

# Declaration of Interest

## A. General Information

Full Name: Nathan M. Stall

Date (MM/DD/YYYY): 2/7/2021

What is the nature of your role in the Congregate Care Setting Working Group: 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 in the Congregate Care Setting Working Group, or related aspects. Please report all compensation that has been received in the last 3 years prior to your participation in the Congregate Care Setting Working Group.

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 you	Yes, paid to your institution	Related to COVID-19?		Entity	Explanation
				No	Yes		
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CIHR Implementation Science Teams: Strengthening Pandemic Preparedness in Long-Term Care	“Finding the right balance: implementing family presence policies in Ontario long-term care homes”, Trainee principal investigator, \$150,000 CAD operating grant, Nov 2020-Oct 2021.
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COVID-19 Immunity Task Force – Hot Spots, Public Health Agency of Canada	“COVID-19 infection and immunity in residents of long-term care facilities”, co-investigator, \$5,000,000 CAD grant, Nov 2020-Apr 2022.
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	University of Toronto Department of Medicine Call for COVID-19 Related Research	“Risk of death or respiratory failure in patients with COVID-19 who received an ACE inhibitor, ARB, or NSAID: a multicenter cohort study”, Co-investigator, \$30,000 CAD one-time fund, May 2020-Apr 2021.

Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CIHR Project Grant: Fall 2018	“Understanding the burden and health system impact of loneliness and social isolation in older adults in Canada”, Co-investigator, \$325,124 project grant, Apr 2019-Mar 2022.
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CIHR GENDER-NET Plus ERA	“Identifying key prescribing CASCADEs in the elderly: a transnational initiative on drug safety (iKascade)”, Co-investigator, \$848,000, Dec 2018-Nov 2021.
Consulting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canadian Medical Association Journal (CMAJ)	Associate Editor
Payment for lectures including service on speaker bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Patents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for writing or reviewing any reports or publications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Provision of writing assistance, equipment, software, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Expert testimony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ontario’s Long-Term Care COVID-19 Commission	Unpaid presentations on November 12, 2020 ( <a href="http://www.ltccommission-commissionsld.ca/transcripts/pdf/NATHAN_ST_ALL_Transcript_November_12_2020.pdf">http://www.ltccommission-commissionsld.ca/transcripts/pdf/NATHAN_ST_ALL_Transcript_November_12_2020.pdf</a> ) and

							January 19, 2021 ( <a href="http://www.ltccommission-commissionsld.ca/transcripts/pdf/Dr_McGeer_and_Dr_Stall_Transcript_January_19_2021.pdf">http://www.ltccommission-commissionsld.ca/transcripts/pdf/Dr_McGeer_and_Dr_Stall_Transcript_January_19_2021.pdf</a> )
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Support for travel/accommodations/meeting expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

### C. Other Relationships

Are there any other relationships or activities that could be perceived to influence your participation in the Congregate Care Setting Working Group (COVID-19 related or not)? Please select one of the following:

- No, there are no other relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.
- 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
	No	Yes		
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

### 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 in the Congregate Care Setting Working Group, I will promptly notify the Chair and Secretariat of the Congregate Care Setting Working Group, and provide an updated Declaration of Interest.

Full Name: Nathan M. Stall

Date (MM/DD/YYYY): 2/7/2021