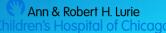
Findings in Efficacy Evaluation of a Novel Clinical Support Tool:

The Food Allergy Passport

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Disclosures

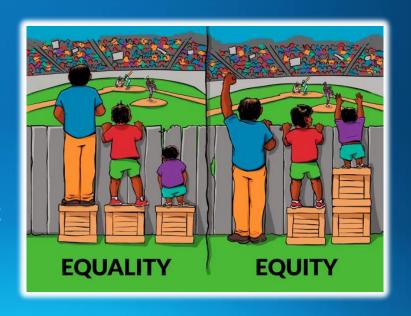
A special thanks to our foundation grant sponsor:



I have no personal or financial disclosures.

Background

- Food allergy (FA) among children has grown dramatically in recent decades, with low-income populations disproportionately affected.
- Data has shown FA burden, including QoL impact and economic burden, and overall management differ according to income strata.



■ There is a need for improved food allergy clinical support tools.

Poll Question 1:

In your practice, how often do you come across food allergic patients (or caregivers) who:

- have trouble understanding their food allergy
- don't understand how/when/why to use their EpiPens
- have difficulty reading food labels or avoiding accidental exposures
- and/or have a decreased quality of life due to their food allergy?
 - A. Every work day that ends in a Y
 - B. More days than not
 - C. Every once in a while, but not regularly
 - D. Rarely. My patients just get it. Food allergy is easy for everyone!

Methodology

Initial FAMILY (Food Allergy Management In Low income Youth) Study

qualitative Creation of data collected FA Passport





Methodology

Initial FAMILY qualitative Creation of data collected FA Passport EMR review, recruitment, meeting with parents, following-up surveys Nov 2020 - April 2022 Mid 2020 Inclusion criteria: Medicaid as primary or secondary insurance provider <18yo with physician-diagnosed FA (confirmed by SPT or slgE) Exclusion criteria: Parent/caregiver <18yo \blacksquare EMR review \rightarrow recruitment letters (>100) \rightarrow follow-up calls & active recruitment in clinic PRE-survey (demographics, comfort, knowledge, QoL) In-person filling out of Passport w/ physician (~30 minutes/participant) Immediate POST-survey 3-month POST survey (\$40 gift-card given for completion)

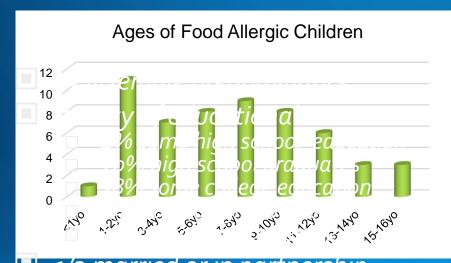
Methodology



- Goal = 50 participants
- 45 total recruited
 - ☐ -4 did not complete 3-month follow-up survey
- 41 participants completed the study

Results

Demographics



of children with food allergies Food



■1 **■**2 **■**3

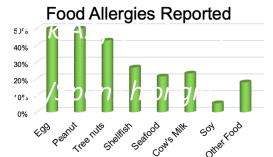


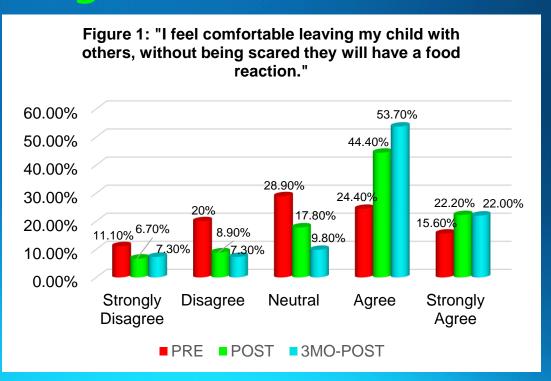
Table 1: Baseline demographics							
Parent Gender	N (%)						
Male	3 (6.7)						
Female	42 (93.3)						
Educational Attainment							
Some HS	2 (4.4)						
HS Grad	9 (20.0)						
Some College	17 (37.8)						
College Grad	13 (28.9)						
Postgraduate Degree	4 (8.9)						
Marital Status							
Married/Domestic partner/Civil	15 (33.3)						
union							
Separated or divorced	2 (4.4)						
Living with partner	5 (11.1)						
Never married	23 (51.1)						
Race							
White	14 (31.8)						
Black or African American	19 (43.2)						
Asian	2 (4.6)						
Other	8 (18.2)						
Prefer not to answer	1 (2.3)						
Ethnicity							
Latino/Hispanic/Spanish origin	13 (28.9)						
Not	32 (71.1)						

