



LETTER FROM THE EDITOR

Dear Readers,

Welcome to the special edition of Free-From Magazine. September is Hunger Action Month, and this year Food Equality Initiative proclaims September 14th as National Food is Medicine Day. Therefore, we have decided to dedicate this month's issue to the Food is Medicine movement. To explain the importance of this movement for individuals with food allergies, I'll let our Seven Percent Coalition member, Center for Food Allergy & Asthma Research (CFAAR) take over.

Sofia Gillespie
Editor in Chief,
Free-From Magazine

Food Allergy (FA) has become a major public health concern in the United States and impacts up to 32 million people nationwide, including 11% of adults and 8% of children.^{1,2}

As food is such an integral part of everyday life, those living with food-related conditions are often impacted emotionally, physically, and financially as they practice constant vigilance to avoid potential reactions and try to ensure safe, nutritious, and affordable food options are readily available for their families. With how widespread FA has become in the U.S.,

previous research has also shed light on the economic and racial disparities associated with this condition.

From a financial standpoint, FA poses a significant burden on families, costing families and the health care system close to \$25 billion annually (\$4,184 per child) due to factors such as medical costs, missed days of work, and special diets.³ Additionally, those from low-income households are spending 2.5x more on ER visits and hospitalizations, and significantly less on specialty care, necessary medications, and special diets than those from high-income households.^{3,4} Because many low-income households rely on the Medicaid program for their health insurance, lack of access to the physicians who can diagnose and manage FA may contribute these observed disparities in economic burden. Recent studies of children enrolled in the Medicaid program found that only 1% received health care for their FA.⁵

In addition, among children enrolled in the Medicaid program, Black, Asian, and Pacific Islander/Native American

children were more likely to have FA than white children. Similar to the general population, Black children insured through the Medicaid program were also more likely to have an ER visit for FA than white children.⁶ These findings signal a need to better understand reasons for these differences including awareness, access to care, and service utilization patterns among low-income households and across racial groups.

Since the onset of COVID-19, an estimated 50 million Americans are facing food insecurity, and those with FA are particularly vulnerable as they try to find accessible and nutritional options for their families with limited options.⁷

Regarding special diets, access to both safe and affordable food options is critical to the successful management of FA.

Food is medicine.

-CFAAR Team

*references located on page 33



@FOODEQUALITY
#FOODEQUALITY

Free-From MAGAZINE

a lifestyle resource from Food Equality Initiative

In This Issue

BRAND SPOTLIGHT

Bread SRSLY

MEET ROSE

Being diagnosed with celiac disease comes with a cost

NAVIGATING ADULTHOOD WITH EOE

Relearning how to eat is hard, especially as an adult

ALERGIAS, UN DÍA A LA VEZ

Aprender toma tiempo, la tarea será más fácil y rápida, lo prometo

THE GROCERY STORE: A SCAVENGER HUNT

Finding free-from products is not a piece of cake

FLEXIBLE GIVING: TIME & ADVOCACY

Giving time can be just as impactful as giving money

HUNGER ACTION MONTH INFOGRAPHIC

Keep up to date with all the national holidays in September, including the new National Food is Medicine Day

FOOD IS MEDICINE

We interviewed 3 healthcare professionals and this is what they had to say

THE FOOD IS MEDICINE MOVEMENT

A list of organizations involved in the movement

7% SCOOP - UPDATES

The Seven Percent Coalition just had their quarterly meeting and here's what's new + CFAAR Spotlight

RECIPES* AND CRAFT - BOOKMARKS

- Try some sweet and savory grilled cheese and a roasted carrot bisque from this month's recipes

- Take some FEI swag on your next trip to the library

*Disclaimer: The recipes included in Free-From Magazine are suggestions. They may not be free-from all Top 9 Allergens. Please read carefully and make any substitutions that are necessary for your diet. Consult your doctor if you have questions or concerns. NOTE: Cooking is a science experiment and some ingredient substitutions may not produce the same results.

04
07
09
12
14
18
20
22
28
30
34

BRAND SPOTLIGHT

Bread SRSLY

Good Food Naturally!

Bread SRSLY is on a mission to reunite people with sourdough when they thought good bread was off the table for them.

Made from a few simple ingredients, Bread SRSLY bakes delicious and nourishing sourdough bread that is gluten-free and top 9 allergen-free.

The authentic sourdough undergoes a long, wild fermentation process, which unlocks nutrients from the gluten-free grains into more easily-digestible forms. The result is a gut-friendly bread that nourishes you from the inside out with a delicious, authentic sourdough tang.

In addition to being certified gluten-free and made in a dedicated gluten-free facility, Bread SRSLY's products are also certified vegan, kosher, and non-GMO.

Bread SRSLY started with founder and CEO Sadie Scheffer leaving an engineering program at MIT and following her gluten-intolerant crush to San Francisco, California. She learned to bake loaves of gluten-free sourdough bread in hopes of winning him over. (Spoiler alert: it worked!) Now,



a team of amazing people in Berkeley, California work to get this gluten-free sourdough out into the world, while simultaneously building a better workplace and a stronger community.

"Our company is the collective creation of people who care deeply about their work and the joy it adds to the world. We are caretakers of a unique workplace culture that, like our sourdough starter, grows and evolves and nourishes. We hope each loaf of bread we make tells our story of radical teamwork."

-Sadie Scheffer

This Hunger Awareness Month, the team at Bread SRSLY is especially inspired to tell the story of Berkeley Food Network and its impact.

Each week, Bread SRSLY donates the surplus and aesthetically imperfect loaves to Berkeley Food Network (BFN), a local organization in Berkeley, California that provides easy and convenient access to healthy, high-quality, free food for people who need it. BFN currently serves 5,000 people each week through their on-site pantry, mobile food pantries, and more.

Partnering with a variety of local food manufacturers, like Bread SRSLY, allows them to provide dietary options for those who are gluten-free or have food allergies or restrictions. They look forward to expanding their allergy-friendly food partnerships and offerings even more to meet the dietary needs of everyone within their network.





“It’s an honor to partner with Berkeley Food Network. With their help, people can access free, nourishing, allergy-friendly food in a way that also diverts food waste, and strengthens the resilience of our local food producer community,” states Sadie Scheffer

To learn more about or make a donation to the Berkeley Food Network, visit berkeleyfoodnetwork.org. You can also follow their work on Instagram @berkeleyfoodnetwork for helpful tips on reducing food waste and a sneak peek into their food hub, where they work to get food to people who need it.



To learn more about Bread SRSLY, or place an online order for gluten-free sourdough, visit breadsrslly.com. You can also follow @breadsrslly on Instagram for recipe inspiration, behind-the-scenes peeks, company culture, and more.

“When I eat our products, I feel like I’m giving my body a hug. That is nourishment to me.” - Sadie Scheffer, Founder and CEO of Bread SRSLY



FEI FAMILY MEMBER: ROSE LADWIG

Understanding the Cost of Celiac Disease

Sarah Guthrie

“Shocked” is how 52-year old Rose Ladwig describes finding out that she has celiac disease.

I was not sick as a child but suddenly, in 2017, I began having diarrhea and vomiting,” she remembers. “I thought it was the flu.”

She was at a medical appointment in her home town of Nevada, Missouri when she almost passed out. They sent

her to the Nevada Regional Hospital. After an endoscopy, colonoscopy, and a biopsy (medical tests) on her stomach she found out the cause of her sudden illness – celiac disease.

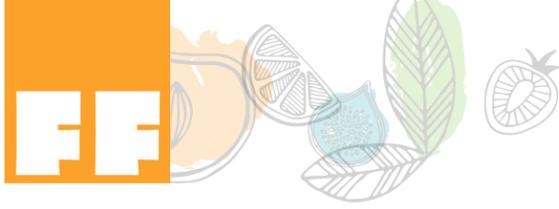
“I learned that the only treatment is a gluten-free diet and I was like, ‘oh my gosh, I’ve been eating processed food all my life and suddenly I have to change?’” she says.

This wasn’t the only shock. Rose, who is disabled and receives disability and SNAP (Supplemental Nutrition Assistance Program) benefits, discovered the high cost of gluten-free items when she went to restock her shelves. This made it difficult for her to pay her other bills.

She is not alone in suffering from the high cost of gluten-free food.

According to a study published in 2019, **Persistent Economic Burden of the Gluten Free Diet**, “gluten-free products were more expensive (overall 183%), . . . in all regions and venues studied.”

Fortunately, one of Rose’s therapists told Rose about a gluten-free food pantry in Kansas City that she had heard about on the news. That pantry was run by Food Equality Initiative.



“I looked it up and called Emily,” Rose says. After her doctor sent her diagnosis to FEI, Rose was able to visit the pantry for the first time in 2018.

“I was so glad Emily started it!” Rose says. “It was amazing to have a pantry for people like me – at the regular pantry there was hardly anything I could eat.”

Thanks to FEI, Rose says she can now stretch her food stamps to the end of the month and not use the money she had allocated for other living expenses to buy food. She estimates that she gets 50% of the food she eats from FEI.

Although Rose was thankful for the pantry, it was sometimes difficult for her to travel the 200-mile round trip from Nevada to Kansas City. She says that FEI’s new delivery service, piloted in 2020, is “a God-send” and has made a huge difference. The food she needs is now delivered to her door. This saves on gas money, plus wear and tear on her car.

Rose has also discovered some delicious new foods through FEI – such as the brownie mix from Mama Resch’s and the breakfast ovals from Enjoy Life. She especially likes the gluten-free breads and pancake mixes; and she’s looking forward to trying the new crepe mix.

“It feels wonderful to know that someone (FEI) knows what we go through and they are there to help us out,” she says.

“Gluten-free products were more expensive (overall 183%), ... in all regions and venues studied.”

Seeing isn’t always believing.

While Rose is adept at finding the silver lining in her diagnosis, she wishes others would be more understanding. A former Hallmark retail merchandiser for Walmart, Rose left the workforce in 2016 because of mobility issues. She’s glad she doesn’t have to explain to her colleagues why she would have to bring her own food to company dinners. But, even her family has a hard time understanding. “When the holidays come around I know I can eat the turkey and mashed potatoes, but not the gravy,” she says. “It’s difficult, but we manage.”

