

ICMJE DISCLOSURE FORM

Date: 11/28/2022

Your Name: Claire Palmer

Manuscript Title: Pediatric Telehealth: Successes and Challenges in Use with Patients/Families who Communicate in Languages other than English

Manuscript number (if known): mHealth-22-43

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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)
Time frame: Since the initial 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.	CHCO Clinical and Operational Effectiveness and Patient Safety Small Grants Program	Award from Children's Hospital Colorado (CHCO) funded this work and provided salary support to complete analyses.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

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: 11/29/2022

Your Name: Lisa DeCamp

Manuscript Title: Pediatric Telehealth: Successes and Challenges in Use with Patients/Families who Communicate in Languages other than English

Manuscript number (if known): mHealth-22-43

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Date: 11/29/2022

Your Name: Leah Williams

Manuscript Title: Pediatric Telehealth: Successes and Challenges in Use with Patients/Families who Communicate in Languages other than English

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ICMJE DISCLOSURE FORM

Date: 10/25/2022

Your Name: Carol Gorman

Manuscript Title: Pediatric Telehealth: Successes and Challenges in Use with Patients/Families who Communicate in Languages other than English

Manuscript number (if known): mHealth-22-43

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 11/29/2022

Your Name: Christina Olson

Manuscript Title: Pediatric Telehealth: Successes and Challenges in Use with Patients/Families who Communicate in Languages other than English

Manuscript number (if known): mHealth-22-43

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		NIH/ NCATS SPROUT-CTSA Collaborative Telehealth Network Grant, #U01TR002626	Payments were paid to my institution to provide salary support. Co-PI with 0.15 FTE funding.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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	

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ICMJE DISCLOSURE FORM

Date: 11/28/2022

Your Name: Darcy Thompson

Manuscript Title: Pediatric Telehealth: Successes and Challenges in Use with Patients/Families who Communicate in Languages other than English

Manuscript number (if known): mHealth-22-43

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		CHCO Clinical and Operational Effectiveness and Patient Safety Small Grants Program	Award from Children's Hospital Colorado (CHCO) funded this work.
		Faculty Education and Development Funds	Each faculty member receives a stipend annually from the School of Medicine to support academic endeavors. These funds will support the article processing charge.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None Speaker at Johns Hopkins All Children's Hospital LEAD seminar	Honoraria received for teaching pediatric residents as part of a curriculum on health equity. This included teaching about the care of patients who speak a language other than English.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None Travel in 2022 to teach in item listed above (#5)	Travel costs covered by Johns Hopkins University to complete #5 above
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 type="checkbox"/> None Children's Hospital Colorado Research Institute	I serve as an Associate Medical Director in the research institute. As part of this, I also Co-Chair the Diversity, Health Equity, and Inclusion in Research Committee.
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 summarize the above conflict of interest in the following box:

The above conflicts of interest represent customary activities for a faculty member in a School of Medicine.

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.