>
</tr>
<tr>
<td>Chew, moist or dry snuff, dip, or snus</td>
<td>20%</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>12%</td>
</tr>
</tbody>
</table>

¹ 2012 Federal Trade Commission Cigarette Report
The majority of all tobacco retailers offered a discount on at least one type of tobacco product. Pharmacies were most likely to offer discounted tobacco products, followed by mass merchandisers (for example, big box stores) and convenience stores.
Retailers within 1,000 feet of a school were more likely to offer discounts in every product category except e-cigarettes. The largest differences were for cigarillos and smokeless tobacco.

3% of retailers near schools offered discounts for cigarettes purchased with smokeless tobacco, compared with less than one percent for stores farther from schools.
Appendix A. Detailed Methodology

- Stores were selected for the audit list if they had a tobacco license from the Vermont Department of Liquor Control. Store audit teams were assigned stores for auditing based on their community coalition coverage area. Towns without a community coalition were assigned to adjacent store audit districts or a Health Department district office.

- Data collection was performed using a mobile device, tablet, or paper form. Data from mobile devices and tablets were automatically uploaded to the Counter Tools Store Audit Center. Paper form data were entered by the store audit team into the store audit database using an electronic form in the Counter Tools Store Audit Center. Analyses in this report exclude stores that could not be audited or did not sell tobacco.

- Vermont store audit data were collated by staff at Counter Tools, and a final data file containing all data elements on the survey was provided to the Vermont Department of Health Tobacco Control Program. Counter Tools also provided a separate file containing demographic information for census tracts within the state. This included data on race/ethnicity, income and poverty, and urbanicity measures. The data were retrieved from American Fact Finder (factfinder2.census.gov). Race/ethnicity variables include all persons classifying as that race alone or in combination with any other race. Asian and Hawaiian/Pacific Islander were collapsed onto one variable. Counter Tools spatially joined store audit locations to the census tract inside which they were located using ArcGIS 10.1 thus connecting each audit with the appropriate census tract information. All Census variables were classified into quintiles or five categories with an equal or very similar number of tracts per category, except Percent Urban. The Census definitions of urban are as follows: Urban Cluster (UC): A territory that has at least 2,500 people but fewer than 50,000; Urbanized Area (UA): An area that contains a minimum residential population of at least 50,000 people. Percent urban for each census tract was calculated as the population living in an urban cluster or an urbanized area divided by the total census tract population, multiplied by 100. For our analyses, percent urban was recoded to a dichotomous variable because of the large extent to which Vermont is a mostly rural state. Census tracts in the top three quintiles of percent urban were defined as urban (68.4% urban and above), while tracts in the bottom two quintiles (68.3% urban and below) were defined as rural. Distance to schools is a Boolean variable and is true if the store audit location was within a 1,000-foot buffer around school point locations and false is it fell outside the buffer. Counter Tools collected school point locations from the National Center for Educational Statistics (NCES.ed.gov). A 1,000-foot buffer was calculated around each point location in ArcGIS 10.1 and store audit locations were classified based on their location within or without that buffer.

- All frequency and crosstab analyses were completed using SAS 9.3.
The Vermont Department of Health worked with the nonprofit organization Counter Tools to develop and field the Vermont Store Mapper and Store Audit Center. Counter Tools is a nonprofit organization that provides tools and technical assistance to evaluate the tobacco retail environment and identify interventions to reduce its impact on tobacco use. In May 2013 Health Department staff attended a Counter Tools training and subsequently piloted the Store Audit Center in Chittenden County, Vermont in July and August 2013. Five Community Coalitions and the Burlington Office of Local Health participated in the pilot. Based on the pilot results, the Health Department contracted with Counter Tools to support audits statewide.

The Health Department and Counter Tools used an adapted version of the Standardized Assessment for Tobacco Retail Settings (STARS) survey form. STARS was designed by the National Cancer Institute’s State and Community Tobacco Research initiative to “inform state and local tobacco control policies for the point of sale.” Counter Tools adapted limited STARS items based on Vermont regulations, changes in the national point of sale environment, and Health Department interest. Counter Tools added a pilot item to estimate the length and width of tobacco display units. During training, auditors used a model store to calibrate size estimates to the nearest foot and then estimated the length and width of display units during store audits. For analysis, we calculated the area of each display unit in the store and then summed within stores to estimate the total display square footage.

