Date: <u>7/13/21</u>	
Your Name:Brianna	M. McQuade
Manuscript Title:	SAFE - Home Opioid Management Education in Older Adults: A Naloxone Awareness
Program for Home Healtl	n Workers
Manuscript number (if kr	nown):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_x None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None x	
3	Royalties or licenses	x None	

4	Consulting fees	None Iowa Healthcare Collaborative	Individual consulting fees for providing support for Opioid Stewardship (a program sponsored by Centers for Medicare Services to target high-opioid prescribing providers and educate them on tapering, pain alternatives, and overall reduction of opioid prescribing)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Iowa Healthcare Collaborative	Honoraria for IHC Annual Convention
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	x_ None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x_ None	
	committee or advocacy		
1.1	group, paid or unpaid	Nana	
11	Stock or stock options	x_ None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
12	services Other financial or non-	y None	
13	financial interests	x None	

 I certify that I have answered every question and have not altered the wording of any of the questions on this form.	s

Date:	July 13, 2021
Your Name:	Michael Koronkowski
Manuscript Title:	<b>SAFE</b> - <b>H</b> ome <b>O</b> pioid <b>M</b> anagement <b>E</b> ducation in Older Adults: A Naloxone Awareness
Program for Home	Health Workers
	/!£ !
Manuscript number	(IT KNOWN):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XX None	
3	Royalties or licenses	XX None	

	C III C	N.	D. W. J. Li
4	Consulting fees	None	Dr. Koronkowski reports consulting to OptumRx
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XX None	
6	Payment for expert testimony	XX None	
7	Support for attending meetings and/or travel	_XX None	
8	Patents planned, issued or pending	XX None	
9	Participation on a Data Safety Monitoring Board or	XX None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_XX None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XX None	
12	Receipt of equipment, materials, drugs, medical	XX None	
	writing, gifts or other		
12	services	VV None	
13	Other financial or non- financial interests	XX None	

 I certify that I have answered every question and have not altered the wording of any of the questions on this form.	s

Date	e:// 15/ Z1		
You	r Name:Erin Emer	y-Tiburicio	
Mar	nuscript Title: <u>SAFE</u> - <u>H</u> ome	Opioid Management Educ	cation in Older Adults: A Naloxone Awareness Program for
Hon	ne Health Workers		
Mar	nuscript number (if known):		
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to tl	_	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	t 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		

Royalties or licenses

\_X\_\_\_ None

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_ None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:7/15/21				
	r Name:Robyn Go				
Mar	Nanuscript Title: <u>SAFE</u> - <u>H</u> ome <u>Opioid Management Education in Older Adults: A Naloxone Awareness Program for</u>				
Hon	Home Health Workers				
Mar	nuscript number (if known):				
rela part to ti	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.		
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the current		
to t	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.		
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		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as	,		
		needed)			
		Time frame: Since the initia	l planning of the work		
1	All support for the present manuscript (e.g., funding,	X None			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	t 36 months		
2	Grants or contracts from	X None			
	any entity (if not indicated				
	in item #1 above).				

Royalties or licenses

\_X\_\_\_ None

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_ None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None X	

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:7/13/2021		
	Name:Jennie Jarrett		
Man	uscript Title: <u>SAFE</u> - <u>H</u> ome	Opioid Management Educ	ation in Older Adults: A Naloxone Awareness Program for
Hom	ne Health Workers		
Man	uscript number (if known):		
relat part to tr relat	ted to the content of your name ies whose interests may be ansparency and does not not interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s	
	following questions apply t uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the med	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,
			,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	HRSA	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None HRSA, SAMHSA, Coleman Foundation, Moore Foundation	
3	Royalties or licenses	X None	

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	_X None	
7	Compant for attending	V Nene	
7	Support for attending meetings and/or travel	_X None	
8	Patents planned, issued or pending	_X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		CVS Health	Through Employment, valued <\$500
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
		CVS Health	Employed as a pharmacist for clinical service

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