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Our September 2026 Newsletter for Healthy Living

Subtract the Additives

Walk down a grocery aisle today and you're not just choosing food — you're choosing a production system. Additives have quietly shifted from occasional helpers into routine components of everyday eating, shaping how foods look, taste, and last on shelves. Most people don't pause to think about them because they're woven into products marketed as normal, convenient, and familiar.

What matters is not a single ingredient you can't pronounce. The real issue is exposure through repetition. When additives appear across multiple foods in the same day, they no longer act alone. They arrive together, layered meal



after meal, reflecting modern eating patterns rather than isolated choices. This is especially important for children, whose bodies process food differently and experience a higher load from the same portions adults eat. Many people focus on whether one additive is "safe" or whether a product meets regulatory limits.

That framing misses the point. The question worth asking is how often additive-heavy foods displace simpler, less processed options — and how those combinations accumulate over time. To see why this pattern matters, you first need to understand how researchers measure real-world additive exposure and what everyday diets actually look like when those ingredients are tallied together. A study published in *Scientific Reports* analyzed food additive exposure using brand-specific dietary records from a survey in France.

Researchers examined detailed

food intake data from 2,177 adults ages 18 to 74 and 1,279 children ages 6 to 17, based on repeated 24-hour recalls and food records that included exact commercial products consumed. This design reflects what people truly eat, not theoretical food categories or label assumptions. Instead of estimating exposure using maximum allowed limits, the researchers merged actual foods eaten with multiple composition databases and la-

and 71 were consumed by at least 5% of children. Common examples included emulsifiers, preservatives, sweeteners, and colorings that frequently appear across multiple food categories.

Researchers identified distinct additive "mixtures" rather than isolated exposures — The study identified three main additive mixtures in adults and four in children. This means additives cluster into recognizable bundles based

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boratory measurements in foods. This allowed them to calculate how much of each additive people consumed and, more importantly, which additives tended appear together in everyday meals.

Children and adults showed high and consistent exposure — Adults consumed an average of about 4.4 grams of food additives per day, while children consumed about 5.1 grams per day. Because children weigh less, their intake per kilogram of body weight was roughly double that of adults, a detail that directly affects how much stress these compounds place on developing bodies. **Most exposure came from ultra-processed foods eaten routinely** —

Ultra-processed foods supplied about 34% of daily calories for adults and nearly 50% for children. These foods included items many people view as normal staples, such as packaged breads, dairy desserts, ready-to-eat meals, pastries, and sweetened beverages.

Dozens of additives appeared in everyday eating patterns — Sixty additives were consumed by at least 5% of adults,

on food choices, not individual ingredients. Some mixtures were dominated by additives found in sweetened drinks and pastries, others by ready-made meals and sauces, and others by snack foods and desserts. Certain mixtures showed higher exposure among younger adults, manual workers, smokers, or children from specific household backgrounds.

Higher additive exposure was linked with poorer nutrient profiles — As mixture scores increased, intakes of protein, fiber, vitamin C, and beta-carotene dropped, while total calories, added sugars, and overall energy intake rose. This pattern shows additive exposure comes bundled with diets that deliver fewer protective nutrients. While only a small percentage of participants exceeded official acceptable daily intakes for individual additives, such as sucralose, current safety evaluations focus on single additives, not the combined effects of multiple compounds consumed together every day. Additives consumed together interact in your gut, immune system, and metabolism in ways that single-compound

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testing doesn't capture. This is often called a "cocktail effect," meaning the whole exposure picture matters more than any one ingredient.

A U.S. purchase-based study tracked what households actually buy, not what they report eating. The study, published in the *Journal of the Academy of Nutrition and Dietetics*, examined packaged food and beverage purchases

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by U.S. households in 2001 and 2019. Instead of relying on food diaries or memory-based surveys, researchers used scanned grocery purchases, which directly capture what enters homes.

Researchers examined four common additive types — colors, flavors, preservatives, and nonnutritive sweeteners — across thousands of packaged products. By reviewing ingredient lists from Nutrition Facts Panels, the team measured how often additives appeared and how many were present in each product. This design allowed them to assess additive density, meaning how many additives you encounter in a single item.

Additives now appear in a larger share of the foods Americans buy — From 2001 to 2019, the percentage of packaged food products purchased by U.S. households that contained additives climbed from 49.6% to 59.5%, a significant increase that shows additive exposure has become more common with each passing decade.

The average number of additives per product increased over time — Manufacturers added more additives per product, rising from an average of 3.7 additives in 2001 to 4.5 additives in 2019. That shift means you face more combined exposure even if your shopping habits stay the same. This translates into higher additive intake without eating more food.