Her grandchildren are not convinced. Her 14-year old grandson says he feels sorry for her because she can’t have cake for her birthday.

“At first it hurt to hear him say it, but now I just bring ice cream or something I can eat to the party,” she says. “And when he tells me he feels bad for me, I tell him I’d rather be safe than sorry.”

Rose says it’s not surprising that her two daughters and their children have difficulty understanding her new diet. None of them have food allergies.

To encourage more understanding, she suggests:

- Take your family with you when you go shopping or to a food pantry to show them how hard it is to find food.
- Take them with you to doctor appointments so that they can learn about celiac or food allergies.
- Introduce them to FEI and its resources.

“Your family needs your support,” Rose says. “It’s new for them, too.”



ABOUT SARAH
Sarah Guthrie is an award-winning writer and seasoned development professional. She began volunteering for FEI in 2019, where she helps with fundraising and communications. Sarah is also a dedicated food allergy mom.



NAVIGATING

Adulthood with EoE

Stephanie Ulrich

THE OPEN COOKBOOK

Growing up, I was able to eat anything and everything.

I lived for Chinese dumplings and scallion pancakes, cheesy quesadillas, mint chocolate chip ice cream. And, I was known for having an insatiable (never-ending) appetite. While as a kid I was diagnosed with extensive environmental allergies and moderate-to-severe asthma, food allergies and other food-related conditions were not on my radar.

It wasn’t until my twenties that my food allergy journey began. A few months after finishing graduate school and moving to New York City, I developed a yeast allergy that nearly landed me in the hospital due to asthma complications. Little did I know that this was only the beginning of my

reactions to food—over the next few years, I developed a gluten intolerance as well as an allergy to shellfish and mollusks.

While I cried many tears over the thought of never having an authentic NYC bagel ever again, after eliminating those foods from my diet, I felt so much better. I experienced so much more energy! I learned to adapt to my gluten-free lifestyle and other food restrictions, discovering new restaurants and bakeries that could accommodate my dietary needs. With my body responding so positively to the changes, I felt like I finally had my diet under control. However, eight years after developing my first food allergy, my already restricted diet flipped upside down once again.

One late September morning, I woke up and could barely eat or even drink water. Every sip or bite of food caused a searing pain in my chest. I knew something was really wrong when I could barely swallow; I lost twenty pounds in a month. Even walking was

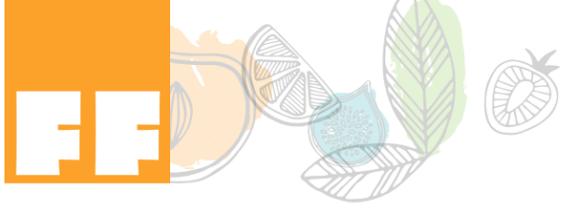
a challenge due to severe chest and stomach pain.

Luckily, my gastroenterologist was able to perform an endoscopy (putting a camera down my throat) to see what was causing my painful symptoms. Biopsies confirmed that I have eosinophilic esophagitis, a chronic allergic disease of the esophagus.

What is EoE?

Similar to many others who are also diagnosed with eosinophilic esophagitis (EoE), I had never heard of this disease, let alone knew how to pronounce it.

“I cried many tears over the thought of never having an authentic NYC bagel ever again.”



Since my doctor didn't explain EoE to me in much detail after the diagnosis, I started to do my own research and through the [American Partnership for Eosinophilic Disorders \(APFED\)](#) and the [CURED Foundation](#), discovered that EoE is a newly identified rare disease, impacting roughly 1 out of 2000 people in the United States. It is an immune-mediated allergic condition that causes inflammation in the esophagus. In other words, when someone with EoE is exposed to food or environmental allergens (personal triggers), eosinophils (a type of white blood cell) accumulate in the esophagus, causing inflammation and even tissue damage.

One of the most frustrating things about EoE is the difficulty in determining your personal EoE triggers. Every patient with EoE has their own unique sensitivities and unfortunately the standard allergy skin-prick test does not always correlate with EoE triggers. This results in a very long and tedious process of

food trials and repeat endoscopies, having to test out individual foods one at a time.

During a food trial, a patient and their medical team will determine what food will be trialed over 6-weeks to a few months. At the end of the food trial, an endoscopy with biopsies will be performed to determine if eosinophils are present in esophageal tissue. If there aren't any eosinophils, the food trial is considered a success and the food is safe to eat. However, if eosinophils are present in the tissue sample, that determines the trialed food is an EoE trigger food and should be removed from the patient's diet.

Considering the symptoms I had been experiencing, my EoE diagnosis made a lot of sense: chest and stomach pain, acid reflux, difficulty swallowing, choking, and rapid weight loss. In many ways the diagnosis was a relief since I finally had a name for what was causing me so much pain. However, this was just the beginning of my EoE journey.



The Diagnosis is Just the Beginning

My EoE diagnosis complicated my life in ways I never could have imagined. In addition to learning how to manage my new condition, I started to avoid social situations, especially if food was involved. I felt incredibly isolated and singled-out in many social environments, feeling uncomfortable having to explain why I wasn't eating.

Since I have extensive EoE food triggers (it is easier for me to say what I can eat vs. can't), I am unable to eat at most restaurants or even the majority of prepackaged snacks and fruit. Suddenly I had to prepare all of my food from scratch. This made daily life pretty complicated—going to work meant making sure I had enough food to last all day, attending any type of social function required a lot of planning and bringing my own meals, and travel suddenly felt unattainable.

If preparing food was not time-consuming enough, I found myself running around the city between my GI doctor, allergist, and dietitian, while still managing a high-pressure full-time job. Being diagnosed with EoE and food allergies as an adult is incredibly challenging and it is hard to imagine the obstacles until you go through the experience yourself.

Food loss and grief are very real.

Now that it has been nearly three years since my EoE diagnosis, here are a few key pieces of advice that I would give someone else going through a similar situation.

Give Yourself Space to Grieve

When faced with new food allergies or intolerances, it can feel overwhelming and exhausting. Not only are you learning how to scrutinize food labels and cook with different ingredients, but you are also going through a grieving process. Food loss and grief are very real. Food allergies impact not only your day-to-day, but family events, holidays, traveling, and cultural food connections.

Before developing food allergies, intolerances, and EoE, I took for granted how much food permeates everyday life. Food is everywhere you look and plays such a strong role in our social lives. Please remind yourself that it is okay to take all the time that you need to feel all of the emotions that come with the grieving process.

Food is Medicine

When you live with food allergies and EoE, eating allergy-safe food is actually part of your medical treatment. Sadly, there is no magic pill that cures it, but eating the right foods can treat EoE and improve my health. However, diet must

be approached with bio-individuality (no single diet is just right for everyone) in mind. Something I've learned over these past few years is that it is possible to be allergic to anything—even foods that are traditionally considered "healthy." It is important to remember that what is "healthy" for one person, might cause an allergic reaction or negative immune response in someone else.

I've definitely encountered a lot of disbelief and surprise that I have to avoid so many different foods. While I initially felt very self-conscious explaining my EoE triggers, through time I have learned the importance of self-advocacy. It can be very challenging for others to understand why I have to maintain such a restricted diet but this is the only way I can remain healthy and keep my EoE under control.

Finding a Support System

Food allergies and EoE can feel very isolating and finding a support system is key to making this huge lifestyle change actually sustainable. There are many types of support systems out there whether it is having family and friends who listen and learn about your condition, to meeting others with food allergies on social media and even patient-education conferences where you are surrounded by others who understand the unique challenges of what it is like to live with food allergies.

EoE often makes me feel very alone, but having the support of my family and other food allergy and EoE friends makes it just a little easier. While not everyone will understand why you have to avoid specific foods, finding a few key supportive people or resources can help you gain the confidence to advocate for yourself even when it might feel awkward.

Adapting to food allergies and EoE as an adult is a learning process that takes time. Life as you knew it transformed overnight. It can feel overwhelming to merge your lifestyle before food allergies with your new food restrictions. But, you will adapt and become a pro and eventually your focus will shift away from what you can't eat to all of the amazing foods that you can. And that is something to celebrate.



ABOUT STEPHANIE

Stephanie Ulrich is a New York City based freelancer, currently studying to become a nutritional therapist. She shares her custom allergy-friendly recipes, resources, and stories of living with EoE at theopencookbook.com.

ALERGIAS, un día a la vez

Yamelly Weida

La fácil y simple tarea de ir de compras por comida a la tienda fue abrumadora.

El miedo, la tristeza y la desesperación aún estaban frescas en mi memoria de ese momento aterrador cuando mi hija estaba teniendo el primer ataque anafiláctico y de cuando recibimos el diagnóstico de sus alergias a la comida.

Aprender toma tiempo

Esto fue ya hace 15 años, fue una etapa estresante en ese entonces, y estoy segura de que las emociones para cualquier familia recién diagnosticada deben ser igual de intensas. Sin embargo, el ir de compras al supermercado y leer las etiquetas de

los productos ha avanzado y mejorado mucho desde entonces, también ha mejorado la concientización en general. Por lo tanto, tenga la seguridad de que las cosas serán más fáciles a medida que usted aprenda a identificar el alérgeno particular de su hijo y los nombres que puede esconder ese alérgeno. Por ejemplo, si su hijo tiene alergia a los lácteos, usted evita la caseína también. He oído que debe prestar atención a algunas técnicas de procesamiento de alimentos porque utilizan la leche para disminuir el olor a pescado en algunos alimentos enlatados. Es decir que usted puede pensar que agarro una lata de atún y resulta que esta tenía leche. Lea las etiquetas especialmente si es la primera vez que usa un producto en particular cualquiera que fuere.



La comunidad de familias alérgicas es leal a sus productos.

