# **Declaration of Interest**



#### A. General Information

Full Name: Paula Rochon

Date (MM/DD/YYYY): 5/10/2022

What is the nature of your role at the Science Table: Member

#### **B.** Declaration of Interest

Please fill out the following table by indicating whether you or your institution have received compensation, regardless of the amount, in the form of payment or services, from entities in the health care, public health, or other related arenas that could be perceived to influence your participation at the Science Table, or related aspects. Please report all compensation that has been received in the last 3 years prior to your participation at the Science Table.

If you have selected 'Yes' for any of the categories below, please indicate whether the compensation is related to COVID-19 or not, the name of the entity providing the compensation, and an explanation. If you have more than one relationship for each Category, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	No	Yes, paid to	Yes, paid to your	Related to COVID-19?		Entity	Explanation
,		you	institution	No	Yes		<b>P</b> 3 3 3 3
Grant			$\boxtimes$		$\boxtimes$	Canadian Institute for Research(CIHR)/ Canadian Foundation for Healthcare Improvement	Title: Finding the Right Balance? Implementing family presence policies in Ontario long-term care homes. Date: Nov2020-Oct 2021 Role: Co-I
Grant			×	×		CIHR	Title: Health service use and unmet care needs by lonely and/or socially isolated older adults Date: Sept 2019-Aug 2020 Role: Co-l
Grant					$\boxtimes$	Peter Munk Cardiac Center Innovation Grant	Title: Analytic approaches to understanding Covid-19 infections and outcomes in the population Date: May 2020-Apr 2022 Role: Co-l
Grant			$\boxtimes$		×	CIHR COVID-19 Rapid Research)	Title: Improving Canadian Outcomes Research on the Novel SARS-CoV-2 Using

						Analytics: the CORONA Consortium Date: June 2020-May 2021 Role: Co-l
Grant		$\boxtimes$		$\boxtimes$	Canadian Frailty Network & CIHR Institute of Aging	Title: Population- estimable frailty using 'big data' to predict Covid-19 infection and illness severity Date: June 2020-May 2021 Role: Co-l
Grant		$\boxtimes$	$\boxtimes$		CIHR GENDER-NET Plus ERA- Net Co-fund: Promoting gender equality in H2020 and the ERA	Title: Identifying Key Prescribing CASCADes in the Elderly: A Transnational Initiative on Drug Safety (iKascade) Date: Dec 2018 – Nov 2021 Role: PI
Grant		$\boxtimes$	$\boxtimes$		CIHR	Title: Understanding the burden and health system impact of loneliness and social isolation in older adults in Canada Date: Sep 2018 – Aug 2021 Role: Co-PI
Grant		$\boxtimes$	$\boxtimes$		CIHR	Title: A Multi-Method Approach to Exploring Prescribing Cascades Date: Apr 2017 – Mar 2020 Role: PI
Grant		$\boxtimes$	$\boxtimes$		CIHR Catalyst Grant: CLSA Data	Title: Health service use and unmet care needs by lonely and/or socially isolated older adults Date: Sept 2019- Aug2020 Role: Co-l
Grant		$\boxtimes$	$\boxtimes$		CIHR – Planning and Dissemination Grant (HIV/AIDS)	Title: Planning grant to further develop a community based national HIV and aging survey Date: April 2019 – Mar 2020 Role: Co-l
Grant			$\boxtimes$		National Institutes of Aging (USA) (# 1 R56 AG061813-01) National	Title: Controlling and Stopping Cascades Leading to Adverse Drug

				Institutes of Aging (USA) (# 1 R56 AG061813-01)  The Lung Association-	Effects Study in Alzheimer's Disease (CASCADES-AD) Date: Sep 2018 – Aug 2020 Role: Co-I Title: The potential impact of synthetic oral cannabinoid use on
Grant				Canadian Thoracic Society. National Grant Review / Grant-In-Aid	respiratory outcomes among older adults with COPD. Date: Aug 2018–Dec 2019 Role: Co-I
Grant			×	CIHR	Title: Correlates of Healthy Aging in Geriatric HIV: CHANGE HIV STUDY. (Team Grant: HIV/AIDS Comorbidities Prevention and Healthy Living) Date: Apr 2018–Mar 2023 Role: Co-I
Grant		$\boxtimes$		CIHR	Title: Operating Grant: SPOR – Guidelines and Systematic Reviews Date: July 2017-June 2022 Role: Co-I
Grant		×	$\boxtimes$	CIHR	Title: Team Grant: Transforming the Practice of Knowledge Translation: Embedding Gender Date: Apr 2017-Mar 2020 Role: Co-l
Grant			×	Canadian Consortium on Neurodegeneration in Aging (CCNA)	Title: Impact of sex and gender on initiation and discontinuation of psychotropic medications among long-term care residents with dementia Date: Oct 2016- Aug 2019 Role: Co-l
Grant		×	$\boxtimes$	CIHR	Title: Transitions Across the Health Care System and the Risk of Rehospitalization in Older Women and Men