In October 2014 Counter Tools staff conducted one full-day in-person training for Store Audit Center team leads from 16 community coalitions, one Health Department district office, and one youth coalition on the Store Mapper and Audit Center. Store audit teams received audit manuals for the field, including pictorial definitions, which were available online for the duration of the audit period. The in-person training was followed by two follow-up Webinars after the leads completed test audits to discuss challenges, questions about the audit form and definitions, and other concerns. This is equivalent to training of professional data collectors in university-based research studies. Counter Tools made additional changes to the audit form based on feedback from store audit team leads.

The store audit team lead in each audit district trained additional team members and organized all audits in their area for tobacco, alcohol, and food. Store Audit Teams conducted audits from October 27, 2014 through January 1, 2015. Technical assistance from Health Department and Counter Tools staff was available as needed for the entire audit period.
### Appendix C. Sample Characteristics

<table>
<thead>
<tr>
<th>Audits completed/reasons why not</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I can</td>
<td>767</td>
<td>87%</td>
</tr>
<tr>
<td>Yes, I can because I am over 18, but the store does not allow under 18 to enter</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>No, store is closed</td>
<td>36</td>
<td>4%</td>
</tr>
<tr>
<td>No, asked to leave before completing the survey</td>
<td>24</td>
<td>3%</td>
</tr>
<tr>
<td>No, environment is unsafe for me</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>No, membership or fee required to enter</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>Other (for example: seasonal retailer, closed for renovations, couldn’t find store, doesn’t sell tobacco, private club)</td>
<td>42</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>885</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Appendix C. Sample Characteristics

<table>
<thead>
<tr>
<th>Region/coalition that audited</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT - Bennington</td>
<td>32</td>
<td>4%</td>
</tr>
<tr>
<td>ATOD – Northeastern Vermont Regional Hospital</td>
<td>33</td>
<td>4%</td>
</tr>
<tr>
<td>Brattleboro Area Prevention Coalition</td>
<td>33</td>
<td>4%</td>
</tr>
<tr>
<td>Boys and Girls Club of Greater Vergennes</td>
<td>49</td>
<td>6%</td>
</tr>
<tr>
<td>Burlington Partnership for a Healthy Community</td>
<td>66</td>
<td>7%</td>
</tr>
<tr>
<td>Community Connections/Central Vermont New Directions</td>
<td>94</td>
<td>11%</td>
</tr>
<tr>
<td>Community Prevention of Orange and Windsor</td>
<td>67</td>
<td>8%</td>
</tr>
<tr>
<td>Connecting Youth</td>
<td>36</td>
<td>4%</td>
</tr>
<tr>
<td>Collaborative</td>
<td>38</td>
<td>4%</td>
</tr>
<tr>
<td>Deerfield Valley Community Partnership</td>
<td>16</td>
<td>2%</td>
</tr>
<tr>
<td>Essex CHIPS</td>
<td>27</td>
<td>3%</td>
</tr>
<tr>
<td>Franklin Grand Isle Tobacco Prevention Coalition</td>
<td>85</td>
<td>10%</td>
</tr>
<tr>
<td>Greater Falls Connections</td>
<td>20</td>
<td>2%</td>
</tr>
<tr>
<td>HealthWorks ONE – Northeast Kingdom Learning Services</td>
<td>51</td>
<td>6%</td>
</tr>
<tr>
<td>Milton Community Youth Coalition</td>
<td>23</td>
<td>3%</td>
</tr>
<tr>
<td>Morrisville District Office</td>
<td>53</td>
<td>6%</td>
</tr>
<tr>
<td>Mt. Ascutney Prevention Partnership</td>
<td>41</td>
<td>5%</td>
</tr>
<tr>
<td>Rutland Area Prevention Coalition</td>
<td>104</td>
<td>12%</td>
</tr>
<tr>
<td>Winooski Coalition for a Safe and Peaceful Community</td>
<td>18</td>
<td>2%</td>
</tr>
</tbody>
</table>
Appendix D. Surveys – Tobacco

### Vermont Retail Assessment Form

**Name:**

**Date/Time:**

**Name of store you are auditing:**

#### Vermont Retail Assessment Form (continued)

**Vermont Core Assessment Module:**

1. Store Name: Does the actual store name match the assigned store name?
   - [ ] Yes, store name matches assigned name
   - [ ] No - Enter correct name below

2. Store Address: Does the actual store address match the assigned store address?
   - [ ] Yes, actual address matches assigned address
   - [ ] No - Enter correct address below

