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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None National Institute on Minority Health and Health Disparities (R01MD010243) Eunice Kennedy Shriver National Institute of Child Health and Human Development (U54 HD090256) National Center for Advancing Translational Sciences	Institution

		(UL1TR002373; KL2TR002374)	
		— :	
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated in item #1 above).	x_ None	
	in item #1 above).		
3	Royalties or licenses	x None	
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4	Consulting fees	x None	
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5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
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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		
4.4	group, paid or unpaid	N	
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	

Date:8/27/2021_	
Your Name:	Lauren Bishop
Manuscript Title: A S	stematic Review of Geographic Indices of Disadvantage-Implications for Older Adult
Manuscript number	known): 141664-INS-CMED-1

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	services		
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Mar	nuscript number (if	f known): 1	41664-INS-CMED-1	
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		ns apply to	the author's relationship	s/activities/interests as they relate to the <u>current</u>
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med	lication, even if tha	at medicati	on is not mentioned in t	he manuscript.
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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	
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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	

Date	e:8/27/2021		
	r Name: Brittany A		
Mar	nuscript Title: A Systemation	Review of Geographic I	ndices of Disadvantage-Implications for Older Adults
Mar	nuscript number (if known):	141664-INS-CMED-1	
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_	manuscript (e.g., funding,	_X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2	Grants or contracts from	Time frame: past	36 months
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12	Receipt of equipment, materials, drugs, medical	x None	
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	services		
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Date:_	8/27/2021_	
Your N	ame:	_ Jessica Wolfson
Manus	cript Title: A	Systematic Review of Geographic Indices of Disadvantage-Implications for Older Adults
Manus	cript number	(if known): 141664-INS-CMED-1

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4 Consulting feesx None 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing orx None	
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lectures, presentations, speakers bureaus, manuscript writing or	
manuscript writing or	
educational events	
6 Payment for expertx_ None testimony	
7 Support for attendingx_ None meetings and/or travel	
8 Patents planned, issued orx_ None pending	
9 Participation on a Datax None Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary role in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsx_ None	
12 Receipt of equipment,x_ None materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or non- financial interestsx_ None	

Date:___8/27/2021__ ____

Your Name: Stephanie Shelton				
Manuscript Title: A Systematic Review of Geographic Indices of Disadvantage-Implications for Older Adults Manuscript number (if known): 141664-INS-CMED-1				
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<u>man</u>	uscript only.			
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13	Other financial or non- financial interests	x None	

Date:8/27/2021	
Your Name: Amy JH Kind	
Manuscript Title: A Systematic Review of Geographic Indices of Disadvantage-Implicatio	ns for Older Adults
Manuscript number (if known): 141664-INS-CMED-1	

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