

# Asthma & Allergy Bulletin

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER

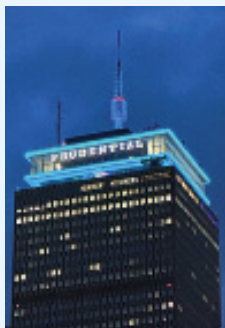


May 5, 2026

Join us for the May 21 Speaker Series webinar:  
“Empowering you to stand against severe  
asthma”  
See page 5 for details!

## Food Allergy Awareness Week

May 10 - 16



AAFANE Lights up the Boston  
Prudential Center Tower on  
May 11 to Raise Awareness!

2026 Fall Gala  
and Exhibit

for life  
without limits™

September 18

See page 5 for details.

## Highlighting the Food Allergy – Food Insecurity Connection

By: Elsa Treffeisen, MD, MPH and Laura DiVeglia, LICSW.

Picture this. You are seeing your allergist or your child’s allergist for a food allergy visit. You are filling out the online intake form. It asks you standard questions such as whether your child has eczema and what foods they avoid. Suddenly, you’re taken aback when you see the following two statements (the Hunger Vital Sign):

- “Within the past 12 months we worried whether our food would run out before we got money to buy more.”
- “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”

Now why would they be asking me this? Isn’t this supposed to be a medical visit?

On the other hand, you may not be surprised. You’re used to these questions being asked by your PCP and/or your child’s PCP. You’ve heard something about social determinants of health, and you figure this must somehow be connected to health although you’re not sure how.

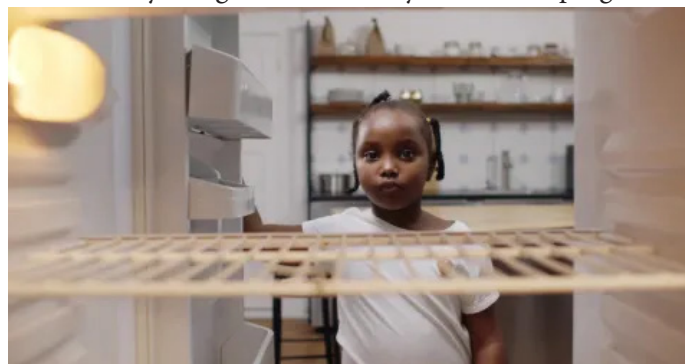
Let me give you some background. Using a nationally representative study, we found that among families in the US, child food allergy had increased the odds of family food insecurity. We also found that this association was stronger among low-income families.

Why might this be? In short, because this was a cross-sectional study (meaning we looked at one point in time), we can’t say for sure what came first—the food allergy or the food insecurity. However, we can speculate. One theory is that because allergen-free foods are harder to find and more costly, if your child has a food allergy, you may have a harder time affording and finding foods that are safe for them. On top of that, if you have a low income, you have less wiggle room to pay for these expensive foods and you have more trouble going to specialty supermarkets found in distant neighborhoods. You may rely on governmental nutrition assistance programs such as SNAP (Supplemental Nutrition Assistance Program) or WIC (Women, Infants, and Children Nutrition Program), which come with restrictions.

In short, this is why we are screening for food insecurity with the Hunger Vital Sign if we are seeing you or your child for a food allergy concern. Well, what happens if I respond “often true” or “sometimes true” to any of these questions? To explain that portion of our clinic process, I will have my colleague from social work, Laura DiVeglia, take it away.

Thanks, Dr. Treffeisen!

Once a family has screened “positive” for food insecurity and has indicated that they would be open to outreach, I make a phone call to the parent/caregiver at a time they have indicated they can speak openly and thoroughly about their situation. I like to go into these conversations with the understanding that caregivers know their family, community, and local resources best. Many caregivers are already enrolled in programs like SNAP or WIC or have tried a local food pantry. I am reaching out to provide emotional and practical support to the caregiver/family, assess what resources they are already using, and then fill in any “blanks” for resources or ideas that the family may not be aware of.





