

ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Emily Tweed

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/17/2023

Your Name: Kristina Cimova

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Peter Craig

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Mirjam Allik

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Denise Brown

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): Click or tap here to enter text.

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

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Mhairi Campbell

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 7/18/2023

Your Name: David Henderson

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: CHARLIE MAYOR

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 7/17/2023

Your Name: Petra Meier

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

Manuscript Number (if known): [Click or tap here to enter text.](#)

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: Since the initial planning of the work								
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%;">UKRI MC_UU_2022/05</td> <td style="width: 20%;"></td> </tr> <tr> <td>UKRI MR/S037578/2</td> <td> </td> </tr> <tr> <td>UKRI NE/W005042/1</td> <td> </td> </tr> </table>	UKRI MC_UU_2022/05		UKRI MR/S037578/2		UKRI NE/W005042/1	
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4	Consulting fees	<input type="checkbox"/> None	
		Institute of Alcohol Studies	Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Addiction Journal	Senior editor handling fees (personal)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		PHR Research Funding Board 2018-2022	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Nick Watson

Manuscript Title: Unlocking data: decision-maker perspectives on cross-sectoral data sharing and linkage as part of a whole-systems approach to public health policy and practice

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