En mi caso personal con dos hijas alérgicas a los alimentos, me convertí en una experta leyendo etiquetas y buscando al cacahuete o maní (peanut) y los frutos secos. Como mencioné antes, se hizo más rápido y más fácil a través del tiempo. La primera vez que fui al mercado luego del diagnóstico compré solo lo básico, a medida que adquirí confianza, comencé a agregar más alimentos procesados y apoyé a las marcas que se esforzaron por hacernos la vida más fácil. Aquellos con una lista clara de alérgenos, aquellas marcas y compañías que agregaron notas como “hechas en una planta que también procesa los alérgenos X o Z.” Pensé que si se tomaban la molestia adicional listando el contacto cruzado eso significaba que podía comprar sus productos de forma segura.

You can read the English version of this article on [FEI's blog](#).

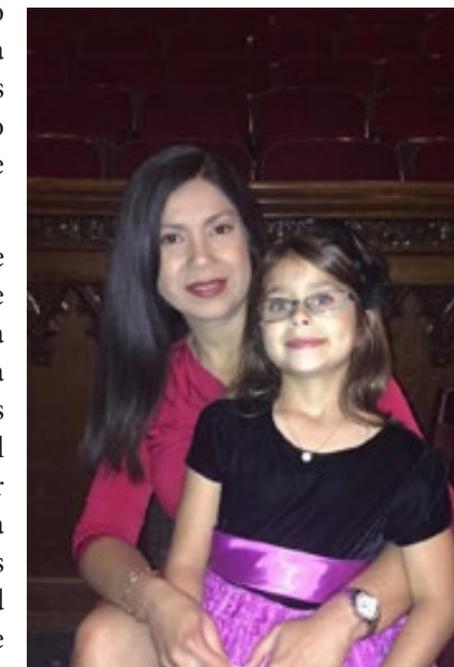
Agregué esos productos a mi lista de compras incluso si no los necesitaba. Estaba muy agradecida de encontrar opciones seguras y de apoyar compañías que me apoyaban a mí.

Equivocarse es aprender.

Perdónate y ten paciencia contigo mismo. Si nuestro medicamento de rescate – la adrenalina - o epinefrina está siempre con nosotros, estaremos bien y nuestros niños estarán bien. Después de tantos años ya pudiera decir que somos expertas, sin embargo, hace poco nos olvidamos de leer una etiqueta correctamente. Un amigo trajo un plato hecho en casa con queso vegano y no leímos la etiqueta

bien. Asumimos que Mac con queso era simple Mac y queso. Este tenía macadamia y estuvimos agradecidos por nuestra epinefrina y el maravilloso equipo en la sala de emergencias que nos atendió.

Seguimos adelante con el aprendizaje y el recordatorio de que la vida puede cambiar en un instante, no solo para los pacientes alérgicos, sino para cualquier persona por múltiples razones. Entonces, cuando esté en el supermercado la próxima vez, o por primera vez, siéntase seguro con la idea de que está aprendiendo todos los días, que esto lleva tiempo y que usted y todos están haciendo todo lo posible para mantenerlos a usted y a su hijo a salvo, un día a la vez. La tarea será más fácil y rápida, lo prometo.



Yamelly y su hija.



THE GROCERY STORE: A Scavenger Hunt

Sofia Gillespie

FOOD EQUALITY INITIATIVE

When the boss, Emily Brown, said the grocery price comparison chart needed to be updated, I decided to volunteer.

In 2016 and 2019, we published price comparison charts, but as the variety of foods we offer our FEI Family Members grows, our chart needs to reflect that.

When it was laid out to me during that meeting, I thought this task would be a piece of cake. Go to the store, find the items, write down the prices. How hard could that be, especially since I already know how to read labels? You see, I was born with a severe food allergy to peanuts, and in adulthood

have developed additional allergies to tree nuts and chickpeas. Because of my own allergies, I am very used to reading labels in the store and pride myself on how quickly I can determine whether or not an item is safe for me to eat.

But, let me tell you, I was not prepared for this shopping experience.

To make the quest more enjoyable, I recruited my friend, Arden, to join me. She knew of my allergies and has cooked many a meal with me where we read the ingredient labels in-depth together. We had never gone grocery shopping together before, so I thought this could be a fun learning experience for her, as well as a fun friendship opportunity for me. (I like running errands with friends.)

THE SHOPPING TRIP

Once Arden and I arrived at the store, we went right for the cracker aisle. The gluten-free section was surprisingly

easy to find as it was right at the front. But that is where the ease stopped. After looking at the aisle full of crackers, I realized this would be much harder than I anticipated.

In order to get an accurate representation of the comparison between regular crackers and free-from crackers, you have to factor in the amount of crackers in the box and the weight of the contents. But everything comes in different shapes and sizes! And what about the items that were on sale just for this week but usually cost something different? I was overwhelmed. How was I going to do this?

It was a good thing I brought Arden along. (She is a science teacher, so data collection is her thing.) She suggested taking the price per ounce of each product, instead of the overall price on the tag. That would help account for actual price differences of the contents, leaving out the variance in sizing, thereby giving us the most accurate

results. (See? It is good to bring friends on errands, you never know when you might need them!)

A CAVEAT

However, I would like to take a moment to address the difference in sizing. If you want to buy a family size box of crackers or bag of pasta, you can do that quite cost effectively. It is often in the consumer's best interest to buy in bulk as it is cheaper in the long run. But the same cannot be said for free-from grocery items. The price of one box of crackers may be similar if it has gluten in it or not, but you DO NOT get the same amount of substance. There often is no family size option of gluten-free or allergen-free items. Smaller portions mean lower prices which look good on the shelf next to the other items, but translates into less food for the consumer.

DATA COLLECTION

Once we figured out what data we were collecting, it went much smoother. We walked up and down the aisles, finding the price per ounce amounts for all the items on my list: baking mixes, cookies, milk, pasta, peanut butter. Once we got to gluten-free bread though, we ran into some more trouble.

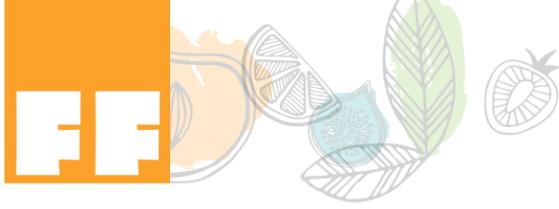


We were in the bread aisle, naturally, and found dozens and dozens of glutenous loaves, but not a single gluten-free option. I was in disbelief. There is no way that there was no gluten-free bread at my local supermarket; they had gluten-free crackers, so there HAD to be gluten-free bread.

Now I am sure that many of you reading this know exactly where gluten-free bread is located in a grocery store, but neither my friend nor I live a gluten-free diet, so we had no idea where to look. After a bout of brainstorming, we finally found it: in the freezer. If you were a first time gluten-free shopper like Arden and me, it takes awhile to locate without guidance.

“After looking at the aisle full of crackers, I realized this would be much harder than I anticipated.”

We were reaching the end of our list, but still had not found an egg replacer. We went to the egg section, obviously, and looked on the top corner shelf (the placement where all the free-from products had been located so far in this supermarket). There were pint-sized cartons of egg-whites, but nothing that was egg free. We did some more brainstorming but were at a loss. It was the last item on the list and we simply could not find it, and by that point, we had been in the store for at least an hour and a half. It was dinnertime, and we all know how dangerous it is to be in a grocery store when you are hungry.



ONLINE SHOPPING

Once I got back home, I went online to my local supermarket's website, to see if I could find the item that I missed. I typed "egg replacer" into the search bar. Only one item came up: Bob's Red Mill Egg Replacer, located in Aisle 5 with the baking mixes.

In retrospect, I suppose this is logical. If you cannot eat eggs, you aren't going to try to fry up or boil an egg replacement; you will really only need it for replacing eggs in a baking recipe, so go to the baking aisle. But, that does not account for the reality that there is only one option. Also, thinking back on it now, I remember learning a trick from one of my coworkers: **unsweetened applesauce**. But how would you know applesauce can work as an egg replacer in some recipes unless you have a coworker who regularly works in food-allergic shopping? (Thanks, Erin!) You won't find that out at the grocery store, that is for sure!

"How would you know applesauce can work as an egg replacer in some recipes unless you have a coworker who regularly works in food-allergic shopping?"

WHAT I HAVE LEARNED ABOUT SHOPPING WITH MULTIPLE ALLERGIES

1. It is time consuming, you can easily spend hours at the grocery store.
2. The grocery store is confusing for a first time shopper, as you don't know where free-from items are located.
3. It is EXPENSIVE, as you can see from the data.
4. The more allergens you have to avoid, the more difficult it is to find items, and the more expensive the price tag.
5. Shopping is easier with a friend, especially one who has patience and is determined to find you the foods you need. (Thanks, Arden!)

THE DATA

The only items with less than a 100% increase in price are the milk substitutes. Even then, NOTHING is cheaper than or equivalent to even the pricey name brand items. This chart shows the real cost of a food allergy and/or celiac disease diagnosis. In order to get the free-from foods their bodies require, they have to shell out significantly more money at the grocery store. **(Not to mention that government assistance programs such as WIC and SNAP rarely cover the items needed.)**

Remember, the only treatment for these conditions is strict allergen and/or gluten avoidance. Epinephrine auto-injectors are a prescribed medication, but are only to be used in emergencies, making free-from food the main medicine.

FOOD IS MEDICINE

Food Equality Initiative works to subsidize this medicine, making it accessible for all who need it, but we cannot do it alone. Click the donate button on FEI's website to learn about our waitlist and what you can do to make a difference in your community.