## Highlighting the Food Allergy – Food Insecurity Connection *(continued from page 1)*

### 2026 AAFA New England Board of Directors

- Jan Hanson, MA, President
- Karen Roberto, MEd, BSN, RN, NCSN, Vice President
- Matthew Chin, CPA, Treasurer
- Emilé Baker, LICSW, Clerk
- Giovannie Bejin, MSN, BSN-RN, CPNP-PC, AE-C
- Christine Creter
- Katelyn Holt, RN, BSN
- Margee Louisias, MD, MPH
- Meghan Neri
- Christy O'Brien, JD, MA
- Dianna Queheillant, CPNP, RN, AE-C
- Lori Rohleder

### Medical Advisory Committee

- Jennifer LeBovidge, PhD
- Lisa Bartnikas, MD
- Wendy Elverson, RD, CSP, LDN
- Michael Pistiner, MD, MMSC
- Nancy Rotter, PhD
- Susan A. Rudders, MD
- Elizabeth TePas, MD

### Honorary Directors

- Irving Bailit, MD
- Bette Barbadoro
- George Behrakis
- Cynthia Daley
- Joseph Ferney
- Hon. Gordon Martin Jr.
- Robert Stoker
- Frank J. Twarog, MD, PhD

### Founding President

- Albert L. Sheffer, MD (1929-2015)

When I outreach a family, my call usually starts with a lot of questions so I can get to know the family and their unique situation. So many factors can influence what resources make the most sense – family size, what kind of transportation the family uses, and what hours a caregiver works and can get to a food pantry. Sometimes I will end up giving them specific, food-allergy related resources based on their eligibility, like Securing Safe Food (<https://www.securingsafefood.org>) if their local pantry is a participant – that way they can enroll to find out when their local pantry gets a shipment of allergen-friendly foods. Sometimes I can also assess if they are eligible for a small, time-limited, grant-funded program through the Food Equality Initiative (<https://www.foodequalityinitiative.org/>), which our clinic partners with. Some Medicaid plans also have a “Health-Related Social Needs” program that I can refer the family to for screening, which can sometimes help with grocery costs as well. Other times, we need to get more creative – finding ways to get lower-cost produce to free up funds for more specialized allergen-friendly products or assessing other household bills and seeing if there are resources that can help cut down costs in that area to free up more funds to allot to groceries.

The goal is to support the caregiver in the ways that they feel make the most sense for their family – I always tell families that they are free to review the resources I send along and take what works for them and “leave” what doesn't!

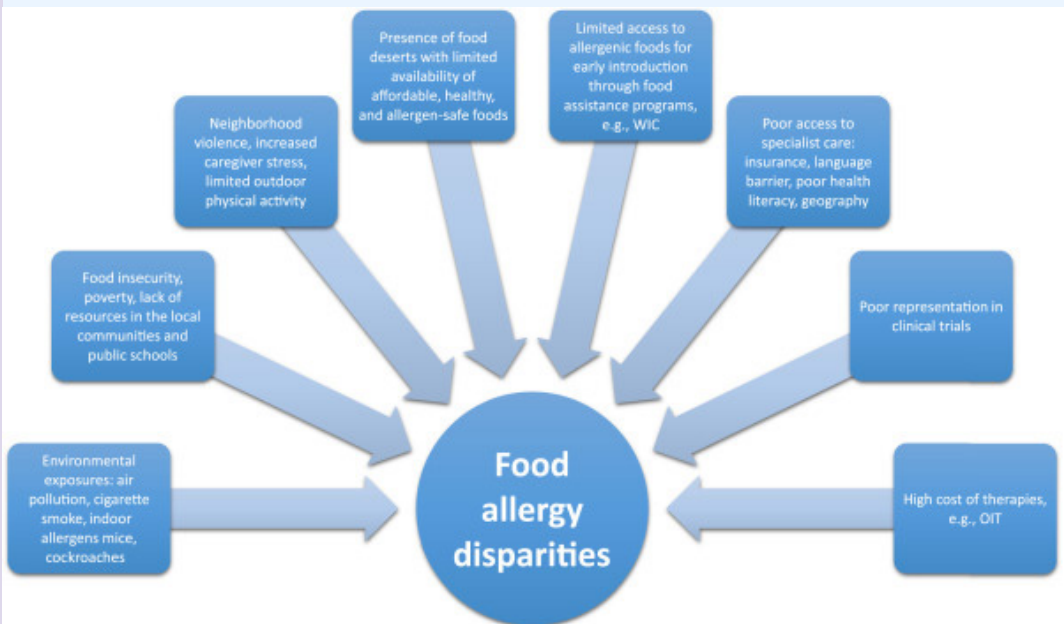
Thanks for spending time reading our article and we hope this opens doors for you to feel more comfortable discussing food insecurity and food cost/access concerns with your allergist or child's allergist.



