

# Declaration of Interest

## A. General Information

Full Name: Janet Kathleen Smylie

Date (MM/DD/YYYY): 7/20/2020

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 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"/>	Toronto COVID-19 Action Fund, CIHR, Indigenous Health Services Canada	These projects are designed to address gaps in FNIM COVID-19 incidence and testing data
Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Association of Indigenous Friendship Centers	In this project we are working with NAIFC on public messaging for COVID-19 for FNIM peoples living in urban and related areas
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.	I work as a physician consultant for Inner City Health Associations and provide clinical care at Seventh Generation Midwives Toronto and COVID-19 isolation hotels for people who are sheltered and homeless
Payment for lectures including service on speaker bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Various community and professional organizations and universities	Rather than accept personal Honoria I have the funds go to my research program and use them to support

							Indigenous students and community research activities.
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Various provincial/territorial governments and lawyers	I am called on occasion as an expert witness on Indigenous health. Any fees generated go to my research program to support Indigenous students and Indigenous community research activities
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"/>	Various academic, governmental, and non-governmental Indigenous organizations	I am asked to participate panels, meetings, and provide presentations on Indigenous health

## 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:

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 at the Science Table, I will promptly notify the Secretariat of the Science Table, and provide an updated Declaration of Interest.

Full Name: Janet Kathleen Smylie

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