



Good Science That Resonates with All

Q&A with Allergy Standards CEO Dr. John McKeon

Dr. John McKeon is the CEO of <u>Allergy Standards Limited</u> , an international organization that helps people breathe healthier indoor air. Its regulated, physician-led **asthma & allergy friendly** certification program has created a portfolio of certified products, including Tarkett iQ[®] Collections, heterogeneous sheet flooring, iD Latitude LVT and Powerbond[®] RS hybrid resilient flooring. Dr. McKeon is a Fellow of the Royal College of Surgeons in Ireland and qualified as a medical doctor from Trinity College Dublin in 1996; he also holds his U.S. Medical Licensing exams. He <u>lectures</u> , leads talks, and consults on design thinking and innovation for medical entrepreneurs.

In our Q&A with Dr. McKeon, he shares the founding story behind Allergy Standards, how simple environmental interventions can make a big impact for people living with chronic respiratory conditions, and how design thinking in health care can empower these patients to lead healthier lives.



"A great societal shift will occur when communities come together and meet corporate supporters with a common aim of innovative solutions for healthier materials and healthier indoor environments."

-Dr. John McKeon on the Indoor Air Innovation and Research Institute website

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Tell us the story behind how you founded Allergy Standards Ltd in 2000.

I worked for many years as an ER doctor (what we call an Accident & Emergency or A&E doctor in Ireland). One night, I was working late in a busy A&E hospital in Dublin, just seeing young patient after young patient come in with asthma and allergy flare-ups. The parents would always ask me, "Look, is there something that we can do to ensure our kids stay well, rather than having to come into the emergency room out of hours when we're sick?"

If you look at the World Health Organization (WHO) definition of what it means to be well , it's not just the absence of disease: It's physical health, it's emotional health, it's psychological health. People love to stay well, but they may not know how to. When you want to start educating and empowering patients with asthma, particularly allergic asthma, you ask them, "Do you know what your triggers are?"

There's a lot of focus now on outdoor air with adverse weather events, forest fires, and longer allergy seasons with climate change. But really, indoor air can contain environmental triggers like volatile organic compounds (VOCs) 2 and substances that can be a bioburden, like dust mite allergen. According to research from the U.S. Environmental Protection Agency (EPA) 2, we spend about 90% of our time indoors and indoor air can be up to five times more polluted than outdoor air.

The challenge today is that we're all drowning in information, but starving for wisdom. What should we believe, when medical organizations like the U.S. Food and Drug Administration (FDA) have highlighted allergy labeling terms like "hypoallergenic" as meaningless 2?

When I was an [emergency] doctor, I would advise the mums of the kids about how to optimize the indoor environment for health based on performance and suitability criteria of products like bedding and vacuum cleaners. They would write it all down, then say, "You said something about textiles and a dust mite allergen barrier, what about cat allergens and detergents? What do I actually look for when I go to buy a product?"

[I wanted to help them navigate it better.] One of the mums actually said to me, "You know, doc, it would be great if somebody could test all these products and then put on a certification to show this product keeps the promise it makes when you buy it."

As of 2023, you've been program director of the asthma & allergy friendly® certification program for 17 years. What was the landscape like at the time of the program's founding — did you feel like you're reinventing the wheel?

While there were similar programs at the time, we were the first to bring a certification with a high level of scientific rigor to an audience that was interested in allergy-aware products. In the U.S., we took extra steps to partner with a patient organization — which reviews our standards and opens up a conversation about <u>physician activation</u> — in order to both plug into a patient community and to amplify the certification within the medical community.

During the early phase of founding Allergy Standards, we saw some labels out there that resonated with consumers, but had very poor science, while other labels had good science, but didn't resonate with consumers.

There was a kind of gray area where reputable charities and patient organizations were allowing their logo to be used to infer that the product was a better choice for health, but instead of validating it, they just reviewed the manufacturer's claims. When Consumer Reports actually tested the product and it didn't do what it was supposed to, some of these programs ran into trouble.

Our goal at Allergy Standards was to both have good science and resonate with consumers, which is how we began developing the **asthma & allergy friendly**® certification. We have certified products for every room of the home, including furnace filters, cleaning products, textiles, vacuum cleaners, laundry machines, and Tarkett floor coverings.

Unlike some environmental certifications that might focus on how these products are sourced, created, and then disposed of at the end of their useful life, **asthma & allergy friendly**® focuses on the in-use phases of the products. We talk a lot about <u>One Health</u> ②, an approach to achieving optimal health outcomes by recognizing the connection between healthy people living on a healthy planet.