Elsa R. Treffeisen, MD, MPH is an allergy/immunology attending and a junior faculty member in the Division of Immunology at Boston Children's Hospital. Her research interest is in the intersection between allergic diseases and epidemiology, specifically on the relationship between food allergy, food insecurity and obesity.



Laura DiVeglia, LICSW is a medical social worker with a background in psychiatric social work. She currently works at Boston Children's Hospital, where she works part-time in the Allergy and Immunology clinic, in addition to a role in the Adult Congenital Heart program. Laura also has experience working in clinic and community roles with individuals and families with Huntington's Disease.



Source: [annallergy.org](http://annallergy.org)

# AAFA New England Runs in 2026 ASICS Falmouth Road Race!



AAFA New England has been selected for the fifth consecutive year to participate as a charity nonprofit organization to run in the 2026 ASICS Falmouth Road Race scheduled for Sunday, August 16 at 9 AM!

## Three members of Team AAFANE share why they support AAFA New England!

### Jenny LeBovidge, PhD

I am excited to be running the Falmouth Road Race this August in support of the Asthma & Allergy Foundation of America, New England Chapter. I am incredibly proud to be a member of AAFANE's Medical Advisory Committee and to have this opportunity to spread the word about their work and impact. AAFANE has touched the lives of countless individuals with allergies and asthma at multiple levels— from legislative advocacy and support for medical research, to educational and community programming, to support and resources at the individual and family level.

### Olivia Wolfe

We are so excited to run our third Falmouth Road Race on behalf AAFA New England. It's an amazing organization that has helped us through our food allergy journey over the last 15 years. I was diagnosed with life threatening food allergies at 9 months old and then asthma when I was 2. It's been challenging for myself and my family but with the education and support of AAFANE we knew we were not alone.

### Megan Brown

I am running the 2026 Falmouth Road Race in memory of my husband, Michael Brown, and in support of AAFA New England. Their work helps education, advocacy, and initiatives that improve access to life-saving epinephrine and increase awareness about severe allergic reactions. On October 15, 2023, my life changed forever. My husband, Michael Brown, died after suffering an anaphylactic reaction to an unknown allergy to a wasp sting. He had never experienced a reaction before, and like so many families, we never imagined something like this could happen to us. Anaphylaxis is sudden, terrifying, and often preventable when epinephrine is available and administered quickly. My goal is simple: help prevent another family from experiencing this kind of loss. Every step of this race represents love, advocacy, and the belief that something good can come from something devastating. Through this fundraiser, I hope to raise awareness about the importance of epinephrine access, education around severe allergic reactions, and policies that help ensure first responders, schools, and public places are equipped to act quickly in emergencies.