IMPACT OF PRESCRIBED DIET ON GROCERY BUDGET

ITEM	SUBSTITUTE	FREE-FROM PRICE PER OZ	NAME BRAND PRICE PER OZ	STORE BRAND PRICE PER OZ	STORE BRAND TO FREE-FROM PERCENT INCREASE
Baking Mix		49¢	11¢	6¢	717%
Bread W		65¢	15¢	6¢	983%
Breakfast Bars		89¢	20¢	16¢	456%
Chocolate			44¢	34¢	
	Vegan	\$1.15			238%
Cookies		\$1.07	30¢	15¢	613%
Crackers		\$1.36	45¢	22¢	518%
Eggs (per egg) W		41¢	10¢		310%
Flour W			3¢	3¢	
	GF All Purpose	40¢			1233%
	Almond	71¢			2267%
	Flax*	92¢			2967%
	Rice	18¢			500%
Granola		60¢	29¢	16¢	275%
Milk (per 1/2 gallon)			\$2.29		
	Almond	\$4.29/1/2 gallon			79%
	Oat	\$4.69/1/2 gallon			96%
	Soy	\$3.39/1/2 gallon			42%
	Rice	\$3.69/1/2 gallon			54%
	Hemp	\$8.38/1/2 gallon			251%
Pasta (Spaghetti)		43¢	11¢	5¢	760%
Pretzels		46¢	21¢	12¢	283%
Peanut Butter W			21¢	14¢	
	Sunflower Seed Butter	50¢			257%
	Almond Butter	93¢			564%
	5 Seed Butter	69¢			393%

* Milled flaxseed or flax flour can be used as an egg substitute and an oil substitute as well as a nutrient-enhancer for flour.

FLEXIBLE GIVING:

Time & Advocacy

Alex Hoskovec

ATLAS SEASONINGS

September is Hunger Action Month, and this year it will host the first annual National Food is Medicine Day.

You may be wondering how you can get involved in advocacy work surrounding important causes like this. Generally, a person's first thought always jumps to making a financial donation. While that is extremely helpful, of course, there are other ways to offer assistance that are equally as important and often

overlooked. Sharing information, becoming more knowledgeable on the topic, and getting involved in advocacy are as important to nonprofits as financial donations are.

Tune in online.

The easiest way to get involved in Hunger Action Month and National Food is Medicine Day is through social media. Follow social media accounts that are associated with food allergies, celiac disease, hunger, and food is medicine. This is a great way to increase your knowledge on the topics and stay up to date. These accounts will post information on how to get involved and ways to take part in advocacy. You can share these posts with your network, interact with them to boost their visibility, and ask questions you have; you never know where questions will lead, they may spark important conversations.

Another thing to keep your eye out for on social media is social media challenges and hashtags to help promote the cause. Social media challenges are a fun, interactive, and approachable way to get involved without requiring too much commitment or time. This is a good way for beginners to start their advocacy work. Be sure to use the organization or movement's hashtag to boost visibility of the cause.

Here are some hashtags for the Food is Medicine Movement:

#foodismedicineday
#foodismedicine

Here is a hashtag for Hunger Action Month:

#HungerActionMonth

Sharing posts and stories help others in your personal community become aware of the issues that these movements are based on. Simply helping others become aware of these issues and organizations, can directly lead to more donations and more volunteers.

Reading the information that these organizations post is one of the best ways to educate yourself on the needs of the community. The more you know about a movement, the more of an impact you can have. Don't be afraid to do your own research and educate yourself further. The more you know, the more confident you will feel about educating others on how they can help.

Helping others become aware of these issues and organizations, can directly lead to more donations and more volunteers.

Volunteer.

Perhaps you feel that you want to have a more physical impact. Volunteering for a local nonprofit associated with hunger awareness is a great way to get involved. Any help you can give is meaningful, so do not let the thought of only being able to contribute a couple of hours a month deter you. This can be anything from putting in some time at the local food pantry to serving on the board of directors for an organization.

Often people believe that being on the board of directors requires you to be a successful business professional,

but that isn't always the case. Boards are looking for new perspectives and different ideas, so having a diverse board, economically and socially, allows those new viewpoints to come to light. However, there may be some other requirements. For example, some boards have financial donation requirements to be a member of the board while others, especially new organizations, are simply looking for people willing to be a part of a working board to contribute their time and brainpower. It never hurts to contact them and ask.

Nonprofit organizations, like Food Equality Initiative, rely on their volunteers to help them make a meaningful impact in their community. Do not be afraid to reach out to the organization if you are unsure of how to get involved or are wondering what volunteering would look like. If they don't currently need volunteers, just check with another local organization and see what you can do to help.

In-kind donations.

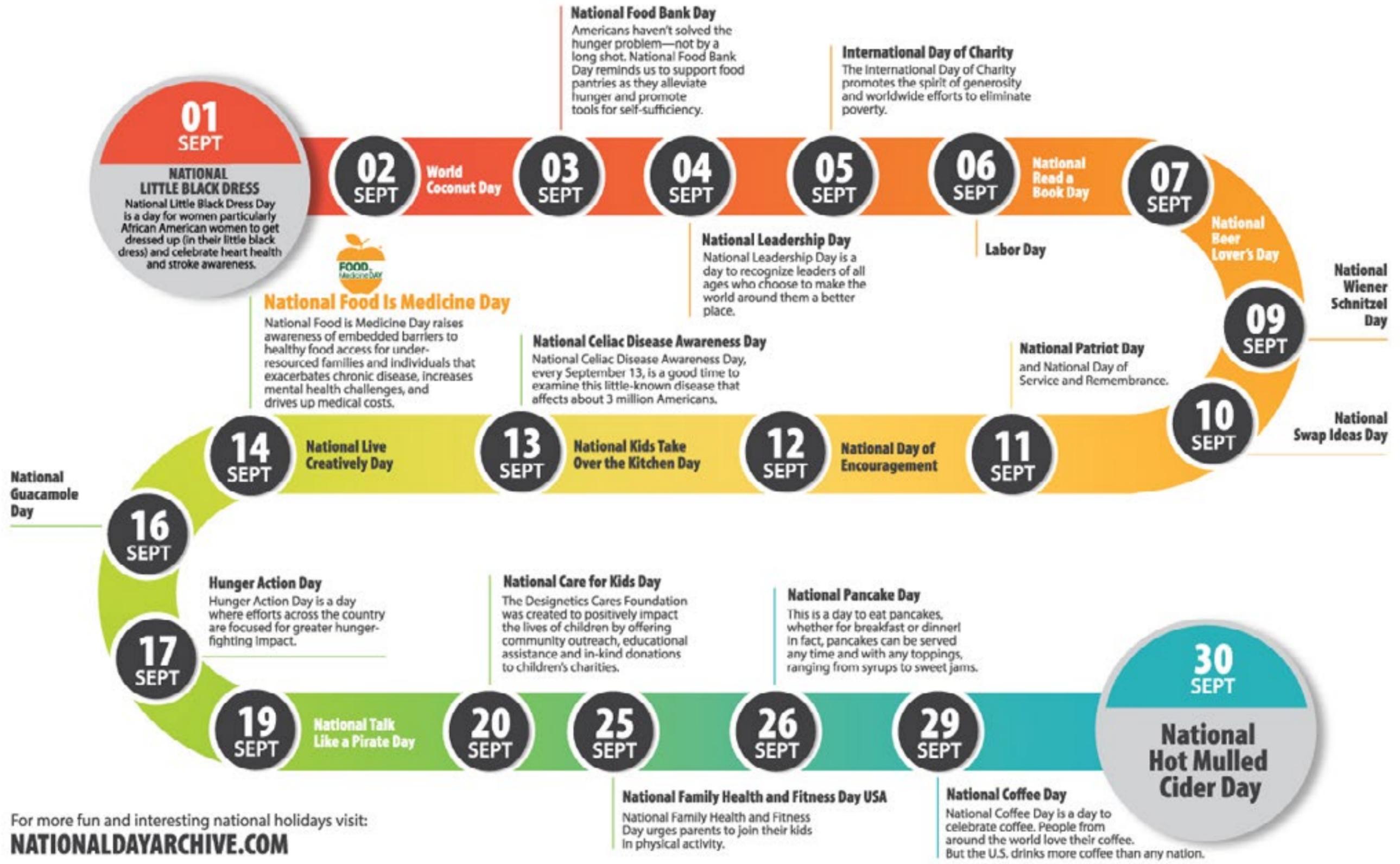
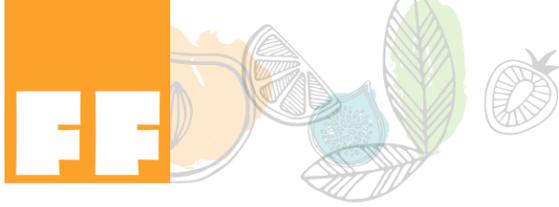
Another, often neglected, but very important way to get involved is through in-kind donations. In-kind donations are contributions of goods or services other than money or grants. For some, this can be donations of items such as computers or office equipment. For others, it may be someone donating time and skills to fulfill a need, like web developing

or writing for a magazine like Free-From Magazine. Similar to basic volunteering, reaching out to the organization and asking if there is any way to help is usually the best route to see what is needed. Do not be afraid to ask!

Being flexible with your giving is key.

Donating money is one of the most common ways to take action during months dedicated to certain causes, but is not the only way to make a difference. Becoming involved in advocacy can boil down to becoming more knowledgeable, sharing that knowledge, and applying it to flexible volunteer opportunities. Similar to donating money, a small action like volunteering or sharing information can have a major impact on the local community and movements such as Hunger Action Month and Food is Medicine.

Do not be afraid to ask nonprofits and other organizations supporting these causes how you can help. They may say a simple donation is best or maybe you have some services you can provide. Whatever time or money you can contribute to these causes can help improve the lives of others. Even small actions like sharing social media posts can have an impact. Contact your local nonprofits supporting National Food is Medicine Day and Hunger Action Month to see how you can best help further the cause.



For more fun and interesting national holidays visit:
NATIONALDAYARCHIVE.COM

FOOD IS MEDICINE

Sofia Gillespie

“Medicine has taken a new definition,” says Jodi Shroba, APRN, Clinical Nurse Practitioner at Children’s Mercy Hospital.

We eat food everyday, generally three times a day. Food comes in all shapes and forms, but not all food is created equally. Have you heard that phrase: You are what you eat? Well, that isn’t too far off from the truth.

“A lot of our health starts in the kitchen. Sometimes we think a healthy meal might help us to stay at a healthy weight or have enough energy to get through the day, but it also impacts how many vitamins and minerals we are getting, and what our overall health is,” says Julia Bracken, MD of Gastroenterology at [Children’s Mercy Hospital](#). “[Healthy food] helps to foster healthy bacteria in our intestines that can aid in digestion and make us healthier even after those meals are completed.”

