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Title: Food Environments and Challenges Accessing Healthy Food

Introduced by: Seth Moffatt for the Medical Student Section

Original Authors: Sameen Ansari, Megan Byrne, David Lee, Jessica Montgomery, Brent Oldham, and Truman Silva

Referred to: Reference Committee D

House Action: **APPROVED AS AMENDED**

Whereas, over 29.7 million Americans live at or below 200 percent of the federal poverty level¹, and

Whereas, food security, diversity, and accessibility significantly impact individual and community health¹, and

Whereas, a food desert is defined by the United States Department of Agriculture 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, where low access is defined as residing more than 1 mile from a full-service grocery store in urban areas and more than 10 miles from a full-service grocery store in rural areas^{1,2}, and

Whereas, a food swamp can be 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^{3,4,5,6}, and

Whereas, a food mirage is a food environment distinct from food deserts in that 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^{7,8,9}, and

Whereas, food mirages are often invisible to conventional food desert assessment criteria due to their proximity to healthy food options and thereby causing an illusion of access^{7,10}, and

Whereas, conventional food desert assessments can inaccurately assume that grocery store prices are reasonably similar, and that any full-service grocery store can serve consumers equally well as points of access to healthy foods⁷, and

Whereas, though grocery store food can be relatively affordable compared to those of other stores, it does not equate to being affordable for low-income residents who may be struggling to consistently put food on the table⁹, and

Whereas, not only is price at times the strongest motivator for deciding where one shops or if one is even able to shop, consideration for whether their choice stores accept federal assistance dollars further sways their decisions^{9,11}, and

Whereas, a food outlet’s choice of inventory and impact on a community’s food diversity are influenced heavily by community interest and consumer financial capability^{12,13}, and

Whereas, a food oasis is best described as “any place where people have the best possible access to healthy options and eating environments” where “access includes financial and physical

55 access to healthy foods and drinks that are high quality, affordable, culturally acceptable, and meet
56 the nutritional needs of the people in the community,"¹⁴ and

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58 Whereas, previous studies examining food oases effectively consider them the gold standard
59 for communities to strive for^{15,16,17}, and

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61 Whereas, American Medical Association (AMA) policies such as D-150.978 and 150.034MSS
62 provide no guidance on identification of food oases, which makes it more difficult to differentiate
63 between communities that may or may not have access to healthy, affordable food alternatives¹⁸, and

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65 Whereas, although the aforementioned AMA policies aim to address disparities secondary to
66 functional access to food including cost, ethnic preferences, and education, these alone are unlikely to
67 resolve the distinct challenges faced by food swamps and food mirages¹⁸, and

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69 Whereas, by accounting only for food deserts, which are measured in literature and policy by
70 physical proximity to healthy foods, and omitting consideration of consumer socioeconomic or
71 cultural factors, "food environment literature takes on a singular narrative and a narrow conceptual
72 representation of the barriers people face to accessing food;"¹⁸ therefore be it

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74 RESOLVED: That MSMS work with appropriate stakeholders to advocate for the study of the
75 national prevalence and impact of food mirages, food swamps, and food oases as food environments
76 distinct from food deserts; and be it further

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78 RESOLVED: That MSMS ask Michigan Delegation to the American Medical Association (AMA)
79 that the AMA work with appropriate stakeholders to advocate for the study of the national prevalence
80 and impact of food mirages, food swamps, and food oases as food environments distinct from food
81 deserts; and be it further

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83 RESOLVED: That MSMS work with appropriate stakeholders to advocate for policies and
84 programs sensitive to challenges specific to each food environment distinct from food deserts in
85 increasing accessibility of healthy foods in food outlets opened within those areas.

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88 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Fresh Produce Access and Intake in Food Deserts (pending final approval by the 2018 MSMS HOD)
MSMS supports access to fresh produce and food education programs within food desert
communities (as defined by the US Department of Agriculture) including programs and policies that
remove barriers to and incentivize mobile produce market operations and the purchasing and
consumption of fresh produce. (Res86-17)

Food Bank and Pantry Distribution of Nutrient-Dense Foods (pending final approval by the 2018
MSMS HOD)

MSMS supports of the use of existing national nutritional guidelines for food banks and food pantries,
as well as the sustainable sourcing of healthier food options and the dissemination of user-friendly
resources and education on healthier eating by food banks and food pantries. (Res57-17)

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