

Declaration of Interest

A. General Information

Full Name: Pat Armstrong

Date (MM/DD/YYYY): 1/28/2021

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "Reimaging Long-term Residential Care: An International Study of Promising Practices" (Employer, union and community partners) "Unpaid Work in Public Places" "COVID-19, Families and Long-term Residential Care" (family Council Partners) all 3 funded by SSHRC | No personal payment for salary. Meeting expenses paid. Team supplies paid |
| 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 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 lectures including service on speaker bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Retirement home Regulatory Authority | Paid an honorarium which I donated to the YWCA |
| Payment for manuscript preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Studies done for City of Toronto on Models for Care in LTRC OAN for RNs in Long-term Care: A Portrait | No personal payment. Payments all went to student research assistants |

| | | | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|---|
| 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 type="checkbox"/> | Expert Report Prepared for the Labour Arbitration Proceeding, Ontario Nurses' Association v Participating Nursing Homes, Arbitrator John Stout May 1, 2020 Expert Opinion regarding the Ontario Nurses' Association Charter challenge to the Protecting a Sustainable Public Sector for Future Generations Act, 2019 ("Bill 124") January 2021. | Paid by ONA as an expert witness |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. | Only as part of research grants listed above or CIHR and SSHRC peer review committees |

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 checked="" type="checkbox"/> | I am a member of the Canadian Health Coalition Board and of the members council, Canadian Centre for Policy Alternatives | I am a long standing member of these groups as a researcher associated with both. I receive no payment for this participation |

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: Pat Armstrong

Date (MM/DD/YYYY): 1/28/2021