We interviewed these three healthcare professionals about ‘Food is Medicine’ and this is what they had to say.



**Food is Food Allergy Medicine
-An interview with
Jodi Shroba, APRN**

What was traditionally viewed as “a drug you put in your body that makes you feel better,” is now being understood on a much broader scale. “Your prescription for medicine may be your diet. It may be exercise, sleep, reading, acupuncture. Medicine is whatever makes you healthier,” says Jodi Shroba.

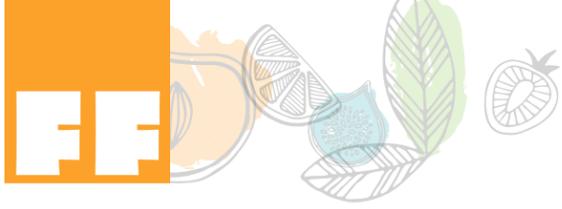
Thinking about health from this holistic perspective is an important shift in healthcare mentality. Instead of solely prescribing drugs (tablets, liquids, pills) to cure diseases, we can take steps to prevent their onset in the first place. But, let’s narrow it down a bit more and talk about food specifically. (You are reading a food magazine afterall.)

Food is our fuel. Our bodies need ‘the good stuff’ to function at maximum capacity. Healthy food is probably some of the tastiest medicine you will ever come across. That being said, healthy has a different definition for every body. You have to listen to your body and give it what it needs to be happy and strong. Sometimes this requires the advice of a medical professional.

Stephanie Page, MD of Pediatric Gastroenterology at [Midwest Pediatric Specialists](#) says, “if people can understand that food is medicine, they might think about the foods they are eating differently and be more inclined to change the way they eat, or at least change the volume and quantity of what they eat, knowing that they are advocating for themselves and helping themselves.”

“In food allergy, when we talk about ‘food is medicine,’ we are talking about providing foods that are safe to eat as an alternative to foods they are no longer eating.”

The only known way to treat food allergies is to avoid the food that is causing the allergic reaction. For the majority of food-allergic individuals, these allergens include foods such as peanuts, tree nuts, eggs, dairy, fish, shellfish, soy, sesame, and wheat. **However, allergic reactions have been reported to over 150 different types of food. The more allergens you add into the mix, the more expensive it is to avoid them.** But choosing to not-avoid allergens is not really an option.



“If you are truly allergic to a food, you will [have a reaction] every time you eat the food.” These reactions can range from mild to fatal, and knowing that is hard to live with. “The mental toll of food allergy is just as great as the physical. The fear of eating something I wasn’t supposed to; the anxiety of what is going to happen because I just ate something I wasn’t supposed to; the oh my goodness am I going to get to the hospital fast enough or to my epinephrine fast enough; is benadryl enough or do I need my epinephrine? A lot of people with food allergies have anxiety because they are always wondering if what they are eating is safe.”

On the flipside, “if you are eating food that is safe, you should never have a reaction.” Of course you have to consider cross-contact and mislabeling, but, more often than not, you should be safe and healthy. The more you eat food that you know is safe for you, the less reactions will occur. Consequently, the anxiety of having a severe reaction will significantly lessen.



In oral immunotherapy, food is easily seen as medicine. For her peanut immunotherapy patients, she uses peanut M&Ms as a daily dose of medicine, saying “how many of your healthcare providers tell you to eat candy as your medicine?” But for those who do not undergo this treatment, the idea that food is medicine is a little bit harder to grasp.

In food allergies, we are often taught that food is the enemy, that allergens must be avoided at all costs. But what the Food is Medicine movement is trying to do is take back that narrative. Food isn’t the enemy. In food allergy, we sometimes forget to think of food in a positive sense; that food can actually make you feel better, it just has to be the right food.

“Your prescription for medicine may be your diet. It may be exercise, sleep, reading, acupuncture. Medicine is whatever makes you healthier.”

Shroba hasn’t used “food is medicine” in so many words with her mainstream patients, but she does work with the concept that there are resources out there to help subsidize that medicine. “FEI can provide food alternatives that you may not be able to get otherwise; either they are not in the grocery store or are a financial burden. [With FEI], we can really improve your diet.”

The ‘food is medicine’ concept has taken hold in other diseases, like heart disease, diabetes, epilepsy, and hypertension. Jodi Shroba says “the movement is out there, that food is a vital element to a treatment plan. It is about time to get the food allergy community on board.”



Food is Celiac Disease Medicine - An interview with Julia Bracken, MD

Like with food allergies, the only way to treat celiac disease is complete and total avoidance. But this avoidance is of one thing in particular: gluten. “We don’t have any medicines in the traditional sense to treat celiac disease. I think that is good and bad. It is wonderful that we can treat an autoimmune disease without having to use immunosuppressive medications, without having to worry about being immuno-compromised. But that also means doing the hard work everyday of navigating around gluten, which is so common in the American diet.”

Gluten is a protein found in grains such as wheat, rye, and barley. It is clearly found in items such as bread and pasta, but can also hide in less conspicuous glutenated products such as soy sauce and some tablet medications, as it is often used as a binding agent or thickener.

“Because celiac is an autoimmune disorder, if left untreated it opens up the door for more serious health problems down the road. Untreated celiac or partially treated celiac increases the chance for more autoimmune diseases, nutritional deficiencies, anemia, osteoporosis, and increases the chance of malignancy. In order for a lot of our patients to fully understand the gravity of that, it needs to be treated in a healthcare setting.”

“I know I’m going to sound just like Emily Brown right now, but health insurance companies also need to view food as medicine.”



Not only are the potential health risks severe, but going gluten-free is not as simple as not eating gluten. Whenever you eliminate a food from your diet, it is important to keep essential nutrients in mind. “It really takes collaboration with a registered dietician to learn not only how to eat gluten free, but how to eat gluten free in a way that nourishes the body, so we are making sure that we are not missing out on any of the vitamins and minerals that would normally be coming from those glutenated grains.”

Julia Bracken wants everyone to know that a grain-free diet is not necessarily the healthiest diet for everyone. We must remember that healthy food looks different for everybody. “Even though in our clinic we avoid those grains that contain gluten, we know that everyone needs grains. They might be gluten-free grains, but we encourage our clients to eat quinoa and brown rice and other sources of whole grains that give all those vitamins and nutrition. A varied diet is the best strategy for long-term health and long-term success.”

What can happen if someone with celiac disease takes gluten completely out of their diet? “Amazing things. As we take gluten out of the diet, the intestine can regrow itself back to health. But they need to stay gluten free to stay healthy.” And that is where it gets difficult. Gluten-free food is expensive but it is so vital for the health of individuals with celiac disease.

“I know I’m going to sound just like Emily Brown right now, but health

insurance companies also need to view food as medicine. There needs to be a way to help support families financially with these diagnoses so that they have the access to the treatment that they need, just like health insurance companies will subsidize costs of medications or surgeries for conditions that are treated in more traditional ways.”



Food is EoE Medicine - An interview with Stephanie Page, MD

Eosinophilic esophagitis (EoE) is a type of allergic reaction, but not in the classic sense. It is where white blood cells (called eosinophils) accumulate in the esophagus causing inflammation and damage. “EoE is a delayed hypersensitivity reaction, similar to poison ivy. You go hiking in the woods on Saturday and you break out in a rash on Tuesday. EoE is a delayed reaction where you eat the food on Sunday





and have symptoms Wednesday or Thursday.” These symptoms include difficulty swallowing and chronic pain, which can lead to poor growth.

An EoE reaction is caused by eating certain foods known as triggers. Currently, the most effective way to determine your triggers is by eliminating food sequentially, then scoping the esophagus to count the eosinophils. If the count goes down, then that food is a trigger. Milk is usually the first to go, followed by wheat, eggs, soy, fish, and nuts. “Always during the process I’m asking, ‘What did you replace your foods with?’” Oftentimes, when certain foods are eliminated, concentrated alternatives take their place, and they are not always the most healthy option and, in the case of EoE, might cause even further complications.

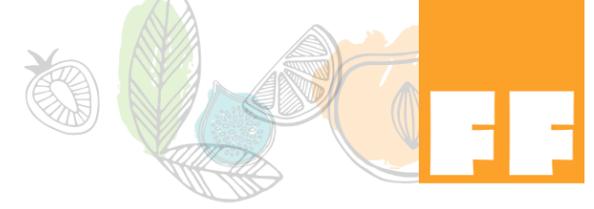
But EoE has an option that food allergies and celiac disease do not. For EoE, there is a steroid which can be taken to soothe and open the esophagus. “Over time, the inflammation goes away. But as soon as you stop taking the medicine, all the symptoms come back, because you don’t get rid of the reason the inflammation is there: the food.”

Stephanie Page says, “the point of steroids is to let kids eat their trigger foods. At the same time, steroids are a band-aid; how does that fit into your philosophy of lifelong management of your child’s disease? My goal is to provide as much education as possible so the families can make the decision that works best for them.” Her preference is to find the triggers and avoid the food, therefore by-passing the traditional twice-a-day band-

aid medication altogether. However, the steroid is largely subsidized by insurance, but free-from food is not.

In prescribing food as medicine, Stephanie Page says “it is a constant balance of what will insurance cover, what will insurance not cover, what can the family afford, and what can the family not afford. Eating alternative foods is not cheap. Having a formula-fed child is not cheap.”

“If people can understand that food is medicine, they might think about the foods they are eating differently.”



“If we can make a difference in the way reimbursements occur, the way that food sources and food supplies can improve the quality in these patients’ lives, then we are making a big difference. That is what I love about FEI. They are there. They are helpful.”

For EoE, she says, “Food is Medicine’ is broadening people’s viewpoints to think outside the box like, ‘hey, my child is being treated, it just isn’t a pill.”

Why recognizing Food is Medicine is important on a larger scale

All three of our medical professionals agree that food is medicine, and that we should not stop there. If food is medicine, then it should be treated like other mainstream medicines; that means being readily available and covered by health insurance. Food is medicine for more diseases than just food allergies, celiac disease, and EoE. The sooner we can get people healthy food, the sooner we can improve public health and put people on a more equal playing field.