Primary outcome: Comfort in leaving child with others

- Comfortable = Agree or Strongly Agree
- Significant baseline discomfort noted:

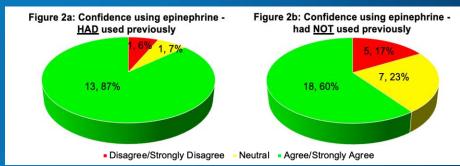
 - ☐ 66.7% after Passport
 - follow-up

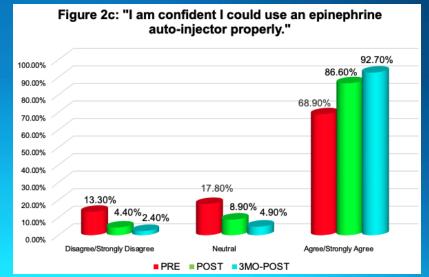
 (nearly doubling
 from baseline)



Comfort in administering Epinephrine

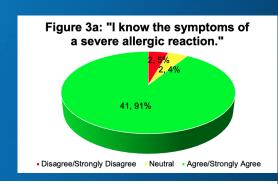
- 69% initially reported confidence in their ability to administer Epinephrine Autoinjector (EAI)
 - Initial confidence varied based off +/- prior EAI administration
 - **87%** if they previously used
 - 60% if no prior use
- Improved to 87% post-Passport
- at 3mo follow-up

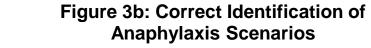


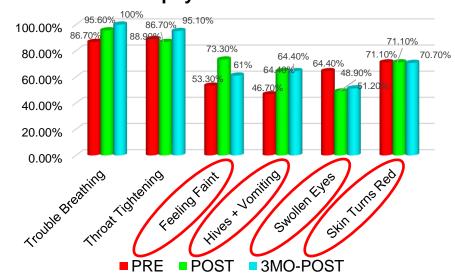


Anaphylaxis recognition

- 91% (41 of 45) caregivers felt confident in recognizing anaphylaxis
- Only 4.11 of 6 clinical scenarios identified on average
- Caregivers most often incorrectly:
 - Thought mild visible symptoms required EAI
 - Úndertreated subjective symptoms or combinations
- Improved to 4.4 of 6 scenarios post-Passport
- 4.32 of 6 scenarios at 3mo follow-up







QoL impact

- Validated FAQLQ-PF10:
 - □ 10 questions scaled 0-6
 - \Box o = no life impact
 - \Box 6 = extreme life impact
- Initial: 3.47 / 6
- 3-mo Follow-up:
 - □ P value o.47

(FAQLQ-PF10) for children aged 0-12 years

Section A

Instructions to Parents

The following are scenarios that parents have told us affect children's quality of life because
of food allergy.

0 1 2 3 4 5 6

Please indicate how much of an impact each scenario has on your child's quality of life by
placing a tick or an x in one of the boxes numbered 0-6.

Please choose from one of these response options

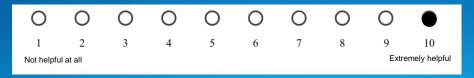
0 = not at all; 1= barely at all; 2 = a little bit; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

Be	cause of food allergy, my child	-				_		
1	Feels different from other children in food related situations							
2	Is reluctant to try foods he/she has not eaten before							
3	Experiences emotional distress from symptoms if he/she has a reaction to a							
	food							
4	Has limitations in the variety of foods he/she can try or taste							
5	Has limitations on the restaurants/holiday destinations that he/she can safely							
	go to							
		_		_	_		_	_
В	ecause of food allergy, my child	0	1	2	3	4	5	6
B €	ecause of food allergy, my child Feels worried in social situations with unfamiliar adults/children who might	0	1 □	2 □		4 □	□	 □
		0	1 -	2 □		4	<u> </u>	6
	Feels worried in social situations with unfamiliar adults/children who might	0	1 _	2 	3 	4 -		6
6	Feels worried in social situations with unfamiliar adults/children who might not understand food allergy	0	1 _	2	3 	4 	_ _	6
6	Feels worried in social situations with unfamiliar adults/children who might not understand food allergy Feels frustrated by restrictions on social activities (e.g. the need to plan ahead;	0	1	2 	3 	4	_ _	6
7	Feels worried in social situations with unfamiliar adults/children who might not understand food allergy Feels frustrated by restrictions on social activities (e.g. the need to plan ahead;	0	1	2	3	4	5	6
7	Feels worried in social situations with unfamiliar adults/children who might not understand food allergy Feels frustrated by restrictions on social activities (e.g. the need to plan ahead; the need to carry the autoinjector; the need to explain to others).	0 0	1 	2 	3 3	4 - -	5 🗆	6 6
6 7 B 6	Feels worried in social situations with unfamiliar adults/children who might not understand food allergy Feels frustrated by restrictions on social activities (e.g. the need to plan ahead; the need to carry the autoinjector; the need to explain to others).	• • • • • • • • • • • • • • • • • • •	1 	2 	3 	4 	5	6 0 0

