

## ICMJE DISCLOSURE FORM

Date: 8/27/2021

Your Name: William R Buckingham

Manuscript Title: A Systematic Review of Geographic Indices of Disadvantage-Implications for Older Adults

Manuscript number (if known): 141664-INS-CMED-1

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.

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		Eunice Kennedy Shriver National Institute of Child Health and Human Development (U54 HD090256)	Institution
		National Center for Advancing Translational Sciences	Institution

		(UL1TR002373; KL2TR002374)	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 8/27/2021

Your Name: Lauren Bishop

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Date: 8/27/2021

Your Name: Christopher Hooper-Lane

Manuscript Title: A Systematic Review of Geographic Indices of Disadvantage-Implications for Older Adults

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Your Name: Brittany Anderson

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Your Name: Stephanie Shelton

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Your Name: Amy JH Kind

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