Jodi Shroba:
“If there is a way we can provide food at a covered expense, we are freeing the families of the financial burden and freeing them of the avoidance in the restricted diet. Everyone deserves access to healthy foods; that should not be dependent on their paycheck.”



Julia Bracken:
“We have health insurance programs that help make sure everyone has access to prescription medications, but we don’t have any healthcare that gives people equal access to food, especially medically necessary foods. So families that have less resources are often at a disadvantage.”



Stephanie Page:
“If we could change the philosophy of lawmakers in understanding that the way we eat and the food we eat is truly medicinal therapy for treating diseases, then we can have a profound impact in a lot of our patients’ lives. And if we could get lawmakers on our side to make it more affordable and understand that insurance companies need to pay for the foods or the difference in food costs, that could be a gamechanger for these families.”

ORGANIZATIONS INVOLVED in the Food is Medicine Movement

Community Servings

Community Servings provides home-delivered meals and nutrition services to individuals and families living with critical and chronic illnesses. Our made-from-scratch meals are medically tailored – meaning they're customized to meet the nutritional and medical needs of our clients who are fighting illnesses like HIV/AIDS, diabetes, cancer, kidney disease, and many others.

Programs: Medically Tailored Meals for the Critically Ill, Nutritional Education & Counseling, Food Service Job-Training Program

Location: Massachusetts

Food Outreach

Food Outreach is the only St. Louis area organization whose mission is to provide nutritional support and enhance the quality of life of men, women, and children living with HIV/AIDS or cancer. We strive to serve each client with as many as two meals per day, year-round, from a combination of made-from-scratch meals and groceries, and/or nutritional supplements. Our focus is on balanced and individualized nutrition.

Programs: Nutrition Education & Counseling, Meals & Groceries, Meal Delivery

Location: St. Louis, Missouri

Mom's Meals

Mom's Meals knows that every individual has unique needs, and we believe they deserve accessible nutrition that can improve health outcomes. We serve clients who are covered under Medicare Advantage plans, Medicaid plans, Long-Term Services and Supports (LTSS) programs or the Older Americans Act, and by individuals or their caregivers who are looking for a self-pay program.

Programs: Nutritionally Tailored Meal Delivery

Location: Georgia, Iowa, Nevada, Ohio

Food For Thought

Food For Thought is a part of the California Food Is Medicine Coalition (CalFIMC), which implements programs to address the nutritional needs of California's most vulnerable, critically ill, and high-healthcare utilizers. All clients are welcome to receive weekly groceries, vitamins and dietary supplements, and nutritional counseling. We deliver groceries to clients who are homebound due to illness, lack of transportation or isolation due to COVID-19.

Programs: HIV Nutrition Program, Welcome Home Nutrition Program, COVID-19 Nutrition Program, Bags of Love Nutrition Program

Location: California

Wholesome Wave

Wholesome Wave has been making fruits and vegetables affordable to low-income Americans since 2007. Wholesome Wave has partnered with Community-Based Organizations, in the places they call home, by bringing powerful concepts and seed funding to co-design program approaches that work best for their community.

Programs: Prescription Produce Program, Healthy Choice Initiative, SNAP Doubling

Location: Across the United States

FEAST

FEAST provides free and immediate access to fresh, whole foods through a food scholarship, enabling families to experiment with healthy recipes at home. We partner closely with healthy food retailers, farmers' markets, and CSA programs to provide vouchers for fresh produce each week.

Programs: Wellness Program

Location: California

Dreaming Out Loud (DOL)

DOL is rebuilding urban, community-based food systems through cooperative social enterprise: increasing access to healthy food, improving community health, supporting entrepreneurs and cooperatives from low-income communities; and creating opportunities for at-risk residents to earn sustainable, family-supporting wages and build wealth.

Programs: Farm & Food Hub, DREAM Program

Location: Washington, DC

Operation Food Search (OFS)

Through food distribution, nutrition education and innovative programs that address the overall health of individuals and communities, OFS is working beyond immediate hunger relief to create lasting change. We empower children and families with access to fresh food, cooking skills and resources that promote self-sufficiency.

Programs: Operation Backpack, Out-Of-School Meals, Operation Chef

Location: Missouri, Illinois

Supplemental Nutrition Assistance Program (SNAP)

SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.

Location: Across the United States

National School Lunch Program (NSLP)

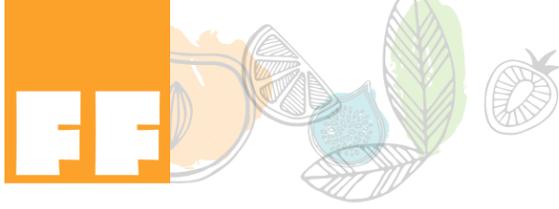
NSLP is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day.

Location: Across the United States

FOOD IS MEDICINE PYRAMID



Graphic from www.foodismedicinema.org



THE 7% SCOOP

The Seven Percent Fund & Coalition meets quarterly; here's the scoop on what they are up to.

FEI created the Seven Percent Fund & Coalition in June of 2020 to mobilize stakeholders and direct resources towards ending economic and racial disparities in food allergy and health care.

Updates about the Seven Percent Fund & Coalition

We're happy to report that 7 new members have joined the **Seven Percent Fund & Coalition**

since the start of 2021! We are now 21 members strong, and together we are making important strides towards reducing racial and economic disparities in the prevalence, diagnosis, and treatment of food allergies.

Seven Percent Fund and Coalition members convene quarterly to stay connected, share information, and coordinate activities. In the August 2021 meeting, members discussed forming an ad hoc committee to further refine the group's mission statement and founding principles. Here are some other things they've been up to.

“Ending economic and racial disparities in food allergy and health care.”

WHAT WE ARE WORKING ON:

Child Nutrition Reauthorization (CNR)

FEI's summer intern, Olivia, gave a spirited presentation to members about her advocacy work on the Child Nutrition Reauthorization (CNR). Discussion centered on why the passage of this omnibus bill is important in ensuring that children with food allergies and celiac disease receive the modified meals they require in summer food programs.

The last time Congress went through the process of evaluating the child nutrition programs was ten years ago.

Coalition members plan to advocate for the CNR with their respective legislators to co-sponsor two important pieces of legislation:

The Summer Meals Act of 2021 ensures low-income children across the country have access to the nutrition they need during the summer months, when they lose access to healthy school meals.

And, the **Access to Healthy Food for Young Children Act** supports healthy nutrition for children in child care through strengthening the Child and Adult Care Food Program (CACFP).



Food is Medicine Day

The Coalition is also preparing for Hunger Action Month and the first-ever Food is Medicine Day on September 14. Members will share a toolkit of resources and plan actions in their communities to raise awareness and funds.



SEVEN PERCENT FUND & COALITION FOUNDER:

Center for Food Allergy & Asthma Research (CFAAR)



As more data becomes available, it is clear that systemic changes at the local, state, and national level are needed to best serve families who are at a greater risk for developing food allergies (FA) and/or managing them, especially those facing food insecurity.

To better understand and address these inequities, the Center for Food Allergy & Asthma Research (CFAAR) at Northwestern University Feinberg School of Medicine and Ann &

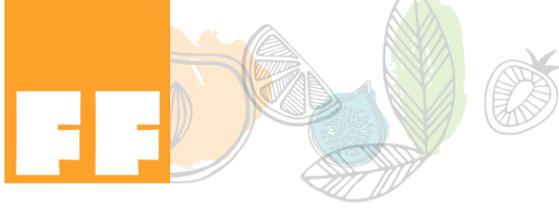
Robert H. Lurie Children's Hospital of Chicago has made it their mission to find answers and shape policies that improve the lives of all children, adults, and families living with allergic disease.

Led by Ruchi Gupta, MD, MPH, the CFAAR team is world-renowned for their groundbreaking research in the areas of food allergy and asthma, most notably for their research on the prevalence of pediatric and adult food allergy in the United States. Through their three research cores, they work to collect data to help our

community understand the public health and economic impact of these conditions, conduct innovative research to help prevent, manage, and treat allergic conditions, and provide tools, support, and education to students, communities, and individuals around the world. Additionally, to reduce the burden of these diseases and improve health equity, the team develops, evaluates, and disseminates interventions for families and conducts work to inform local, national, and international health policy.

References:

1. <https://foodequalityinitiative.org/seven-percent-fund/>
2. Brown E, Das R, Brewer AG, Martinez E, Bilaver LA, Gupta RS. Food Insecure and Allergic in a Pandemic: A Vulnerable Population. *J Allergy Clin Immunol Pract*. 2020 Jul-Aug;8(7):2149-2151. doi: 10.1016/j.jaip.2020.04.038. Epub 2020 Apr 25. PMID: 32344188; PMCID: PMC7194521.



Seven Percent Fund & Coalition Member

CFAAR recently joined The Seven Percent Fund¹ because they believe that equitable access to care and resources is crucial in the successful management of FA. With millions of Americans living with FA, and 11% of US households being food insecure, there is a clear agenda for policy change in support of food-allergic households, especially for those experiencing food insecurity.

Director Dr. Gupta shared, “It’s vital that we support families with FA and related food conditions in getting access to safe and affordable foods and to do this we need to address the clear economic and racial disparities that exist in the food allergy space. This is what Food Equality Initiative (FEI) is spearheading and we are honored to join the Seven Percent Fund in this amazing mission.”