Feedback:

When caregivers were asked how helpful they thought the FA Passport would be for them, they rated the Passport tool an average of

9.4 out of 10 (immediate-POST-test) initially8 9.24 out of 10 (at 3-mo follow-up)



All except 1 caregiver stated they could have filled out the Passport at home without a physician's help.

Feedback: Direct Quotes

- "Both of my girls are so overwhelmed by their peanut allergy that they're now both going to counseling to help their anxiety. These books will help so much!"
 - Caregiver #3
- "My daughter has developmental delay, and doesn't really understand her food allergy, so I'm always concerned leaving her under the care of others. I really think this book will help." -Caregiver #28
- "The Food Allergy Passport is well put together and I absolutely love it."
 - -Caregiver #35
- "Great opportunity & fun/easy tool to teach."
 - -Caregiver #37

Conclusions

■ The FA Passport is a new tool that seems effective at improving:

 Caregiver comfort when leaving their food-allergic children under the care of others

Caregiver knowledge of proper EAI use and anaphylaxis recognition.

EMERGENCY ACTION PLAN

FOOD ALLERGY PASSPOR

Quality of life of food allergic children and their caregivers

Overall caregivers rated the passport as extremely helpful.

There's more?!

Initial FAMILY qualitative data collected

Creation of FA Passport

EMR review, recruitment, mee





Creation of FA Workbook

Addresses the <u>psychosocial aspects</u> of FA.

Specifically:

- ☐ Stress-management practices
- Explanations of common tests/terminology
- Exercises to help children affectively communicate about their FA (restaurant guide)
- ☐ Tips for reading food labels

FOOD ALLERGY Workbook is My Name: I Am Allergic To: __ My Favorite Foods:

There's more?!

Initial FAMILY qualitative data collected

Creation of FA Passport

EMR review, recruitment, meeting with parents, following-up surveys

Data analysis



Workbook !



Creation of FA Workbook

Website creation



FoodAllergyPassport.com

FoodAllergyPassport.com

EMERGENCY ACTION PLAN

I am alleraic to:









Other foods I cannot eat:

OTHER FOOD LISTED HERE

READ ENTIRE FOOD LABEL and check for allergens ONLY SERVE SAFE FOODS. If unsure, call caregiver

WASH hands, tables, and eating utensils with soap and water before serving me

DO NOT ALLOW SHARING of food, cups, plates, or utensils

MOST COMMON SIGNS OF AN ALLERGIC REACTION

If you checked at least TWO symptoms or any ONE symptom with a star then give **EPINEPHRINE AUTO INIECTOR**

- ☐ Hard to speak > Hard to swallow Throat tightening
- Hard to breathe Continuous cough
- ☐ Wheezing ≯
- Passing out *
 - Stomach pain or vomiting Hives, itching, or swelling
- ☐ Dizzy or faint★ Chest Pain *

GIVING EPINEPHRINE AUTO-INIECTOR: ADRENACLICK OR







[2] With ORANGE tip facing thigh, swing and Hold firmly for 3 seconds. Remove and massage area for 10 seconds.

[3] Call 911 for emergency care.



Passport™!

ildren manage their food

are when children are with or sent via emai

v to properly read a food ncy Action Plan (EAP) that allergic reaction.

mey with The FA

n.edu if you have any FA Passr ortTM. For medical



Scan the code to visit our website you can share with patients!



- ☐ Make individualized profiles for each child
- Easily shared via email or printing
- Individualized Food Allergy Action Plan
 - Easier to understand anaphylaxis criteria
 - auto-imports images & directions specific to their EAI, medications, & foods
- Currently discussing incorporating into an app

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It takes a village...



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Poll Question 2:

Would you be interested in being able to share the Food Allergy Passport tool (website or printed materials) with your patients?

- A. ABSOLUTELY!
- B. Maybe... 「_(ツ)_/¯
- C. I don't think it's applicable for me, but awesome job anyways!



SCAN ME

Scan the code to visit our website you can share with patients!

CFAAR@northwestern.edu

It takes a village...



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Questions? Comments?