3. Can you survey this store? (If not, then select an option below and STOP!)
   - [ ] Yes, I can
   - [ ] Yes, I am because I am over 18, but this store does not allow under 18 to enter
   - [ ] No, store does not exist
   - [ ] No, store is closed
   - [ ] No, under 18 not allowed to enter
   - [ ] No, membership or fee required to enter
   - [ ] No, environment unsafe for me
   - [ ] No, asked to leave before completing the survey
   - [ ] Other (specify below)

**Specify Other:**

[URL Provided]

---

### Vermont Retail Assessment Form

**4. Which products are advertised outside the store (on windows/doors, building, sidewalk or elsewhere)?:**

- [ ] Yes
- [ ] No

- [ ] Cigarettes – non-menthol
- [ ] Cigarettes – menthol
- [ ] Cigarettes/tobacco
- [ ] Chew, moist or dry snuff, dip or snus
- [ ] Electronic cigarettes

**5. Store type (Choose one):**

- [ ] Convenience store with or without gas (e.g., Maplesfield, Cumberland Farms, Stewart’s)
- [ ] Drug store/pharmacy (e.g., Rite Aid, Walgreens, Kinney Drugs)
- [ ] Beer, wine or liquor store
- [ ] Grocery store (e.g., small market/produce market)
- [ ] Supermarket (e.g., Hannaford, Shaws, Price Chopper)
- [ ] Mass merchant (e.g., WalMart, Costco, BJ’s, Sam’s Club) or discount store (e.g., Costco) or other tobacco shops)
- [ ] Tobacco shop (e.g., cigar shops, hookah bars, or other tobacco shops)
- [ ] E-Cigarette store
- [ ] Other, e.g., bait & tackle (Specify below)

**Specify Other:**

[URL Provided]

---

**6. Any tobacco products sold here (i.e., cigarettes, cigars, cigarillos/tobacco, chew, moist or dry snuff, dip, snus, or e-cigarettes) (Choose one):**

- [ ] Yes and visible to customers
- [ ] Yes but not visible to customers
- [ ] No

**7. Does the store have a pharmacy counter?**

- [ ] Yes
- [ ] No

**8. Does the store display a sales to minors warning sign?**

- [ ] Yes
- [ ] No

**9. Does the store sell tobacco paraphernalia (e.g., wrapping papers, blunts, wraps, pipes)?**

- [ ] Yes
- [ ] No

**10. Are tobacco products displayed within 12 inches of nicotine replacement therapy (e.g., patches, gum, lozenges)?**

[URL Provided]
Survey – Tobacco

[Survey Questions]

11. Answer these questions about cigarettes:
   a. Any cigarettes sold here? 
   b. Menthol cigarettes sold here? 
   c. Any cigarettes (menthol or non-menthol) within 12 inches of toys, candy, gum, skahyphasia machines, or ice cream? 
   d. Cigarette ad (menthol or non-menthol) within 3 feet of the floor? 
   e. Any cigarette price promotions? 
   f. Any menthol cigarette price promotions? 
   g. Any cigarettes displayed on the counter? 

12. Look at the tobacco merchandising area at the checkout area. Is the area one continuous shelving, display, or overhead unit, or is it split into multiple shelving, display, or overhead units?
   a. One continuous shelving, display, or overhead unit 
   b. Multiple shelving, display, or overhead units 

[Shelving Dimensions]

Shelving, Display or Overhead Unit 1
- Height: __ ft. 
- Width: __ ft. 

Shelving, Display or Overhead Unit 2
- Height: __ ft. 
- Width: __ ft. 

Shelving, Display or Overhead Unit 3
- Height: __ ft. 
- Width: __ ft. 

Shelving, Display or Overhead Unit 4
- Height: __ ft. 

[Other Products]

- Sold here? 
- Flavored products? 
- Single sold here? 
- Advertised for less than $1? 
- Product within 12 inches of toys, candy, gum, skahyphasia machines, or ice cream? 
- Product ad within 3 feet of floor?
# Survey – Tobacco

17. WIC and/or SNAP (i.e., food stamps, EBT (Squares/VT)) accepted here?:
   - **Yes**
   - **No**

<table>
<thead>
<tr>
<th>PRICES</th>
<th>Marlboro Red</th>
<th>Newport menthol (regular hard pack)</th>
<th>Blu disposable e-cigarette (menthol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sold here?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>b. Enter single pack/item price:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Sales tax included?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How was the price obtained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Marlboro Red</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>19. Newport menthol (regular hard pack)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>20. Blu disposable e-cigarette (menthol)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Survey – Alcohol