The Gaps in Food Policy

Without access to safe foods, food insecure families in the FA community face the threat of more severe reactions, and this divide is prominent

References From Welcome Letter:

1. Gupta RS, Warren CM, Smith BM, Jiang J, Blumenstock JA, Davis MM, Schleimer RP, Nadeau KC. Prevalence and Severity of Food Allergies Among US Adults. JAMA Netw Open. 2019 Jan 4;2(1):e185630. doi: 10.1001/jamanetworkopen.2018.5630. PubMed PMID: 30646188; PubMed Central PMCID: PMC6324316.
2. Gupta RS, Warren CM, Smith BM, et al. The Public Health Impact of Parent-Reported Childhood Food Allergies in the United States. Pediatrics. 2018;142(6):e20181235. Pediatrics. 2019 Mar;143(3). doi: 10.1542/peds.2018-3835. PubMed PMID: 30819972; PubMed Central PMCID: PMC8190961.

in communities of color. Through their partnership with FEI, CFAAR identified four gaps in policy coverage that became glaringly apparent during the COVID-19 pandemic.²

1. Access to appropriate and safe meals through public school systems.
2. Accommodating needs of FA households in food banks and pantries.
3. Adjusting the Emergency Food Assistance Program policies to ensure there are commodities free of the common allergens.
4. Reducing restrictions on WIC allowable foods to ensure “safe” brands are made available.

Higher grocery bills, limited accommodations, and restricted assistance are all added roadblocks for food insecure families navigating FA.² Also, given the pandemic’s impact on food supply chains, many safe foods families relied on became temporarily unavailable.

To help provide support during this particularly difficult year, CFAAR initiated a pilot grant program to provide relief for several local and national food pantries to assist with operation costs and improve accessible options for families with food conditions.

In addition, CFAAR’s work continues in this space through a pilot “food as medicine” intervention in development with FEI to provide access to preferred, allergen-free foods for food-insecure individuals with FA. This work will evaluate the benefit and cost to providing supplementary foods to families through a prescription-based, remote delivery model. This is being done in the hope that future policy could help FA individuals utilize health insurance to pay for “prescription” allergen-free foods.²

As researchers continue to study FA, it is important that they view their work with an equitable lens, serving all communities and socioeconomic groups.

CFAAR is driven to bridge these gaps in access through research and outreach, and is so fortunate to have collaborators like Food Equality Initiative on this important journey.

To learn more about CFAAR and its initiatives, visit cfaar.northwestern.edu or connect on social media: @cfaarnu

“Higher grocery bills, limited accommodations, and restricted assistance are all added roadblocks for food insecure families navigating FA.”

CFAAR Resources:

CFAAR website:
cfaar.northwestern.edu

Social Media Handles (Facebook, Instagram, Twitter, LinkedIn):
@cfaarnu

CFAAR Video Library

Hosted by CFAAR: Food Allergy Conference for Education & Science (FACES)

FACES brings together food allergy families, clinicians, and key thought leaders throughout the Midwest Region for a day of education and engagement. There will be three separate tracks for adults, teens, and children (9+) covering the latest and greatest in food allergy research, diagnosis, management, treatment, and more.

Date:

Saturday, October 2nd, 2021

Location:

Louis A. Simpson & Kimberly K. Querrey Biomedical Research Center
303 E. Superior St.
Chicago, IL 60611

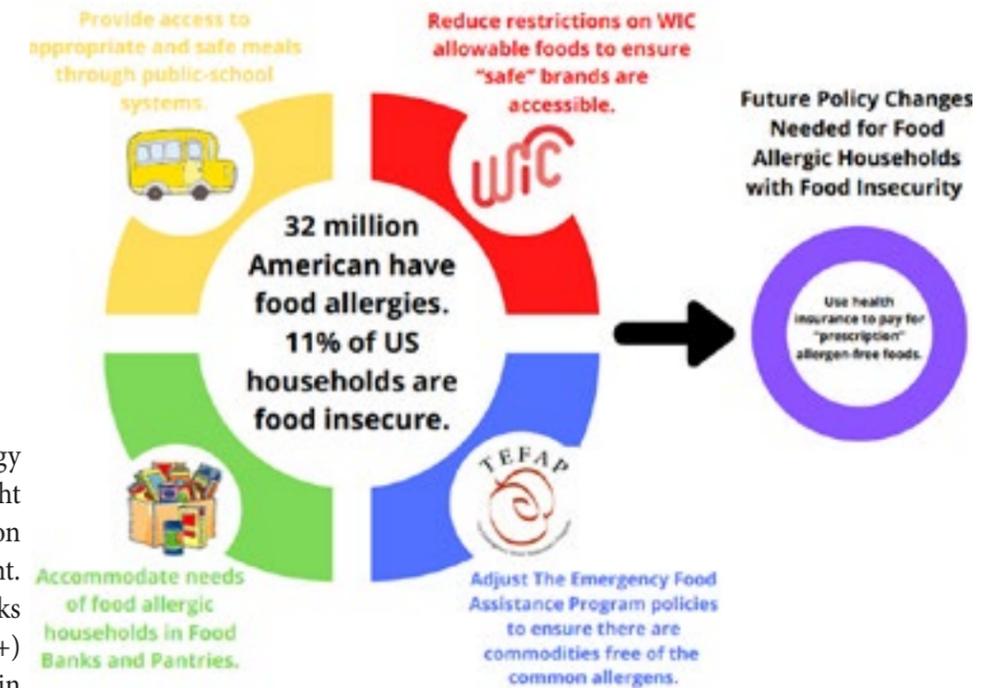
To register, visit

www.midwestfaces.com

References From Welcome Letter continued:

3. Gupta R, Holdford D, Bilaver L, Dyer A, Holl JL, Meltzer D. The economic impact of childhood food allergy in the United States. JAMA Pediatr. 2013 Nov; 167(11):1026-31.
4. Bilaver LA, Kester KM, Smith BM, Gupta RS. Socioeconomic Disparities in the Economic Impact of Childhood Food Allergy. Pediatrics. 2016;137(5):e20153678. doi:10.1542/peds.2015-3678
5. Bilaver LA, Kanaley MK, Fierstein JL, Gupta RS. Prevalence and Correlates of Food Allergy Among Medicaid-Enrolled United States Children. Acad Pediatr. 2021 Jan-Feb;21(1):84-92. doi: 10.1016/j.acap.2020.03.005. Epub 2020 Mar 19. PubMed PMID: 32200110.
6. Kanaley MK, Dyer AA, Negris OR, Fierstein JL, Ciaccio CE, Gupta RS, Bilaver LA. Guideline-informed care among Medicaid-enrolled children with food allergy. Am J Manag Care. 2020 Dec;26(12):505-512. doi: 10.37765/ajmc.2020.88538. PubMed PMID: 33315325.
7. The Impact of the Coronavirus on Food Insecurity. Feeding America. 2020.

Current Policy Changes Needed for Food Allergic Households with Food Insecurity during COVID-19 Pandemic





Sweet and Savory Cinnamon Raisin Grilled Cheese

BREAD SRSLY



INGREDIENTS

Fig & Balsamic Spread

1Tbsp olive oil
 ¼ c red onion, chopped
 ¼ tsp sea salt
 1 c dried figs, packed, chopped
 ½ c balsamic vinegar
 ¼ c water
 2 Tbsp maple syrup
 2 sprigs fresh thyme

To Assemble (per Sandwich)

2 slices Bread SRSLY Cinnamon Raisin Sourdough
 2 slices plant-based cheddar cheese, nut free if preferred (I used Parmela)
 Fresh arugula
 1 Tbsp plant-based butter

DIRECTIONS

Make the jam: Heat olive oil in a small sauce pan over medium heat. Add the onion and sea salt. Cook for 3-4 minutes, or until the onions begin to soften.

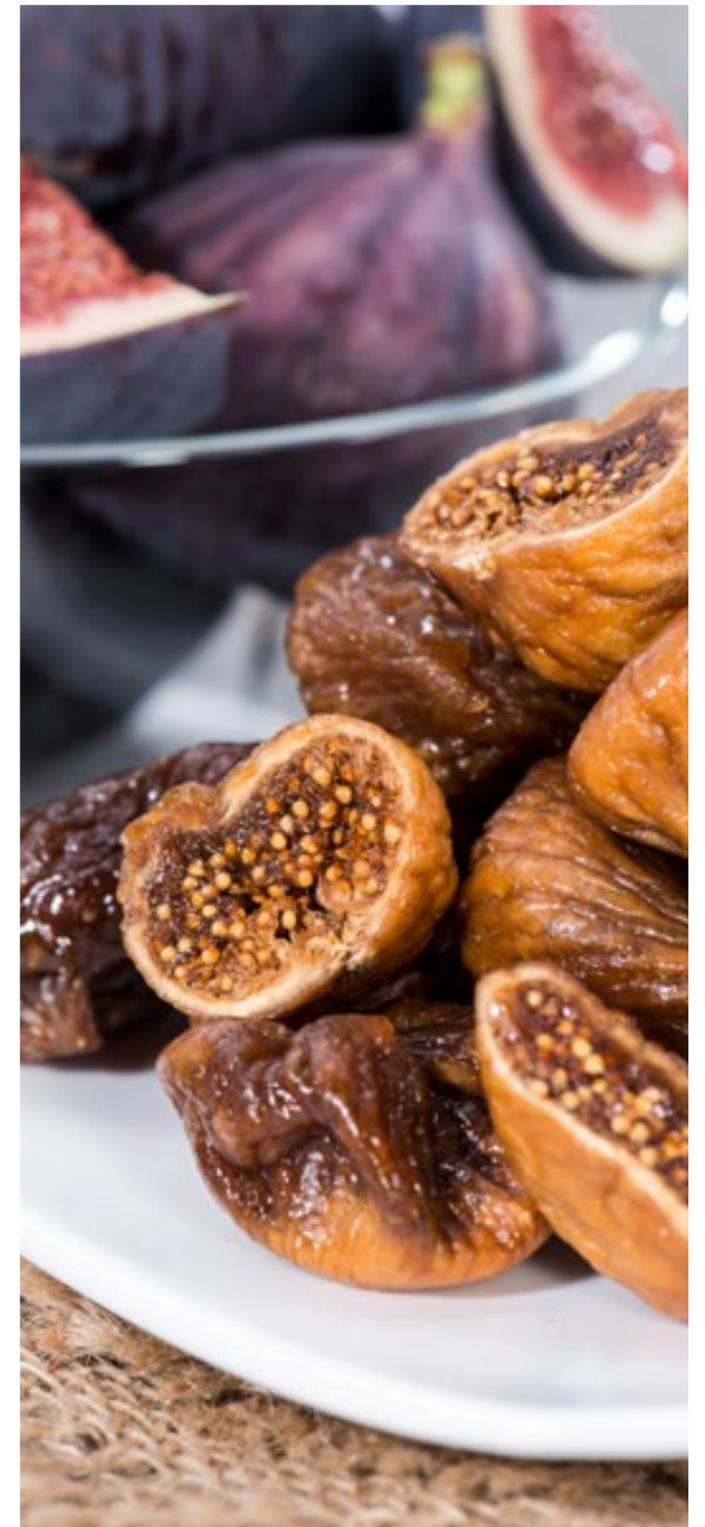
Add the figs, vinegar, water, maple syrup and thyme. Bring to a boil, and let simmer for 13-15 minutes, or until the liquid has reduced and the figs have softened. Set aside.