					Date: 2012–2019
					Role: Co-l
Grant		$\boxtimes$	$\boxtimes$	CIHR	Title: Planning Grant: Sex and Gender Integration in Health Research: Developing KT Tools and a Dissemination Strategy Date: Apr 2017-Mar 2018 Role: Co-l
Grant			×	National Institutes of Aging (USA) (# 1 R61 AG069794-01)	Title: Developing a Program to Educate and Sensitize Caregivers to Reduce the Inappropriate Prescription Burden in Elderly with Alzheimer's Disease Study (D- PRESCRIBE-AD) Date: Sept 2020- Aug2021 Role: Consultant
Grant		×	$\boxtimes$	Retired Teachers of Ontario/ Les enseignantes et enseignants retraités de l'Ontario(RTOERO) Chair in Geriatric Medicine at the University of Toronto	Date: 2015-Present Role: Research Chair
Grant		×	×	Ontario SPOR Support Unit, Diabetes Action Canada, Women's Collage Hospital Foundation	Additional research support through provincial and federal government (OSSU) (DAC), and philanthropic (Women's College Hospital Foundation) sources of funding Role: Research Lead
Grant		×		CIHR	Title: Partnerships for Health System Improvement (PHSI) Date: Jun 2015 – May 2018 Role: Project Expert
Consulting	$\boxtimes$			Click or tap here to	Click or tap here to
Board membership	$\boxtimes$			enter text. enter text.  Click or tap here to See Section C. Other	
Employment				enter text.  Women's College Hospital	Relationships  Date: 2009-Present  Roles: VPR (2009-2021), Senior Scentist (2021-)

Payment for lectures including service on speaker bureaus		$\boxtimes$		$\boxtimes$	Women's College Hospital	Honorarium received on occasion and paid to the hospital
Payment for manuscript preparation	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Patents	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Royalties			$\boxtimes$		Women's College Hospital	Up to Date: Drug Prescribing for Older Adults
Payment for development of educational presentations	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Payment for writing or reviewing any reports or publications	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Provision of writing assistance, equipment, software, or administrative support	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Expert testimony	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Stock/stock options	$\boxtimes$				Click or tap here to enter text.	Click or tap here to enter text.
Support for travel/accommodations/ meeting expenses		$\boxtimes$			Click or tap here to enter text.	Reimbursement from grants for travel expenses related to presenting research and from Advisory Boards related to attending meetings

## **C. Other Relationships**

Are there any other relationships or activities that could be perceived to influence your participation at the Science Table (COVID-19 related or not)? Please select one of the following:

$\square$ No, there	are no other	relationships/o	conditions/cird	cumstances t	hat present,	or may be	perceived to	present, a
potential	conflict of int	terest.						

Yes, there are relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.

If you have selected 'Yes', use the following table to indicate whether the relationship is related to COVID-19 or not, provide the name of the entity (if applicable), and an explanation describing the nature of the relationship. If you have more than one relationship, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	Related to COVID-19?	Entity	Explanation
	COVID-13:		

	No	Yes		
Relationship	$\boxtimes$		Geriatrics and Internal Medicine, Department of Medicine, Baycrest	Date: 2009-Present Role: Consulting Medical Staff
Relationship	$\boxtimes$		Division of Geriatric Medicine, Department of Medicine, Mount Sinai Hospital	Date: 1994-Present Role: Medical Staff (Courtesy)
Relationship		$\boxtimes$	Task Group on Long-Term Care, Expert Panel on COVID-19 for the Government of Canada	Date: 2020 Role: Member
Relationship			Ministry of Long-Term Care Staffing Study Advisory Group	Date: 2019-2020 Role: Member
Relationship			Board membership; Baycrest Research Advisory Committee	Date: 2014-Present Role: member Pro bono
Relationship			Board membership; Canadian Institutes of Health Research (CIHR) Institute Advisory Board for the Institute of Aging	Date: 2018 – Present Role: Vice Chair Pro bono
Relationship		$\boxtimes$	Board membership; Editorial Board, Journal of the American Geriatrics Society	Date: 2018 - Present Role: Member Pro bono
Relationship	$\boxtimes$		Board membership; Research Advisory Board, University of Toronto	Date: 2015 to February 2021 Role: Member representing TAHSNr Pro bono
Relationship		$\boxtimes$	Board membership; Editorial Board, Drugs & Aging	Date: 2004- Present Role: Member Pro bono
Relationship		×	Consortium	A family member (sibling) and their firm are part of a consortium co-leading proposed class action litigation on behalf of long-term care home residents. I have no involvement.
Relationship	$\boxtimes$		Editorial Board membership	A Deputy Editor for the Journal of the American Geriatrics Society (the journal of the American Geriatrics Society)

## D. Acknowledgement

I certify that the above information contained in this Declaration of Interest is true and correct to the best of my knowledge. If any matter that gives rise to, or may be perceived to give rise to, a conflict of interest during my participation at the Science Table, I will promptly notify the Secretariat of the Science Table, and provide an updated Declaration of Interest.

Full Name: Paula Rochon

Date (MM/DD/YYYY): 5/10/2022