VERMONT RETAIL ASSESSMENT FORM

Name: ______________________  Date: _______  Name of store you are auditing: ______________________

VERMONT ALCOHOL ASSESSMENT MODULE

1. Alcoholic beverages sold here?: ☐ Yes  ☐ No

2. Alcoholic beverages:

Beer, Wine, Alcopops & Alcoholic Energy Drinks

☐ Ads on doors or windows present?  ☐ Yes  ☐ No
☐ Ads outside of store (telephone pole, lawn sign, etc.) present?  ☐ Yes  ☐ No
☐ Ads inside of store present?  ☐ Yes  ☐ No
☐ Products on promotion within 3 feet of the floor present?  ☐ Yes  ☐ No
☐ Cooler ads (or cooler display present)?  ☐ Yes  ☐ No
☐ Floor display and/or standing posters present?  ☐ Yes  ☐ No
☐ Free item with purchase present?  ☐ Yes  ☐ No
☐ Alcopops next to or mixed with non-alcoholic beverages present?  ☐ Yes  ☐ No

10. Is alcohol displayed in the checkout area?:

☐ Yes  ☐ No

11. Is alcohol displayed within 12 inches of toys, candy, gum, soda/machine, or ice cream?:

☐ Yes  ☐ No
## Vermont Food Assessment Module

### Store Type:
- Convenience store with or without gas (e.g., Wawa, Cumberland Farms, Stewart’s)
- Drug store/pharmacy (e.g., Walgreens, Pharmacy Plus)
- Beer, wine or liquor store
- Grocery store (e.g., small market, produce market)
- Supermarket (e.g., Walmart, ShopRite, Price Chopper)
- Mass merchant (e.g., WalMart, Costco, BJ’s, Sam’s Club) or discount store (e.g., Family Dollar)
- Tobacco shop (e.g., cigar shops, hookah bars, or other tobacco shops)
- Other, e.g., fast food

### Beverages

<table>
<thead>
<tr>
<th>Beverage</th>
<th>a. Available?</th>
<th>b. Price for smallest unit</th>
<th>c. Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular soda</td>
<td>Yes</td>
<td>$1.20</td>
<td>oz.</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% juice</td>
<td>Yes</td>
<td>$1.00</td>
<td>oz.</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Sugar Sweetened Beverages (Including Juice Drinks, Sports, Energy, and Sweetened Coffee Drinks):

<table>
<thead>
<tr>
<th>Available?</th>
<th>c. Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>oz.</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Bottled Water

<table>
<thead>
<tr>
<th>Available?</th>
<th>Price for smallest unit</th>
<th>c. Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>$1.00</td>
<td>oz.</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Fruit and Vegetable Availability

#### Canned/Jerried Vegetables

<table>
<thead>
<tr>
<th>Available?</th>
<th>Are low-sodium items available?</th>
<th>Are items in sauces (e.g., cheese, butter, gravy, heavy syrup) available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Canned/Jerried Fruit

<table>
<thead>
<tr>
<th>Available?</th>
<th>Are low-sodium items available?</th>
<th>Are items in sauces (e.g., cheese, butter, gravy, heavy syrup) available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Frozen Vegetables

<table>
<thead>
<tr>
<th>Available?</th>
<th>Locally grown in Vermont?</th>
<th>Are low-sodium items available?</th>
<th>Are items in sauces (e.g., cheese, butter, gravy, heavy syrup) available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Frozen Fruit

<table>
<thead>
<tr>
<th>Available?</th>
<th>Locally grown in Vermont?</th>
<th>Are low-sodium items available?</th>
<th>Are items in sauces (e.g., cheese, butter, gravy, heavy syrup) available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**Vermont Department of Health**

**May 2015**
### Survey – Food

<table>
<thead>
<tr>
<th>Item</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Fresh fruit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Fresh vegetables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Fresh fruit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Are there any point-of-purchase signs promoting the produce?:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12. Slm milk (unflavored)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. 1% or 2% milk (unflavored)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dairy

#### Whole milk (unflavored):
- a. Available?
- b. Price for smallest unit
- c. Unit
- Specify Other

#### Flavored milk product:
- a. Available?
- b. Price for smallest unit
- c. Unit
- Specify Other

#### Reduced fat dairy (cheese, yogurt):
- a. Available?
- b. Single serving sizes available?