Assembly: Heat plant-based butter in a pan over medium-low heat.

Add 1 tbsp fig jam to a slice of Bread SRSLY Gluten-Free Cinnamon Raisin Sourdough, and top with plant-based cheese. Transfer to the pan and cook over low heat until the bread begins to crisp, and the cheese begins to melt, about 5-7 minutes.

Top with arugula and a second slice of Bread SRSLY, flip, and cook on the other side until golden, 4-5 minutes.

Enjoy!



*Disclaimer: The recipes included in Free-From Magazine are suggestions. They may not be *free-from* all Top 9 Allergens. Please read carefully and make any substitutions that are necessary for your diet. Consult your doctor if you have questions or concerns. NOTE: Cooking is a science experiment and some ingredient substitutions may not produce the same results.

*Disclaimer: The recipes included in Free-From Magazine are suggestions. They may not be *free-from* all Top 9 Allergens. Please read carefully and make any substitutions that are necessary for your diet. Consult your doctor if you have questions or concerns. NOTE: Cooking is a science experiment and some ingredient substitutions may not produce the same results.



Roasted Carrot Bisque

ALLERGIC LIVING



INGREDIENTS

2 lbs carrots, peeled, stemmed and cut into 1-inch chunks
 1 medium sweet onion, halved then quartered
 2 garlic cloves, whole but peeled
 1 1/2 tsp olive oil
 1 1/2 Tbsp maple syrup
 4 c chicken or vegetable broth (look for allergen-free brand)

1 14-oz can full-fat coconut milk
 1 1/2 c water, more or less as needed
 1-1 1/4 tsp salt, or to taste
 1/8-1/4 tsp black pepper, or to taste
 6 Tbsp coconut cream (optional, for garnish)
 chopped fresh dill, parsley or basil (optional, for garnish)

DIRECTIONS

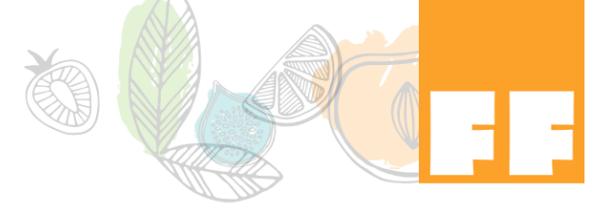
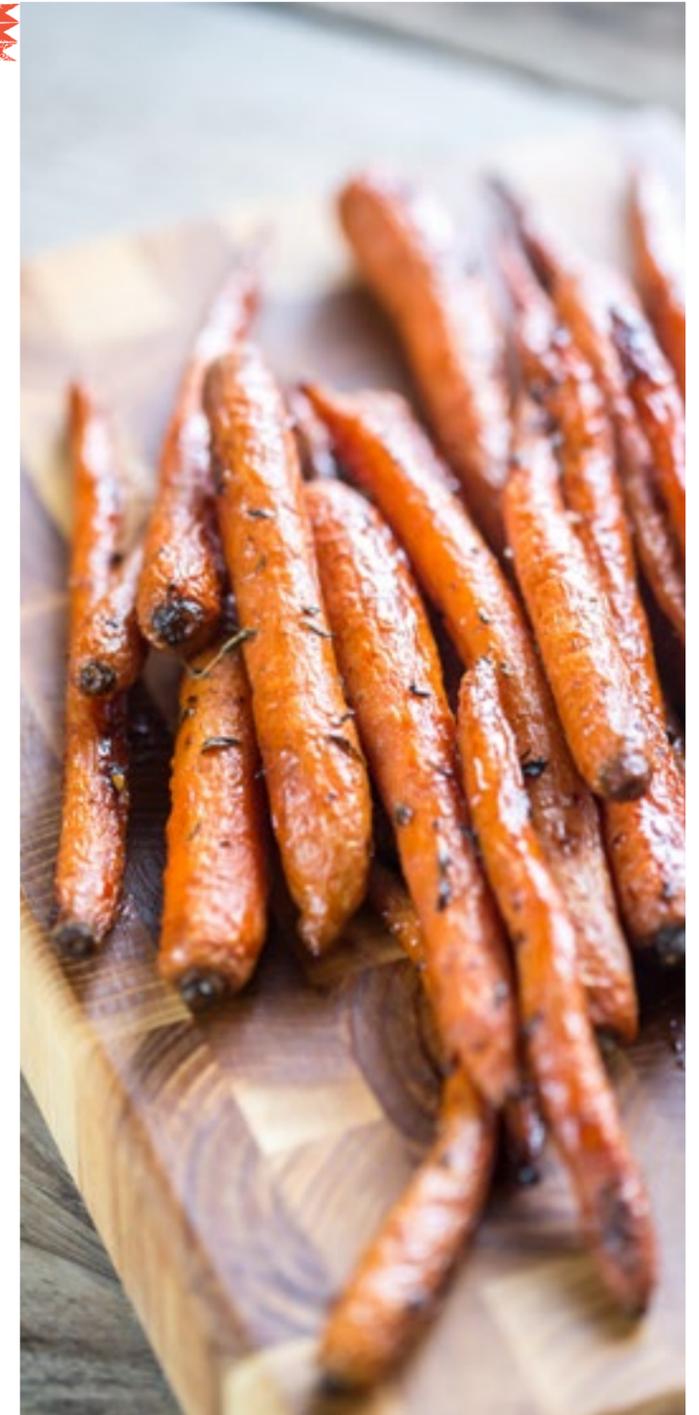
Preheat oven to 425° F.

Place carrots, onion, and garlic on a large rimmed baking sheet and toss with oil and maple syrup to coat. Spread vegetables into a single layer. Roast for 40-45 minutes, stirring at halfway point, until tender and browned, but not burned. Let cool 5 minutes.

Place the roasted vegetables and broth in a blender or food processor. Purée for 2-3 minutes, or until relatively smooth. This may need to be done in 2 batches.

Pour carrot mixture into a large saucepan over medium-low heat. Stir in coconut milk and desired amount of water to thin. Cook until heated through, and season with salt and pepper.

If desired, swirl 2 tablespoon coconut cream into each serving and sprinkle with fresh herbs.



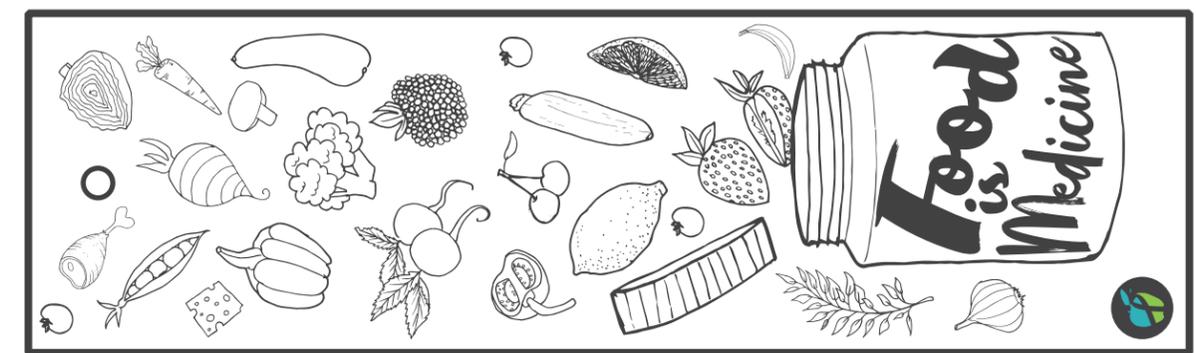
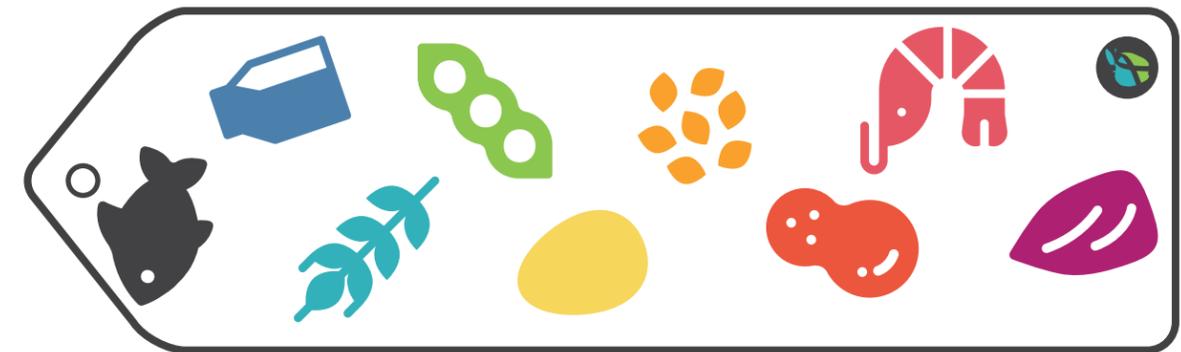


CRAFT

Coloring craft from Amelia's Art Corner

BOOKMARKS!

Cut out and color these FEI themed bookmarks, designed by our very own Amelia Richard. Keep them for your own use, or give them away to spread the word of Food is Medicine and FEI.





300 E 39th Street
Kansas City, MO 64111



(816) 800 - 0884



contact@foodequalityinitiative.org

WWW.FOODEQUALITYINITIATIVE.ORG



8 50028 02126 2