Nicole Arpiarian



Megan Brown



Kelly Dunham



Jenny LeBovidge



Casey O'Connor



Max Reinhardt



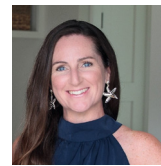
Olivia and Brian Wolfe



Qian Yuan



Zach Yusuff



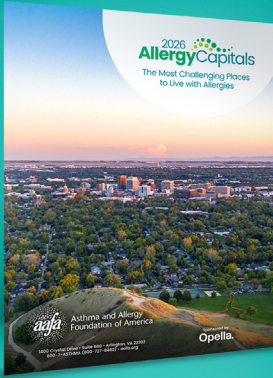
Meghan Neri - Team Captain

**Exciting News! If you would like to run with Team AAFANE and join in this energy,** we have a few bibs available for you! Please email Team Captain Meghan Neri at: [teamcaptain@aafane.org](mailto:teamcaptain@aafane.org).

**TO SUPPORT TEAM AAFANE,** go to <https://raceroster.com/events/2026/112177/the-2026-asics-falmouth-road-race/pledge/team/925021>

# 2026 Allergy Capitals Report™

NEW REPORT!



Asthma and Allergy Foundation of America  
allergycapitals.org

Sponsored by:  
Opella

AAFA's 2026 Allergy Capitals Report™ ranks the 100 most challenging populous cities to live in the contiguous United States if you have season allergies.

The rankings are based on:

- Tree, grass, and weed pollen scores
- Over-the-counter allergy medicine use
- Availability of board-certified allergists/immunologists

These rankings are based on analysis of data from the 100 most-populated Metropolitan Statistical Areas (MSAs) in the contiguous 48 states as determined by the most recent U.S. Census Bureau population estimates.

**Extreme weather is a factor impacting seasonal allergies.**

In late 2024, states in the western U.S. experienced several strong storms including a bomb cyclone and powerful atmospheric rivers. The severe rainfall that came with these storms impacted the spring growing season and pollen release in 2025 creating a longer and more intense pollen release. The result: this year's Capital's Report includes a number of cities in the Western U.S. that are, for the first time, among the Top 20.

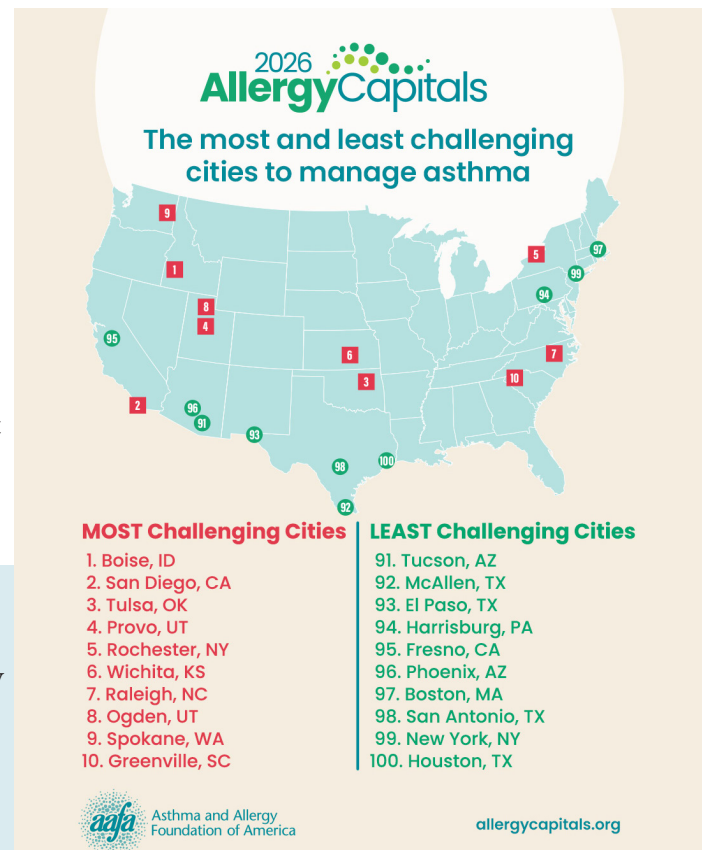
## May is a peak season for asthma and allergy sufferers.

Climate change has a significant impact on public health. With warmer temperatures and more rain, the increased amount of pollen released by trees appears to be causing a stronger allergic response for people sensitive to these pollens. Pollen can trigger symptoms of seasonal allergic rhinitis, which makes high pollen seasons for people with this diagnosis a challenge. Approximately 1 in 4 adults and 1 in 5 children have allergic rhinitis and experience symptoms such as: runny nose, nasal congestion, sneezing, watery/red eyes, and itchy nose, eyes, ears and mouth.

Climate change impacts urban areas as well. The congested location of buildings and roads, for example, combined with fewer trees and open space, allows warmer air to be trapped. This creates an "urban heat island" (UHI), causing increased air pollution, making it harder to breathe, especially if you have asthma and seasonal allergic rhinitis. As a result, there is often an increase in hospital emergency department visits due to asthma exacerbations during this time of year.

Pollen is a common trigger for asthma, allergic rhinitis, eczema, nasal polyps, eosinophilic esophagitis (EOE), and pollen food allergy syndrome.

To read the full 2026 Allergy Capitals Report™, visit [www.allergycapitals.com](http://www.allergycapitals.com)



**Take Action to Find Relief!** To counter the effects of pollen exposure and reduce having symptoms of your asthma triggered, speak with your allergist to develop an asthma action plan that is right for you. There are allergy medicine options, both prescription and over-the-counter that may help you manage asthma symptoms.

Following these simple practices will help to reduce exposure to pollens in your home:

- Check daily pollen counts – weather apps can track pollen levels.
- Stay indoors on high pollen count days.
- Close windows in the afternoon when pollen counts are typically highest.
- Leave your shoes at the door so pollens aren't tracked in.
- Shower before bed to remove any residual pollen.
- Use air purifiers or air conditioners to filter the air you breathe indoors.

Utilizing medical treatments and reducing environmental triggers will help you to feel better, breathe easier and improve your quality of life. *for life without limits™*

# AAFA New England: News & Notes



## May Webinar!

**“Empowering you to Stand Against Severe Asthma”**

**Speaker: Tom Leonard, RPh, MBA, PhD, Senior Medical Liaison, Amgen**

**Date: Thursday, May 21**

**Time: 7pm-8pm**

Asthma affects nearly 28 million people in the United States. May is a peak season for people with asthma and seasonal allergies. Uncontrolled, severe asthma can result in extreme difficulty breathing which may impact your ability to attend school or work. Join us for this informative webinar to better understand severe asthma and learn helpful strategies to manage your symptoms!

**AMGEN** Sponsored by Amgen

To Register, please visit [www.asthmaandallergies.org](http://www.asthmaandallergies.org).

All Speaker Series webinars are recorded and can be found at:

[www.asthamandallergies.org](http://www.asthamandallergies.org)

## Two members of AAFA New England’s Board of Directors attend AAAAI’s Annual Meeting this March in Philadelphia.

Hear how this experience will help inform their professional work and role on AAFANE’s Board:



Emile Baker, LICSW: “I had the privilege of attending the American Academy of Allergy, Asthma & Immunology Annual Meeting this year, and it was truly inspiring. Connecting with dedicated patient advocates, compassionate clinicians, and brilliant researchers in the food allergy community was incredibly meaningful. I left feeling grateful and hopeful, energized by the passion, innovation, and new connections with remarkable colleagues.”



Dianna Queheillalt, RN, APRN, CPNP, AE-C: “Really enjoyed my trip to the AAAAI meeting in Phili! It was a great opportunity to catch up on the latest allergy and asthma research and connect with my colleagues in one of my favorite cities. I especially enjoyed the debate between Dr. Wood and Dr. Keet on omalizumab (Xolair) versus multi food oral immunotherapy (mOIT) in providing sustained dietary consumption (DC) for patients. When my son was diagnosed with food allergy, avoidance was the only option so I love that my patients and their families will have more options going forward!”