Baby foods showed one of the sharpest changes — Purchases of baby food products containing additives rose by 20% over the study period, with more than a 15% increase in products containing three or more additives. Infants and young children are an understudied and vulnerable group because early diets influence long-term health patterns. **Calorie-for-calorie, young children take in more additives per pound than adults** — The review included literature published from January 2010 through April 2022, and revealed that in the first three years of life, children take in more

calories per kilogram of body weight than adults, so additive exposure per kilogram also runs higher. This means even "normal" servings stack up faster in a smaller body.

Indirect additives from packaging and the environment are a major part of the story — The review lists bisphenols, phthalates, perfluoroalkyl chemicals and perchlorate as common exposures tied

to food packaging, processing equipment, soil, water or other environmental routes. In other words, "what touches the food" often matters as much as what's mixed into it.

Hormone disruption shows up again and again — The paper explains that several additives and packaging-related chemicals interfere with hormone systems that control growth, metabolism, sleep, and development — the same systems that guide how a child's body and brain mature.

Direct additives show up most often in kid-targeted processed foods — The most-used additives in children's foods include colors, sweeteners, preservatives and flavor enhancers. These are also the categories that cluster in snacks, drinks and convenience foods, making "stacking" more likely across a typical day. Artificial colors, added largely for appearance, have been linked to hypersensitivity reactions and behavioral and attention problems. The practical relevance is that if you notice a clear before-and-after pattern with specific brightly colored or artificially sweetened foods, this paper supports taking that pattern seriously as a data point, not a parenting failure.

Nitrates and nitrites are preservatives with specific child health concerns — These additives are found widely in processed meats and other foods. Once inside the body, nitrites form N-nitroso compounds, which are linked to cancer risk.

The real issue with food additives isn't one villain ingredient. It's the system that keeps steering you toward foods packed with them, grocery trip after trip. When you chase individual additives, it becomes exhausting and you lose sight of what's driving the exposure in the first place. Instead, focus on shifting the patterns that keep those foods in rotation, in ways that work in real life and put you back in control.

Start by changing where your calories come from, not what additives you

fear — If most of your calories come from packaged foods, additive exposure stays high by default. Instead, flip that ratio. Build meals around simple, whole foods you recognize immediately, then add packaged foods only as accessories, if at all. When whole foods anchor your day, additive mixtures fall automatically without constant label stress.

Use a simple additive count as your personal scorecard — When you pick up a packaged food, count how many additives appear on the label. If a product lists five, seven, or 10 additives, put it back on the shelf or make it only a very occasional food. If it lists one or none, it earns a regular spot. Turn this into a personal challenge: lower your



average additive count per item weekly.

Protect children first by simplifying early foods — Cutting back on additives early lowers total

exposure over a lifetime, and small, daily choices add up. Over time, you can feel confident that you're supporting long-term health, not just getting through the next meal.

Replace convenience meals with repeatable staples you enjoy — Replace convenience meals with a small set of repeatable staples you actually enjoy. Pick three to five simple meals you can make without thinking — for example, pastured eggs with vegetables, roasted grass fed beef with potatoes, ground beef with rice, or grass fed yogurt with fruit. When you eat the same basics during the week, you're less likely to grab ready-made foods just because you're tired or rushed. Familiar meals make eating simpler, and that naturally lowers how often packaged, additive-heavy foods end up on your plate.

Audit your cart, not your willpower — Pause once per shopping trip and look at your cart as a whole. Ask yourself how many items are packaged versus fresh or minimally processed. You don't need to judge or overthink it — just observe. Over time, this habit makes patterns obvious, and small adjustments start to happen naturally. As your cart shifts, so does how often additive-heavy foods make it home. These steps work because they address the root cause: a food environment that normalizes additive-heavy products. When you change the structure of your choices, your body benefits without constant vigilance, and you regain trust in how you eat.

Mind Your Vitamin D

Respiratory infections remain the stealth threat that transforms independent older adults into hospital patients who don't always recover. What's becoming impossible to ignore: these outcomes often trace back to a single, correctable biological vulnerabil-

ity, not bad luck or inevitable exposure. Large population data now place vitamin D status squarely in that conversation, not as a background nutrient but as a defining factor in how well your respiratory system holds its ground under stress. Unlike vitamins that simply fill nutritional gaps, vitamin D acts as a hormone — a chemical messenger that travels through your bloodstream, instructing cells throughout your body how to respond to threats. It essentially reprograms your immune system's response to infection.