It's no longer acceptable to damage the planet when we make something — and we want to advance that conversation and make human health table stakes, too. While carbon dioxide is harming the planet, VOCs are harming people. That's why we ask, "How does a given product impact me and my home? It may be healthy for the planet, but is it healthy for me?"

Twenty-three years in, what have people — like the mothers you once ran into in the emergency room — told you about how the label has impacted them?

Poorly controlled asthma has been shown to <u>impair asthma patients' health-related quality of life </u>Z. We've seen how when patients have an acute episode, they may need rescue medication, like steroids, to get out of it. But these interventions may completely undo a treatment plan made by a specialist in an outpatient clinic or their local family doctor and change the pathway of the patient's life.

[Beyond health, there is also a <u>significant socioeconomic burden associated with asthma</u>. **Z**]

Families are overwhelmed because if a kid goes to the emergency room in the middle of the night, a parent may have to take off work and the kid may miss school or their sporting activity.

Moreover, <u>1 in 10 children Z</u> who come to the emergency room with acute asthma were found to relapse, returning to ED within 2 weeks of initial treatment.

That's why simple, low-cost interventions can have a huge societal impact. We've done a number of projects in underserved communities around the U.S. like Philadelphia, Pennsylvania <a href="P

At <u>Client Council</u> , a client event that we host on an annual basis, we've heard anecdotal stories from patients about getting out of overwhelm. They talk about feeling stuck, unwell, and totally reliant on their doctor while on a pathway of disease. After our interventions, they say things like, "I feel like I can take back control. There is something I can do." It's a powerful psychological shift.

How can the kind of health care entrepreneurship that Allergy Standards is founded on help the health care industry make progress on patient care?

Some studies show up to 80% of health outcomes are determined by your environment and your behaviors in that environment, which is consistent across most U.S. counties. Yet 90% of the U.S. health care budget is spent on the management of chronic health care conditions via medication and access to doctors.

Of course, we need pharmaceutical intervention; we need doctors and hospitals. My moonshot vision is for our program to encourage the health care industry to shift some funding into patient-centered design via the value-based health care model — rather than a solely pharmaceutical-driven focus — alongside patient education and environmental control.

If we put the dollars upfront to educate and empower people, simple environmental measures can make all the difference. Because poorly controlled asthma results in more frequent emergency use of healthcare resources like unscheduled primary care visits and hospitalizations,

preventative measures can also help reduce health care spending. I believe there will be a big transformation in society when patients get really engaged and empowered about staying well.

How can design thinking help patients live more empowered lives? How can we ensure it's integrated from the top down more often?

At the Indoor Air Innovation and Research Academy, part of the <u>Indoor Air Innovation and Research Institute</u>, we're teaching people to use <u>design thinking</u> principles, <u>journey mapping</u>, and patient-centered design to improve lives.

We know that our environments impact our health. When it comes to building really good environments, more people are involved than we realize. Think of it like a chain of linked parties whose decisions have direct impacts on your wellness. On the far end, you've got surgeons and ICU consultants and A&E doctors like me, seeing people in emergency situations. Then you have your GP and your nurse, maybe your dietician, your physio, or your yoga teacher. If you keep going down the line, somewhere you'll also find the architects and procurement professionals for our workplaces and schools.

A person tasked with procurement is not a surgeon, a nurse, or a meditation coach, but when they choose what flooring or air conditioning unit to use, they have a big role in designing, constructing, operating and maintaining our built environments, which in turn has a big impact on our health outcomes. [The impacts of their decisions reverberate down the entire chain.] If we think about a B2B or employment setting, for example, the way we ventilate, clean, and maintain a safe work environment goes beyond facilities management. It's also relevant for HR management.

You've said that the goal of the asthma & allergy friendly® certification is to help people — from homeowners to procurement professionals — make the best choices for their family or their building project. What advice would you give to

the kind of companies Allergy Standards works with to create safer, certified products?

Pursuing an **asthma & allergy friendly**® label shouldn't be a <u>marketing gimmick</u>

It shouldn't be about commanding a premium price or increasing shelf velocity. The bigger picture for companies should be about design thinking for the communities where they operate.

Michael E. Porter from Harvard Business School talks about a business model called <u>Creating Shared Value</u> . Companies that have a shared value mindset want to improve society as a calling, and they're a great fit to work with Allergy Standards.