## AAFA New England Welcomes New Board Member!



AAFA New England is pleased to announce that Katelyn Holt, RN, BSN, of Rhode Island, joined its Board of Directors in February. Katelyn is a nurse of 15 years; her daughter has food allergies, which sparked her passion for advocacy for the food allergy community. Katelyn also is an inventor and is bringing a medical device to market this year. She is excited to take a more active role at AAFA New England to help people with asthma and allergies and their families thrive.

## Legislative Advocacy

**RI H. 7562 An Act Relating to Education-Health and Safety of Pupils – School Air Quality**

**RI S. 2855 An Act Relating to Education: Possession, stocking and administration of rescue medicine for asthma or acute bronchospasm, epinephrine, glucagon – Immunity for those administering**



AAFANE President Jan Hanson attended an Advocacy Day at the RI State House on March 12 and submitted AAFANE’s written testimony to the RI Senate in support of these two bills. Jan is pictured with Representative Megan Cotter, AAFA CEO Kenny Mendez and staff, and Dan Fitzgerald, Advocacy Director, American Lung Association, RI.

**RI “Achieving a Tobacco-Free Rhode Island”** AAFA New England showed its support for this legislative initiative by signing on to a group letter with other stakeholders.

**MA H.4607 An Act Relative to Increasing Access to Epinephrine**

**MA H.590 An Act relative to emergency stock supply of epinephrine in schools.**

AAFA New England asked for a ‘call-to-action’ by our community to participate in a grassroots write-in campaign to Representative Aaron Michlewitz, Chairman of the House Ways and Means Committee, to ask for his support to have these two bills passed favorably out of his Committee. Community member Megan Shai Brown explained why this bill is so critical in a video released by AAFANE in an email to our community. Thank you, Megan!

## AAFA New England’s 2026 Fall Gala and Exhibit

2026 Fall Gala and Exhibit

for life  
without limits™

September 18

Join US!

Friday, September 18<sup>th</sup>  
6:00pm – 10:00pm

UMass Club

One Beacon Street, Boston  
32<sup>nd</sup> Floor

### Honoring Three Champions of the Asthma & Allergy Community



**Elisabeth Stieb, RN, BSN, AE-C**, pediatric nurse and certified asthma educator with Massachusetts General Hospital’s Food Allergy Center and Partners Asthma Program.



**110 Grill Restaurants, Accepted by Kimberly Wallace, COO**



**Megan Shai Brown**, Community Advocate for increased access to stock epinephrine and champion of MA H.4607 and H.590.

For Tickets, visit:

[AAFAGALA26.givesmart.com](http://AAFAGALA26.givesmart.com)

We look forward to celebrating with you on Friday, September 18<sup>th</sup> for a memorable evening. Enjoy a delicious, seated dinner, spectacular views from the 32<sup>nd</sup> floor, and connect with old - and new friends!

**If you haven’t attended this evening before, make this the year you join us!  
You will have a great night!**

# Clinical Research Studies: Opportunities to Get Involved!



**Boston Children's Hospital**  
Until every child is well™

The Asthma/ Allergy Clinical Research Center Research Center is an National Institutes of Health (NIH) funded Center, currently recruiting for a number of studies for patients with asthma and/or allergies! All visits are compensated and all travel to and from the hospital is covered by the and from the hospital is covered by the research group. The studies also provide free medications. Call or email to see if you or your child is eligible for any of these exciting studies!

- **IDEA:** (Investigating Dupilumab's Effect on Asthma by genotype) In this research study, we want to learn if the study drug (Dupixent® Dupilumab) helps to control your asthma. We are particularly interested in understanding if people who have a certain genetic make-up (genotype) will respond better to this treatment. This study enrolls adolescents and adults age 12 and above. <https://ideaasthma.org/> <https://answers.childrenshospital.org/duplimab-asthma/>
- **CHEETAH:** (Mechanisms Underlying Asthma Symptoms and Exacerbations Across T2 status in children). We are studying if there are different mechanisms in asthma symptoms during asthma exacerbations. Children age 6-17 with asthma and healthy controls are eligible.
- **School Inner-City Asthma Study-3:** We are evaluating whether children and adults with or without asthma have novel signatures in asthma control. Children and adults 5 and above including healthy controls are eligible.
- **Radon Asthma Intervention Trial (ROME):** We are evaluating whether a Radon Mitigation System can reduce asthma in children and adults age 5 and above.

**Boston Children's Hospital studies provide free treatments, compensation \$\$ for time and travel. For more information about any of the above BCH studies and/or to refer potential interested families, please call 857-218-5336 or email [asthma@childrens.harvard.edu](mailto:asthma@childrens.harvard.edu) <https://bchasthmaresearch.com>**

## FOOD ALLERGY CENTER



MASSACHUSETTS  
GENERAL HOSPITAL



MassGeneral Hospital  
for Children™

**Contact: Jannat Gill, Clinical Research Manager at [Jgill0@mgh.harvard.edu](mailto:Jgill0@mgh.harvard.edu) to learn more.**

**OWED** (Omalizumab Weight-based Dosing Efficacy) We are researching the efficacy of weight-based omalizumab dosing for food allergy especially for those that have high total IgE that fall outside the current dosing recommendations. Food allergic individuals ages 1-55 years are eligible. The study site is MGH, Boston.

**COMFORT Toddlers:** We are investigating the Safety of Epicutaneous Immunotherapy with the Viaskin® Peanut Patch in Peanut-Allergic Children. This is a Phase 3 randomized double-blind, placebo-controlled study of 6-months duration. Peanut allergic children ages between 1-3 are eligible for the study. The study site is MGH, Boston.

**RAPT:** This is a multi-center Phase 2b study evaluating RPT904, a next-generation, long-acting anti-IgE monoclonal antibody designed to reduce allergic sensitivity with dosing every 8-12 weeks, to see if it can safely help teens and adults. Individuals aged 12 to less than 56 years who are allergic to at least 1 of the following prespecified foods: peanut, milk, egg, cashew, or walnut are eligible for the study. The study site is MGH, Boston.

**EDESIA:** This is an observational study of people with eosinophilic esophagitis (EoE) who were recently prescribed DUPIXENT, to help us understand how this targeted biologic therapy is used in real-world care and how EoE symptoms such as swallowing difficulty, and quality of life change over time through patient questionnaires. Participant 1 year or older who were recently prescribed DUPIXENT for their EoE are eligible for the study. The study site is MGH, Boston.

**REGN668:** We are investigating the safety and tolerability of dupilumab treatment (higher and lower exposure regimens) for up to 24 weeks in pediatric patients weighing ≥5 kg to <15 kg with active eosinophilic esophagitis (EoE). Pediatric participants aged ≥6 months to 6 years and weighing ≥5 kg and <15 kg with active EoE are eligible for the study. The study site is MGH, Boston.

**ALG\_2219:** We're investigating the experimental antibody linvoseltamab in combination with DUPIXENT to evaluate safety and understand how this approach may affect IgE and other antibodies involved in development of severe allergic reactions to food. Adults between 18 Years to 50 Years with clinical history of documented, ongoing, severe IgE-mediated food allergy are eligible for the study. The study site is MGH, Boston.

**ZENITH:** This is a Phase 2 clinical trial testing tezepelumab with peanut Oral Immunotherapy (OIT) in individuals with peanut allergy to see if this combination can safely help participants build tolerance and maintain unresponsiveness to peanut even after stopping treatment. Individuals 12 years to 55 years with history of an allergic reaction to peanut ingestion are eligible. The study site is MGH, Boston.

## Do you or your child have asthma?

### Have you had an asthma attack in the past year?

You could be eligible to participate in asthma and allergy research with Boston Children's Asthma and Allergy Clinical Research Center.



#### If you or your child have:

- Allergies • Coughing
- Asthma • Wheezing • Eczema

Individuals without the above conditions may also be eligible to participate

**Compensation is up to \$2,540, depending on the study.**



**Thank You to Our Corporate Partners!**

# The Thoracic Foundation



## Published with a grant from the Thoracic Foundation

### Asthma & Allergy Bulletin

The Asthma & Allergy Bulletin is published three times each year by the Asthma & Allergy Foundation of America – New England Chapter (AAFA New England) and is mailed to more than 3,000 members of our community.

Information in this Bulletin should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to available products and procedures should not be construed as an endorsement. AAFA New England, including all parties to or associated with this Bulletin, will not be held responsible for any action taken by readers as a result of the Bulletin.

AAFA New England, founded in 1979, is a charitable 501(c)(3) organization whose mission is to improve the quality of life for people living with or caring for someone with asthma, allergies (including food allergies) and related diseases. Serving all six New England states, we are committed to raising awareness about disease management and reducing health disparities through educational programming, patient support, advocacy and support of medical research.

©2026. All rights reserved. Material may not be reproduced without permission of the publisher.

## How To Support AAFA New England There are many ways!

- Make a one-time, tax-deductible contribution \*
- Set up a recurring monthly donation\*
- Make a Qualified Charitable Donation (QCD) from your IRA
- Recommend a grant from your Donor Advised Fund (DAF)
- Increase your contribution if your employer has a matching gift program
- Celebrate someone with a tribute
- Attend our Food Allergy Conference & Expo
- Join us at our 2025 Fall Gala and Exhibit
- Support a Team AFFANE runner in the Falmouth Road Race
- Contribute to our Medical Research Grant
- Become a Corporate Partner, Sponsor or Exhibitor

\*Online contributions can be made at [asthmaandallergies.org](http://asthmaandallergies.org)  
Checks, made payable to AAFA New England can be mailed to:

AAFA New England  
25 Braintree Hill Office Park, Suite 200,  
Braintree, MA 02184

**Every Contribution Counts!  
Thank you!**

**Thank You to Our Community for Your Support!**



Asthma and Allergy  
Foundation of America®  
NEW ENGLAND CHAPTER

25 BRAINTREE HILL OFFICE PARK, SUITE 200  
BRAINTREE, MA 02184  
Tel: 781-444-7778  
E-mail: aafane@aafane.org  
www.asthmaandallergies.org

NON-PROFIT  
ORGANIZATION  
US POSTAGE  
PAID  
BOSTON, MA  
PERMIT NO.58109

Return Service Requested

## Did You Know?

- Scientists predict climate change will continue to bring rising temperatures, which could increase pollen production by as much as 200% higher by the end of this century.
- Asthma is the leading cause of school absences among children in the U.S.
- 21,800,000 people in the United States have food allergies.

To learn more about asthma, allergies, including food allergies, and related diseases, and access free resources, visit:  
[www.asthmaandallergies.org](http://www.asthmaandallergies.org)

## AAFA New England is Your Community! Join Us To Get Involved

- Register for our Speaker Series webinars and learn from the experts!
- Advocate with us for changes in public policies that will benefit the asthma and allergy community!
- Spread Awareness by participating in our social media!
- Support AAFA New England: your donations help us support you!
- Donate to a 2026 Team AAFANE Runner! (see page 3)
- Join us for AAFANE's Fall Gala 2026 on September 18<sup>th</sup>!



*for life without limits*  
**AAFA**  
**New England**

DEDICATED TO THE CONTROL AND CURE OF ASTHMA AND ALLERGIES TO HELP PEOPLE LIVE ACTIVE, HEALTHIER LIVES

Education & Training  
.....  
Support Services  
.....  
Advocacy  
.....  
Research Support

All of our programs and services are funded through grants and charitable donations

Donate or become a member of AAFA New England at:  
[asthmaandallergies.org](http://asthmaandallergies.org)

## Find Us On Social Media!

Facebook  
[www.facebook.com/AAFANewEngland](http://www.facebook.com/AAFANewEngland)

Twitter  
@AAFANE

Subscribe to our  
YouTube Channel!  
@aafanewengland4142

Instagram  
@allergyasthmanewengland

LinkedIn  
aafa-new-england