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Because your body is designed to make it via sunlight exposure, deficiency often develops in people who spend more time indoors, live at northern latitudes, or carry metabolic strain that interferes with normal processing. Deficiency symptoms masquerade as everyday complaints — another cold, lingering fatigue, slower healing — until a serious respiratory infection reveals what's been deteriorating invisibly for months or years. What stands out in large-scale data is how consistently vitamin D status correlates with respiratory outcomes, regardless of age, ethnicity, or existing health conditions.

The consistency of those findings reframes vitamin D deficiency as a systems-level problem affecting immune readiness where it matters most: your lungs and airways. From there, the question becomes less about whether vitamin D matters and more about what happens when levels fall far enough to cross a biological tipping point. A study published in *The American Journal of Clinical Nutrition* examined whether vitamin D levels predict hospital admissions for respiratory tract infections in adults.

Researchers evaluated 36,258 people from multiple ethnic groups and age ranges, allowing researchers to test whether vitamin D status mattered broadly or only in specific populations. **Severe deficiency stood out as the true danger zone** — The most striking finding involved people with very low vitamin D levels below about 6 ng/mL (15 nmol/L). Compared with adults whose levels reached at least 30 ng/mL (75

nmol/L), severe deficiency increased hospitalization risk by 33%, meaning 1 in 3 additional hospitalizations could be prevented by correcting this single nutrient deficit.

Small increases in vitamin D delivered measurable benefits — When research-

ers looked at vitamin D as a continuous scale rather than categories, they found a steady pattern. For every 4 ng/mL (about 10 nmol/L) increase in blood vitamin D, the risk of hospitalization for respiratory infection dropped by about 4%.

Lower vitamin D levels lined up with more frequent infections —

Participants with the lowest vitamin D levels reported the highest number of colds and flu episodes per year. Those in the severely deficient group experienced respiratory illnesses more often than participants with higher levels. When researchers analyzed the data across groups, they found a clear inverse relationship, meaning higher levels aligned with fewer respiratory infections.

Supplementation changed vitamin D status quickly — Participants with low vitamin D levels were offered daily vitamin D3 supplements for three months. After that period, none of the participants remained deficient, and 85% reached levels above 30 ng/mL. Average blood levels rose from about 18 ng/mL (46 nmol/L) to roughly 39 ng/mL (97 nmol/L), showing that deficiency is reversible within a short timeframe. People who began the study with the most severe deficiency showed the greatest increases in blood vitamin D after supplementation.

When vitamin D levels drop, your body loses a key tool for fighting viruses and bacteria that cause colds, flu, and more severe respiratory illness. This vulnerability isn't just about supplementation — it reflects how modern life blocks sunlight exposure and disconnects daily habits from the biology your immune system depends on. The goal here is to rebuild the conditions your body uses to make and manage vitamin D correctly, so your respiratory defenses, along with your heart and energy systems, stop operating at a disadvantage.

Get your vitamin D from sunlight whenever possible — Your skin is designed to make vitamin D3 when exposed to natural light, and daily exposure supports bone strength, immune balance, and your liver's ability to metabolize fat. Regular sun exposure on

large skin areas like your arms, torso, and legs — without sunscreen — gives your body what it needs. The first hint of pinkness acts as a built-in signal that you've had enough for that day. Sunlight also stimulates nitric oxide, which improves blood flow and lowers blood pressure, while anchoring your circadian

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Use vitamin D3 with the right cofactors when sunlight is limited — When sun exposure is not realistic, vitamin D3 is the form that matches what your skin produces. Pairing it with magnesium and vitamin K2 improves how efficiently your body activates and uses vitamin D, while directing calcium into bones instead of arteries. Magnesium activates vitamin D at the cellular level, and K2 protects blood vessels and supports heart muscle strength. Using these together reduces the amount of D3 needed to maintain healthy levels and improves overall cardiovascular safety.

Use movement to keep vitamin D active year-round — Physical activity sustains vitamin D metabolism during low-sunlight months by stimulating the enzymes that convert stored vitamin D into its active, usable form — particularly important from November through February in northern climates. Research shows that even during periods of limited sun exposure, people who stay physically active maintain better vitamin D function and cardiovascular resilience. Treat movement as nonnegotiable especially during the darker months.

Reference: *The American Journal of Clinical Nutrition* February 2026; 123(2): 101179. *Open Forum Infectious Diseases* 2025 Nov 19; 12(12): ofaf706. *Advances in Integrative Medicine* December 2025; 12(4): 100587. *Grassroots Health* March 10, 2020. *Advanced Science* June 12, 2025; Vol.12, Issue 22.



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