

June 28, 2019

The Honorable Sonny Perdue
Secretary
U.S. Department of Agriculture
1280 Maryland Avenue, SW
Washington, DC 20250

Dear Secretary Perdue:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to recommend that the U.S. Department of Agriculture (USDA) study the national prevalence, impact, and solutions to the problem of food mirages, food swamps, and food oases as food environments distinct from food deserts.

The AMA has long-standing policy calling for education of the health care community and public about the importance of healthy and ecologically sustainable food systems, with ongoing advocacy efforts aimed at improving U.S. public health and food sustainability. Food insecurity has been recognized as an important social determinant of health, defined as a household-level economic and social condition of limited or uncertain access to adequate food, with either disrupted eating patterns or reduced food intake.¹ According to the USDA, 11.8 percent of U.S. households were food insecure in 2017, totaling 15.0 million households. Twenty percent of this cohort, or 2.9 million food-insecure households, had children.²

The USDA initially developed the food insecurity measure used in the United States in part because of the negative health outcomes that are associated with food insecurity. Health care professionals and policymakers alike realize the importance of examining and mitigating the negative health outcomes related to food insecurity.³ The USDA has defined a food desert as a low-income census tract where a significant number or share of residents have low access to a full-service supermarket or grocery store, with low access considered those residing more than one mile in urban areas and 10 miles in rural areas from a full-service grocery store. The last report studying the consequences of food deserts by the agency was completed in June 2009.⁴ Additionally, conventional food desert assessments have not considered the impact of food swamps, food mirages, and food oases.

Food swamps are characterized as areas where large relative amounts of energy-dense snack foods inundate healthy food options or geographic areas with disproportionate access to energy-dense, nutrient-poor foods. Food mirages are food environments where healthy foods may be available, but prices are beyond the means of those living nearby, making them functionally equivalent to food deserts in that long journeys are needed to obtain food. These food environments may not be assessed during routine analysis

¹ <https://www.ers.usda.gov/webdocs/publications/79761/err-215.pdf?v=0>

² https://www.ers.usda.gov/webdocs/publications/90023/err256_summary.pdf?v=0

³ <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2015.0645>

⁴ https://www.ers.usda.gov/webdocs/publications/42711/12716_ap036_1_.pdf

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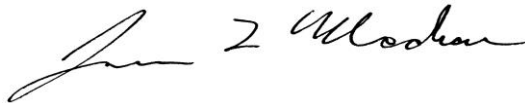
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of food deserts, due to their proximity to healthy food options. However, access may still be compromised by cost or ability to use federal assistance offered by entities such as the Supplemental Nutrition Assistance Program (SNAP). Lastly, food oases are best described as any place where people have the best possible access to healthy options and eating environments where access includes financial and physical access to healthy foods and drinks that are high quality, affordable, culturally acceptable, and meet the nutritional needs of the people in the community.

Food swamps, food mirages, and food oases are all distinct from food deserts, and require independent evaluation assessing their contribution to food insecurity in the United States. With increasing focus on the social determinants of health as fundamental drivers of health outcomes, and the negative effects of food insecurity on patient populations in both local and national settings, we strongly recommend that the USDA study the national prevalence and impact of food swamps, food mirages, and food oases.

Thank you for considering the AMA's views. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD